York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 31st January 2024
Time: 9:30am – 12.30pm
Venue: Boardroom, 2nd Floor Admin Block, York Hospital

York and Scarborough Teaching Hospitals NHS Foundation Trust

Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Martin Barkley	Verbal	-	9:30
2.	**Apologies for Absence** To receive any apologies for absence.	Martin Barkley	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.	Martin Barkley	Verbal	-	
4.	**Minutes of the meeting held on 29 November 2023** To be agreed as an accurate record.	Martin Barkley	Report	6	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Martin Barkley	Report	20	
6.	**Chair's Report** To receive the report.	Martin Barkley	Verbal	-	9:35
7.	**Chief Executive's Report** To receive the report.	Simon Morritt	Report	21	9:40

Item	Subject	Lead	Report/ Verbal	Page No	Time
8.	**Trust Priorities Report (TPR)** January 2023-24 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services	Claire Hansen Dawn Parkes Polly McMeekin James Hawkins	Report	88	10:00
Trust Priority: Quality and Safety					
9.	**Nursing Workforce and Fundamentals of Care** To consider the report.	Dawn Parkes	Report	155	10:40
10.	**CQC Compliance Update Report** To receive an update on the CQC actions.	Dawn Parkes	Report	165	10.50
Break – 11.00					
11. 11.1 11.2 11.3 11.4	**Maternity and Neonatal Quality & Safety Update Report** To consider the report including approval of: • Maternity Training Plan • CQC Section 31 Update • Maternity Incentive Scheme Declaration • Bi-annual Workforce Report	Dawn Parkes	Report	173	11:10
12. 12.1 12.2	**Quality Committee** To receive the: • December meeting summary report • January meeting summary report	Steve Holmberg	Report Report	179 181	11:25

Item	Subject	Lead	Report/ Verbal	Page No	Time
Trust Priority: Elective Recovery & Acute Flow					
13.	**Escalation of Acute Care Patient Safety Risks Over Winter Months Until March 2024** To consider the report.	Claire Hansen	Report	183	11:30
14.	**Resources Committee:** To receive the:	Jim Dillon			11:45
14.1	• December meeting summary report (formally Digital, Performance & Finance)		Report	192	
14.2	• January meeting summary report		Report	193	
Governance					
15.	**Finance Report** To consider the report.	Andrew Bertram	Report	195	11:50
16.	**Audit Committee January Meeting Summary Report** To receive the report.	Jenny McAleese	Report	206	12.05
17.	**Board Assurance Framework** To approve the Q3 report.	Mike Taylor	Report	208	12:10
18.	**Committees of the Board Amendments** To approve the report.	Mike Taylor	Report	233	12:15
19.	**Corporate Governance Update** • Scheme of Reservation and Delegation • Standing Orders • Standard Financial Instructions • Fit and Proper Persons Test Policy To approve the report.	Mike Taylor	Report	275	12:20

Item	Subject	Lead	Report/ Verbal	Page No	Time
20.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:25
21.	**Time and Date of next meeting** The next meeting held in public will be on 28 February 2024 at 9:30am.				
22.	**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.				
23.	**Close**				12:30

Minutes
Board of Directors Meeting (Public)
29 November 2023

Minutes of the Public Board of Directors meeting held on Wednesday 29 November 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 12:20pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Mrs Denise McConnell (virtual)
- Dr Lorraine Boyd
- Dr Stephen Holmberg
- Mr Jim Dillon (arrived 9:05am)
- Prof. Matt Morgan

Executive Directors
- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Deputy Chief Executive/Finance Director
- Mrs Dawn Parkes, Interim Chief Nurse
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr James Hawkins, Chief Digital and Information Officer
- Dr Karen Stone, Medical Director
- Ms Claire Hansen, Chief Operating Officer

Corporate Directors
- Mrs Lucy Brown, Director of Communications
- Ms Melanie Liley, Chief Allied Health Professional

In Attendance:
- Mr Mike Taylor, Associate Director of Corporate Governance
- Miss Cheryl Gaynor, Corporate Governance Manager (Minute taker)
- Dr James Turvill, Clinical Lead for Research (for item 87 23/24 Research and Development Update)
- Sascha Wells-Munro, Director of Midwifery (for item 91 23/24 Maternity Reports)

Observer:
- Linda Wild, Governor

Mr Barkley reported that he had made the decision to not livestream the meeting, but sent an MS Teams invite to Governors who would not be able to attend in person.

Mr Barkley welcomed everyone to the meeting and confirmed the meeting was quorate. He explained some of his key priorities over the coming months and paid tribute to Mark Chamberlain for his work as Interim Chair of the Trust. These priorities included introducing one to one meetings with the remaining two members of the Board he had not yet met, the Governors, senior staff within the Trust; to start to improve governance

arrangements, understand how the Trust was addressing the key issues identified by the CQC, and how the Board can help ensure the right conditions (both physical and psychological) exist that enable all staff to give their best.

86 23/24 Apologies for absence

Apologies for absence received from:

- Mrs Lynne Mellor, Non-executive Director
- Mrs Jenny McAleese, Non-executive Director
- Mr Steven Bannister, Managing Director of YTHFM

87 23/24 Declaration of Interests

Item 8: Research and Development Update (Minute 87 23/24) - Mr Barkley declared that he was a Governor at Leeds Beckett University.

Mr Barkley also declared he was a volunteer and soon to be Trustee of the charity Zarach, and from 1st January a Trustee for Yorkshire Cancer Research. These declarations were currently in process through the declarations portal for the Trust.

Item 8: Research and Development Update (Minute 87 23/24) – Prof. Morgan declared his role as Deputy Dean for Hull York Medical School.

There were no further declarations of interest to note.

88 23/24 Minutes of the meeting held on 27 September 2023

The Board approved the minutes of the meeting held on 27 September 2023 as an accurate record of the meeting.

89 23/24 Matters arising from the minutes

The Board noted the outstanding actions which were on track or in progress. Of particular note:

BoD Pub 09 – Miss McMeekin advised that this was in relation to an E-rostering business case (case 2023-24 56) that was scheduled to be reported to the Executive Committee for approval at its meeting on 6th December 2023. On that basis it was hoped that this item will be closed by the next meeting.

Ms Hansen added an action - Diagnostic Capacity and Demand update to be presented to the Board in the next month – the Board later agreed this would be January.

Action: Ms Hansen

Mr Barkley referred to Minute 67 23/24 (Workforce Race and Disability Equality Standard (WRES) and (WDES) Acton Plans 2023-2024) in relation to the last paragraph and sought clarity on what would be actioned. Miss McMeekin clarified that this was in relation to the disability quality standards in relation to the swift progression of reasonable adjustments when they were required. She further advised that the Trust has a Reasonable Adjustments policy, working predominantly with procurement and Digital teams to ensure a prompter response. Mr Bertram also clarified that his Executive sponsorship of staff networks was the Enable network which was going to look at managing this particular

workstream. A small resource in the capital programme has been arranged to help facilitate moving this agenda forwards for the Trust.

90 23/24 Chief Executive's Update

Mr Morritt presented his report to the Board and highlighted some key areas:

Our Voice, Our Future – The Trust had launched its Culture and Leadership Programme, Our Voice, Our Future, aiming to develop compassionate leadership and an inclusive culture. The programme had received positive responses from the campaign to recruit 'Change Makers', with 52 individuals recruited due to high application quality and interest levels. These individuals came from various professions, sites, and seniority levels. The 'Discovery' phase of the programme, which launched on 6 December, was to introduce the roles and tools available to Change Makers. Over a six-month period, Change Makers were to gather feedback and suggest improvements to create a compassionate culture. This long-term program was to be revisited regularly at Board meetings.

Fairness Champions - October saw the Trust raise awareness about speaking up (Speak Up Month) and recruitment of more Fairness Champions. 24 new champions were shortlisted from various roles and sites, supporting the Freedom to Speak Up Guardian and promoting equality, diversity, and human rights.

Refreshing our strategy - In October, a Strategy Development Session was held at the Community Stadium, attended by the Board, partner organisations, and care groups' senior leadership teams. The session aimed to review and refresh the current strategy, revisit vision, mission, and goals, and agree on strategic themes and programs. Feedback was positive, and updates will be provided as the process progresses.

Collaboration of Acute Providers Update - Three Chief Executives of the three acute provider organisations in the Humber and North Yorkshire Integrated Care Partnership have taken the lead SRO (Senior Responsible Officer) role for one of the Collaboration's key priority areas. Jonathan Lofthouse, Joint Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, is the SRO for elective care, Jonathan Coulter, Chief Executive of Harrogate and District NHS Foundation Trust, is the SRO for diagnostics, and the leader for cancer was Mr Morritt. Mr Morritt was to serve as Chair of the Humber and North Yorkshire Cancer Alliance, having chaired the first Cancer Alliance System Board on 22 November. Mr Morritt added that as a system all were responsible for the Urgent and Emergency Care Pathway however, the SRO for this was Amanda Bloor.

Celebration of Achievement Awards - The annual Celebration of Achievement awards at Scarborough Spa were held in November, recognising the exceptional achievements of individuals and teams working for the Trust. Hundreds of nominations were received from colleagues and patients, highlighting the fantastic work happening across the organisation. Two Chief Executive's awards were given, one to Liz Alinaitwe for her role in leading and developing a cultural awareness programme and the other to the Nucleus Project Team for their successful deployment of digital technology in all 39 adult in-patient areas. Mr Morritt noted his thanks to the Communications Team for organising the event and congratulated all on their nominations.

Star Award nominations - The monthly Star Awards recognised individuals or teams who demonstrated the Trust's values of kindness, openness, and excellence. The nominees were included in the report, and five finalists were selected each month. The high number of nominations are appreciated by staff. Mr Bertram added his acknowledgement of the

judging panel that commit to this work each month. Mr Barkley stated that he did not envy the very difficult task of the judging panel given so many outstandingly impressive citations.

National Medical Director – Dr Stone highlighted to the Board a successful visit from Professor Stephen Powis, the National Medical Director of NHS England and Professor of Renal Medicine at University College London.

National Healthcare Support Workers day – Mrs Parkes shared that the Trust held a successful ceremony to celebrate the National Healthcare Support Workers day on 22 November, with 10 categories.

Trust Priority Report

Nothing further added outside of the relevant sections in the agenda.

Mr Morritt advised that the Trust, along with other Trusts, had submitted an updated Financial and Operational Plan H2 2023/24 in terms of the Trusts priorities following an Extraordinary Board meeting on 20 November where the submission was agreed with key performance metrics:

- The 4 hour system A&E performance as described in the winter plan - Plan now to achieve 66% in Nov23 and 76.0% in March 24
- The March 2024 cancer 62 day backlog position set out in the 2023/24 operational plan – 143
- The March 2024 cancer Faster Diagnosis Standard performance set out in the 2023/24 operational plan - 75.1%

Formal feedback was yet to be received and would be shared in due course.

Mr Barkley referred to the Freedom of Information Response times and questioned what the plans were to improve this. Mr Hawkins described that the team had been increased however it was reliant on the responses from the wider organisation. Mr Hawkins agreed to look into this further and review the process to collectively improve.

Action: Mr Hawkins

91 23/24 Trust Priorities Report: Our People

Miss McMeekin updated the Board on the people priorities. Miss McMeekin highlighted

The Trust has completed work on reducing agency dependency and removed all off-framework agency workers. A regional ICS meeting was to be held with support from NHS England and the ICB to further reduce agency reliance. Workstreams such as electronic rostering were progressing, with the Chief Nurse Team's. Winter resilience incentives were being implemented to increase substantive and bank uptake to further avoid agency reliance. These initiatives have evolved over time and include a flexible payment (where substantive staff are required to be moved and is an acknowledgement of the disruption to them) and the 'allocate on arrival' for bank staff, where they are prepared to be 'benched' and deployed wherever site coordination places them.

Miss McMeekin also raised the appraisal rate for non-medical staff, she highlighted that the appraisal window was still open but currently reporting at just over 84% against an internal target on 90%.

Miss McMeekin highlighted the ongoing vaccination campaign for COVID-19 and flu, revealing low national uptake compared to pre-pandemic levels. The Trust reported 27.9% Covid-19 uptake and 30.4% flu uptake. These levels were similar to many other Trusts. The Trust was working to flex the roving vaccinators as much as possible to provide further opportunities.

Prof Morgan referred to the graph in relation to the total nursing temporary staff requests and the unfilled staff requests. There was a sense that the unfilled nursing staff requests had been completely stuck even though the Trust vacancy rates were dropping. The report described that the: The indicator for unfilled nursing temporary staffing requests was showing several points above the mean from Sep 2021 to Sep 2022 but was currently showing special cause improvement below the mean from Jan 2023. It was consistently failing the target of 0%, Prof. Morgan questioned the 0% target being realistic. Mrs Parkes acknowledged that there needed to be reference in the report on nursing associates as this was data that was not currently retrieved. This linked as all part of the recruitment and retention workstreams, ensuring that all workforce models relate to what is needed. Prof Morgan shared his concern that the reporting figures were stuck and then drifting up and questioned whether the expectation was that this would begin to improve through cause and effect. Mrs Parkes further acknowledged bank and agency data around health support workers and there was further work needed. The Board further discussed the charts and using statistical process control to identify areas of change and illustrate data trends that effects where there is a cause that has impacted on the standard deviations which are measured.

Action: Mrs Parkes

Miss McMeekin also highlighted the reduction in agency uptake impacted by the removal of Off Framework agencies was likely offsetting some of the gains made by vacancy reduction. Robust and early rostering will support further reduction on unfilled shifts as the inhouse temporary staffing team can promote gaps in the roster earlier to drive uptake on the Bank.

Dr Holmberg questioned the denominator when considering vacancy rates as an increase in establishment means an increase in vacancies – were only funded posts included. Mis McMeekin confirmed that the rates included all those positions that were included in the financial ledger and funded. Mr Bertram clarified that various nursing investments were already included in the reporting with the exception of the latest Birthrate Plus assessment and Saving babies' lives: version 3. As soon as a basis for resourcing has been agreed, this would play into the position.

Mrs Parkes acknowledged that there needed to be further discussion around what data set is used going forwards. Because the ledger is always behind, reporting on what is required would be clearer.

92 23/24 Research and Development Update

James Turvill, a Consultant Gastroenterologist and Clinical Lead for Research, presented the research and development update, in particular reporting on the challenges faced by the team at the Trust. He highlighted the importance of the Trust's infrastructure in controlling internal and external factors and shared an example of a successful research outcome with the Board. The example demonstrated how research that discovered a better way of diagnosing patients, had reduced costs and created a much better patient experience. The report highlighted the team's efforts to improve patient care and the need for a culture of collaboration.

Dr Stone acknowledged the importance of recognising the work of the research team and the Trust's efforts to incorporate time into consultant job plans. However, staff working to full capacity made it challenging to engender research and aspirations to be a University Hospital. Ms Hansen suggested having a conversation outside the Board with James Turvill, James Hawkins, and herself to discuss potential solutions in particular around the East Coast strategy and ongoing acute challenges.

Ms Liley stressed the importance of research across all teams, both clinical and non-clinical, and the continuation of the thread through the Trust strategy. Prof Morgan suggested a focus on portfolio research delivery within the Trust and the need to establish connections with established clinical activities. He agreed to share relevant connections with James and suggested developing a strategy that capitalised on areas where there was a clear strength within the Trust, such as James, allowing people to flourish and become research leaders.

Action: Prof Morgan

Dr Holmberg raised the current investments in research and confidence in alignment with Trust strategies and primary aims. Miss McMeekin reported that the Trust now had fewer individuals with larger elements of research in their job plans, but challenges remain in ensuring job plan data accuracy. Mrs Parkes also mentioned opportunities with roles invested in, such as clinical practitioners, where there was a professional expectation that part of their role was carrying out research. She suggested exploring these roles further with James.

Mr Morritt summarised the Research and Development team's ambitious plan for the organisation, which involved reviewing the strategy and identifying component parts of a research plan built from the challenges in the report. Mr Barkley stressed the importance of the need to develop plans to address the challenges identified. James was asked to work with Miss McMeekin, Dr Stone, and others to create a plan that supports the vision and addresses some of the challenges, acknowledging that some may take some time to embed into the organisation.

Action: Miss McMeekin

93 23/24 People and Culture Assurance Committee

Jim Dillon provided an overview of the November meeting of the committee with no items to escalate to the Board.

There were no challenges or comments raised.

94 23/24 Trust Priorities Report: Quality and Safety

Mrs Parkes highlighted that the C.difficile performance remained poor overall with the Trust being over trajectory by 19 cases to the end of October. An increased incidence of C.difficile was noted for Cherry and Chestnut wards where there had been 12 cases (7 on Cherry and 5 on Chestnut) since 1 August 2023. A C.difficile summit was to be held on the Scarborough site on 13 November with all key stakeholders to provide a supportive review of the situation, agree an improvement plan and weekly monitoring of the agreed actions. This methodology was to be used as a blueprint for other wards that were getting higher incidents for C.difficile. Work had been carried out with estate to improve the work environment but it remained challenging but there was a feel of moving forward.

Further improvement work was around MSSA bacteraemia as this remained over trajectory by 11 cases to the end of October. The Staphylococcus aureus bacteraemia reduction working group continued to drive initiatives to improve cannula management.

There continued to be a focus on C.difficile and MSSA strategies that were being refreshed through the Infection, Prevention and Control Strategic Group, chaired by Mrs Parkes and reported into Quality Committee.

Dr Holmberg described that IPC had been a reoccurring focus for the Quality & Safety Assurance Committee and in recent months there was much more assurance. Mrs Parkes added that assessment of some of the root causes of IPC issues had been a failure to fully train some staff. This was being rectified and improvements were likely to be evident as a result.

Mr Barkley questioned whether Ward Managers were being engaged with the ambition to achieve discharges by 5:00 o'clock. Ms Hansen advised that there was a workstream supported by the Chief Nurse and team with ward managers and matrons, to understand the risk sharing from and mitigation point of view, the need to refer so that there are not patients waiting in ED to be able to be admitted to wards. In terms of discharge, numbers are tracked in relation to the number of before midday and before 5:00 o'clock and acknowledged that was something that needed to be shared with ward managers. Ms Hansen went on to advise on the engagement with the ward managers in understanding reasons behind the processes. Discussions with pharmacy had been conducted to improve prescription support, a time shift in the day for pharmacy availability was needed, which Chief Pharmacist was examining. In summary there had been some work with the ward managers, but there was still more to do and that needed to link across with their engagement with the consultants making the decisions regarding earlier discharge during the patients stay. Ms Liley added that there had been a visual increase in the utilisation of the discharge lounge as a notable change in the movement and patient flow.

Mrs Parkes highlighted the performance in relation to complaints. She advised that she had commissioned Deputy Chief Nurse, Tara Filby to review the complaints process and will feedback as this progressed.

Action: Mrs Parkes

The Board noted the report.

95 23/24 CQC Compliance Update Report

Mrs Parkes presented the report and updated on progress with delivery of actions within the Trust CQC Improvement Plan overseen through the fortnightly Journey to Excellence meeting, chaired by Mr Morritt. There were robust governance arrangements around the actions. Dr Holmberg shared the Quality and Safety Assurance Committee's assurance around the governance arrangements and the process for extension.

Mrs Parkes reported that currently there was one action that was off track and that was in maternity around infection prevention and control and the training of the maternity staff. A one month extension had been agreed for this action. Mrs Parkes went on to highlight the mental health section 31, this was nearing completion of the mental health risk assessment that was required for the Scarborough site ED. This will result in discussions with the CQC around the requirements for them to be comfortable to close that section.

Mrs Parkes reported that the Trust received three CQC cases in October 2023, one of which was related to patient safety concerns in the waiting room and ED at York. She

assured the Board that actions were in place to ensure patient safety. She invited CQC to visit ED departments to assess the impact of the actions and the effectiveness of engagement and management of concerts and action plans.

Mrs Parkes further advised that the CQC were implementing a new inspection regime anticipated to be fully rolled out and applicable nationwide by March 2024. A presentation will be delivered to the Board in due course, to understand the impact for the Trust.

Action: Mrs Parkes

96 23/24 Maternity Reports

Maternity and Neonatal Quality and Safety Update

Sascha Wells-Munro, Care Group Director of Midwifery prepared and presented the report.

We had a successful engagement event last week with over 90 staff involved to help articulate the single maternity improvement plan, aligning this with the National Maternity and neonatal 3 year plan. Now have 4 workstreams of improvement to enable to meet the requirements of regulators and the national agenda. Now collating all of the feedback and have some quick wins from this so there can see some tangible actions. The event is mentioned in the report and further maternity assurance reports will then then clearly articulate the improvements that have been defined.

Mrs Parkes described that the Journey to Excellence included a workstream on maternity, which included seven individual workstreams and actions for completion. This was a challenging task to see the direction of travel, but a great start. The call for change will be seen through the Board and governance arrangements, aiming for a more focused improvement. Dr Holmberg described from a Quality and Safety Assurance perspective that this was a clear mechanism in addressing gaps.

Mr Barkley referred to the 'Fresh Eyes' audit detailed in the report and requested clarity on whether the figures included were positive or negative. The hourly completion of 'Fresh Eyes' was a requirement of the Saving Babies Lives Care Bundle v3, Element 4: Effective fetal monitoring in labour. Sascha clarified that the figures were not a desired position as the ask was 100% across the board however, further discussions were underway to review the target, although NICE recommend hourly, the Trust is able to determine itself. Understanding that this was truly about assessing the clinical picture, Sascha confirmed a move to every two hours for a CTG. She went on to clarify that every CTG will be reviewed hourly by the clinician but reviewed by an additional clinician every two hours.

Mr Barkley questioned the statistics on overdue inductions and caesarean sections and this was not clear in the maternity dashboard. Sascha confirmed that this data was not yet included and work was underway in establishing whether or not this could be pulled from Badgernet (the electronic patient record). It was recognised that this data was to be included as a national metric requirement such as planned caesarean sections that had been delayed more than 24 hours and any delay in induction of labour by 24 hours. Sascha confirmed that this would be included in the next maternity dashboard for the Board. Mr Barkley also referenced the on-going progress with the theatre demand and capacity review to support development of a business case to expand theatre capacity to meet the increasing need and demand for planned C-sections. He shared his concern that this needed a timescale as a significant issue. Mrs Parkes agreed to email the Board with the response in terms of a deadline.

Action: Mrs Parkes

Dr Holmberg noted that the Quality and Safety Assurance Committee had raised issues around state works on washrooms and requested an update. Sascha confirmed that this had progressed, there was a clear plan of works now and toilets were being replaced over the coming weeks and staff would consequently have their changing rooms returned.

The Board noted the report.

CQC Maternity Section 21 Update

The Board noted and approved the November 2023 monthly submission to the CQC which provided assurance on progress and impact on outcomes October 2023

97 23/24 Guardian of Safe Working Hours Q2 Report

Dr Stone presented the report and emphasised the role of the guardian in ensuring that they hear when Junior Doctors have got issues, in particular around their working conditions and ability to get their study. It was important to demonstrate that there was the ability to be able to raise their concerns in a way that was visible and then outcomes to be evident when something has happened as a result.

Prof Morgan raised the issues around emergency rest facilities for tired junior doctors, and questioned whether this a contractual requirement. Dr Stone confirmed that this was contractual and the issue related only to the York Hospital site due to the lack of rest facilities available. To meet contractual obligations the Trust had sought rest facilities from a local hotel although had encountered access issues prior to 12 noon which Miss McMeekin advised had since been resolved.

Post meeting note: Miss McMeekin corrected the statement that the issue had been resolved and shared with the Board that the Trust was approaching a local university to explore their facilities for a solution.

Action: Miss McMeekin

The Board noted the report.

98 23/24 Q1 Mortality and Learning from Deaths Report

Dr Stone presented the report and noted there were no additions or highlights to the Board.

Prof Morgan referred to the Thematic review of all SJCRs reviewed and the Senior review, linking to the TPR report where Senior Review to be completed at 23:59 (special cause concern was previously shown with a run below the mean from Apr 2022 to Oct 2022) was reported. He questioned whether this was part of the same issue and a cultural issue around timeliness of senior reviews. Dr Stone clarified that these were reported differently but it was not completely understood whether they were related and agreed to look into this further.

Action: Dr Stone

Prof Morgan also raised the language used in the report and the perception it can give when reading externally. This view was also shared by Dr Boyd, in particular around the ‘no harm’ in the context of learning from deaths and for the benefit of the public understanding that this means that death would have been a likely outcome regardless of what happened. Dr Stone agreed to review the use of that phrase.

Action: Dr Stone

99 23/24 Quality and Safety Assurance Committee

Dr Holmberg provided an update from the Committee's November meeting. He shared the committee's concerns around the Trust working outside of its comfort zone in terms of waiting times on emergency and elective care and the harm that this could bring to the patients. In response, the Trust had planned a number of enhanced clinical reviews for patients on long waiting lists, to look at harms but also to provide as much information as possible for assurance with regard to the care of patients. For example, being retained in A&E for longer than should be and that their care had not suffered as a result of being treated perhaps in a non-conventional area. Dr Holmberg also shared the committee's discussions on understanding the burden and challenge around diagnostic services and while a further focus on this was welcomed, the Committee was looking for assurance that all such initiatives are targeted to reduce patient harm as much as possible. Ms Hansen confirmed that there was a Waiting List Harms Task and finish Group established with a proposal for a process of identifying and monitoring patients on those waiting lists in the process of development, to be presented to Ms Hansen and to the Quality Committee.

Action: Ms Hansen

Mrs Parkes added that the Committee had agreed the terms of reference for the Quality Committee, Patients Safety and Clinical Effectiveness Sub Committee and the Patient Experience Sub Committee, which were an important step in the Trusts quality governance improvement.

The Board noted the report and agreed in principle to support the Quality Committee (as the renamed Quality & Safety Assurance Committee) to implement the new terms of reference with formalities to be addressed at the next available Board meeting in January 2024.

100 23/24 Trust Priorities Report: Elective Recovery and Acute Flow Elective Update

Ms Hansen reported that there had been ongoing management of high-level acute activity around discharge which was impacting on some of the elective work. Surgery had not been cancelled but it had impacted on some work being undertaken such as clinicians being called away from SPA and admin sessions to support the senior discharge elements that were required on OPEL 4. Ms Hanson also raised the theatre staffing, retention and sickness rates in theatre were an issue that were being addressed. The industrial action of junior doctors and senior clinicians had impacted on availability of some of the theatres.
The Board requested the Digital, Performance and Finance Assurance Committee receives a detailed briefing around the issues in relation to theatre staffing and mitigations to address.

Action: Mr Dillon/Ms Hansen

Ms Hansen advised that the Trust and as an ICB, had moved into the Tier 1 regime for both the elective and cancer. Consequently, this brought fortnightly ICB and regional performance meetings around where the Trust was with its trajectories, participating along with other ICB Trusts.

Ms Hansen positively reported that the CPD (core patient database software system) now had the ability for clinicians to be able to identify when there is no cancer directly with the patient at the time of their appointment. This saved on productivity and time from an admin perspective in tracking patients and some of the delays.

There was also an electronic platform for patients, to act as guidance for 'keeping fit for surgery' and being able to get patients as fit as possible before their surgery. Further developed support for patients was around PIDMAS (patient initiated mutual aid system). This was to allow patients, if they've been waiting and want to change provider, the ability to contact the Trust and say that they would like to be seen and treated at another provider. This was launched in cohorts with the first in those who had been waiting over 40 weeks. However, the ability to offer alternative locations have been challenging because of lack of capacity and as a consequence, the next cohort has been postponed.

It was highlighted that additional endoscopy sessions that were mobilised resulting in an additional 18 sessions a week which was reducing some of the long waiting times that were impacting on both RTT and cancer. Work was ongoing with Care Groups to take a look at scheduling elective theatres, outpatients and diagnostics to create more capacity into cancer priority, which would consequently impact on elective waiting times.

Mr Bertram shared with the Board as part of the financial plan work, work that had been undertaken with Care Groups to ensure that the Trust was not insourcing or outsourcing work that would increase the Trusts financial deficit. There could be two or three instances where this might be challenged. Discussions with providers are ongoing, and there are two options: renegotiating rates or discussing productivity improvements to increase throughput. If these issues cannot be resolved, the Board may need to discuss the action to take. Ms Hansen added that the discussion around performance also focused on understanding the threshold between high-cost specialties and low-cost specialties, the margin difference, and its impact on waiting time quality. A balance of risk and finance approach taken, considering the impact on the decision to proceed or not.

Urgent and Emergency Care

In October, the Trust experienced the highest number of patients through the ED in the previous two years, causing intense pressure on staff. Several workstreams were ongoing, with some action and mitigations detailed in the report. A rapid improvement program was introduced, which was collated through listening events with ED staff, focusing on their personal wellbeing and frustrations. This led to right sizing work on wards, reviewing at ward-sided specialities, and ensuring the right areas and locations for the site. This should enable an improvement in outliers and reduce the number of reviews undertaken later in the day to enable earlier discharge.

Too many patients were in the ED York for too long whilst waiting to be admitted to a bed. The medicine care group had agreed to a number of changes including frailty and preventing admission. The medicine group will be writing a model of care proposal, which will significantly impact both the patients' journey and the 12-hour performance because patients would be heading to the right place of for their onward care.

Mr Barkley questioned the outcome of the Multi-Agency Discharge Event (MaDE) that took place in November with all partners to facilitate prompt discharge of patients and identify key themes to be addressed to improve timely discharge for patients. Ms Hansen advised that it was not the desired outcome and further engagement was needed. Further events were to be scheduled throughout winter, where importance of attendance was clear and understood by relevant local authority social services.

101 23/24 Emergency Preparedness Resilience and Response (EPRR) Core Standards – Amendment to Compliance Grading

Ms Hansen presented the report. She described that a lot of the themes were around process and minor policy adjustments. The ambition for doing some testing next year was

a huge undertaking and therefore support had been sought from the ICB and region to be able to do that next year.

Prof Morgan highlighted a disparity between the action plan requiring a 24 month period to complete and the compliance certificate stating that full compliance was to be achieved within 12 months. Ms Hansen agreed that this discrepancy was an issue and agreed to revise the report and resubmit back to the Board if necessary.

Mr Barkley questioned how the Board were to receive assurance on progressing of the action plan and it was agreed that this would be received quarterly.

Action: Ms Hansen/Mr Taylor

Post meeting note: NHS England had agreed that the hard reset and a revised assurance grading of non-compliant had rendered the 12 month time period as unachievable. As a result, a new compliance certificate was provided that had removed any mention of a time period in which to complete the action plan.

As a result of the revised assurance grading of non-compliant and a new compliance certificate, the Board:

- **approved the revised assurance rating of "Non-Compliant" with the NHS England EPRR Core Standards**
- **Endorsed the revised EPRR Action Plan.**

102 23/24 Digital, Performance and Finance Assurance Committee

Mrs McConnell reported on the November meeting of the Committee. Mrs McConnell highlighted that the committee had focussed on two key areas in performance and finance. Of particular note was the 2,341 lost bed days due to criteria to reside which was 28% compared to a target of 10% and the implications of that around ambulance waiting times and ED.

The Board acknowledged that this was Mrs McConnell's last meeting of the Board held in public following her resignation at the end of December and thanked her for her valued contribution to the Board during her tenure as Non-executive Director and for undertaking the role of Chair of the Committee in the absence of Mrs Mellor.

103 23/24 Finance Update

The Board noted an adjusted deficit of £31.0m against a planned deficit of £13.3m for the period to October 2023. The deficit had further deteriorated against plan, with an adverse variance of £17.7m compared to £15.7m in month 6. Mr Bertram described that the work on the recovery plan with care groups showed some slowing down of the rate of deterioration. He further described that in November, £800m was released into the NHS to cover strike costs and a further £300m release had been made to reset elective recovery fund baseline targets for organisations. In total, £1.1billion worth of funding was made available nationally. The Board held an extraordinary meeting on 20 November, and confirmation was received that all adjustments were anticipated to be incorporated into the Trust's month 8 position. This included £2.5m to cover strike costs and a further £2.5m ERF adjustment, making a £5m gross improvement in terms of the elective recovery target. The latest iteration of the Trust's financial recovery plan, with the delivery of the corporate efficiency programme, suggests an adverse variance of £12 million by the end of the financial year. The ICB was releasing a further £4.5m to the Trust, taking the Trust to £7.5m adrift of plan as described at the extraordinary Board meeting. The Trust was

working with the ICB to take action to seek to recover the position as safely as possible and as described in the report (page 189 and 190).

Mr Bertram informed the Board of the approval given at the August Board of Directors meeting for an emergency cash application due to the Trust's trading deficit. This was confirmed for November, ensuring no cash issues to report this month. The national team was working with the Trust to determine the necessary emergency cash support levels for December, which would be impacted by the release of additional resources as described.

Mr Barkley questioned the timescales for comparing the WTE pre-covid to the current position. Mr Bertram advised that it was anticipated the workforce analysis to assess VFM (Value for money) would be completed by the end of November with only 18 VFM's yet to be completed. The VFM evidence was to be summarised through the Digital, Performance and Finance Assurance Committee and then expected to be able to confirm at the December Board meeting that the work had been completed.

104 23/24 Premises Assurance Model (PAM)

Penny Gilyard, Director of Resources for York and Scarborough Facilities Management stated that the NHS Premises Assurance Model (NHS PAM) is an annual statutory report for NHS England covering various non-clinical support disciplines. The report provides a summary of the process and details the results of a self-assessment exercise submitted in September.

Penny further advised that the PAM had 8 indicators and highlighted the area for improvement notes in relation to Helipads meeting CAP1264 standards for helicopters landing areas at hospitals, would continue to be non-compliant as this related to volume of flights therefore more suited to a heliport.

Penny acknowledged the need for future plan improvements and shared the internal audit team's support in reviewing the process. The PAM should be integrated with the risk register and backlog maintenance priority program.

Mr Hawkins questioned the annual reporting and whether there was trending information available and any benchmarking against other Trusts. Penny shared that benchmarking was a possibility and the trend data was available but had not been used as a model. This was something to take forward along with tighter governance reporting and monitoring through the EPAM meeting.

Mrs Parkes highlighted her concern in relation to cleaning standards and understanding what should be delivered against what was actually being delivered and the consequences around this.

Mr Barkley inquired about the arrangements for peer review work, and Penny informed that a Peer Review Committee would be introduced to collaborate with other Trusts and ICB colleagues to share best practices.

The Board shared that the report didn't provide assurance in particular around quality checks and for this to be considered in future PAM reports.

The Board retrospectively approved the NHS PAM but acknowledged that the self-assessment outcomes provided limited assurance.

105 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 31 January 2024.

Action Ref.	Date of Meeting	Minute Number Reference	Title (Section under which the item was discussed)	Action (from Minute)	Executive Lead/Owner	Notes / comments	Due Date	Status
BoD Pub 05	21 March 2023	71 23/24	People & Culture Assurance Committee Escalation Report	Board to review and discuss the current 'paperlight strategy' and lead the way on e.g. the process, system, culture change needed for adoption of a paperlight strategy across the Trust.	Trust Chair	Escalation from Digital, Performance & Finance Assurance Committee to Board of Directors27.09.23 update - Mr Taylor, Mr Morritt and Mrs Brown, along with himself, pick up the action offline and report back to a future Board with a view and reflect on the right approach. Looking at February for a follow-up session with the Board which would include paper light as a topic of discussion.	Feb-24	Amber
BoD Pub 06	29 March 2023	165 22/23	Chief Executive's Update	Associate Director of Corporate Governance to arrange a further TPR session for the Board.	Associate Director of Corporate Governance & CDIO	MT - Update 06.06.23 chasing up with James Hawkins and Nikki Slater 27.09.23 update - Mr Hawkins advised that the work continued to evolve around the Trust Priorities Report with a variety of metrics being built in or required to be built in. It was agreed that this would be picked up with the new Chair and see what the specific need will be. It was acknowledged that remained important to have a conversation around the Board on the expectations around this reporting. 22.11.23 - A 'Making Data Count' Board session is currently beign scheduled with NHS England.	Feb-24	Green
BoD Pub 09	24 May 2023	27 23/24	TPR: Our People - People & Culture Assurance Committee Report	Priority discussion for Board on agile and flexible working Workforce planning and resource management in relation to an effective e-rostering facility and consideration given to the acquisition and implementation of suitable e-rostering system. An outcome report to return to the Board.	Director of Workforce and Organisational Development	Action 09 - Priority Discussion on agile and flexible working and Action 10 workforce planning and resource management for e-rostering - merged 06.12.23 - Action closed at Executive Committee 29.11.23 - Miss McMeekin advised that this was in relation to an E-rostering business case (case 2023-24 56) that was scheduled to be reported to the Executive Committee for approval at its meeting on 6th December 2023. On that basis it was hoped that this item will be closed by the next meeting.	Nov-23	Red
BoD Pub 18	26 July 2023	54 23/24	Quality and Safety Assurance Committee	The Board requested that a report or presentation of the diagnostic review is submitted to a future Board meeting following the deep dive exercise already planned.	Chief Operating Officer	Board to receive a diagnostic review outcome report.	Jan-24	Green
BoD Pub 20	29 November 2023	89 23/24	Matters arising	Diagnostic Capacity and Demand update to be presented to Board	Chief Operating Officer		Jan-24	Green
BoD Pub 21	29 November 2023	90 23/24	Chief Executive's Update - TPR	Freedom of Information Response Times	Chief Digital Information Officer	To review the process and collectively improve response times.	Jan-24	Green
BoD Pub 22	29 November 2023	91 23/24	Trust Priorities Report: Our People	Vacancy rates: unfilled nurse temporary staffing	Director of Workforce and Organisational Development	Nursing associates to be referenced in the report as this was data that was not currently retrieved.	Jan-24	Green
BoD Pub 23	29 November 2023	92 23/24	Research and Development Update	Share relevant connections with established clinical activities to support portfolio research delivery	Director of Workforce and Organisational Development		Feb-24	Green
BoD Pub 24	29 November 2023	94 23/24	Trust Priorities Report: Quality and Safety	Review the complaints process and feedback to the Board as this progresses	Chief Nurse		Jan-24	Green
BoD Pub 25	29 November 2023	95 23/24	CQC Compliance Update Report	CQC new inspection regime - Presentation to be delivered to the board to understand the impact on the Trust	Chief Nurse		Jan-24	Green
BoD Pub 27	29 November 2023	97 23/24	Guardian of Safe Working Hours Q2 Report	Update on approach to local university to explore facilities for a solution to emergency rest facilities issue for tired junior doctors	Director of Workforce and Organisational Development	Rachael Snelgrove in Medical Education is taking forward.	Jan-24	Green
BoD Pub 28	29 November 2023	98 23/24	Q1 Mortality and Learning from Deaths Report	Prof Morgan referred to the Thematic review of all SJCRs reviewed and the Senior review, linking to the TPR report where Senior Review to be completed at 23:59 (special cause concern was previously shown with a run below the mean from Apr 2022 to Oct 2022) was reported. He questioned whether this was part of the same issue and a cultural issue around timeliness of senior review. Dr Stone clarified that these were reported differently but it was not completely understood whether they were related and **agreed to look into this further.**	Medical Director		Jan-24	Green
BoD Pub 29	29 November 2023	98 23/24	Q1 Mortality and Learning from Deaths Report	Review of the language used in the report (particularly 'no harm')	Medical Director		Jan-24	Green
BoD Pub 30	29 November 2023	99 23/24	Quality and Safety Assurance Committee	Waiting List Harms Task and finish Group proposal for a process of identifying and monitoring patients on waiting lists to be presented to Ms Hansen and to the Quality Committee.	Chief Operating Officer		Jan-24	Green
BoD Pub 31	29 November 2023	100 23/24	Trust Priorities Report: Elective Recovery and Acute Flow Elective Update	The theatre staffing, retention and sickness rates in theatre were an issue that were being addressed. The Board requested the Digital, Performance and Finance Assurance Committee receives a detailed briefing around the issues in relation to theatre staffing and mitigations to address.	Chief Operating Officer & Mr Dillon	Delegated to Digital, Performance and Finance Assurance Committee	Feb-24	Green
BoD Pub 32	29 November 2023	101 23/24	Emergency Preparedness Resilience and Response (EPRR) Core Standards – Amendment to Compliance Grading	Quarterly update on progress of EPRR action plan to Board	Chief Operating Officer/Associate Director of Corporate Governance		Mar-24	Green

Report to:	Board of Directors
Date of Meeting:	31 January 2024
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: Winter pressures, Developments in the Integrated Model for Urgent Care, Our Voice Our Future, Support and development for line managers, Planning guidance update, City of York's Council Plan, and Star Award nominees.

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	31 January 2024	

Chief Executive's Report

1. Winter pressures

As we are now well into the new year it is impossible to ignore the increased activity within our emergency departments, both with the usual winter pressures that always come at this time of year, and the longest period of industrial action in NHS history.

Combined, this makes for an exceptionally demanding time for both our Trust and the wider NHS.

It is a credit to everyone involved that we have worked to minimise the impact of industrial action as much as possible through careful planning, making sure rotas are covered and through colleagues stepping up to do all they can to lessen the impact of the strike.

We also introduced some changes to our processes for managing flow within the hospitals and to help us share the risks presented by ED overcrowding and ambulance delays. Whilst we know that some staff have found this challenging, we did see some improvements in ambulance handover times and length of time spent in the emergency departments, and we went into the Christmas holiday period in a somewhat stronger position than in previous years.

I don't underestimate how challenging all of this has been, and I want to formally note my thanks on behalf of the Board to all of our staff for their continued efforts.

2. Developments in the Integrated Model for Urgent Care

As Board colleagues will be aware, our Trust will become the Prime Provider for a new model of Integrated Urgent Care from April 2024. This will include the urgent treatment centres in Scarborough, York, Malton and Selby, as well as primary care out of hours services.

Following a competitive tender process, we are delighted to confirm that Nimbuscare has been selected as a partner to work with the Trust to deliver a new integrated care model of primary care out of hours services for York, Selby, Malton, Scarborough, and Whitby from April 2024.

Nimbuscare is an at-scale provider of services based in the community, and has previously been a key partner in a number of projects.

A number of joint workshops are being held for staff with an interest in urgent care from our Trust and from primary care to help further develop the new model and to further strengthen partnership working.

Patients and clinicians will continue to access services in the same way, however it is our view that joining up care leads to improved outcomes for people and through this new partnership our aim is to create better services based on local need.

3. Our Voice, Our Future

Our work with our Change Makers as part of our Culture and Leadership Programme, Our Voice, Our Future, is continuing at pace.

I met with the whole group at their welcome session in December, alongside some of my director colleagues. We were all struck by the overwhelming sense of optimism and energy to make a difference shown by the group, and I am confident that they will start to make an impact as they begin the 'discovery phase' of the programme.

The group has subsequently met for a further training session earlier this month. The purpose of these sessions is to prepare the Change Makers with the tools and techniques that will equip them to start collecting feedback to discover what it is like to work in our Trust, and how we can make things better. They will be gathering this information in a range of ways from as many staff as possible, including interviews with Board members, so we can look forward to those discussions.

Change Makers will gather feedback over a six-month period and we will be receiving regular updates as a Board as this work progresses.

4. Support and development for line managers

Our new line manager toolkit has just launched and is being promoted throughout the organisation.

Being a line manager can be hugely challenging, and the impact that line managers have on team culture and individual employee experience cannot be underestimated.

To support our managers we have developed a toolkit which contains some quick and easy support documents, videos, flowcharts, FAQs and other resources.

This is an excellent new tool that follows an employee's journey from entering the organisation and includes all the things you need to do to recruit and support a new starter, right through to retaining colleagues through development or supporting them when the time comes and they move on.

In the next few months we will also be rolling out training for all of our existing and new line managers. This training will provide a consistent approach for equipping line managers at every level with the skills to ensure our workforce have the best possible experience working with us.

5. Planning guidance update

Normal practice in the NHS has been that the planning guidance is released around Christmas time for the next financial year, with Q4 being a key period for the Trust and the ICB engaging in all aspects of financial, operational and workforce planning with a view to agreeing with NHS England and the ICB plans for the coming financial year.

This year, whilst some limited aspects of the guidance have been made available the full guidance is yet to be released. Latest information suggests that the full guidance will be released at the end of January/beginning of February, including confirmation of targets and financial allocations. The process is likely to run through to the end of April/beginning of May for final submissions.

From a Trust and ICB perspective work is well underway with the preparation of these plans, as even without the detailed allocations we can prepare service cost details, activity planning and workforce assessments.

6. City of York's Council Plan published

Towards the end of 2023 City of York Council published its plan for 2023-2027, titled 'One city, for all'. Before Christmas I attended the City Leaders engagement event where the plan was shared and discussions took place about how, as partner organisations, we can support the delivery of the plan going forward.

The plan recognises that for many the experience of living in York is different depending on where you live, and sets out the Council's priorities for the next four years with a focus on helping everyone, wherever they live in the city, to have happier and healthier lives.

You can read the full plan online here: www.york.gov.uk/CouncilPlan

7. Star Award nominations

Our monthly Star Awards are an opportunity for patients or colleagues to recognise individuals or teams who have made a difference by demonstrating the Trust's values of kindness, openness and excellence through their actions.

December 2023 and January 2024's nominees are in Appendix 1.

Date: 31 January 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

December 2023

Rhoda Brigancia, Staff Nurse, Dawn Finch, Endoscopy Technician, Liz MacDonald, Nursing Associate, Yvonne Wadeson, Staff Nurse, and Eve Graham, Staff Nurse	**York**	**Nominated by Andrew Battye, patient**

I was sent for a colonoscopy following routine bowel screening and the staff who looked after me on Friday were exceptional. Eve took the time to explain the diagnosis clearly and I was very impressed with her care. I would like to nominate the team for a Star award. Whilst I am sure they would be the first to say they were 'doing their job', it stood out for me that they did it with care and kindness.

Andy Ainsworth, Senior Biomedical Scientist	**Scarborough**	**Nominated by Lisa Mead, colleague**

Whilst Andy is always hard working and truly committed to Microbiology and our patients and users, over the last few weeks Andy has gone above and beyond, working tirelessly to get our new blood culture analysers up and running in Scarborough urgently. Andy has worked to resolve several new IT issues so that we could get our new analysers up and running in a timely manner. Thank you, Andy, you truly are a star.

Shu-Yao Too, Biomedical Scientist	**Scarborough**	**Nominated by Lisa Mead, colleague**

Whilst Tooie is always hard working and truly committed to supporting and helping his colleagues, over the last few weeks Tooie has gone above and beyond, working tirelessly to get help Microbiology to get our new blood culture analysers up and running in Scarborough urgently. Tooie has worked to resolve several new IT issues with us so that we could get our new analysers up and running in a timely manner. Thank you, Tooie, you truly are a star.

Samantha Acland-Mattinson, Chief Biomedical Scientist	**York**	**Nominated by Lisa Mead, colleague**

Sam is our Chief Biomedical Scientist based in Hull Microbiology (SHYPS). Over the weekend she received a message from one of her colleagues saying “Leadership is not about being the best. Leadership is about making everyone else better” and that this is how they feel about her. They wanted to say that they thought she should know that she is doing a great job. Congratulations Sam, you are doing a great job and we appreciate you.

Scarborough Microbiology	**Scarborough**	**Nominated by Susan North, colleague**

Andy and his team have been so supportive to Our Sample reception team in Scarborough. They have been a tremendous support in helping train our MLA's as their department has moved over to York and we are transporting samples over to York, as well as with running blood cultures. We all have no knowledge in microbiology, they have been so patient with us all. We couldn't have done this transition so smoothly without them. They are an amazing team and an honour to work with.

Adele Metcalfe, Principal Sonographer

Scarborough

Nominated by Natalie Barker-Dunwell, colleague

On the 2 November, Adele was contacted while on her annual leave and kindly attended Labour Ward to confirm a fetal loss. This I believe, without any further information or details, is enough to demonstrate the lengths Adele went to ensure the patient received the best possible care at a time which is extremely heart-breaking and upsetting.

By going above and beyond, Adele provided the patient and the Maternity team with the vital information they required to facilitate on going care for the bereaved family. Thank you, Adele.

Katie Cameron-Clarke, Staff Nurse	**York**	**Nominated by Nicky Kerslake, colleague**

Katie has recently been involved in a couple of instances where patients have become unwell or had an incident in our department and her response to these situations has been outstanding. The first incident was a patient who fell upon entering the consultation room, sustaining a head injury. Katie's swift response to the situation, co-ordinating the team and ensuring the patient was safely helped from the floor using the hoverjack was exceptional. She remained calm throughout, reassuring the patient and ensuring that the team worked together for the best outcome in a stressful situation. She then went on to provide aftercare to the patient, advocating for them by raising concerns and ensuring that medical assistance was sought appropriately.

The second incident was during a patient appointment, Katie took the patient to check their visual acuity and upon being in the room with the patient, noticed a change to their speech. She was swift to realise that something didn't quite feel right and immediately asked the patients relative if this speech difference was usual. From here, Katie realised that the patient was potentially suffering from a stroke and immediately alerted the medical emergency team, who were in the department within a minute or so. The stroke nurses were alerted and confirmed that Katie's suspicions were correct. The patient then went on for further medical intervention. Once again, this highlighted Katie's ability to respond quickly and calmly to a medical situation which has a hugely positive impact on the patient receiving excellent quality and timely care. Well done Katie for showing your commitment to patient care and showing your ability to lead the team through stressful situations with a real patient focus.

Jamie Collins, Medical Secretary	**York**	**Nominated by colleague**

Jamie is a very kind caring and very approachable individual. He is always happy to help, is excellent at his job, is very knowledgeable, and will always go that extra mile to help others. He is certainly in the right job and displays all the Trust's values in whatever he does. He is a great asset to the team.

Sarah Olley, Speech and Language Therapist	**Scarborough**	**Nominated by colleague**

Sarah joined the team early this year and has thrown herself into the role, quickly making herself indispensable. She is friendly, hard-working, always has a smile on her face, and brings fresh ideas to conversations. She has organised events within the team, such as an SLT bake off, that have really contributed to team building.

Sarah can often be found helping lost patients and visitors around the hospital, and really demonstrates Trust's values in all she does. She is always the first to volunteer to cover bank shifts, travel across sites to see patients, support new staff, and do a bit of office organisation when needed.

Sarah has shown such enthusiasm for the profession that she is leaving us in the new year to study her masters in Speech and Language Therapy, and while she will be sadly missed, we know she will make a fantastic therapist.

Sam Andrew and Elaine Walters, Administrative Assistants	**Scarborough**	**Nominated by Danniella Rowell, colleague**

Sam and Elaine have been the only admin team in Dietetics for a while. They cover York and Scarborough, and they always help the department whenever needed. They prioritise their work based on what the patient needs, and work throughout the department across medical, surgical and paediatrics. Their workload can be quite challenging at times, but they manage it very professionally. They are always polite and professional, and are a great part of the team, working extra hours to ensure the patients receive the necessary care.

Sam and Elaine demonstrate the Trust's values by caring about what they do; respecting each other, other staff, patients, and family members; and always taking on any feedback. They are helpful to everyone they encounter, and I believe they deserve a star award in recognition of the work they do every day.

Lloyd Ward Team **Bridlington** **Nominated by Jenny Bracegirdle, patient**

I want to thank all the staff on the Lloyd Ward at Bridlington Hospital for their outstanding kindness, professionalism, and care when I attended today for a surgical procedure. I was greeted on arrival by name and was welcomed to a clean and calm ward. All the nurses smiled and introduced themselves, making me feel more at ease.

The whole team were so attentive, both to me and to other patients. They never rushed us and always asked if we had any further questions. If they did not know the answer to a question, they always would go and find it out. Special thanks to Steph, Marteena and Ann on the ward who show excellence in their work and kindness to all their patients. You made a nervous experience a great one and I'm so thankful to you all.

Andre Fernandes, Doctor **York** **Nominated by Jessica Lings, colleague**

This doctor goes above and beyond for everyone, from patients to admin staff and other doctors. He is always positive, supportive, willing to help cover shifts, and happy to support others through difficult situations.

Charlotte Wild, Outpatients Administrator | **Scarborough** | **Nominated by colleague (1) and colleague (2)**

(1) Charlotte goes above and beyond for patients, staff, members of the public and her colleagues. Nothing is too much hassle for her. She demonstrates every aspect of the Trust's values. She is an amazing person and I have seen how dedicated she is to her job. She has stayed later than she needs to just to help a patient. Her caring nature and loyalty are truly an inspiration.

(2) Charlotte is one of the kindest people around, she will go out of her way to help patients and even stay late if needed. She truly demonstrates all the Trust policies. Her kindness to everyone is amazing and she is a real asset. I have witnessed how she helps patients and colleagues of all ages and backgrounds. Her caring nature calms patients and puts them at ease.

Felicity Joy-Rose, Phlebotomist | **York** | **Nominated by Charlene Ellis, relative**

Felicity was amazing with my daughter. Felicity explained everything so my 5-year-old would know what is happening and was so calm and patient with her. It made such a difference and calmed my daughter, turning what could have been a very negative experience into one that she has come away happy from.

Christopher Miles, Porter | **Scarborough** | **Nominated by Julie Gallagher, Sister**

I would like to nominate Chris for his outstanding performance and professionalism. Nothing is too much for Chris and he displays all the Trust values. He goes above and beyond to help patients and staff. His presence makes everyone smile.

Nerys Pickup, Healthcare Assistant

Scarborough

Nominated by Faye Goldsbrough, relative

Nerys is an absolute superstar. When my dad was taken into hospital on 19 November 2023, she was amazing at making myself and my dad feel at ease. She kept us informed and was more than just polite with her outstanding bedside manner. We ended up having many chats together, and it felt like I had a friend looking after not only my dad, but my own mental health and anxieties.

Nerys always went the extra mile, and she took the time to get to know me and always offered support. For example, we talked about some sensitive issues in my life, this led to her finding and providing me with websites and contact numbers for sources which could provide me with additional help. She took a genuine interest in not only my dad but my wellbeing too, such as when my dad later got transferred to York hospital, she stayed with me for eight hours and kept us laughing and hydrated, while providing the most exceptional care I have ever witnessed. I could not be more grateful to have had her looking after my dad and she is a huge credit to Scarborough Hospital.

Nerys is an amazing person, and, while I hope my dad is never rushed into hospital again, if he was, I would genuinely look for her to say thank you again. I wish her all the best in her future in Scarborough Hospital and hope the Trust knows that they have a one-of-a-kind diamond working there. Thank you, Nerys, for everything.

Ophthalmic Imaging Team	**York**	**Nominated by colleague**

I am nominating the Ophthalmic Imaging Team for a star award because of their compassionate, kind, and friendly attitude towards the patients. Each member of this team uses patience and kindness to capture the most accurate images which provides consultants and doctors with clear, concise scans and photos of the eye, assisting them to make an accurate diagnosis. Each team member will go the extra mile for patients, from obtaining food or blankets, making drinks and waiting for transport to talking to patients who are alone, easing any worries and fears that they may have and escorting patients who have had eye drops resulting in blurred and unfocused vision. They look after patients coming into the department with a fantastic duty of care. Well Done.

Gary Hardcastle, Deputy Head of Intelligence and Insight, Michael Graham, Lead Reporting Analyst, and Massimo Fiori, Head of Information Services and Patient Access	**York**	**Nominated by Nicky Slater, colleague**

Michael, Gary and Massimo have worked with the COO and Deputy COO to develop a fully automated Operational Dashboard which will present a real time view of key metrics, providing an overview of the state of the hospitals. In addition, the dashboard calculates and displays the latest OPEL score, following national rules. Using new technology, the dashboard has also been made available on mobile devices to allow for the metrics to be monitored whilst not sat at a laptop, allowing action to be taken as needed. Key metrics are then automatically forwarded to the regional team for national monitoring, reporting and discussion of any required actions.

Edward Hewitt, Medical Engineering Technician	**York**	**Nominated by Stephen Palmer, colleague**

Ed is always friendly and helpful to all that need it, going out of his way to ensure a good service for everyone.

Ed has been re-equipping the new pendants with the medical monitoring in HDU and the member of staff he was assisting by doing this said: “We potentially had some issues with mounting brackets. Ed was extremely helpful with a solution to sort this out with the Draeger Medical contact and a fall-back plan in case Draeger couldn’t deliver within the timeframe for re-occupying HDU. I would just like to pass on my gratitude for Ed’s helpful and professional help with HDU.”

Abbie Boden, Midwife	**Scarborough**	**Nominated by Rosie Pease, colleague**

I would like to nominate Abbie for a star award for her drive to improve staff morale on our unit. Abbie is setting up a "shout out" board for the ward to recognise staff and give our team the little boost it needs. Abbie's kindness is displayed daily and she is a pleasure to work alongside.

Anna Robinson, Midwife	**Scarborough**	**Nominated by Rosie Pease, colleague**

I would like to nominate Anna for a star award for her patience and dedication. Anna was appointed a new role and she has been patient and understanding with the numerous delays. Anna is a midwife that displays our Trust values on every shift with her attitude, empathy, and professionalism.

Anna Watt, Consultant Geriatrician | **York** | **Nominated by Emma Lee, colleague**

Dr Watt is the silver trauma lead for the hospital, as well as being the lead consultant on Ward 39 for patients who have sustained a hip fracture. Dr Watt started in the Trust around two years ago, and since then the mortality figures for patients with a hip fracture have dropped from being significantly higher than national average to now being lower than national average. Whilst Dr Watt may not be solely responsible for our survival rates, she strives to ensure patients meet best practice standards and encourages others to do the same. She is approachable, inclusive, and professional, and the standard of care she gives to her patients is inspirational.

Dr Watt also consistently aims to raise the profile for silver trauma and, despite already having a huge caseload on Ward 39, she has recently started a weekly MDT meeting on Ward 15 to support the management of older, frailer patients. This has already had a positive effect on patient health and wellbeing and has received excellent feedback from the ward team.

Dr Watt is also raising awareness for the need of a fracture liaison service within the Trust. This is a service that has been needed for years but has not had the enthusiasm and drive to get off the ground, until now. The service improvements that Dr Watt is supporting and leading go above and beyond what is expected of her role. The reason she does this is because she cares so much about her patients and wants to help in whatever way she can. The passion she has also motivates others to do the same. Everyone needs a consultant like Dr Watt on their team.

Darren Ford, Superintendent Radiographer | **Scarborough** | **Nominated by Gemma Arnall, colleague**

An oncology patient presented to ED requiring an urgent CT TAP to assist with decision making. The patient suffered terribly with anxiety and the thought of going through the CT Scanner was beginning to exacerbate this. Our Acute Oncology Team went round to CT Department to ask how we could best manage his anxiety.

Darren was amazing, he went down to ED to introduce himself to the patient and then talked the patient calmly through the procedure. Immediately after recognising the patient had adequate fluid prep on board, he transferred the patient round to the CT Department. Darren found a common interest to distract the patient and constantly reassured the patient through the scan. It was lovely to see someone recognise how distressed the patient was and appreciate how important it was to obtain the scan today.

Darren really epitomised the Trust's values. He really should be recognised for going above and beyond in delivering high standard of care. The patient really appreciated Darren's efforts as he made them feel so safe.

Claire Welford, Midwife | **York** | **Nominated by colleague**

Claire has designed and implemented a live daily worklist for the maternity triage team. This enables us to log all the admissions and discharges digitally, replacing the old paper copy. By making this a live online document, it allows all staff to access the form and update it, instead of having to leave the working area to go to the reception and complete the paper form.

This has improved communication and workflow within the unit. It is simple and easy to use, and the positive impact it has had is immeasurable. It also means the labour ward can easily view our acuity to help manage the unit as a whole.

Daniel Howarth, Endoscopy Technician | **York** | **Nominated by Sarah Summersall-Frith, patient**

I had an endoscopy today. It was a little worse than I predicted, and I didn't cope very well. All the staff were brilliant, but Dan went the extra mile. He was kind and reassuring. He did all he could to make me feel better at a time when I was feeling very scared and embarrassed. I'm sure this is just what Dan does every day, but I want him to know the positive impact his care and support had on me today. Thank you.

