York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 28th February 2024
Time: 10:00am – 1:00pm
Venue: Boardroom, Trust HQ, 2nd Floor Admin Block

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	-	10:00
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 31 January 2024** To be agreed as an accurate record.	Martin Barkley	Report	05	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Martin Barkley	Report	19	
6.	**Chair's Report** To receive the report.	Martin Barkley	Verbal	-	10:05
7.	**Chief Executive's Report** To receive the report.	Simon Morritt	Report	21	10:10
8.	**Quality Committee Report** To receive the February meeting summary report.	Steve Holmberg	Report	55	10:30

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Resources Committee Report** To receive the February meeting summary report.	Jim Dillon	Report	57	10:35
10.	**Trust Priorities Report (TPR)** February 2023-24 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services • Finance	Claire Hansen Dawn Parkes Polly McMeekin James Hawkins Andrew Bertram	Report	58	10:40
Break 11.40					
11.	**Q3 Guardian of Safe Working Hours report** To consider the report.	Karen Stone	Report	139	11:50
12.	**Equality Delivery System Report** To approve the report.	Polly McMeekin	Report	146	11:55
13.	**CQC Compliance Update Report** To consider the report.	Dawn Parkes	Report	191	12:05
14.	**Trust Response – Letby Review Summary Report** To consider the report.	Dawn Parkes	Report	201	12:10

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Maternity and Neonatal Reports** To consider the reports:	Dawn Parkes			12:15
15.1 15.2	• Maternity and Neonatal Quality & Safety Update • CQC Section 31 Update		Report Report	208 215	
16.	**Q2 Mortality Review – Learning From Deaths Report** To consider the report.	Karen Stone	Report	223	12:30
17.	**Quality Improvement Update** To consider the update.	Karen Stone	Report	239	12:40
Governance					
18.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:55
19.	**Time and Date of next meeting** The next meeting held in public will be on 27 March 2024 at 9:30am.				
20.	**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.				
21.	**Close**				1:00

Minutes
Board of Directors Meeting (Public)
31 January 2024

Minutes of the Public Board of Directors meeting held on Wednesday 31 January 2024 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:30am and concluded at 12:10pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Board Safety Champion)
- Dr Stephen Holmberg
- Mr Jim Dillon
- Mrs Jenny McAleese

Executive Directors
- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Deputy Chief Executive/Finance Director
- Mrs Dawn Parkes, Interim Chief Nurse & Board Safety Champion
- 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 Steven Bannister, Managing Director of YTHFM
- Mr Mike Taylor, Associate Director of Corporate Governance
- Sascha Wells-Munro, Director of Midwifery (for item 115 23/24 Maternity Reports)
- Miss Cheryl Gaynor, Corporate Governance Manager (Minute taker)

Observer:
- Kim Hinton, Deputy Chief Operating Officer – shadowing the Chief Operating Officer
- Adam Laver, Local Democracy Reporter for Yorkshire Post

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.

106 23/24 Apologies for absence
Apologies for absence received from:

- Mrs Lynne Mellor, Non-executive Director
- Prof. Matt Morgan, Non-executive Director

107 23/24 Declaration of Interests

There were no declarations of interest to note.

108 23/24 Minutes of the meeting held on 29 November 2023

The Board approved the minutes of the meeting held on 29 November 2023 as an accurate record of the meeting.

109 23/24 Matters arising from the minutes

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

BoD Pub 05 – digitisation of existing clinical records was underway, and the Trust was beginning to embed the use of MS Teams Channels for reports and meeting papers. On this basis, the Board agreed that this action was now resolved through the means described and would consequently be closed.

BoD Pub 06 – The Board agreed that the value of this action was no longer apparent, with current ongoing work to improve the TPR report. Mr Barkley suggested the continuation of the improved TPR work and then a later decision as to whether there was anything further required. On this basis the Board agreed to close the action.

BoD Pub 09 – Miss McMeekin advised that the ERostering Business case was formally ratified at the Executive Committee on 6th December and consequently the action was closed.

BoD Pub 18 – Ms Hansen provided a presentation to the Board which concluded the action, advising that a further capacity and demand plan was in progress, but diagnostics was segregated into Radiology, Endoscopy and Pathology. When more detailed work and plans were completed, these were to be reported back to the Resources Committee.

Public - Diagnostic Presentation DPF with

BoD Pub 21 – (Freedom of Information Response Times) Mr Hawkins updated that some central changes had been made to the central aspects of the process but suggested the action remained open as work continued to review the activity and its process. The Board agreed to amend the due date to March 24.

Bod Pub 22 – Miss McMeekin described that it had been agreed that the Nursing Associate establishment would be included in the TPR from February onwards. These were a subset of the occupational code within the national payroll system of clinical support staff rather than registered nursing staff, despite Nursing Associates being registered. Item closed.

BoD Pub 23 – Miss McMeekin requested the due date be extended from February. As this was in tandem with the strategy programme and the research strategy, it was more realistic for July 24. The Executive Lead was to be amended to the Medical Director following recent changes in portfolios.

BoD Pub 24 – Mrs Parkes advised that the complaints process was currently under review and a workshop booked for February with the care groups to focus on agreeing milestones that the complaints process would meet the framework and complaints are responded to within 30 days. It was hoped that this would be concluded in February with a view to amend the complaints policy to reflect any outcomes. The due date was amended to February 24.

BoD Pub 25 – reference to the CQC regime included in the agenda. A briefing report had also been circulated to the Board as the Northern region began in the week. It was proposed to come back to the Board in a development session.

BoD Pub 27 – Miss McMeekin advised this action was now closed. The challenge related to the York site and options of either a taxi home funded or a 2 nights travel lodge was in place, given that no residential options were available on the York Hospital site.

BoD Pub 28 – Dr Stone clarified that the term 'Senior Review' had a different meaning for different circumstances. The TPR report included this in terms of whether this had been ticked on CPD (Core Patient Database) or not as a senior review can be completed without ticking the relevant box included in CPD. A senior review with a structure judgement case review was different measure. Item closed.

BoD Pub 29 – Dr Stone advised that the language in the report had been fed back to the relevant team to consider for future reports. Item closed.

BoD Pub 30 – Ms Hansen reported that the waiting time harms task and finish group was set up in October 23 to review the process for reviewing specifically, harm a s a result of waiting lists (elective or acute). This was extended further to review how to proactively manage elective waiting lists for other areas such as paediatrics as an example as the impact this has on children for waiting extended periods of time. An outcome of this is a report to the Executive Committee 7th February 2024 for discussion and engagement with care groups and deputies before it is socialised further.

110 23/24 Chair's Report

Mr Barkley thanked the Executive Team and Miss Gaynor for the timely submission of the Board reports and agenda packs for the meeting.

Furthermore, Mr Barkley briefed the Board on his recent attendance to the Bridlington Health Forum meeting which he described as a powerful event with Mrs Liley. The strength of feeling from members of the public who were there, not only around increasing the range of services that the Trust provided at the Bridlington site but also the fundamental issues of primary care, both medical and dental in Bridlington, was self-evident. The event was the lead item on BBD Look North. He advised the Forum that work was underway to ascertain whether it was safe and practical to stand the range of out-patient services and diagnostic services available at the hospital.

Mr Barkley updated the Board on the appointment of a new Stakeholder Governor, Jill Quinn MBE from the Dementia Forward Charity, and the resignation of Public Governor (Selby) Andrew Stephenson.

Mr Barkley shared a reminder to the non-executives for their invitation to attend a Discover and Develop Event held by Humber and North Yorkshire ICS on 22 February 2024.

111 23/24 Chief Executive's Report

Mr Morritt highlighted some key areas:

Winter pressures – Mr Morritt acknowledged the staff who had been and continued to, work through intolerable pressures. He thanked the staff himself and on behalf of the Board for their continued efforts in managing the pressures. The changes to processes for managing flow and support shared risks presented by ED overcrowding, had shown improvements in ambulance handover times and length of time spent in the emergency departments.

Developments in the Integrated Model for Urgent Care – Mr Morritt reminded the Board that the Trust was to become the Prime Provider for a new model of Integrated Urgent Care from April 2024. Working with Nimbuscare as the selected partner to deliver primary care out of hours services element of this. The Trust was currently developing a plan of its provider role across the footprint.