Helen Murray, Senior Rota Coordinator, Neezla Wilcox, Medical Deployment Officer, and Ollala Tojo Souto, Senior Medical Deployment Officer | **Scarborough** | **Nominated by Sharon Miles, colleague**

During recent months, the rota team have worked incredible hard with the paediatric management team to build up good relationships and offer support to management to establish strong junior rotas. The rota team are extremely proactive, anticipate problems and work hard to find solutions.

They have also built great relationships with numerous junior doctors to ensure that when we have gaps in the rotas, we have plenty of competent doctors who are always willing to help. They are an incredibly kind and friendly team, who never fail to give us their time whenever we need their support.

Aspen Ward Team **Scarborough** **Nominated by Jo Blades, colleague**

Aspen Ward provided care for a gentleman with a learning disability and schizophrenia who was admitted on their ward for 18 weeks. During his stay they provided a whole range of reasonable adjustments and support to meet his needs. This included 1:1 support, redesigning his side room, providing activities, communicating in a way that the patient understood, and supporting him in having a knee replacement in Bridlington before returning to their ward.

The patient, at times, could be challenging in his presentation, but this was never a problem to the ward who constantly adapted to meet his needs. The patient did not always show routine signs of infection or changes to his health, but this was observed and identified by the ward staff and addressed quickly.

The ward also provided a high level of support for the patient's mum who visited him each day, helping her to cope with her son's admission and health needs. Thank you for being such an incredible team and for all you provided to ensure his hospital admission was patient centred.

Deborah Harsley, Medical Secretary **York** **Nominated by Onome, patient**

I'd like to nominate Debbie for this award because she made the weeks before my procedure so stress free. I had been on the waiting list for a while, but the moment Debbie became involved, everything was better explained and expedited. It was also lovely to meet Debbie and place the face to the voice. Debbie, I'm super grateful. You deserve this recognition.

Sue Salt, Palliative Care Co-ordinator | **Scarborough** | **Nominated by Lucy Davis, colleague**

Sue Salt, our dedicated Palliative Care co-ordinator deserves utmost recognition for exceptional commitment to ensuring the wellbeing of patients beyond our immediate care. Sue went above and beyond extending her compassionate efforts into the community to secure essential care for individuals not under our direct supervision. Her unwavering dedication and proactive approach have undoubtedly made a profound impact on the lives of those in need, reflecting the true spirit of excellence in palliative care.

Not only does she go above and beyond to secure essential care for patients, but Sue also plays a pivotal role in keeping our team motivated and organised using her kind and caring nature.

Kate Walker, Medical Secretary, Sindhumol Abraham, Staff Nurse, and Kathleen Sanjongco, Staff Nurse | **York** | **Nominated by Sharmayne Repetto-Lee, colleague**

I would like to nominate Kate Walker, Sindhumol Abraham and Kathleen Sanjongco for a star award. They are our lens team and work so hard to make sure the lens we need are in stock, including ordering special lens when needed by the surgeon. Ordering the lens is not an easy job and takes a lot of their time. We are all grateful for what they do.

Jennifer Henley, Theatre Practitioner	**York**	**Nominated by Sharmayne Repetto-Lee, colleague**

Jenny joined our team from main theatre and has been a ray of sunshine. She has worked so hard as a scrub nurse to pick up different procedures when the team was short staffed. She is a well-loved member of staff and has worked at York Hospital for over 20 years. This star award is to say thank you for choosing to be part of our team.

Grace Bull, Discharge Liaison Nurse	**Scarborough**	**Nominated by Samantha Soulsby, colleague**

There was a patient on Aspen ward with learning difficulties had been in hospital for over 150 days. On the day of discharge, the two regular staff nurses were off with an unforeseen sickness, so the ward was covered by two nurses who were less familiar with it.

Grace who was familiar with the patient, attended the ward to support the discharge and demonstrated excellent skills by facilitating a safe and complex discharge. However, the ambulance was delayed, and the patient was becoming increasingly distressed. Grace stayed on the ward to reassure the patient and his Mum, by holding the patient's hand and explaining what was happening.

Grace went above and beyond her job role. She showed compassion and kindness, not just to the patient and his mum, but also to her colleagues in what was a crucial time for the patient.

Jo Gales-Todd, Urology Specialist Nurse **York** **Nominated by Sarah Hillery, colleague**

Jo is working on national guidelines regarding the systemic side effects of BCG when given as part of bladder cancer treatment. This piece of work is being created in response to clinical findings around the country which have affected patient outcomes. Jo presented the team's progress on the project as well as articulating an excellent presentation about 'BCG-osis' at the recent BAUN (British Association of Urological Nurses) Conference at Liverpool ACC. Jo should be recognised for her commitment to improving care for patients and contributing to the academic literature around this subject.

Amanda Smith, Catering Operative **York** **Nominated by Christine Foster, colleague**

Mandy embodies the Trust values every day. She has a staff, public & patient facing role, providing excellent service (particularly as a Barista) to all these individuals as they visit Ellerby's. Mandy is always cheerful and has a down-to-earth approachability that makes it a joy to meet with her. I have experienced and observed this many times first hand even in really busy times. Nothing is too much trouble for Mandy, from complicated coffee orders to kindly directing patients and relatives to where what they need is.

I want to nominate Mandy because she is providing excellence, displaying kindness, and being open and approachable every day. When she asks, "How are you today?", she is genuinely interested and is an important touch point for many of the staff she serves daily. She knows many by name and remembers what their chosen beverage is, which makes each person feel a bit special in that moment and leave with a smile. Mandy is a York Hospital treasure, and she deserves recognition for that.

Jennie Landers and Laura Gregson, Speech and Language Therapists	**Community**	**Nominated by Harriet Rossol, colleague**

Jennie and Laura rolled out a large project for referrals coming into the Paediatric Speech and Language Therapy (SLT) service as part of the Paediatric SLT transformation project. They both showed excellent collaborative leadership, engaging the team across Scarborough, Whitby, Ryedale, York, and Selby by listening, responding, reassuring, and being visible to the teams throughout the roll out. They have also ensured they have been open to feedback and proactive in incorporating suggestions. Despite there being numerous uncertainties and challenges, including understanding project limitations, prioritisation of competing demands and working with tight deadlines they were able to show a clear understanding of vision and objectives and capacity to overcome personal worries to move the project forward.

Jennie and Laura both demonstrated an unwavering commitment, flexibility, and resilience to overcome barriers and difficulties from the start of trailing as a pilot project to the full team roll out. Thank you both for all of your hard work and for going above and beyond with this project.

Aleykutty John, Staff Nurse	**York**	**Nominated by Francis Agbemenya, colleague**

Aleykutty has exceptional skill and knowledge in patient care and passes her skills and experience onto newly recruited nurses. She is hardworking, dedication and very kind to both patient and colleagues. I have had the opportunity to work with this individual and I have learnt so much from her. She is patient, approachable and always willing to give a helping hand.

Hannah Foster-Rain, FY1	**York**	**Nominated by Francis Agbemenya, colleague**

Hannah is very kind, patient, and one of the best FY1s I've had the experience of working with. She is prompt to address outstanding worries and goes the extra length to address concerns about patient who are not under her care as much as possible. She is dedicated and a true star. She maintains good composure under stressful working situation and is approachable.

Molly Reeve, Speech and Language Therapist	**Scarborough**	**Nominated by Tasmin Wade, colleague**

Molly joined the team in August as a newly qualified therapist and immediately threw herself into learning all aspects of the role. She shows enthusiasm and passion for the profession, cares about each patient she sees, and is quickly becoming an invaluable asset to the team.

She recently attended a routine home visit alone, where it became apparent that the patient was unexpectedly unwell and needed urgent medical attention. She responded calmly and professionally, explained her concerns to the patient, and called an ambulance. She stayed with the patient whilst awaiting the ambulance and showed a great deal of care to him and his wife throughout. This was a tough situation for someone new to their role and Molly's professionalism throughout was outstanding.

Zoe Copper, Radiographer | **Bridlington** | **Nominated by Nicola Maycock, colleague**

Zoe looked after a patient that came to Nuclear Medicine in an ambulance. She gave him his injection and he had a three hour wait for his scan. He had been sent from his care home with no food or drink and had complex dietary needs.

Zoe went above and beyond to make sure that he had something to eat and drink while he was waiting. She made him a cup of tea straight away, liaised with the canteen and then went to get some yoghurts and jelly so that he would have something while he waited. While he was waiting, she made sure he was comfortable and when he left he was very grateful. Zoe made what would have been a hard time for him much more pleasant.

Jemma Gurden, Staff Nurse | **York** | **Nominated by Jennifer Turner, colleague**

A neutropenic patient arrived in ED and urgently required blood tests from a Hickmann line which we couldn't do in ED. I contacted Ward 31 and asked them if they could spare a staff nurse to come to ED and take the bloods. The Ward Sister, Rose, arranged for Jemma Gurden to attend and take the bloods which were crucial in getting the patient screened for sepsis. Thank you, Jemma, for taking the time to come to ED to do this, it was so incredibly helpful.

Work Based Learning Team

Scarborough

Nominated by Sarah Freer, colleague

At the request of the Interim Chief Nurse, Dawn Parkes, the team were asked to redesign the induction programme for Healthcare Support Workers who are new to the Trust, which was currently two weeks of classroom-based teaching and practical skills in a non-clinical environment. The redesign needed to be completed at pace with a target for launch in October. The brief was to open a Healthcare Academy in an environment that would promote inclusion, develop teamwork, and ensure the new recruits were confident and competent to provide the fundamentals of care for patients in practice.

The team rose to the challenge and found the perfect location for the Academy and ensured they sourced the equipment to make it into a clinical skills facility that replicated a ward environment. They rewrote the training package and engaged with specialist teams to maximise the theoretical and practical information for the new recruits. They worked tirelessly with enabling services to improve the onboarding process to ensure that from day one of the Academy all recruits could access Learning Hub. This may sound extremely simple, but to do this the team had to work closely with recruitment, HR, Payroll, IT and the Learning Hub team – all before the new recruits started in post. Placements were incorporated into the four-week Academy and buddies on each ward/area were trained by the WBL team to provide pastoral support to the new recruits in practice.

There is so much more that could be written about what the team had to do to operationalise the Health Care Academy - they really do deserve the recognition for their hard work. The Academy opened on the 30 October and 28 new recruits graduated on the 23 November with flying colours, all completing the Care Certificate and placement hours. The Academy will now run every month and will continue to expand and grow over the months.

Wendy Purvis, Administrative Assistant	**Community**	**Nominated by Barbara Gurney, colleague**

Wendy has been our Admin for several years. She is an amazing lady, kind, and always patient when the team are always asking her question after question. She works hard in her role, is the "oracle of nearly everything" and is a lovely person to boot. I sometimes think we forget that the Trust is not all about clinical staff - we could not function without support staff and administrators.

I am also nominating her for being an amazing artist and clearly missing her calling. She has just had some of her fabulous work published as part of the culture club gallery. I think there should be more space in community settings for art and I think we should have Wendy's own little gallery.

Yasaman Salari, FY1	**York**	**Nominated by Janet Bell, relative**

Yasaman was calm, caring, patiently held my daughter's hand whilst she cried and until she calmed down, was softly spoken and was very good at explaining what she was going to do and why, step-by-step. Her bedside manner was impeccable. She recognised that my daughter was stressed and frightened, and she was gentle, she took time, she radiated compassion. Please recognise and reward Yasaman. You need more like her on your wards.

Prabhsimran Singh, Hepatology Research Fellow	**York**	**Nominated by Kate Nixon, colleague**

I am nominating Dr Singh on behalf of my grateful colleagues in the Pharmacy Department at York Hospital. Dr Singh is often the weekend discharge registrar at York. This involves going round all the wards reviewing patients ready for discharge (with a therapy team & DLO), sorting out remaining problems, writing the discharge letters, and ordering the medication via eDNs. He works very collaboratively and communicates effectively with our skeleton weekend pharmacy team.

Dr Singh's accuracy is excellent, and he is to be commended for his commitment to giving the remote pharmacy team the best indication he can as to what medicines need to be supplied. He is a team player each weekend, and we think his impact must have a very positive effect on patient flow throughout the hospital when he's fulfilling this important weekend role.

Zoe Lupton, Deputy Team Leader	**Scarborough**	**Nominated by Lindsay Truscott, colleague**

We ask our patients to provide feedback on their experience in theatre and PACU. For the months of October and November, Zoe was mentioned by several patients and described as kind, caring, comforting, helpful, and good at taking the time to explain everything. Zoe is a positive role model for the PACU team.

Safeguarding & Complex Needs Team | **Scarborough** | **Nominated by Nicola Cowley, colleague**

The Safeguarding and Complex Needs Team have, throughout 2023, remained resilient and committed to safeguarding patients and staff. Day-to-day, they routinely manage highly sensitive and emotive contact requiring a calm, empathic and professional approach to both staff within the Trust and external partners.

The resilience required to handle the tragedy and horror of what they hear and respond to daily should not be underestimated. Yet they do this without complaint and a passion to make people safe. They constantly strive to improve the service and truly inspire me. I am privileged to manage such an amazing team. Finally, their support of each other knows no bounds, going the extra mile to ensure each other's wellbeing. I am incredibly proud of them and every day they are outstanding.

Bethel Omeife, Staff Nurse | **York** | **Nominated by Lindsay Truscott, colleague**

We ask our patients to provide feedback on their experience in theatre and PACU. Bethel is mentioned consistently in patient feedback responses and described as kind, caring, delightful, sweet, attentive, and efficient in her role of helping patients to manage their pain. One patient really appreciated her colourful hair and beautiful smile stating, "It made my day".

Jonny Armstrong, Healthcare Assistant | **York** | **Nominated by Daisy Lamb, colleague**

Jonny is such a lovely person to work with, he always has a smile, and nothing is ever too much for him. He has consistently been such a gentleman towards everybody. He is compassionate and so kind towards all our patients and staff. He is an absolute pleasure to work with and has made such a difference on the Ward! He always puts a smile on everyone's face. Thank you, Jonny.

Roberto Fanti and Michelle Stroud, Occupational Health Advisors	**Community**	**Nominated by Alex Cowman, colleague**

Roberto and Michelle were asked to stand-up a test and trace system for a potential swine flu outbreak, at extremely short notice, and with very limited resources. We were the only team in the country that had to do this, working with the UKHSA and PHE. Within 48-hours, they had contacted over 100 colleagues, ensuring that every one of them felt supported, during what could potentially be an extremely worrying time.

The professionalism and speed at which they worked through this was recognised on national calls by senior colleagues from both the UKHSA and PHE. Huge thank you to Michelle and Roberto for all your hard work.

Phoebe Smith, Physiotherapist	**Scarborough**	**Nominated by Karen Cook, colleague**

Phoebe was caring for an MND patient who had been admitted to the ward. The patient was non-verbal and had an iPhone to communicate with. Phoebe spent her time listening to the patient express his wishes and what he wanted to do on his discharge. She spent most of her time with the patient, reassuring them, and explaining what the process was next and what he would need to do at home.

Phoebe was also in contact with the wider MDT and MND nurse to update them on what the plan was. Sadly, the patient passed away at the weekend. Phoebe went above and beyond to help the patient and to try to get as much help for them as possible. Phoebe, you are a great asset to the team.

Roopa Rajeev, Senior Theatre Sister/Colorectal and Robotic Lead	**York**	**Nominated by Jesper Roos, colleague**

In addition to her many years of excellent leadership of the colorectal theatre team, Roopa has risen above and beyond expectation in making the Trust's flagship robotic surgical program a success. She has, with her unvarying good humour and indomitable will, managed to coordinate, train, and support the theatre staff and surgeons to establish a successful program. She has liaised with the company representatives and visiting proctors, managed and understood the equipment and system like no one else, and been able to troubleshoot every imaginable and unimaginable problem.

Without her I would not have expected the service to be as successful as it is, or even on its feet at all. The department and Trust owe her our thanks, and I hope we are fortunate enough to have her in post for many years to come.

Community Response Team	**Community**	**Nominated by Sarah Stelling, colleague**

I recently had a fall whilst delivering PT care and this resulted in a trip to the ED. I would like to thank my team for their compassion, care, and support. They are a great team to work for and I am proud to be part of such a wonderful family at work. They are truly professional, friendly, and caring.

Emily Wells, Staff Nurse **York** **Nominated by Holly Bilton, relative**

While my daughter was on Ward 17 being treated for a chest infection, we spoke to many nurses, doctors and care staff who were all wonderful, but it was Emily who stood out. As a first time Mum and this being our first hospital admission, I felt scared and in the dark about what was happening.

On day four of our stay, Emily took the time to really explain what was happening to me and my husband. She reassured us about the treatment plan and alternatives that could be explored if needed. She supported and championed my decision to breastfeed my two-and-a-half-year-old daughter throughout her treatment, and this gave me confidence that I was doing the right thing. I felt uplifted knowing my daughter was being cared for by someone so knowledgeable, experienced, and understanding. Thank you will never be enough.

Nicoleta Clark, Healthcare Assistant **York** **Nominated by Robin kilbride, relative**

My mum, Norma Kilbride, was admitted to Ward 39 in November. Although all the ward staff looked after her brilliantly, Nicoleta's care of mum was special. She made her feel safe, comfortable, and as though nothing was too much trouble. She also made everyone who visited mum feel welcome too.

For someone so young, to have such a grasp on patient and visitor needs, is a very special talent to have in what can be such a difficult working environment. I can't thank her enough for the extra special care she gave my mum. You all deserve star awards for the work you do, but please accept this nomination for Nicoleta and give her my special thanks for how she looked after mum.

Hannah Prince, Midwife | **Scarborough** | **Nominated by Adam Brook, colleague**

As a Labour ward midwife, Hannah was involved in the care of a woman who required an earlier birth on compassionate grounds. This lady had an existing child who sadly was very ill with childhood cancer that was progressing rapidly. Hannah organised for the lady to attend with her partner and for her to be reviewed by a consultant. She showed kindness, openness, and excellence in line with all the Trust values. She provided a high level of personalised holistic care, exhibiting extreme professionalism under distressing circumstances.

Hannah went above and beyond in the care of this lady, listening to the patient's preferences for earlier birth so that her child could meet their sibling. She showed a woman-focussed approach which reflected the birth plan, including her wish to birth in the pool. She was keen to provide continuity of caregiver, even agreeing to come in on an off day between night shifts if needed to help provide seamless care. She considered appropriate place of care and facilitated the woman's wish to keep the family together for as long as possible in private surroundings, helping organise an outpatient induction and then provide a family environment within our Snowdrop Suite for the patient's daughter to visit the labour ward and be part of the birth experience.

The exceptional level of compassion shown to this family will be remembered forever and will add some brightness to a very difficult period. Hannah's attitude to compassionate care should be highly commended and is a shining example of excellence within our maternity services.

Cynthia Pasco, Nursing Associate Practitioner | **York** | **Nominated by Eye Theatre Team**

Cynthia is conscientious, hardworking, and always smiling. She goes above and beyond for her patients. She is a real team player and always thinks outside of the box, ensuring that important patient information is flagged up before a list begins. Cynthia is so deserving of this award as she portrays the epitome of kindness, openness, and professionalism. It is a pleasure to work alongside her. The NHS needs more Cynthias.

Outpatients Department	**Bridlington**	**Nominated by Carla Mesquita, colleague**

While working at Bridlington Hospital, I had a needlestick injury and needed a blood test. I went to the Outpatients Department, but they finished and were closed and ready to go home. However, the team chose to do my bloods and go home late. Sheena took my bloods, but the whole team were very supportive with my situation.

Sinead Campbell, Staff Nurse	**Scarborough**	**Nominated by Roxanne Kilbun, patient**

On 22 November, I was brought into ED via ambulance. The whole night shift team were extremely compassionate and while I would like them all to be recognised for this, the person who made the biggest difference to me was the staff nurse who took care of me, Sinead. I will never forget her for her kindness that night and she went above and beyond when looking after me.

Suffering a miscarriage was emotionally and physically agonising, but when waiting for the specialist, Sinead kept me up to date with the process and reassured me throughout, which helped me to remain strong. My privacy and dignity were very important, and everyone maintained this throughout. I am forever thankful that Sinead was taking care of me. She really made a world of difference to me in such sad circumstances, and her kindness should recognised and celebrated.

Thomas Hanton, FY1	**York**	**Nominated by Caitlan Myers, patient**

Thomas deserves a star award for all his help during my visit to the hospital on 12 December 2023. He was very friendly and kept me informed during the whole process. I left the hospital feeling as positive as I could in the situation.

Lucy Branston, Student Nurse | **York** | **Nominated by Caitlan Myers, patient**

Lucy deserves a star award for all her help during my visit to the hospital on 12 December 2023. She was very friendly and kept me informed during the whole process. I left the hospital feeling as positive as I could in the situation. Lucy made sure I had everything I needed during my visit and made me felt comfortable during and after the whole thing.

Joshua Foster, Cardio Respiratory Clerical Officer | **Scarborough** | **Nominated by colleague**

Josh has only been a member of the Cardio Respiratory admin team since February 2023, and he has already had an incredibly positive impact on the Cardio Respiratory service and our patients. When Josh joined Cardio Respiratory, he was completely new to administrative duties and has exceeded all expectations.

The main aspect of Josh's role is to phone every patient booked into our clinics a few days ahead to ensure that they will attend. He has managed to reduce the non-attendance rate in the department from over 10% to 3.6% in just under a year, and always endeavours to go above and beyond if the patients have any queries, concerns, or anxieties about their appointments.

Ward 35 **York** **Nominated by Ashleigh Marshall, relative (1); Mariah Marshall, relative (2)**

(1) My Grandad has been in Ward 35 for over a week and is on end-of-life care. The staff on this ward have been incredible with my Grandad; genuinely caring, listening to his wishes, and checking on him regularly to ensure he is always comfortable and clean. They have also been amazing with our family. So many of the staff have gone above and beyond to help us, answer any questions, and keep us updated every step of the way. They have done everything possible to support us and help make sure we are as okay as we can be at this time.

Several the family visiting my Grandad don't live locally and we can all honestly say the care on this ward is the best we've ever seen. We are especially grateful for the care shown by the Ashleigh the healthcare assistant. Thank you so much Ward 35.

(2) I would like to nominate Ward 35 for a star award for the outstanding end of life care they have given my grandad. Nothing was too much for the team even when they were under pressure and busy. The support they have given to myself and my family will never be forgotten, from asking if we would like tea and coffee to them all standing in respect as my nanna walked through after my grandad had passed. What an amazing and special team Ward 35. Thank you so much.

Debbie Bargewell, Staff Nurse **York** **Nominated by Tina Hopkins, relative**

In June 2023, my husband had a grade five bleed to his brain. We have had such a long journey to get to where we are today, and at times I feel it has been a constant battle to get the care he needs. Once my husband was well enough to get his eyes tested, the optician made a referral and within less than 24 hours Debbie had called me to make an appointment. When we got to the hospital, Debbie recognised my husband's name and she introduced herself to us. Her kindness and compassion were truly above and beyond.

Less than a week after the first appointment my husband had his operation, and he can see again. Throughout the entire process, Debbie had been an absolute star and we cannot thank her enough for her kindness and efficiency.

Kerell Jolly, Staff Nurse **York** **Nominated by colleague**

Newly appointed to the busy, demanding, and dynamic Chronic Pain Unit, Kerell has been constantly available, helpful and dedicated in ordering all the vital equipment needed for spinal surgery, liaising with company representatives, and spending time chasing up missing orders as well as specialist drugs. She has demonstrated an excellent work ethic and is often the first to arrive and last to leave. She not only fields surgeon requests and organises theatre on day unit, but also still finds time to coordinate her colleagues in a diligent and thorough way. Kerell has more than demonstrated the Trust's values, and as someone for whom nothing is too much trouble, she deserves recognition.

Roman Matusik, Imaging Support Worker	**York**	**Nominated by Irene Baugh, relative**

I visited the x-ray department on 15 December for a chest x-ray. I was greeted on my way in by Roman who asked me if I needed any help. I was really impressed by his caring attitude and the way that he took ownership of my appointment. He made sure that I found the correct waiting room, took me to the x-ray room when I was called, and made sure that I had everything I needed before directing me to the exit. People like Roman make a real difference to what could have been a stressful and confusing experience.

Helen Wood, Eleanor Wilson, Kerry Pentland, Jacqueline Sanderson and Humberto Reis, Community Band 6 Nurses	**Community**	**Nominated by Melanie Linley, colleague**

The Community Nursing North Team is an especially busy team covering a large area. Helen Wood, Eleanor Wilson, Kerry Pentland, Jacqueline Sanderson, and Humberto Reis are the Band 6s who regularly take the reins in managing the team day-to-day. This is such a high-pressured role, and I would like to nominate them for their endless support and organisation of the wider team. They show great resilience in the face of such high demand, while ensuring all the patients on their caseloads get the highest level of attention, care, and support.

Their hard work, conscientiousness, and dedication has been shown in the recent improving of wound healing rates. This is due to their education and training which they pass down to each of their teams, achieving excellent results. They are advocates for excellence in training and knowledge, bringing each team up to a high standard. I cannot praise their dedication enough.

Rebecca Warboys, Midwife **York** **Nominated by Helen Dooley, colleague**

Becky is always kind and cheerful when arriving at work. She provides informative, safe, and holistic care to each woman she cares for on G2. We are so thankful she is part of the team. Her breastfeeding knowledge is invaluable, not only to the women, but also to the rest of the staff. This enables us to provide better support and grow in confidence. She is always so enthusiastic and happy to help with whatever is needed.

Marawan Zaki, Registrar **York** **Nominated by AMU staff**

We would like to show our appreciation for the registrar, Marawan. We were having a very busy shift on AMU and had an LD patient requiring more attention. The patient was struggling to eat and drink and needed a lot of encouragement. Marawan sat and assisted him with food and drink. He said he could see how we were rushing off our feet to do our jobs and decided to help. We then found out he stayed after the end of his shift to give us this help.

This is something that he has done several times, be it to give nursing staff advice about a patient, a review of an unwell patient or generally supporting staff. We appreciate and value his attitude and attention with the unit. He values each member, shows tremendous respect to everyone, and goes above and beyond to protect staff and patients.

Sue Salt, Palliative Care Co-ordinator	**Scarborough**	**Nominated by Rhys Standfield, colleague**

Palliative care has recently gone through a profound period of deep pressure due to patient referrals along with staff sickness. Thankfully though we have Sue as our first point of contact. She has stepped up to ensure the service continues to run seamlessly.

Sue had a week off for A/L and we were at a loss without her, just managing to muddle on through. She is compassionate, dedicated, and an incredible team member. She is a vital cog in our machine here in Palliative Care at Scarborough and we would be at a loss without her.

Carina Saxby, Consultant	**Scarborough**	**Nominated by Rhys Standfield, colleague**

Carina is the palliative medicine consultant at Scarborough. Palliative care has recently gone through a sticky patch due to increasing referrals coupled with key members of the team being off with sickness. Dr Saxby has been quick to change her off-duty to be a near constant presence in the team, providing expert input and structure during an uncertain time. She has also sacrificed days off to be at the frontline with us.

Dr Saxby is a fantastic team member, and we couldn't provide the care we do without her. For example, she was recently involved with a complex patient and handled it incredibly. I'm proud to work alongside her within this team here at Scarborough and we're incredibly lucky to have her here with us.

Lucy Davis, Specialist Palliative Care CNS	**Scarborough**	**Nominated by Rhys Standfield, colleague**

Lucy is fairly new to the palliative care team, joining us about a year or so ago, but she has quickly become an integral part of our team. She has understandably had some difficult times within the team with patient group we care for, but endeavours to care for patients with compassion, kindness and humour.

At this present time, we've had to face to some challenges staffing wise and this has meant there have been two CNS. She has handled this pressure incredibly well and continued to provide the best care she could. We're very lucky to have her and feel the team would be at a loss without her.

Portia Moses, Consultant	**Scarborough**	**Nominated by Rhys Standfield, colleague**

Dr Moses has been a locum for some time here in Scarborough and it's recently dawned on me how lucky we are to have her. She is deeply compassionate about her patients, and I've witnessed them giving her a massive hug after receiving her care and becoming well enough to go home. Patients really appreciate her kind-hearted medical care.

Dr Moses always takes time to consider the next steps for her end-of-life patients, thoroughly taking into account what is best for them. She's keen to involve palliative care with her patients as she wants the best support for them at that stage of their life. She was involved with the decision-making for a complex patient and handled it with aplomb. I am incredibly proud of how she handled it. We're very lucky to have compassionate medics like this within our Trust.

Pain Clinic Team **York** **Nominated by Mark Goff, patient**

I would like to nominate this team because of their fantastic workmanship, their efficiency on getting me on board, and helping me through my tough time after being electrocuted at work. I am still going through this pain, but I would like to say thank you for everything the team have done. They are a credit to the NHS. Well done team.

Kate Ruddock, Emergency Care Practitioner **York** **Nominated by Emma Brady, colleague**

Kate recently saw a patient in ED who she suspected was a victim of domestic abuse. Her obvious empathy, sensitivity and understanding of the situation, referrals to appropriate services and holistic approach to the whole family was incredible. Kate's number one priority was clearly the wellbeing of her patient and family. Her approach will mean this patient, and their family, will now have the opportunity to access care and support services, a real example of kindness and excellence.

I cannot provide more detail due to the sensitivity of the case, but Kate's work should be recognised as a perfect example of how we can support our most vulnerable patients.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

January 2024

Karen Cooper, Work-based Learning Facilitator | **York** | **Nominated by colleague**

Karen always brings a smile and enthusiasm with her in everything she does. She makes learning fun, fresh and engaging, while also being able to adapt her teaching style to suit the individual needs of the student. She is very aware of how others are feeling and goes above and beyond to make her students feel confident, educated, and supported.

Ward 24 | **York** | **Nominated by Charlotte-Freya Farah-Price, relative**

I would like to thank Ward 24 for all their help with the care of nana. They were very caring and fantastic with all their help. Callum, Gavin, and Amber really stood out, however everyone who cared for my nana was fantastic, helpful and caring.

Kimberley Bowen, District Nurse | **Community** | **Nominated by Catherine Hirst, colleague**

I am a student nurse and Kim has been incredibly supportive and kind as my assessor. She has gone above and beyond to support me and ensure I had the tools and resources to succeed at my clinical placement. She was very patient with me and always considered my wellbeing in all our dealings. I struggled a lot with mental health difficulties and without Kim I wouldn't have made it through this placement. Kim is not only a kind mentor but a great nurse as well, always putting the wellbeing of patients first and ensuring a high standard of patient care is maintained.

Helen Lamb, Sister York

Nominated by Nicola Lockwood, colleague

Ward 17 recently looked after a young boy because his father had been admitted to an adult ward. The family were refugees with no other family in the UK. Although well, his son was a potential infection risk and therefore required isolation.

The young boy had autistic tendencies, learning disabilities, and only spoke and understood Kurdish. He was incredibly distressed and agitated having seemingly experienced significant trauma in traveling to the UK and then being separated from his father. He showed every sign in his body language of suffering and upset which was very difficult to manage both physically and mentally for the team. Every member of staff took their turn in providing one-to-one care, spending hours trying to alleviate his distress through play and distraction in a small side room, demonstrating kindness, patience, care and compassion. Food was important to our patient so considerable thought and planning was put into what and when he would like to eat, his mealtimes and his choices of meals.

Helen Lamb worked tirelessly with adult colleagues in understanding where his father was up to with his plan of care and treatment with an overarching ambition to reunite the child with his father. There was much communication between physicians and information gathering to understand the obstacles in getting them together. A translator was sourced to support communication and an iPad to help visible contact between them both (a very emotional moment for all) until we finally facilitated the transfer of his father to the children's ward so that they could be cared for together.

This took enormous organisation and preparation and a commitment from all the team. Helen Lamb was instrumental in pulling all this together to ensure the little boy did not suffer for any longer than necessary. The patient and family were at the centre of everything that happened during their stay. It was very humbling and reassuring to observe the physical, psychological, and emotional improvement in the little boy once back with his father.

Ellie Womersley, Radiographer **York** **Nominated by Nisha Reynolds, colleague**

Ellie is friendly and approachable, and her professionalism is exemplary. We had a patient who was a suspected ectopic and quite symptomatic. EPAU was fully booked and could not fit the patient in to their list. The doctor couldn't get a scan slot at the main USS department for the patient.

Ellie was covering antenatal in the afternoon and was fully booked. She still managed to fit our patient in and scan the patient. She was very busy, but she didn't say no. She saw the gravity of the situation and how desperate we were wanting to get the scan done as we felt that the patient was in danger. The scan result was good. An IUP instead of an ectopic. This was such a relief for the patient and us. If Ellie hadn't kindly done the scan, we would have had to wait with anxiety until a scan slot was available elsewhere and there was no guarantee that we would have been able to get it done that day or the next.

Asmita Chatterjee, Rotational Physiotherapist **Scarborough** **Nominated by Laurence Webb, colleague**

Asmita (Ash) is deserving of a Star Award for going above and beyond to support and provide comfort to a patient who was receiving palliative care. Ash was instrumental in ensuring an up-to-date and appropriate end-of-life care plan that took the patient's individual needs into consideration was in place.

Ash's care and advocacy for the patient in question meant he died comfortably and peacefully with his family around him. We are so proud of Ash for her role in this gentleman's care and encourage her to keep putting her patients at the centre of everything she does. She exemplifies our Trust's values every day and there is no greater example of this than her involvement in this case.

Julie-Anne Taylor, Multiple Sclerosis Nurse Specialist **York** **Nominated by Melanie Anne Jones, patient**

Julie is a very caring nurse. She understands and helps with every aspect of my MS. Not only is she sympathetic, but she is also efficient keeping me up to date with my treatment and relating my concerns to the relevant departments.

When I was eager to continue with my MS medication, she immediately contacted the MS doctor who gave the go ahead for my treatment to continue. She understands the difficulties I face and even wrote down the things I needed to do to help me remember them. She could see that I was down about my condition and so referred me to the Department of Psychological Medicine. I truly appreciated her understanding and concern. She even told me about MS help groups that I can get in touch with to speak to others with the same problems as me. Thanks to her I have been referred to physiotherapy to help my balance. I have also had tests to see what I find difficult which led to useful strategies to help me cope with my cognitive abilities.

Julie has done so much, and it is impossible to list everything she's done for me. Thanks to Julie, I feel safer and more positive about my condition. I don't feel so alone because of her. I only wish that she could understand what her help means to me. Thank you so much Julie.

Manu Saroja Nivas, Staff Nurse **Scarborough** **Nominated by family of Mr Johnson, relatives**

Manu is incredibly patient and kind-hearted nurse. During my Grandad's stay in hospital, we were told many different things and struggled to understand what was happening.

Manu set aside the time to talk myself and my Mum through everything that was going on and what needed to happen for us to get him home in time for Christmas so we could reassure my Grandad. He was deemed medically fit to go home but was a fall risk, so Manu set everything in motion with the social care team to get the house safe and suitable for his return home. He was very approachable whenever we had any questions or concerns. After a long stay in hospital my grandad was able to return home four days before Christmas to be with his family.

Manu put a lot of effort and dedication into looking after my Grandad and made his stay more bearable. Thank you, Manu, for everything you did for him and for us to put our minds at ease.

Painting Team **York** **Nominated by Paul Johnson, colleague**

Richard Grimes and the painting team have worked very hard all year. They were asked to help deliver the major corridor refurbishment. This included not only painting the area to their usual high standard but also completing it within a tight timeframe and working with contractors in a live refurbishment area.

The team have performed beyond expectations – learning new skills and working collaboratively with contractors within the confines of a crowded and competitive space. The works were not only completed, but, at the request of the Trust, but were also delivered early to provide space that the Trust desperate needed over the Christmas period. YTHFM LLP are proud to have such a hands-on, dedicated team that has stepped up and delivered their work above and beyond expectations.

Georgia Miles, Womens Unit Administrator | **Scarborough** | **Nominated by Natalie Mills, colleague**

Georgia always goes the extra mile to help patients and colleagues but this time she exceeded herself. As Georgia was leaving work a few weeks ago, she met a patient on the stairs who was lost. The gentleman was very upset, and Georgia kindly offered to help. Georgia found out that the patient had been told to come to Scarborough Hospital by a consultant to be transported to York for an operation but unfortunately there was no record of this on CPD.

After making numerous phone calls to secretaries, wards & nursing staff, Georgia finally found out where the patient need to be in York and even organised his transport. Thank you for all your hard work and dedication to patients Georgia.

Emma Thompson, Staff Nurse | **York** | **Nominated by Adrianne Knowles, relative**

Emma was my unwavering support when my dad was in ICU for 40 days recently. She hugged me when I cried, held both mine and my dad's hand when we needed it, explained everything thoroughly and even kept up with the Man Utd scores to talk to my dad about. Her smiles and kindness remain with me, and she even called me when he successfully left ICU for a ward - just to let me know and wish us all the best. Even when my dad had ICU delirium, she was always kind and compassionate; it must have been exhausting, but she never faltered.

I was juggling a new-born baby and a critically ill dad, and I feel she did as much for me emotionally as she did him physically. While all the ICU team are amazing and deserve the award, I will never forget her, and I can only aspire to be as patient and devoted as her.

Meg Ievers, Senior Physiotherapist	**Scarborough**	**Nominated by Spiros Stavropoulos, colleague**

Meg is a pillar of support on Holly Ward. She is vital in all aspects of patient care. She daily goes above and beyond for our patients. There have been multiple instances where Meg has sorted out patients for us. She reviews patients daily and makes certain all have a plan.

Rebecca Comensoli, Midwife	**York**	**Nominated by Nicola Davies, patient**

I'd like to nominate Rebecca for being the most amazing midwife during the delivery of my third baby. She was amazing at explaining everything, talking through different options and things that might happen during the birth. My first two births had been a little complicated and while this birth was not as complicated, I felt totally reassured that I was supported and in the event of an emergency, Rebecca was there.

Her support, attitude, knowledge, and personality made the whole birth experience the nicest it could possibly be.

Karen Gowen, Ward Clark	**York**	**Nominated by Helen Dooley, colleague**

Karen always goes above and beyond in her daily activities to make sure all the staff have what they need. Karen has not been in the role long, but her kind and caring attitude to work makes the day much more bearable. Nothing is ever a chore, even with all the jobs we ask her to do. She never gets annoyed and is always smiling and approachable.

Charlotte McLean, Ward Clerk | **York** | **Nominated by Helen Dooley, colleague**

Charlotte is so much fun to work with. She is always smiling, ready to help and happy to go the extra mile in her day-to-day jobs. There are a variety of characters on the maternity wards and Charlotte navigates them all, with a dry sense of humour and wit, while still getting the job done. I'm so thankful she is part of our team and would like her to know what a huge difference she makes by being an approachable, friendly face.

Adam Brook, Consultant | **Scarborough** | **Nominated by Caroline Moore, patient**

I would like to thank Dr Adam Brook for reassuring me step by step about the surgery and letting me ask many questions. Also, I want to thank him for being so patient and explaining everything to me so I understand and feel reassured.

Nicoleta Clarke, Healthcare Assistant | **York** | **Nominated by Sam Walgate, visitor (1); Liz Adnett, patient (2)**

(1) I am a support worker for a patient who is in hospital. Nicoleta is fantastic at her job. She has been amazing with the patient. I'd like to thank her personally for all the help she has given the patient.

(2) She is the most knowledgeable, caring, kind, and considerate person to have caring for you. I feel totally confident when she's around. A real gem and the NHS are lucky to have her.

Julia Kinsella, Outpatients Administrator	**Scarborough**	**Nominated by Charlotte Wild, colleague**

Julia is always helpful and even if she is busy with another task, she will support you. She is friendly to patients and staff and will help them the best that she can. She is fantastic at her job and takes great care. She makes everyone feel part of a team and is really welcoming.

Andrew Smith, Generic Therapy Assistant	**York**	**Nominated by Nicoleta Clarke, colleague**

Andy is such a caring person and always happy to help. Every time he comes on my ward, he gives us a hand. If we ask him for help, he never says no. When we struggle with short staff he will always stay behind and help us out. He deserves to know how much we appreciate him.

Gynaecology MDT	**York and Scarborough**	**Nominated by Sue Glendenning, colleague**

I wish to nominate the MDT working within gynaecology for their outstanding commitment to improve our responses to patient complaints and concerns. Over a three-month period, the entire team have pulled together to ensure we can respond to patients who had been waiting a considerable time for their concerns to be heard. The team have embraced this challenge and been open to looking at how we can be more responsive and personalise how we communicate with our patients and families.

Our clinicians, operational, administrative, nursing and midwifery colleagues have all risen to the challenge, and thanks to the Surgical Care Group who have also supported in providing a holistic approach to responses. Jo, our Clinical Governance Facilitator, has coordinated and supported throughout. Massive thank you to you all.

Jenny Pyatt, Radiology Interventional Co-ordinator **York** **Nominated by Georgina Cherry, colleague**

I have worked with Jenny a few times now, and each time she has been extremely helpful and gone above and beyond with my requests for reasonable adjustments for my patients with learning disabilities.

Jenny is so prompt with communication, and I feel very comfortable approaching her with queries. I am always met with an accommodating attitude and willingness to problem solve and provide a solution. Jenny is adaptable and understands that things change all the time for my patient's and adapts without a problem. I really appreciate her work ethic and feel reassured that my patients are receiving the reasonable adjustments needed.

Emma Shaw, Sister **York** **Nominated by Georgina Cherry**

Emma is always so approachable, friendly, and professional when I have worked with her. Patients with learning disabilities usually need mental capacity assessments and best interest discussions around care and medical interventions. I am always reassured that this is done as Emma is a real advocate for this on her ward. It is clear she has done the training around MCA and DOLS and wants to improve how the hospital does this.

I have seen her share her knowledge with staff and it's positive to see this, as a huge part of my job is to make sure this is being done, so I am grateful to have colleagues like Emma who are fighting for this too. Emma always makes time for me when I come on to the ward and need to have a chat about a specific patient. I really appreciate working with her and it's clear to see she holds the trust values in her everyday work.

Muhammad Khan, Healthcare Scientist Cardio, Vascular and Respiratory | **York** | **Nominated by Lyall Williams, patient**

Mohammed had a tough job. He needed to convince a fatigued individual to spend an hour blowing at full force into a plastic tube. He managed to set me at ease, providing clear, helpful advice and guidance. He remained calm and professional, whilst also remaining warm, friendly, and cracking a joke or two. You just can't ask for better than that. Thank you, Mohammed.

Post Anaesthetic Care Unit | **Scarborough** | **Nominated by Sarah Crossland, colleague**

I would like to nominate the PACU team at Scarborough Hospital. They have helped to ensure elective operations could go ahead despite acute site pressures meaning a lack of post-op recovery beds being available.

The team facilitated elective day case patients, who have had their operations, to be recovered and discharged home from PACU, whilst also ensuring a recovery service was still available for the acute theatres. The team were so helpful and accommodating, it made a difficult situation so much easier to manage. I would like to pass on a huge thanks to the full team.

Koren Atkinson, Urology Cancer Care Coordinator | **York** | **Nominated by Freya Pollock, colleague**

One of our patients requiring urgent surgery had no transport so declined a date to attend. Koren using her initiative and fast thinking, went above and beyond her job role to sort the transport problem out, allowing surgery to take place the next day. I don't know what we would have done if it wasn't for Koren's involvement with this patient. I would also like to thank the CNS Urology nurses for all they do.

Francesca Roe-Radford, Midwife	**Scarborough**	**Nominated by Natasha Roe-Smith, patient**

From start to end, Francesca helped and supported us through the delivery and after-care of our baby boy. From answering questions to feeding the baby, nothing was ever to much. She was extremely professional and experienced in her job. We cannot thank her enough or express how grateful we are for everything she did for us.

ED Refurbishment Domestic Team	**York**	**Nominated by Donna Jack, colleague**

I would like to nominate Jo Dea, Elaine Dixon, and all the domestic supervisors and domestics that have supported new ED and the old ED footprint. Jo and the team are always striving to deliver the highest possible standard of cleanliness to our patients and staff.

We had a very tight timescale to be able to ensure the old ED footprint was cleaned following the builders finishing, and then cleaned and prepared to a high standard to allow us to deliver care in these areas. This was done with the team working overtime day and night at short notice. Jo and Elaine coordinated the deep cleans along with the UV of the area, supported by Chris and the HPV team.

The team exude excellence and always go above and beyond to ensure they provide an environment that looks professional and allows the patients to feel assured that we care about their experience. I would like to sincerely thank all the domestic team for living the trust values every day, thank you. We appreciate all you do for our staff and patients.

Victoria Clark, Midwife	**Scarborough**	**Nominated by Natasha Roe-Smith, patient**

Victoria has been our midwife from start to finish of our pregnancy. She has been so supportive, helpful, and understanding. She always took her time to listen, answer questions and offer support. Nothing was ever an issue. Thank you, Victoria, for everything. A truly amazing experience.

Richard Hanson, Consultant	**York**	**Nominated by Samantha Horsley, patient**

Mr Hansen has been treating my eyes for over four years. He is my hero. When my retinopathy started during COVID and my pregnancy, he provided constant and professional support. He did my first laser treatment during his lunch break and never misses any minor changes. Without Dr Hanson I'd have lost my sight. I am 32 with a 3-year-old, and he's made life so much easier, always keeping my priorities and health at the forefront of his care. The explanations and time he's spent showing me scans and pictures, drawing diagrams has meant not a single ounce of anxiety has been felt. He is one in a million.

Natasha Kirby, Operating Department Practitioner	**York**	**Nominated by colleague**

Natasha cared and supported a pregnant patient and partner who were did not speak English during an operation under local anaesthetic. She displayed empathy, clinical professionalism and respect to the couple in order to deliver optimum care in a difficult and challenging situation.

Carol South, Bereavement Advisor | **Scarborough** | **Nominated by Jackie Pye, relative**

I am nominating Carol for the caring, compassionate and professional help she gave me when dealing with the sudden death of my brother at Scarborough. She helped make all the necessary arrangements for his funeral and was patient and kind throughout what was a difficult time for me.

Chris Hayes, Chaplain | **Scarborough** | **Nominated by Jackie Pye, relative**

I am nominating Chris Hayes for his compassion and understanding when helping me put together an appropriate service for my deceased brother Dennis Clark. The service he delivered was so comforting and appropriate in what were difficult circumstances for me, I am truly thankful for his help.

Acute Oncology | **Scarborough** | **Nominated by Emma Robinson, colleague**

I am nominating the Scarborough Acute Oncology team for the continued high quality of care they provide to the East Coast oncology patients. As a team with minimal oncologist presence, they always review patients at the earliest opportunity, either preventing an admission by seeing them in the acute oncology clinic and providing outpatient care, or reviewing inpatients, making thorough plans for treatment, and aiming for discharge at the earliest opportunity.

They put the patient at the heart of their care and always establish what is important to the patient and focus on meeting their needs. The team go above and beyond to achieve the best outcomes for the patients and spend a lot of time having advanced care planning discussions with patients to improve the patient journey and experience. The oncology patients are extremely grateful for the care and time given by the Acute Oncology team, and I am so proud of what they have achieved to improve the service in Scarborough.

Mairi Crosland, Advanced Clinical Specialist, and Megan Coe, Senior Occupational Therapist

Selby

Nominated by Allison Bradley, colleague

Mairi and Megan always provide excellent care to their patients, but I particularly wanted to highlight their recent input with a patient.

A patient was living with dementia and other complex needs was referred to the community therapy team, and due the nature of their condition, the patient has needed a lot of input to assess their abilities and care needs. The patient had been unable to transfer out of bed for several weeks following a recent deterioration in their physical and mental health. Mairi and Megan joined forces to work collaboratively on assessing this gentleman and finding a way to optimise his abilities and improve his quality of life.

Onward referrals were made by Megan and Mairi to the wheelchair centre, to the community nurses and to continuing health care. Once they received the wheelchair, Mairi and Megan provided a series of visits (co-ordinated with the patient's wife's care agency), so the patient gradually got used to sitting out. He was eventually able to sit in the wheelchair for a few hours, enabling him to spend time in a different room, have a shower, have a haircut, go outside, and feel the breeze on his face, and enjoy some precious family time over Christmas.

Throughout this, Mairi and Megan have been providing emotional and practical support to the patient and his wife, during what has been an exceptionally distressing and emotional time for the patient and his family. Their care truly has gone that extra mile, leaving no stone unturned in the pursuit of improving someone's quality of life. At all stages, their care and professionalism has embodied the Trust's values of kindness, openness, and excellence.

Matt Hartley, Physiotherapist	**York**	**Nominated by Alexandra Mayhew, colleague**

A patient had recently transferred up to ward 37. Matt was supportive to both the patient and their family member, putting their minds at ease and supporting them in feeling confident in the care that was being provided. So much so that the patient spoke for the first time in a whole year. Matt has been a great addition to the elderly therapy team and always strives to provide excellent physiotherapy for the patients he meets on the ward.

Charlotte Best, Occupational Therapist	**York**	**Nominated by Beth Waudby, colleague**

Following a patient falling on the ward, Charlotte supported with helping the patient get back up and into bed. Throughout the whole process, Charlotte ensured that the patient understood what we were doing and why we were doing it and felt comforted. The aftermath of a fall can often be quite scary for patients, and she did an amazing job ensuring the patient felt safe. Charlotte was empathetic throughout and handled the situation so well. She is an absolute star to work with, and an asset to the team.

Gillian Wallace, Reprographics Officer, and Dean Webster, Print Services Manager	**Scarborough**	**Nominated by Jess Imeson, colleague**

I just want to say a massive thank you to Gillian and Dean. They have both been so nice and helpful. Nothing was too much for them. They went out their way to help me and they were a breath of fresh air. I was having a bad time trying to solve a problem and they were fantastic. They helped reduce my stress level by solving the issue for me.

Rebecca Roth, Operating Department Practitioner	**Scarborough**	**Nominated by Sophie Barber, colleague**

A patient was in labour and required to go to theatre. She was alone and had no one to support her during her labour. Rebecca provided reassurance and helped to calm the patient down by simply making conversation with her.

Rebecca demonstrated the Trust value of kindness when she provided this extra reassurance to this lady. After the delivery, she sat next to the patient, held the baby and communicated with her, which gave me the capacity to do additional jobs and helped the patient remain calm.

Matthew Miller-Swain, Staff Nurse	**York**	**Nominated by Melissa Loader, patient**

Matthew is one of the kindest nurses I have come across. He introduced himself, explained everything to me, was very kind, and put me at ease. He really enhanced my experience of care at York Hospital.

Adam Brook, Consultant, Hannah Prince, Midwife, Labour Ward Co-Ordinator, and Gillian Locking, Matron	**Scarborough**	**Nominated by Bev Waterhouse, colleague**

Over the festive period, Adam Brooks received a call from the paediatric oncologist team at Leeds to inform him that one of our pregnant mothers had just been told that her 8-year-old daughter, who had been receiving treatment for cancer, had relapsed, and was tragically expected to die within a short time.

Adam, Gill, and Hannah immediately met with the family and worked with them to develop a personalised plan of care to support the birth of their newborn. Hannah cared for the mother in labour and arranged this around her very sick daughter. Hannah and the team then arranged for a photographer to come and capture some images for the family.

This case has demonstrated the very real heartache our teams face, and the remarkable lengths that they will go to help those in need.

Niamh Peckston, Midwife	**York**	**Nominated by Shannon Blood, patient**

I had my baby in November 2023 and Niamh listened to me throughout and made me feel heard. She listened to and answered every question with proper and clear advice. She also made sure my partner felt heard too.

Niamh supported me when my induction failed and looked after me after my c-section. She was amazing throughout and I feel she deserves some recognition.

Omar Elbadry, Registrar | **Scarborough** | **Nominated by Adam Dalby, colleague**

Omar was reviewing a patient who was on palliative care for a metastatic cancer. The patient was approaching the end of his life acutely and the patient wanted to be in his own home.

Omar went above and beyond to ensure that the appropriate arrangements were made. This meant that the patient could receive his palliative care within his own home and could pass away peacefully in an environment of his choice, surrounded by his family, rather than in a busy ED. Excellent commitment to delivering patient-centred care.

Joanne Barnett, Pensions Officer | **York** | **Nominated by Caroline Bethell, colleague (1); Caroline Bethell, colleague (2)**

(1) Jo has been an absolute godsend to so many people in our department. She explains the minefield of pensions in such a way that is understandable. She has the patience of a saint when I bombarded her with questions. Nothing is too much trouble for her.

(2) I cannot praise Jo enough for all her time and patience helping me navigate the minefield that is the NHS pension. Her explanations were great meant I could understand my pension and make an informed decision. She was always so bright and cheerful on the end of the phone, emailing any information she thought would be helpful.

It's not just me in our department she has helped, there have been quite a few of us that are in a better place due to the help we received from Jo. Thank you so much, Jo.

Ward 33 **York** **Nominated by David Lyles, patient**

The complete team on Ward 33, from doctors and nurses to the healthcare workers and physiotherapists, deserve a star award. They are all amazing, caring people and I cannot fault the care I have received from them. They keep your spirits up and care for you, and nothing is too much trouble. What a fantastic team they all are.

The NHS and York Hospital should be proud of them, I will never forget and how well they cared for me. At the end of the day, they saved my life. Thank you all.

Kieran Duncan, Staff Nurse **Scarborough** **Nominated by Alyson Rowett, relative**

I live in South Yorkshire, over 80 miles away from my Grandma who lives in East Yorkshire. She had to attend Scarborough ED following a GP appointment and was transferred to EAU. I telephoned EAU to enquire about her condition and spoke to Kieran, who was brilliant. Even though she had only been there a short time, after gaining consent from my grandma, he made sure I fully understood the results of all her recent investigations and the proposed plan of care.

He made what has been a truly stressful situation so much better and made me feel reassured that my concerns were valid and being heard, and that she was in safe, caring hands. Thank you, Kieran, you are a credit to your Trust and the nursing profession.

Molly Simpson, Physiotherapist, and Tiegan Carter, Occupational Therapist | **York** | **Nominated by colleague**

Molly and Tiegan have worked hard with a patient on Ward 33 and displayed compassion, a patient centred approach and the right to rehabilitation. A patient was stepped down from ICU to Ward 33 and had deconditioned greatly as a result of their stay. Due to complex health needs and the patient being plus-sized, this posed several challenges for the ward team.

The patient initially required the assistance of six members of staff to be cared for in bed and was unable to sit at the edge of the bed, transfer or stand. Molly and Tiegan recognised the impact these requirements would have on the ward and the patient's own recovery. They consulted with manual handling experts across the Trust as well as external agencies to trial several pieces of equipment on the ward. This was to both reduce the number of staff members required to care for this patient and to start the rehabilitation process. Each session also required the use of a plinth located at the other end of the hospital to practise standing to a specialist frame.

The patient was able to successfully progress from a half stand with the assistance of six people to multiple full stands with assistance of three to four people. This was done with the help of multiple staff members on Ward 33 and the rest of the medical therapy team. Molly and Tiegan facilitated input from specialist weight management and inpatient rehab services to outline the best discharge plan for this patient, in line with their goals of walking again. Therapists from inpatient rehab settings visited the wards to see the progress and as a result were happy to accept the referral. Molly and Tiegan's swift actions lead not only to improved patient outcomes but a timely discharge from hospital during a busy winter period.

Olivia Shelton, Midwife, and Anna Goode, Midwife | **York** | **Nominated by Shirley Ross**

On behalf of the midwifery preceptee's from the 2022 cohort, we would like to nominate Anna and Olivia for the exceptional level of support they provide to newly qualified midwives.

Anna and Olivia implemented a comprehensive preceptorship programme into the Trust in 2022 and they should be so proud of the positive impact this has had on individuals and retention rates. Anna and Olivia demonstrate the Trust values perfectly as they are so committed to ensuring junior staff are integrated into their new teams and that they feel valued and listened to.

We have also reaped the benefits of regular protected time away from the unit to enhance skills, share experiences and build a strong support network with one another. We would like to send our sincere thanks to them for everything they have done for us. You are both amazing.

Jonathan Duck, Ventilation AP | **York** | **Nominated by Sarah Goldsmith, colleague**

For taking the time to realise a member of staff was struggling, stopping what they were doing and taking the time to sit down and chat. A superb example of spotting mental health problems and not being afraid to deal with the immediate crisis. Trust values at work.

Samantha Benton, Healthcare Assistant **York** **Nominated by Wilfred Opoku, colleague**

Sam, over the few years that I have worked with her, has shown kindness and love to staff, patients and relatives. She is outstanding in her role, and nothing is too much for her on a shift. She is friendly and approachable and always puts the safety and security of the patient first. She is compassionate and loves what she does. Even when we are short-staffed, she always holds the values of the Trust, high irrespective of the challenge. She is always happy to help, and I love that about her. She deserves to be mentioned for her hard work, confidence, and patient centred care.

Becky Harrison, Physiotherapist **York** **Nominated by Catherine Leatherbarrow, colleague**

A parent called to say he would be bringing his daughter to her appointment tomorrow morning, however he was unsure how long he would be able to stay as his son had recently had major surgery and he is unable to leave him for long periods of time due to safety issues. He was concerned about coming into the hospital as his son was vulnerable to infections so wanted to let us know he wouldn't be able to stay too long.

Having updated Becky with this information she agreed to amend the face-to-face appointment to a virtual which meant that Dad wouldn't have to leave his son and could also be at home for any emergencies that may occur. Converting to video also meant that any follow up appointments would be within a shorter time span and could be arranged at a more convenient time around the whole family's needs. I called Dad to offer this, and he was extremely grateful and pleased we had considered his situation and couldn't express how appreciative he was to Becky for arranging this for them all.

Rachel Baines, Nursing Associate	**Scarborough**	**Nominated by Hannah Jones, colleague**

Rachel joined our ward a couple of years ago, and during her time on the ward has shown great care and support to not only patients but to staff also. Rachel has a natural caring attitude and should be very proud of herself for how far she has come. Rachel has also recently been accepted in to complete her top up to become a band five nurse, and we as a team are very proud of her. Well done, Rachel.

Paul Johnson, Assistant Head of Estates, and the Painting Team	**York**	**Nominated by Donna Jack, colleague**

Paul and the estates department have been amazing. They have supported the refurbishment of the old ED footprint and have worked above and beyond to get this area ready for before Christmas, so the team were able to use this space to improve patient experience. The team embody the Trust values and are always kind and respectful to the area and the staff they are working with.

With any refurbishment there is complications and unexpected delays along the way, but Paul and the team have always worked with us keeping us updated and ensuring the specification of the job suits the departments and patient needs. I am very thankful to Paul for the many, many phone calls and visits to the department to ensure everything is up to standard. I would like to thank the whole team for their professionalism throughout and for creating a better space for our staff and patients.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

January 2024

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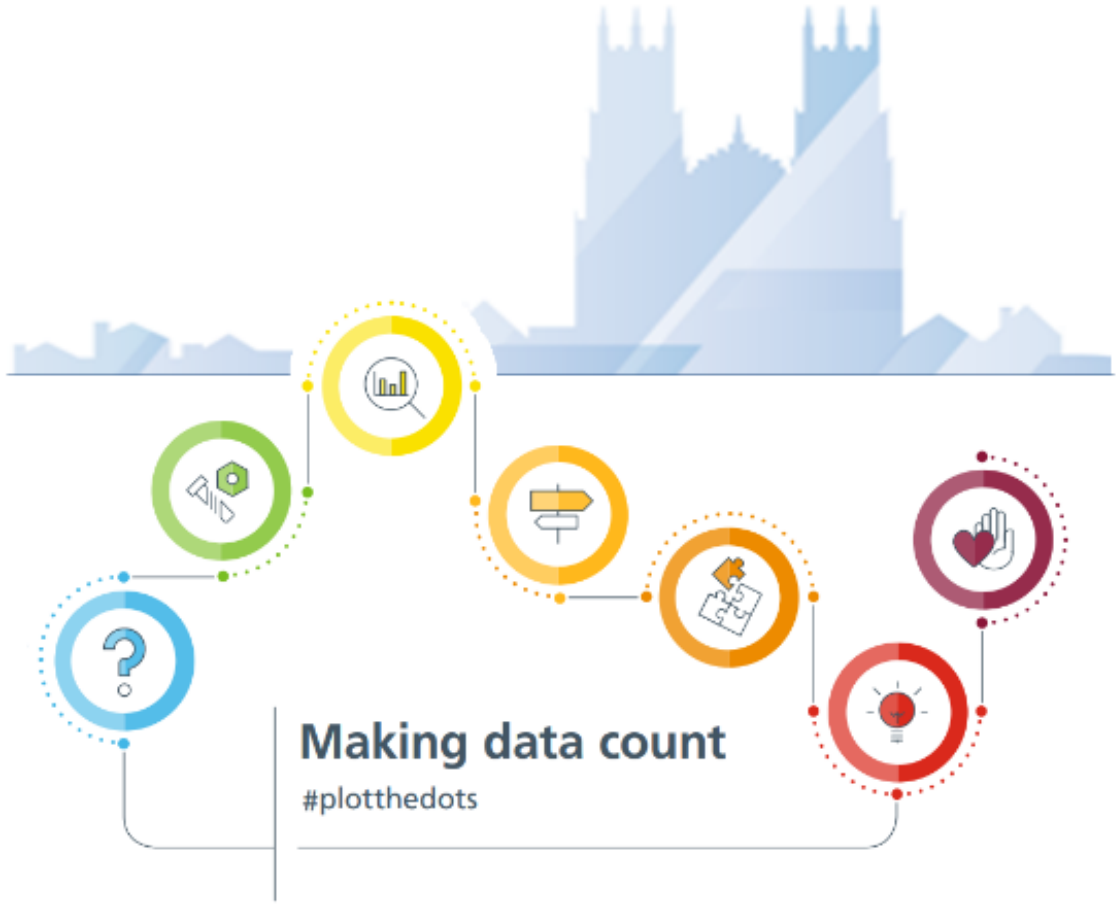
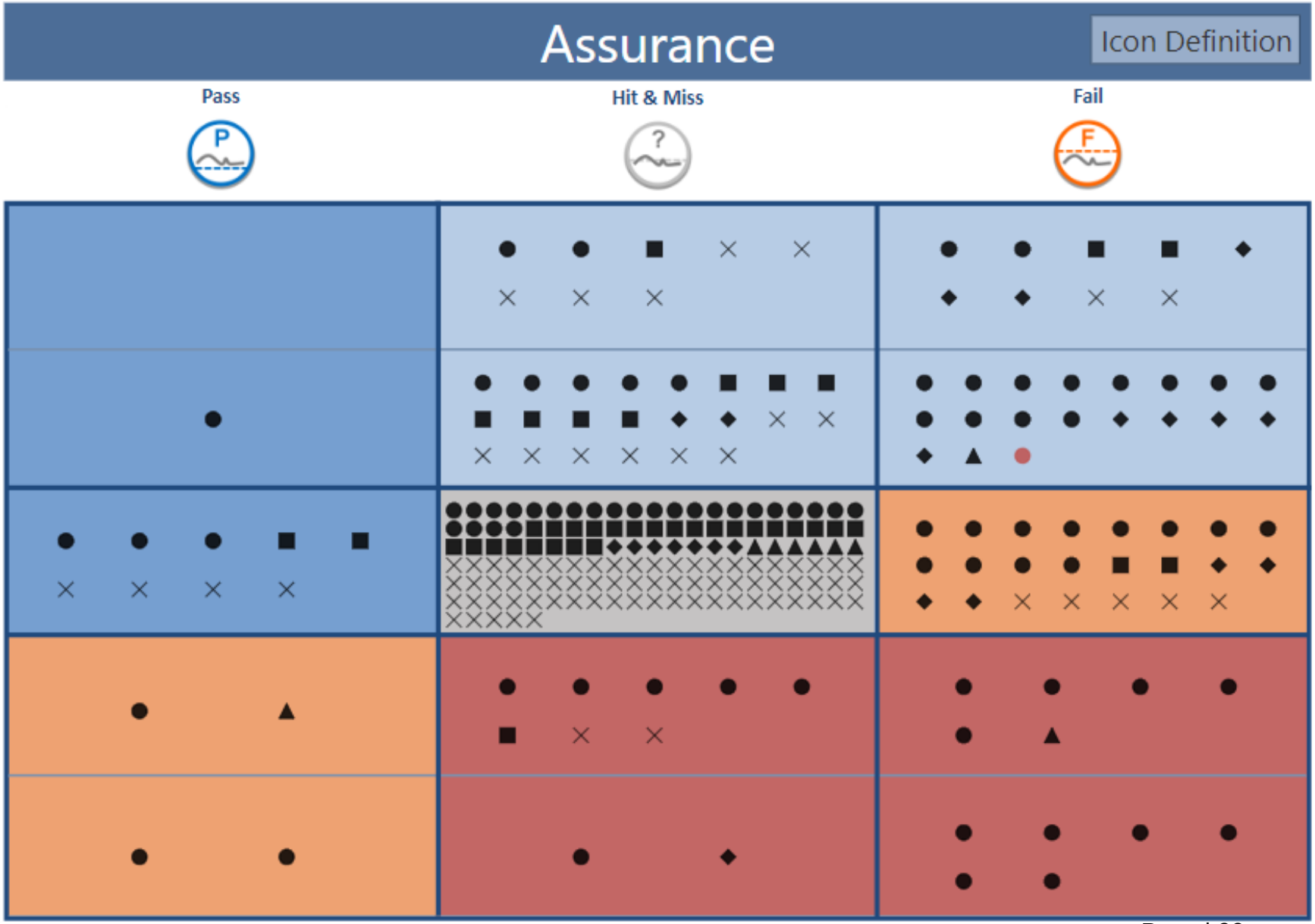


Summary Matrix

The table below provides an overview for all metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



(Blank) Activity and Performance Quality and Safety Workforce Digital Maternity

Executive Summary - Priority Metrics

Metric Name	Month	Variation	Assurance	Target	Value
ED - Proportion of Ambulance handovers waiting > 60 mins	2023-12		F	10%	25.4%
ED - Proportion of all attendances having an initial assessment within 15 mins	2023-12		F	66%	47.2%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2023-12		F	7.5%	18.5%
ED - Emergency Care Standard (Trust level)	2023-12	L	?	67.6%	68.6%
ED - Median Time to Initial Assessment (Minutes)	2023-12		?	18	16
Cancer - Faster Diagnosis Standard	2023-11	L	P	42%	51.5%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2023-12		P	361	314
RTT - Total Waiting List	2023-12	H	?	47902	48209
RTT - Waits over 104 weeks for incomplete pathways	2023-12	L	F	0	0
RTT - Waits over 78 weeks for incomplete pathways	2023-12	L	F	0	10
RTT - Waits over 65 weeks for Incomplete Pathways	2023-12	L	F	770	621

December 2023 saw strike action by BMA Junior Doctors with “Christmas Day” levels of staffing delivered for three days from 07:00 on the 20th of December. The Trust did not deliver 71 elective procedures and 458 outpatient first attendances or procedures in that period that would have otherwise taken place. Year to date industrial action has resulted in the Trust not delivering 1,421 elective procedures and 4,522 outpatient first attendances or procedures.

The Trust is reporting an end of December 2023 position of ten 78-week RTT waiters down from thirteen at the end of November 2023. At the end of December 2023, the Trust had 621 RTT patients waiting over sixty-five weeks, 149 below the end of month trajectory of 770. This is an increase of 14 on the end of November 2023 position (607).

The Trust is below trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 314 against the H2 trajectory of 361 for the end of December 2023.

The December Emergency Care Standard (ECS) position was 68.6%, against the H2 trajectory of 67.6%.

Urgent and Emergency Care was impacted by the number of lost bed days because of patients without a ‘criteria to reside’ (NCTR), 2,309 in December. The Trust is expected to have less than 10% of beds occupied by NCTR patients, the current position is circa. 30%.

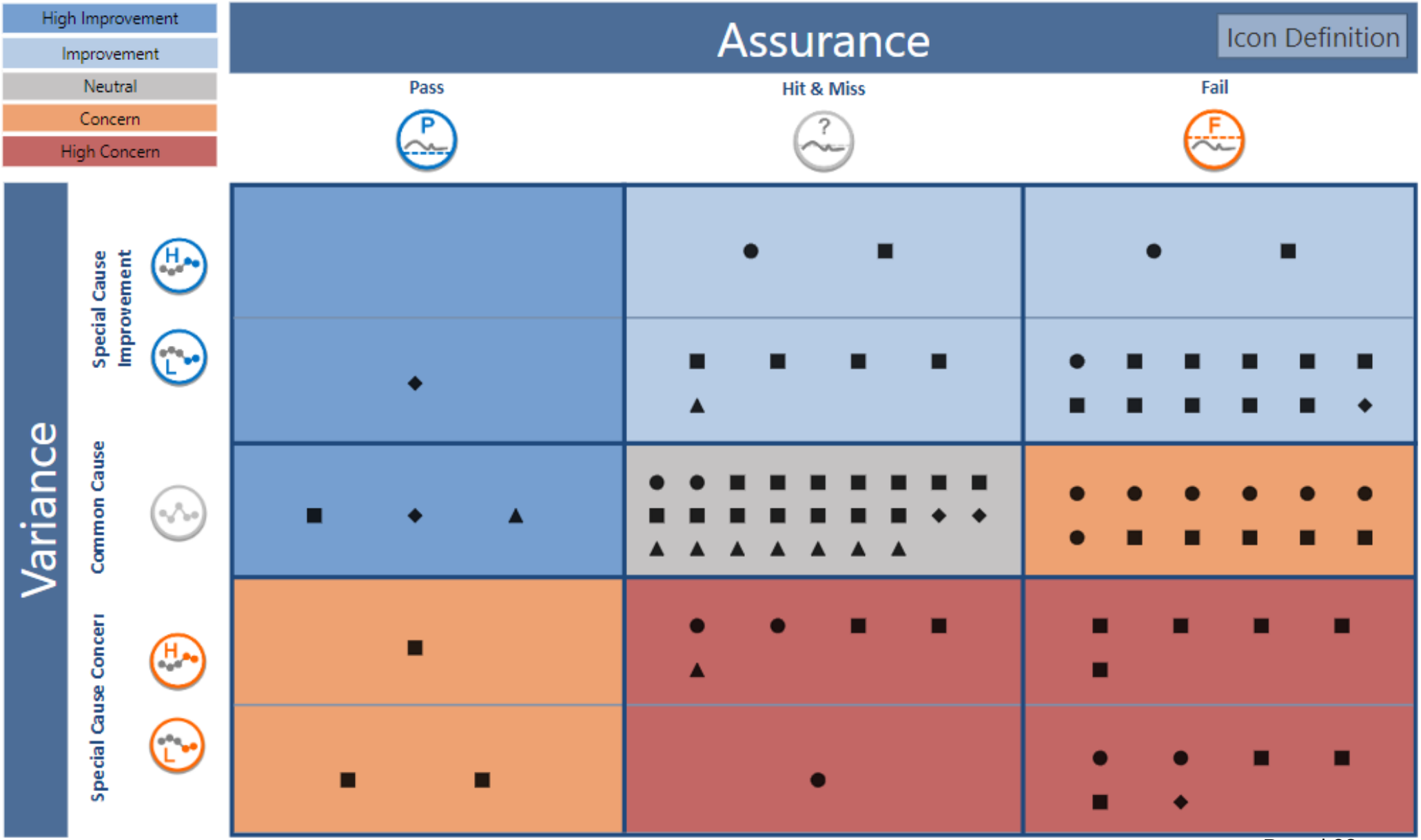
OPERATIONAL ACTIVITY AND PERFORMANCE

January 2024

Summary Matrix - Operational Activity and Performance

The table below provides an overview for all operational activity and performance metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust



Acute Flow (1) Scorecard

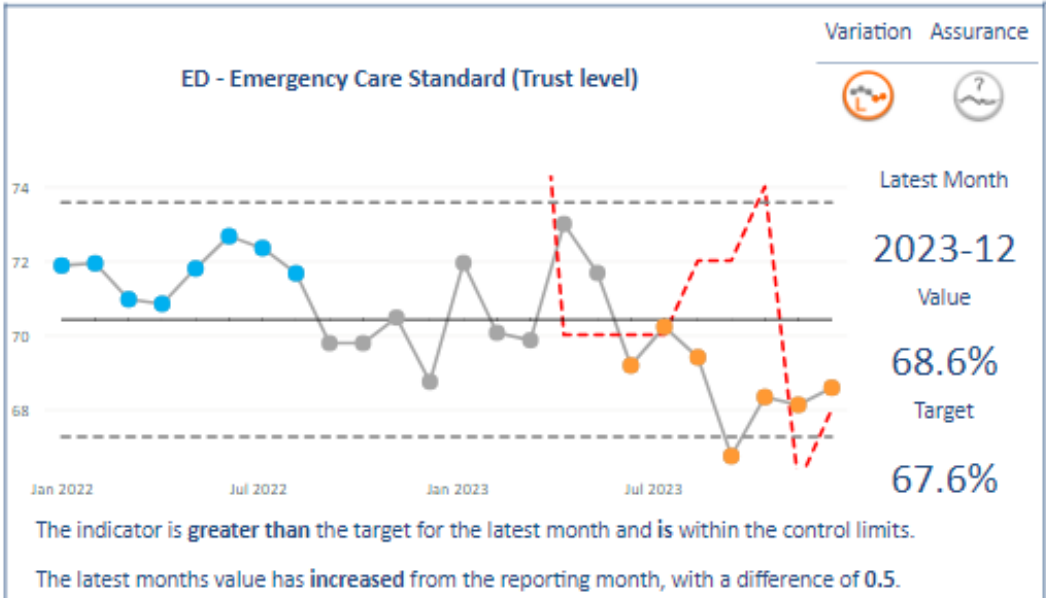
York and Scarborough Teaching Hospitals NHS Foundation Trust

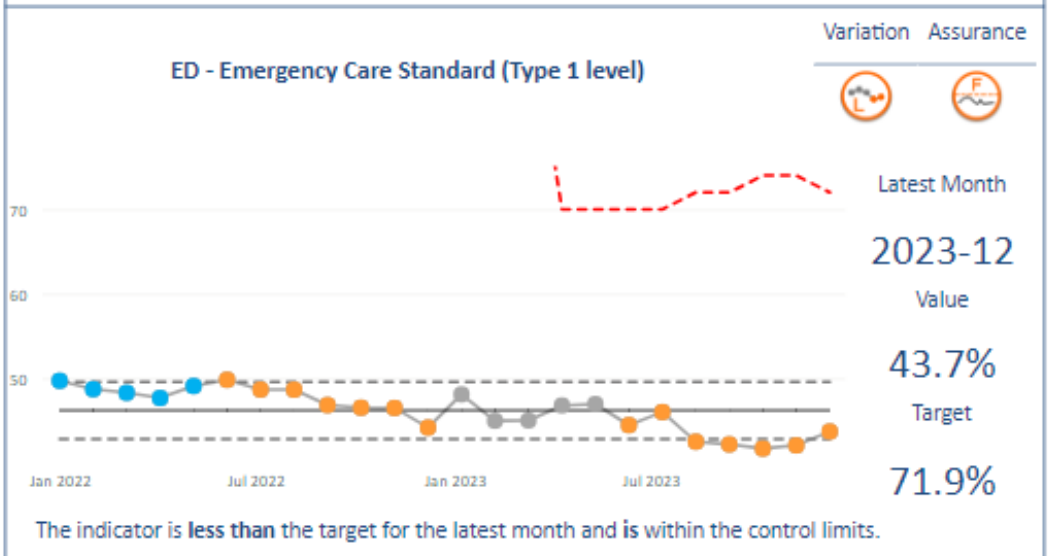
Metric Name	Month	Variation	Assurance	Target	Value
ED - Proportion of all attendances having an initial assessment within 15 mins	2023-12		F	66%	47.2%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2023-12		F	55%	24.1%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2023-12		F	7.5%	18.5%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2023-12		F	150	1906
ED - 12 hour trolley waits	2023-12		F	0	811
ED - Emergency Care Attendances	2023-12	H	?	19147.8	19781
ED - Emergency Care Standard (Trust level)	2023-12	L	?	67.6%	68.6%
ED - Emergency Care Standard (Type 1 level)	2023-12	L	F	71.9%	43.7%
ED - Median Time to Initial Assessment (Minutes)	2023-12		?	18	16
% ED attendances streamed to SDEC Within 60 mins	2023-12	H	?	18.6%	24%
% of SDEC admissions transferred to downstream acute wards	2023-12		?	20%	21.9%

KPIs - Operational Activity and Performance

Acute Flow (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust





The Trust achieved the revised H2 Emergency Care Standard trajectory with performance of 68.6% against the end of December 2023 ambition to achieve above 67.6%.

Urgent and Emergency Care was impacted by the number of lost bed days because of patients without a 'criteria to reside' (NCTR), 2,309 in December. The Trust is expected to have less than 10% of beds occupied by NCTR patients, the current position is circa. 30%.

In the latest nationally published data (October 2023) the Trust ranked 68th out of 122 providers (with a Type 1 ED) for ECS (All types). In the North-East and Yorkshire region the Trust ranked fourteenth out of twenty-two providers.

UEC Rapid Improvement Plan

The rapid improvement plan development has continued in December with a very focused plan completed for the 7 weeks in the run up to the end of the year. The key themes are capacity, processes, pathways and people. Trajectories have been developed for improvement in Ambulance Handover times, 12-hour admission delays, the number of patients who do not meet the criteria to reside and the Emergency Care Standard.

The project is expected to deliver improved staff wellbeing and motivation as well contribute to delivery of the required improvement trajectory for ECS to 76% by March 2024.

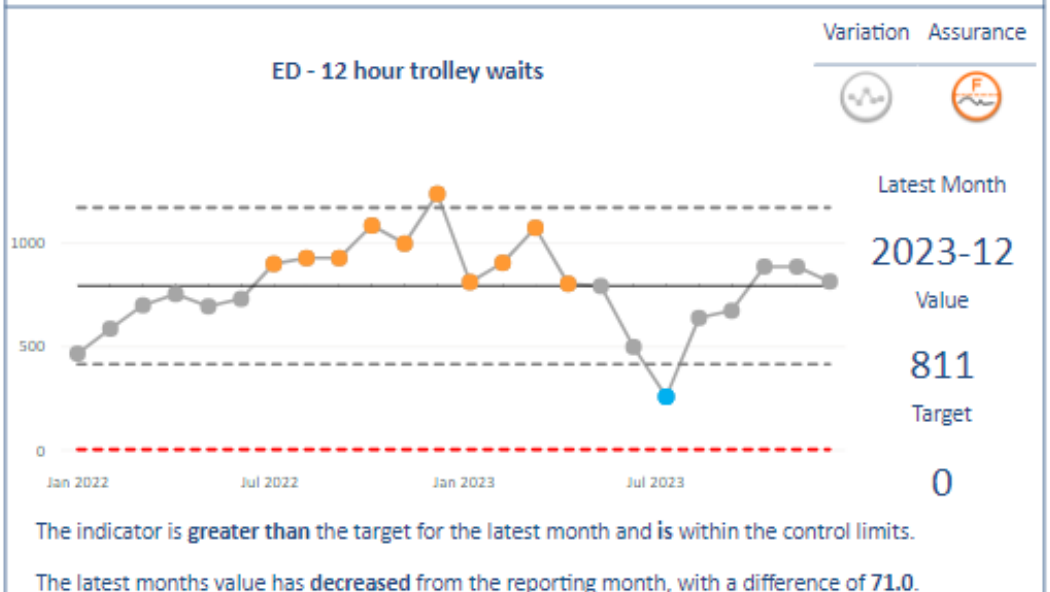
The focus in December was on Operational reset. This involved a reset of processes for how we manage patient flow and escalations in demand. We need to better balance the risk and share the responsibility for managing high levels of acute demand. This means working together as one team across all our services.

A new process was launched for how additional patients are cared for on our inpatient wards to reduce ambulance delays and overcrowding in our emergency departments at times of high demand.

There were specifically 2 changes:

1. New OPEL (Operational Pressures Escalation Levels) Framework

The national OPEL framework has been updated to provide greater consistency in how OPEL scores are calculated across the NHS, and we have updated our OPEL actions for each level accordingly. **Continued overpage.**



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We are now using the new framework to calculate our OPEL score, report our position, and implement action. This links to the new SOP described below, as our OPEL score will determine when parts of the SOP need to be enacted.

2. New Standard Operating Procedure (SOP) for care in unplanned areas:

A new standard operating procedure for patients being cared for in unplanned locations in inpatient areas outlines how additional capacity will be created and used in a managed way to address the escalations and actions set out in the OPEL Framework.

Patients will need to move from our EDs and assessment areas onto wards more quickly and earlier in the day, so that we can reduce the number of patients waiting a long time for a bed, waiting to be handed over by the ambulance crews, or waiting for an ambulance to reach them at home. If required, patients will be sent to wards before a bed is available.

The following metrics were used to measure the impact of reset.
1. ECS
2. 12-hour trolley waits
3. Ambulance Handover
4. Length of time in the department

The table below shows the improvement made at the end of the week.

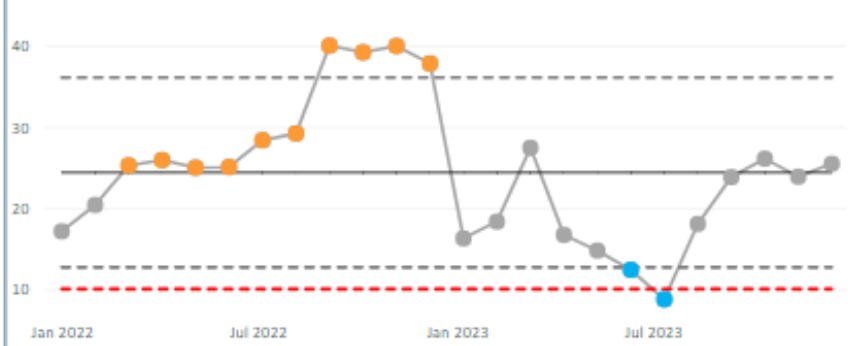
		Measure			
Date	Site	4-hour ED performance (type 1 %)	12-hour trolley waits	Average ambulance handover (hh:mm:ss)	Length of time in ED (mins)
Benchmark	Scarborough	33.07%	2	00:42:05	371
	York	43.89%	22	00:43:39	378
21/12/23	Scarborough	50.40%	0	00:21:03	235
	York	56.63%	12	00:23:44	381

Acute Flow (2) Scorecard

Metric Name	Month	Variation	Assurance	Target	Value
ED - Proportion of Ambulance handovers within 15 mins	2023-12			65%	23.4%
ED - Proportion of Ambulance handovers waiting > 30 mins	2023-12			5%	48.1%
ED - Proportion of Ambulance handovers waiting > 60 mins	2023-12			10%	25.4%
Inpatients - Proportion of patients discharged before 5pm	2023-12			70%	65.1%
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2023-12			106	131
Lost bed days for patients with no criteria to reside (monthly count) (>=7 LOS for Acute sites only)	2023-12			1934.5	2309

ED - Proportion of Ambulance handovers waiting > 60 mins

Variation Assurance



Latest Month

2023-12

Value

25.4%

Target

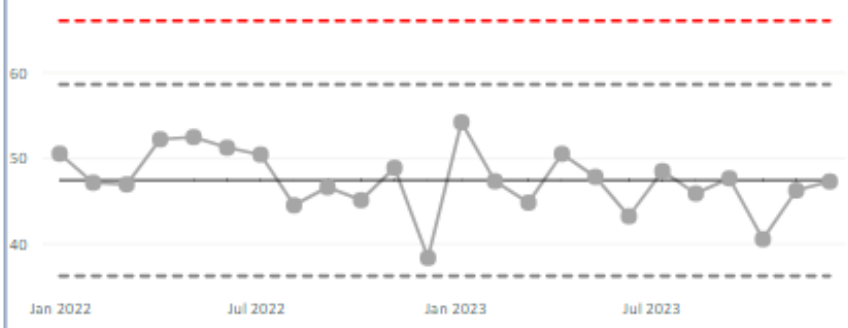
10%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **1.6**.

ED - Proportion of all attendances having an initial assessment within 15 mins

Variation Assurance



Latest Month

2023-12

Value

47.2%

Target

66%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **1.0**.

Against a target to have a monthly average ambulance handover time of less than 01:14:26 (HH:MM:SS) the Trust achieved an average of 49:03 minutes for December 2023.

Time lost to ambulance handover delays and handovers >60 minutes remains above target with 25.4% of ambulances having a handover time of over 60 minutes against the <10% target (up from 23.8% in November 2023).

Current actions with the UEC rapid improvement plan in relation to ambulance handover continue:

•Focus on YAS handover project with daily operational meetings with YAS – close operational management with ARC to identify immediate actions required to address flow

•Increased operational resource in the ED's to have oversight of performance and implement focused escalations.

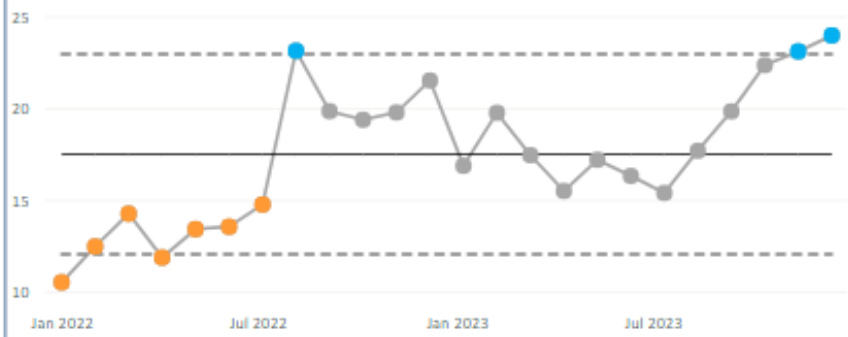
•Dedicated YAS cohorting space from 19 November 2023. Agreed process with YAS of 1:4 cohort of 8 patients, releasing 6 crews.

•Review of shift leadership by ECIST to identify areas for improvement including management of ambulance handovers. To implement and embed SOP for NIC and EPIC as per ECIST recommendations:

- YAS direct access to SAU, avoiding ED.
- Twice weekly executive UEC improvement meetings.
- Establish care co-ordination service as part of integrated urgent care model in partnership with YAS to reduce category 2 ambulance dispatch.
- YAS clinical assessment of Category 3 Ambulances to reduce conveyance (60% of those clinically assessed, currently closed with advice).
- Primary Care to ensure face to face clinical assessment prior to Category 4 ambulance request to reduce conveyance from baseline of 4% (average of 6 a day).
- YAS clinical assessment of 111 calls to reduce conveyance.
- Implementation of Missed Opportunity Audit recommendations.
- Opening of phase 2 of new department completed w/c 18 December 2023.
- Additional senior leadership resource for winter with focus on patient flow.

Variation Assurance

% ED attendances streamed to SDEC Within 60 mins



Latest Month

2023-12

Value

24%

Target

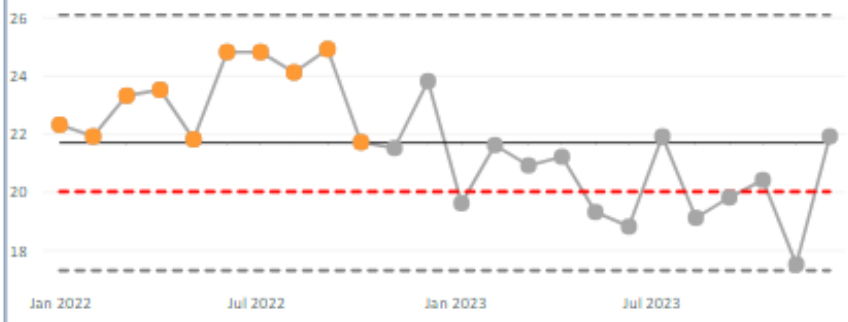
18.6%

The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **0.9**.

Variation Assurance

% of SDEC admissions transferred to downstream acute wards



Latest Month

2023-12

Value

21.9%

Target

20%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **4.4**.

SDEC Project

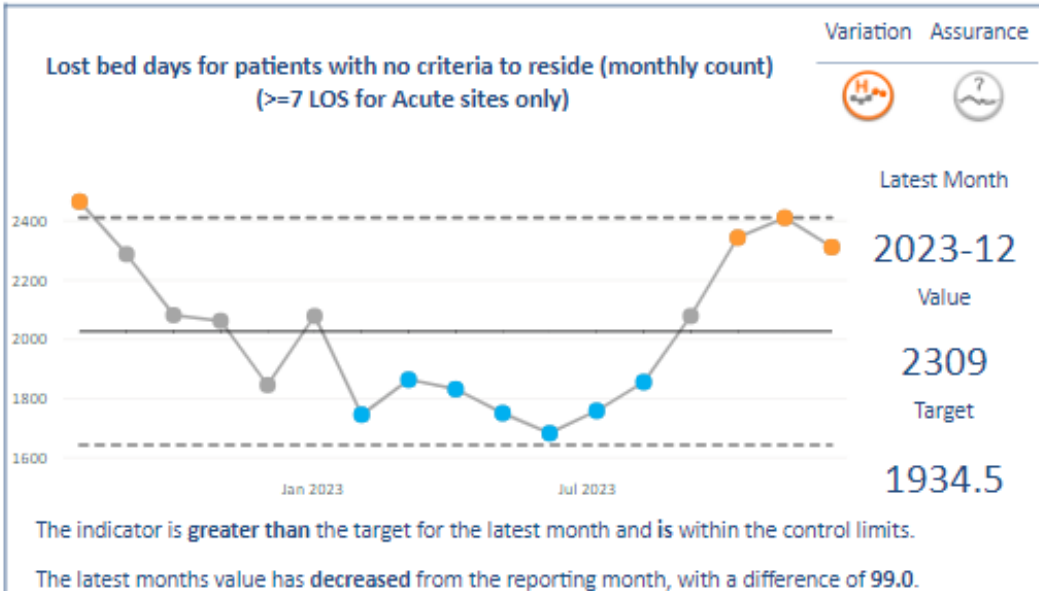
The ICB Tier 2 programme has now set out a requirement that Direct access to SDEC via trusted assessor and common exclusion criteria is in place for all SDECs by Dec 2023. This was in place prior to Christmas for Medicine SDEC units and for Surgical Assessment Unit in York with review meetings now in place to understand from YAS and ED where patients have not been able to access SDEC directly to ensure any issues are addressed.

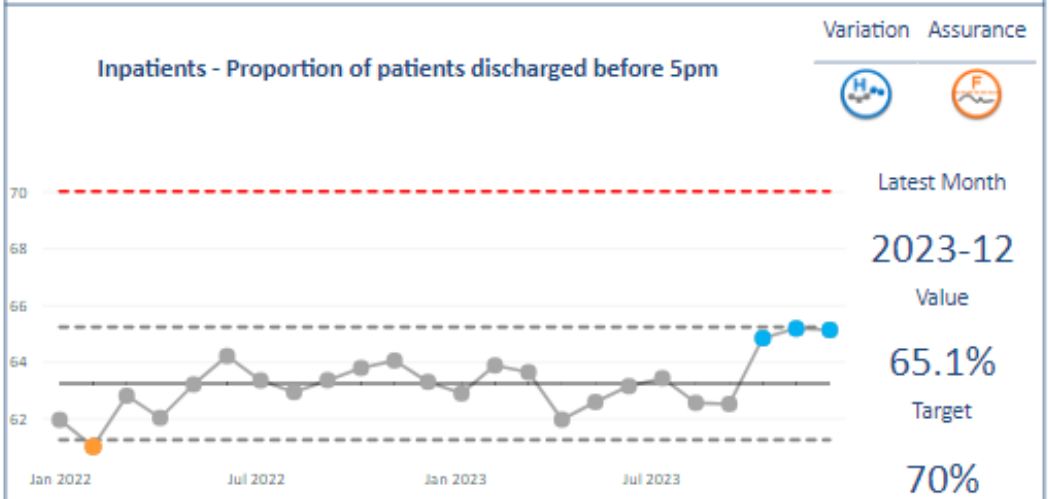
The Priority action for January is to determine how much space is required at both Medical SDECs and SAUs to meet potential demand / opportunity. In December 125 patients were brought to York ED and streamed to Medical SDEC without any treatment, and in Scarborough there were 64. This indicates there is still opportunity for increasing direct YAS to SDEC directly and the Programme Team is working with YAS to improve this. Alongside this work is being completed on operational escalation and risk sharing to ensure all SDECs can continue to receive patients at times of high demand.

The project is expected to deliver reduced ED attendances as patients will be attending SDEC directly which will contribute to delivery of the required improvement trajectory of ECS to 76% by March 2024. The missed opportunity audit undertaken in November provided evidence that 8 patients in one day could have accessed Medicine SDEC in York, which is 13% of cases audited. Further modelling work is being done to establish a trajectory for the impact on all SDEC units.

KPIs - Operational Activity and Performance

Acute Flow (5)





Virtual Hospital Project

The Virtual Hospital Delivery Group is now established, alongside the specialty project groups. The digital working group is also set up and the priority is to understand what would be required from a digital / remote monitoring solution. A technology bid has been successful with NHSE (£300k) for a remote monitoring solution which will enable the Virtual Hospital to function.

The project is expected to deliver thirty-three virtual beds to be in place by March 2024, releasing that capacity in the hospital. For the Frailty Virtual Ward, a 12.4 WTE MDT is required to deliver 15 beds. Most of this team is in place however, currently 1.5 WTE nurses are being recruited and 1 ACP is due to start in January 2024. The other specialty virtual ward staffing, required to achieve this trajectory, is being developed within current establishments. The trajectory for November and December was to have capacity for 15 virtual beds, 15 were in place in November and 20 in December, with plans remaining on track to deliver 33 by the end of March 2024.

A resource proposal for a full Virtual Hospital has been presented to the Virtual Hospital Delivery Group and will be at the January UEC Programme Board and then Executive Committee. Discussions have commenced with Place Directors to explore the funding options as this is a nationally stated priority.

Integrated Intermediate Care Project

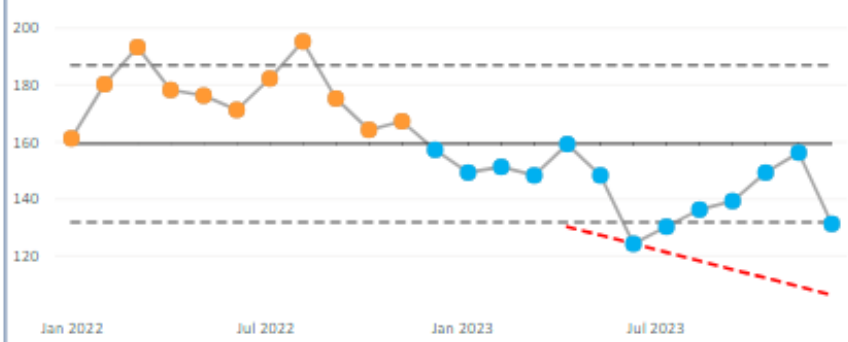
The original aim of the Integrated Intermediate Care Project (IIC) was to scope the development of a long term 24/7 domiciliary care service for York. This scoping led to a decision not to develop a new service but work with local partners to develop Intermediate Care with a focus on Integration. The aim of this is to increase efficiency through single workforce with generic job descriptions to reduce the number of visits per patient and streamline pathways. In December the partnership work led to a hold being put on the reablement tender being presented in isolation and opportunity for a development of an integrated service model.

As part of this work, The York Integrated Care Team (YICT), who deliver some of the current intermediate care services, opened The Frailty Hub for York in November, operating five days a week from December. It is a care co-ordination hub for Health care professionals, up to 21st December the service had 229 referrals and 100 ambulance conveyances were avoided.

The project is expected to deliver a reduction in the number of patients who do not meet the criteria to reside down to 155 (237 at the end of December 2023).

Variation Assurance

Inpatients - Super Stranded Patients, 21+ LoS (Adult)



Latest Month

2023-12

Value

131

Target

106

The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **25.0**.

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See previous page.

Cancer Scorecard

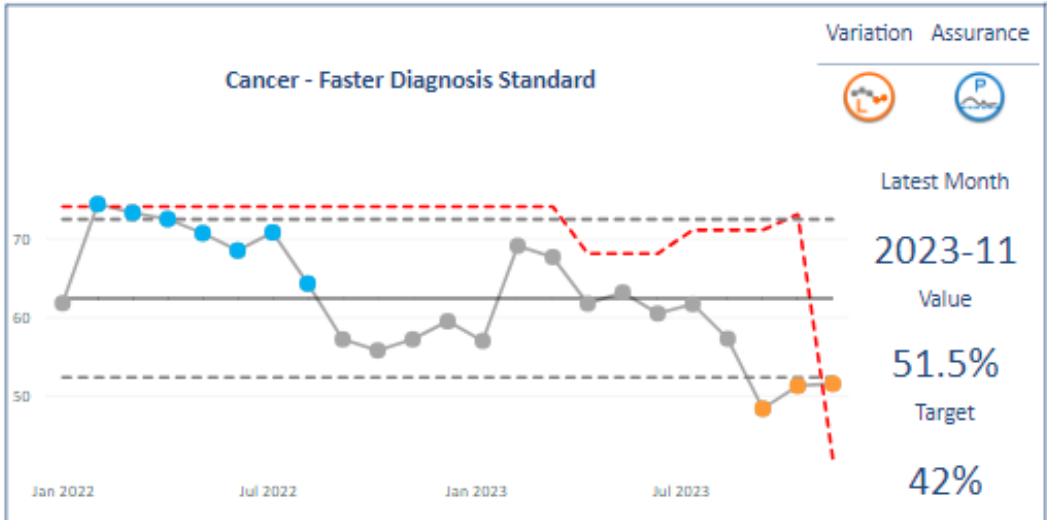
York and Scarborough Teaching Hospitals NHS Foundation Trust

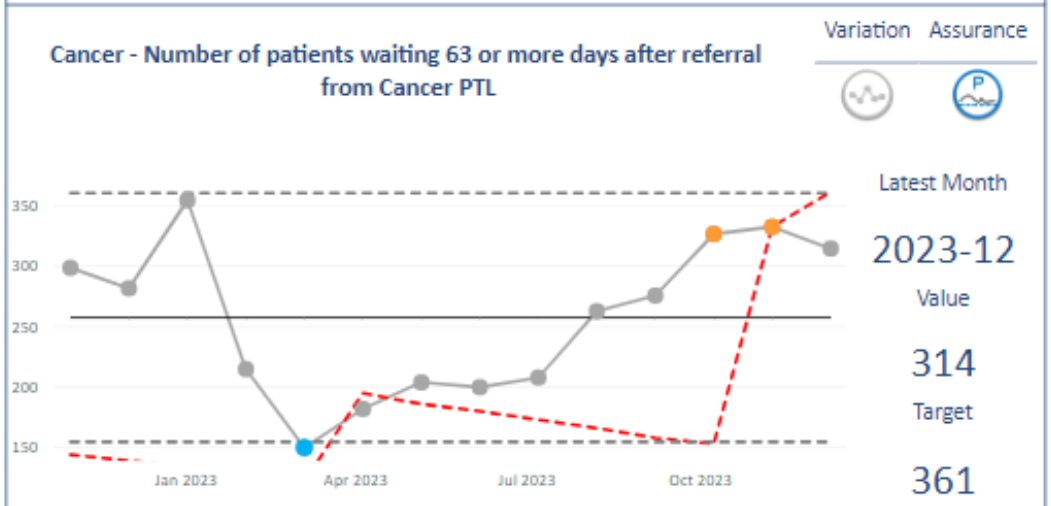
Metric Name	Month	Variation	Assurance	Target	Value
Cancer - Faster Diagnosis Standard	2023-11	L	P	42%	51.5%
Cancer - 62 Day waits for first treatment (from urgent GP referral)	2023-11		F	85%	50.5%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2023-12		P	361	314
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)	2023-11		?	151.5	157.5
Number of people referred onto a non-specific symptoms pathway	2023-11	H	P	83	78
% of patients waiting 63 or more days after referral from cancer PTL	2023-12		?	12%	14.3%
Cancer 2 week wait (all cancers)	2023-11	L	F	93%	63.7%
Cancer 31 day wait from diagnosis to first treatment	2023-11		?	96%	96%

KPIs - Operational Activity and Performance

Cancer (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust





Cancer Position

Patients waiting sixty-three days or more on the Cancer PTL has decreased from 332 (November 2023) to 314 at the end of December 2023 against the H2 trajectory of 361. Please note this is an unvalidated snapshot position on the last Sunday of the month (31st of December). DIS Business Intelligence colleagues are working on an end of month provisional and validated performance process. The Trust ambition to deliver the target of 143 waiters at the end of March 2024 was not changed as part of the H2 trajectory submission.

The Cancer performance figures for November 2023 saw a small improvement in the 28-day Faster Diagnosis standard to (51.5% compared to 51% in October 2023) however the 62-day wait for first treatment (from urgent GP referral) position deteriorated, 50.5% compared to 55% in October 2023.

In the latest nationally published data (October 2023) the Trust ranked 136th out of 142 providers for FDS and 71st out of 144 providers for 62-day wait for first treatment (all referral routes).

Cancer Programme

The aim of the Cancer Programme is to deliver 75% against the Faster Diagnosis Standard and a maximum of 143 patients waiting over sixty-two days on the cancer PTL by the end of March 2024. A summary of the current actions can be seen below:

- MpMRI proposal that was approved by Executive Committee commenced in December 2023.
- Head and Neck cancer pathway HNY and WY cancer alliance meeting took place on the 8th of December and discussed future models of care. Long-term pathway to be agreed with LTHT and HUTH through clinical networks.
- Additional Cancer diagnostic actions being taken to support FDS:
    - 'Vetter' of the day for CT commenced December 2023.
    - Review of Ultrasound capacity used by Haematuria clinic underway.
    - GI pilot for diagnostic pathway to commence in January 2024.
    - Scoping same day adequacy testing for head and neck biopsies.
- Additional cancer treatments: Myosure capacity being developed to increase provision for Gynaecology. Funding identified to support via Cancer Alliance.
- Histopathology:
    - Outsourcing reporting company based in Yorkshire who will be able to provide direct reporting into either of the LIMS systems. Currently undertaking necessary IG, security and clinical governance checks.

Outpatients and Elective Care Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Outpatients - Proportion of appointments delivered virtually (S017a)	2023-12	L	F	25%	21.5%
Outpatients - DNA rates	2023-12		?	5%	6.4%
Outpatients: 1st Attendances	2023-12		?	15743	10651
Outpatients: All Referral Types	2023-12	L	?	20811.3	15232
Outpatients: Consultant to Consultant Referrals	2023-12	L	?	2019.6	1282
Outpatients: Follow Up Attendances	2023-12		?	37760	29669
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2023-12	H	F	0	25592
Outpatients: GP Referrals	2023-12		?	9975.8	7964
Outpatients: Other Referrals	2023-12	L	?	8815.8	5986
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2023-12	H	F	4.2%	3.4%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2023-12		?	99%	45.1%
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	2023-12		?	0	6
Day Cases (based on Activity v Plan)	2023-12		?	6157	6441
Electives (based on Activity v Plan)	2023-12		F	717	567
Theatres: Touch Time Utilisation	2023-12		F	85%	79.8%
Proportion of Theatre SLA Delivered	2023-12		?	90%	71.7%

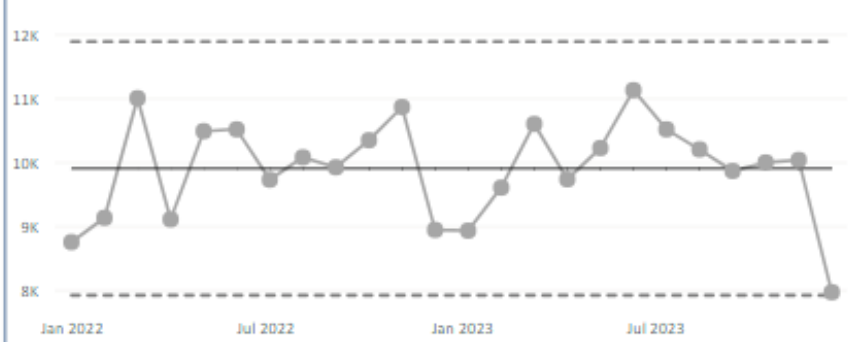
KPIs - Operational Activity and Performance

Outpatients (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Outpatients: GP Referrals

Variation Assurance



Latest Month

2023-12

Value

7964

Target

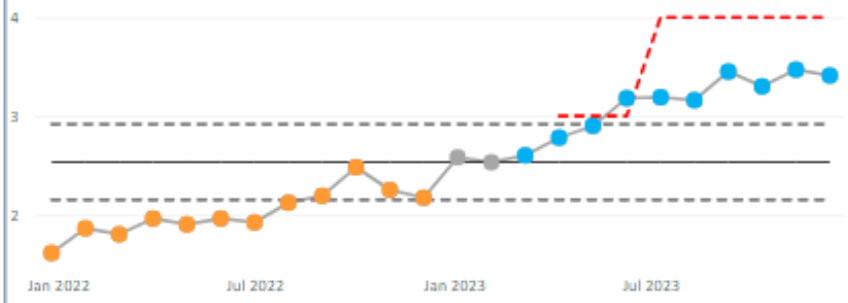
9975.8

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **2067.0**.

Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)

Variation Assurance



Latest Month

2023-12

Value

3.4%

Target

4.2%

The indicator is **less than** the target for the latest month and **is not** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **0.1**.

Outpatient Transformation programme

Over the last month the primary focus for the Trust has been the 'Further, Faster' programme. The Trust has joined a GIRFT National Outpatient Transformation Programme – Going Further, Going Faster, across 18 specialties. Our Trust has joined in cohort 2, along with 26 other providers. Boarding sessions are taking place, with anticipation that any positive developments will feed into specialty recovery plans. The Programme will link into system outpatient transformation and inform the established clinical networks going forward. The aim of the programme is to support Trusts to significantly reduce or achieve zero RTT52 week waiters by the end March 2025. Initial meetings have been held with the following key themes identified:

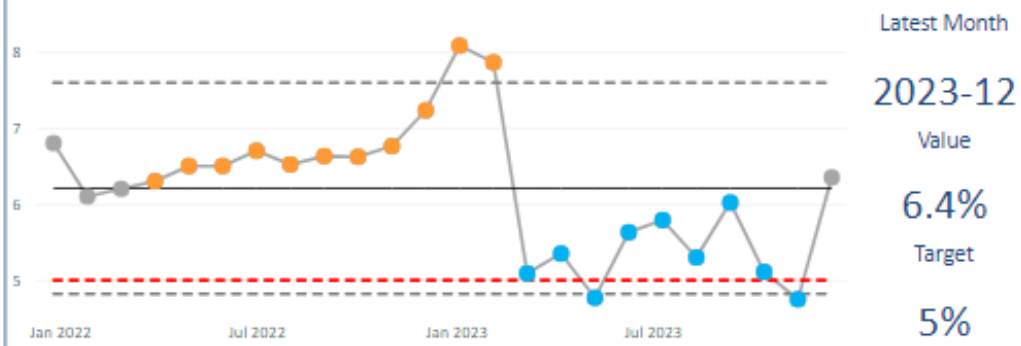
- PIFU
- Percentage of outpatient capacity setup as FU appointments.
- Capped theatre touch time utilisation in some key specialties
- 2-way text reminders to inpatients and all outpatient specialties.
- Roll out of Rapid Expert Input.
- Clinical validation of Trust waiting list.
- Use of international OPCS codes in outpatients and elective inpatients rather than local codes.

KPIs - Operational Activity and Performance

Outpatients (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Outpatients - DNA rates



Latest Month

2023-12

Value

6.4%

Target

5%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **1.6**.

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See previous page text

Referral To Treatment (RTT) Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
RTT - Total Waiting List	2023-12			47902	48209
RTT - Waits over 104 weeks for incomplete pathways	2023-12			0	0
RTT - Waits over 78 weeks for incomplete pathways	2023-12			0	10
RTT - Waits over 65 weeks for Incomplete Pathways	2023-12			770	621
RTT - Waits over 52 weeks for Incomplete Pathways	2023-12			3389	2808
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-12			92%	49.2%
RTT - Mean Week Waiting Time - Incomplete Pathways	2023-12			9	21.2
Proportion of BAME pathways on RTT PTL (S056a)	2023-12			1.8%	1.8%
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2023-12			12%	12%
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2023-12			68.2%	67.2%

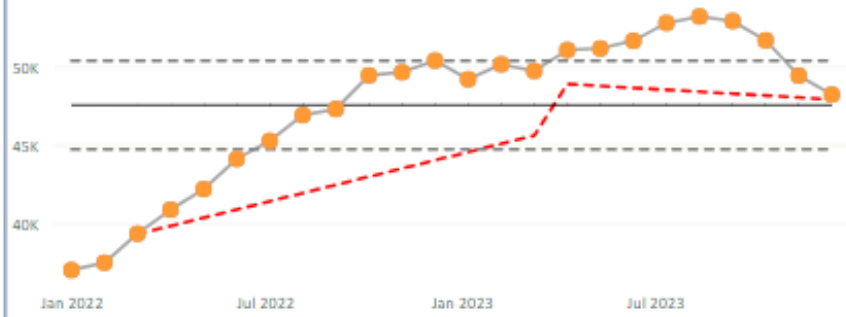
KPIs - Operational Activity and Performance

Referral To Treatment (RTT) (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

RTT - Total Waiting List

Variation: H | Assurance: ?



Latest Month: 2023-12

Value: 48209

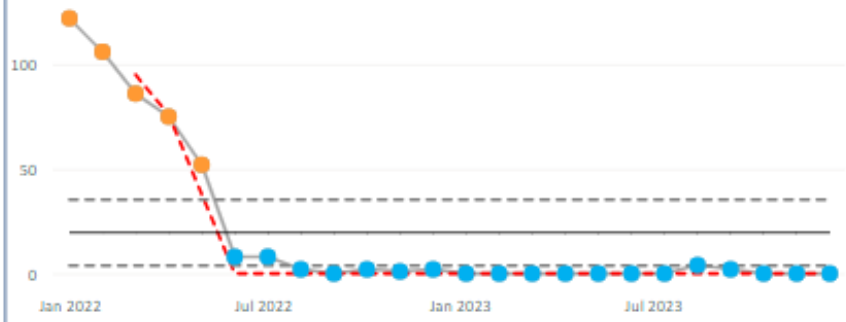
Target: 47902

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **1203.0**.

RTT - Waits over 104 weeks for incomplete pathways

Variation: L | Assurance: F



Latest Month: 2023-12

Value: 0

Target: 0

The indicator is **matching** the target for the latest month and **is not** within the control limits.

The latest months value has **remained the same** from the reporting month, with a difference of **0.0**.

RTT position

The Trust saw an improvement in the long wait position in December 2023, with the number of RTT78 week patients decreased to ten (October: eighty-six). six of the patients were either offered treatment with reasonable notice in December but chose to wait longer, were impacted by Industrial Action or were unable to attend as they had COVID-19.

In the latest nationally published data (October 2023) the Trust had the 36th highest number of RTT78 week patients out of 168 providers. In the North-East and Yorkshire region the Trust ranked 3rd highest out of twenty-two providers.

There were zero 104-week RTT waits at the end of December 2023.

The national ask for 2023/24 is to eliminate RTT waits of over sixty-five weeks by the end of March 2024, at the end of December 2023 the Trust had 621 patients waiting over sixty-five weeks. The weekly RTT performance meeting monitors and challenges performance against the trajectory. At the end of December 2023, the Trust was 149 below the end of month trajectory of 770. This is an increase of fourteen on the end of November 2023 position (607). As part of the national priority to focus on cancer care the Trust signalled as part of the H2 trajectories submission that it could result in 350 RTT patients waiting over 65 weeks at the end of March 2024.

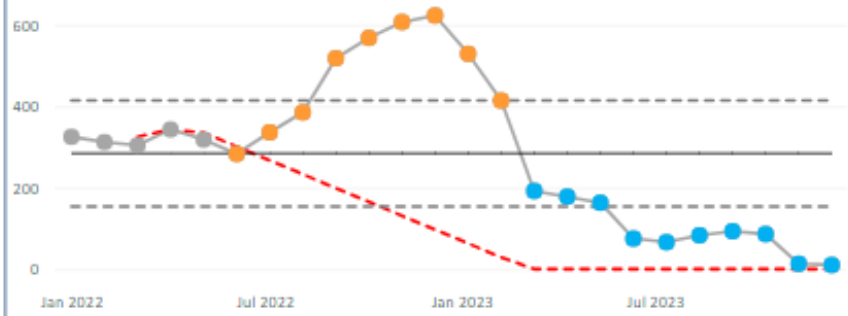
The increase in first attendances and subsequent discharges resulting from the 'Protecting and Recovering Elective Capacity' initiative briefed previously to Committee continues to be reflected in the volume of patients on our RTT total waiting list (TWL). As at the end of August our TWL was 53,190 and end of December position was 48,209. This is a reduction of 4,981 or 9% in four months and is the Trust's lowest TWL since September 2022.

Similarly, the total cohort of patients on the TWL who breach 65 weeks before end March 2024 has reduced from 13,765 at the end August to 2,789 at the end of November. This is a reduction of 10,976 patients or 80% in four months.

The national ambition for 2024/25 is to deliver zero by the end of March 2025, the Trust has also made significant progress against this metric, down 1,413 (-33%) on the end of August 2023 position (4,221) to 2,808 at the end of December 2023. This is the fewest RTT52 week waiters since April 2022 and is 581 below the trajectory of 3,389 that was submitted as part of 2023/24 annual planning for the end of December 2023.

Variation Assurance

RTT - Waits over 78 weeks for incomplete pathways



Latest Month

2023-12

Value

10

Target

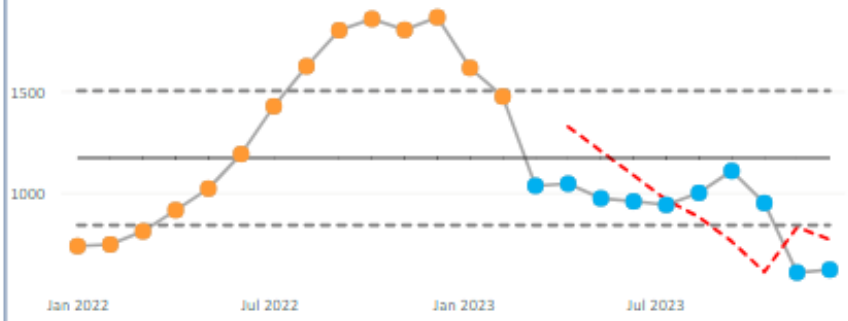
0

The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **3.0**.

Variation Assurance

RTT - Waits over 65 weeks for Incomplete Pathways



Latest Month

2023-12

Value

621

Target

770

The indicator is **less than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **14.0**.

See previous page text.

Diagnostics Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Diagnostics - Proportion of patients waiting >6 weeks from referral	2023-12	L	F	5%	39%
Diagnostics - Proportion of patients waiting >6 weeks from referral - MRI	2023-12	L	F	5%	33.9%
Diagnostics - Proportion of patients waiting >6 weeks from referral - CT	2023-12	L	F	5%	31.2%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Non-obs Ultrasound	2023-12	L	F	5%	34.9%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Barium enema	2023-12	-	?	5%	5.6%
Diagnostics - Proportion of patients waiting >6 weeks from referral - DEXA Scan	2023-12	L	F	5%	41.7%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Audiology	2023-12	-	F	5%	19.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Echocardiography	2023-12	L	F	5%	42%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Neurophysiology peripheral	2023-12	-	?	5%	27.7%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Sleep studies	2023-12	L	F	5%	25.3%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Urodynamics	2023-12	H	?	5%	78.4%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Colonoscopy	2023-12	H	F	5%	66.8%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Flexi Sigmoidoscopy	2023-12	H	F	5%	65.8%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Cystoscopy	2023-12	H	F	5%	48.4%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Gastroscopy	2023-12	H	F	5%	30.7%

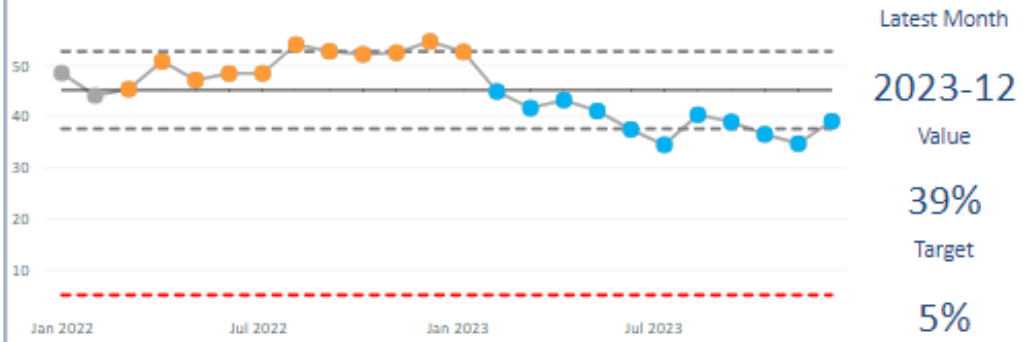
KPIs - Operational Activity and Performance

Referral To Treatment (RTT) (3) and Diagnostics

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Diagnostics - Proportion of patients waiting >6 weeks from referral



Latest Month

2023-12

Value

39%

Target

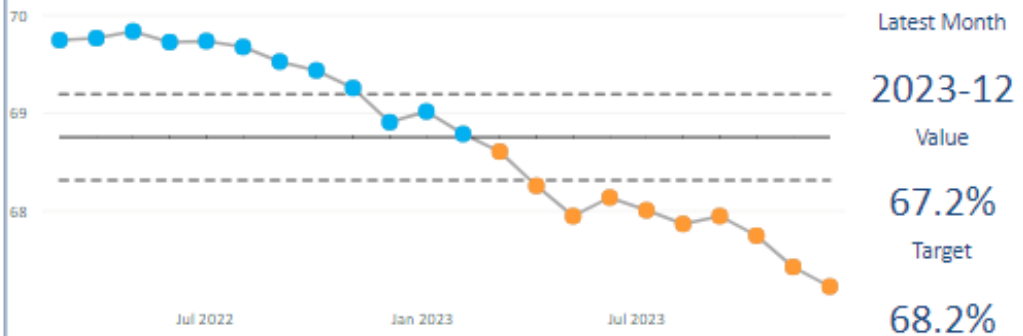
5%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **4.4**.

Variation Assurance

Proportion of pathways with an ethnicity code on RTT PTL (S058a)



Latest Month

2023-12

Value

67.2%

Target

68.2%

The indicator is **less than** the target for the latest month and **is not** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **0.2**.

Diagnostic Position

Diagnostic performance data for December 2023 showed a decline to 39.2% from 34.6% at the end of November 2023 for patients waiting more than 6 weeks.

The CSCS Care Group has embarked on a work stream incorporating review of pathways, validation of waiting lists, changes in administration processes, only supporting fast track work as insourcing for reporting and conversion of more capacity to fast track rather than routine long waiters. The early indications are positive with CT average turnaround from referral to report reduced from 21 days (September 2023) to 13 days and the MRI average turnaround from referral to report reduced from 15 days to 13 days.

Additional Endoscopy insourcing sessions are in place, eighteen additional lists per week allowing Trust clinicians to concentrate on FT patients and mutual aid has commenced for OGD patients transferring to NLAG.

CDC Programme

Mobile Pads

- Selby and Bridlington are delivering MRI and CT activity. Due to a change in NHSE policy the Bridlington pad activity will no longer be aligned to CDC activity as of the 31st of March 2024.
- Work at Askham Bar remains on schedule. Portakabin will begin refurbishment of the complex this month, the power will be connected and the work to reinforce the pad will commence.

Askham Bar and Selby Spokes.