Our Voice, Our Future - The group, consisting of Change Makers, demonstrated optimism and energy at their welcome session in December. They have since undergone training sessions to prepare them for the 'discovery phase' of the programme. They will gather feedback from staff and Board members over a 6-month period, with regular updates to the Board. There will be a further briefing around the change Makers at the February Board seminar.

Support and development for line managers - The Trust had launched a new line manager toolkit to support managers in their roles. The toolkit included resources like documents, videos, flowcharts, and FAQs. It covered the employee journey from recruitment to retention. Training for existing and new line managers was to be provided in the coming months to ensure a consistent and effective workforce experience. Positive feedback had already been received from staff members around the introduction and use of the toolkit.

Planning guidance update - NHS planning guidance was expected to be released in January/February and was yet to be received. The process was likely to continue until April/May for final submissions. The Trust and ICB were working on preparing plans, including service cost details, activity planning, and workforce assessments, even without detailed allocations.

City of York's Council Plan published - The City of York Council's 2023-2027 plan, titled 'One city, for all', aimed to create a happier and healthier city for all, recognising the unique experiences of different areas and focusing on partner organisations' support for its delivery. www.york.gov.uk/CouncilPlan

Star Award nominations – Monthly Star Awards recognise individuals or teams who demonstrate kindness, openness, and excellence in demonstrating the Trust's values to patients or colleagues. Dr Boyd shared that it was great to see a higher profile of the awards through the report and questioned whether the contributors were aware that their nominations were publicised in this way. Mrs Brown shared the process and assured that relevant questions are asked around consent for both the nominator and the nominee. Mr Barkley shared his view of the uplifting and inspiring read and highlighted a nomination from a Chief Biomedical Scientist around leadership, in particular commenting on the role of a manager – leadership not about being the best but about making everyone else better.

112 23/24 Trust Priorities Report

Operational Activity and Performance

Ms Hansen gave an overview of the Trusts operational activity and performance and reported in December 2023, BMA Junior Doctors took strike action, resulting in a loss of seventy-one elective procedures and 458 outpatient first attendances. The Trust reported a decrease in 78-week RTT waiters from thirteen at the end of November 2023. At the end of December, 621 RTT patients were waiting over 65 weeks, 149 better than the end of month trajectory of 770. The Trust was below the trajectory for patients waiting over 62 days on a Cancer pathway at 314, and the December Emergency Care Standard (ECS) position was achieved at 68.6% against a trajectory of 67.8%. The Trust experienced 2,309 lost bed days due to patients without a 'criteria to reside' (NCTR), impacting urgent and emergency care. The Trust was expected to have less than 10% of beds occupied by NCTR patients, which was currently around 27-30%.

Mr Dillon questioned what the factors were that were contributing to the current bed occupancy and Mrs Hanson described, of the 3 ICS provider acute Trust's, York has more or less the highest NCTR within the region as there are challenges within the City of York. The Trust was working with voluntary sectors to address some of the challenges faced locally and be able to wrap care around people, to be able to discharge them home.

Dr Holmberg referred to the 104 and 65 week waits and where the Trust appeared to have done well, which was not felt to be reflected accurately in the assurance column (page 107). Mrs Hanson agreed to examine what was factored into the metrics to better reflect the position in future reporting.

Action: Ms Hansen

In December, the focus was on Operational reset, a process to manage patient flow and escalations in demand. Ms Hansen described that this involved a new process for inpatient ward care to reduce ambulance delays and overcrowding in emergency departments during high demand. Two new elements had been introduced: the national OPEL (Operational Pressures Escalation Levels) framework, which provided greater consistency in calculating OPEL scores across the NHS, and the new Trust's Standard Operating Procedure (SOP) for care in unplanned areas. The OPEL score determined when parts of the SOP need to be enacted.

The new OPEL reporting framework changed the way metrics were counted, leading to a review of actions required. One of the actions was the risk sharing approach to long waiters within the ED. Prior to reset week in December, patients waited in the ED until their bed was available. Staff engaged with staff on how risk could be shared across ward areas and ED. This resulted in the development of the SOP for 'fit to sit' patients, who were able to sit out rather than in a bed. Areas were identified where patients would not normally be located and risk assessments were conducted.

During the operational reset week, measurements were made of Emergency Care Standard 12-hour trolley waits, ambulance handovers, and length of time in the department. In Scarborough, there was an increase in ED performance for type 1 patients from 33% to 50% and York from 43% to 56%, resulting in reduced 12-hour trolley waits and an average ambulance handover of 40 minutes reduced to twenty. The length of time in the ED had reduced for Scarborough but not for York due to the volume of patients.

Work continued with daily drop-in sessions with staff to address concerns and a review of finalising the SOP on 2 February 2024. Ms Hansen confirmed that when a patient is waiting in the ED for 10 hours or more, the implementation of the SOP is reviewed to

share the risk. Mrs Parkes shared that quality impact assessments for each ward team should be considered, and matron follow-ups of risk assessments should be ensured.

Mr Hansen also referred to the virtual hospital project and highlighted that the trajectory for November and December was to have capacity for fifteen virtual beds, fifteen were in place in November and 20 in December, with plans remaining on track to deliver thirty-three by the end of March 2024.

Actions continued to improve the cancer position. The aim of the Cancer Programme is to deliver 75% against the Faster Diagnosis Standard and a maximum of 143 patients waiting over 62 days on the cancer PTL (a list of patients who need to be treated by given dates in order to start treatment) by the end of March 2024.

Ms Hansen further reported on the Outpatient Transformation programme, describing the Trust's participation in the 'Further, Faster' programme, a GIRFT National Outpatient Transformation Programme, across eighteen specialties. The Trust, along with twenty-six other providers, was in cohort 2. Boarding sessions were ongoing, with the aim of reducing or achieving zero RTT52 week waiters by the end of March 2025. The programme was to link into system outpatient transformation and inform established clinical networks.

Dr Boyd referred to the 62 days treatment target for cancer and questioned with part of the contributor to that was the improvement in the faster diagnostic target. Ms Hansen agreed that it had been a contributor in particular in endoscopy where additional sessions had been introduced to support that.

Quality and Safety

Mrs Parkes reported that there had been 9 Trust attributed Clostridium difficile (C.difficile) cases in December and advised that there may be an increase seen in January following the impact of the high urgent and emergency care demands and risks around cross contamination. Mr Barkley questioned the comparison and benchmarking of the metrics around pressure ulcers per thousand bed days, patient falls per thousand bed days and medications incidents per thousand bed days. Mrs Parkes explained that the metrics described were average and although it was thought that the Trust was not an outlier, it was agreed it would be helpful to include the comparison with other Trust's if possible, in future reporting.

Action: Mrs Parkes

There had been a reduction in the number of incidents however, there were reporting challenges due to connectivity issues in the incident management system (national DCIQ - Comprehensive reporting and data analytics tool to monitor activity and drive actions towards improvement and management of future risk), especially during December. This may have caused incidents not being reported or duplication of work, posing a risk of distorted incident numbers until duplicates are deleted. Mrs Parkes assured that this feedback had been shared at a Regional Chief Nurse Meeting.

Mrs Parkes congratulated care groups on their focus in closing 109 overdue complaints in December, compared to 67 in November, while investigating and responding to complaints within thirty working days was at 37% compared to 45% in November. It was highlighted that there were some complaint responses that exceeded one hundred days. Further work was ongoing with patients and families to manage issues as they happen to reduce the need for formal complaints.

Workforce

Miss McMeekin gave an overview of the workforce performance for December and shared that the data section within the TPR remained work in progress. The appraisal window for non-medical staff concluded at the beginning of December and the Trust exceeded the 90% target with 92.3%, improving the quality of appraisals and linking them to the Trust's overall objectives was to be a priority in the 2024 appraisals. The Trust had also achieved the 87% target for statutory and mandatory training compliance as well as 94% for induction. Areas for focus for training continued to be medical and dental, specifically within the medicine care group whilst appreciating the pressures that the Trust was under, and that SPA time had been reduced due to the operational pressures.