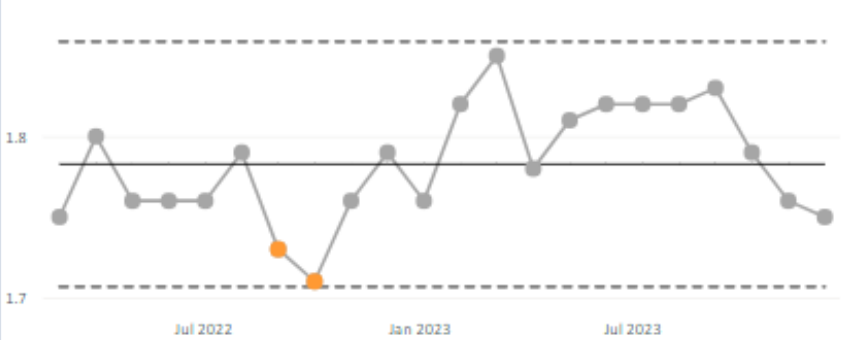
- Activity continues to be delivered in the Selby CDC site, but more space is required to facilitate additional modalities and capacity.
- A course of action is being assessed to provide an initial capability providing all modalities by the 1st of April 2024 that will be expanded as space becomes available.
- Acomb Bar continues to deliver activity in support of Askham Bar CDC and this activity will be moved to the site once it is operational.

SGH Hub

- Survey and Architectural Design Releases 1-3 of 5 are complete with Clinical Leads completing C-Sheet reviews.
- The next step is to submit the planning permission application to North Yorkshire Council.

Proportion of BAME pathways on RTT PTL (S056a)

Variation Assurance



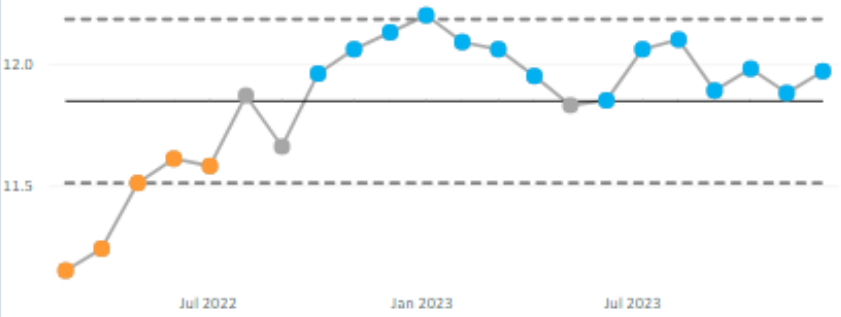
Latest Month
2023-12
Value
1.8%
Target
1.8%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **remained the same** from the reporting month, with a difference of **0.0**.

Proportion of most deprived quintile pathways on RTT PTL (S056a)

Variation Assurance



Latest Month
2023-12
Value
12%
Target
12%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **0.1**.

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.

RTT PTL by Ethnic Group

At end of: **December 2023**

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	31,919	98.25%	94.34%
Black, Black British, Caribbean or African	20	65	0.20%	0.94%
Mixed or multiple ethnic groups	19	133	0.41%	1.26%
Asian or Asian British	23	254	0.78%	2.97%
Other ethnic group	23	118	0.36%	0.49%
Unknown	21	12,602	-	-
Not Stated	21	3,244	-	-
Grand Total	**21**	**48,335**	**-**	**-**

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: **December 2023**

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	21	5,668	11.97%	8.88%
2	21	6,704	14.16%	13.59%
3	21	10,185	21.51%	20.94%
4	21	10,250	21.65%	20.68%
5	21	14,535	30.70%	35.90%
Unknown	23	993	-	-
Grand Total	**21**	**48,335**	**-**	**-**

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.

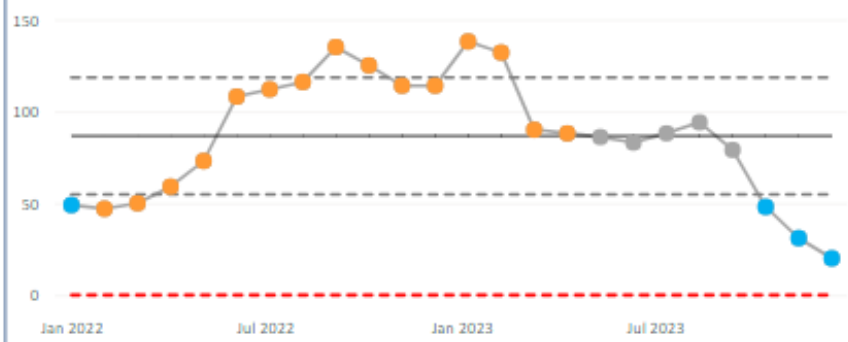
Children & Young Persons Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Children & Young Persons: ED - Patients waiting over 12 hours in department	2023-12			0	6
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2023-12			71.9%	81.4%
Children & Young Persons: Cancer 2 week wait (all cancers)	2023-11			93.1%	50%
Children & Young Persons: RTT - Total Waiting List	2023-12			4513.8	3856
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-12			92%	58.8%
Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways	2023-12			0	20

Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways

Variation: L | Assurance: F



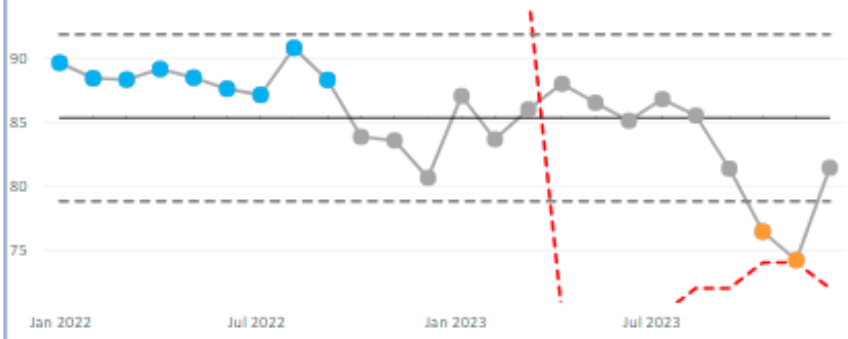
Latest Month
2023-12
Value
20
Target
0

The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **11.0**.

Children & Young Persons: ED - Emergency Care Standard (Type 1 only)

Variation | Assurance: P



Latest Month
2023-12
Value
81.4%
Target
71.9%

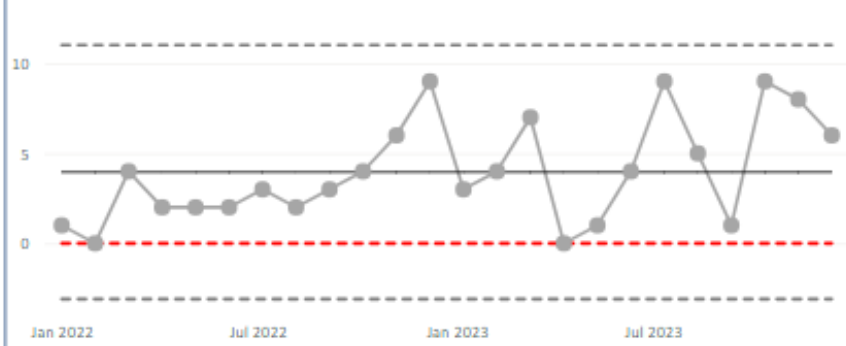
The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **7.2**.

Trajectory is in place to deliver zero RTT52 week patients aged 0-17 at the end of March 2024. Care Groups will seek to deliver whilst being mindful of the impact on the national planning priority for 2023/24 to have zero RTT65 week waiters at the end of March 2024. As at the end of December 2023 the Trust had 67 patients aged 0-17 waiting 52 weeks, 43 below the improvement trajectory of 110.

Children & Young Persons: ED - Patients waiting over 12 hours in department

Variation Assurance



Latest Month

2023-12

Value

6

Target

0

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **2.0**.

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See Acute Flow section commentary.

Community Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
2-hour Urgent Community Response (UCR) care Referrals	2023-12			78.7	92
% Community Therapy Team Patients Seen within 6 weeks of Referral	2023-12			66.3%	83%
2-hour Urgent Community Response (UCR) Compliancy %	2023-12		P	70%	88%
Number of Adults (18+ years) on community waiting lists per system	2023-12	L		863	734
% of End of Life Patients Dying in Preferred Place of Death	2023-12			78.6%	75%
Community Inpatient Units Average Length of Stay (Days)	2023-12			24	16.6
Number of District Nursing Contacts	2023-12			21144.6	20358
Number of Selby CRT Contacts	2023-12	H		2394.8	3203
Number of York CRT Contacts	2023-12			4811.6	4481
Referrals to District Nursing Team	2023-12			2177.4	1971

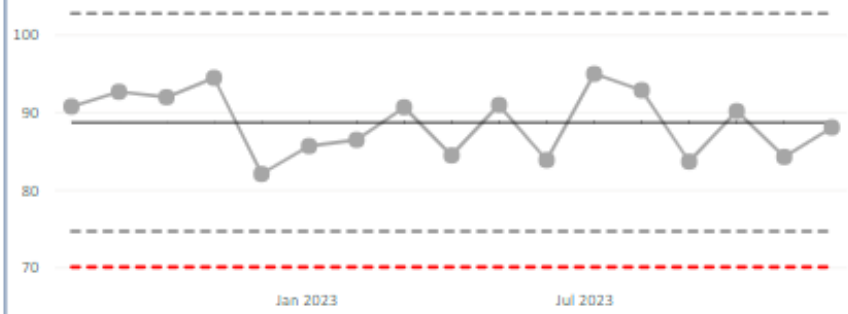
KPIs - Operational Activity and Performance

Community (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

2-hour Urgent Community Response (UCR) Compliancy %



Latest Month

2023-12

Value

88%

Target

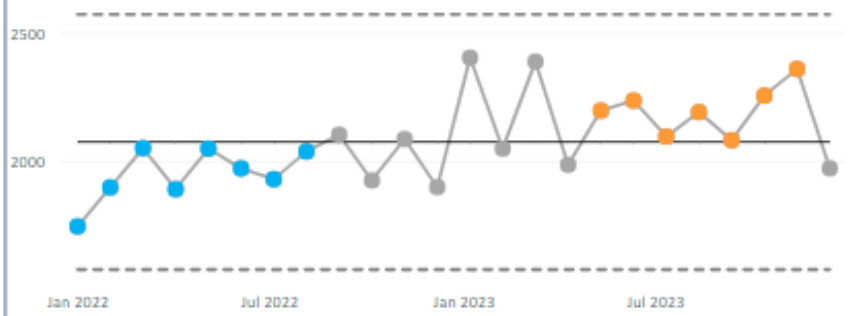
70%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **3.8**.

Variation Assurance

Referrals to District Nursing Team



Latest Month

2023-12

Value

1971

Target

2177.4

The indicator is **less than** the target for the latest month and **is** within the control limits.

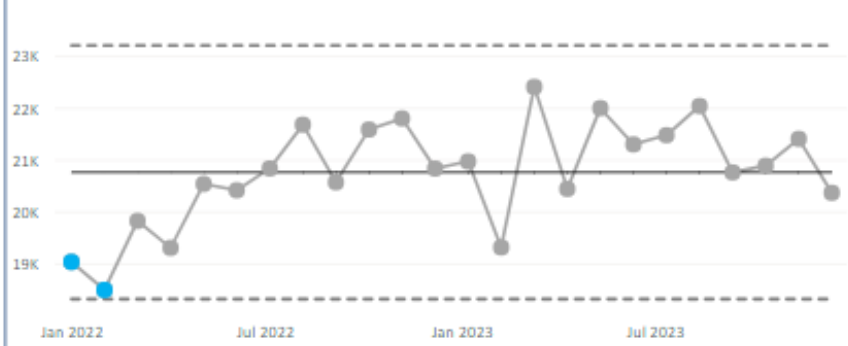
The latest months value has **decreased** from the reporting month, with a difference of **387.0**.

2-hour response compliance has achieved the 70% target for each month of 2023/24.

Increase in referrals to York Community Response Team (CRT) driven by the implementation of Urgent Community Response pathway with funding and associated capacity in place to manage, additional demand for none 2-hour referrals for additional support for patients in the community and additional demand for patients leaving hospital (as with the IPU length of stay likely driven by increased hospital related deconditioning and AHP workforce shortfalls).

Number of District Nursing Contacts

Variation Assurance



Latest Month

2023-12

Value

20358

Target

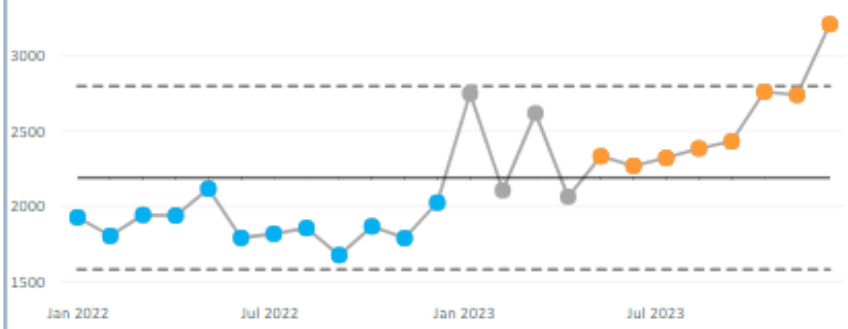
21144.6

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **1039.0**.

Number of Selby CRT Contacts

Variation Assurance



Latest Month

2023-12

Value

3203

Target

2394.8

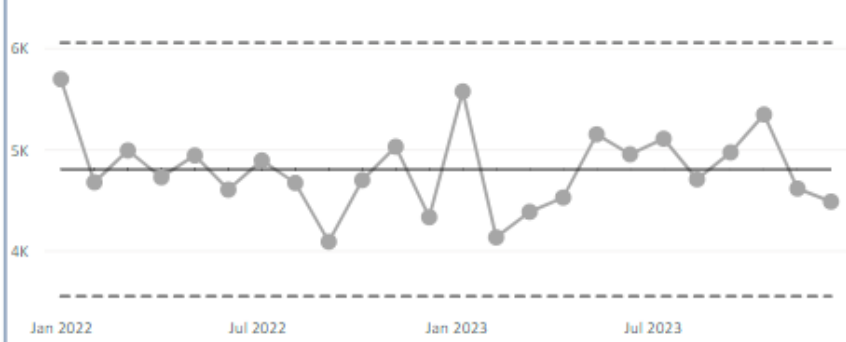
The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **469.0**.

Increase in referrals to York Community Response Team (CRT) driven by the implementation of Urgent Community Response pathway with funding and associated capacity in place to manage.

Number of York CRT Contacts

Variation Assurance



Latest Month

2023-12

Value

4481

Target

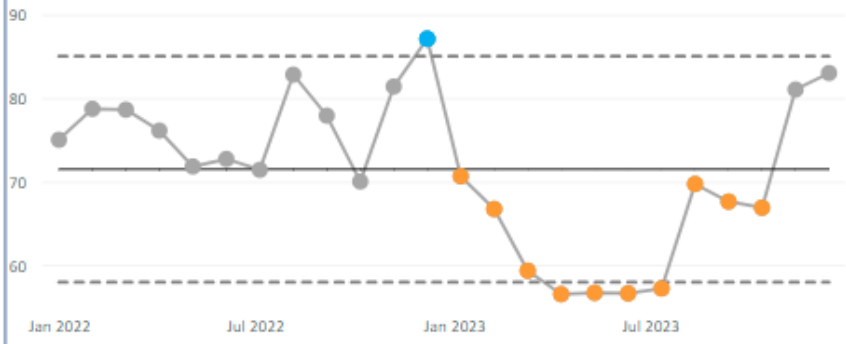
4811.6

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **129.0**.

% Community Therapy Team Patients Seen within 6 weeks of Referral

Variation Assurance



Latest Month

2023-12

Value

83%

Target

66.3%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **2.0**.

Increase in referrals to York Community Response Team (CRT) driven by the implementation of Urgent Community Response pathway with funding and associated capacity in place to manage.

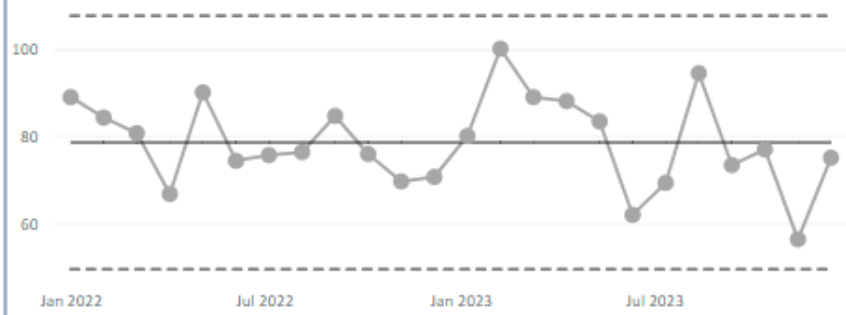
KPIs - Operational Activity and Performance

Community (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

% of End of Life Patients Dying in Preferred Place of Death

Variation Assurance



Latest Month

2023-12

Value

75%

Target

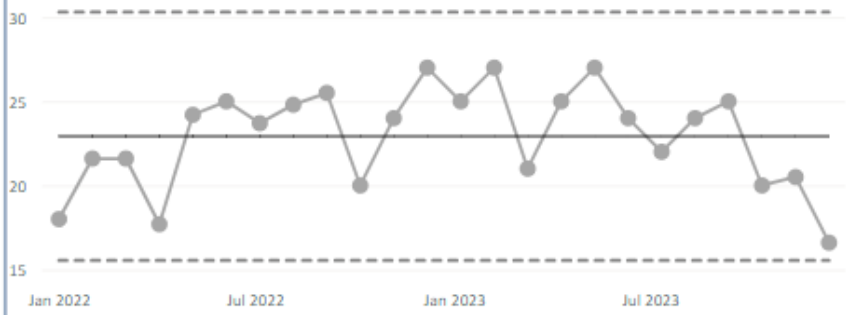
78.6%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **18.7**.

Community Inpatient Units Average Length of Stay (Days)

Variation Assurance



Latest Month

2023-12

Value

16.6

Target

24

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **3.9**.

QUALITY AND SAFETY

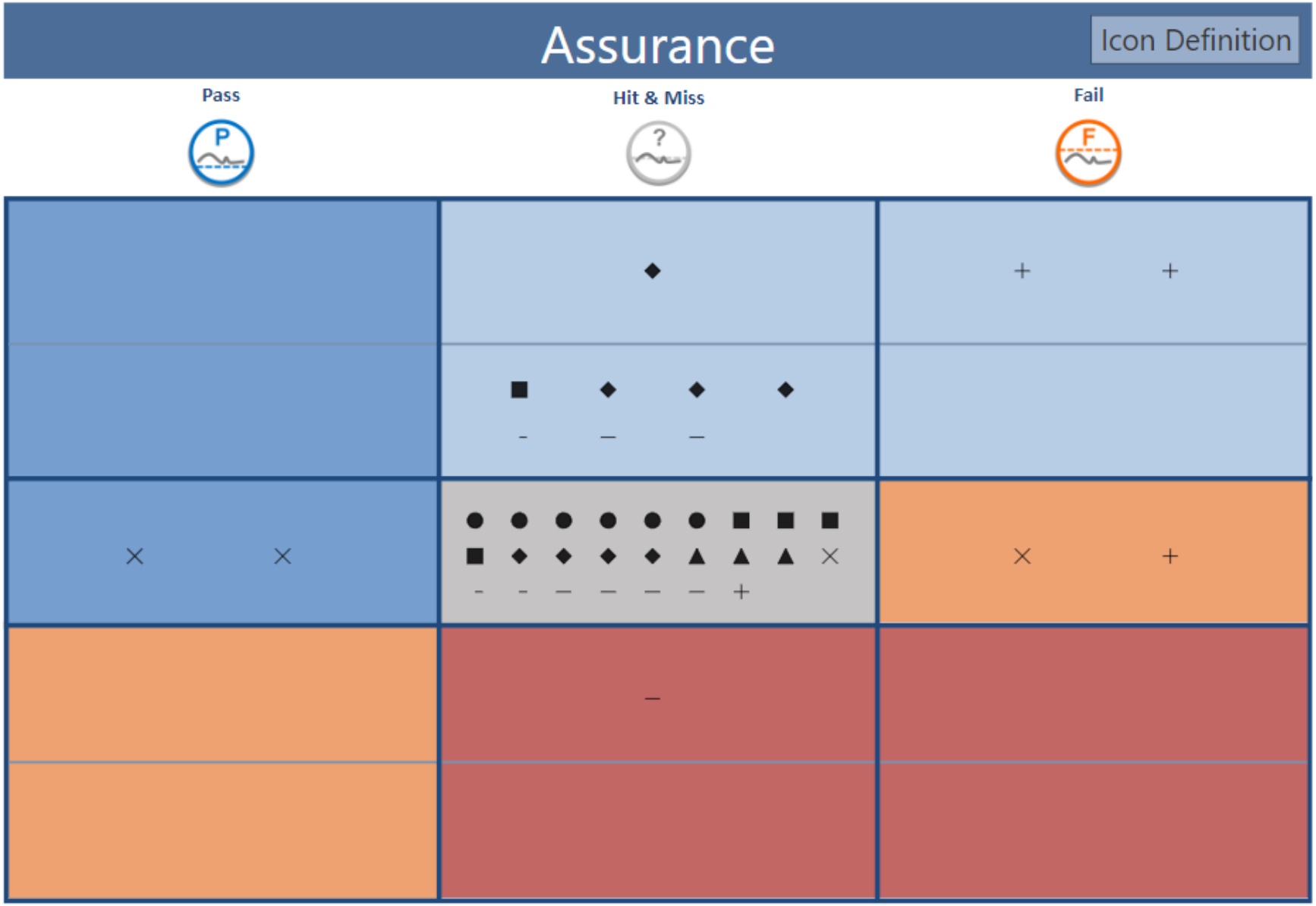
January 2024

Summary Matrix - Quality and Safety

The table below provides an overview for all quality and safety metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



● HCAI ■ Harm Free Care ◆ Incidents ▲ Mortality ✕ FFT/Complaints - Health and Safety – Maternity + CoDP

Quality and Safety (1) Scorecard

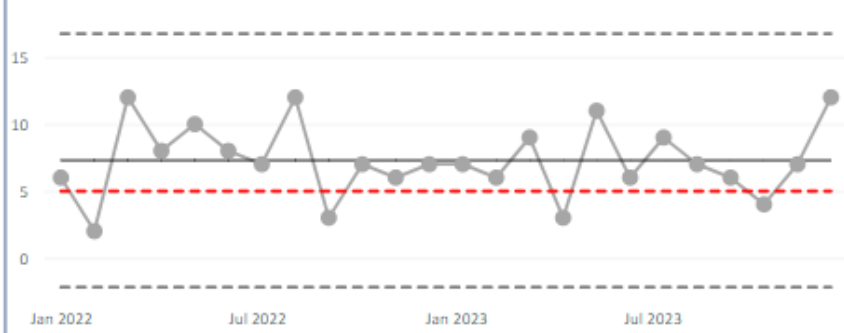
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Total Number of Trust Onset MSSA Bacteraemias	2023-12			4.9	12
Total Number of Trust Onset MRSA Bacteraemias	2023-12			0	0
Total Number of Trust Onset C. difficile Infections	2023-12			9.7	9
Total Number of Trust Onset E. coli Bacteraemias	2023-12			14.3	17
Total Number of Trust Onset Klebsiella Bacteraemias	2023-12			6.4	1
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2023-12			1.6	2
Inpatient Acquired Pressure Ulcers	2023-12			159.9	144
Pressure Ulcers per thousand Bed Days	2023-12			4.6	4.6
All Patient Falls	2023-12			263.1	254
Patient Falls per thousand Bed Days	2023-12			8.7	8.1
Medication incidents per thousand bed days	2023-12			6.3	4.7

KPIs - Quality and Safety (1)

Total Number of Trust Onset MSSA Bacteraemias

Variation Assurance



Latest Month
2023-12
Value
12
Target
4.9

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **5.0**.

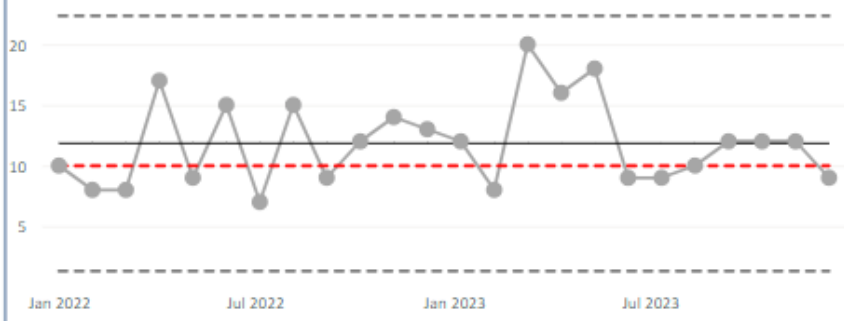
There have been 12 Trust attributed Methicillin sensitive Staphylococcus aureus (MSSA) bacteraemia in December 2023, 7 in Medicine and 5 in surgery. The trust has breached its annual objective of 59 cases having a total of 65 cases year to date.

The Staphylococcus aureus bacteraemia reduction group will review and revise the improvement plan when it meets at the end of January 2024.

VIP scoring is now included within Nucleus and will prompt invasive cannula management and documentation

Total Number of Trust Onset C. difficile Infections

Variation Assurance



Latest Month
2023-12
Value
9
Target
9.7

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **3.0**.

There have been 9 Trust attributed Clostridiodes difficile (C.difficile) cases in December 2023, 6 in Medicine and 3 in Surgery. The Trust annual C.difficile objective is 116 cases, with 107 cases reported year to date.

The C.difficile reduction strategy has been refreshed and is overseen by the Trust C.difficile reduction group.

A C.difficile summit was held with Cherry and Chestnut ward in November 2023 with actions and monitoring agreed. Since the summit was held there has been 1 case associated to one of the wards, which is a significant improvement.

Quality and Safety (2) Scorecard

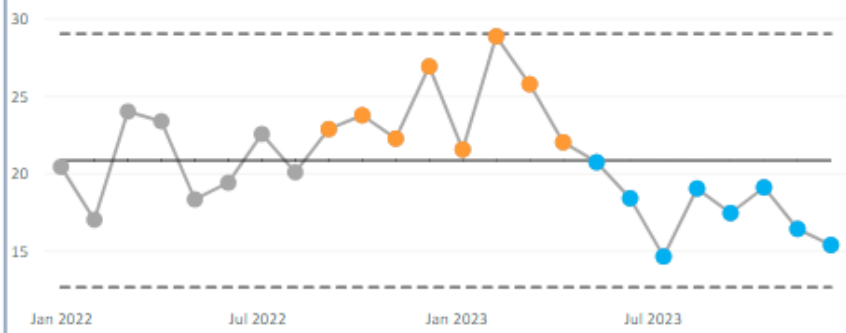
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Patient Safety Incidents per thousand Bed Days	2023-12	L	?	59.3	42.3
Harmful Incidents per thousand bed days	2023-12	L	?	20.9	15.4
Percentage of Patient Safety Incidents with Moderate or Above Harm	2023-12		?	2.1%	2.7%
Trust Duty of Candour (Stage 1)	2023-12		?	92.9%	94.9%
Trust Duty of Candour (Stage 2)	2023-12		?	90.8%	92%
Trust Duty of Candour (Stage 3)	2023-12	H	?	82.6%	88.5%
Number of Serious Incidents Reported	2023-12	L	?	14.5	2
Total Number of Never Events Reported	2023-12		?	0	0
In-Hospital Deaths	2023-12		?	199.8	238
Quarterly SHMI	2023-06			100	95.6
Monthly SHMI	2023-08		?	100	84
Quarterly HSMR	2023-09			100	106
Monthly HSMR	2023-09		?	100	104

KPIs - Quality and Safety (2)

Variation Assurance

Harmful Incidents per thousand bed days



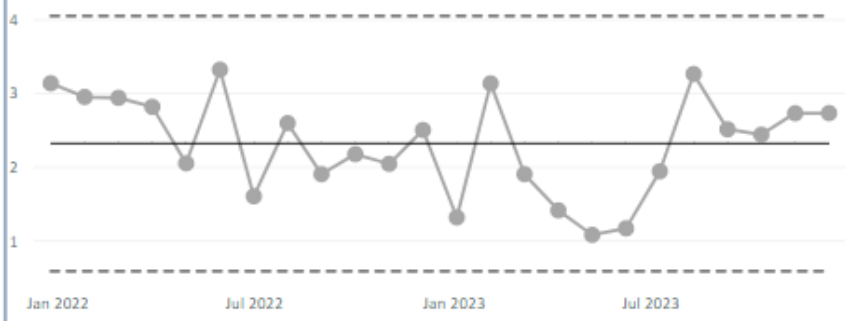
Latest Month
2023-12
Value
15.4
Target
20.9

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **1.0**.

Variation Assurance

Percentage of Patient Safety Incidents with Moderate or Above Harm



Latest Month
2023-12
Value
2.7%
Target
2.1%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **remained the same** from the reporting month, with a difference of **0.0**.

There has been a reduction in incident reporting throughout the trust. This variation occurred at the same time we transitioned between the Datix Web and DCIQ the trust updated incident management system. Incident reporting has been impacted further in November and December through the introduction of the mandatory module Learning From Patient Safety Events (LFPSE) from NHSE resulting in an additional 20 questions when a patient is involved in an incident. Care groups have reported this is impacting on staff having time to report the initial incident. The incident reporting appears to be levelling and becoming consistent but below the levels previously seen on Datix Web.

There has been challenges facing reporting due to connectivity issues to the incident management system, particularly during December. The cause for these problems is yet to be confirmed with connectivity problems resulting in incidents not being reports or duplication of work with multiple submissions. Resulting reluctance to either submit a datix or repetition of the same incidents means that there is a risk that in the short term the numbers of incidents is distorted until duplicates are deleted

Due to the intermittent nature of these problems and failure to solve the issues the organisations Deputy Chief Digital Information Officer has taken responsibility for liaising directly with DCIQ. DCIQ are due to visit York Hospital at the beginning of February 2024 to see first-hand the problems we are experiencing and to ensure a better understanding of our concerns is understood and addressed.

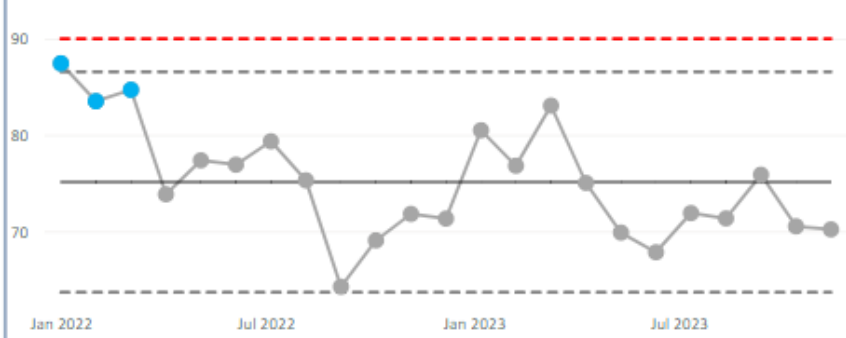
Quality and Safety (3) Scorecard

Metric Name	Month	Variation	Assurance	Target	Value
Friends and Family Test - Trust ED Recommend %	2023-11		F	90%	70.2%
Friends and Family Test - Trust Inpatient Recommend %	2023-11		P	90%	96.2%
Friends and Family Test - Trust Maternity Recommend %	2023-11		P	90%	99.3%
Trust Complaints	2023-12		?	59.2	66
Needlestick Injury or Sharps Incident	2023-12		?	15.5	16
Staff Slips, Trips and Falls	2023-12	L	?	3.7	3
RIDDOR	2023-12		?	2	0

KPIs - Quality and Safety (3)

Variation Assurance

Friends and Family Test - Trust ED Recommend %



Latest Month

2023-11

Value

70.2%

Target

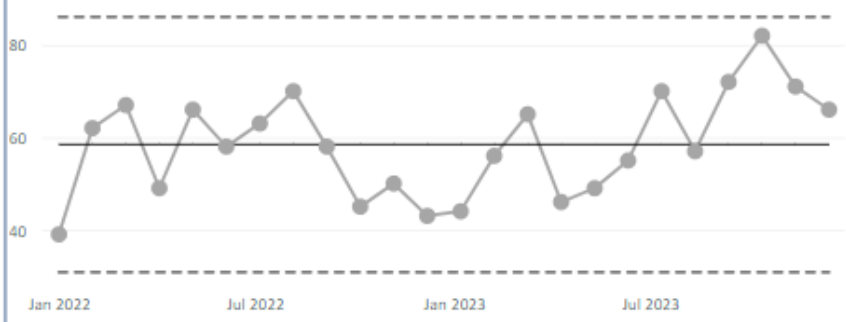
90%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **0.3**.

Variation Assurance

Trust Complaints



Latest Month

2023-12

Value

66

Target

59.2

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **5.0**.

109 complaints were closed in December compared to 67 in November and care groups are making a concerted effort to improve performance in relation to complaint management.

However, investigating and responding to complaints within the agreed timeframe of 30 working days is at 37%, compared to 45% in November 2023 as care groups address the backlog of longstanding open cases.

Main themes include communication issues and the attitude of medical and nursing staff along with lengthy delays for treatment.

Quality and Safety (4) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

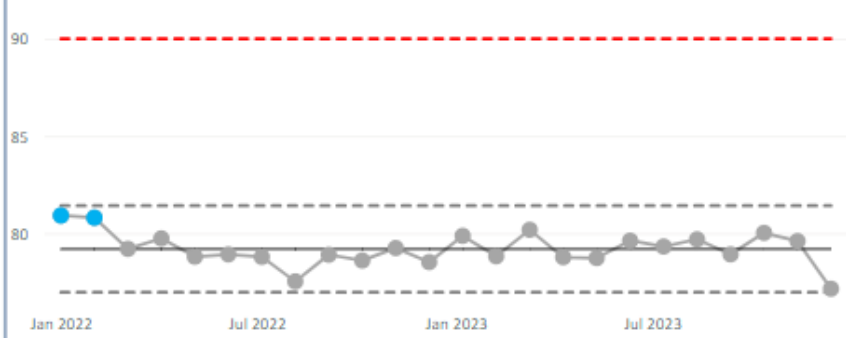
Metric Name	Month	Variation	Assurance	Target	Value
Antepartum Stillbirths	2023-11			0.8	1
Intrapartum Stillbirths	2023-11	L		0.1	0
Early neonatal deaths (0-7 days)	2023-11			0.3	0
PPH > 1.5L as % of all women - York	2023-11			3.9%	7.5%
PPH > 1.5L as % of all women - Scarborough	2023-11			2.8%	3.7%
Obstetrics and Gynaecology: Serious Incidents	2023-12	L		0.1	0
Obstetrics and Gynaecology: Moderate Incidents	2023-12	H		5.3	4
14 Hour Post Take	2023-12		F	90%	77.2%
Senior Review	2023-12			49%	46.7%
Discharges by 5pm	2023-12	H	F	70%	65.1%
NEWS2	2023-12	H	F	90%	88.1%

KPIs - Quality and Safety (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

14 Hour Post Take

Variation Assurance



Latest Month

2023-12

Value

77.2%

Target

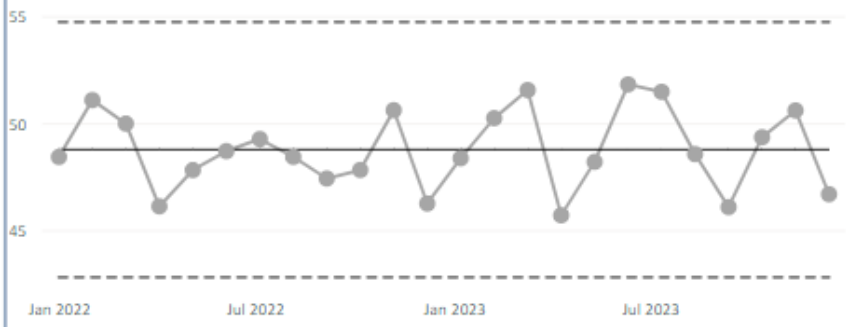
90%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **2.4**.

Senior Review

Variation Assurance



Latest Month

2023-12

Value

46.7%

Target

49%

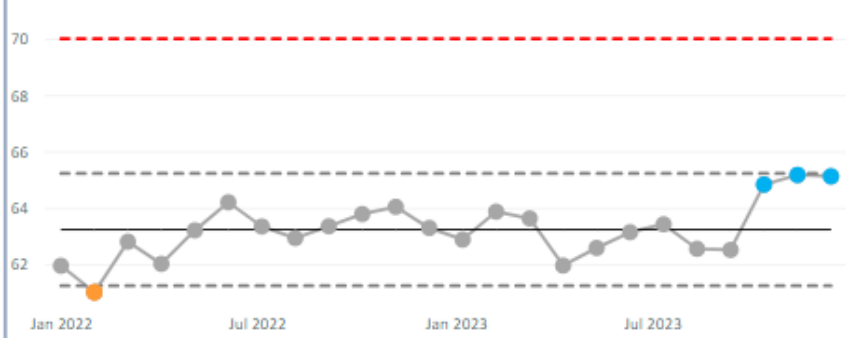
The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **3.9**.

KPIs - Quality and Safety (5)

Discharges by 5pm

Variation Assurance



Latest Month

2023-12

Value

65.1%

Target

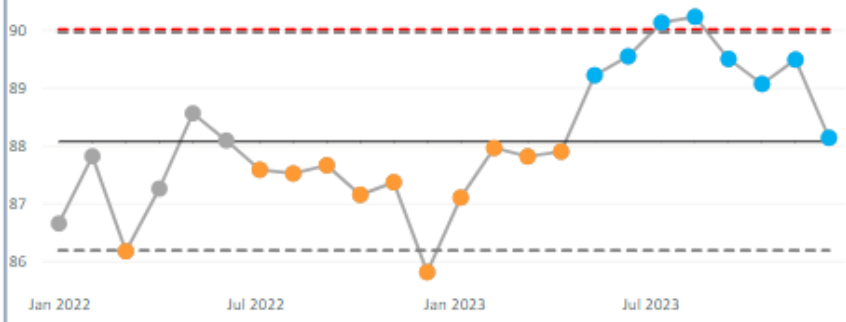
70%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **0.1**.

NEWS2

Variation Assurance



Latest Month

2023-12

Value

88.1%

Target

90%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **1.4**.

Maternity York

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
RESPONSIVE																			
Activity	Births	Bookings	1st m/w visit	≤295	296-321	≥322		302	216	296	268	261	318	255	303	269	309	313	
		Bookings <10 weeks	No. of mothers	≥90%	68.1%-89%	≤68%	68.20%	65.10%	76.20%	80.07%	73.10%	59.00%	83.01%	66.27%	75.90%	65.05%	77.34%	72.20%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	<10%	10.1%-19.9%	≥20%		7.0%	6.1%	8.3%	6.7%	6.9%	5.9%	2.4%	3.3%	1.5%	2.9%	3.5%	
		Births	No. of babies	≤245	246-266	≥267		216	204	223	222	240	205	220	253	215	225	243	
		No. of women delivered	No. of mothers	≤242	243-263	≥264		214	200	218	220	236	202	217	247	208	223	240	
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.6%	≤1.5%	1.20%	0.0%	0.0%	0.0%	0.0%	1.6%	0.5%	1.8%	0.8%	0.5%	0.0%	1.2%	
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		20	20	10	8	4	18	16	14	17	21	17	
		Women affected by suspension	No. of women	0		1 or more		1	1	1	5	0	0	5	4	2	2	0	
		Community midwife called in to unit	No. of times	0-3	4-5	6 or more		7	0	5	1	-	1	0	2	2	0	3	
		Maternity Unit Closure	No. of closures	0		1 or more		-	0	-	0	1	1	1	2	4	1	3	
		SCBU at capacity	No of times					9	16	0	0	7	0	0	0	0	0	1	
		SCBU at capacity of intensive cots	No. of times					19	11	13	14	17	6	18	17	20	31	22	
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0	1	2	0	2	1	6	0	
WELL LED																			
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 31	>31	DH	-	-	-	-	-	-	28	-	-	-	-	
		1 to 1 care in Labour	CPD	100%		≤99.9%	94.50%	99.4%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	100%		≤99.9%		-	100.0%	-	95.0%	100.0%	-	99.7%	92.5%	98.0%	98.4%	97.0%	
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10	10	10	10	10	10	10	10	
SAFE																			
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	≤56.9-54%	<54%	57%	54.8%	56.2%	47.3%	56.5%	55.8%	50.0%	54.0%	52.2%	50.7%	47.5%	50.6%	
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	10%	13.1%	8.5%	15.1%	9.5%	8.3%	15.5%	8.6%	11.1%	11.2%	13.8%	14.0%	
		C/S Births	Em & elect - %				33%	31.3%	34.0%	38.1%	34.1%	34.1%	33.8%	35.9%	35.6%	36.5%	38.6%	35.4%	
		Elective caesarean	%				14%	16.8%	17.0%	18.3%	15.9%	16.2%	16.4%	13.2%	13.8%	14.9%	16.0%	12.3%	
		Emergency caesarean	%				19%	14.5%	17.0%	19.7%	18.2%	17.9%	17.4%	22.7%	23.3%	21.6%	22.7%	23.1%	
		Induction of labour	%				36%	44.4%	43.5%	37.2%	35.9%	41.3%	48.8%	46.5%	46.6%	43.8%	45.3%	47.9%	
		HDU on L/W	No. of women	5 or less	6-9	10 or more		-	8	-	20	7	15	8	10	10	8		
		BBA	No. of women	2 or less	3-4	5 or more		2	0	3	4	1	1	2	3	1	3	1	
		HSIB cases	No. of babies	0		1 or more		0	0	0	0	1	0	0	0	0	0	0	
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0	1	0	0	1	1	0	0	
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	1	0	0	0	2	0	0	1	0	0	0	
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0	0	0	0	0	0	0	0	
	Neonatal Indicators	Cold babies	No of babies admitted to SCBU cold (<36.5)	1 or less	2-3	4 or more		0	0	6	2	0	2	1	0	1	1	1	
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6.1-9.9%	≥10%	8.40%	8.80%	7.40%	7.60%	8.10%	7.10%	4.30%	8.18%	5.80%	8.83%	7.20%	4.52%	
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤2%	2.1-3%	≥3.1%	1.50%	4.70%	2.90%	3.60%	1.40%	1.36%	1.90%	2.27%	1.97%	3.26%	3.10%	1.64%	
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%	0.40%	0.50%	0.00%	0.00%	0.50%	1.70%	0.00%	0.00%	0.39%	0.00%	0.00%	0.00%	
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.41%	0.80%	0.50%	0.00%	0.40%	0.90%	0.00%	0.00%	0.00%	0.39%	0.00%	0.44%	0.41%	
	Public Health	Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	65%	70.7%	75.0%	77.6%	74.3%	80.4%	86.1%	86.8%	85.8%	82.3%	83.1%	84.8%	
		Breastfeeding rate at discharge	% of babies breastfeeding at discharge	>65%	60.1-64.9%	<60%		56.7%	60.8%	65.5%	57.7%	70.9%	70.2%	66.2%	70.2%	69.3%	66.7%	68.6%	
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	7.6%	10.7%	5.7%	8.6%	5.4%	8.2%	7.8%	7.9%	6.7%	6.5%	8.3%	
		Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%	8%	2.7%	2.9%	3.5%	1.8%	6.6%	6.5%	4.0%	5.4%	5.4%	2.2%	2.7%	
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	9.8%	9.0%	6.9%	6.8%	7.6%	3.4%	5.1%	6.5%	8.2%	4.0%	6.1%	
		Carbon monoxide monitoring at booking	% CO completed	≥95%	80-94.9%	≤79.9%		85.7%	83.6%	77.3%	94.8%	86.6%	88.2%	95.3%	85.8%	87.7%	90.3%	88.5%	
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-94.9%	≤79.9%		6.3%	7.6%	11.9%	4.0%	48.6%	73.2%	84.8%	72.5%	79.0%	83.0%	77.5%	
	Risk Management	SI's	No. of SI's declared	0		1 or more		1	2	0	0	1	0	1	3	1	2		
		PPH > 1.5L as % of all women	% of births				0.0	4.5%	2.4%	3.10%	2.20%	5.80%	4.30%	4.15%	5.26%	5.28%	2.69%	7.50%	
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		2	0	2	1	4	3	4	1	2	3	3	
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.1%	1.1%	1.1%	2.0%	0.9%	2.9%	0.9%	0.8%	2.4%	0.9%	0.0%	
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	3.6%	5.9%	6.1%	9.5%	0.5%	0.9%	0.0%	0.4%	1.0%	1.4%	0.8%	
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		3	4	5	3	1	5	0	0	3	0	3	
		Formal	No. of Formal complaints	0	1-4	5 or more		3	5	1	2	1	6	3	5	2	1	2	

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

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
RESPONSIVE																			
Activity	Births	Bookings	1st m/w visit	≤169	170-184	≥185		178	113	82	90	115	106	115	113	127	113	110	
		Bookings <10 weeks	No. of mothers	≥90%	68.3%-89.9%	≤68.2%	68.20%	68.50%	77.00%	64.91%	71.10%	67.80%	73.58%	77.39%	70.79%	62.99%	76.99%	75.45%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		6.2%	3.5%	6.9%	5.5%	6.1%	7.5%	2.6%	0.0%	8.6%	5.3%	4.5%	
		Births	No. of babies	≤113	114-134	≥135		97	103	121	95	97	92	121	106	98	100	108	
		No. of women delivered	No. of mothers	≤112	113-133	≥134		96	103	118	94	95	92	119	103	97	98	107	
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.20%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	1.1%	
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		24	18	24	15	15	17	15	25	25	21	26	
		Women affected by suspension	No. of women	0		1 or more		1	0	0	0	0	3	2	0	0	0	0	
		Community midwife called in to unit	No. of times	3	4-5	6 or more		3	3	1	0	2	1	4	0	0	0	2	
		Maternity Unit Closure	No. of closures	0		1 or more		0	3	0	0	0	2	6	2	3	4	7	
		SCBU at capacity	No of times					0	0	7	0	0	0	0	11	0	0	3	
		SCBU at capacity of intensive cots	No. of times					2	11	6	7	5	9	6	12	9	3	6	
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	
WELL LED																			
Workforce	Staffing	M/W to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	-	-	-	-	-	-	24	-	-	-	-	
		1 to 1 care in Labour	CPD	≥100%		≤99.9%	94.50%	100.0%	97.8%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		95.2%	97.3%	85.5%	97.4%	87.1%	82.6%	90.0%	85.9%	79.3%	88.6%	75.1%	
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5	5	5	5	5	5	5	5	
SAFE																			
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	56.9-54%	<53.9%	57%	51.5%	56.7%	47.5%	53.6%	57.9%	46.7%	55.4%	50.0%	49.0%	46.0%	55.5%	
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%%	≥14.1%	10%	9.4%	8.7%	9.3%	6.4%	7.3%	5.4%	6.6%	7.5%	3.1%	7.0%	4.6%	
		C/S Births	Em & elect - %				33%	38.5%	33.0%	41.5%	39.4%	37.9%	47.8%	38.0%	42.5%	47.9%	47.0%	39.8%	
		Elective caesarean	%				14%	17.7%	10.7%	17.8%	17.0%	16.8%	23.9%	16.4%	21.7%	27.6%	19.0%	16.7%	
		Emergency caesarean	%				19%	20.8%	22.3%	23.7%	22.3%	21.1%	22.8%	21.3%	20.8%	20.4%	28.0%	23.1%	
		Induction of labour	%				36%	35.4%	33.0%	39.8%	37.2%	47.4%	38.0%	37.0%	43.7%	34.0%	44.9%	41.1%	
		HDU on L/W	No. of women	5 or less	6-9	10 or more		3	3	7	6	2	4	4	7	5	4	3	
		BBA	No. of women	2 or less	3-4	5 or more		0	1	2	2	1	2	1	0	2	1	2	
		HSIB cases	No. of babies	0	1	2 or more		0	1	0	0	1	0	0	0	0	0	0	
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0		0	0	0	0	0	0	0	0	
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	1	0	0	0	1	0	1	0	1	0	1	
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0	0	0	0	0	0	0	0	
	Neonatal Indicators	Cold babies	No of babies admitted to SCBU cold (<36.5)	1 or less	2-3	4 or more		0	0	2	1	0	0	2	0	1	0	1	
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6.1-9.9%	≥10.%	8.40%	9.40%	5.80%	11.60%	9.50%	2.06%	7.40%	10.10%	3.00%	8.16%	9.00%	11.10%	
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤1%	1.1-2%	≥2.1%	1.50%	3.10%	1.00%	5.00%	1.10%	0.00%	3.10%	5.04%	0.00%	5.10%	4.00%	1.85%	
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%	0.40%	0.00%	0.00%	0.80%	0.00%	1.03%	0.00%	0.00%	0.00%	204.00%	0.00%	0.00%	
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.41%	0.80%	0.00%	1.90%	0.80%	0.00%	0.00%	0.00%	0.80%	0.00%	0.00%	0.00%	0.00%	
	Public Health	Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	71-74%	≤70.9%	65%	58.3%	53.4%	52.9%	62.1%	77.3%	72.8%	73.3%	81.1%	69.1%	76.0%	77.6%	
		Breastfeeding rate at discharge	% of babies breastfeeding at discharge	≥65%	60.1-64.9%	≤60%		46.9%	39.8%	42.1%	37.9%	60.8%	50.5%	55.4%	64.1%	51.0%	51.0%	48.5%	
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	15.2%	15.9%	11.7%	16.7%	13.5%	9.4%	23.5%	14.2%	14.2%	19.5%	12.7%	
		Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%	8%	7.2%	5.8%	9.0%	4.1%	5.0%	9.5%	12.6%	14.3%	14.6%	7.5%	6.2%	
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	14.6%	14.6%	14.4%	12.8%	14.7%	9.6%	11.8%	10.7%	17.5%	8.2%	10.1%	
		Carbon monoxide monitoring at booking	% CO completed	≥95%	80-94.9%	≤79.9%		78.7%	77.0%	80.3%	90.0%	89.4%	82.1%	94.8%	78.8%	84.3%	91.2%	85.5%	
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-94.9%	≤79.9%		24.7%	18.3%	25.4%	25.8%	17.5%	33.3%	84.8%	72.5%	97.6%	82.5%	69.1%	
	Risk Management	SI's	No. of SI's declared	0		1 or more		0	1	0	0	0	0	0	3	0	1		
		PPH > 1.5L as % of all women	% of births				0.0	1.0%	2.9%	1.60%	2.10%	2.10%	3.19%	2.52%	0.97%	3.09%	3.00%	3.73%	
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		2	2	0	0	0	0	1	1	1	0	0	
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.1%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	1.0%	1.0%	0.0%	0.9%	
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		0	0	2	0	0	0	0	0	1	1	1	
		Formal	No. of Formal complaints	0	1-4	5 or more		1	3	0	0	0	1	0	3	1	2	1	

Please note: Due to data cleansing that takes place, the data for the current quarter may be subject to change.
Formatting and benchmarking amended April 2021 to reflect the most current National averages. Insert of Regional figures from the Regional dashboard where available. These will be changed when new quarterly figures are published.

WORKFORCE

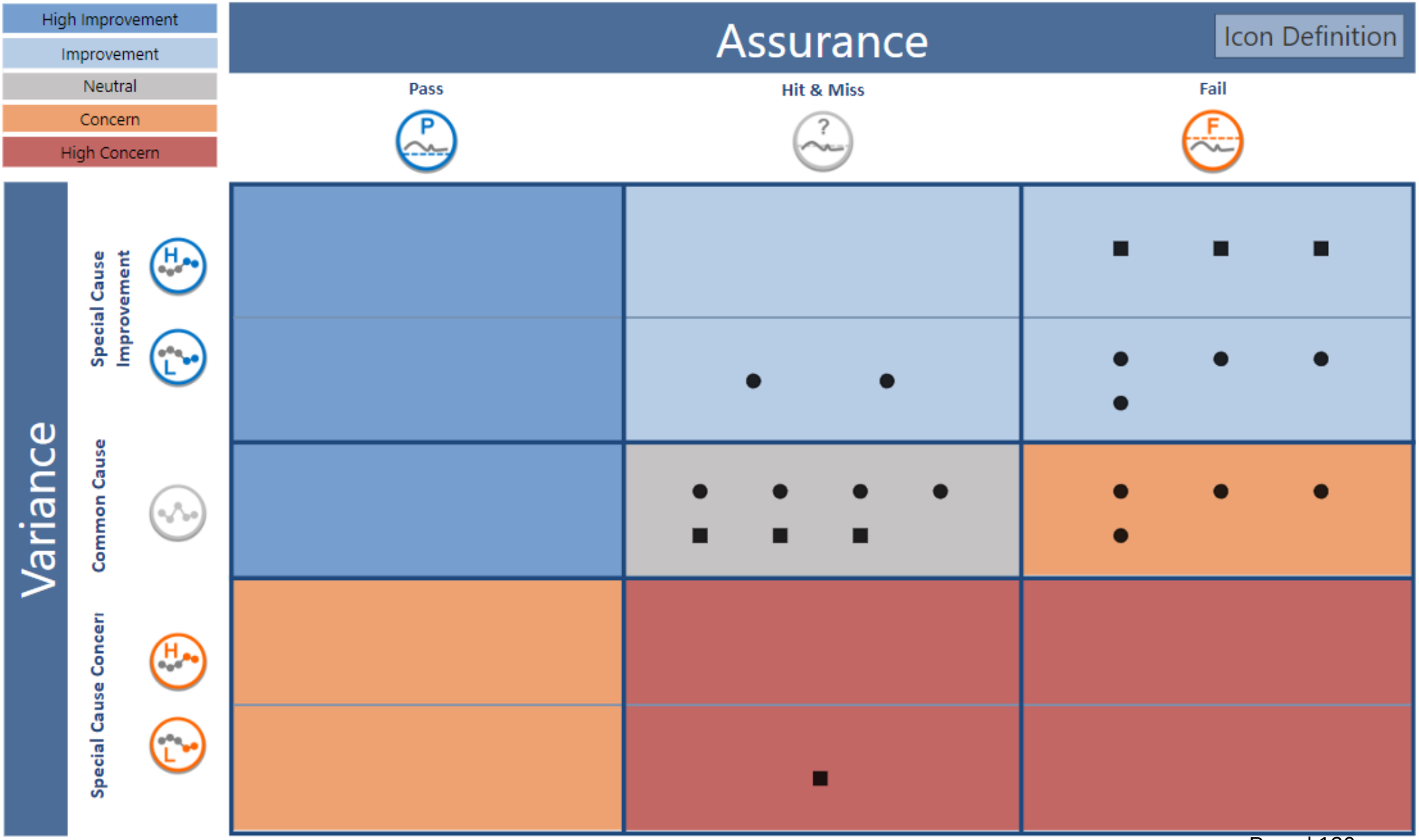
January 2024

Summary Matrix - Workforce

The table below provides an overview for all workforce metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



● Staffing ■ Staff Training/Appraisals ◆ Employee Relations

Workforce (1) Scorecard

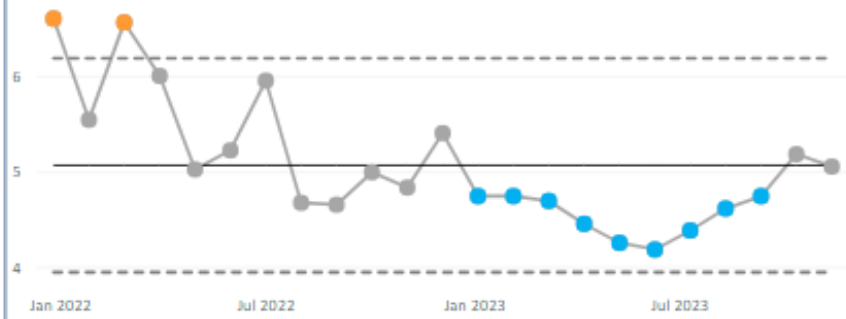
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Monthly sickness absence	2023-11			4.7%	5.1%
Annual absence rate	2023-11			4.7%	4.7%
12 month rolling turnover rate Trust (FTE)	2023-12			10%	8.9%
Overall vacancy rate	2023-12			3.7%	6.3%
HCSW vacancy rate in adult inpatient wards	2023-12			1%	12.6%
RN vacancy rate in adult inpatient wards	2023-12			7.5%	6.3%
HCSW vacancy rate	2023-12			9.1%	12.4%
Midwifery vacancy rate	2023-12			0%	-6.5%
Medical and dental vacancy rate	2023-12			10%	9.5%
Registered Nursing vacancy rate	2023-12			5%	2.8%
AHP vacancy rate	2023-12			8.5%	5.2%
Total nursing (registered and nursing support) temporary staffing requests (total FTE requested)	2023-12			493.3	674
% unfilled nursing temporary staffing requests	2023-12			0%	30%
Total medical and dental temporary staffing requests (total FTE requested)	2023-11			135.9	123.4
% unfilled medical & dental temporary staffing requests	2023-11			0%	6.4%

KPIs - Workforce (1)

Variation Assurance

Monthly sickness absence



Latest Month

2023-11

Value

5.1%

Target

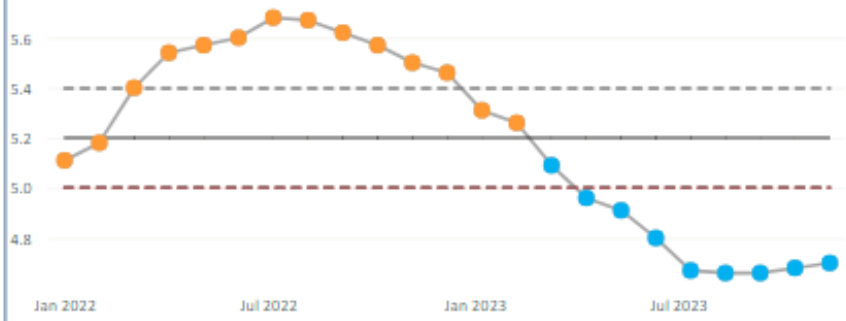
4.7%

The indicator is **greater than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **0.1**.

Variation Assurance

Annual absence rate



Latest Month

2023-11

Value

4.7%

Target

4.7%

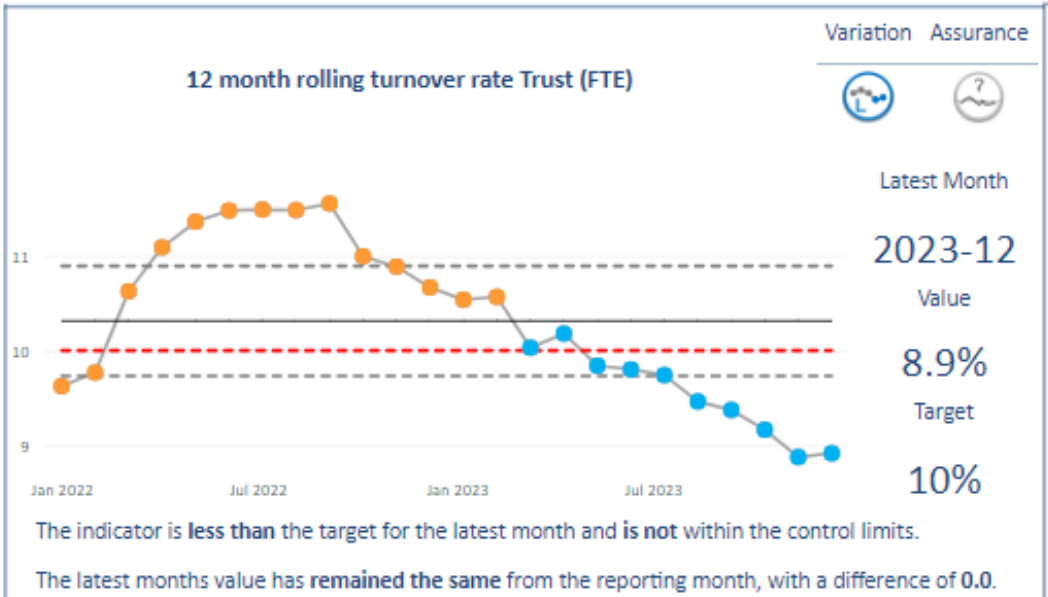
The indicator is **matching** the target for the latest month and **is not** within the control limits.