In terms of vaccination rates, flu vaccinations had fallen to just under 35% and Covid-19 vaccinations fallen to 31.6%. The campaign programme planning for 2024 had begun and a draft plan to be submitted for discussion at Executive Committee in February to aim to confirm what the outline of the plan would be in suitable time prior to the initial programme commencement later in the year.

Dr Boyd highlighted the over recruitment of midwives to plan in the context of the business case to the ICB. Miss McMeekin explained that the Trust had been actively recruiting midwives and the total establishment pulled from the ledger (the desired data pull would be from ESR) which describes the full establishment of 202 and the Trust was reporting 204 midwives in total. There was a high temporary staffing demand in midwifery with high maternity leave and sickness absence. Considering this and removing it from the data, would take the Trust to around 18WTE below the establishment. The headroom for the midwifery establishment was only 22%. It was also considered that a greater amount of uplift for training/study leave should be made increasing it to approximately 27%.

Digital and Information Services

Mr Hawkins considered that the overall performance was good with the exception of a priority 1 incident in December with the Core Patient Database (CPD) where label printers were not working from CPD which consequently affected the wristband, order comms and patient label printing. There was a further incident that occurred earlier in January where users launching CPD were either intermittently connecting or getting an Oracle error message. Following the major Oracle upgrade the service had performed well.

Moving the service desk to be a more digital based self-service and continued to monitor trends to establish if the self service is achieving the desired shift away from telephony as appropriate to reduce overall calls to helpdesk operatives.

In terms of Freedom of Information response rates, the Trust was now performing better in terms of the 20 working day response target and comparatively to last year the team was responding to more in line with legislation, at a level of 71%, despite the increase in the number of Freedom of Information requests received.

113 23/24 Nursing Workforce and Fundamentals of Care

Mrs Parkes presented the report which described:

- Nursing dashboard was 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 (Formerly Perfect Ward) questions
- Ongoing work with the insight and intelligence team to data cleanse and automate the data sets.
- Emerging theme Trust Wide - Nursing care delivered was 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 was ongoing with the E-rostering system; this would enable the Trust to understand the weaknesses and improvements required to support an improvement plan to ensure effective roster management is followed.

In terms of the embedding the back-to-the-floor visit, Mrs Parkes highlighted celebrating this, describing the number of visits of areas since September 2023 and the proudness that this had been maintained. Mr Barkley shared that the visibility had been appreciated and welcomed on the wards and other departments.

114 23/24 CQC Compliance Update Report

Progress with delivery of actions within the Trust CQC Improvement Plan was being overseen through the fortnightly Journey to Excellence meeting. A further fifteen actions had been completed and agreed to close. There was clear governance around when actions were closed and assurance to the Executive team that there is a sustained position. Mrs Parkes shared that overall substantial progress was being made with the actions and were on track.

Mrs Parkes further highlighted the new regulatory approach and were currently working with the CQC to understand how that would transform to how the Trust is regulated and assessed. Further detail around this was to be included in this report when available.

Mr Barkley referred to the Mental Health Risk Assessment form being transferred onto Nucleus that was planned to go-live in January 24. Mrs Parkes advised that, due to the CPD/Oracle updates, this had been delayed to February 24.

The Board noted the report.

115 23/24 Maternity and Neonatal Quality and Safety Update Report

Sascha Wells-Munro presented the report. The November monthly update to CQC provided progress against the Section 31 concerns and key improvement workstreams in place in the maternity improvement programme. There was a dedicated quality improvement project now in place to support progress with providing assurance around PPH (postpartum haemorrhage) reporting, to ensure that the service had confidence that all processes for PPH management and subsequent reporting were robust and embedded in core daily processes. There was significant rise in PPH cases in November with twenty-three cases (7.2%) that were subject to a full thematic review. The outcome and subsequent immediate actions were to be reported to February Quality Committee and inform any further key actions within the improvement project. Mr Barkley questioned why the completion of antenatal risk assessments had gone down so significantly at the Scarborough site. Sascha described that although it was entirely clear, there had been issues with Badgernet and some version changes that had occurred within the system. As a result of that there was a detailed audit to be undertaken to understand what the gaps were and what was missed. It was clear that there were connection issues related to the Badgernet system, resulting in staff having to come back to the unit to complete their documentation. The audit will review this to understand why, and further details will be included in the next report.

Action: Mrs Parkes & Sascha Well-Munro

The bi-annual workforce report provided a summary of all measures in place to ensure safe multi-disciplinary staffing across maternity services in line with national standards and recommendations. This included 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 provided a summary of key workforce measures for Obstetrics, Neonatology and Anaesthetics to provide evidence for the maternity incentive scheme year 5. In line with the required standard and minimum evidential requirements of the Maternity Incentive Scheme Year 5, Safety Action 8, a local training plan had been developed to support implementation of Version 2 of the Core Competency Framework. Based on the How To guide developed by NHS England, the plan would ensure the ability of the Trust's Multi-disciplinary maternity teams to know and be aware of the core mandated training and competency requirements for each professional group. Dr Boyd referred to the headroom count discussed in the workforce TPR and suggested that the training plan had now made it clearer and identifiable what the training needs were across the piece and that this would feed into the required establishment. Sascha confirmed that there was a minimum of 37.5hours just to meet the core competency framework and then Trust mandatory training and requirements. Headroom needed to be at 24% as a minimum to enable the release of staff for training as well as all other pressures faced in the service. Mr Bertram sought and received assurance around the 20% allocation (4 days of training) and whilst this was not enough capacity to deliver everything in the training programme, every effort was being made to make a start.

Mr Barkley further questioned the non-compliance with the requirement to monitor consultant attendance at clinical situations and that this process was currently under review by the clinical director. He questioned when this was to be completed by. Sascha advised that this would be reported to Board in February.

Action: Mrs Parkes & Sascha Wells-Munro

Mr Barkley also highlighted that the workforce report referred to 'optimum' staffing levels and asked whether this was the same as 'safe' staffing levels. Given the financial situation of the Trust, it was assumed that only bank and agency staff were only booked to achieve minimum safe staffing levels and not optimum. Sascha agreed to change the language as described and assured that bank were a first call and agency second in order to achieve safe staffing levels.

The Board noted that the recommendation included in the bi-annual workforce report (The Board is asked to note the contents of the report and consider against the Midwifery Workforce business case and the Neonatal Medical Staffing business case) was incorrect and were assured that the Board were only asked to note the report and agree the proposed action plans. Mr Bertram gave a brief update of the progress of the business case and confirmed that the Board were not being asked to approve any investment.

Sascha further described the maternity incentive scheme (year 5), and submission of the self-declaration compliance form was required to NHS Resolution by 12.00hrs on the 1 February 2024. The Board noted that for year 5 the Trust had maintained the position from Year 4, remaining fully complaint in safety actions 1,2 and 10 and that all other safety actions had a clear action plan to achieve compliance of each element that sits within the overarching safety action.

Sascha highlighted that previously the Board had requested detail on national standards around reporting delays in caesarean sections and induction of labour, although there is data available on this, there was concern in the quality of the data following issues with Badgernet (online portal and app that enables access to maternity records over the

internet) and how this data was being recorded. Staff were working through this to ensure that meaningful data could be reported moving forwards.

Dr Boyd referred to the progress with the development of a 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. The report described that the case was to be concluded by the end of February 24. Sascha advised to deliver compliance with a shortfall of just under five thousand scans across the service each year and despite limitations by the Trust estate, options were being considered. A case was to be presented to Corporate Directors by February and subsequently Board of Directors.

Ms Liley advised that Sascha had joined the Health Inequalities Steering Group, specifically looking at a maternity perspective around maternal deaths from within the BAME and deprived populations and would welcome some inclusion in reporting around how this was progressing.

Action: Mrs Parkes & Sascha Wells-Munro

Mr Barkley referred to the maternity incentive scheme declaration and shared that the Board would have preferred to see the underpinning information to provide assurance. But appreciated that the submission deadline was imminent.

The Board received and noted the updates from the maternity and neonatal service for November and approved the:

- **CQC Section 31 Update**
- **Bi-annual Workforce Report**
- **Annual Maternity Training Plan (with the amendment of appendix 1 'incidences' to 'incidents')**

Maternity Incentive Scheme Declaration - The Board further approved delegated authority to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.

116 23/24 Quality Committee

The Board received summary reports for the December 23 and January 24 meetings of the Quality Committee.

Dr Holmberg alerted the Board to ongoing issues with the high numbers of MSSA infections and concerns around data from a recent report on Sepsis. He acknowledged that there was a key focus on infection prevention control around hospital acquired infections and in addition, Dr Stone was taking urgent action to drive and monitor improvement on sepsis.

117 23/24 Escalation of Acute Care Patient Safety Risks Over Winter Months Until March 2024

The report had been presented to the Quality Committee on 19 December 2024, highlighting the potential impact of a lack of consistent flow through urgent and emergency care pathways during winter months. This could affect the quality and safety of services, as well as the staff's experience. The report provided the Board with assurance on mitigating actions and monitoring arrangements. The SBAR report (situation, background, assessment and recommendation) outlined the reasons for the risk escalation, mitigations in place, control measures, and assurance processes. The risk escalation was to be

monitored via the Corporate Risk Register (and the Board Assurance Framework in due course) and a weekly Urgent and Emergency Care Focus Meeting between the Trust, ICB, and NHS England. Regular updates on the risk management were to be provided to Quality Committee members until the end of March 2024.

The Board noted:

- **the risk escalation.**
- **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.**
- **that the ongoing risk will be monitored through the Corporate Risk Register and Quality Committee**
- **the controls and assurances that have been put in place.**

118 23/24 Resources Committee

The Board received summary reports for the December 23 and January 24 meetings of the Resources Committee.

Mr Dillon shared the Committee's concern in the lack of non-executive director numbers over the coming months due to sickness and an unfilled vacancy. He also shared the committees concern in relation to the Trust's financial position which was described later in the Board agenda.

Mr Barkley referred to the digital update on EPR discussed at the December meeting. Mr Hawkins advised that frontline digitisation programme that NHS England were funding was in progress and would be further reported once the detail had been finalised.

Mr Barkley highlighted the alert to the Board around forecast and stressed that this was reporting based on month nine financial position, but the ambition remained to achieve a zero adverse variation for the year end position.

119 23/24 Finance Report

Mr Bertram confirmed an actual adjusted deficit of £28m against a planned deficit of £16.1m for December. The Trust was £11.9m adversely adrift of plan and represented a deterioration over the position reported for November. Mr Bertram stressed the ambition to bring the Trust to balance at the end of the fiscal year. In daily conversations with the ICB and NHS England around what actions are taken. It was clear some support would be needed around some of the issues, such as additional funding and are discussing what opportunities might exist to support this.

Mr Bertram described what was causing the adverse variance for the Trust, primarily two issues; one was around expenditure on high-cost medicines and medical devices and secondly the increase in direct access pathology general practitioners. These were subject to block funding arrangements. Moving into 2024/25 this would have to be addressed in resetting the baseline with the ICB from a commissioning perspective. The second issue was around the savings ask that the ICB made of the Trust and in the stretch target.

Mr Bertram reminded the Board that the ICB asked for a further £17.5m worth of savings and the Trust had been able to identify £10.5m with a further £7m being a struggle.

Mr Bertram assured that work continued in terms of the financial recovery plan with performance discussions with Executive teams and care groups and agreed to conduct

deep dives around financing in surgery and medicine to look for further opportunities to identify support for their recovery plan. In the last quarter of the year, the Trust had implemented quite draconian actions around non-clinical expenditure where any expenditure non-clinical in nature, is signed off at Executive level and there was a robust procurement process to capture this.

Overall, it was a really challenging position and the Trust was under pressure to deliver target and a real danger that it may be missed but there are conversations internally around controlling spend and externally around additional support. The Board will be kept up to date with how those conversations take place and the Trust progresses through a busy final quarter in finance.

Dr Holmberg sought clarity in terms of the agency spend where there were currencies referred to in both amounts and percentages and whether the overspends against the plan were cumulative or in month. Mr Bertram clarified that the cumulative position was £4m. The percentage verses value, NHS had set the NHS a 3.7% cap of the total pay bill spend (so the agency spend to be no more than 3.7% (approximately £20m) of the total pay bill spend), the Trust's was currently just short of £4m adrift of that cap. In the variance to NHSE Agency Cap where the current month describes £5m above (page 195), £1m of that related to strike cover which had been separately funded. Page 197 narrative further clarified by describing the total agency overspending as £5.0m, with minimal levels relating to the cost of covering strike action included above. £1.1m of the pressure was linked to the pay award shortfalls.

Dr Holmberg further questioned how well the Trust understood the spend in terms of how much of that was genuinely unpredictable and how much could be mitigated through reviewing and changing some issues around recruitment. Miss McMeekin described a combination, proactive job planning and knowing where the most expensive resource is at any one time, what the workforce profile is and effective proactive workforce planning also contributes. However, reactively there were a lot of short-term expectations with sickness absence where cover was required in short notice. Headroom for bank and agency was imperative because of the unpredictable nature of managing workforce but in line with the financial controls, there were groups established to review and explore other opportunities where there are long standing requirements for such expenditure. Mr Bertram further assured that there were strong controls in place to signoff hourly rates for an individual.

The Board noted the report.

120 23/24 Audit Committee January Meeting Summary Report

Mrs McAleese shared the summary audit report from the January committee meeting and acknowledged the governance and leadership work that was clearly beginning to be reflected through the committees. She highlighted the Head of Internal Audit had given assurance that there were no concerns in terms of her Internal Audit Opinion which placed the Trust in a stronger position that previously reported. However, she stressed the importance to continue a strong focus on outstanding actions and the improved governance around those. That said, the committee felt that there should be some strengthening around the processes for outstanding recommendations in the YTHFM and suggested that Mr Bannister replicated similar processes to the Trust. Mr Morritt assured that discussions had already began to move forward with this.

121 23/24 Board Assurance Framework

The Board received the Q3 2023/24 Board Assurance Framework. Mr Taylor thanked the Executives for their concerted effort to update some of the gaps in control and assurance.

Mr Barkley suggested the addition of the word 'management' in monitoring the effectiveness of waiting list. To read 'Monitoring the effectiveness of waiting list management.'

Action: Mr Taylor

With the addition of the above, the Board approved the Q3 2023/24 Board Assurance Framework.

122 23/24 Committees of the Board Amendments

The Board received for approval the report which proposed 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

Mr Taylor described 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. He also described the proposal to stand down the People & Culture Assurance Committee, moving these duties into the Resources Committee and establishing a Digital Sub-Committee.

The Board approved:

- **the amendments to the renamed Quality Committee terms of reference**
- **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**
- **the establishment and terms of reference of the new formal Digital Sub-Committee**

123 23/24 Corporate Governance Update

The Board received the report which highlighted the amends to the Trust's Governance Framework and the drafting of the Trust's Fit and Proper Persons Test Policy.

Mr Barkley stressed the importance of compliance with the Fit and Proper Persons Test Policy.

In terms of the wider fit and proper person test, with the amended requirements which were extremely descriptive, there was the competency framework that remained outstanding from NHS England and was likely to be issued between March and June. It was anticipated that this would be incorporated into the new appraisal framework for Board level.

Mr Barkley questioned the scope of individuals in which the policy related to. Mr Taylor advised that this was currently the Board of Directors. The Board suggested in the first instance that Deputy Directors and a principle of individuals being regularly required to attend Board in the absence of a Board member be considered. The Board noted that the NHS England annual return would only include the members of the Board.

The Board approved:

- **the amendments to the Trust's**
  - **Reservation of Powers and Scheme of Delegation**
  - **Standing Orders**
  - **Standing Financial**
- **the Trust's Fit and Proper Persons Test Policy**

124 23/24 Questions from the public

No questions from members of the public.