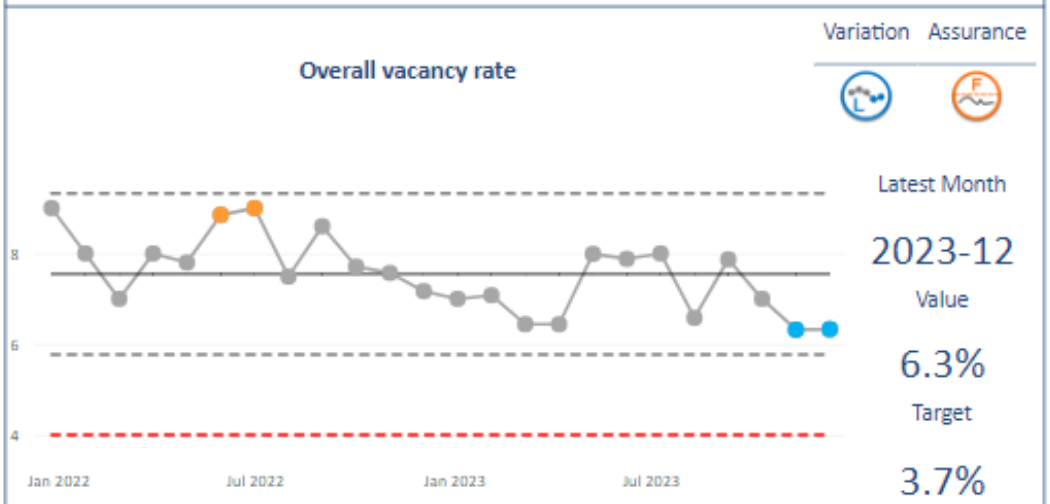
The latest months value has **remained the same** from the reporting month, with a difference of **0.0**.

Stress, anxiety and depression continues to be the leading cause of absence, accounting for 25% of all FTE days lost within the Trust. Other significant contributors to the absence rate include musculoskeletal problems (13% FTE days lost), cold, cough, 'flu (11% FTE days lost), gastrointestinal problems (8%) and infectious diseases including Covid-19 (7%).
The covid and flu vaccination campaign concluded in December. As in previous years, the review and lessons learnt has already commenced to ensure improvements can be made for the next campaign. We saw a reduction in both flu and covid vaccination uptake from the previous year. Flu vaccination reduced by 1% to 34.6% whilst covid vaccinations reduced by nearly 10% to 31.6%.

The Trust continues to support staff wellbeing through a wide range of initiatives, including the Staff Psychology Service, Mental Health First Aid, financial wellbeing advice and the Employee Assistance Programme delivered by CiC. Throughout 2024, the Trust will hold Wellbeing Roadshows, with staff from the Wellbeing Team visiting York, Scarborough, Bridlington, Malton and Selby Hospitals to promote several important health topics. This begins with Know Your Numbers week towards the end of January, which will provide advice and opportunity for staff to have their blood pressure checked, as well as their weight and BMI.

KPIs - Workforce (2)





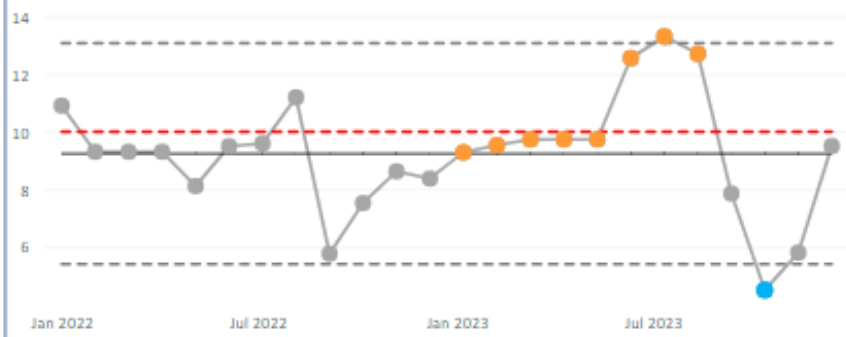
The Trust successfully achieved the target to recruit 90 nurses by the end of November 2023. We successfully bid for additional funding from NHSE and is due to welcome a further 24 nurses across two cohorts in January and February, bringing the total to 114 international nurses recruited for the year. The Trust is not anticipating any further funding from NHSE within the new financial year and has set a target to recruit 55 international nurses, including 15 specialist roles to support outside adult inpatient areas. Representatives from the Trust took part in a visit to Kerala, India during November as part of the ICB international recruitment collaborative, making 30 offers of which 28 have been accepted.

In December, the Trust met with representatives from Job Centre Plus in York and is working with them to help fill our vacancies, specifically around HCSWs and YTHFM. HCSW interview days are scheduled for the 8th and 15th January, with plans to interview in excess of 50 applicants across the two dates. A Pre-Registered Nurse (PRN) information session is scheduled on Saturday 20th January, with 24 PRN's expressing an interest in attending to date. An open day for administration jobs within York Outpatients has been planned for 24th January, as the Trust has been struggling to recruit to these roles. There will be a presence from the department in the atrium, a presentation, guided tours of the department and on the day interviews. Details have been shared on our Careers Website and Trust website/NHS Jobs already, generating a lot of interest and there are plans to advertise on social media too.

KPIs - Workforce (3)

Variation Assurance

Medical and dental vacancy rate



Latest Month

2023-12

Value

9.5%

Target

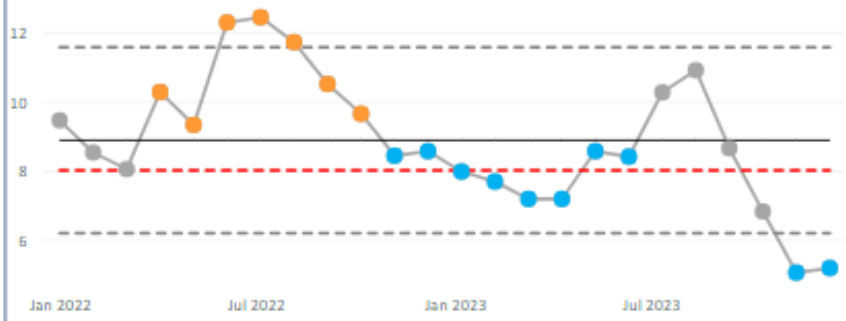
10%

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **3.7**.

Variation Assurance

AHP vacancy rate



Latest Month

2023-12

Value

5.2%

Target

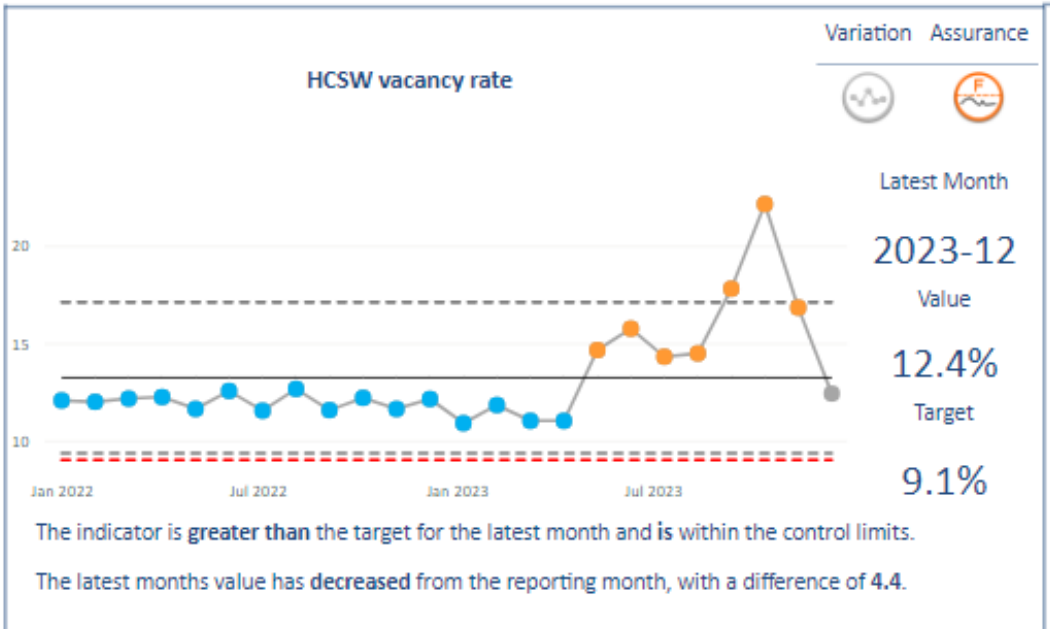
8.5%

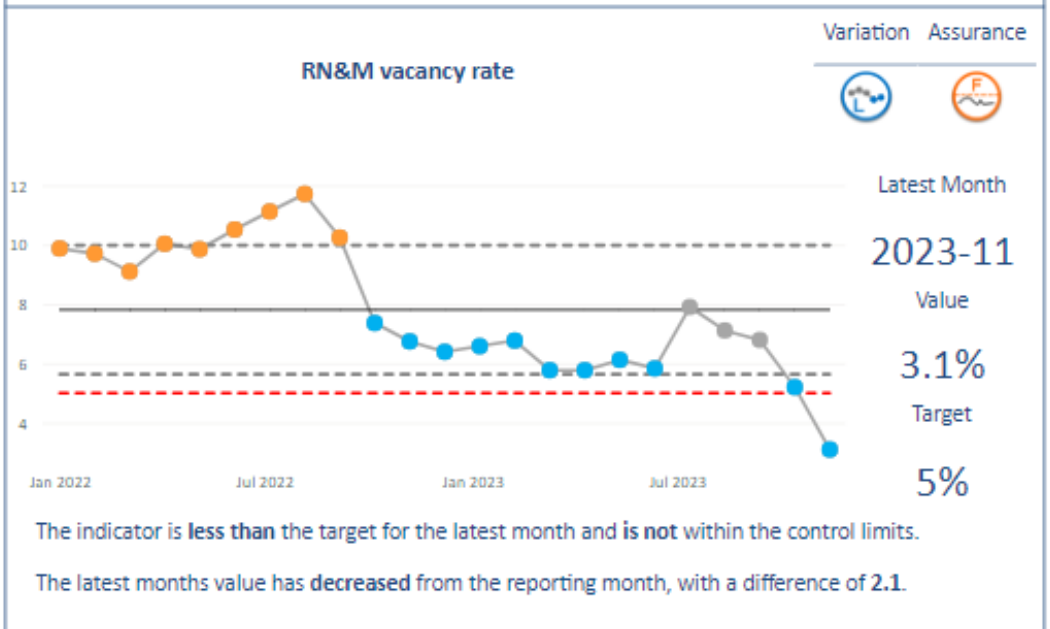
The indicator is **less than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **0.1**.

Medical and dental vacancy reporting in December indicates an anomaly in the Ledger data (the Finance system which is used to source the vacancy rate). The -38.15 WTE difference between the months of November and December for the Staff in Post values is skewed by the absence of Doctors coded as VTS (Vocational Training Scheme) in December. A comparison of Staff in Post data from ESR in November and December indicates an actual change of -3.79 WTE between months. This coding anomaly will be investigated with a view to fixing it in time for February 2024's report.

KPIs - Workforce (4)





We have now introduced a separate vacancy rate for our midwifery staff group which is seen in the scorecards. The graph for RN&M will be focusing on the vacancy rate for registered nursing staff only going forward and will be backdated for the next TPR.

Workforce (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Overall stat/mand training compliance	2023-12		?	87%	87%
Overall corporate induction compliance	2023-12		?	95%	94%
A4C staff stat/mand training compliance	2023-12		?	87%	88%
A4C staff corporate induction compliance	2023-12	L	?	95%	94%
Medical & dental staff stat/mand training compliance	2023-12	H	F	87%	74%
Medical & dental staff corporate induction compliance	2023-12	H	F	95%	93%
Appraisal Activity	2023-12	H	F	90%	92.3%
No. open disciplinary cases	2023-10				7
No. open disciplinary investigations exceeding policy timescales (6 weeks)	2023-10				1
No. open bullying & harassment/ grievance cases	2023-10	H			5
No. open bullying & harassment/ grievance cases exceeding policy timescales (1 month)	2023-10	H			4
No. open MHPS cases	2023-10				1
No. open MHPS cases exceeding policy timescales (4 weeks)	2023-10	L			0
Staff engagement staff survey score	2022			6.8	6.5
Staff morale staff survery score	2022			5.7	5.5

KPIs - Workforce (5)

The overall mandatory training compliance rate at the end of December reached the new Trust target of 87%. This is +1% improvement on the rate recorded at the end of November.

Of note since last month are increases in compliance for Medical and Dental staff across the Trust. In the four Care Groups, training compliance for Medical and Dental staff currently ranges from 73% (Medicine) to 85% (Cancer Specialist and Clinical Support Services). Further work is being undertaken to drive improvement, including a review of Resus training to ensure it is accessible and that the training doctors and dentists are required to undertake annually is proportionate.

At subject level, compliance for Equality, Diversity and Human Rights training (+1% to 86%) improved alongside completion rates in 10 other subjects, while compliance with Mental Capacity Act Higher Level (including Deprivation of Liberty Safeguards) deteriorated by 1% following re-organisation into new levels of training based on CQC recommendations.

Overall, the Trust is achieving 87% compliance in 11 out of 25 subjects and levels on the mandatory training curriculum.

Corporate Induction compliance has maintained at 94% which is -1% against target. The face-to-face programme is becoming well-established and continues to receive positive feedback. More broadly, 99/114 staff who provided feedback rated their overall induction experience at either '4' or '5' on a five point rating scale.

Core Compliance by Care Group (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

MONTHLY CARE GROUP CORE COMPLIANCE BY STAFF GROUP	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards Basic Awareness 3 years	Equality, Diversity and Human Rights (CSTF) 3 years	Fire Safety Awareness (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Basic Awareness 3 years	Mental Capacity Act Higher Level incl. DOLS 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
CG CANCER SPECIALIST & CLINICAL SUPPORT SERVICES GROUP																										
Add Prof Scientific and Technic		74%	86%		95%	90%	94%	94%	100%	87%	90%	90%	92%		84%				90%	94%	91%	90%	100%	90%	100%	100%
Additional Clinical Services		87%	93%	89%	93%	93%	96%	95%	88%	89%	87%	86%	95%	92%					97%	86%	95%	96%	95%	96%		
Administrative and Clerical		50%	95%	90%	92%	93%	96%	96%	100%	90%	94%	0%	94%	90%	0%				95%	100%	95%	0%	97%	96%	100%	
Allied Health Professionals		79%	86%		93%	94%	98%	100%	88%	87%	100%	79%	98%		87%				100%	96%	100%	97%		94%		
Estates and Ancillary			100%	100%	100%	100%	100%	100%		100%	67%		100%	100%					100%		100%		100%	100%		
Healthcare Scientists		67%	97%		96%	93%	97%	96%		92%	93%	100%	94%						97%		96%		96%	100%		
Medical and Dental	50%	75%	88%		84%	86%	93%	86%	74%	80%	91%	81%	86%		82%				91%	91%	100%	90%	91%	89%		
Nursing and Midwifery Registered	50%	87%	93%	0%	94%	96%	96%		89%	89%		87%	95%	0%	88%				100%	96%		94%	100%	94%	100%	
Students		100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%					100%		100%			100%		
CG CHAIRMAN & CHIEF EXECUTIVER OFFICE GROUP																										
Administrative and Clerical			88%		78%	78%	88%	84%		84%	88%		84%						88%		80%		84%			
Allied Health Professionals		100%	100%		100%	100%	100%	100%	100%	100%	100%	83%	100%		100%				100%	100%	100%	100%		100%		
CG CHIEF NURSE TEAM																										
Add Prof Scientific and Technic			83%		100%	100%	100%	100%		100%	83%		100%						100%		100%		100%			
Additional Clinical Services			67%		67%	67%	67%	67%		67%	33%		67%						33%		33%			33%		
Administrative and Clerical			93%		91%	95%	95%	95%		88%	91%		95%		0%				95%	100%	93%	100%	98%	90%		100%
Allied Health Professionals		0%	100%		100%	100%	100%		0%	0%		100%	100%		100%					100%		100%	100%			
Medical and Dental		44%	67%		67%	78%	56%		56%	56%		33%	56%		11%					67%		56%		44%		
Nursing and Midwifery Registered		88%	93%	75%	96%	91%	96%	100%	85%	84%	89%	67%	100%	85%	96%				100%	98%	100%	91%	94%	100%		90%
CG CORPORATE SERVICES																										
Administrative and Clerical			97%		93%	90%	97%	93%		80%	93%		93%						93%		93%		90%			
Allied Health Professionals		100%	100%		100%	100%	100%		0%	100%		100%	100%		0%					100%		0%		0%		
CG DIGITAL INFORMATION SERVICES GROUP																										
Administrative and Clerical			96%		96%	94%	95%	95%		93%	96%		96%						96%		96%		96%			
Medical and Dental		100%	100%	100%	100%	100%	100%		100%	100%		100%	100%	100%						100%		100%		100%		
Nursing and Midwifery Registered		100%	100%	50%	100%	100%	100%		100%	100%		50%	100%	50%						100%		100%	100%			
CG FAMILY HEALTH CARE GROUP																										
Add Prof Scientific and Technic		50%	100%		100%	50%	100%	100%		50%	50%		50%	50%			50%		50%		50%		50%			50%
Additional Clinical Services		83%	81%	86%	89%	94%	96%	100%	86%	91%	100%	85%	94%	91%			70%	98%	93%		92%		93%	87%	100%	
Administrative and Clerical		100%	91%	87%	96%	97%	96%	98%		94%	96%		95%	66%				97%	100%	95%	50%	97%	67%	100%		
Allied Health Professionals		92%	86%		95%	95%	95%		95%	95%	100%	94%	97%	95%	100%		81%		98%		95%		100%		79%	
Estates and Ancillary			50%	100%	75%	75%	75%	100%		75%	75%		75%	100%				100%		100%			75%			
Medical and Dental	75%	69%	77%		86%	91%	88%		75%	75%	100%	78%	87%	70%	78%	59%	87%		90%		89%		85%	66%	47%	
Nursing and Midwifery Registered		91%	77%		84%	90%	92%		82%	83%		75%	93%	87%	77%		71%		93%		92%		100%	72%	68%	
CG FINANCE GROUP																										
Administrative and Clerical			94%		94%	97%	95%	97%		92%	93%		97%						96%		97%		97%			
Estates and Ancillary			92%		92%	92%	100%	100%		92%	69%		100%						100%		92%		100%			
Nursing and Midwifery Registered		100%	100%		100%	100%	100%		100%	100%		100%	100%		100%					100%		100%		100%		

Core Compliance by Care Group (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

MONTHLY CARE GROUP CORE COMPLIANCE BY STAFF GROUP	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards Basic Awareness 3 years	Equality, Diversity and Human Rights (CSTF) 3 years	Fire Safety Awareness (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Basic Awareness 3 years	Mental Capacity Act Higher Level incl. DOLS 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
CG MEDICAL GOVERNANCE GROUP																										
Administrative and Clerical			94%		94%	88%	91%	94%		91%	94%		94%						94%		94%		93%	100%		
Medical and Dental		68%	77%		62%	96%	89%	100%	40%	50%	100%	64%	77%	100%	56%				100%	72%	100%	80%	100%	76%		
Nursing and Midwifery Registered		100%	100%	100%	100%	100%	100%		75%	100%	100%		100%	100%						100%		100%		100%		
CG MEDICINE																										
Add Prof Scientific and Technic		100%	100%		100%	100%	100%		100%	100%		100%	100%		100%					100%		100%		100%		
Additional Clinical Services		79%	73%	81%	83%	87%	90%	95%	83%	83%	78%	86%	89%	83%	100%			60%	90%	73%	76%	90%	77%	90%	67%	
Administrative and Clerical		50%	90%	88%	94%	92%	95%	95%	83%	89%	92%	17%	94%	85%					96%	100%	94%	67%	97%	89%		
Allied Health Professionals	67%	93%	91%		97%	96%	96%		90%	91%	86%	91%	97%		92%					96%		95%		95%	67%	0%
Estates and Ancillary			58%	82%	83%	92%	100%	92%		83%	92%		92%	83%					100%		92%			92%		
Healthcare Scientists		86%	89%		97%	97%	100%	100%		97%	93%	100%	100%					78%	100%		100%			100%		
Medical and Dental	64%	66%	64%		75%	85%	83%		69%	69%		70%	82%		62%	57%	20%		79%		81%		76%	62%	
Nursing and Midwifery Registered	69%	79%	82%		91%	92%	95%	100%	84%	85%	100%	86%	93%		83%		57%	100%	92%	100%	92%	100%	92%	64%	
Students		100%	100%		100%	75%	100%		50%	50%		100%	100%		100%			100%			100%		100%		
CG OPERATIONS MANAGEMENT GROUP																										
Additional Clinical Services		91%	77%	100%	100%	100%	100%		100%	100%		82%	100%	96%					100%			100%		100%		
Administrative and Clerical		80%	92%	82%	94%	89%	96%	94%		91%	92%		95%	90%					94%		92%		95%			
Allied Health Professionals		100%	100%		100%	100%	100%		100%	0%		100%	100%		100%					100%		100%		100%		
Nursing and Midwifery Registered		77%	87%		85%	82%	92%		82%	90%		74%	85%		82%					95%		90%		95%		
CG SURGERY																										
Add Prof Scientific and Technic		82%	84%		96%	97%	100%	100%	98%	94%	94%	81%	100%		87%			63%	100%	99%	100%	98%	100%	100%	100%	
Additional Clinical Services		79%	83%	79%	87%	86%	90%	97%	88%	86%	98%	90%	89%	79%				83%	89%	81%	93%	91%	88%	92%		
Administrative and Clerical		100%	93%	82%	92%	93%	96%	95%	100%	97%	94%	100%	94%	78%					97%	100%	95%	100%	95%	98%		
Allied Health Professionals		83%	90%		95%	96%	96%		86%	85%	91%	87%	95%		85%			0%		96%		97%		94%	73%	
Estates and Ancillary			67%	78%	67%	83%	89%	89%		72%	78%		72%	72%					89%		89%		87%	100%		
Healthcare Scientists		73%	91%	83%	88%	91%	88%	100%		88%	91%		94%	81%				8%	94%		100%	91%		91%		
Medical and Dental	50%	60%	68%		79%	83%	86%		70%	74%		71%	81%		68%					85%		83%		81%	83%	
Nursing and Midwifery Registered	83%	81%	94%		91%	95%	97%		86%	87%		89%	97%		84%		53%			95%		94%		94%		
CG WORKFORCE AND ORGANISATIONAL DEVELOPMENT GROUP																										
Add Prof Scientific and Technic		64%	81%		73%	89%	89%	86%	75%	73%	77%	75%	81%		100%		33%	94%	75%	84%	86%	100%	86%			
Additional Clinical Services		61%	72%	84%	97%	85%	88%	78%	79%	80%	70%	80%	88%	85%			100%	89%	86%	78%	87%	82%	88%	100%		
Administrative and Clerical			92%	71%	91%	92%	95%	93%	100%	87%	90%	100%	94%	86%				94%		92%		93%				
Allied Health Professionals		67%	83%		90%	90%	97%		80%	90%	88%	82%	97%	100%	83%				100%	89%		93%		90%		
Healthcare Scientists		0%	88%		88%	63%	100%	100%		75%	100%		100%						100%	100%	88%		83%	100%		
Medical and Dental	63%	43%	67%		76%	76%	86%	0%	61%	70%	0%	50%	74%		51%	32%			100%	72%	0%	77%	100%	72%	47%	25%
Nursing and Midwifery Registered	100%	74%	84%	86%	90%	88%	95%		82%	84%	100%	82%	93%	92%	81%		80%			91%		92%	100%	88%	40%	58%
LLP CG ESTATES & FACILITIES																										
Additional Clinical Services			100%		100%	100%	100%	100%		100%	50%		100%						100%		100%		100%			
Administrative and Clerical			99%		94%	94%	99%	97%		94%	97%		100%						100%		96%		100%			
Estates and Ancillary			82%	73%	60%	71%	85%	85%		62%	76%	59%	84%	73%					86%		84%		84%			
Healthcare Scientists			96%		96%	100%	100%	100%		91%	100%		96%						100%		100%		91%			

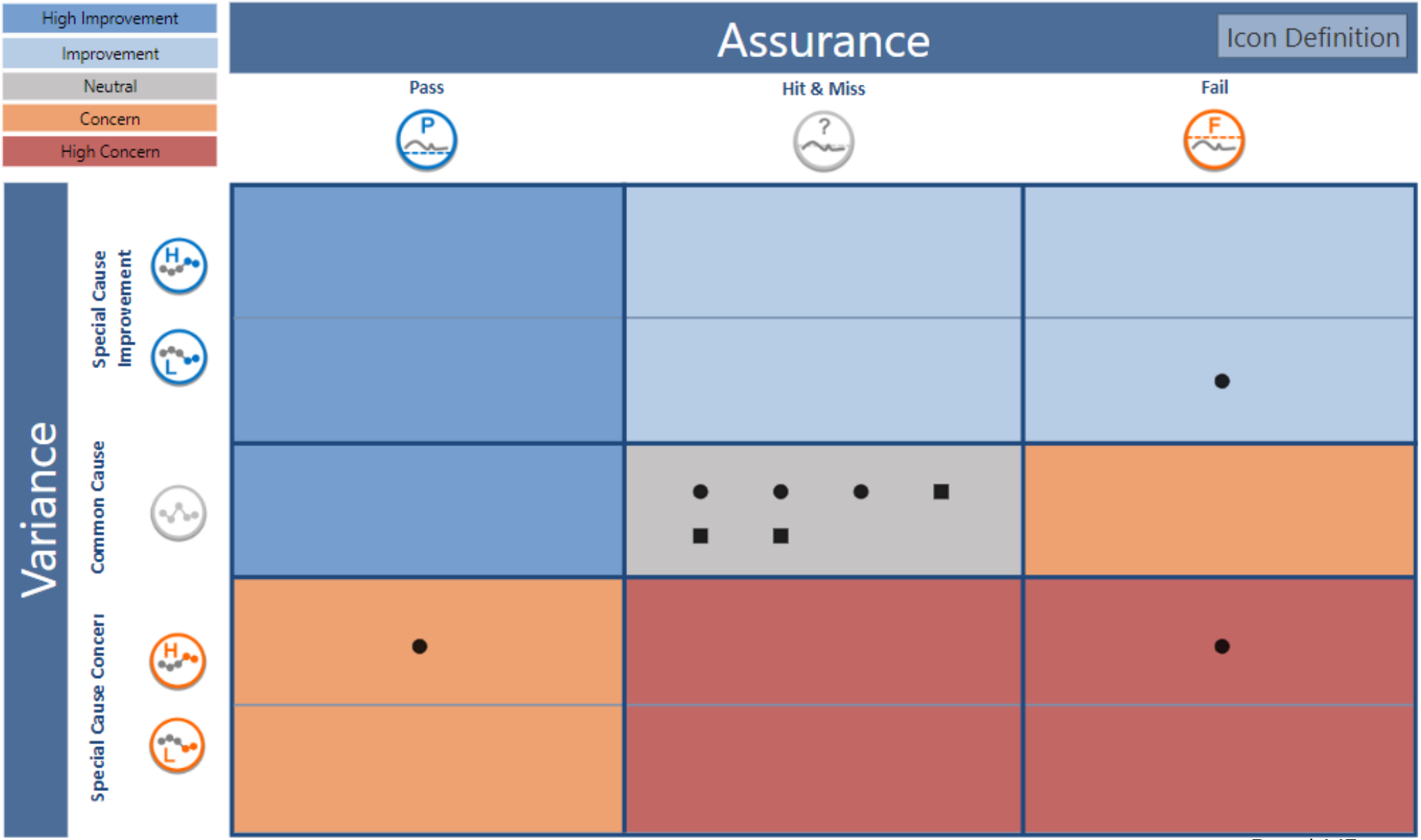
DIGITAL AND INFORMATION SERVICES

January 2024

Summary Matrix - Digital and Information Services

The table below provides an overview for all digital and information services metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

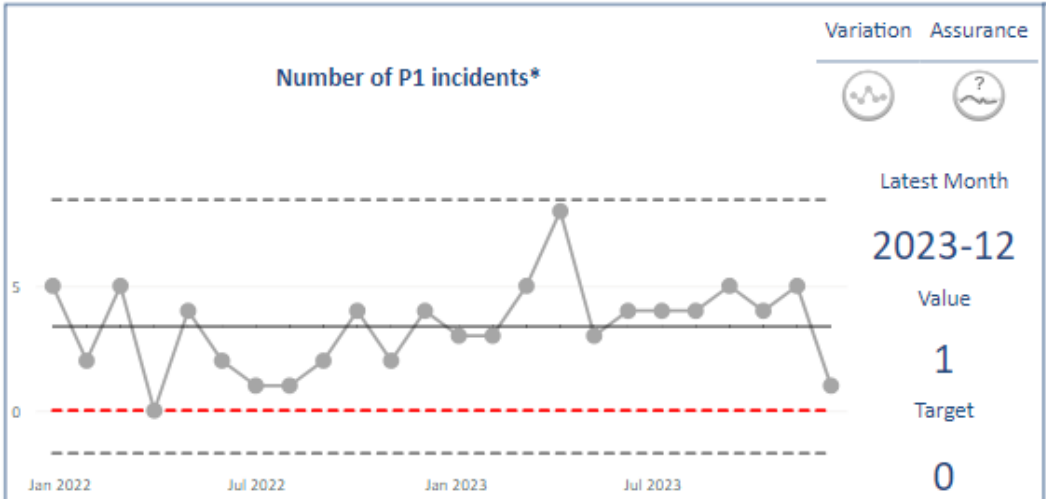


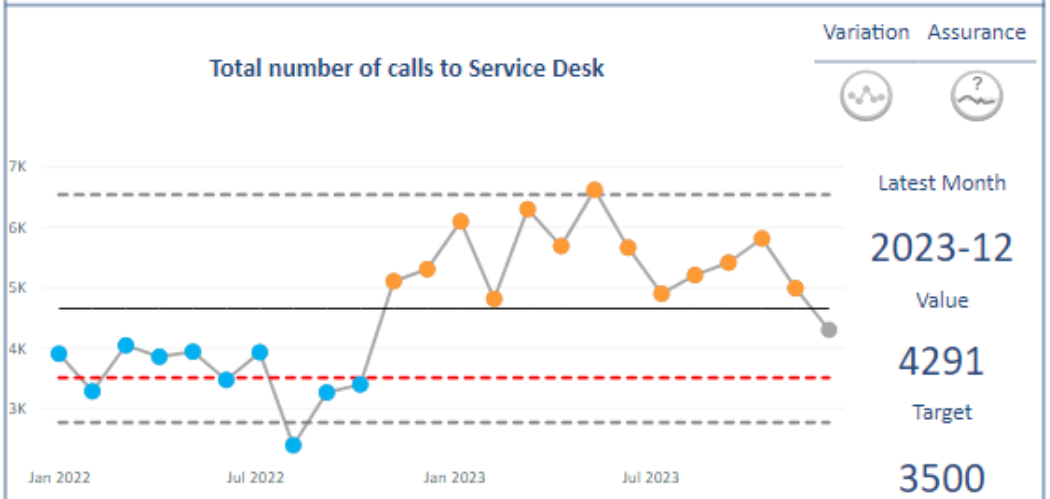
Digital and Information Services Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Number of P1 incidents*	2023-12			0	1
Total number of calls to Service Desk	2023-12			3500	4291
Total number of calls abandoned	2023-12			500	771
Number of open Tickets (Incidents + Requests) (last day of month)	2023-12	L	F	1000	1744
Number of end user devices over 4 years	2023-12	H	F	0	4407
Percentage of devices upgraded from 2010 to O365	2023-12	H	P	100%	100%
Number of information security incidents reported and investigated	2023-12			43.7	33
Number of Patient Subject Access Requests (SARs)	2023-12			428.3	379
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2023-12			100%	100%
Number of Freedom Of Information requests (FOIs) received (quarterly)	2023-12				185
Percentage of Freedom Of Information requests (FOIs) responded to within 20 working days (quarterly)	2023-12			100%	71%

KPIs - Digital and Information Services (1)





P1 incidents

A P1 incident is classed as a loss or degradation of service being experienced by a group of users which is having a significant impact on the operating efficiency of the Trust and/or its employees and no immediate workaround exists.

There was a Core Patient Database (CPD) incident on Sunday the 10th December that meant that label printers were not working from CPD in both York and SGH affecting wristband, order comms and patient label printing. The Incident was reported at 0900 and resolved by 0930.

Total number of calls to Service Desk

During December we commenced the staff communications programme to promote the use of the IT Self Service facilities that are part of our 4Me Service Desk Platform. The intention is to drive channel shift away from telephony as appropriate to reduce overall calls to helpdesk operatives.

The reduction in December call volumes are usually reduced due to bank holidays and annual leave being taken as well as reduced elective activity.

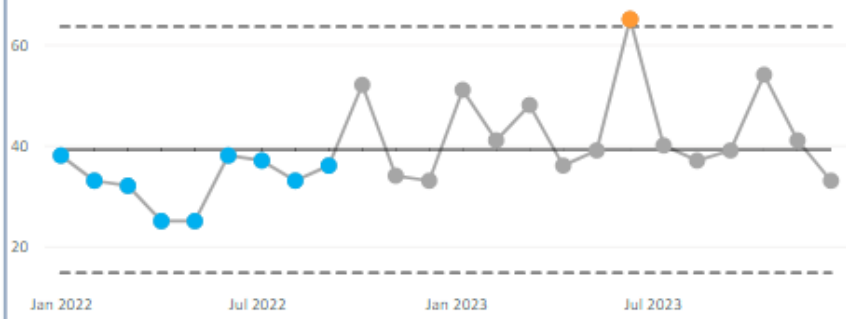
We will continue to monitor trends to establish if self-service is achieving the channel shift desired.

The implementation of 2 Factor Authentication over the next few months may result in additional volumes.

KPIs - Digital and Information Services (2)

Variation Assurance

Number of information security incidents reported and investigated



Latest Month

2023-12

Value

33

Target

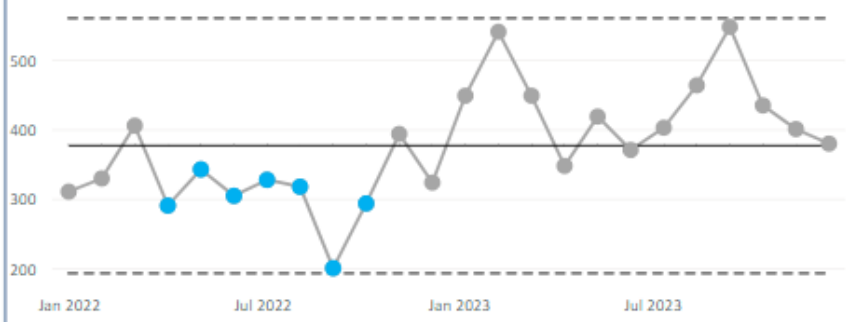
43.7

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **8.0**.

Variation Assurance

Number of Patient Subject Access Requests (SARs)



Latest Month

2023-12

Value

379

Target

428.3

The indicator is **less than** the target for the latest month and **is** within the control limits.

The latest months value has **decreased** from the reporting month, with a difference of **21.0**.

Number of information security incidents reported and investigated

There was a peak of information security incidents in July, due to an audit undertaken which led to an increase of reporting of misfiled information.

The other recent increase in the Autumn was due to an increase in data disclosed in error which the majority of were related to the introduction of NHSMail and the adoption of the global address list. Targeted communication has helped reduce this trend.

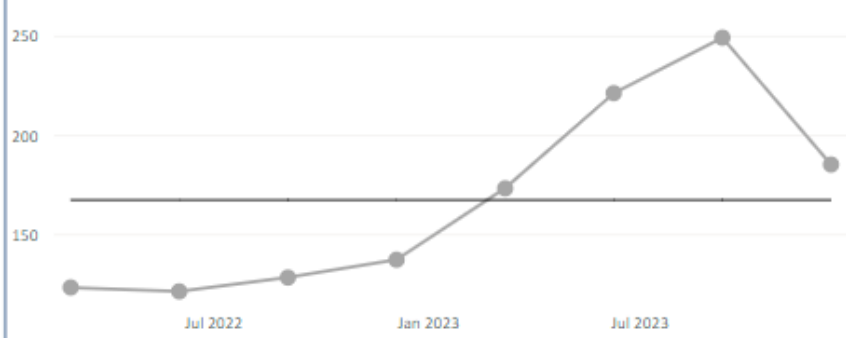
Number of Patient Subject Access Requests

The recent reduction trend in SARs continued through the Autumn. Further work is ongoing to understand correlation with other trust data sources to understand if there are any specific triggers that relate to SARs volumes.

KPIs - Digital and Information Services (3)

Variation Assurance

Number of Freedom Of Information requests (FOIs) received (quarterly)



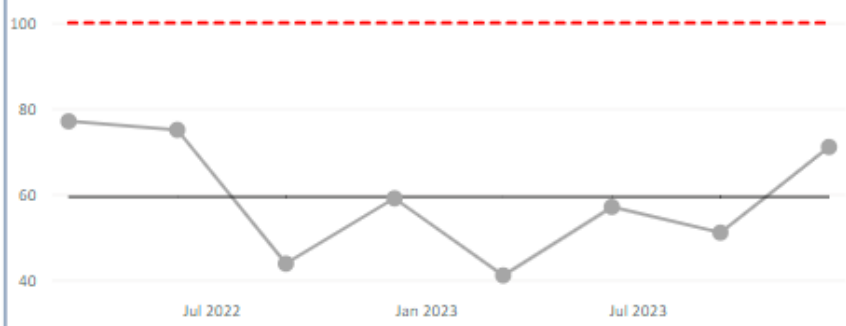
Latest Month
2023-12
Value
185
Target

The indicator is **greater than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **185.0**.

Variation Assurance

Percentage of Freedom Of Information requests (FOIs) responded to within 20 working days (quarterly)



Latest Month
2023-12
Value
71%
Target
100%

The indicator is **less than** the target for the latest month and **is not** within the control limits.

The latest months value has **increased** from the reporting month, with a difference of **71.0**.

Number of FOIs Received

The Information Governance team has experienced a significant increase in the volume of FOIs received. This was partly due to the way that FOIs were logged and reported.

This increase has been challenging given the limited resources available to manage the increase in FoIs alongside other IG priorities.

The last quarter has seen a decrease in the FOIs received.

Percentage of FOIs responded to within 20 working days

We can see that comparatively to last year the team is responding to more in line with legislation even with the increase in those received, and the team are working to continue this improvement.

National Benchmarking

York and Scarborough Teaching Hospitals NHS Foundation Trust

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 **06/12/2023**

* 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**
Activity and Performance	UEC	Inpatients - Proportion of patients discharged before 5pm (70%)	Dec-23	65%	70%	30	84/119	*Oct 23
	UEC	ED - Median Time to Initial Assessment (Minutes)	Dec-23	16	18	31	80/116	*Oct 23
	RTT	RTT - Total Waiting List	Dec-23	48209	47902	35	112/172	*Oct 23
	RTT	RTT - Waits over 104 weeks for incomplete pathways	Dec-23	0	0	100	1/172	*Oct 23
	RTT	RTT - Waits over 78 weeks for incomplete pathways	Dec-23	10	0	20	137/172	*Oct 23
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Dec-23	12	59 (12-month)	7	126/135	*Sep-23
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Dec-23	9	116 (12-month)	6	127/135	*Sep-23
	Patient Experience	Trust Complaints	Dec-23	66	No Target	23	162/210	*Q4 21/22

Public View Link to Public View

Annex - Key

York and Scarborough Teaching Hospitals NHS Foundation Trust

Icon Key

Are we improving, declining or staying the same

Blue = significant improvement or low pressure

Can we reliably hit target

Grey = no significant change

Orange = change required to hit target

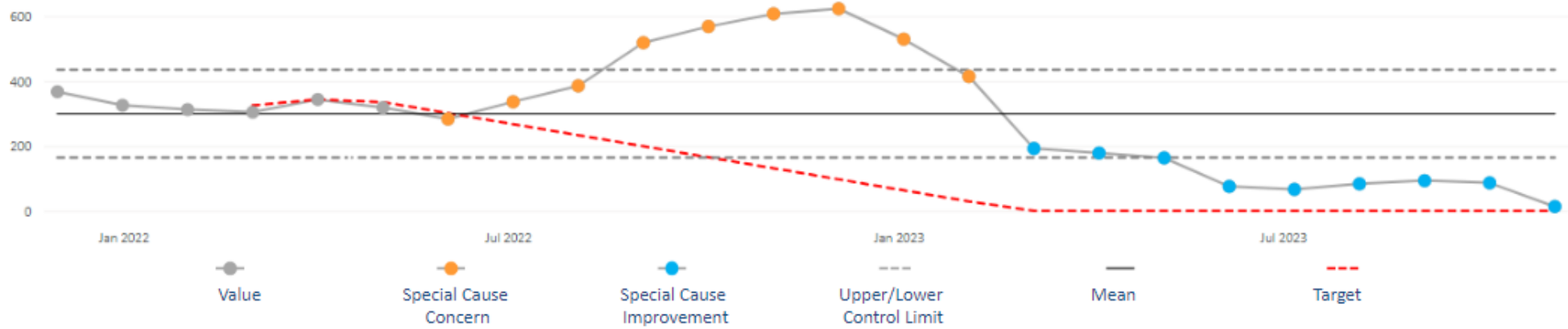
Variation				Assurance		
No Change	Concerning		Improving	Random	Passing	Failing
Common cause - no significant change	Special cause of concerning nature or higher pressure due to higher values	Special cause of concerning nature or higher pressure due to lower values	Special cause of improving nature or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

Orange = significant concern or high pressure

Grey = Hit and miss target

Blue = will reliably hit target

SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

Annex - Icon Descriptions

			
	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.
	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.

Report to:	Board of Directors
Date of Meeting:	31st January 2024
Subject:	Quality Impact of Nurse Staffing and Fundamentals of Care
Director Sponsor:	Dawn Parkes Interim Chief Nurse
Author:	Tara Filby, Deputy Chief Nurse Emma George Assistant Chief Nurse (Workforce, Education) Emma Hawtin, Head of Nursing (Assurance & Accreditation)

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

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

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

Summary of Report and Key Points to Highlight:

- Nursing dashboard is being used to triangulate data to understand the emerging picture of the clinical area (staffing and quality).
- Launch of the quality assurance framework and the new set of Tendable questions
- Ongoing work with the insight and intelligence team to data cleanse and automate the data sets.
- Emerging theme Trust Wide - Nursing care delivered is not reflected in the documentation of care planning and evaluation.
- Embedding the back-to-the-floor visits to ensure senior visible presence in clinical areas.
- With the support of NHS England, a trust-wide review is ongoing with the E-rostering system; this will enable the trust to understand the weaknesses and improvements required to support an improvement plan to ensure effective roster management is followed.

Recommendation:
Members are asked to note the progress update and support actions required.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	**Date**	**Outcome/Recommendation**
Quality Oversight Group	**13th December 2023**	Progress noted
Quality & Safety Assurance Committee	**19th December 2023**	Paper received and noted

Nursing Assurance re: Quality Impact of Nurse Staffing and Fundamentals of Care

Introduction and Background

The fundamentals of care are basic elements needed to deliver a safe and person-centred experience for our patients. All our fundamentals of care are aligned with the CQC's key lines of inquiry; - safe, effective, well-led, caring, and responsive. This was a collaborative piece of work with the nursing teams across all the care groups and was launched in October 2022.

The Nucleus module is our organisation's digital clinical nursing assessment and care planning software which was launched successfully at the beginning of August 2022. It has continued to grow as we increasingly move towards building and implementing our nursing documentation digitally.

Tendable (Formerly Perfect Ward) is an app-based digital tool that allows the organisation to conduct a range of audits in clinical areas. A new question set has been designed collaboratively with our clinical teams and senior Nurse Leaders and launched within our inpatient ward areas, Emergency Department and Theatres. Work is ongoing on designing a question set specifically for outpatients and maternity.

To enable the Trust to achieve its ambition of delivering on its Journey to Excellence, the fundamental care data available needs to be reviewed in conjunction with the workforce and safe care information for our inpatient Adult Nursing Workforce. To provide information and assurance, a paper with a focus on the data is presented to the Board on how the Trust has responded to provide the safest and most effective nurse staffing levels. This will include the requirement to submit the safer staffing metrics using Care Hours per patient Day (CHPPD). Assurance is also provided in a review of our Nursing establishments having been undertaken, utilising best practice guidance and the arrangements for daily monitoring of patient safety and quality risks are identified escalated and mitigated.

Quality Framework

In September we launched the established weekly "Friday back-to-floor visits" to clinical areas to focus on issues arising with a specific focus on the year of quality which has a focus theme every two months. Currently, 66 areas have been visited with over 40 individuals involved. This has led to the development of the weekly wrap-up communication from our interim Chief Nurse that is available via email and on the nucleus module that our nursing teams can access to hear our area of focus or key safety topics.

The back-to-the-floor visit has been well received by our clinical areas and has enabled a consistent approach to review and standardisation of processes and equipment. For example, the provision of hot meals at dinner time for our patients and the purchase of thermic cups to ensure hot fluids remain so. From a safety impact, we noted that the setup of oxygen and suction was not consistent throughout the organisation. Since the visits

have commenced, we have agreed on a standard and have ensured through the back to the floor that this has been achieved.

The Quality Assurance Framework includes a weekly safety check and a monthly peer audit, with outcome measures being reviewed monthly, at an Excellence Review meeting, with the Care Group Associate Chief Nurses, the Chief Nurse, and Deputy Chief Nurse. The intention is to offer support, agree improvement methodologies, celebrate success, and gain assurance of improvement as planned. This will assure that nursing quality and safety standards are being met; where key performance indicators fall outside parameters, a firm recovery plan will be in place and robustly monitored.

Current Position/Issues

We are currently at a digital crossroads as we have several systems that provide data whereby assurance in the care we deliver can be obtained. The Nucleus Module is our organisation's digital clinical nursing assessment that has reporting capabilities available on Signal.

Meta Vision is an electronic record that is used in both our ICUs; this digital record has no reporting function or the ability to interface with CPD/Nucleus. Badgernet is our newly launched digital solution for maternity which is currently being implemented across the entirety of the pathway and work remains ongoing to understand the reporting capabilities.

The ward/department dashboard provides a systematic overview of performance across a range of key performance indicators. As this is a staffing and quality dashboard its current focus is on adult inpatients areas and does not include Maternity, paediatric or theatre services. Work is currently ongoing on the inclusion of these specific areas.

The Data displayed on the Signal dashboard is the accumulation of several data sources including, ESR, health roster, DATIX, Tendable and a point prevalence audit conducted on Tendable. This information is then manually inputted against the specific ward and supplied to the insight and intelligence team to upload. Currently, this data is not live, and we are reporting a month behind. The medium-term ambition is to have live feeds and a fully automated process to minimise errors and ensure robust data sets, including the automation of SPC charts available for the differing KPIs. We are working collaboratively with our colleagues in insight and intelligence to automate this with a completion date of the end of December.

Workforce metrics

Level 28	Employee Operating Expenses				
Division Description	OPERATING EXPENDITURE				
Sub Analysis 1	9500				
Level 24	**Care Group Description**	**Sum of WTE Budget**	**Sum of WTE Actual**	**Sum of WTE Variance**	**Sum of % variance**
Registered nursing, midwifery and health visiting staff	Cancer Specialist & Clinical Support Services Group	306.92	288.10	18.82	6.13%
	Family Health Care Group	386.65	362.69	23.96	6.20%
	Medicine	1,010.35	968.29	42.06	4.16%
	Surgery	619.66	569.47	50.19	8.10%
Registered nursing, midwifery and health visiting staff Total		**2,323.58**	**2,188.55**	**135.03**	**5.81%**
Support To Nursing Staff	Cancer Specialist & Clinical Support Services Group	160.71	132.22	28.49	17.73%
	Family Health Care Group	114.54	100.88	13.66	11.93%
	Medicine	801.73	695.80	105.93	13.21%
	Surgery	278.31	227.98	50.33	18.08%
Support To Nursing Staff Total		**1,355.29**	**1,156.88**	**198.41**	**14.64%**
Grand Total		**3,678.87**	**3,345.43**	**333.44**	**9.06%**

The current data set above includes Registered Nurses (RN), Registered Midwives (RM) Health Care Support Workers (HCSW) and Midwifery Support Workers (MSW) who are

identified in the category ‘support to nursing staff’. Currently, Nursing Associates and Associate Practitioners are included within the HCSW and MSW data which can make the specific position on the HCSW vacancy difficult to analyse.

The data identifies that within the 4 trust care groups the surgical care group has the highest vacancy for RN at 8.10% equating to 50.19 WTE. The vacancy across RN and RM is currently 5.81% which equates to 135.08 WTE vacancies across all care groups.

The RN vacancy position is an improving picture with 107 newly qualified nurses arriving over September and October 2023. In addition, it is expected that the organisation will benefit from the arrival of an additional 65 WTE internationally educated nurses (IEN) between October 2023 to March 2024, and it is expected that the vacancy position will continue to improve with IEN being positioned in care groups with most need.

The medicine care group has the highest vacancy of 13.21% which equates to 105.93 WTE for ‘support to nursing staff’. The recruitment and retention of HCSWs remains a challenge; on average we are losing 20 HCSWs per month. The focus for the organisation is therefore around the retention of these valuable staff.

The creation of a Healthcare Academy that delivers the clinical preparation and training of new HCSWs will contribute to improving the retention of HCSWs over the next months. Plans are in place to expand the support to HCSW through career clinics and stay conversations with every new HCSW benefiting from a stay conversation at 6-7 months in post. The introduction of a New to Care apprenticeship will also improve the support and learning opportunities of those entering the workforce without care experience and improved retention is also expected in this group.

The data comes from the ledgers and therefore is not always as accurate as the Electronic Staff Record (ESR) which can be extracted from the eroster. Currently, this is not available within our organisation and therefore the ledger is used but can at times show inaccuracies.

The safer staffing returns for September 2023 demonstrate that on average the trust is compliant with the national requirement for fill rate of shifts, some wards/units are below the 75% utilisation for RN, and further review of acuity and dependency and bed occupancy indicate areas like CCU, ITU, Kent, Ward 17 were underutilised operationally within this time hence the reduced fill rate. Wards with deficit in required v actual CHPPD are broken down further in the below graph.

A relaunch of HealthRoster SAFECARE is underway across the organisation with training and immediately alerting matrons to redistribute staff to wards where care is needed the most. It allows us to maintain safe and compliant patient care based on patient numbers, acuity and dependency and gives real-time visibility of staffing levels, redeployments, and use of temporary staff. There is a pilot in several wards (York – Ward 16, 35 and ASU, SGH – Maple and Oak, IPU – St Monica’s) and early indications are that compliancy and accuracy are already improving - supporting narrative for red flags is increasing and twice the number of wards have achieved the compliancy target of 95% compared to last month. The plan is that SAFECARE will then be embedded across the organisation by the end of November 2023.

Quality data

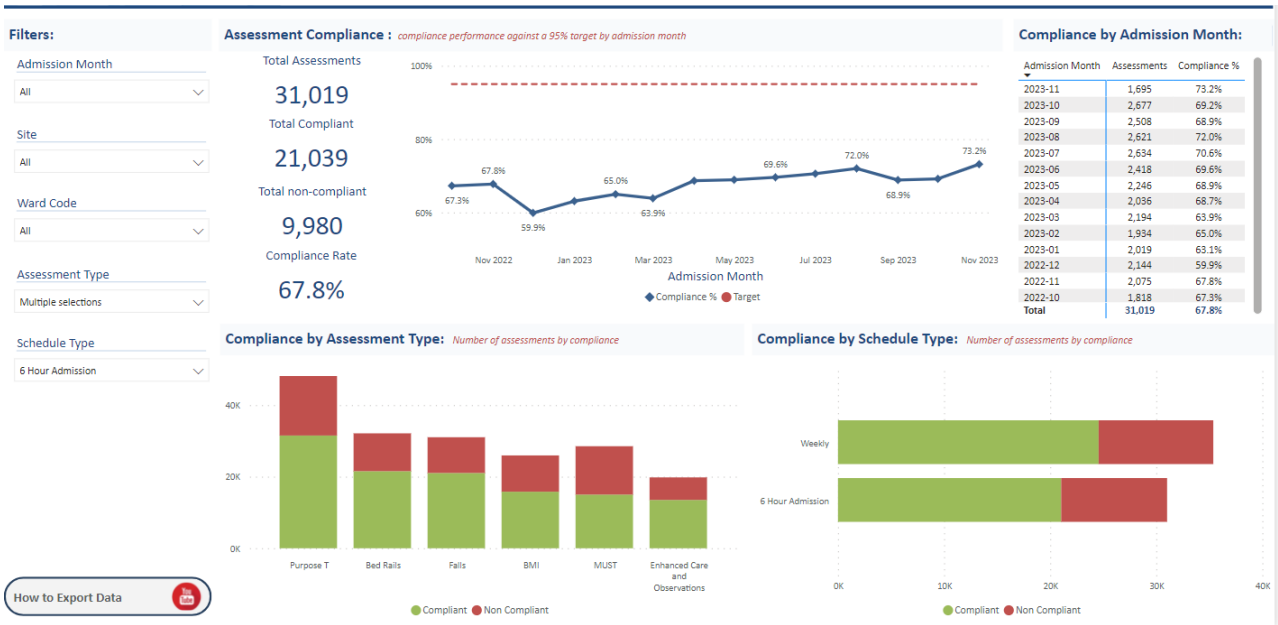
The Nucleus Module is our organisation’s digital clinical nursing assessment that has reporting capabilities available on Signal. It is from this system (Nucleus) that we have been conducting the monthly point prevalence Audit. However, from September 2023 we

ceased completing this audit and returned to using the data available on the signal Dashboard. Compliance we had set our targets are on the completion of assessments within 6 hours.

A reduction has been seen in our reporting figures demonstrated on both the nucleus dashboard and the nursing dashboard. This was expected due to the point prevalence of previous audits only capturing that an assessment had been completed and in date, and not within a specified timescale. Work remains ongoing to ensure robustness in the data that when a patient is transferred, we are capturing the completion of a re-assessment within this period.

With the change to the methodology of data collection, we do not have SCP charts available and have noted a fall in compliance performance against out targets.

In terms of outcome measures, the Trust Improvement Groups will continue to track progress using SPC charts for the number of incidents and the incidents per 1000 bed days. These are reported in the Falls and Pressure Ulcer quarterly reports to the Quality Oversight Group.



Falls Prevention and Management

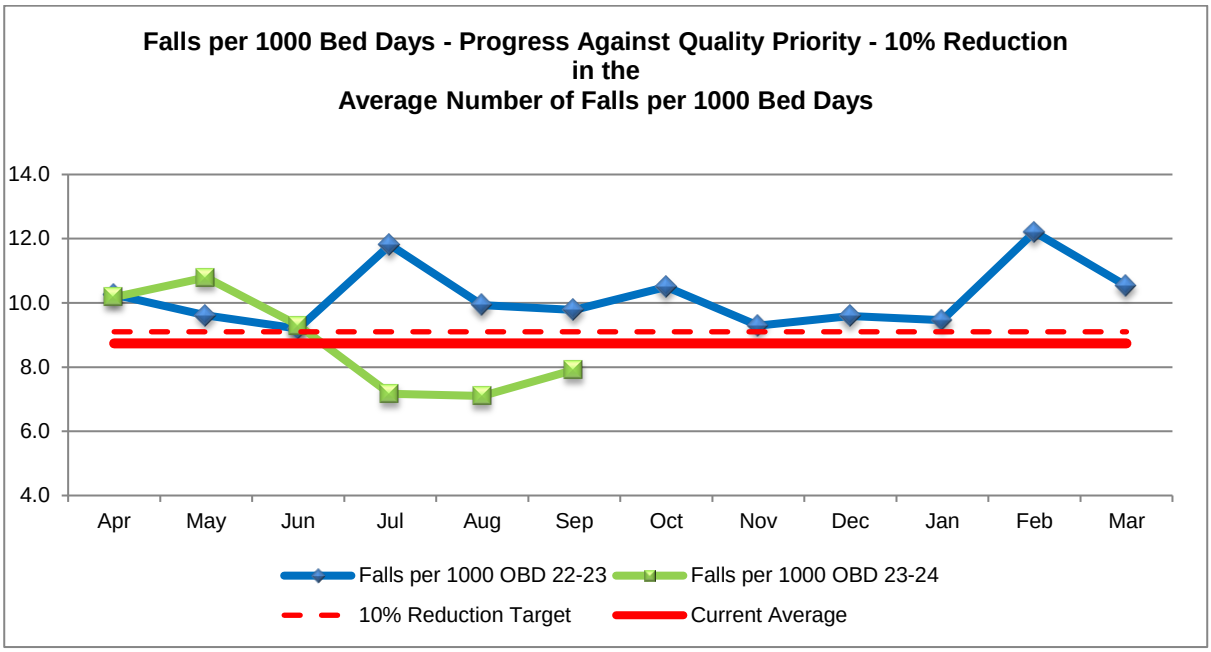
The Trust has seen a decrease in the incidence of falls per 1000 OBD in quarter 2. The Falls Improvement Plan continues to be delivered to reduce falls and harm from falls.

There has been an increase in staff trained via the Falls eLearning package and face-to-face training on staff induction has continued throughout the quarter. Quality Improvement initiatives have been maintained on admissions units and within ED on the York site with additional work on Cherry & Chestnut wards at Scarborough, Selby IPU and Johnson and BCU at Bridlington.

Site-specific, both hospitals are below the mean for quarter 2. York Hospital has seen a decrease of 141 falls and Scarborough and Bridlington Hospital has seen a decrease of 75 falls this quarter (Appendix 2).

Falls per 1000 occupied bed days (OBD)

Using a calculation of falls per 1000 OBD enables Trusts to internally benchmark improvement work. As previously stated, the Trust has set a 10% reduction in the average number of falls per 1000 occupied bed days (OBD) for the quality account. This quarter shows that the Trust has moved below the target of 9.1 overall 3 months of the quarter, moving the current average to 8.7.



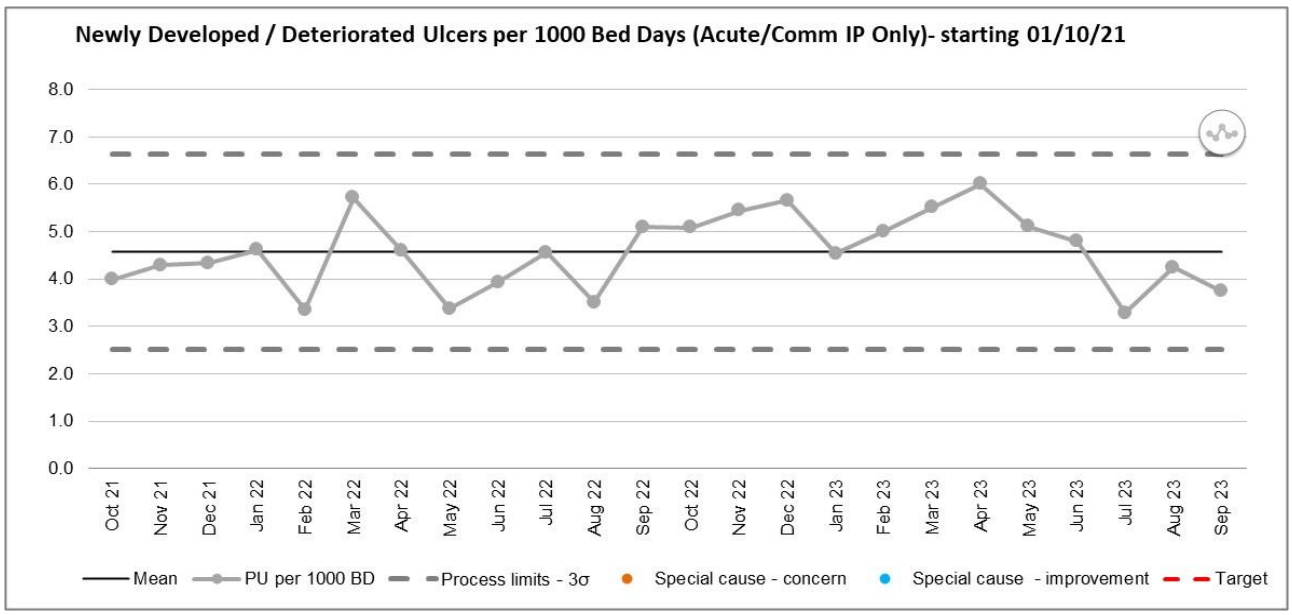
The transition to Datix Cloud IQ and Network performance limitations in recent months has seen various issues with staff access to, and ability to submit incident reports, and therefore it is likely that the reduction in numbers of falls is due somewhat to underreporting of patient fall incidents. The concern of underreporting of falls is being monitored and supported by the Falls Improvement Group alongside the Datix lead and patient safety team.

Pressure Ulcer prevention

During Q2 all the 4 community IPUs were audited for completion of PURPOSE-T risk assessment (July, August, and September 2023). A total of 115 records were assessed and achieved 97% compliance.
Across acute settings a further 134 records were also assessed, and of these, 78% evidenced compliance.

In total the organisation has reached **87% compliance during Q2,** which is 2 % above the maximum requirement of 85%. However, it is noted acute hospital data alone would have partially achieved the requirement. This will be fed back at PUIG (Pressure Ulcer Improvement Group) to determine learning to share across care groups.

Bed days data (fig 5) and heat map of areas fig 6, have demonstrates below mean reporting for the first time in 11 months. Although some of this could be attributed to Datix reporting, August and September continue to demonstrate an improvement.



Category 2 superficial pressure ulcers continue to contribute to the majority of Datix reports. This data is reviewed monthly by the Lead Nurse for Tissue Viability and any misdiagnosed ulcers (such as moisture-associated skin damage and other wound types) are amended if clinical justification is evident. However, a large proportion are suspected as differing wound types due to limited narrative and remain as category 2 incident types. An ongoing educational programme continues to aid staff to understand the differing diagnoses.

Nutrition and Hydration

With the launch of a 'Year of Quality', this will see the senior teams focus on driving improvements within fundamentals of care on a planned basis. Each topic will be the focus for 2 months of activities, initiatives, and awareness campaigns, promoting the importance to all of our staff as we each have a role to play in ensuring patients receive high quality care.

The first 2 months of our Year of Quality are focused on the important issue of nutrition and hydration. How do we ensure patients, across our services, have access to nutritious food and drink and available support where this is needed? A range of improvement ideas are already being progressed by front-line staff and we encourage each of our teams to consider how they might engage in activities that raise awareness to ensure patients are nourished and hydrated.

The nursing, AHP and catering teams are already finding great examples, which are celebrated when they undertake 'back-to-the-floor' visits each Friday morning – the team will continue to share the learning and use these opportunities to promote effective nutrition and hydration until the end of December.

Colleagues from the Trust Nutrition Steering Group have developed a 'Making Mealtimes Matter' standard, in collaboration with front-line staff. They have used feedback from ward visits to areas described as having an exemplary mealtime service, to inform its development. The Year of Quality focus on Nutrition is a great time to launch and implement this mealtime standard across the organisation.

It can be seen from the Nucleus data that compliance with patients having an up-to-date MUST assessment and up-to-date actual weight has steadily increased again over the

quarter up to September 2023. The fall in September figures can be attributed to the change in our methodology previously outlined.

Nutrition and hydration	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23
Percentage of patients with an up-to-date MUST assessment	71.5%	77.6%	79.3%	82.9%	89.0%	89.8%	92%	95.1%	55.8%
Percentage of patients with an up-to-date actual weight	78.6%	78.7%	80.3%	84.0%	86.6%	91.7%	91.8%	92.3%	69.2%

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Summary

- Continue to work with the insight and intelligence team in the automation and quality of our data.
- The continuation and embedding the back to the back-to-the-floor visits to support the culture change at ward levels.
- Embedding of safe care across all clinical ward areas within Q3.
- The continuation and QI work associated with the themes throughout our year of quality.

Appendix 1

Nursing Dashboard – September 2023

Filters:

MONTH

01 September 2023

SITE

- BRIDLINGTON
- NELSON COURT
- SCARBOROUGH
- SELBY
- ST MONICAS
- WHITE CROSS COURT
- YORK

WARD

All

CARE GROUP

- 1
- 2
- 3
- 4

Key Performance Indicators: *Latest position against threshold*

SITE	Planned RN	Actual RN	RN Fill Rate	Planned HCSW	Actual HCSW	HCSW Fill Rate	Staff Sickness in hours	RN Sickness	HCSW Sickness	Rag Rating-staff sickness	RN-Vacancies FTE	HCSW-Vacancies FTE	Stability Index %	Safecare Compliance
YORK														
AMB	420	385	91.7%	390	337	86.4%	340.50	0.7%	9.8%	4.8%			67.4%	98.0%
AMU	467	399	85.4%	330	303	91.8%	536.50	2.9%	9.3%	8.5%			63.4%	94.0%
ASU	240	249	103.8%	270	310	114.8%	205.20	0.7%	7.7%	3.1%			78.6%	99.0%
CCU	322	267	82.9%	51	37	72.5%	108.10	3.9%	0.0%	3.2%			78.3%	89.0%
EAU	500	285	57.0%	450	271	60.2%	328.50	3.0%	5.0%	3.8%			68.5%	
ED	1500	1520	101.3%	870	688	79.1%	883.50	5.1%	6.6%	5.3%			78.6%	
ICU	1080	862	79.8%	0	0		1,051.30	8.3%	18.6%	8.7%			84.5%	73.3%
W11	330	340	103.0%	210	208	99.0%	160.50	3.7%	1.2%	3.5%			68.8%	99.0%
W12	240	217	90.4%	240	202	84.2%	328.50	6.7%	11.7%	8.5%			50.0%	95.6%
W14 (ASA)	360	348	96.7%	240	303	126.3%	645.50	10.5%	6.5%	8.2%			76.5%	78.9%
W15	300	291	97.0%	270	319	118.1%	724.20	10.2%	10.3%	13.8%			0.0%	86.7%
W16	450	377	83.8%	210	219	104.3%	231.50	3.4%	4.7%	5.8%			53.3%	78.9%
W24	299	253	84.6%	314	257	81.8%	565.50	1.4%	15.2%	9.9%			78.1%	93.0%
W26	300	312	104.0%	210	196	93.3%	199.00	3.3%	8.7%	4.7%				96.7%
W28/YCU	433	382	88.2%	600	526	87.7%	0.70	6.4%	10.2%	8.4%			75.0%	96.7%
W29	433	382	88.2%	600	526	87.7%	0.70	6.4%	10.2%	8.4%			75.0%	96.7%
W31	333	289	86.8%	210	199	94.8%	285.70	8.5%	4.5%	7.0%			74.1%	88.9%
W32	292	316	108.2%	270	294	108.9%	343.00	2.7%	7.3%	6.3%			74.3%	97.0%
W33	300	319	106.3%	270	255	94.4%	592.70	7.5%	8.7%	10.2%			50.0%	96.7%
W34	330	331	100.3%	240	262	109.2%	483.50	2.2%	12.6%	7.4%			77.1%	96.0%
W35	330	305	92.4%	420	429	102.1%	243.00	2.1%	6.5%	3.8%			81.1%	97.0%
W36	240	327	136.3%	269	329	122.3%	710.00	13.4%	5.7%	12.5%			61.3%	94.4%
W37	201	202	100.5%	339	401	118.3%	744.00	12.3%	15.5%	14.7%			72.2%	100.0%
W39	300	252	84.0%	180	304	168.9%	338.00	8.5%	5.5%	7.6%			60.7%	96.7%
WHITE CROSS COURT														
WXC							587.00	9.7%	14.5%	11.8%			82.1%	97.0%
ST MONICAS														
STMON	111	175	157.7%	129	123	95.3%	328.80	8.4%	29.0%	17.9%			68.8%	92.2%
SELBY														
SWMH	210	197	93.8%	180	186	103.3%	350.00	7.0%	13.1%	8.2%			90.6%	92.2%
SCARBOROUGH														

Key Performance Indicators: *Latest position against threshold*

SITE	Stability Index %	Safecare Compliance	Red Flags (Total)	Red Flags with Supporting Narrative	Pressure Ulcer - Datix	Pressure ulcer 3&4	Falls-Datix	IPC (CDI)	Medication Errors - Datix	Completion of Falls Assessment	Completion of Pressure Ulcer Assessment	Completion of MUST Assessment
YORK												
AMB	67.4%	98.0%	7	14.3%	2	0	10	0	4	78.9%	80.0%	73.9%
AMU	63.4%	94.0%	4	75.0%	2	0	8	0	8	91.1%	90.0%	35.8%
ASU	78.6%	99.0%	6	33.0%	0	0	2	0	0	78.0%	75.2%	60.0%
CCU	78.3%	89.0%	2	100.0%	0	0	0	0	1	90.3%	90.5%	65.2%
EAU	68.5%				0	0	0	0	0			
ED	78.6%				2	0	7	0	11			
ICU	84.5%	73.3%			3	0	1	0	5			
W11	68.8%	99.0%	6	100.0%	4	1	7	0	1	41.7%	41.1%	30.5%
W12	50.0%	95.6%	1	0.0%	2	0	1	0	12	30.8%	40.0%	32.0%
W14 (ASA)	76.5%	78.9%	6	100.0%	0	0	3	0	2	70.7%	75.8%	64.4%
W15	0.0%	86.7%	21	62.0%	3	0	7	0	1	56.3%	53.8%	48.6%
W16	53.3%	78.9%	13	23.0%	0	0	2	0	2	0.0%	4.3%	0.0%
W24	78.1%	93.0%	1	100.0%	3	0	2	0	0	45.0%	36.4%	21.1%
W26		96.7%	24	29.2%	0	0	3	0	1	36.4%	48.6%	39.0%
W28/YCU	75.0%	96.7%	2	100.0%	7	1	6	1	1	31.1%	20.0%	11.8%
W29	75.0%	96.7%	2	100.0%	0	0	0	0	1			
W31	74.1%	88.9%	0	0.0%	0	0	0	0	3	100.0%	96.8%	83.9%
W32	74.3%	97.0%	2	50.0%	0	0	16	1	1	20.0%	16.7%	20.0%
W33	50.0%	96.7%	2	50.0%	1	0	2	0	4	58.0%	60.0%	48.3%
W34	77.1%	96.0%	17	94.0%	2	1	5	1	1	46.4%	37.8%	38.1%
W35	81.1%	97.0%	3	100.0%	5	0	9	3	2	91.7%	91.7%	58.3%
W36	61.3%	94.4%	1	100.0%	0	0	2	0	1	50.0%	16.7%	16.7%
W37	72.2%	100.0%	2	100.0%	2	0	11	0	0	100.0%	100.0%	33.3%
W39	60.7%	96.7%	3	67.0%	2	0	6	0	2	45.9%	41.3%	51.2%
WHITE CROSS COURT												
WXC	82.1%	97.0%	13	84.6%	1	0	3	0	1	78.9%	69.0%	40.0%
ST MONICAS												
STMON	68.8%	92.2%	6	33.3%	2	0	2	0	2	91.0%	83.3%	58.3%
SELBY												
SWMH	90.6%	92.2%	2	50.0%	3	1	5	0	2	91.7%	67.6%	42.4%
SCARBOROUGH												

Key Performance Indicators: *Latest position against threshold*

SITE	Red Flags (Total)	Red Flags with Supporting Narrative	Pressure Ulcer - Datix	Pressure ulcer 3&4	Falls- Datix	IPC (CDI)	Medication Errors - Datix	Completion of Falls Assessment	Completion of Pressure Ulcer Assessment	Completion of MUST Assessment	Monthly score	Weekly completion score
YORK												
AMB	7	14.3%	2	0	10	0	4	78.9%	80.0%	73.9%	85.0%	75.0%
AMU	4	75.0%	2	0	8	0	8	91.1%	90.0%	35.8%		75.0%
ASU	6	33.0%	0	0	2	0	0	78.0%	75.2%	60.0%	88.4%	75.0%
CCU	2	100.0%	0	0	0	0	1	90.3%	90.5%	65.2%	91.0%	75.0%
EAU			0	0	0	0	0				0.0%	100.0%
ED			2	0	7	0	11				100.0%	50.0%
ICU			3	0	1	0	5				97.7%	75.0%
W11	6	100.0%	4	1	7	0	1	41.7%	41.1%	30.5%	94.3%	100.0%
W12	1	0.0%	2	0	1	0	12	30.8%	40.0%	32.0%	94.2%	50.0%
W14 (ASA)	6	100.0%	0	0	3	0	2	70.7%	75.8%	64.4%	94.0%	25.0%
W15	21	62.0%	3	0	7	0	1	56.3%	53.8%	48.6%	93.9%	75.0%
W16	13	23.0%	0	0	2	0	2	0.0%	4.3%	0.0%	85.8%	0.0%
W24	1	100.0%	3	0	2	0	0	45.0%	36.4%	21.1%	95.6%	75.0%
W26	24	29.2%	0	0	3	0	1	36.4%	48.6%	39.0%	95.0%	50.0%
W28/YCU	2	100.0%	7	1	6	1	1	31.1%	20.0%	11.8%	92.0%	100.0%
W29	2	100.0%	0	0	0	0	1				91.0%	50.0%
W31	0	0.0%	0	0	0	0	3	100.0%	96.8%	83.9%	0.0%	75.0%
W32	2	50.0%	0	0	16	1	1	20.0%	16.7%	20.0%	88.9%	75.0%
W33	2	50.0%	1	0	2	0	4	58.0%	60.0%	48.3%	97.0%	75.0%
W34	17	94.0%	2	1	5	1	1	46.4%	37.8%	38.1%	88.7%	50.0%
W35	3	100.0%	5	0	9	3	2	91.7%	91.7%	58.3%	89.3%	75.0%
W36	1	100.0%	0	0	2	0	1	50.0%	16.7%	16.7%	90.0%	100.0%
W37	2	100.0%	2	0	11	0	0	100.0%	100.0%	33.3%	87.9%	50.0%
W39	3	67.0%	2	0	6	0	2	45.9%	41.3%	51.2%	88.6%	100.0%
WHITE CROSS COURT												
WXC	13	84.6%	1	0	3	0	1	78.9%	69.0%	40.0%	87.1%	75.0%
ST MONICAS												
STMON	6	33.3%	2	0	2	0	2	91.0%	83.3%	58.3%	95.2%	75.0%
SELBY												
SWMH	2	50.0%	3	1	5	0	2	91.7%	67.6%	42.4%	92.8%	75.0%
SCARBOROUGH												

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	CQC Update Report
Director Sponsor:	Dawn Parkes, Interim Chief Nurse
Author:	Emma Shippey, Head of Compliance and Assurance

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:

Progress with delivery of actions within the Trust CQC Improvement Plan is being overseen through the fortnightly Journey to Excellence meeting.

The monthly section 31 maternity submission was last made on 22 December 2023.

There are 12 open enquiries with the CQC.

Recommendations:
The Board of Directors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Report History

Meeting	**Date**	**Outcome/Recommendation**
Patient Safety & Clinical Effectiveness / Patient Experience Group	10 January 2024	Presented and accepted.
Quality Committee	16 January 2024	Presented and accepted. Amendments suggested in reporting the main risks to delivery, any residual problems not progressing and what the Trust is proud of in terms of progress.

1. CQC Inspection Update

The CQC have been invited onsite on the 23 January 2024 by the Interim Chief Nurse. The monthly engagement meeting will be held on this date followed by a visit to the Emergency Department at York Hospital.

The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme; Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

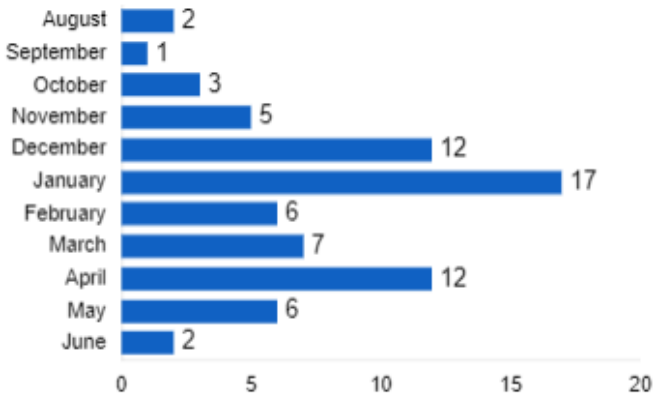
The workstreams are as follows:

- Maternity Services
- Governance; Corporate / Quality
- Urgent Care
- Elective Care
- Leadership and Culture*
- Safe Staffing
- Fundamentals of Care

Progress with the CQC Improvement Plan, as of 28 December 2023, can be seen in the charts below:

Overall Progress with CQC Actions

Action Due Dates for Completion 2023/24



Progress Rating by Workstream

Narrative updates and evidence to support the progress made with actions has continued to be logged in the improvement plan.

There are eight actions which are 'off track'. These are listed in **Appendix A** of the report. Of these:

- Three action extension forms have been approved through the Journey to Excellence meetings.
- Four actions are linked to the refurbishment of ward 23 at York. An extension request form has been drafted and will be presented on 8 January 2024 as works are not due to be completed until the end of March 2024.
- One action relates to the provision of oxygen and suction on Chestnut ward at Scarborough. The work is planned to start mid-February 2024. An extension request form will be presented on 8 January 2024.

There are two actions which delivery by the original target date is at risk:

Ref	Must / Should	Action	Target Date to Complete	Update
23	Must	The trust must ensure that in Maternity and Medical Care, all staff are aware of and consistently follow the trust policy to safely store medicines including controlled drugs and controlled substances hazardous to health (COSHH). The trust must also ensure adequate action is taken following audits which identify medication storage issues.	29/12/23	Further COSHH audits to be undertaken to provide further assurance Extension form drafted for J2E 08.01.24.
25	Must	The trust must ensure that all staff groups in Medical Care, Maternity and Urgent and Emergency Services complete designated mandatory training sessions. Including: - Safeguarding, PREVENT, Adult Life Support and Advanced Life Support (MC York and Scarborough) - Theatre recovery training, practical obstetric multi-professional training and saving babies lives version 2 (Mat York and Scarborough) - ED Medical Staff, esp. Safeguarding, learning disabilities and dementia (Scarborough)	31/01/24	For the areas and subjects listed, the Trust is on track to achieve the 85% compliance except in the following: - Adult Life Support (MC York and Scarborough) - Learning Disabilities and Dementia (ED Medical Scarborough) - Saving Babies Lives version 2 (Mat York and Scarborough) Extension form drafted for J2E 08.01.24.

Sixteen actions are classed as 'complete' and the action closure forms are being drafted. These are listed in **Appendix B** of this report.

If an action is considered 'complete', and sustained impact of the action is evident, then a proposal can be made to close the action. Closure of the action must be supported by the Executive Lead and approved through the Journey to Excellence meeting.

In total, seven CQC actions have now been approved for closure at the Journey to Excellence meetings. Three closure request forms were approved at the Journey to Excellence meeting on 11 December 2023:

Ref	Must / Should	Action	Target Date to Complete
2	Must	The trust must ensure the organisation supports all staff, including those with equality characteristics, to feel respected and valued and supports an environment where staff are encouraged to speak up and raise concerns without fear of blame or reprisal.	29/12/23
16	Should	The trust should ensure that it follows the recommended period for repeating and recording Disclosure and Barring Service checks for directors.	30/10/23
52	Must	The trust must ensure that in Medical Care at York, patient's own medicines books are completed on admission, when the medicines are returned to them on discharge and that time critical medicines are given when prescribed.	30/11/23

2. Maternity Section 31 Submission

A monthly submission is made to the CQC providing an updated position on progressing in addressing the issues highlighted in the Section 31 notice. The submission is due on the 23rd of each month. The monthly section 31 maternity submission was last made on 22 December 2023.

3. Mental Health Risk Assessment Section 31

In January 2020, the CQC imposed a Section 31 as they were not assured that patients who presented to the York and Scarborough emergency departments with mental health needs were being risk assessed and cared for safely.

The CQC have asked to be updated when the new Mental Health Risk Assessment form has been transferred onto Nucleus, when staff have received training on use of the form and monthly audit results to be provided once launched.

The further developments are now complete, have been demonstrated to staff with positive results, and ready for technical testing. A go-live date is planned for January 2024.

4. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example serious incidents (SI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review, investigation, and response.

The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

There have been no CQC cases (previously enquiries) received since the last report was written (5 December 2023).

At the time of writing, the Trust had 12 open cases / enquiries. The majority of these remain open whilst awaiting submission of finalised Serious Incident Reports.

The enquiry dashboard can be viewed in **Appendix C**.

5. CQC Updates

New Regulatory Approach

The new CQC assessment approach started to be used in the south region the week commencing the 4 December 2023.

From 16 January assessments start for a small number of providers in our North region and Midlands region.

From 6 February assessments start for all registered providers in our North region and Midlands region and Trust well-led assessments start in all regions.

The new framework retains the five key questions (safe, effective, caring, responsive, well led) and the 4-point ratings scale (outstanding, good, requires improvement, inadequate) . However, services will now be assessed against quality statements (these can be viewed here). These replace the key lines of enquiry, prompts and ratings characteristics.

Evidence will be gathered both on site and off site to make an assessment. The types of evidence which will be considered is grouped into six evidence categories:

- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- Outcomes

Assessments may be in response to information of concern or planned. The CQC will continue to apply existing rules when giving notice of assessments.

A scoring system to produce a rating for the service . As the Trust currently has a rating, this will be transferred across by applying scores of between one to four to the quality statements.

There are two exceptions:

- The initial scores for the workforce wellbeing and enablement quality statement will be based on the well-led key question rating. This is because this topic area has moved from well-led to caring in our new framework.
- We will not apply an initial score for the environmental sustainability quality statement. This is because it is a new area in our framework.

An example of the how the scoring system will work for a GP practice can be viewed following this link.

6. Recommendations

The Board of Directors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquiries.

Appendix A
CQC Actions 'Off Track'

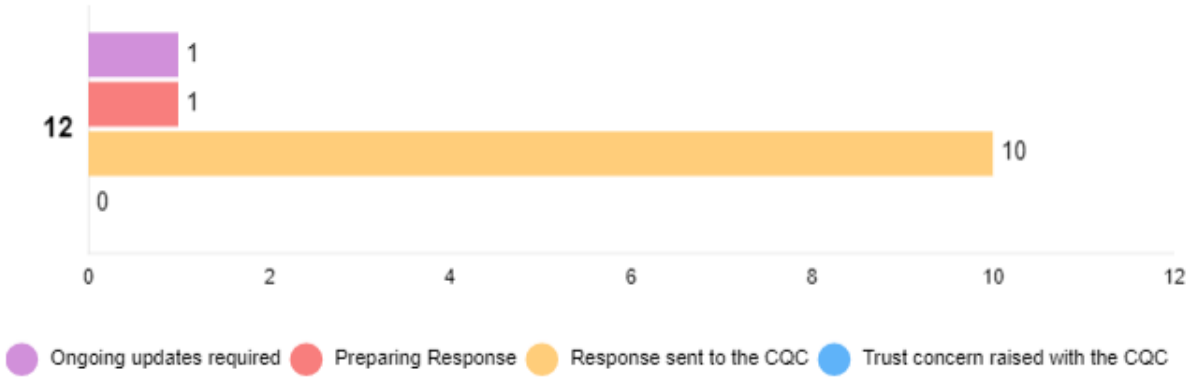
Ref	Must / Should	Action	Target Date to Complete	Update
3	Must	The trust must ensure that the guidance within all policies is up to date, accurate and relevant to the service. This includes, but is not limited to: - The guidance within the workforce and equality diversity, and inclusion (EDI) - Freedom to speak up - Policies for transgender and non-binary people - Unacceptable behaviours from patients - Maternity Services	31/01/2024	Extension request form presented at J2E 11.12.23. Agreed, with amendments, to 31.01.24
40	Should	The trust should ensure ED staff recognise or make reasonable adjustments to meet patient needs such as those with mental health issues or anxiety. ED staff must complete all sections of risk assessments for patients who show signs of mental ill health. They should consider revising this documentation's length to improve staff compliance	29/03/2024	Extension approved at J2E 11.12.23. Original target 29.12.23. Revised target 29.03.24.
42	Must	The trust must ensure that in Urgent and Emergency services at York, staff do not place patients at higher risk such as those with IV access or allergies in inappropriate environments for their needs and observe them accordingly.	29/12/2023	Closure form being drafted.
48	Must	The trust must ensure that there is sufficient space around patient beds, with oxygen and suction placed by every bed.	31/01/2024	The work is planned to start mid-February 2024. Extension form drafted for J2E 08.01.24.
55	Should	The trust should ensure that in Medical Care at York, patients have venous thromboembolism (VTE) checks and risk assessments are completed and documented within the current trust protocol within 14 hours.	30/04/2024	Extension request submitted to J2E 11.12.23. Original target 30.11.23. Revised target 30.04.24
54	Should	The trust should ensure that equipment such as drip stands, and ceiling hoists were available on ward 23 at York.	31/01/2024	Linked to ward 23 refurbishment - due to be completed March 2024. Extension form drafted for J2E 08.01.24.
56	Should	The trust should ensure that patients on the acute stroke ward 23 received their daily 45 minutes of rehabilitation.		
61	Should	The trust should consider identifying dedicated rehabilitation and kitchen areas for use when undertaking patient assessments on the acute stroke ward.	30/04/2024	

Appendix B
CQC Actions 'Complete'

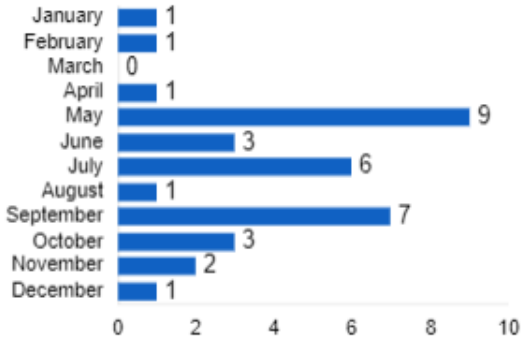
Ref	Must / Should	Action	Target Date to Complete
4	Must	The trust must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but is not limited to, racism and discrimination.	29/12/23
5	Must	The trust must ensure it takes account of the Workforce Race Equality Standard, Workforce Disability Equality Standard and NHS staff survey data to ensure both staff from ethnic minority groups and disabled staff are not disproportionately disadvantaged by working in the organisation.	29/12/23
7	Must	The trust must fully investigate and seek to learn from the death of a person with a learning disability or autistic people including seeking LeDeR reviews.	29/12/23
19	Should	The trust should consider increasing the frequency of safeguarding reporting to board to improve oversight.	31/01/24
20	Should	The trust should consider recruiting looked after children specialist nurses to support capacity for initial health reviews.	31/01/24
31	Should	The trust should ensure that monitoring and action plans are in place should water checks and legionella checks fail.	30/11/23
32	Should	The trust should consider introducing patient record, consent and pain management audits.	29/03/24
36	Must	The trust must ensure ED staff review national patient safety alerts for relevant learning and ensure measures taken around historic alerts are maintained.	30/11/23
43	Should	The service should ensure the IPC team and sepsis leads are better embedded and visible in the department to support staff with potentially infectious patients, assessments, or audits.	30/11/23
45	Should	The trust should review the process in Urgent and Emergency Care at York for recording of controlled drugs to ensure all documents are completed in line with NICE guidance.	31/01/24
47	Must	The trust must ensure that all bank and agency staff had a full induction and competencies assessed prior to them working in the medical service.	30/11/23
50	Should	The trust should ensure that safety huddle documentation is formalised across the Medical Care service at Scarborough.	29/12/23
59	Should	The trust should ensure that consultants lead daily ward rounds on the emergency assessment unit at York to ensure patients are discharged and improve patient flow.	31/10/23
66	Must	Maternity Services must implement an effective system to identify and report incidents including the severity of harm. The system must ensure incidents are appropriately reported to internal and external systems within appropriate timescales. The system must ensure incidents are effectively reviewed, lessons and actions are identified and shared with staff.	29/12/23
68	Should	The trust should ensure that Maternity can evidence the decision making and governance processes surrounding the use of balloon catheters at both sites.	29/12/23
72	Must	The trust must ensure that in Maternity, the assessment of risk, preventing, detecting, and controlling the spread of, infections, including those that are health care associated is managed in line with trust and national guidance	29/12/23

Appendix C
CQC Cases / Enquiries (1 January 2023 to 28 December 2023)

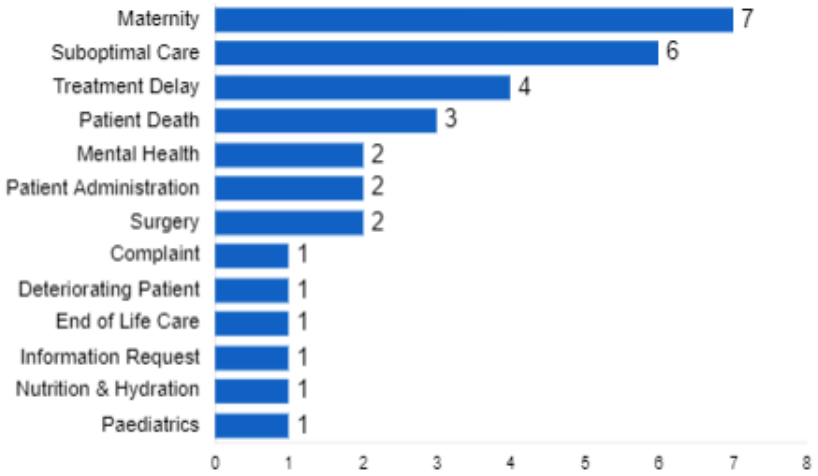
Number of Open CQC Enquiries / Cases



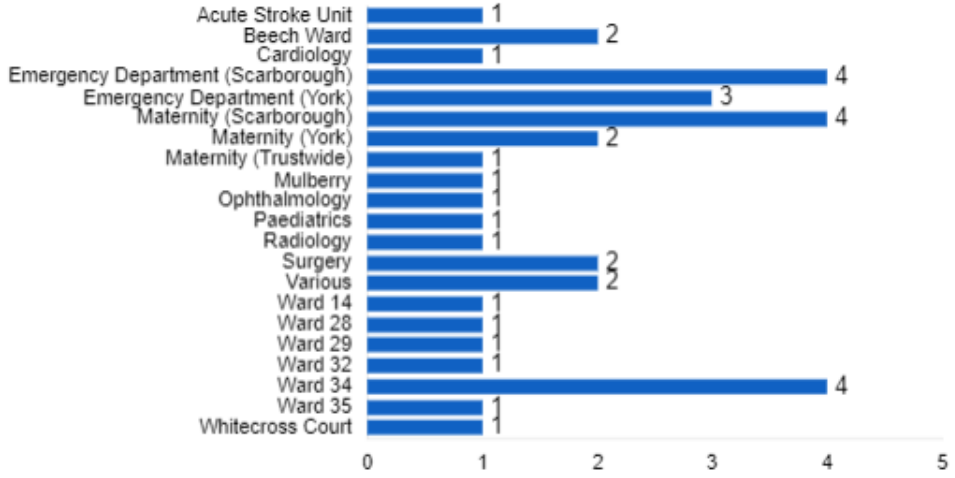
Number of Enquiries Received by Month



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes Executive Chief Nurse
Author:	Sascha Wells-munro, Director of Midiwfery

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
	☒ Sustainability

Summary of Report and Key Points to highlight:

This report provides an update on the maternity and neonatal service delivery in line with locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model*' (December 2020) and the three-year national Maternity and Neonatal Delivery Plan 2023.

The purpose of the report is to inform the LMNS Board and Trust Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'Ward to Board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team.

The information within the report reflects actions and improvements in line with Ockenden and the national Maternity Incentive Scheme Year Five, incorporating Saving Babies Lives Care Bundle Version 3; as well as progress made in response to any identified concerns at provider level and the monthly reporting in relation to the CQC Section 31 notice areas of concern reported in November and December 2022.

There is oversight and assurance of the progress and immediate response to emerging concerns through the monthly Trust Maternity Assurance Group (MAG) and formal reporting to the Trust Quality & Safety Assurance Committee.

The report will also provide monthly updates to the Local Maternity and Neonatal System (LMNS) via the clinical quality group and to the Quality Improvement Group (QIG) to support reporting to the Integrated Care Board for the Humber, Coast and Vale.

The summary outlined below captures the headlines and escalations from the presentations to Maternity Assurance Group and Quality & Safety Assurance Committee in January.
Annex 1 provides the current delivery position for the service against the core national safety metrics.

This report is received alongside the November monthly update to CQC on the service progress against the Section 31 concerns and key improvement workstreams in place in the maternity improvement programme.

Recommendation:

The Board is asked to receive the updates from the maternity and neonatal service for November and approve and sign off the following:

The CQC Section 31 Update
The Bi-annual Workforce Report
The Annual Maternity Training Plan Paper
The Maternity Incentive Scheme Declaration

Report History

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

Meeting	Date	Outcome/Recommendation
Quality & Safety Assurance Committee	16/01/2024	To note the progress with the safety actions and improvement work in maternity and neonatal services. **To formally receive and approve the** The CQC Section 31 monthly report. The Bi-annual Workforce Report The Annual Maternity Training Plan Paper The Maternity Incentive Scheme Declaration

Report to Trust Board from Quality & Safety Assurance Committee

The maternity and neonatal services are working to deliver a range of safety and quality improvements which are supported through a dedicated improvement programme.
The progress with the individual workstreams and specific safety actions are monitored monthly with the impact on core maternity and neonatal quality and safety metrics reported to both Maternity Assurance Group and Quality and Safety Assurance Committee.

Annex 1 provides the current delivery position for the service against the core national safety metrics. There are no escalations to Quality and Safety Assurance Committee in relation to these metrics.

The November monthly update to CQC provides progress against the Section 31 concerns and key improvement workstreams in place in the maternity improvement programme.
There has been continued progress in relation to mandatory training compliance and incident reporting.
There is a dedicated quality improvement project now in place to support progress with providing assurance around PPH reporting, to ensure that the service has confidence that all processes for PPH management and subsequent reporting are robust and embedded in core daily processes.
There was significant rise in PPH cases in November 23 reported cases (7.2%) that are now subject to a full thematic review. The outcome and subsequent immediate actions will be reported to February Quality and Safety Committee and inform any further key actions within the improvement project to ensure continuous Improvement.

The Bi-annual Workforce report

This report gives a summary of all measures in place to ensure safe multi-disciplinary staffing across maternity services in line with national standards and recommendations. This includes workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, compliance with supernumerary labour ward coordinator (LWC), one to one care in labour and red flag incidents. It also gives a summary of key workforce measures for Obstetrics, Neonatology and Anaesthetics to provide evidence for the maternity incentive scheme year 5.

The Annual Maternity Training Plan

In line with the required standard and minimum evidential requirements of the Maternity Incentive Scheme Year 5, Safety Action 8, a local training plan has been developed to support implementation of Version 2 of the Core Competency Framework. The local training plan was based on the “How to” Guide developed by NHS England. This plan will ensure that the ability of the Trust’s Multi-disciplinary maternity teams to know and be aware of the core mandated training requirements for each professional group.

The Maternity Incentive Scheme Declaration

The maternity incentive scheme is now in year five and submission of the self-declaration compliance form is required to NHS Resolution by 12.00hrs on the 1st of February. For year 5 the trust has maintained the position from Year 4 remaining fully complaint in safety actions 1,2 and 10. All other safety actions have a clear action plan to achieve compliance of each element that sits within the overarching safety action. The details of this are shown with in the declaration document.

The Maternity and Neonatal single Improvement Plan

The maternity improvement programme has been in place since January 2023 to support the delivery of the immediate actions, urgent must do actions and improvement projects which address the. The plan was refreshed in November to align it with the National Maternity and Neonatal 3-year plan. High level actions have now been developed with work being undertaken to set key milestone actions and timescales for delivery (Annex 2).

To ensure improvement is continuous, sustained and embedded the RAG 2-step approach adopted by Shrewsbury and Telford will be used to monitor progress against our improvement programme.

The 2-step approach allows projects leads to RAG progress status against actions, but delivery status will only be rated green once there is robust evidence that supports sustained improvement.

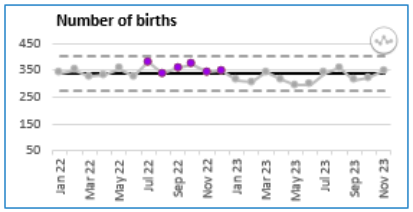
The key areas to note progress in relation to critical service development and improvement work include:

- Birthrate Plus review concluded which will report in full in March 2024 and the confirmation of a shortfall in core and integrated and specialist midwifery staff across both sites which will require investment. In the meantime, this shortfall is being mitigated by the deployment of agency staff.
- Appointment of Obstetric Transformation lead who will support the obstetric medical workforce review and subsequent Job planning that meets the needs of the service and the community served across York and Scarborough.
- Progress with the development of the business case to support the expansion of the ante-natal scanning capacity to ensure the delivery of all scanning required in line with Saving Babies Lives Care Bundle Version 3 which will be concluded by the end of February.
- Progress with the theatre demand and capacity review to support a business case to expand theatre capacity to meet the increasing need and demand for planned C-sections which will be concluded in February.
- Working as part of the collaborative led by AQUA for the LMNS/ ICB to learn and improve across the system the Induction of Labour pathway and clinical standards.
- Full roll out of the maternity escalation policy and Opel framework working collaborative with LMNS colleagues to support mutual aid.
- Training Guideline for core maternity training requirements to meet all Core Competency Assessment for Saving Babies Lives V3 across the multi-disciplinary teams.
- Appointment of lead Neonatal Consultant cross site to support delivery of BAPM 7/9 standards and the development of a clear model of care to provide consistent transitional care provision in line with national best practice standards.
- Development of the Maternity Safety and Quality framework and workforce structures to support delivery. Each element is now in the testing phase.
- Work continues to establish robust data collection of national reporting requirements of delays in planned caesarean sections and induction of labour by 24 hours or more.

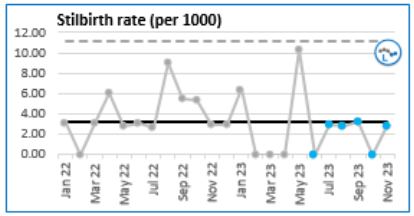
Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery November 2023

Maternity overview | **Trustwide**

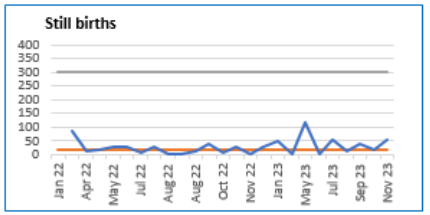
Latest month 01/11/23
Number of births 347
No significant change



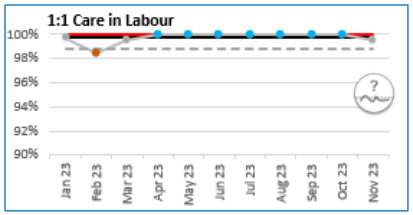
Latest month 01/11/23
Still birth rate/1000 2.8
Significant Improvement



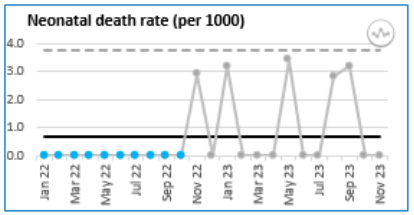
Date of last stillbirth 19/11/23
Average days between stillbirths 19.3
No significant change



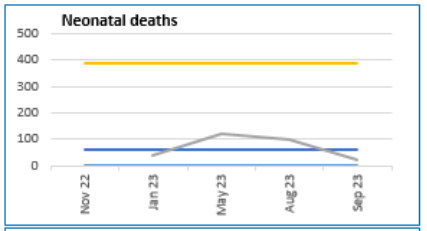
Latest month 01/11/23
1:1 Care in Labour 100%
No significant change



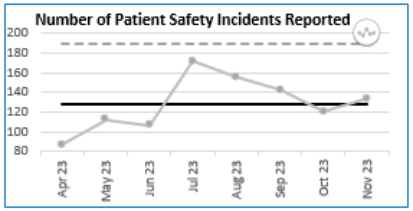
Latest month 01/11/23
Neonatal Death rate/1000 0.0
No significant change



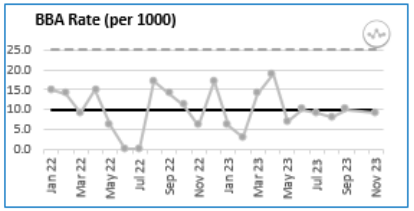
Date of last neonatal death 07/09/23
Average days between deaths 62.1
No significant change



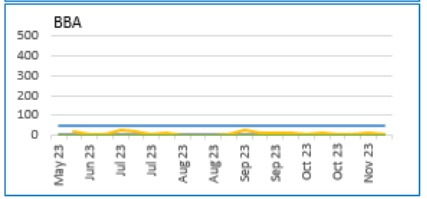
Latest month 01/11/23
Number of Patient Safety Incidents 133
No significant change



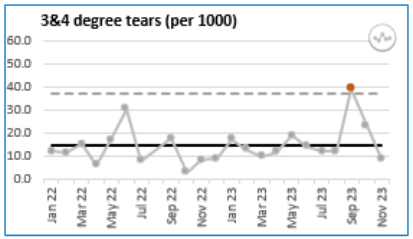
Latest month 01/11/23
BBA rate/1000 9.0
No significant change



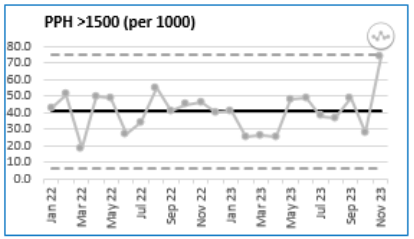
Date of last BBA 22/11/23
Average days between BBA 6.7
No significant change



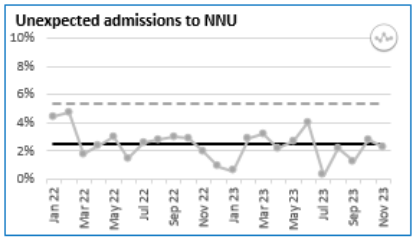
Latest month 01/11/23
3&4 degree tears (per 1000) 9.0
No significant change



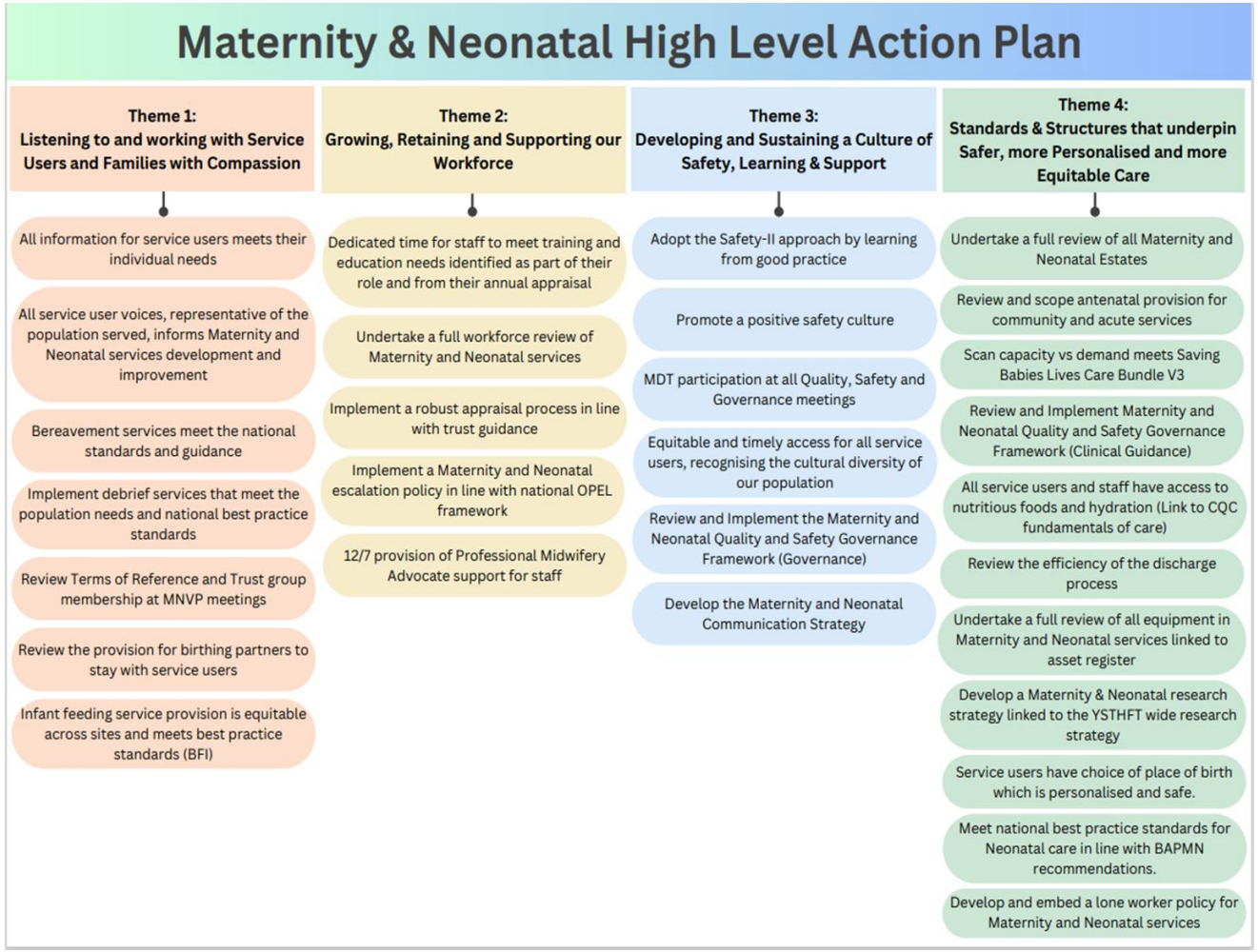
Latest month 01/11/23
PPH >1500 (per 1000) 74.0
No significant change



Latest month 01/11/23
Unexpected admissions to NNU 0.0
No significant change



Annex 2: Maternity and Neonatal Single Improvement plan



Committee Report

Report from:	Quality Committee
Date of meeting:	19 December 2023
Chair:	Dr Lorraine Boyd

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
Maternity - Formal confirmation received by the Trust of the national requirement to report Caesarean sections and inductions of labour over 24 hours. Badgernet does not currently allow the data to be extracted from the system and the Trust is working with the supplier for a solution. In the interim, Datix will be used to record these. **Children & Adults Safeguarding** - The sustainability of Autism Liaison Service, supported by external funding, is at risk beyond June 2024, when this comes to an end. Continued funding is not yet secured and will be part of a 2024/2025 investment request. - Child Protection Information Sharing System(CP-IS)is not consistently embedded within urgent care settings and maternity triage. In addition there is a coding backlog in ED creating the potential to delay timely safeguarding reviews. The Safeguarding Team are providing active support to the Care Groups.
ASSURE
Acute Patient Safety Risks over Winter Months until March 2024 - The paper and ensuing discussion provided assurance that the patient safety risks over winter are understood, and comprehensive mitigations and plans are in place with regard to oversight, scrutiny, and clinical safety in ambulance handover and supporting Yorkshire Ambulance Service colleagues. The Quality Committee will receive monthly updates. **Children & Adult Safeguarding** - The Safeguarding Team has evolved and expanded and includes Admiral Nurses, the Autism Liaison Lead and the Mental Capacity Team, encompassing a full range of adult and children's activity. It is now known as The Safeguarding and Complex Needs Team, led by the Head of Safeguarding and Complex Needs. The result will be improved reach, oversight and assurance.

ADVISE

Medicine Care Group Assurance Report

- The Care Group shared many of their risks and challenges. These are largely being managed through the Care Group governance structure with escalation to Corporate Risk Register where needed.

Maternity

- A theatre optimisation options appraisal is underway following a Caesarean section capacity/demand review. The outcome will be reported to Quality Committee in April

Nursing Workforce and Fundamentals of Care

- Ongoing development of the Quality Framework for Fundamentals of Care to further understand the relationship between nursing workforce and patient outcomes. In January there will be 3 months of data to identify any areas of concern and any areas that need additional support.

- Adult Inpatient ward areas risk assessment processes in planned, delivered and evaluated care is now based on data analysis across the whole month rather than as previously on the point prevalence data on a specific day. More accurate reporting is now evidenced but presenting lower rates currently achieved. These areas are subsequently being focussed on.

Operational Quality Group Escalations

- The Operational Quality Group will from January be split into two Sub-Committees of the Quality Committee: Patient Safety & Clinical Effectiveness and Patient Experience.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Children & Adults Safeguarding

- There is a risk of non-compliance with the Safeguarding Assurance & Accountability Framework (NHSE 2022) as a result of staffing gaps, specifically Named Nurse for Looked After Children (also noted by CQC June 2023) and Named Nurse for Safeguarding Adult Specialist Nurse, as well as some other recommended posts. Discussions with Finance Team are ongoing.

In addition to the risks above:

- Lack of Maternity staff bathroom facilities and the remedial works for completion by the end of January.

- The South Wing Roof at Scarborough Hospital maintenance risk which had been reduced and removed from the Corporate Risk Register (CRR).

- Pressures in the Emergency Departments, staff working on wards not used to overcrowding and the support being provided to staff to mitigate these risks.

Committee Report

Report from:	Quality Committee
Date of meeting:	16th January 2024
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
Maternity – Significant increase in PPH during previous month. Cases are subject to urgent investigation **Maternity –** Neonatal staffing remains a significant concern. Finance identified; business case subject to delay **IPC –** High number of MSSA infections. C.diff infections were within trajectory in month **Never Events –** 2 declared in last reporting period **Sepsis –** Concerning data from recent report. MD taking urgent action to drive and monitor improvement
ASSURE
External Inspections – Recent visits have resulted in positive assurance of safety of services (HTA, IRMER, Breast Imaging, Aseptics) **Patient Experience –** Recent report identifies areas of improvement (e.g. food). Other areas still require significant improvement but Committee assured about positive impact of new initiatives. Given pace of improvement and CQC 2022 findings, topic to be subject for further in-depth Board discussion

ADVISE
Ophthalmology – Care group reports on-going concerns over ability to manage growing workload. Clinical team fully engaged in mitigating risk to patients due to lengthy waiting times. Some process issues continue to be problematic with patient administration **Maternity –** Department remains compliant with only 3 elements of MIS. Neonatal staffing is a safety concern but other elements are not considered to be safety issues and Committee received assurance on progress to compliance. Data relating to ANTT training affected by on-going issues with the Learning Hub **Gastroenterology –** Recent inspection has not yet been formally reported but feedback suggests that JAG accreditation will not be achieved due to issues with CPD system. In other respects, inspection very positive and 6 month period has been determined to fix IT problem **Reset Week –** Committee advised that this had led to improvements in patient experience and metrics in ED although a longer period is required to determine whether these are sustainable. New processes causing concern in some in-patient ward areas **Industrial Action –** Recent JD strike had been managed but evidence of growing fatigue among staff covering during these periods. Request for derogation was considered but situation managed very closely by senior team and not ultimately required **Medical Elective Service –** Requiring further temporary relocation as permanent site still not available. Significant effect on staff morale being actively managed

RISKS DISCUSSED AND NEW RISKS IDENTIFIED
Histopathology – System issues identified affecting sample processing. Probably isolated issue but SI reported. QI project to provide improvement and safety net **CQC Compliance –** Committee discussion on progress and on-going vulnerabilities. ED and patient flow identified as significant risk. Oversight capacity of project also identified as a concern. Overall topic felt to benefit from further in-depth Board discussion

Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	Escalation of acute care patient safety risks over the winter months until March 2024.
Director Sponsor:	Claire Hansen, Chief Operating Officer
Author:	Adele Coulthard, Head of System Improvement, NHS England

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
	☐ Sustainability

Summary of Report and Key Points to highlight:

This paper has been presented to Quality Committee, on 19 December 2024, to alert members of the escalated risk that we may be unable to maintain a consistent rate of flow through our urgent and emergency care pathways over the winter months therefore potentially impacting the quality and safety of services received by patients and their carers and impacting the experience of our staff.

As agreed at Quality Committee, this paper is now being presented to Trust Board to alert members of the escalated risk and to provide assurance on the mitigating actions and monitoring arrangements in place manage the ongoing risk.

The paper, that is presented in the form of an SBAR report (situation, background, assessment and recommendation), provides the reasons for the risk escalation, outlines the mitigations in place, details the control measures and processes for assurance.

This paper is presented for information. The risk escalation will feed through to the Corporate Risk Register for Executive Committee to monitor.

There is also a time limited weekly Urgent and Emergency Care Focus Meeting between the Trust, ICB and NHS England where the risk and mitigating actions are reviewed and any required remedial actions are identified and agreed.

It is proposed that regular updates on the management of this particular risk are provided to Quality Committee members to the end of March 2024.

Recommendation:

1. Trust Board members are asked to receive and note the risk escalation.
2. Trust Board is asked to note the ongoing work and mitigations in place to ensure that effective and consistent performance is maintained across our internal UEC pathways over the winter months 2023/24.
3. Trust Board are asked to note that the ongoing risk will be monitored through the Corporate Risk Register and to note the controls and assurances that have been put in place.

Report History

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

Meeting	Date	Outcome/Recommendation
Quality Committee	19 December 2023	For escalation to Trust Board

Winter 2023/24 UEC Pathways Risk Assessment and Management

1. Purpose

1.1. This paper is presented to brief Quality Committee members, of the escalated risk that we may be unable to maintain a consistent rate of flow through our urgent and emergency care pathways over the winter months therefore potentially impacting the quality and safety of services received by patients and their carers and impacting the experience of our staff.

1.2. The paper will outline the background to the current situation and mitigating actions currently being taken to minimise the potential risk.

1.3. This paper is presented, in a SBAR format (situation, background, assessment and recommendation) for information.

2. Introduction

2.1. NHS England published a letter to the NHS in July 2023 on *Delivering operational resilience across the NHS this winter*, and a number of other guidance documents, setting out the national approach to 2023/24 winter planning. This is focussed around achieving the two key national ambitions for UEC recovery of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

2.2. This is acknowledged nationally to be against an operating context of high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care.

2.3. Delivery against these ambitions is challenging across the Humber and North Yorkshire ICS and internally across the Trust, also within the context of the challenges outlined above.

2.4. HNY ICB is currently placed in a Tier 2 monitoring regime for UEC performance and improvement through NHS England Oversight Framework. The Trust is part of that monitoring regime.

2.5. The Trust is also in Segment 3 of the NHS England Oversight Framework following the publication of the CQC report. This is monitored through the York and Scarborough Teaching Hospitals NHS Foundation Trust Integrated Quality Improvement Group (IQIG), involving NHS England and system partners, established in line with National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (NQB 2022). This is informed and supported by a weekly focus on UEC performance through an NHS England Weekly UEC Focus Group.

2.6. Through a process of performance monitoring, observation and engagement with our internal clinical teams, the Trust has developed a UEC improvement plan that seeks to address the specific challenges we are currently facing, and to plan for longer term improvement to provide effective, efficient and safe UEC pathways.

3. SBAR Briefing

3.1. Situation:

3.1.1. There is an escalated risk that we may be unable to maintain a consistent rate of flow through our Urgent and Emergency Care Pathways over the winter months therefore potentially impacting the quality and safety of services received by patients, their carers and impacting the experience of our staff.

3.1.2. The factors influencing this relate to the normal challenges over the winter period exacerbated by:

- Ongoing industrial action,
- Capital developments on both sites that are not yet complete,
- Staffing challenges across medicine and nursing,
- Implementation of revised Internal operational processes,
- Underutilisation of diversionary pathways,
- Increasing number of people whose discharge is delayed,
- A relatively new Care Group leadership team across medicine,
- A national drive to continue to focus on cancer and RTT delivery throughout the period
- Historical ways of working and cultural issues across the departments.
- Increasing volumes of attendances
- Increasing acuity of patients

3.1.3. Current performance is not where it needs to be across the following measures:

2023/24 Operational Guidance Requirement	November 2023	November target	March 2024 target
Emergency Care Standard	68.1%	73.6%	76%
Ambulance Handovers >60 minutes	24%	<10%	<10%
Average Ambulance Handover (HH:MM:SS)	00:46:52	<00:55:02	00:30:00
Proportion of patients waiting over 12 hours in ED	20%	<7.5%	<7.5%

3.2. Background

3.2.1. It is acknowledged that the UEC provision across Humber and North Yorkshire is pressured. There is a wider, ongoing improvement programme of work underway across the system that the Trust is a part of. However, this is focussed on medium and longer term plans. Working with the system and NHS England there is agreement to focus, over the winter period, on the immediate A&E departments performance, clearly identifying the risks to delivery and putting in place, where possible, effective mitigating actions to reduce the identified risk.

3.2.2. Focused areas of concern for the immediate winter period are:

- Delays in ambulance handovers
- Securing timely discharge
- Nursing and medical staffing levels

3.2.3. A number of ‘diagnostics’ are underway to provide great clarity, transparency and where appropriate, a quantification on the precise nature of the risks currently being faced. These include:

- Undertaking a ‘Missed Opportunities Audit’ across both sites to help understand our attendances and identify what alternative pathways should be in place or are already in place and not working as efficiently and effectively as possible.
- Undertaking a Safe Staffing Review to identify and quantify staffing gaps across both sites.
- Undertaking a capacity and demand modelling exercise to identify gaps in capacity and, triangulating with the ‘Missed Opportunities Audit’, develop a better understanding of potential demand management opportunities.
- Frequent and regular focus groups with staff both as an MDT and individual professional groups to further understand their concerns and suggested opportunities for improvement.
- Establishing a live dashboard that is monitored and updated regularly, so that all data is shared, consistent and transparent so that performance can be monitored in real time and areas of concern addressed with immediacy.
- Using external clinical leaders and regional clinical advisors to review clinical risk management processes
- Analysis of the most common reasons for a patient’s discharge being delayed.

These ‘diagnostics’ are being supported by NHS England, ECIST and our own staff.

3.2.4. Through discussions with clinical staff, they describe the current challenges in relation to the effective running of UEC pathways as:

- Ward Infrastructures
    - Recent rightsizing bed capacity exercises have been undertaken suggesting changes to bed configurations to help reduce the need to outlie patients and positively impact on length of stay.
    - Reducing the number of inpatients who no longer have medical needs, through earlier discharge thereby creating capacity to transfer patients with medical needs out of ED.
    - Reviewing SDEC provision to better match the care needs of presenting patients.
- Medical staffing
    - Balancing the need for Medical Specialty Consultants against the need for those more focussed on General Internal Medicine in a DGH environment.
    - Securing medical staffing in SDEC.
    - Current 7 day working patterns need to be reviewed.
- Culture and working practices
    - Helping staff across other specialities to understand the pressures being faced in acute care delivery and understanding the role they have in helping to support this.
    - The lack of standardisation and focus on the SAFER patient flow bundle across all inpatient care processes.
    - Lack of focus on discharge planning and utilisation of criteria led discharge processes.
- Operational practices
    - Lack of standardisation of ward-based processes, and procedures.

3.2.5. There are also issues in relation to shift clinical leadership roles and the need to develop our shift clinical leaders to ensure risks are constantly being monitored across the pathway.