125 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 28 February 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 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. 31.01.24 Update - Mr Hawkins updated that some central changes had been made to the central aspects of the process but suggested the action remained open as work continued to review the activity and its process. The Board agreed to amend the due date to March 24.	Jan-24 Mar-24	Amber
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	Medical Director	31.01.24 - Miss McMeekin requested the due date be extended from February. As this was in tandem with the strategy programme and the research strategy, it was more realistic for July 24. The Executive Lead was to be amended to the Medical Director following recent changes in portfolios.	Feb-24 July-24	Amber
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	31.01.24 - Mrs Parkes advised that the complaints process was currently under review and a workshop booked for February with the care groups to focus on agreeing milestones that the complaints process would meet the framework and complaints are responded to within 30 days. It was hoped that this would be concluded in February with a view to amend the complaints policy to reflect any outcomes. The due date was amended to February 24.	Jan-24 Feb-24	Amber
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	31.01.24 - reference to the CQC regime included in the agenda. A briefing report had also been circulated to the Board as the Northern region began in the week. It was proposed to come back to the Board in a development session.	Jan-24	Amber
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	31.01.24 Update - Ms Hansen reported that the waiting time harms task and finish group was set up in October 23 to review the process for reviewing specifically, harm a s a result of waiting lists (elective or acute). This was extended further to review how to proactively manage elective waiting lists for other areas such as paediatrics as an example as the impact this has on children for waiting extended periods of time. An outcome of this is a report to the Executive Committee 7th February 2024 for discussion and engagement with care groups and deputies before it is socialised further.	Jan-24 Feb-24	Amber
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
BoD Pub 33	31 January 2024	112 23/24	TPR - Operational Activity and Performance	104 and 65 week waits and where the Trust appeared to have done well, which was not felt to be reflected accurately in the assurance column. Mrs Hanson agreed to examine what was factored into the metrics to better reflect the position in future reporting.	Chief Operating Officer		Feb-24	Green
BoD Pub 34	31 January 2024	112 23/24	TPR - Quality and Safety	Comparison and benchmarking of the metrics around pressure ulcers per thousand bed days, patient falls per thousand bed days and medications incidents per thousand bed days. Mrs Parkes explained that the metrics described were average and although it was thought that the Trust was not an outlier, it was agreed it would be helpful to include the comparison with other Trust's if possible, in future reporting.	Chief Nurse		Feb-24	Green
BoD Pub 35	31 January 2024	115 23/24	Maternity and Neonatal Quality and Safety Update Report	Connection issues with Badgernet and reporting antenatal risk assessments - It was clear that there were connection issues related to the Badgernet system, resulting in staff having to come back to the unit to complete their documentation. The audit will review this to understand why, and further details will be included in the next report.	Chief Nurse and Director of Midwifery		Feb-24	Green
BoD Pub 36	31 January 2024	115 23/24	Maternity and Neonatal Quality and Safety Update Report	Non-compliance with the requirement to monitor consultant attendance at clinical situations and that this process was currently under review by the clinical director. He questioned when this was to be completed by. Sascha advised that this would be reported to Board in February.	Chief Nurse and Director of Midwifery		Feb-24	Green

BoD Pub 37	31 January 2024	115 23/24	Maternity and Neonatal Quality and Safety Update Report	Health Inequalities Steering Group, specifically looking at a maternity perspective around maternal deaths from within the BAME and deprived populations and would welcome some inclusion in reporting around how this was progressing.	Chief Nurse and Director of Midwifery		Feb-24	Green
BoD Pub 38	31 January 2024	121 23/24	Board Assurance Framework	Addition of the word 'management' in monitoring the effectiveness of waiting list. To read 'Monitoring the effectiveness of waiting list management.'	Associate Director of Corporate Governance		Feb-24	Green

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 February 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: Industrial action, planning guidance update, urgent and emergency care summit, See ME First campaign, reverse mentoring programme, new Deputy Chief Operating Officer appointment, 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	28 February 2024	

Chief Executive's Report

1. Industrial action

The British Medical Association (BMA) has announced further industrial action for junior doctors from 7am on Saturday 24 February to 11.59pm on Wednesday 28 February.

Whilst we are now well-rehearsed in planning for action, it will inevitably have some impact on our elective activity, as well as continuing to place additional pressure on our consultants, SAS doctors and wider clinical workforce who are relied upon to cover services.

This follows the announcement of the outcome of the BMA's ballot of its consultant members on the proposed pay settlement for consultants, which was rejected. This potentially could mean further action from consultants, although further dates are yet to be announced, with the BMA inviting the Government to improve the offer before a decision is taken on further strikes for consultants.

2. Planning guidance update

Since my last report to the Board further information on planning has been released and we are now working at pace with system partners to prepare first drafts of plans incorporating activity, workforce and finance.

The expectation is that these will be shared with the Board at the March and April meetings, with final submissions provisionally expected in May.

3. Urgent and emergency care summit

Earlier this week I jointly chaired with ICB Chief Operating Officer Amanda Bloor a system-wide summit to accelerate improvements in urgent and emergency care.

Representatives from primary care, local authorities, the ambulance service and other key stakeholders discussed and agreed solutions for rapid improvements to prevent admissions and use alternative pathways, streamline and speed up discharge processes, reduce ambulance handover times and improve system-wide working between all of the different organisations involved in delivering urgent and emergency services to improve patient care.

It was a positive session with strong engagement resulting in a number of actions for us to take forward, both in terms of longer-term pathway and process improvements, and some more immediate actions to deliver a marked improvement in the remaining weeks of this financial year.

4. See ME First campaign

As a trust we have adopted the See ME First initiative, which aims to promote an open, inclusive, and non-judgemental workplace where all staff are valued equally, regardless of ethnicity and other differences that have the potential to separate us.

First developed by the Whittington Health NHS Trust in London, See ME First will be a Trust-wide collective commitment that will encourage us to treat all our colleagues with respect, fostering a sense of well-being and belonging which will ultimately improve the

patient experience. See ME First aligns with our Trust values of kindness and openness and will help us to live those values every day.

As part of the campaign, which is being supported by our Race Equality Network, staff are invited to pledge their committed to equality at work, and to wear the campaign badge to signal your support for the campaign.

5. Reverse mentoring programme

Following the first phase of our reverse mentoring programme focussing on conversations around race, we are now broadening the programme. Colleagues who identify as having a disability/long-term health condition or are neurodiverse and are interested in sharing their experiences to bring about change, are being invited to join the programme as mentors.

On the programme, mentors will be matched with an executive director, non-executive director, or senior manager to share their experience and create mutual learning through a series of one-to-one confidential conversations.

Having taken part in the programme previously I can say that it is a unique and invaluable opportunity to gain insight into the challenges some colleagues are facing as to work together to influence change.

I encourage all board members to take up the opportunity to be part of the programme when it launches.

6. New Deputy Chief Operating Officer appointed

Welcome to Abolfazl Abdi, known as Ab, who joined us this month as our new Deputy Chief Operating Officer.

Ab, alongside fellow Deputy Chief Operating officer Kim Hinton, will support Chief Operating Officer Claire Hansen to support the operational design and implementation of the Trust's strategic plan, working closely with our care groups to ensure that safe and effective day to day operational management of the organisation is maintained.

With 20 years in the NHS, Ab brings a wealth of experience to the role, not least most recently as Deputy Chief Operating Officer at Northern Lincolnshire and Goole NHS Foundation Trust.

I am sure you will join me in welcoming Ab to the team.

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.

February’s nominees are in Appendix 1.

Date: 28 February 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

February 2024

Orthopaedics Department	**York**	**Nominated by Andrea, patient**

The whole team including the nurses, doctors and receptionists looked after me so well when I broke my arm. I want to give special thanks to Simon Etches for explaining everything so clearly to me. It is clearly a very busy department, but they still do so well.

Alexandra Price, Maternity Support Worker	**York**	**Nominated by Becca Cussans, colleague**

Alex had formed a bond with a woman who was due to give birth. When the woman was transferred to Labour Ward, she requested Alex to stay with her whilst she delivered. Alex did so gladly, was a truly excellent team member, and the birth support she gave the woman was amazing. She built her up, empowered her and was encouraging throughout, whilst also managing to give healthcare support to me during a fast delivery.

Alex is always so kind and caring with women and goes above and beyond to make their stay comfortable and enjoyable. Seeing her give such care when a woman is in active labour was a privilege. I feel so lucky to work alongside Alex and hope she manages to achieve her dream of becoming a midwife one day. Thank you for everything Alex.