3.3. Assessment

3.3.1. The UEC elements of partnership working across the York Place and the North Yorkshire place are focussed on the following four priorities:

1. UEC Recovery Plan
    a. Ambulance handovers
    b. Prevention of avoidable admissions
2. Operational and Surge Planning
    a. Demand and Capacity understanding and management
    b. Ongoing management of COVID-19 and other respiratory challenges
    c. Facilitating discharge of patients who no longer require medical attention
3. Effective system working
    a. Ensuring effective governance and monitoring across the system
    b. Putting in place effective communication systems
4. Supporting our workforce

These align with the areas on which we need to focus with improvement work focussed on the medium and longer term. There is a growing focus on the short-term changes required and this is having greater prominence as effective working relationships are developing.

3.3.2. Internally the Trust has six areas of immediate focus:

1. Implementing and using the new OPEL Framework and revised site management arrangements.
2. Undertaking an up-to-date analysis of demand and capacity following the implementation of phase 1 of the Emergency Department new build and preparing for the opening of phase 2 in York and repeating this on the Scarborough site to support their new build.
3. Reviewing systems and processes and capacity for cohorting.
4. Undertaking a rapid improvement plan across internal UEC pathways.
5. Increasing the use of virtual hospital.
6. Developing our paediatric hub and surge planning for children.

3.3.3. The Trust is recruiting additional capacity to support this work through the appointment of a substantive Deputy Chief Operating Officer with specific oversight of the UEC portfolio.

3.3.4. The Trust has a dedicated Programme Management infrastructure to support transformation of the UEC pathways.

3.3.5. There is a UEC Rapid Improvement Programme underway, addressing may of the issues highlighted above with workstreams focussed on people, processes, pathways and capacity. This is a week-by-week programme with a specific focus and expected impact measures in place. These priorities are demonstrated in the UEC Rapid Improvement Plan: October to December 2023 as attached in appendix 1.

3.3.6. The Trust has also put in place stronger operational oversight mechanisms led by Executive Directors including frequent cross site meeting every day; clear, identified shift leadership roles; use of a dedicated UEC dashboard to help drive immediate decision making; and strengthened the site management model.

3.3.7. The Trust has also put in place support to consistently deliver professional standards around the provision of nutrition and hydration to patients waiting in ED,

medicines reconciliation, and clinical oversight of emerging and potential clinical risks with appropriate and timely escalations.

3.3.8. Delivery against these priorities is governed through the requirements of the Trusts Integrated Quality Improvement Group (IQIG), established in line with National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (NQB 2022). This group meets monthly, chaired by NHS England and includes ICB, CQC and Local Authority colleagues.

3.3.9. The IQIG function is to:

- Provide advice and support to the provider/ICB to address quality, performance, and finance risks/concerns, including identifying required responses and planning for mitigation of risks.
- Provide a mechanism for facilitating direct assurance of the achievement of milestones within the action/improvement plans, including ensuring that there are clear arrangements for confirming these have been successfully delivered.
- Track progress with the NHS Oversight Framework segmentation assurance criteria agreed in September 2023.
- Review and challenge outstanding actions, ensuring that the most robust approaches are being considered.
- Escalate to the ICB System Quality Group, Regional Quality Group, and wider partners, e.g., Local Authority, Care Quality Commission (CQC) where appropriate.
- Ensure that learning is embedded in ongoing continuous improvement.

3.3.10. The Trust Board, through the Board Assurance Framework, has identified one of its Trust Priorities as Elective recovery – Acute Care Flow recognising risk to delivery through the BAF Principal Risk 3 – Failure to deliver constitutional/regulatory performance and waiting times. Specific documented controls in relation to acute care flow, and therefore triangulated with this escalation paper are:

- Oversight of performance
- Implementation of the Performance management Framework
- Implementation of surge plans
- Implementation of operational plans
- Implementation of winter plans, resilience plans and surge plans
- Urgent care working at place

No gaps in controls or gaps in assurances are identified in these areas through the BAF.

3.4. Recommendation

3.4.1. There are a number of factors described above that require an escalation of the risk, that we may be unable to maintain a consistent rate of flow through our urgent and emergency care pathways over the winter months therefore potentially impacting the quality and safety of services received by patients and their carers and impacting the experience of our staff.

3.4.2. There are also a number of mitigating actions, outlined above, being put in place to manage the risks over the winter period.

3.4.3. Current controls are in place through the monthly IQIG and weekly UEC Focus Group with NHS England. There are also internal controls in pace through the revised operational oversight mechanisms put in place across the Medicine Care Group supported by Executive Directors, and the development of a dedicated, live UEC dashboard enabling issues to be escalated in a more timely manner.

3.4.4. Quantitative sources of assurance include the monitoring of performance metrics via the live dashboard, performance reporting to our regulators and Care Group reporting to the Trusts Performance Review and Improvement Meeting (PRIM). Qualitative sources of assurance include feedback from external support agencies, site presence from senor operational staff, and feedback from staff both directly and through regular focus group meetings.

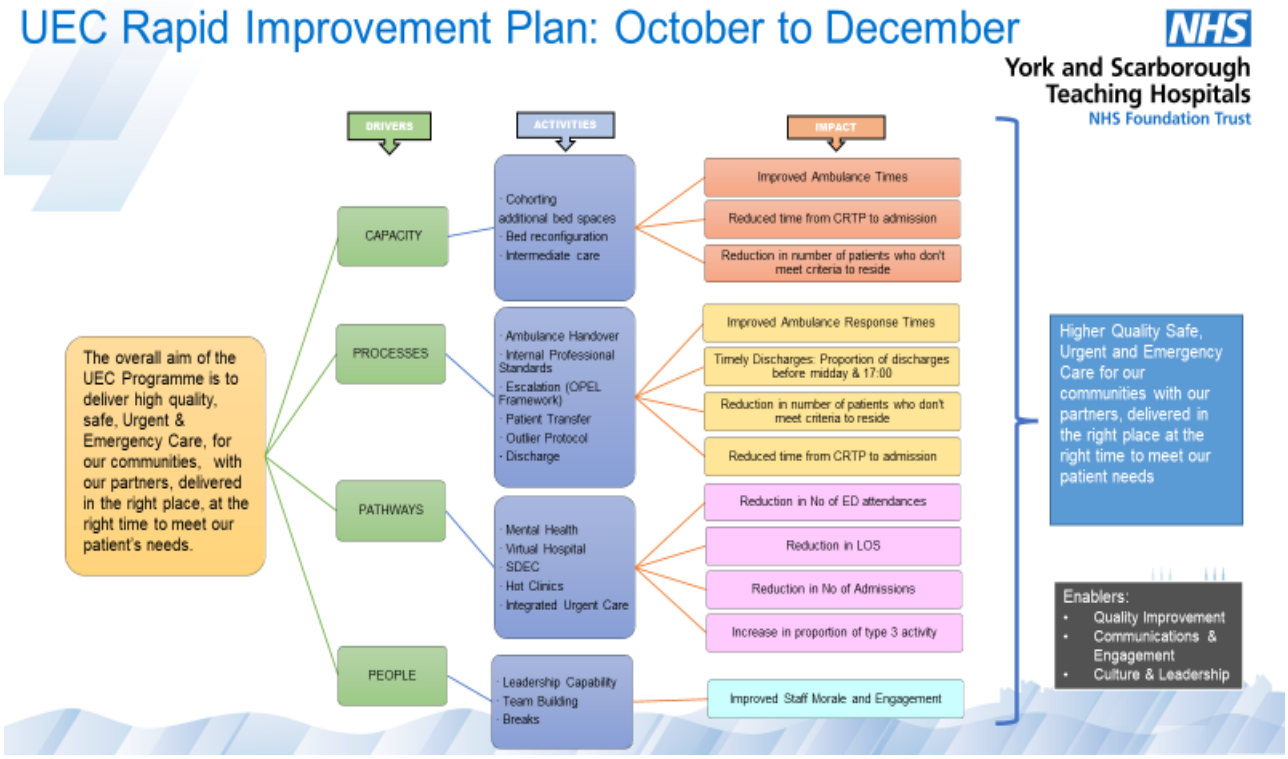
3.4.5. The above mitigations, controls and assurances provide improved line of sight on the management of risk across UEC pathways over the winter months providing opportunity for earlier identification, effective management and timely escalation of emerging issues.

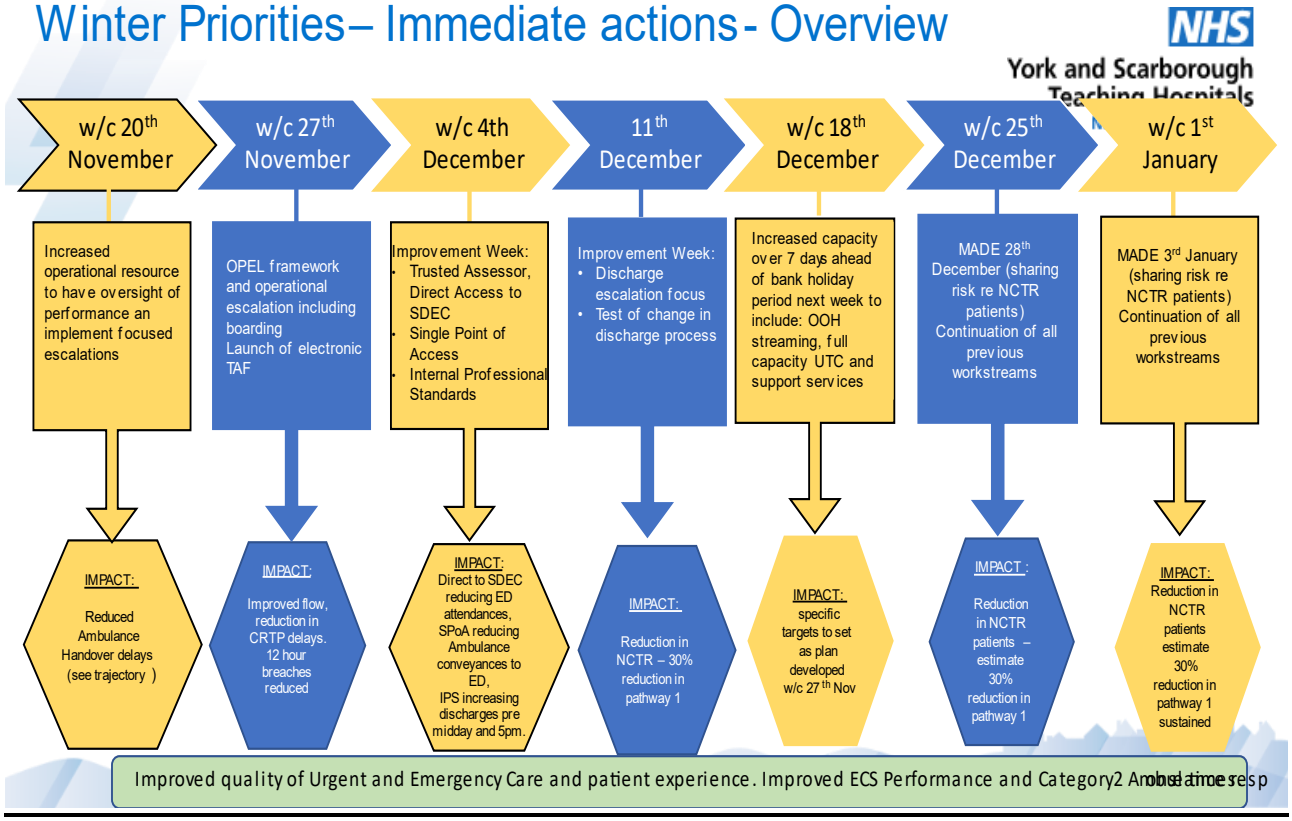
4. Action

The Trust Board is asked to:

4.1. Receive and note the risk escalation.
4.2. Note the ongoing work and mitigations in place to ensure that effective and consistent performance is maintained across our internal UEC pathways over the winter months 2023/24.
4.3. Note that the ongoing risk will be monitored through Executive Committee via the Corporate Risk Register and to note the controls and assurances that have been put in place.

Adele Coulthard, Head of System Improvement (Intensive Support)
NHS England
7 December 2023


UEC Rapid Improvement Plan: October to December
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust
DRIVERS
ACTIVITIES
IMPACT
The overall aim of the UEC Programme is to deliver high quality, safe, Urgent & Emergency Care, for our communities, with our partners, delivered in the right place, at the right time to meet our patient's needs.
CAPACITY
PROCESSES
PATHWAYS
PEOPLE
· Cohorting additional bed spaces
· Bed reconfiguration
· Intermediate care
· Ambulance Handover
· Internal Professional Standards
· Escalation (OPEL Framework)
· Patient Transfer
· Outlier Protocol
· Discharge
· Mental Health
· Virtual Hospital
· SDEC
· Hot Clinics
· Integrated Urgent Care
· Leadership Capability
· Team Building
· Breaks
Improved Ambulance Times
Reduced time from CRTP to admission
Reduction in number of patients who don't meet criteria to reside
Improved Ambulance Response Times
Timely Discharges: Proportion of discharges before midday & 17:00
Reduction in number of patients who don't meet criteria to reside
Reduced time from CRTP to admission
Reduction in No of ED attendances
Reduction in LOS
Reduction in No of Admissions
Increase in proportion of type 3 activity
Improved Staff Morale and Engagement
Higher Quality Safe, Urgent and Emergency Care for our communities with our partners, delivered in the right place at the right time to meet our patient needs
Enablers:
Quality Improvement
Communications & Engagement
Culture & Leadership


Winter Priorities– Immediate actions - Overview
NHS
York and Scarborough Teaching Hospitals
w/c 20th November
w/c 27th November
w/c 4th December
11th December
w/c 18th December
w/c 25th December
w/c 1st January
Increased operational resource to have oversight of performance an implement focused escalations
OPEL framework and operational escalation including boarding
Launch of electronic TAF
Improvement Week:
Trusted Assessor, Direct Access to SDEC
Single Point of Access
Internal Professional Standards
Improvement Week:
Discharge escalation focus
Test of change in discharge process
Increased capacity over 7 days ahead of bank holiday period next week to include: OOH streaming, full capacity UTC and support services
MADE 28th December (sharing risk re NCTR patients)
Continuation of all previous workstreams
MADE 3rd January (sharing risk re NCTR patients)
Continuation of all previous workstreams
IMPACT:
Reduced Ambulance Handover delays (see trajectory)
IMPACT:
Improved flow, reduction in CRTP delays. 12 hour breaches reduced
IMPACT:
Direct to SDEC reducing ED attendances, SPoA reducing Ambulance conveyances to ED,
IPS increasing discharges pre midday and 5pm.
IMPACT:
Reduction in NCTR – 30% reduction in pathway 1
IMPACT:
specific targets to set as plan developed w/c 27th Nov
IMPACT :
Reduction in NCTR patients – estimate 30% reduction in pathway 1
IMPACT:
Reduction in NCTR patients estimate 30% reduction in pathway 1 sustained
Improved quality of Urgent and Emergency Care and patient experience. Improved ECS Performance and Category2 Ambulance resp

Committee Report

Report from:	Resources Committee
Date of meeting:	19 December 2023
Chair:	Mr Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
Sustainability, Net Zero & Climate Change Assurance and Annual Report - The Committee were keen to communicate the extensive work that had been done to date around sustainability. **Digital update** - EPR - suppliers were bidding for their work which was due to close in early January, with an evaluation panel also established. Final names were to be presented to Executive Committee in January. Issue with the funding profile and may be allocated in the current financial year instead of 2025/26. There had not yet been formal correspondence around this. This was an issue in the potential for debility of what is available in today's marketplace.
ASSURE
Reset Week - The Reset week (first day 18th December and soft launch from 11th December) across the organisation to launch both OPEL framework and the new Unplanned Area SOP in moving patients from ED to the wards whether they have a bed available or not. This spread the risk across the site and enabled ED to decompress and allow improved patient flow. Stats on the previous day had evidenced that over half of the ED long waits had decreased. **Diagnostics Deep-dive** - An extensive overview of the current diagnostic services provided across the Trust sites; radiology, endoscopy and pathology. This was not the initial deep dive that was requested and Karen Priestman would return to present on metrics following an undertaking of capacity and demand modelling after using the Intensive Support Team Tool. The returning deep dives would be diagnostics services separated into the three areas described.
ADVISE
Nothing of note
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
Nothing of note

Committee Report

Report from:	Resources Committee
Date of meeting:	16th January 2024
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
- Challenge in maintaining quoracy due to NED vacancy and absence of a NED due to ill-health. - Only 45% patients seen within 14 days of Rapid Access Alert Pain Clinic. - Decline in diagnostic performance in some areas. - Forecast year end financial outturn £12m-13m worse than plan. Potential for significant constraints, restrictions placed on trust and possible impact on Rating. -Low vaccination rates of staff for influenza and Covid compared to all previous years. This year's campaign is being evaluated. - Critical situations in ED.
ASSURE
- Review of long length of stay patients at York & Scarborough taking place by a 4 person MDT with the aim of freezing up beds to reduce overcrowding in ED and wards. - The proportion of staff who have had an appraisal in the last 12 months has achieved target however ongoing concern regarding the high number having group appraisals in YTHFM.

ADVISE
- Notable improvement in meeting 62 day cancer standard but still a long way to go to meet NHS Constitutional Stat. - Significant disquiet expressed by ward staff re extra patients on the wards to reduce the overcrowding in ED and risk of harm to patients. - managers toolkit has been issued to all designated line managers. Positive feedback received to date.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
- Operational impact of industrial action. - High number of beds occupied by patients who no longer need hospital based care with the consequent impact of overcrowding in ED and wards and 12 hour trolly waits.

Summary Dashboard

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£10.3m adverse	£11.9m adverse	↓	Deteriorating
Forecast Outturn I&E Variance to Plan	£0.0m	£0.0m	↓	Deteriorating
Core CIP Delivery Variance to Plan	£1.1m Adverse	£1.6m Adverse	↓	Deteriorating
Core CIP Planning (£21.4m Target) Value Identified	£19.2m identified	£19.2m identified		Static
ICB Cost Reduction Ask (£17.5m target) Value Identified	£10.4m Identified	£10.4m Identified		Static
Variance to NHSE Agency Cap (3.7% of pay)	£4.3m Above	£5.0 Above	↓	Deteriorating
Month End Cash Position	£9.8m	£9.1m	↓	Deteriorating
Capital Programme Variance to Plan	£2.1m behind plan	£0.1m behind plan	↑	Improving

Income & Expenditure

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	649,115	487,532	506,640	19,109	671,687
Other Income	59,575	44,874	51,961	7,087	75,955
Total Income	**708,690**	**532,405**	**558,601**	**26,196**	**747,642**
Pay Expenditure	-489,814	-366,147	-380,369	-14,221	-496,978
Drugs	-58,569	-44,010	-55,181	-11,171	-70,805
Supplies & Services	-71,955	-54,262	-60,830	-6,568	-78,818
Other Expenditure	-104,042	-77,440	-83,387	-5,947	-109,294
Outstanding CIP	11,222	1,609	0	-1,609	0
Total Expenditure	**-713,158**	**-540,252**	**-579,767**	**-39,515**	**-755,895**
Operating Surplus/(Deficit)	**-4,468**	**-7,846**	**-21,166**	**-13,319**	**-8,253**
Other Finance Costs	-10,925	-8,200	-6,883	1,317	-9,059
Surplus/(Deficit)	**-15,392**	**-16,046**	**-28,049**	**-12,002**	**-17,312**
NHSE Normalisation Adj	-21	-18	61	79	-21
Adjusted Surplus/(Deficit)	**-15,413**	**-16,064**	**-27,988**	**-11,924**	**-17,333**

The I&E table confirms an actual adjusted deficit of £28.0m against a planned deficit of £16.1m for December. The Trust is £11.9m adversely adrift of plan and represents a deterioration over the position reported for November.

Corporate Overview of Key Drivers

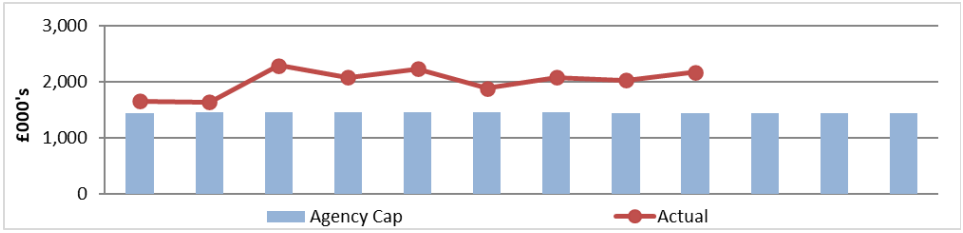
Variance	Favourable/ (adverse) £000	Commentary
Net Overall Strike Impact	940	Assessed reduced elective activity and income against plan due to cancellation of operations and outpatient appointments due to strike action, but for which the costs are in the system, is £2.38m. The assessed net increase in costs to ensure adequate and safe staffing levels during strike action, offset by reduced pay for those staff taking part in the strikes, is £2.99m. Total adverse impact is £5.37m. The total impact is offset by the decision of NHSE to reduce the national ERF target by 4% to acknowledge the cost of all strikes for the year to date has been assessed to increase ERF income to the Trust by £3.81m. In addition, a specific additional allocation has also been made of £2.5m to offset the impact of the strikes. Total strike support is £6.31m. This leaves a net favourable impact of £0.94m.
ERF Funding Position	1,942	Underlying elective activity has significantly increased in December. The assessed increased ERF payable to the Trust at M9 is £5.76m of which £3.81m is linked to the 4% reduction in the ERF target and offset against the strike costs incurred above.
CIP Shortfall	-1,609	Included within the reported position. See CIP section below.
Stretch Target Shortfall	-4,718	Included within the reported position. Current full year shortfall is £7.1m.
Agency and Bank covering vacancies	-3,904	Relates to covering vacancies. Total agency overspending is £5.0m, with minimal levels relating to the cost of covering strike action included above. £1.1m of the pressure is linked to the pay award shortfalls referred to above.
Covid test costs	-233	Formerly a pass-through cost to NHSE, but now transferred to the ICB with a fixed allocation.
Generic Further ICB allocation	3,408	As part of the recent allocations made available by HNY ICB, the Trust has been allocated a further non-specific generic allocation of £4.5m in full year terms.
Other I&E variances	-1,125	Various other miscellaneous variances
Drugs, devices, unbundled OP Radiology, and Pathology direct access	-6,625	These were previously contracted with commissioners on a pass-through cost basis but are now fixed within the block contract. Activity on these is significantly exceeding the assessed notional value in the block contract for which no further income is due thereby resulting in a cost pressure. This is further analysed below. Of this sum, £4.9m is an increase over the M9 22/23 outturn spend levels.

Treatment area	£	Drug or Device	Comments
Drugs			
Wet AMD	-633,312	Aflibercept, Ranibizumab, Faricimab	
Crohn's Disease or Ulcerative Colitis (IBD)	-998,979	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol	
Rheumatoid Arthritis	-328,361	Baricitinib, Abatacept, Tofacitinib	
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-775,132	Risankizumab, SECUKINUMAB	
Auto Immune, Rhumatoid Arthritis	112,858	Etanercept, adulimumab	
Other	-1,214,946		Following further analysis, the key driver for these increases in costs have been established as volume driven, with minimal price impact.
	-3,837,872		
Devices			
Sleep Apnoea	-256,047	CPAP machines	
Diabetic Pumps	-978,617	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports	
Other	39,376		
	-1,195,288		
Unbundled Radiology	-979,923		
Pathology Direct Access	-612,000		
	-6,625,083		

Key Subjective Variances

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	2,810	Primarily increased usage of high-cost drugs and devices for which income is earned on a pass-through basis and matched by increased expenditure.	No mitigation or action required.
ICB Income	15,830	Predominantly linked to (a) ERF being ahead of plan boosted by NHSEs 4% reduction in the ERF baseline to compensate for the impact of strikes over the year, and (b) the additional allocations received by HNY ICB from NHSE and passed onto the Trust to further compensate for strike action and other pressures.	No mitigation or action required.
Other income	5,775	Primarily relates to the sale and leaseback of mattresses and endoscopes, which is offset by increased costs under clinical supplies and services; and income for hosting the Collaboration of Acute Providers.	No mitigation or action required.
Employee Expenses	-14,221	Agency, bank and WLI spending is ahead of plan to cover vacancies and in part to provide cover during strike action. There is a funding shortfall on both the 23/24 A4C and Medical pay award. Part of the unachieved pay related stretch target is also causing pressure here. These are offset by additional funding received from HNY ICB referred to above, plus vacancies, and by planned investments in nursing and response to the CQC progressing behind plan.	To control agency spending within the cap. Work being led by HR Team to apply NHSE agency best practice controls, Care Group reduction programme for off-framework agency usage, continued recruitment programmes (including overseas recruitment). This work is not time limited but is ongoing. To continue to work on meeting the stretch target.
Drug expenses	-11,171	Relates to high-cost drugs and devices, offset by increased income; with the balance primarily relating to an increase of in-tariff drug and device costs which were previously contracted on a pass-through basis, but now included in the block contract; and increased homecare drug costs.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust, although with the release of a further generic allocation by HNY ICB the likelihood of success in securing further funding will be limited.
Clinical Supplies & Services	-6,568	Relates to sale and leaseback of mattresses and endoscopes and covid testing ahead of plan, both offset by increased income. Also includes overspending on pathology direct access due to increased levels of activity, which was previously covered by a variable tariff, but is now included in the block contract with the ICB. Increased spending on blood products, reagents, disposables.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust, although with the release of a further generic allocation by HNY ICB the likelihood of success in securing further funding will be limited; plus explore the opportunities to reduce spending.
CIP	-1.609	CIP behind plan.	Continued focus on delivery of the CIP. CET have developed a matrix of opportunity for sharing with Care Groups to progress ideas. We are supporting an ICS-wide group looking at system savings opportunities and we are participating in NHSE initiatives in relation to efficiency work. Also of note is continued work to reduce covid related expenditure and release of activity related investments are being scrutinised to check for prior work on productivity opportunities and resource transfer through follow up outpatient reduction. This work is ongoing.
Other Costs	-5,947	Primarily driven by the non-pay related unachieved stretch target, and the Ramsey contracted activity being ahead of plan.	To continue to work on meeting the stretch target.

Agency, Workforce, Elective Recovery Fund



Agency Controls

2023/24 has seen the reintroduction of controls around agency spending, which had been suspended since the Covid-19 pandemic. The Trust's agency spend is capped at 3.7% of its overall pay spend, and this has been factored into the plan. At the end of December expenditure on agency staffing was £5.0m ahead of the cap.

	Establishment			Year to Date Expenditure		
	Budget WTE	Actual WTE	Variance WTE	Budget £000	Actual £000	Variance £000
Registered Nurses	2,463.61	2,363.34	100.27	96,702	98,563	-1,861
Scientific, Therapeutic and Technical	1,231.53	1,188.05	43.48	48,242	47,460	782
Support To Clinical Staff	1,894.83	1,622.09	272.74	44,997	45,703	-706
Medical and Dental	1,032.83	971.09	61.74	96,261	109,409	-13,148
Non-Medical - Non-Clinical	3,055.77	2,859.77	196.00	77,331	77,855	-524
Reserves				1,132	0	1,132
Other				1,483	1,379	104
TOTAL	**9,678.57**	**9,004.34**	**674.23**	**366,147**	**380,369**	**-14,221**

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year to date. The reserves primarily relate to agreed but as yet undrawn CQC and nursing investments.

The table illustrates that a key driver for the pay position is spend against Medical and Dental staff, although establishment is under plan. The key drivers for the residual adverse variance include the cost of strike cover, and agency cover for vacant posts across the Care Groups.

Trust Performance Summary vs ERF Target Performance

Commissioner	23-24 Target % vs 19/20	ERF Target Weighted Value at 23/24 prices (Inc Pay Award CUF) v9 baseline inc strike 4% red	ERF Month 9 Phase (Av 75.587%)	Activity to Month 9 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Humber and North Yorks	99.63%	£120,427,976	£91,027,894	£97,086,710	£6,058,816	106.3%
West Yorkshire	99.00%	£1,266,898	£957,611	£792,070	-£165,540	81.9%
Cumbria and North East	111.00%	£159,999	£120,939	£148,022	£27,083	135.9%
South Yorkshire	118.00%	£143,586	£108,532	£100,639	-£7,893	109.4%
Other ICBs - LVA / NCA	-	£573,948	£433,830	£387,076	-£46,754	-
All ICBs	***99.76%***	***£122,572,408***	***£92,648,806***	***£98,514,517***	***£5,865,711***	**106.1%**
NHSE Specialist Commissioning	111.00%	£4,416,219	£3,338,087	£3,246,970	-£91,118	108.0%
Other NHSE	100.20%	£266,864	£201,714	£182,767	-£18,947	90.8%
All Commissioners Total	**100.12%**	**£127,255,491**	**£96,188,608**	**£101,944,254**	**£5,755,646**	**106.1%**

Elective Recovery Fund

To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the indications are that activity is up against plan and potentially presents a £5.8m surplus for the period.

This position includes the 4% total reduction for the year on the Trust's elective target as confirmed by NHSE to further acknowledge the impact the strikes have had on elective activity for the year to date.

ICB activity is ahead of the revised 100% target value, whereas NHSE Specialist Commissioned activity continues to remain slightly behind plan.

Cost Improvement Programme

	Core Efficiency Programme	Technical Efficiency	Total Efficiency Programme
	£000	£000	**£000**
Full Year CIP Target	£21,389	£28,059	**£49,448**
December Position			
Target	£9,986	£20,268	**£30,254**
Delivery	£8,377	£15,550	**£23,927**
Variance	**£1,609**	**£4,718**	**£6,327**
Planning Position			
Total Plans	£19,176	£20,941	**£40,117**
Planning Gap	**£2,213**	**£7,118**	**£9,331**
Planning Risk			
Low	£14,233	£20,941	**£35,174**
Medium	£1,989	£0	**£1,989**
High	£2,955	£0	**£2,955**

The Core efficiency programme requirement for 2023/24 is £21.4m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash releasing savings.

Through the financial plan presentations NHSE required technical efficiencies, covid spend reductions, estimated productivity gains, and the stretch target to be expressed as CIPs. These total a further £28.1m and are shown separately within this report as technical efficiencies. This gives a combined total efficiency target of £49.5m.

Delivery of the core efficiency programme at Month 9 is £8.4m against a plan of £10m giving an adverse variance of £1.6m. Recurrent delivery at month 9 is £4.2m (51%), and £5.9m FYE (27%) of the Core Programme target.

The planning gap at month 9 remains £2.2m, and high-risk plans total £3m. This combined £5.2m represents a risk to delivery of the core efficiency programme.

Cost Improvement Programme - In-Year Performance by Care Group, Directorate and YTHFM LLP

York and Scarborough Teaching Hospitals NHS Foundation Trust

2023/24 Cost Improvement Programme - December													
2023/24 Cost Improvement Programme - Technical CIP - December													
				December Position				**Planning Position**			**Planning Risk**		
		Full Year CIP Target		**Target**	**Delivery**	**Variance**		**Total Plans**	**Planning Gap**		**Low**	**Medium**	**High**
Technical CIP		**£28,059**		**£20,268**	**£15,550**	**£4,718**		**£20,941**	**£7,118**		**£20,941**	**£0**	**£0**
2023/24 Cost Improvement Programme - Core CIP - December													
				December 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
Medicine		£7,164		£3,341	£897	£2,444		£3,041	£4,122		£2,253	£749	£40
Surgery		£5,475		£2,553	£1,159	£1,394		£2,808	£2,667		£2,488	£320	£0
Cancer, Specialist and Clinical Support Services		£3,995		£1,863	£2,425	-£562		£3,602	£393		£3,515	£0	£87
Family Health		£2,073		£967	£1,121	-£154		£1,355	£717		£1,355	£0	£0
Corporate Functions													
Chief Exec		£105		£49	£35	£13		£37	£67		£37	£0	£0
Chief Nurse Team		£295		£138	£212	-£74		£377	-£82		£377	£0	£0
Finance		£92		£55	£528	-£473		£676	-£583		£676	£0	£0
Medical Governance		£83		£39	£87	-£49		£141	-£58		£141	£0	£0
Ops Management		£303		£142	£32	£110		£38	£265		£38	£0	£0
Corporate CIP		£0		£0	£923	-£923		£5,182	-£5,182		£1,778	£741	£2,663
DIS		£260		£121	£115	£6		£205	£55		£205	£0	£0
Workforce & OD		£145		£67	£128	-£60		£205	-£60		£205	£0	£0
Sub total		**£19,988**		**£9,333**	**£7,661**	**£1,672**		**£17,668**	**£2,320**		**£13,068**	**£1,810**	**£2,790**
YTHFM LLP		£1,400		£653	£716	-£63		£1,508	-£107		£1,164	£179	£165
				.									
Core Programme - Group Total		**£21,389**		**£9,986**	**£8,377**	**£1,609**		**£19,176**	**£2,213**		**£14,233**	**£1,989**	**£2,955**
CIP PROGRAMME TOTAL		**£49,448**		**£30,254**	**£23,927**	**£6,327**		**£40,117**	**£9,331**		**£35,174**	**£1,989**	**£2,955**

Cost Improvement Programme – Long Term Planning

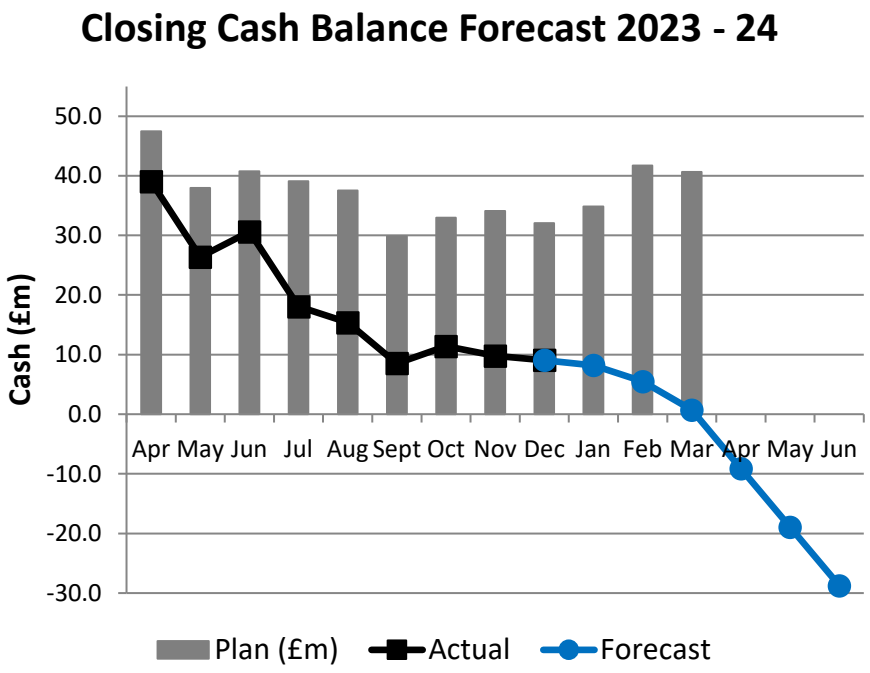
2023/24 Cost Improvement Programme - Core CIP 4 Year Planning Position			
Care Group	**4 Year Target**	**4 Year Plans**	**Gap in Plans**
	£000	£000	£000
Medicine	£16,968	£3,444	£13,524
Surgery	£12,508	£7,247	£5,261
Cancer, Specialist and Clinical Support Services	£12,425	£4,807	£7,618
Family Health	£5,145	£2,148	£2,997
Corporate Functions			
Chief Exec	£211	£37	£174
Chief Nurse Team	£636	£437	£199
Finance	£617	£695	-£77
Medical Governance	£106	£141	-£35
Ops Management	£521	£38	£483
Corporate CIP	£0	£11,658	-£11,658
DIS	£798	£205	£593
Workforce & OD	£696	£331	£366
Sub total	**£50,632**	**£31,188**	**£19,445**
YTHFM LLP	£4,235	£2,671	£1,564
Core Programme - Group Total	**£54,868**	**£33,859**	**£21,009**

The current 4-year planning position for the Core CIP Programme shows a gap of £21m against the target of £54.9m.

Current Cash Position

The Group's cash plan for 2023/24 is for the cash balance to reduce from £50.3m at the end of March 2023 to £40.6m at the end of March 2024, with the planned I&E deficit being a key driver in the reduced balance. December's cash balance showed a £22.9m adverse variance to plan, which is mainly due to debtors and accrued income above plan (£10m), inventory stock above plan (1m) and the I&E position behind plan (£11.9m). 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	47,455	37,960	40,729	39,099	37,524	29,841	32,947	34,072	32,068	34,842	41,691	40,625
Actual	39,054	26,392	30,644	18,082	15,382	8,523	11,426	9,813	9,099			



An application to NHSE for cash support was made during September to access £15m of cash support during Q3. Of this £12.2m was drawn (£5m in November and £7.2m in December).

The cash forecast graph illustrates the cash position based on the actual cash balance at the end of December with income and expenditure modelled in line with current run rates.

If we follow the current projections, it shows that the March position becomes increasingly tight. At this stage, we are confident that we can manage our cashflow at this level, however this remains dependent on the I&E trend through Q4. We have not progressed an application for further cash support for Q4. There is the opportunity to submit an in-month emergency request should a need arise.

The cashflow scenario has been extended in to the first quarter of 2024/25 to provide illustrations of the potential cash trajectories. In the absence of clarity around funding allocations, high level assumptions have been made using the current cash run rates of income and expenditure.

Current Capital Position and Better Payment Practice Code (BPPC)

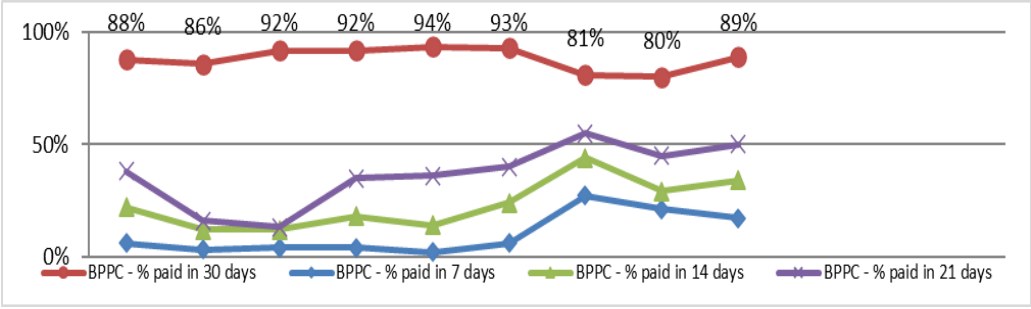
Capital Plan 2023-24 £000s	Capital FOT 2023-24 £000s	Mth 9 Planned Spend £000s	Mth 9 Actual Spend £000s	Variance £000s
45,852	56,863	25,368	25,249	-119

The total capital programme for 2023/24 is £45.9m; this includes £7.3m of lease budget that has transferred to capital under the IFRS16 accounting standard and £19.4m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

The capital programme at month 9 is £119k behind plan. Of this, £518k relates to IFRS 16 leases behind plan. Lease orders have now been placed for the full IFRS16 plan and all are expected to be delivered by March 2024.

If we remove the impact of IFRS 16 figures the capital programme is £399k (2%) ahead plan. The main contributor to this is the Scarborough UEC scheme running ahead of the planned expenditure profile by £207k and a few other schemes running ahead of profile.

Following a capital summit meeting in November, £3.1m of capital funding was identified as at risk of not being spent by March 24 and a plan has been put into place to bring forward alternative schemes such as the replacement of the 2 x ED X-ray machines at York and the installation of the Spec CT.



Better Payment Practice Code

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice. Although this target has been around for several years, its delivery has recently regained increased focus by NHSE, with Julian Kelly (NHSE Finance Director) frequently referring to its delivery.

The table illustrates that in December the Trust managed to pay 89% of its suppliers within 30 days.

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 2024.

For M9 NHSE have asked that providers reflect the net impact of the strikes in both December and January within their forecast outturn, and this has been assessed to deteriorate the forecast outturn by £1.9m. Excluding the impact of the strikes, at M9 we are reporting that we will still meet our plan at the year-end, however the Board however should be aware that there is a risk to achieving this.

Following the allocation of additional resources reported last month, plus the assessed impact of the further reduction in the Trust's ERF baseline by NHSE, there remains as assessed shortfall of £7.5m for the Trust to deliver its I&E plan. The Board has, along with other NHS provider Boards across the HNY ICS, committed to bridge this shortfall through the deferral and avoidance of all expenditure, save that which would have a detrimental impact on patient health and safety, over the final months of the year, and work continues in this regard. A meeting with all HNY ICB FD/DoFs is to take place mid-January 2024 to discuss progress against this.

Audit Committee: Items Escalated to the Board

The Audit Committee met on 15 January 2024.

The meeting was quorate. It was attended by Karen Stone, Medical Director, who accounted to the Committee for progress in relation to outstanding Internal Audit Recommendations and also responded to questions about limited assurance reports. In addition, The Committee asked about BAF risk PR2, for which Karen is the risk owner, in order to gain assurance that the risk is being appropriately managed

After the formal meeting, Non-Executive Directors held a private meeting with Internal Audit. There was nothing of concern they wished to draw to our attention.

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

Medical Director Items

The Committee was assured and encouraged by the Medical Director's recognition of and willingness to grip challenging areas, such as statutory and mandatory training and job plans for medical staff, and the management of sepsis and the deteriorating patient. There is a lot to do and these issues will not be resolved overnight but it is good to see that there are plans in place to address areas of concern.

Karen reported to us that she has begun the review of risk PR2 in the BAF and we have suggested that Dawn does likewise with PR1 rather than waiting for final sign off of the new strategic priorities.

External Audit

We were pleased to note that the LLP audit was completed on time and accounts filed by the deadline of 31 December, noting that this was the first year that this has happened. External audit also reported that the audit of the charity was on track for completion as planned in order that accounts could be filed by the 31 January deadline.

Outstanding Audit Actions

We noted the improved governance of outstanding audit actions by the Risk Committee and Corporate Directors. We believe that the process in the LLP could be strengthened and have asked the MD to review this, using the rest of the Trust's process as a model.

Head of Internal Audit

We were assured to hear that the Head of Internal Audit raised no concerns and reported that the Trust was in a very different position to this time last year.

Governance

We noted and were assured by the strengthening of the Quality and Safety Committee by the review and extension of its membership, regular attendance and reporting in line with a template by the Care Groups and the streamlining of sub-groups reporting into the Committee.

Jenny McAleese
Chair of the Audit Committee
January 2024

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	Board Assurance Framework
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:

To approve the Q3 2023/24 Board Assurance Framework.

Recommendation:

The Board of Directors is asked to approve the Q3 2023/24 Board Assurance Framework.

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

Meeting	Date	Outcome/Recommendation

Board Assurance Framework

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. Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) demonstrates the most pertinent strategic risks to achieving the Trust's strategy. The BAF is owned collectively by the Board of Directors.

The BAF should be a live document demonstrating where assurances can be identified and what specific positive assurances the Trust has in managing each of its identified strategic risks on an ongoing basis.

Documenting a BAF robustly demonstrates that the Trust in managing its risks is aware of the controls and future actions that mitigate the likelihood of risks occurring and the impact of these should they occur. The assurances identified and evidence achieved against each of the risks managed, provide confidence to internal and external stakeholders that the Trust can deliver its objectives.

3. Risk updates

The BAF for Q3 has undergone updates from all Executive risk owners following a mapping exercise of the gaps in control and assurance in comparison to subsequent mitigating actions, reported to the January Audit Committee. The red text in appendix 1 indicate the updates.

The BAF will be reported further at the new Committees of the Board for those risks under the duties of each respective Committee:

- Quality Committee
- Resources Committee
- Digital Sub-Committee

4. Next Steps

The risks on the Board Assurance Framework will be requested for update for Q4 in 2023/24 as part of the year-end processes.

Trust Priorities; Quality and Safety

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

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Quality Committee	
Likelihood	4	4	3	**Risk Appetite: Exceeding**		
Impact	5	4	2	**Date to achieve target score: Year-End Review**	**Risk Owner:**	**Chief Nurse**
Overall risk rating	20	16	6		**Links to CRR:**	**6, 16, 17, 4, 7, 18, 14, 24, 20, 8, 2, 3, 12, 21, 5, 19, 15, 22**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Internal effectiveness reviews against national standards	None identified	-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF	None identified	-Healthcare Evaulation Data (HED) -Clinical Effectiveness Audits -NICE - Clinical Outcomes Effectiveness Group - Patient Safety and Clinical Effectiveness Sub-Committee	- HED reports - National Survey results - Minutes of the monthly Clinical Outcomes Effectiveness group - Minutes of the monthly Patient Safety and Clinical Effectiveness Group	None identified
Implementation of Clinical standards	None identified	- Board of Directors - Quality and Safety Assurance Committee	- TPR reported and discussed at every Board of Directors and Quality & Safety Assurance Committee (re-named Quality Committee from December 2023) - Minutes and actions of papers April- June, July-December Board of Directors , Executive Committee and Quality & Safety Assurance Committee inc Nurse Staffing, Ockenden, CQC, IPC	None identified
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Revalidation Report to Sept 2023 Board	- Revalidation requirements and links to appraisal

Oversight of performance	None identified	- Oversight & Assurance meetings (Performance Review & Improvement Meetings (PRIM) from Q3) and other governance forums	- TPR reported to April-December Board of Directors and April-December Quality & Safety Assurance Committee (re-named Quality Committee from December 2023) - Minutes and actions of papers TPR April-December Board of Directors , Executive Committee and Quality & Safety Assurance Committee (re-named Quality Committee from December 2023) - KPIs in Care Group dashboards - Q1 & Q2 Minutes of Oversight & Assurance meetings - Performance Review & Improvement Meetings (PRIM) from Q3	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings (Performance Review & Improvement Meetings (PRIM) from Q3) and other governance forums	- Q1 & Q2 Minutes of Oversight & Assurance meetings - Performance Review & Improvement Meetings (PRIM) from Q3 and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified
Ongoing Implement Workforce & OD Strategy (Being Renewed)	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Digital, Performance and Finance Assurance Committee (renamed Resources Committee from Jan '24)	- Board/Committee papers - Oct Board Equality, diversity and inclusion data reporting	None identified
Ongoing monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	-TPR reported to April-December Board of Directors and May, July and Dec People & Culture Assurance Committee - Executive Committee Agency Usage Report	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports Bank only training for non-medical is at 83.1% and Medical is at 67.2%.	-Training deferred/delayed due to operational pressures.
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	- Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	- April & May Executive Committee and Board of Directors approved plan - Capital planning process underway for 2023/24	None identified

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

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Recruitment	55 target (including 15 specialist roles for adult inpatient areas) to be recruited Apprenterships initiatives underway Fully supporting staff using national CPD funds	Polly McMeekin	**Mar-25**
Culture change (Retention)	Implement E,D & I gap analysis Our Voice Our Future programme commenced June 23 Visibility Programme launched July 23	Simon Morritt	**Jun-25**
Wellbeing space development	Utilisation of charity funds to implement	Polly McMeekin	**Mar-25**

Trust Priorities; Quality and Safety

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

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Quality Committee**	
Likelihood	5	4	3	**Risk Appetite: Exceeding**		
Impact	5	5	4	**Date to achieve target score: Review at Year End**	**Risk Owner:**	**Medical Director**
Overall risk rating	25	20	12		**Links to CRR:**	**16, 17, 4, 7, 18, 14, 24, 20, 8, 2, 3, 12, 21, 5, 19, 15, 22**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Clinical standards	None identified	-Board of Directors -Quality & Safety Assurance Committee (now Quality Committee and sub structure) --PRIM - Review of clinical harm process - Internal and External Audit - Monitoring of incidents via Datix enbling identification of gaps	- TPR Committee reporting of learning from Patient Safety Incidents - Minutes and actions of papers (Board, Executive, Quality Committee) - National Audit Clinical Standards - GIRFT Reviews - External reviews; JAG, RCP-IQUILS, Structure Judgement Reviews, LEDER Reviews national audits	Sustained clinical demand resulting in over occupancy of beds, crowding of acute and emergency areas leads to challenges of delivering safe and effective care. The montoring of incidents via Datix will provide the idenfication of potential gaps in assurance for further investigation.
Revalidation of doctors	None identified	-Annual Board Report and peer review	- Annual Organisational Audit Report to Sept Board	None identified

Conduct Incident Reporting and learning from Safety incidents Implementation of PSIRF December 2023	None identified	- Datix - Care Group Boards - Oversight & Assurance meetings - CPD - PSIRF implementation plan completed	- Action plans following investigation of incidents on a case by case basis - Datix incident reports - Monthly SI/Never Event reports presented to Quality & Safety Committee, Operational Quality Group (Patient Safety and Clinical Effectiveness from Jan 24), Care Group Boards and Oversight & Assurance meetings April-July 2023/24 - Performance Review and Improvement Meeting (PRIM) from Q3) - Learning from deaths and 6 monthly Cancer Harm report to QPaS - Patient experience report Q1-Q3 reported to Quality & Safety Assurance Committee - Medical Legal report - Escalations recorded on CPD - Medical Examiner Report - From January 2023 new Quality Assurance Structure in place	Overarching analysis and triangulation of all information. Clinical pressures divert Clinical Staff from Audit Assurance work. Ward to Board Quality data.

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

Trust Priorities; Elective Recovery - Acute Care Flow

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

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Resources Committee	
Likelihood	4	4	4	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: Year End**	**Risk Owner:**	**Chief Operating Officer**
Overall risk rating	20	16	12		**Links to CRR:**	**6, 16, 17, 4, 7, 18, 14, 24, 20, 8, 9, 2, 3, 12, 21, 5, 19, 15, 22**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
1. Oversight of performance	None identified	Board and DPF Committee (Resources Committee from Jan '24) Oversight & Assurance meetings and other governance forums - Performance Review & Improvement Meetings (PRIM) from Q3	TPR reported and discussed at every Board, Digital, Performance and Finance Assurance Committee (Resources Committee from Jan '24) - Minutes and actions of papers Apr- Dec (TPR), Apr-Dec (Board, Executive, Digital, Performance and Finance Assurance Committee - Resources Committee from Jan '24) - KPIs in Care Group dashboards - Minutes of Q1 & Q2 Oversight & Assurance meetings and Care Groups - Performance Review & Improvement Meetings (PRIM) from Q3	None identified

A. Implementation of the Performance Management Framework	None identified	Board and DPF Committee (Resources Committee from Jan '24) Oversight & Assurance meetings and other governance forums - Performance Review & Improvement Meetings (PRIM) from Q3	- Minutes of Q1&2 Oversight & Assurance meetings - Performance Review & Improvement Meetings (PRIM) from Q3 - Minutes and actions of papers TPR April-Dec (Board, Executive Committee , Digital, Performance and Finance Assurance Committee - Resources Committee from Jan '24) EY review of performance Management Framework as part of Tier 1 actions	None identified
B. Implementation of surge plans	None identified	- Scenario testing of surge plans (Winter resilience) Lessons learned paper to Exec Committee and Board - Silver and Gold Command standard operating procedures	- Results of scenario testing. Minutes of March Board & March Exec Committee were lessons learnt were presented - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround when required - Bronze/Silver/Gold Command enacted for	None identified
C. Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
D. Implementation of winter plans, resilience plans and surge plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Sept Board and Sept Executive Committee where winter and resilience plans were discussed.	None identified
E. Delivery of Building Better Care programme. Established as Elective Recovery Board UEC Board, Maternity Transformation Board People & Culture Committee	None identified	Programme structure established Transitioned to BAU.	- April-Sept Transformation Committee reports and minutes inc KPIs Closing report to Execuive Committee May 2023	- None identified
F. Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists - ERB	- Reporting on progress of meeting waiting lists, via Tier 1 meetings and DPF Committee & Board	- None identified
G. Urgent Care working at place	None identified	- Collaboration of Acute Providers	- Engagement and participation at Collaboration of Acute Providers for elective recovery	- None identified
H. Deployment of health inequality assessment to inform waiting list management	None identified	- Board and Executive Committee	- Oct Executive Committee York City Council reporting of Health Inequalities across Trust area - Terms of reference of Trust Health Inequalities Working Group	- Development of gaps for prioritisation of health inequalities on waiting lists

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

Actions for further control	Progress to date / Status	Lead action owner	Due Date
Deliver the 2023/24 Plan on activity	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Claire Hansen	**Mar-24**
Integrated Quality Implementation Group delivery	Attendance by the Trust on an ongoing basis	Claire Hansen	**Mar-24**

Trust Priorities; Our People

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

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Resources Committee**	
Likelihood	5	4	4	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: Year End**	**Risk Owner:**	**Director of Workforce and OD**
Overall risk rating	25	20	12		**Links to CRR:**	**6, 4, 7, 18, 24, 8, 3**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implement Workforce Strategy and People Recovery Plan	- Poor diversity in leadership positions (gender pay, race equality) - Lack of resources to fund intiatives	- Board, Executive and People and Culture Committee (Resources Committee from Jan '24)	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting of WRES/WDES Oct Board of Directors report	None identified
Deliver Board development sessions	None identified	-Board meetings	- Board development independent review	None identified
Conduct Talent Management Framework	None identified	-Trust intranet - Board of Directors papers	- Learning Hub - PREP	None identified
Design and Deliver Internal Leadership Programmes	None identified	-Trust intranet - Shadow Board development with NHS Elect	- List of programmes on Learning Hub	None identified
Line Management Toolkit and training implementation	None identified	- Line Management Toolkit rollout	- Developed Line Management Tookit	- Evidence of implementation
Leadership succession plans	None identified	- Board, REMCOM, Executive Committee - Shadow Board development with NHS Elect	- Remuneration Committee papers (Oct agenda, minutes, action log)	None identified

Implement ICS initiatives e.g. Ambassador Scheme	Poor diversity in leadership positions (gender pay, race equality)	- Board (reporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified
Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified
Target overseas qualified staff	None identified	- Overseas AHP and medical recruitment programme	- QIA for new nurse roles - CHPPD - ICS international recruitment programme (Kerala)	None identified
Incentivise recruitment & reintroduced recruitment open days. Launched careers website.	None identified	-Reduced vacancy rates in TPR	- TPR and workforce reporting at May-Dec People and Culture Workforce Committee (Resources Committee from Jan '24)	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- Minutes and actions of papers TPR April-Dec (Board, Executive Committee , People & Culture Assurance Committee - Resources Committee from Jan '24 - Executive Committee Monthly Agency Usage Report	None identified
Oversight of rotas - e-Rostering	Approximately 50% of AHP rotas remain manual	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD - Erostering Business Case	None identified
Oversight of Establishments and establishment reviews (nursing and AHP)	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	None identified
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	- Sept 22 Minutes People and Culture Committee	None identified
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- People & Culture Assurance Committee updates July-Dec (Resources Committee from 'Jan 24)	None identified
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%) - May-Dec People and Culture Committee reporting, action plan and minutes	None identified
Workforce resilience model	Estate limitations - lack of staff rest areas	Executive Committee	- Executive Committee approval October 2021	Limited visibility to investments required but not progressed.
Communicate guidance for Managers for remote working	None identified	- Trust intranet	- Agile Working Policy	None identified

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

Actions for further control	Progress to date / Status	Lead action owner	Due Date
Culture change (Retention)	Implement E,D & I gap analysis Our Voice Our Future programme commenced June 23 Visibility Programme launched July 23	Simon Morritt	**Jun-25**
Leadership Framework roll-out	Roll out communicated to Line Managers	Polly McMeekin	**Mar-24**
Recruitment	International nurse recruitment (90 achieved by Nov 23) 55 target (including 15 specialist roles for adult inpatient areas) to be recruited Apprenterships initiatives underway Fully supporting staff using national CPD funds Persuing international medical recruitment with the ICB	Polly McMeekin	**Mar-25**
Workforce Plan	Clinical Establishment review continues (Nursing complete - AHP to be completed by Mar 24); Develop further alternative roles ; Increase Apprenticeship levy spend	Polly McMeekin	**Mar-24**

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

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

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Resources Committee**	
Likelihood	5	4	2	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: Oct 2024**	**Risk Owner:**	**Director of Finance**
Overall risk rating	25	16	6		**Links to CRR:**	**6, 4, 7, 18, 14, 24, 8, 9, 5**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Annual Business Planning process including Trust Strategy	None identified	- Business Planning process - Internal Audit - ICB plan triangulation	-Business planning schedules. - Internal audit reports on effectiveness of controls around the Business Planning process.	None identified
Preparation and sign off of annual Income and Expenditure plan, balance sheet and cash flow	None identified	-Executive Committee and Board of Directors.	Plan approved at March with update at April Board.	None identified
Routine monitoring and reporting against I&E plan	None identified	-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.	- Minutes and actions of papers TPR April - Dec (Board, Executive Committee , Digital, Performance and Finance Assurance Committee - Resources Committee from Jan '24) - Reports provided to external bodies (PFR monthly to NHSE)	None identified

Expenditure control; scheme of delegation and standing financial instructions.	None identified	-Board of Directors	-Approved scheme of delegation and SFIs November '22 Board of Directors and pending approval Jan '24 -System enforced delegation and approval management. - Written confirmation by prime budget holders or responsibilities - Care Groups finance recovery plan meetings documentation - Further intervention opportunities considered	None identified
Expenditure control; business case approval process	Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team - Non-Pay Prime Budget Holder acceptance and sign-off	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis - Vacancy control process	None identified
Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders.	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post	Limited visibility to issue
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-April/May Executive Committee and Board of Directors approved plan	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	- Minutes and actions of papers TPR April-Dec (Board, Executive Committee , Digital, Performance and Finance Assurance Committee - Resources Committee from 'Jan 24) and CPEG - Ad hoc reports to external bodies (the ICS and NHSE)	None identified

Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to CPEG.	None identified
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	- Minutes and actions of papers TPR April-Dec (Board, Executive Committee , Digital, Performance and Finance Assurance Committee - Resources Committee from Jan '24) - PFR monthly to NHSE	None identified
Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups. -Trend data reported to Executive Committee, Resources Committee and Board of Directors. -Better Payment Practice Code (BPPC) - monthly report	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
System wide medium-term financial planning underway	Early guidance released from NHSE and Trust & ICB business planning process underway	Andrew Bertram	May-24
Grant Thornton ICS level financial review work	Commission commenced	Andrew Bertram	Apr-24

Trust Priorities; Quality and Safety

Risk description	PR 6 - Failure to deliver safe, secure and reliable digital services required to meet staff and patients needs.	**Causes** *What has to happen for the risk to occur?*	- Succesful cyber attack through a computer virus or malware, malicious user behaviour, unauthorised access, phishing or unsecure data flows. - Failure of the core technology estate (e.g. CPD, clinical or administrative systems or network infrastructure) due to single points of weakness, loss of power/premises, out of data infrastructure or poor data storage/sharing processes
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Regulatory attention (ICO) - Reputational damage - Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital Sub-Committee	
Likelihood	4	3	3	Risk Appetite: Exceeding		
Impact	4	4	3	Date to achieve target score: July 2024	Risk Owner:	Chief Digital and Information Officer
Overall risk rating	16	12	9		Links to CRR:	6, 4, 5

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Information Governance Policies and Procedures The trust have policies and staff guidance in place communicating the organisations principles and procedures for data protection. The following policies are in place: Data protection Record Management Data Security Registration Authority Subject Access Requests Freedom of Information Network Security	The Data Quality Policy is currently under review. The Network Security Policy requires updating. The draft Registration Auhority Policy requires approval. Limited monitoring of policy implementation and adherance	Yearly internal Data Security Protection Toolkit (DSPT) audit report. Bi-annual Data Security Protection Toolkit submission to NHS England. DSPT improvement plan. Policies are available to all staff through the Information Goverance pages on Staff Room Information Governance Executive Group minutes and actions	DSPT Internal Audit report highlights 'Medium' assurance. IGEG meeting minutes highlight policies being reviewed. Proactively follow IG breach management and report to the ICO as appropriate. Regular trusts wide communications regarding new policies and procedures.	Levels of compliance with the Trust Data Protection/Confidentiality Policies should proactively be undertaken on an annual basis through unannounced IG walks. Commision audit against the principles set out in the Shadow IT Policy. Commision Audit of the procurement processes.