Darren Miller, Deputy Head of Security & VPR Lead / LSMS | **Bridlington** | **Nominated by Franco Villani, colleague**

I was speaking to Darren outside at Bridlington Hospital, when Darren said he could hear crying. We headed towards the crying and upon arriving we found an elderly patient very upset and very cold.

We immediately helped. Darren asked me to contact the site manager, Charlene, as we walked the lady into the main reception to get her where it was warm and safe. The three of us then calmed the lady down and proceeded to find out why she was so upset. Once she had told us, Charlene went to the community services to try and assist. Darren then organised transport to get her home safely; even offering to pay for her a taxi.

I believe Darren demonstrated true Trust values going above and beyond to help this elderly lady. This could have resulted in a very different outcome had he not taken prompt action in this situation.

Julie Stephenson, Healthcare Assistant | **Selby** | **Nominated by Joanne Chatham, colleague**

Julie has always been one of the most helpful and dedicated staff members, who goes above and beyond daily to make sure the patients under her care get the best support and advice during their stay on the ward. She is willing to help in any way she is needed and always does this with a smile on her face and professional manner which brightens up not only the patient's day but staff too. She has so much patience and nurturing and needs to be recognised for this quality. Julie is also an avid crochet whizz and often brings her skilful creations in for staff members. Well done, your hard work does not go unnoticed.

Waheed Aliyu, Consultant Physician | **Scarborough** | **Nominated by Ollie Page, colleague**

Dr Aliyu demonstrated all the trust values in style during a lengthy CPD outage. Dr Aliyu managed to run his renal outpatient's clinic without having to rely on automated medical notes on CPD, or folders. This was due to his dedication in preparing for clinic and a strong rapport with his patients. Many clinic staff appreciated Dr Aliyu for his initial preparation and seeing patients under challenging times.

Liz Weeks, Healthcare Assistant | **Scarborough** | **Nominated by Zara, patient**

Liz is always so happy and smiley. You always get a lovely warm welcome when arrive at the chemo ward - she never stops working she's always on the go. Liz is a credit to the ward and there's nothing that she cannot do. We need more people like Liz.

Justyna Gebczyk, Staff Nurse | **Scarborough** | **Nominated by Lucy Sugden, colleague**

I believe Justyna went to great lengths to provide the best care for a patient who came into the department. This patient presented with unique and challenging circumstances and Justyna put a plan in place straight away to make sure all the relevant documentation was completed to get the patient the best care possible moving forward. Although doing what is expected of her, I feel that Justyn a went above and beyond without question for this patient and even gave up her break time to complete the documentation. Fantastic work Justyna.

Brad Callaghan, Healthcare Assistant	**Scarborough**	**Nominated by Maxine Tait, colleague**

Brad supported an elderly man in the community who had hurt his leg. He called an ambulance and waited with him. Brad explained that he worked in the emergency department (ED), and it was still possible to have a fracture even though he could move. Brad also ensured the man's wife got home safe.

The next day he was on shift and cared for the man in ED, explaining everything as clearly as possible and keeping in touch with his wife on the phone. Brad ensured that he had full charge on his phone before he left his shift. The man saw Brad before his surgery and was so pleased that he had someone he could talk to who had seen the incident and who took care of his wife ensuring she was fully informed throughout. His wife telephoned Brad at home to thank him for all his support (they had asked for this when he fell).

Carol Hanson, Community Midwife	**Community**	**Nominated by Jill Robertson, colleague**

Carol is a community midwife who has been looking after an extremely vulnerable woman on her caseload with very complex medical needs. This woman delivered her baby a few days ago and Carol has gone to the hospital after her shift every day to help this woman both with baby cares and the women's own personal needs and cares, despite the excellent care from all the ward staff. The woman struggles with trusting people she does not know and her and Carol have built a relationship through her pregnancy. Carol has gone above and beyond for this lady and her partner and deserves to be recognised.

Tara Kadis, Diabetes Specialist Nurse Team Leader | **York** | **Nominated by a colleague**

I would like to nominate Tara for a Star Award for going the extra mile to bring the team together at Christmas. On top of her already busy and full schedule, as well as life outside of work she organised the teams Christmas Fuddle, Secret Santa and Raffle, she went shopping for all the food and refreshment, which turned out to be an absolute feast, she had thought of everything from tablecloths to sauces, you name it we had it, she even made a homemade curry. She did this all in her own time fetching and carrying things between her car and the department before anyone arrived. It really was a huge success, and everybody was made welcome.

That is just one example. Tara goes above and beyond un-noticed every single day. I am personally so grateful to work alongside her. She inspires the team to be the best version of themselves not just for them but for the department. She identifies individual's qualities and nurtures that in them. She encourages growth in individuals and as a team, always striving to be the best. She is intuitive, self-aware, motivating, passionate, kind, caring, understanding, supportive, selfless her door is always open regardless, knowledgeable, I could go on forever.

These qualities are so natural to her she does not even realise. Tara leads with respect, and I admire that. She is a fantastic role model, mentor, and coach. The NHS needs more Tara's.

Finally, thank you; the department is so lucky to have you leading the way. We all know it is not easy leading the way through difficult times. You make it look effortless.

Rainbow Ward **Scarborough** **Nominated by Donna Williams, colleague**

I want to nominate all of Rainbow Ward at Scarborough Hospital. Yesterday was an extremely difficult day with very poorly patients and with the addition of increased operational pressures within the Trust. The Medical Team rallied round and offered support to one another to ensure the ward was able to operate as smoothly as possible. The healthcare and nursing colleagues were also excellence throughout this experience.

A special mention also needs to be made to Charlotte Brown, Paediatric Outpatient Manager who provided welfare support to both colleagues and the parents involved. This showed excellent team working, support for one another and always ensuring patient safety. Thank you.

Matt Cooke, Renal Pharmacist **York** **Nominated by Vicky Robins, colleague**

Matt always goes above and beyond to help patients and support colleagues. For example, during a weekend on call he spent extra time researching and assisting consultants across sites in different specialties work out the best treatment strategy for a tragic case, while trying to juggle the normal busy demands of an on call. Both teams looking after this lady were extremely grateful for his help and impressed by his speedy but careful input. Matt ensures guidelines are written that are easily interpretable that can easily be used to support clinicians in decision making.

Matt is incredibly approachable and always willing to help and often dedicates his own time to helping others. Matt is an invaluable asset to the team, looking for innovative approaches to managing the many complexities of renal patients within the hospital and in the community where our care continues.

Jayne Michie, Sister | **Scarborough** | **Nominated by Muhammad Arif, colleague**

I really want to appreciate and praise Jayne's hard work and her observations skills. She has been helpful with a baby we transferred out via EMBRACE to another hospital for ongoing care, not to mention many other times that she has been great. It was because of her input an important decision was made for ongoing management of this infant. The Rainbow staff likes working with her. Her observations are exceptional, and she knows when to escalate management for a child. She is wonderful with children and has been praised many times by families for her work and the care/support she provides to them.

Angelica Skaar, Senior Dietician | **York** | **Nominated by Georgina Cherry, colleague**

I am always grateful to work alongside Angelica, as it is clear she is passionate about her role in the hospital and supporting patients in getting the best care they can. Angelica is extremely knowledgeable and is always willing to share this with others (patients and colleagues) so that they can gain a better understanding as well. Angelica involves everyone and clearly has a very holistic approach to care. She has supported me with a few of my learning disability patient's and she has been great with communication from start to finish and gone above and beyond to make sure they get back to their homes with the care plans needed and that the support team have the training and confidence with this.

Angelica is always so bright and friendly and it's a pleasure to work with her. I have never seen her frustrated or overwhelmed by a situation, however complex it is - Angelica is keen to listen and help and learn from colleagues and this is what makes a good colleague and a good member of staff to care for vulnerable people.

Rhiannon Watson, Healthcare Assistant **York** **Nominated by Karen Johnson, colleague**

Rhiannon's commitment and dedication to our service is second to none. She is one of the most considerate and caring young people I have had the pleasure to work alongside. Rhiannon always goes the extra mile in everything she does especially where the patients are concerned; she has a very calming attitude and makes the patients feel at ease. Rhiannon is always happy to explain to myself and new starters what the procedure entails and why the patient needs it doing. I am very proud to be one of her work mums as she is a beautiful inside and out. Rhiannon is a real asset to the department and the NHS. She so deserves to be recognised for all her hard work and commitment.

Sharon Bartle, Ophthalmology Trainee Nurse Practitioner **York** **Nominated by a colleague**

Sharon contacted Cashiers as she was trying to help a man on very limited non-existent funds to attend an urgent appointment at the eye clinic to receive medication that could probably save his sight. She went above and beyond to make sure he could attend the appointment by organising transport with Age UK and enquiring with us about how we could help him with his costs to return home.

She was a very caring person and could recognise what a difference these small gestures could make to the rest of his life. He attended the Cashiers office as advised and then went to his appointment at the eye clinic. He was very grateful. Wish there were a lot more people like Sharon around.

Adult Cystic Fibrosis Team

York

Nominated by John Smith, patient and wife Julie

My husband has recently been diagnosed with Cystic Fibrosis. Prior to this diagnosis being received he was taken under the care of the Adult Cystic Fibrosis Team who have been an absolute god send during a very uncertain and stressful time. The Team is available to us 24/7 and they offer support in so many ways. They explain everything in a very supportive and comforting manner and are available at any time for any questions or concerns that you have in relation to your condition. They provide a high level of insight into the management of the condition, and nothing is ever too much trouble, and no question is ever left unanswered.

The Team is fully accessible, proactive, empathetic, supportive, knowledgeable, friendly, genuine, compassionate, enthusiastic, honest, inspiring, considerate, thorough, and great fun. They evidently love their jobs and are very passionate about what they do. They are a fantastic Team who work so well together, they consistently go the extra mile and then some and then a bit more, they are very close and evidently strive to be the best.

We would like to nominate them for a Star Award because we think that they are the best and we are so very grateful for their ongoing support, the work that they do, and the manner within which they do it.

Jacob Harlow, Staff Nurse **York** **Nominated by Paul Simmons, relative**

Jacob looked after my auntie while she was admitted into York Emergency Department, after an asthma attack. She called me during the night to say how amazing his care had been and how efficient he and the doctor were from the minute she arrived. It was clear that he had left a lasting impression on her and my uncle, who both avoid hospitals when they can. His care, attitude, and how he carried himself, is something we should all aspire to have.

For such a young nurse, he showed the care and compassion of someone who had the done the job for decades. I wish him the best for the future and know he will go on to do amazing things.

Steve Smith, Porter **Scarborough** **Nominated by Hannah Jones, colleague**

When waiting for a porter to transfer a patient to x-ray, I noticed Steve arrive with a wheelchair and then swap it for different one.

When asking him why he swapped the chair, he replied ‘the wheelchair I brought had been near the entrance and was cold, I did not want the patient to sit in a cold chair’. This act of kindness was overwhelming, and Steve really does go above and beyond for patients. Thanks Steve.

Zoe Ziolkowski, Ward Clerk | **Scarborough** | **Nominated by Humenczyk Radoslaw, colleague**

I would like to nominate Zoe for a Star Award. Zoe is not only the ward clerk but also patient transfer, healthcare assistant, coordinator and wonderful colleague who deserves to be recognised. She works above and beyond her boundaries and responsibilities with smile on her face and always makes patients feel warm and welcome. To speed up the process, Zoe takes patient for CT examinations and brings patients back when we short of the staff. She is brilliant, enthusiastic, friendly, and very professional, with can do attitude. She is an asset to the team on EAU and very valued by staff and patients.

Kathryn Whitehead, Sister/Charge Nurse | **York** | **Nominated by Elice Wadsworth, colleague**

Kath repeatedly works in her own time and stays late after her shift has ended to ensure that patients operations can take place. At the moment we are seeing unpredictable issues with supply chain, and she has gone above and beyond to try to keep things running smoothly.

Mark McKeever, Porter **York** **Nominated by Jonathan Humphrey, colleague**

Mark frequently works in the emergency department (ED) as a porter. The role of a porter is vital for maintaining flow through ED, but the part they play in patient experience is often overlooked.

Mark has a natural ability to communicate in a relaxed but caring manner with the patients he meets. He upholds all the Trust's Values and is a pleasure to work with. However, it is Mark's willingness to go above and beyond that sets him out from others. He proactively prepares the patient for transfer, and assists with administrative tasks, all without being asked. None of these tasks are his responsibility, but in doing so he assists the nursing and admin teams in what is almost always a busy and stretched department.

For this reason, Mark is fully deserving of a Star Award. His professionalism and attitude to work should be an inspiration for all.

Carly Creasy, Labour ward Manager	**York**	**Nominated by Hanna Harness, colleague**

I would like to nominate Carly for recognition for all the hard work she has done, particularly regarding one patient. For a pregnant woman whose case and care were unusual. Carly has spent many hours developing a care plan that sets out national care pathway, the patient's choice, and the care we could offer as a Trust.

This case has used many resources and hours of people's time discussing the risks to the staff, the pregnancy and possible outcome, all which Carly has been at the forefront of dealing with. Not only has she written the care plan alongside one of our labour ward coordinators, but she has also had to deal with multiple questions from team members voicing their concerns. Carly has gone above and beyond her working hours to make sure this tight deadline for the document is completed and circulated to staff to try and allow this woman the birth she desires whilst also keeping the staff and unit safe. Carly is a credit to the Trust and works tirelessly to achieve the outcome she needs.

Hayley Briggs, Staff Nurse	**York**	**Nominated by Graham Hartwell, patient**

Hayley gave me considered and professionally delivered advice tailored to my understanding of Type 2 diabetes and my scientific understanding of the topic. Her advice was effective and confidence building, and a way forward was crafted to help me stay 'on top' of the condition as I monitor in a scientific manner on an agreed regular basis. That I can return in six months to chart my progress is very important to me as my family has a history of diabetes and I want to be ahead of any possible changes in my condition. Her personalisation of the diagnosis and treatment has been invaluable, and her delivery style is very easy to accept and builds confidence.

Please pass my thanks to Hayley and to her line manager who was also a great influence in my treatment. They are a very effective team and I thank them for making the visits so worthwhile.

Oliver Prince, Specialty Doctor **York** **Nominated by Susan Smith, patient**

I was being assessed for my eye operation when Doctor Prince noticed that I had a very swollen thumb, which he thought might be infected. He arranged for an orthopaedic doctor to come and see me. He also arranged blood tests and an X-ray, which he personally took me to when I came round from my operation on a trolley, then took me back to the day ward.

Ward 28 **York** **Nominated by Chantal Otley, relative**

All the staff on Ward 28 go above and beyond to not only care so beautifully for patients, but their care for relatives is wonderful. Our mum was receiving end of life care and I stayed with her day and night for five days. During that time, I witnessed all the staff working so hard, but even under so much pressure, treating patients with so much respect and dignity in such a busy ward.

I could not single out any member of staff - they all work as a team from what I witnessed. They all made such a difficult time more bearable. Due to their kindness and empathy our Mum had a dignified death, and this is something as a family we will treasure. A big thank you.

Sophie Nasr, Outpatients Administrator	**Bridlington**	**Nominated by colleague**

Sophie is a very valued member of the Bridlington team. Often giving her advice and expertise to various members of staff across outpatients, her knowledge of outpatients and new procedures is amazing. With everchanging processes being brought in and new ways to carry out tasks, Sophie ensures she knows these thoroughly and raises any concerns to enable her to help colleagues who may struggle more with changes.

Sophie is very much appreciated in our team. She is the person we all go to as we know if she is unable to help straight away, she will endeavour to find the correct answer to any questions we may have. She is a true asset to our team.

Atittaya Kaewkarn, Ophthalmic Imaging Technician	**York**	**Nominated by Caroline Duncan, colleague**

Atittaya (Sherry) has designed and printed some wonderful stickers to give to paediatric patients who have attended the eye clinic for ophthalmic photographs. She has gone above and beyond by coming up with the idea, and then using her own equipment and time at home to produce some lovely designs which will put a smile on our patients' faces. There are currently 15 designs that Sherry has created which include an "awesome owl" and an "amazing bunny". Thank you, Sherry.