Data Security and Protection Training All staff should undertake their mandatory Information Governance Training All Board members should complete their Core Statutory and Mandatory IG and Data Security training on an annual basis. Continuous campain to raise staff awareness of cyber threats.	Further awareness training should be provided.	KPIs highlighting number of staff undertaking IG training	SIRO Completed Manadatory Training. Majority of IAOs completed relvenat training. Majority of staff completing IG training. All staff must have initial IT induction training before they are granted access to the Trust network.	Provide specialised cyber security training to all members of the Board of Directors.
User Access Controls Processes for dealing with joiners, movers and leavers that identify/change appropriate user access as necessary. Wherever possible, the Trust should use multi factor authentication (MFA) for end user and end point devices.	Lack of access management policy, or similar, that documents how access is removed from user accounts that are no longer required and whether payroll systems or other means, such as manual processes, are involved in triggering the revocation of access. A Multi-Factor Authentication Strategy and/or Action Plan should be developed, with the aim of bringing Trust activity logging in line with best practice guidance required to evidence compliance with the DSP Toolkit.	Regular audits of access to the Active Directory as part of the leavers process.	Users are self enrolling into NHS Mail MFA - over 4200 users to date.	MFA for users of CPD with elevated acess rights. This will be prohibitive, and may be more cost effective to consider as part of the EPR Programme.
Business Continuity and Resiliance Data security incident response and management plan. Penetration Testing of key systems Backup policy and Testing	Draft cyber incident response plan needs to be finalised and approved by IGEG. The Trust Backup Policy requires review in line with best practice.	Business Continuity exercise conducted in September 2022 and results presented to DPF Committee. Desktop excercice undertake within DIS. A full backup review has been undertaken.	Exercise outputs indicated staff perfomed well in exercise. A test restore have been undertaken on minor system as proof of concept, and schedule of quarterly retores planned.	Trust wide participation in business continuity exercise Further busiiness continuity exercise to be undertaken. Penetration testing of CPD has been undertaken, but there needs to be a schedule of regular penetration testing implemented. Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) need to be defined for the Trust's key systems.

Software Patching Patch management procedure that enables security patches to be applied at the operating system, database, application and infrastructure levels. This procedure should be set out in a patch management procedure and/or strategy/policy.	The Patch Management Process needs to be updated to reflect the procedures in place for the management of security patches to mitigate high and critical vulnerabilities, and to include procedures for escalating patching exceptions to the SIRO, in line with best practice guidance contained in the DSP Toolkit.	All IT assets are currently recorded in the IT Health system, which can be monitored in real time.	The overall cyber exposure score is decreasing	There are a number of servers and endpoint devices that are not currently in support.
Supply Chain Management The Trust should have an up to date list of its suppliers, which enables it to identify suppliers that could potentially pose a data security or data protection risk to the organisation.	The Trust does not currently possess a comprehensive central register of the processors that the Trust engages with, and a Supplier Management Policy/Process is not yet in place. A Supplier Management Policy or Process is required which provides guidance and standards for the procurement of IT services and products, supplier maintenance, network segmentation and whether 3rd party access is allowed or managed.	The Record of Data Processing Activity (ROPA) identifies the IT systems being used to process personal data.		The Trust does not currently possess a comprehensive central register of the processors that the Trust engages with and a Supplier Management Policy/Process is not yet in place.
Software Development Methodology The Trust should have a secure software development lifecycle (SSDLC) or equivalent software and code security approach in place, aligned to industry good practice such as OWASP, to reduce the risk of code vulnerabilities or web application vulnerabilities being exploited.	The Development Team should be provided with training on secure website design principles to ensure that suitably qualified staff are available as necessary in the future.			Assurances that third party website developers have used secure design principles, and that their web applications are protected against common security vulnerabilities. Penetration Test requires completion.

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Action Plans arising from Compliance Inspection visits should be logged and shared with the IGEG, as planned, together with examples of good and bad practice identified.	Inspection Reports being regularly presented to IGEG, and will be presented to the Digital Sub-Committee in the future.	Rebecca Bradley	**Ongoing**

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

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

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Executive Committee**	
Likelihood	3	3	3	**Risk Appetite: Inside Tolerance**		
Impact	3	2	2	**Date to achieve target score: Achieved**	**Risk Owner:**	**Chief Executive**
Overall risk rating	9	6	6		**Links to CRR:**	**6, 7, 18, 24, 9, 22**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Integration with ICS on system wide planning	None identifed	- Attendance of members of Trust Executive Team across H&NY ICS governance structure	- Chief Executive membership of ICB - Chief Executive update reports on Board of Directors Minutes and actions of papers April-Dec - Trust Chief Executive the SRO for ICB Cancer Performance and Chair fo the Cancer Alliance	None identified
Operational and Finance Plans 2023/24	None identified	- Board of Directors approval processes and sub-committee assurances of delivery	- Approval at May Board of Directors and submission to NHSE&I	None identified
Trust involvement in the Collaborative of Acute Providers	None identified	Acute providers governance in decision making across 5 strategic themed transformation programmes; cancer, diagnostics, electives, maternity and paediatrics, urgent and emergency care	- Trust Building Better Care Transformational Programme - Engagement with H&NY ICS - Managing Director of Collaboration of Providers engagement with Executive Team - Workshop of the Humber and North Yorkshire Collaboration of Acute Providers (CAP) - OD Programme of Work - Board agreed CAP terms of reference and joint working agreement (June 2023)	None identified

Trust Executive team engagement in collaboration	None identified	Executive Team engagement and involvement in collaboration across executive porfolios	- Collaboration meetings: Chief Operating Officer, Chief Nursing Officer, Medical Director, Dir of Workforce & OD, Finance Director	None identified
Y&STHFT Member of the ICS Board	None identified	H&NY Interim Executive Group meetings	Engagement with the H&NY Interim Executive Group	None identified
Trust CEO Provider representative on North East and Yorkshire ICS transition oversight group	None identified	North East and Yorkshire ICS transition oversight group	Engagement with the North East and Yorkshire ICS transition oversight group	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider H&NY during 2023/24	Progress to be reviewed during 2023/24 and at year-end	Exec Team	**Apr-24**
Finance and activity delivery for 2023/24 as part of H&NY system delivery	Progress to be reviewed during 2023/24 and at year-end	Exec Team	**Apr-24**

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

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

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

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Sustainable Design Guide	Internal Audit identified need to review the Sustainable Design Guide and its role to strengthen its contribution to the delivery of Net Zero	Design Guide being implemented for Scarborough new emergency department to reduce carbon emissions	UECC designed with reference to Sustainable Design Guide	None identified
York Hospital part of Carbon Reduction Pathway Modern Energy Partners Programme which estimated the cost to get York Hospital on track. Trust signed up to NHS Living Labs Innovation Programme to investigate new and developing technologies for achieving carbon reduction.	None identified	Modern Energy Partners (MEP) Concept design report received for York Hospital 18/01/21 NHSE Living Labs - MoU signed following Executive Committee approval 20/04/22	MEP Concept Design used as a basis for grant applications for PSDS projets NHSE Living Labs - NHS England lead left and projects not progressed.	None identified

PSDS3 grant applications approved for £5million for Bridlington Hospital to achieve Net Zero and £5million scheme for York Hospital to start the decarbonisation prcess	None identified	Planning applications submitted and community renewal fund Business case objectives	PSDS Grant work delivered in 2022/23	None identified
Feasibility funding awarded for reviewing carbon reduction potential at Scarborough and Selby Hospitals	None identified	Feasibility work to identify funding needs and practical implementation issues for Scarborough and Selby complete	Grant applications submitted but so far none successful . Grant applications will continue until funding allocated.	None identified
Green Plan published setting out the overall Trust approach and latest carbon footprint	Internal Audit identified need to review the Trust Green Plan and its role to more closely align its plans , projects and business cases with contributions to the delivery of Net Zero	Trust travel plan Energy Saving Trust (EST) undertaken and a Fleet and Travel review and draft report released in April 2022 by EST.	Energy Saving Trust (EST) undertaken a Fleet and Travel review and draft report released in April 2022 by EST	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
New procurement exercise to commenced with CEF to take advantage of next round of grant funding and develop a plan for achieving reductions in line with Net Zero 2040 target	Procurement exercise completed. £9million grant funded works at York and Bridlington established through this procurement exercise nearing completion with some snagging matters currently being addressed at both York and Bridlington. Works due to be completed by end Feb 2024. Both projects have had best practice case studies pubished on the national Salix Finance website (grant managers on behalf of government's Department of Energy Security & Net Zero). Outcome of further grant application for Scarborough hospital still to be advised.	Head of Sustainability	**Mar-24**

Contract negotiations on going for a contract which develops plans for York, Scarborough and Bridlington to 2040	New contracts established for York , Scarborough and Bridlington hospitals with 6 monthly review of proposals to help te Trust get to net zero by 2040 through grant applications and business case proposals at these three sites. York contract signing completed after gaining Board approval .YTHFM signing of the Bridlington contract has been delayed due to the terms around the introduction of increased water quality standards required by the new equipment within the heating system and some commissoining works relating to the new control valves. Signing planned in February when all matters agreed.	Head of Sustainability	**Mar-24**
Trust Travel Plan to be updated to incorporate plans to achieve carbon emissions reductions in line with NHS requirements	Current focus of work is a business case which explores support for staff commute options and facilities for York and Scarborough Hospital. This has now been approved and goes live on 12 June 2023	Head of Sustainability	**Completed**
Improve internal temperature monitoring and control for vulnerable groups within the hospital estate to develop a plan in response to the changing climate	Funding agreed and used during the summer of 2023 for a representative sample of in-patient ward temperature monitoring for York and Scarborough Hospitals. Temperatures recorded to be reviewed by Estates Team and Emergency Planning Manager to establish where improved temperature control and other operational and capital measures could assist with adapting to the changing climate whilst reducing carbon emissions. Consideration to be given to installing automated temperature monitoring at other sites with in patient beds.	Head of Sustainability	**Mar-24**
Sustainable Design Guide to be reviewed when Net Zero Carbon Guide published	Net Zero Building Standard currently only applies to large Capital projects which require the Treasury Business Case approval so currently doesn't apply. Head of Capital Projects will review requirements when time permits or a new project dictates its's inclusion.	Head of Capital Projects	**Oct-24**
Green Plan to be reviewed	Green Plan review now complete. Document to be brought forward for approval by Tust Executive Committee before being published on the Trust website.	Head of Sustainability	**Feb-24**

Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	Committees of the Board Amendments
Director Sponsor:	Martin Barkley, Trust Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report

This paper proposes amendments to the Board Committees as follows:

- Quality Committee (formally Quality & Safety Assurance Committee)
  - Establishment of the Patient Safety and Clinical Effectiveness Sub-Committee
  - Establishment of the Patient Experience Sub-Committee
- Resources Committee (formally Digital, Performance and Finance Assurance Committee)
  - Establishment of the Digital Sub-Committee

Key Points to highlight:

The paper proposes the establishment of two new, formal, sub-committees of the newly named Quality Committee to streamline current reporting and oversight arrangements, reduce the number of meetings currently in place and improve the level of assurance provided. It also proposed to stand down the People & Culture Assurance Committee moving these duties into the Resources Committee and establishing a Digital Sub-Committee.

Recommendation:
The Board of Directors is asked to approve:

- The amendments to the renamed Quality Committee terms of reference and the establishment and terms of reference for two new formal Sub-Committees of the Quality Committee:
  - Patient Safety and Clinical Effectiveness Sub-Committee
  - Patient Experience Sub-Committee
- The amendments to the renamed Resources Committee terms of reference and the establishment and terms of reference of the new formal Digital Sub-Committee

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

Meeting	Date	Outcome/Recommendation
Quality & Safety Assurance Committee	21 November 2023	Recommended for Board approval
Digital, Performance and Finance Assurance Committee	16 January 2024	Recommended for Board approval

Committees of the Board Amendments

1. Introduction and Background

This paper is presented for the purpose of refreshing the current Quality and Safety Assurance and Digital, Performance and Finance Assurance Committees and the establishing of formal Sub-Committees as follows:

- Quality Committee (formally Quality & Safety Assurance Committee)
  - Establishment of the Patient Safety and Clinical Effectiveness Sub-Committee
  - Establishment of the Patient Experience Sub-Committee
- Resources Committee (formally Digital, Performance and Finance Assurance Committee)
  - Establishment of the Digital Sub-Committee

The new Quality Sub-Committees will replace the current, temporary, Quality Oversight Group and enable a more robust approach to providing assurance over the effective and sustainable oversight of quality management throughout the Trust. The new Resources Committee following the proposal to stand down the People & Culture Assurance Committee, will have further People & Culture duties and will create a Digital Sub-Committee.

2. Key Principles

A robust governance framework is essential throughout every NHS organisation. It provides assurance to the Chair, the Chief Executive, the Board of Directors, the Council of Governors, senior managers and clinicians that the essential standards including quality, safety, performance and finance are being delivered by the organisation. It also provides assurance that the processes for the governance of these are embedded throughout the organisation.

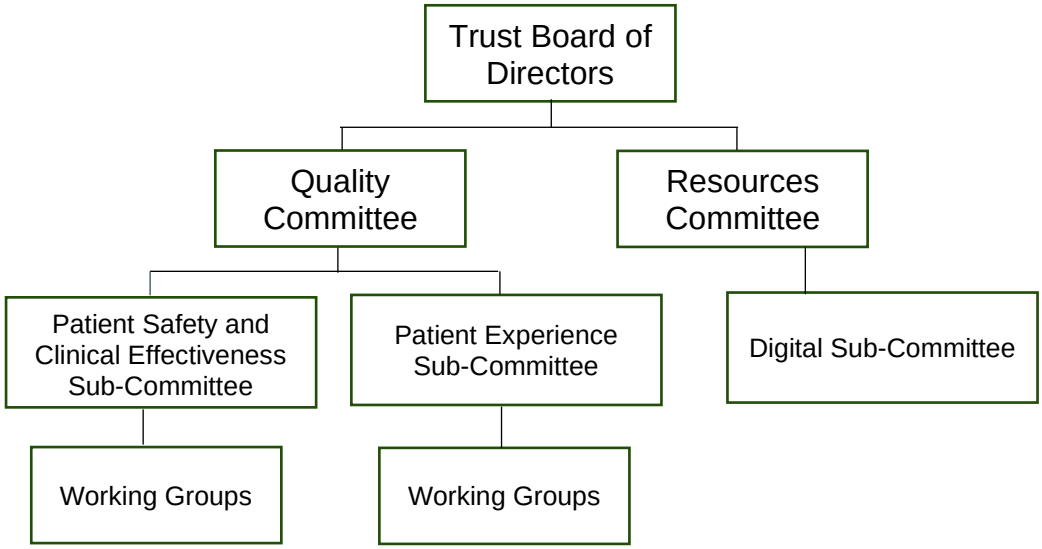
The Trust's governance has been under review working with NHS England following the 2023 CQC report. The proposed changes to the Trust's governance arrangements are based on the following principles:

- Integrating governance as far as possible into everyday functioning of the Care Groups and Corporate Directorates recognising that quality governance and operational delivery are inextricably linked, especially regarding assurance, regulatory compliance and implementations of core and fundamental standards.
- The process of assurance should be as direct as possible, with the fewest number of steps and clear lines of accountability.
- Individuals should have clearly defined and delineated roles.
- Groups and their meetings should have clearly defined and delineated functions, understanding their reporting route.
- Wherever possible there should be a strong pairing between a managerial leader and a clinical leader symbolising the necessity for a strong inter-relationship with managerial and clinical professional leadership.
- To recognise that quality assurance and quality improvement whilst being connected are not the same.

Further work is ongoing to produce a comprehensive Governance and Accountability Framework and note that the proposals in this paper are an integral part of the developing a comprehensive framework.

3. Proposed Structure

The proposed structure for these committees is as follows:



Quality Committee and Sub-Committees

The terms of reference for the Quality and Safety Assurance Committee need to be reviewed in light of suggested changes to Sub-Committee structures and recognising that the Trust is revising its approach to overall Quality Governance in regards the recent CQC report. It is proposed to rename the Quality and Safety Assurance Committee as the Quality Committee. This broadens the definition and scope of work to include all aspects of quality equally. The revised terms of reference are attached at appendix 1.

It is proposed to establish a formal Patient Safety and Clinical Effectiveness Sub-Committee to provide detailed oversight and assurance on the systems, processes and controls in place to monitor the consistent achievement of high-quality care, delivered within the trust's legal and regulatory obligations, specifically in relation to safety and clinical effectiveness. Proposed terms of reference are attached at appendix 2.

It is similarly proposed to establish a formal Patient Experience Sub-Committee, again to allow for the detailed oversight and assurance on the patient experience systems, processes and controls in place across the Trust. This is to ensure we consistently deliver high quality care as required by our legal and regulatory obligations in relation to patient experience. Proposed terms of reference are attached at appendix 3.

By separating out these sub-committees, and then reviewing and aligning effective working group structures, it will allow better focus and more opportunity to understand and challenge ourselves on the presenting gaps in controls, emerging risks, a focus on mitigating actions and development of subsequent improvement plans.

Resources Committee and Sub-Committee

The terms of reference of the Digital, Performance and Finance Assurance Committee need to be reviewed in regard the scope of its duties and the proposed inclusion of people and culture (from the proposed standing down of the People and Culture Assurance Committee) due to the integral role of workforce in achieving the Trust's objectives. The revised terms of reference are attached at appendix 4 renamed the Resources Committee to take into account the scope of duties.

It is proposed to establish a Digital Sub-Committee to provide detailed oversight and assurance on the systems, processes and controls in place for the progression of the digital agenda across the Trust. The proposed terms of reference are attached at appendix 5.

4. Recommendation

The Board of Directors is asked to approve:

- The amendments to the renamed Quality Committee terms of reference and the establishment and terms of reference for two new formal sub-committees of the Quality Committee, namely the:
  - Patient Safety and Clinical Effectiveness Sub-Committee
  - Patient Experience Sub-Committee
- The amendments to the renamed Resources Committee terms of reference and the establishment and terms of reference of the new formal Digital sub-committee

Terms of Reference for: **Quality Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Lead Executive Director: Dawn Parks, Chief Nurse	
Authors Name: Adele Coulthard, Director of Quality, Improvement and Patient Safety	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Trust Priorities: Quality, patient experience, safety and clinical effectiveness	**Scope:** Trust wide
Keywords: Quality, Safety, Patient Experience, Clinical Effectiveness	**Replaces:** N/A
To be read in conjunction with the following documents: Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual, Care Group Quality Governance Arrangements	

Unique Identifier: QC	**Review Date: March 2025**	
Issue Status: Draft 1.0	**Issue No: v1.0**	**Issue Date:** November 2023
To be Authorised by: Quality Committee and Board of Directors	**Authorisation Date:** Quality Committee: 21 November 2023 Trust Board:	
Document for Public Display: Yes		

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Archive:	**Date added to Archive:**
Officer responsible for archive: Associate Director of Corporate Governance	

QUALITY COMMITTEE

Terms of Reference

1. Status	
1.1	The Board has resolved to establish a Committee of the Board to be known as the Quality Committee ("the Committee").
1.2	The Quality Committee is a non-statutory Committee established by the Trust Board of Directors to monitor, review and report to the Board on the quality of care to the Trust's patients, specifically in relation to patient safety, clinical effectiveness and patient experience.
2. Purpose of the Committee	
2.1	The purpose of the Quality Committee is to gain assurance, on behalf of the Board of Directors, that there are systems, processes and controls in place to deliver and monitor the achievement of consistently high-quality care to meet the Trusts legal and regulatory obligations.
2.2	The Committee will gain assurance that any shortcomings in the quality and safety of care against agreed standards are being identified and addressed in a systematic and effective manner.
2.3	The Committee will ensure that any risks to delivery of quality standards are escalated to the Trust Board and appropriate mitigations and remedial actions are implemented.
2.4	The Committee ensures that the Trust Board receives regular and reliable assurance on the quality of clinical services including safety, effectiveness and patient experience.
2.5	The Committee fosters the development of a learning organisation ensuring that feedback from patients and carers is heard, that there is learning from concerns, complaints, compliments, risks and incidents and acts to improve care.
2.6	The Committee ensures that there is appropriate planning in place around current and future statutory and mandatory quality and patient safety standards, and that best practice is identified, delivered and shared.
2.7	The Committee will review, assess and gain assurance on the effectiveness of mitigations and action plans as set out in the Board Assurance Framework specific to the committee purpose and function.
3. Authority	

3.1	The Committee is a non-statutory Committee of the Trust Board of Directors, reporting directly to the Board of Directors, and has no executive powers, other than those specifically delegated in these Terms of Reference.
3.2	The Committee is authorised by the Board of Directors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, external and internal auditor and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required.
3.3	The Committee is authorised by the Board of Directors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever independent professional/legal advice it requires (as advised by the Executive Lead of the Committee and / or the Trust Secretary).
3.4	The Committee shall have the power to establish sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Trust Board.
3.5	In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Trust Board of Directors.
3.6	The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups must be approved by the Trust Board of Directors and reviewed on an annual basis.
4. Legal requirements of the committee	
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5. Role and duties	
5.1	On behalf of the Trust Board, the Quality Committee will: • Oversee the writing and revision of the Quality Strategy. • Review the Quality Strategy Dashboard and use information from several sources to inform the Committee of how well the Trust is performing and the quality-of-care patients receive. • Monitor delivery and seek assurance that the Trust's Quality Strategy is being fully implemented. • Seek assurance from the Patient Experience Sub-Committee regarding patient feedback including information obtained via complaints, contacts with the PALS service and Friends and Family Test returns. Identify areas for improvement based on this information.

	• Consider and review the Trust's compliance with the statutory Duty of Candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting patients and their relatives who have been involved in a notifiable patient safety incident. • Obtain assurance of the Trust's maintenance of compliance with the Care Quality Commission registration through assurance of the systems of control, with particular emphasis on the Fundamental Standards of Care, quality and safety including assurance on external assessment systems, professional bodies and regulatory bodies' requirements with subsequent action plans. • Seek assurance from the Patient Safety and Clinical Effectiveness Sub-Committee regarding serious incidents including identification of themes and trends and actions taken to ensure learning has taken place. • Seek assurance that the production of an annual clinical audit plan has been overseen by the Patient Safety and Clinical Effectiveness Sub-Committee including participation in national audit reports, and that the implementation of the plan has been kept under review at quarterly intervals. • Receive and oversee the production of the Trust's Quality Account for presentation to the Trust Board. • Seek assurance that the Patient Safety and Clinical Effectiveness Sub-Committee has ensured that agreed best practice, as defined in the national clinical audit framework, is reviewed and delivered where relevant in the context of the Trust's services. This will include, for example, NICE clinical guidelines and NHS frameworks as well as the guidance that emerges from national confidential enquiries, high level enquiries and other nationally agreed guidance. • Receive a bi-monthly exception report from each of the care groups and escalate issues and risks as appropriate to the Trust Board. • Implement the Learning from Deaths Policy and embed reporting arrangements. • Receive a monthly Chair's report from the Patient Experience Sub-Committee and escalate issues and risks highlighted as appropriate. • Receive a monthly Chair's report from the Patient Safety and Clinical Effectiveness Sub-Committee and escalate issues and risks highlighted as appropriate. • Oversee care group governance and reporting arrangements. • Undertake a quarterly review of the Board Assurance Framework and ownership of specific principal risks on behalf of the Board.

5.2	The Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors (in informing of significant issues, underperformance, and deviation from plans)
5.3	The Committee will support the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework, in considering material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function, relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular, any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
5.4	To examine any other matter referred to the Committee by the Board of Directors.
5.5	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6. Membership	
6.1	**Full Members** Three Non-Executive Directors, one of which is the Chair. Associate NEDs can contribute to the membership but must not act as chair. Medical Director Chief Nurse Chief Operating Officer **Attendees** Deputy Medical Director – Quality Associate Medical Director – Quality Deputy Chief Nurse Director of Quality, Improvement and Patient Safety Chief Clinical Information Officer Chief Pharmacist Chief of Allied Health Professionals Deputy Director of Infrastructure Senior quadrumvirate representation from each Care Group **Attendees (as and when required)** Senior representation from each Care Group when presenting divisional reports (For Care Groups of Medicine, Surgery, Family Health, Cancer, Specialist and Clinical Support Services this will be the Care Group Director, Associate Chief Operating Officer and Associate Chief Nurse or Associate Chief Allied Health Professional.) **Other/Supplementary Attendees**

	The Associate Director of Corporate Governance will have a standing invitation to the Committee. Representation from Humber and North Yorkshire Integrated Care Board and a patient representative will also have a standing invitation.
6.2	The duties of members and attendees shall be to: • attend and contribute • have read the papers and materials in advance and be ready to work with them • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide • disseminate the learning and actions from the meetings
7. Quoracy	
7.1	The Committee has no decision-making authority unless at least 60% of members are represented. The Committee Chair or another Non-Executive acting as Chair must always be present.
7.2	It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year in the annual report of the Committee to the Board. A named deputy must be identified for members of the Committee and must attend when a member is unable to be present. A named deputy will count towards quorum. Senior representatives from each Care Group are expected to attend when presenting but do not count towards quorum.
7.3	The Chair may request attendance by relevant staff at any meeting.
8. Changes to the Terms of Reference	
8.1	Changes to the Terms of Reference including changes to the Chair or membership of the Committee are a matter reserved to the Trust Board.
9. Establishment of sub-groups	
9.1	The Quality Committee may establish sub-groups and/or sub-committees made up wholly or partly of members of the Quality Committee to support its work. The terms of reference of such sub-groups and sub-committees will be approved by the Quality Committee and reviewed at least annually. The Committee may delegate work to the sub-group and/or sub-committee in accordance with the agreed terms of reference. The Chair of each sub-committee will be expected to provide a Chair's report to the Quality Committee after each meeting. The Chair of each sub-group will be expected to provide a report to the Committee either bi- monthly, quarterly or annually dependent on their function.

	Sub-Committees in place: Patient Safety and Clinical Effectiveness Sub-Committee Patient Experience Sub-Committee Maternity Assurance Sub-Committee (time limited)
10. Frequency of meetings	
10.1	Meetings of the Committee shall be held up to 12 times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Trust and the Chief Executive. Meetings will be expected to last no more than three hours routinely. Cancellation of meetings will be at the discretion of the Chair and extraordinary meetings of the Committee may be called by any member of the Committee, with the consent of the Chair.
11. Administrative support	
11.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties
12. Reporting to the Trust Board	
12.1	The Chair of the Quality Committee will provide a 'Chair's Report' monthly to the Trust Board outlining key actions taken with regard to quality and safety issues, key risks identified, and key levels of assurances given.
13. Status of the Meeting	
13.1	All Committees of the Trust Board will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.
14. Monitoring Effectiveness and Compliance with Terms of Reference	
14.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives against its forward-looking work programme and complying with its terms of reference, specifically commenting on relevant

	aspects of the Board Assurance Framework and relevant regulatory frameworks.
15. Review of Terms of Reference	
15.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

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Owner	**Chief Nurse**
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Terms of Reference for: **Patient Safety and Clinical Effectiveness Sub-Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Lead Executive Director: Karen Stone, Medical Director	
Authors Name: Adele Coulthard, Director of Quality, Improvement and Patient Safety.	
Contact Name: Adele Coulthard, Director of Quality, Improvement and Patient Safety.	
Trust Priorities: Quality, patient experience, safety and clinical effectiveness	**Scope:** Trust wide
Keywords: Quality, Safety, Patient Experience, Clinical Effectiveness	**Replaces:** NA
To be read in conjunction with the following documents: Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual, Care Group Quality Governance Arrangements, Quality Committee Terms of Reference	

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PATIENT SAFETY AND CLINICAL EFFECTIVENESS SUB COMMITTEE

Terms of Reference

1. Status	
1.1	The Quality Committee has resolved to establish a Patient Safety and Clinical Effectiveness Sub-Committee (PSCE). The Sub-Committee is a working group of the Quality Committee and its powers are those specifically delegated in these terms of reference.
2. Purpose of the Committee	
2.1	The purpose of the PSCE Sub-Committee is to provide oversight and gain assurance, on behalf of the Quality Committee, that there are systems, processes and controls in place to deliver and monitor the achievement of consistently high-quality care to meet the Trusts legal and regulatory obligations in relation to the broad headings of patient safety and clinical effectiveness.
2.2	It will do this by seeking assurance from its various working groups as part of an annual work programme and other emerging issues by exception.
2.3	The PSCE will foster and facilitate a culture of learning and ongoing quality improvement across the Trust ensuring that, that there is learning from concerns, risks and incidents and acts to improve care.
2.4	The PSCE will ensure that there is appropriate planning in place around current and future statutory and mandatory quality and patient safety standards, and that best practice is identified, delivered and shared.
2.5	It will receive assurance from Care Groups that improvements are being implemented in line with national guidance and local learning.
2.6	The PSCE will gain assurance that any shortcomings in the quality and safety of care against agreed standards are being identified and addressed in a systematic and effective manner.
2.7	The PSCE will ensure that any risks to delivery of quality standards are escalated to the Quality Committee and appropriate mitigations and remedial actions are implemented.
3. Authority	

3.1	The PSCE is authorised by the Quality Committee to investigate any activity within its terms of reference or commission programmes of work that will seek to improve patient safety and clinical effectiveness.
3.2	It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the subcommittee.
3.3	The PSCE shall have the power to establish working groups and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, as approved by the Quality Committee.
3.4	The Terms of Reference, including the reporting procedures of any working groups or task and finish groups must be approved by the Quality Committee and reviewed on an annual basis.
4. Role and duties	
	On behalf of the Quality Committee, the PSCE Sub-Committee will:
4.1	**General** • Develop an annual programme of work for approval by the Quality Committee at its first meeting of the financial year. The programme will include a list of all reporting and accountable groups and when minutes or reports from those groups will be received and highlight key reporting targets. • Report to the Quality Committee on monthly basis highlighting assurances and emerging risks through a Chairs report, informing of significant issues, achievements, underperformance, and deviation from plans. • Receive highlight and exception reports from the working groups and task and finish groups that report into the Sub-Committee. • Receive the annual reports from the Resuscitation Group, Thrombosis Group, and Blood Transfusion Group. • Contribute to the Trust Annual Report to demonstrate the outputs of the Sub-Committee. • Contribute to the annual review of the Quality Committee, including a review of the effectiveness of the Sub-Committee. • To examine any other matter referred by the Quality Committee.
4.2	**Safety** • Promote, within the Trust, a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's Incident Reporting Policy. • Review and Monitor compliance with the requirements of the Duty of Candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting patients and their relatives who have been involved in a notifiable patient safety incident. • Review and monitor the delivery of action and improvement plans from

	patient safety incidents, review lessons learnt and extrapolate key themes, ensuring learning has taken place. • Review patient safety incident reports and action plans (excluding pressure ulcers and falls) and to receive and scrutinise independent investigations reports relating to patient safety issues and agree publication plans. • Monitor compliance with national and local standards and targets and other obligations such as CQC. • Monitor Data and trends in patient safety and outcomes to provide assurance to the Quality Committee on performance, undertake 'deep dives' as appropriate at the discretion of the Quality Committee; agree actions and responsibilities to address shortcomings. • Identify and build on good practice, sharing experience from local, regional, and national work and networks, expertise and successes in relation to patient safety and improved outcomes with the public, commissioners and where appropriate, other providers. • Receive reports and assurance of patient safety projects (Falls, Pressure Ulcers etc.) in respect of the safety projects across the organisation. • To receive reports on the management of infection control performance, especially health care acquired infections. • Support events and campaigns and activity across the organisation aimed at promoting patient safety. • Receive all National Patient Safety Alerts, monitor progress of the actions associated with the alerts and sign off completion of the Patient Safety Alerts.
4.3	**Effectiveness** • Understand and have oversight of key outcomes that evidence effectiveness of clinical services. • Approve the Annual Audit Priority Programme (AAPP) as meeting local, statutory and mandatory requirements and to have oversight of delivery of the AAPP, including any non-compliance with timely delivery of individual projects or action plans. • Work with the Clinical Effectiveness Team to advise on audits that are required to monitor effectiveness of action plans and patient safety and risk improvement activities. • Report on the implementation of the AAPP quarterly to the Quality Committee. • Receive a monthly report on new/updated guidance from NICE and agree those that are relevant to the Trust. • Agree the steps that need to be taken to ensure compliance with NICE Technical and Guidance. • To receive and monitor National Audits and their action plans including Getting it Right First Time (GIRFT).
5. Membership	

5.1	**Full Members** Medical Director – Chair Deputy Medical Director – Patient Safety - Deputy Chair Associate Medical Director – Clinical Effectiveness – Deputy Chair Associate Medical Director - PSIRF Chief Nurse Deputy Chief Nurse Director of Quality, Improvement and Patient Safety Care Group senior lead for Patient Safety and Clinical Effectiveness Deputy Chief Allied Health Professional Head of Risk and Safety Director of Pharmacy Associate Medical Director - Quality Deputy Director of Infection Prevention and Control Divisional Clinical Director (2 per meeting on rotation) Head of Clinical Audit Clinical Information Lead? **Attendees (as and when required)** Trust leads for safety projects The duties of members and attendees shall be to:
5.2 5.3	• attend and contribute • report and prepare required reports • have read the papers and materials in advance and be ready to work with them • actively participate in discussions pertaining to PSCE business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide • disseminate the learning and actions from the meetings
6. Quoracy	
6.1	A quorum shall be not less than 75% of the membership, with each Care group being represented.
6.2	It is expected that each member or named deputy attends a minimum of 60% of meetings, a named deputy will count towards the quorum.
6.3	The Chair may request attendance by relevant staff at any meeting.
7. Changes to the Terms of Reference	
7.1	Changes to the Terms of Reference including changes to the Chair or membership of the PSCE are a matter reserved to the Quality Committee.

8. Establishment of sub-groups	
8.1	The Sub-Committee may establish other working groups or task and finish groups to support its work. The terms of reference of such groups will be approved by the PSCE Sub-Committee and reviewed at least annually. The minutes of any such group will be presented to the PSCE Sub-Committee at the next available meeting.
9. Frequency of meetings	
9.1	The committee will meet monthly, to mirror the meetings of the Quality Committee. Meetings will be expected to last no more than two hours routinely. Cancellation of meetings will be at the discretion of the Chair and extraordinary meetings of the Committee may be called by any member of the Committee, with the consent of the Chair.
10. Administrative support	
10.1	The Chair of the Sub-Committee will set the agenda. The PSCE Sub-Committee will be administered by the Quality Governance Team who will: • Collate and distribute papers at least 7 days before each meeting • Record minutes and maintained a record of matters arising and issues to be carried forward. • Support the Chair and members as required.
11. Reporting to the Quality Committee	
11.1	The Chair of the PSCE Sub-Committee will provide a 'Chair's Report' monthly to the Quality Committee outlining issues of significance, key actions taken with regard to quality and safety issues, key risks identified, and key levels of assurances given.
12. Status of the Meeting	
12.1	All Sub- Committees of the Quality Committee will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.
13. Monitoring Effectiveness and Compliance with Terms of Reference	
13.1	The PSCE Sub-Committee will carry out an annual review of its effectiveness and provide an annual report to the Quality Committee on its work in discharging its responsibilities, delivering its objectives against its forward-looking work programme and complying with its terms of reference,

	specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
14. Review of Terms of Reference	
14.1	The terms of reference of the PSCE Sub-Committee shall be reviewed at least annually by the Committee and approved by the Quality Committee.

Author	**Director of Quality, Improvement and Patient Safety**
Owner	**Chief Nurse**
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Terms of Reference for: **Patient Experience Sub-Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Lead Executive Director: Dawn Parkes, Chief Nurse	
Authors Name: Adele Coulthard, Director of Quality, Improvement and Patient Safety.	
Contact Name: Adele Coulthard, Director of Quality, Improvement and Patient Safety.	
Trust Priorities: Quality, patient experience, safety and clinical effectiveness	**Scope:** Trust wide
Keywords: Quality, Safety, Patient Experience, Clinical Effectiveness	**Replaces:** NA
To be read in conjunction with the following documents: Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual, Care Group Quality Governance Arrangements, Quality Committee Terms of Reference	

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PATIENT EXPERIENCE SUB COMMITTEE

Terms of Reference

1. Status	
1.1	The Quality Committee has resolved to establish a Patient Experience Sub-Committee (PESC). The Sub-Committee is a working group of the Quality Committee and its powers are those specifically delegated in these terms of reference.
2. Purpose of the Committee	
2.1	The purpose of the PESC is to provide oversight and gain assurance, on behalf of the Quality Committee, that there are systems, processes and controls in place to deliver and monitor the achievement of consistently high-quality care to meet the Trusts legal and regulatory obligations in relation to the broad heading of patient experience.
2.2	It will do this by seeking assurance from its various working groups as part of an annual work programme and other emerging issues by exception.
2.3	The PESC will provide a forum to bring together key professionals with responsibility for overseeing performance and policy issues in relation to patient, family and carer experience, and provide advice and information to the organisation that promotes a culture of providing consistently excellent patient experience.
2.4	The PESC will foster and facilitate a culture of learning and ongoing quality improvement across the Trust ensuring that, that there is learning from patient experience feedback, the Patient Survey, concerns, complaints, compliments, risks and incidents and acts to improve care.
2.5	The PESC will ensure that there is appropriate planning in place around current and future statutory and mandatory quality and patient experience standards, and that best practice is identified, delivered and shared.
2.6	It will receive assurance from Care Groups that improvements are being implemented in line with national guidance and local learning.
2.7	The PESC will gain assurance that any shortcomings in the quality and experience of care against agreed standards are being identified and addressed in a systematic and effective manner.
2.8	The PESC will ensure that any risks to delivery of quality standards are escalated to the Quality Committee and appropriate mitigations and remedial actions are implemented.
3. Authority	

3.1	The PESC is authorised by the Quality Committee to investigate any activity within its terms of reference or commission programmes of work that will seek to improve patient experience.
3.2	It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the subcommittee.
3.3	The PESC shall have the power to establish working groups and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, as approved by the Quality Committee.
3.4	The Terms of Reference, including the reporting procedures of any working groups or task and finish groups must be approved by the Quality Committee and reviewed on an annual basis.
4. Role and duties	
4.1 4.2	On behalf of the Quality Committee, the PESC will: • Develop an annual programme of work for approval by the Quality Committee at its first meeting of the financial year. The programme will include a list of all reporting and accountable groups and when minutes or reports from those groups will be received and highlight expected outcomes and key reporting targets. • Report to the Quality Committee on monthly basis highlighting assurances and emerging risks through a Chairs report, informing of significant issues, achievements, underperformance, and deviation from plans. • Receive highlight and exception reports from the working groups and task and finish groups that report into the PESC. • Support the development and implementation of appropriate structures, systems and process embedded across the organisation to deliver excellent patient experience of care, which is continuously improving. • Review and set metrics associated with patient experience. • Receive agreed reports of patient experience projects and work streams across the organisation and monitor progress of those projects and work streams. • Advise the Quality Committee of high-risk patient experience issues and action taken to implement controls to mitigate against these risks, including identifying patient experience risk issues that cross divisions. • Provide the Quality Committee with monthly reports of the activities of working groups, incorporating exception-based issues identified through all planned patient experience activities. • Contribute to the Trust annual report to demonstrate the outputs of the PESC. • Contribute to the annual review of the Quality Committee. • Provide an interface between the Trust and regional and national work to improve patient experience.

4.3	• Support events and campaigns and activity across the organisation aimed at promoting patient experience. • Review compliance against relevant CQC fundamental standards. • Receive monthly reports on the attainment and progress against Care Group Patient Experience Improvement Plans. • Review national patient experience guidance and provide a steer to implementing any agreed actions. • Oversee ongoing development and implementation of the Trust's Patient, Family and Carer Experience Framework in line with national guidance. • Oversee the development and review of the Trust Complaints Policy and processes in light of national initiatives/legislative changes. • Receive and review sources of patient experience feedback e.g. complaints/PALS data, FFT, national/local surveys, NHS website feedback and recommend/commission actions to improve the experience of patients. • Monitor performance in relation to key performance indicators of formal new and reopened complaints management and delivery of improvement action within Care Groups where necessary. • Monitor progress and delivery of the Parliamentary and Health Service Ombudsman (PHSO) action plans by Care Groups within agreed time frames. • Identify organisational and Care Group patient experience priorities for improvement. • Review sources of feedback in relation to identified organisational priorities and emerging themes. • Make recommendations and agree actions to include in the Care Group Patient Experience Improvement Plans / Quality Account and various groups within the organisation. • Ensure effective dissemination and communication of learning from patient experience. • Identify training/educational needs for staff involved in responding to and investigating complaints and procure delivery. • Provide an oversight of any related performance targets. • Receive an annual report, and reports by exception of any issues for raising, from the Healthcare Ethics Group. • Receive a quarterly update from the Nutrition Hydration and Food Steering Group. • Receive a bi-annual update in relation to staff experience as part of the staff PULSE Survey to consider the results and the impact on patient experience, and actions that may need to be taken. • To examine any other matter referred by the Quality Committee.
5. Membership	

5.1	**Full Members** Chief Nurse – Chair Deputy Chief Nurse – Deputy Chair Chief Medical Director Director of Quality, Improvement and Patient Safety Care Group senior lead for Patient Experience Head of Patient Experience Head of Voluntary Services Lead Chaplain Deputy Chief Allied Health Professional Medical representation (or consultation when not available) Health Watch representative Compliance Lead Palliative Care Team representative Matron for Complex Needs/Head of Safeguarding ICB quality representative Assistant Director of Workforce and OD Pharmacy Representative Patient Representative **Attendees (as and when required)** Other members of staff will be asked to attend to present reports as required.
5.2	The duties of members and attendees shall be to:
5.3	• attend and contribute • report and prepare required reports • have read the papers and materials in advance and be ready to work with them • actively participate in discussions pertaining to patient experience business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide • disseminate the learning and actions from the meetings
6. Quoracy	
6.1	A quorum shall be not less than 75% of the membership, with each Care group being represented.
6.2	It is expected that each member or named deputy attends a minimum of 60% of meetings, a named deputy will count towards the quorum.
6.3	The Chair may request attendance by relevant staff at any meeting.
7. Changes to the Terms of Reference	
7.1	Changes to the Terms of Reference including changes to the Chair or membership of the PESC are a matter reserved to the Quality Committee.

8. Establishment of sub-groups	
8.1	The Sub-Committee may establish other working groups or task and finish groups to support its work. The terms of reference of such groups will be approved by the PESC and reviewed at least annually. The minutes of any such group will be presented to the PSCE at the next available meeting.
9. Frequency of meetings	
9.1	The committee will meet monthly, to mirror the meetings of the Quality Committee. Meetings will be expected to last no more than two hours routinely. Cancellation of meetings will be at the discretion of the Chair and extraordinary meetings of the Committee may be called by any member of the Committee, with the consent of the Chair.
10. Administrative support	
10.1	The Chair of the Sub-Committee will set the agenda. The Sub-Committee will be administered by the Quality Governance Team who will: • Collate and distribute papers at least 7 days before each meeting • Record minutes and maintained a record of matters arising and issues to be carried forward. • Support the Chair and members as required.
11. Reporting to the Quality Committee	
11.1	The Chair of the PESC will provide a 'Chair's Report' monthly to the Quality Committee outlining issues of significance, key actions taken with regard to quality and safety issues, key risks identified, and key levels of assurances given.
12. Status of the Meeting	
12.1	All Sub- Committees of the Quality Committee will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.
13. Monitoring Effectiveness and Compliance with Terms of Reference	
13.1	The PESC will carry out an annual review of its effectiveness and provide an annual report to the Quality Committee on its work in discharging its responsibilities, delivering its objectives against its forward-looking work programme and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

14. Review of Terms of Reference	
14.1	The terms of reference of the PESC shall be reviewed at least annually by the Committee and approved by the Quality Committee.

Author	**Director of Quality, Improvement and Patient Safety**
Owner	**Chief Nurse**
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Terms of Reference for: **Resources Committee**	York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust wide	**Trust Priorities: Our People, Elective Backlog, Acute Flow**
Keywords: People, Finance, Performance, YTHFM	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

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RESOURCES COMMITTEE

Terms of Reference

1	**Status**
1.1	The Board has resolved to establish a Committee of the Board to be known as the Resources Committee ("the Committee").
2	**Purpose of the Committee**
2.1	The purpose of the Resources Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances to ensure: (i) The Trust delivers the 'Our People', 'Elective Recovery' and the 'Acute Flow' priorities as a key part of the Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust delivers the Our People, Elective Recovery and Acute Flow requirements of the Trust's Strategy 2021-23: Building Better Care Together (iii) The reviewing and seeking of assurance regarding the operational and strategic plans and activities for Finance, Performance and People aspects of the Trust. This will include areas such as York Teaching Hospitals Facilities Management (YTHFM) estates and facilities, and sustainability (iv) The meeting of regulatory requirements of CQC and NHS England
3	**Authority**
3.1	The Committee is authorised by the Board to investigate any activity within its terms of reference. Changes to the terms of reference can only be approved by the Board of Directors. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3.2	The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its role and duties.
3.3	The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Role and duties**

5.1	The Resources Committee shall on behalf of the Board of Directors review assurances of the Trust's Our People, Elective Recovery and Acute Flow priorities and key enablers in the following areas as part of the Trust's longer-term strategy: (i) Workforce strategy (ii) Trust operational performance plans and processes; (iii) Financial performance, material variance and remedial plans; (iv) YTHFM and Sustainability strategies
5.2	To do this it will receive reports including the Trust Priorities Report (TPR) where applicable, across the following areas: • Finance • Performance • People • YTHFM
5.2.1	Finance • To consider the Trust's financial strategy, in relation to both revenue and capital. • To consider the Trust's annual financial targets and performance against them. • To review the annual budget, before submission to the Trust Board of Directors. • To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets. • To commission and receive the results of in-depth reviews of key financial issues affecting the Trust. • To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards. • To oversee and receive assurance on the financial plans of significant programmes. • To seek assurance on delivery of the Trusts efficiency programme. • To review performance indicators relevant to the remit of the Committee. • To monitor the risk register and other risk processes in relation to the above.
5.2.2	Performance

	• To require regular operational performance reports from management which enable the Committee to consider the operational risks involved in the Trust's business and how they are controlled and monitored by management. • To obtain assurance that the Trust delivers services which are consistently meeting nationally defined minimum standards and performance and key standards required by the Trust's regulator. • To obtain where performance is below the standard required, robust recovery plans developed and implemented for nationally defined minimum standards and performance and key standards required by the Trust's regulator.
5.2.3	People: • To consider organisational development and strategy relating to organisational development and workforce (including recruitment, retention and organisational culture). • To provide assurance of management recommendations in relation to local pay and contractual arrangements in support of NHS service modernisation. • To take an overview of the equality and diversity and inclusion policy and achievement of goals (WRES/WDES). • To review key workforce performance indicators, including: sickness absence, vacancy data, bank/agency usage and expenditure, training, appraisal, staff turnover (stability) and achievement of key performance indicators. • To provide assurance to the Trust board that HR initiatives in support of strategic workforce development are making appropriate progress against agreed measures. • To gain regular assurance on the results of the Trust's Staff Surveys, the annual staff survey, the GMC survey and Staff Engagement, and to link this to the delivery and outputs required of associated People Strategies. • To provide assurance to the Trust Board that the Trust is compliant with relevant HR legislation and best practice, for example nursing and medical revalidation regulations. • To provide assurance employee relations issues are proportionate and timely. • To gain regular assurance on the quality of medical and non-medical education and training within the organisation, including student satisfaction, the delivery of action plans to address any gaps identified through feedback, and feedback on quality of placements. • To gain assurance that the Trust is meeting its regulatory requirements as an education provider (GMC/NMC) and education and training standards (HEE framework, HEI programme requirements)

	• To consider statutory and mandatory training processes to ensure all staff remain compliant. • To receive assurance in relation to erostering implementation against the national Levels of Attainment framework • To receive the Trust's Workforce Plan • To support the Trust's organisational development and work on leadership, staff engagement, staff culture and becoming a learning organisation, through review, action planning and assurance processes • To assure that the statutory duty of revalidation for doctors and nurses is delivered effectively and for other professionals as this is mandated. • To maintain an oversight of the Raising Concerns Policy (including the Freedom to Speak Up guardians) and the effectiveness of the policy. • To review the associated risks from the Board Assurance Framework and Corporate Risk Register
5.2.4	YTHFM • To receive quarterly updates to include performance • To monitor the implementation of the YTHFM estates and facilities management strategy and plans • To seek and provide assurance to the Board on the strategic performance of the YTHFM. • To agree and monitor key performance indicators for the assessment of the YTHFMs performance through the receipt of the minutes of the YTHFM Executive Performance Assurance Meeting (EPAM)
5.3	The Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors (in informing of significant issues, underperformance, and deviation from plans to deliver the 'Our People', 'Elective Recovery' and 'Acute Flow' priorities); • Quality Committee; and • Audit Committee
5.4	The Committee will support specifically the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework in considering material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall

	respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
5.5	To examine any other matter referred to the Committee by the Board of Directors.
5.6	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6	**Membership**
6.1	The membership of the Committee shall be comprised of the following core members: • Three Non-Executive Directors – (one of whom will be the Chair of the Committee) • Director of Finance • Chief Operating Officer • Director of Workforce and Organisational Development • Managing Director of YTHFM • Chief Nurse • Medical Director • Chief Digital Information Officer The following Directors and officers will be attendees: • Chief of Allied Health Professionals Other attendees: • Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance. • The Associate Director of Corporate Governance will have a standing invitation to the Committee. Representation from Humber and North Yorkshire Integrated Care Board will also have a standing invitation.
6.2	The duties of members and attendees shall be to:- • attend and contribute; • have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide; • disseminate the learning and actions form the meetings;

	• to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The quorum of any meeting shall be a minimum of two Non-Executive Directors and two Executive Directors. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
7.2	It is expected that all members will attend meetings of the Committee. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.
7.3	If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.
7.4	The Chair may request attendance by relevant staff at any meeting.
8	**Frequency of meetings**
8.1	Meetings of the Resources Committee shall be held up to 12 times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Trust and the Chief Executive.
8.2	The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
8.3	Meetings of the Committee shall be set at the start of the calendar year.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
10	**Monitoring Effectiveness and Compliance with Terms of Reference**

10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**
11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	
Version #	**V0.3**
Approved by	
Review date	

Terms of Reference for: **Digital Sub-Committee**	York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust Wide	**Trust Priorities: Our People, Quality & Safety, Elective Backlog, Acute Flow**
Keywords: Digital, Information, Cyber Security	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

Unique Identifier: DSC	**Review Date: March 2025**	
Issue Status: Draft	**Issue No: v0.3**	**Issue Date: January 2024**
To be Authorised by: Board of Directors	**Authorisation Date:**	
Document for Public Display: No		
After this document is withdrawn from use it must be kept in an archive for 6 *years.*		
Archive:	**Date added to Archive:**	
Officer responsible for archive: Associate Director of Corporate Governance		

DIGITAL SUB-COMMITTEE

Terms of Reference

1	**Status**
1.1	The Board has resolved to establish a Sub-Committee of the Resources Committee to be known as the Digital Sub-Committee ("the Committee").
2	**Purpose of the Committee**
2.1	The purpose of the Digital Sub-Committee is to lead on behalf of the Resources Committee the acquisition and scrutiny of assurances to ensure: (i) The Trust's Digital and Information services support the operational and strategic delivery of the Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust has robust processes and procedures to adhere to the General Data Protection Regulation (GDPR) and has adequate protection and mitigation of cyber security risks
3	**Authority**
3.1	The Committee is authorised by the Resources Committee to investigate any activity within its terms of reference. Changes to the terms of reference can only be made by the Resources Committee as approved by the Board. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3.2	The Committee may invite any Director, Executive, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its role and duties.
3.3	The Committee is authorised by the Resource Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Role and duties**
5.1	The Digital Sub-Committee shall on behalf of the Board of Directors review assurances of the Trust's Digital Strategy as an enabler to achieving the overall Trust Strategy to include the following: (i) Digital Transformation of the Trust's operations and service delivery, (ii) Digital infrastructure and service management, (iii) Data, information and insight, (iv) Information governance

	(v) Cyber security, and (vi) Performance against the Trust Priorities Report digital indicators.
5.2	To do this it will receive reports across the following areas: • Trust Priorities Report (TPR) – Digital Key Performance Indicators. • Digital and Information Strategy. • Digital and Information services portfolio delivery. • Annual digital budget recommendations to the Board. • Budgetary control against the agreed annual budget. • Risks and issues associated with the digital strategy and delivery plan. • Digital aspects of the Board Assurance Framework. • Cyber security protections. • Trust's Information Governance Policy for approval on an annual basis. • The Trust's policies and procedures with respect to data privacy, covering patients, staff and members, address all relevant legislation and guidance. • Quarterly report on information governance activities including: - Serious reportable data breaches including assurance on incident investigation and lessons learnt - Training compliance status. • Compliance against the national Data Security Protection Toolkit.
5.3	The Sub-Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors • Quality Committee • Resources Committee • Audit Committee
6	**Membership**
6.1	The membership of the Committee shall be comprised of the following core members:- • One Non-Executive Director (Chair) • Chief Digital and Information Officer

	• Deputy Chief Digital Information Officer / Senior Information Risk Owner • Chief Operating Officer • Medical Director • Chief Nurse • Chief Clinical Information Officer • Chief Nursing Information Officer The following Directors and officers will be attendees: • Finance Director • Director of Communications • Chief of Allied Health Professionals • Caldicott Guardian • Data Protection Officer Other attendees: • Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance. • The Associate Director of Corporate Governance will have a standing invitation to the Committee.
6.2	The duties of members and attendees shall be to:- • attend and contribute; • have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide; • disseminate the learning and actions form the meetings; • to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The quorum of any meeting shall be a minimum of one Non-Executive Director and two Executive Director. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.

7.2	It is expected that all members will attend meetings of the Committee. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Resources Committee.
7.3	If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.
7.4	The Chair may request attendance by relevant staff at any meeting.
8	**Frequency of meetings**
8.1	Meetings of the Committee shall be held bi-monthly up to 6 times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Resources Committee.
8.2	The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
8.3	Meetings of the Committee shall be set at the start of the calendar year.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties.
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
10	**Monitoring Effectiveness and Compliance with Terms of Reference**
10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Resources Committee on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**

11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors through recommendation from the Resources Committee.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	
Version #	**V0.3**
Approved by	
Review date	

Report to:	Board of Directors
Date of Meeting:	31 January 2024
Subject:	Governance Update
Director Sponsor:	Martin Barkley, Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report and Key Points to highlight:
The purpose of the report is to highlight the amendments to the Trust's Governance Framework and the drafting of the Trust's Fit and Proper Persons Test Policy (FPPT).

Specifically to note and discuss:
The amendments required to the Trust's Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions and the drafting of the Trust's Fit and Proper Persons Test Policy (FPPT).

Recommendation:
The Board of Directors is asked to approve the amendments to the Trust's Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions and the Trust's Fit and Proper Persons Test Policy (FPPT).

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

Meeting	Date	Outcome/Recommendation
Audit Committee - Governance Framework	15 January 2023	Recommended for Board of Directors approval

Governance Update

1. Reservation of Powers and Scheme of Delegation

The Trust's reservation of powers and scheme of delegation has been revised as follows (additions are in bold and italic text):

Area	Section and Amendment
Page 4 – Governor's Legal Responsibilities	Approval of the increase of non-***healthcare/ international*** income ***or expenditure*** where it is 5% or more in any one year. ***This should be done in conjunction with the NHSE regional team***.
Page 10 – Planning and Budgetary Control	At Care Group level Prime Budget Holders are Care Group Directors and Directors who hold all operating budgets for the Care Groups/ Directorates they manage including, where appropriate, income, activity, expenditure ***and workforce budgets***. Associate Chief Operating Officers (ACOO) who provide professional support to practising Care Group Directors have also been granted Prime Budget Holder status.
Page 13 – Non-pay revenue expenditure within budgets	Credit notes / refunds to correct posting errors and duplicate payments ***Assistant*** Financial Accountant /Payroll Manager £1k to £5k ***Financial Accountant***/ Deputy Head of Corporate Finance £5k to £25k Write offs – excluding workforce remuneration over payments ***Assistant*** Financial Accountant £50 to £250 ***Financial Accountant***/ Deputy Head of Corporate Finance £250 to £1k
Page 14 - Quotations, Tendering and Contracts	Obtaining a minimum of 3 written competitive tenders for goods/services over £50k (£25k for YTHFM) Head of Procurement ***£50k*** *(amended from £25k)* ***Medical equipment leases*** ***Deputy Head of Corporate Finance*** £500k ***Head of Corporate Finance/ Deputy Finance Director*** £500k
Page 17 – Losses and compensation	Non-clinical cases ***Financial accountant*** *(amended from Finance Director)* ***<£500*** (amended from Up to £150k)

	Head & Deputy of corporate Finance £500 to £1k ***Deputy Finance Director £1k to £2k*** ***Finance Director >£2k to <£150k***
Page 23 - Authorisation of new drugs	Yearly cost of drugs Associate Chief Operating Officers Chief Pharmacist Estimated total yearly cost per individual drug up to £25,000 ***(only if within current Care Group resources if not a BC is required)***
Minor corrections	YTHFM referenced as ***YTHFM LLP*** NHSE/I referenced as ***NHSE*** ***Minor grammatical corrections***

2. Standing Orders

The Trust's Standing Orders have been amended as follows:

Area	Section and amendment
Page 15 Committees	Section 5.1 Appointment of Committees ▪ Group Audit Committee ▪ Remuneration Committee ▪ Quality Committee *(amended from Quality & Safety Assurance Committee)* ▪ ***Resources*** Committee *(amended from Digital, Performance and Finance Committee)* ▪ ***Digital Sub-Committee*** ▪ ***Patient Safety and Clinical Effectiveness Sub-Committee*** ▪ ***Patient Experience Sub-Committee***
Minor corrections	NHSE/I and Monitor referenced as ***NHSE***

3. Standing Financial Instructions (SFIs)

The Trust's SFIs have been revised as follows (additions are in bold and italic text):

Area	Section and amendment
Page 18 – Bank Accounts, Investments and External Borrowing	Section 5.1 General Section 5.1.1

	Removal of reference to NHS Improvement
Page 27 – Non-Pay Expenditure	Section 9.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the York ***Teaching*** Hospitals Facilities Management LLP or Purchasing department shall be sought. Section 9.2.6 (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health/NHS Improvement. NHSE determined the threshold for this to be £50,000. *(removal of for 2020/21)*
Page 31 - Tendering Quotation and Contract Procedure	Section 9.5.4 All invitations to tender should be ***advertised***. ***Enough bids should be received*** to provide fair and adequate competition. In no case ***should fewer*** than three firms / individuals, having regard to their capacity to supply the goods, materials or undertake the service required ***be received. Where fewer than 3 tenders are received then this should be recorded on the tender report form. Where only one tender is received, consideration should be given to readvertising the opportunity and revising the specification with the aim of inviting new bidders.*** *(removal of sent to a sufficient number of firms/individuals as appropriate)* Section 9.5.5 The firms/individuals invited to tender (and where appropriate quote) should be ***recorded***. *(removal of as set out in the tendering process)*
Minor wording corrections	

4. Fit and Proper Persons Test (FPPT) Policy

In line with the Fit and Proper Persons Test Framework issued from NHS England in response to the recommendations from the Kark Review, the Trust's Policy has been drafted and is attached at appendix 1.

The Framework is required to be adopted by the Trust by 31 March 2024 with a first submission to NHS England provided by June 2024.

5. Recommendation

The Board of Directors is asked to approve the amendments to the Trust's Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions and the Trust's Fit and Proper Persons Test Policy (FPPT).