Evelyn Metcalfe, Midwife **York** **Nominated by Phoebe King, colleague**

I am new to the Trust and newly qualified. Evie has been so kind and patient with me, she is always around to provide support or answer questions and I feel she goes above and beyond. For example, she came to a home birth assessment with me for support as I had not done one for a long time. She is always so kind and caring with the women and families we look after; often giving them the extra time they need to feel safe and supported. She has helped my continued learning and supported me in feeling confident in my new role and I am incredibly grateful to her.

Chelsea Travers, Senior Medical Deployment Officer **York** **Nominated by Kelly Adam, colleague**

As part of the Medical Deployment Team, Chelsea is a hidden gem and an amazing person to work. Chelsea works as a Senior Medical Deployment Officer and has worked within the team for many years. She has managed me over the last year and has had the patience of a saint. When times are tough, Chelsea has such a lovely caring manner and that nothing is too much to ask of her.

Chelsea will always stay late for the care group if a doctor cannot cover a shift and we need to find a last-minute replacement. She goes over and above to ensure the care group, doctors, and our team are happy and if there is anything else she can do to help. I am moving to a different care group soon, so I wanted to take this opportunity to say what a pleasure it has been working alongside you, Chelsea. I have learnt a lot from you in this last year and made a lovely friend, thank you.

Phil Jones, Consultant | **Scarborough** | **Nominated by Claire Jackson, colleague**

Since December our surgical day unit, Haldane Ward, has been used as an escalation area for many medical patients. This has meant the elective surgical patients have had a limited number of bed spaces. Each morning Dr Jones is on duty, he comes early to Haldane to make a plan for the medical patients as he realises the rooms are needed for the elective surgical patients. Dr Jones communicates with all staff, gives clear and concise instructions, and formulates a plan that not only works for the area but for all the patients. This really difficult time would have been much worse if we did not have Dr Jones, thank you from the Haldane team.

Ward 26 | **York** | **Nominated by Georgina Collins, patient**

I was only in the hospital for 24 hours, but everyone was so kind, calm and professional. I felt like I was in safe hands. I started in ED and they were amazing. The ED doctors saw me quickly and then the nurses started me on medication. There was space in Ward 26 and the team there were brilliant. I work on my feet for intense periods of up to 7hrs a day, making multiple decisions. I cannot believe the teams work for 12 hours and are constantly making decisions and dealing with multiple situations at the same time. They were fantastic.

I was probably one of the least sick people on the ward and the way the team worked to manage the variety of different medical conditions was amazing. I've been fortunate enough to have never needed emergency medical treatment and it was quite something to see it first-hand. I have always had an immense respect for everyone working in healthcare, but that's quadrupled. Pharmacy and discharge were also working so hard under intense pressure today but managing everyone's needs so compassionately and professionally. Thank you.

Isabel Wheeler, Phlebotomist	**York Community Stadium**	**Nominated by patient**

We had blood taken at the York Community Stadium today. My daughter was upset, and Izzy was super with her. She was incredibly reassuring and did everything she could to make it go smoothly. Whilst we were there our friend fainted as she has a needle phobia. Izzy quickly got her into a reclined position with water and a fan and helped her recover. She was an absolute star. Thank you, Izzy.

Jody Wheatley, Senior Sister	**White Cross Court**	**Nominated by Jeanovine Lunny, colleague**

Jody has just taken her post as the Senior Sister at White Cross Court, and she has already demonstrated good leadership. Jody has also shown to her staff that she is a caring person and is always ready to listen and help others. Jody has made a difference to people and is very fair and kind when dealing with difficult situations. We are so lucky to have such a good nurse and a thoughtful person in a leadership role.

Sarah Hogan, Head of Corporate Finance	**York**	**Nominated by colleague**

Sarah bears the heavy responsibility of managing corporate finances (quite honestly, I don't know how she manages to find time to sleep!), with patient care at the heart of what she does. She is patient, supportive and open when explaining financial considerations and demands on the Trust's budgets. Her careful management of the limited funds available ensures that competing demands are scrutinised and prioritised.

Whilst our clinical colleagues deliver the patient care, it could not be done without Sarah and her team managing the budgets that buy the equipment and services to support that. Sarah is a fine example of supporting colleagues of all different levels and specialities within the Trust to enable them to provide the best possible patient care.

Marta Marmaj, Deputy Sister | **York** | **Nominated by colleague**

I would like to nominate Marta for a star award because I think she is the shiniest star in the eye clinic. Marta is always there to help both her colleagues and her patients. You always know you are in safe hands when Marta is on shift because she is always there to help you and she can find the answer to any problem. She is also extremely knowledgeable and is very happy to share her extensive knowledge with her colleagues.

Marta works hard, often taking on extra shifts to help the clinic run more smoothly. The best thing about working with Marta is that you always look forward to coming to work when she is on shift. Whilst always remaining professional, Marta makes the eye clinic a more positive, happy, and fun place to be. I often think of Marta as a big sister - she is always there to teach you things and to offer help, guidance, and support, while also being extremely fun to be around. Thank you, Marta.

Endoscopy Department | **York** | **Nominated by Richard Groves, patient**

Yesterday I came for an endoscopy and colonoscopy and was exposed to everything we never hear from the NHS on media outlets. The service was exceptional from arrival to departure. The level of equipment was outstanding, as was the team who very professionally carried out the procedure. I arrived full of fear and anxiety but was immediately put at ease, especially with the pre chat and detailed explanation of what was to happen. The surgeon and the people who carried out the work were excellent with their explanation and giving me the information to understand what was going to happen.

Once we got underway the nurse stationed at my head, Sheila, was marvellous; she talked to me all the time she was not recording information. My anxiety never once came to the forefront as she held my attention and divert all my energy away from what was going on elsewhere. For this I will be eternally grateful for the staff who performed with a passion that runs through the NHS. I would like to nominate everyone from in the team from Sheila to the surgeons for their teamwork when performing the task so well.

Josephine Holleran, Digital Midwife

York

Nominated by James Hawkins, colleague

The Badgernet Project team delivered a fully operational and transformational solution during in a period of significant operational challenges earlier this year. And no-one contributed more to the 'new delivery' than Digital Midwife, Jo Holleran.

Jo, a Specialist Midwife, was involved in the project from the outset in February 2022 and brought invaluable insight and over 30 years of midwifery experience to the project. As a former community midwife herself, Jo was the only Digital Midwife for most of the project and her involvement has been widely recognised as critical to its success. Jo knew Badgernet would improve patient safety and care, having used similar products at other Trusts. She produced over 100 user guides and was always on hand to answer questions and support the clinical teams – collaborating with doctors, anaesthetists, sonographers, health care support workers and of course, our midwives. Jo worked tirelessly, often extending her working days and weeks to support drop-in sessions both virtually and on wards. She was also the main contact for our Supplier, Clevermed (now System C,) in configuring the solution for our needs and supporting DIS in the set-up of the IT solutions.

In the midst of the implementation, Jo also had to balance pressures in her personal life when her husband was taken seriously ill and soon after her daughter had her first baby. We are proud that our Trust was the first to achieve go-live in the region and now the timely and accurate recording of maternity care has improved significantly, with much appreciation to Jo for demonstrating the Trust values and being such a great role model for digital engagement.

Myah Ashkenazi, Speech and Language Therapist	**Scarborough**	**Nominated by colleague**

Myah is positive, supportive, and dedicated. She is always quick to share information and resources or stop and take the time to explain and discuss things to support my learning and confidence. Myah is smiley and bubbly and wonderful to work with.

With the recent winter pressures and a lot of staff changes in our team Myah has gone above and beyond to keep up with demand and see our patients, always being a friendly face, whilst also creating a supportive and positive team environment with no judgement. Her attitude and support - even when a day can be stressful - is inspiring and she upholds the Trust values and is someone I see as a true role model.

Nicola Cowley, Safeguarding Team Manager	**York**	**Nominated by Jo Blades, colleague**

I have worked as Learning Disability Liaison Nurse in the Trust for over seven years. Nicola has been my manager throughout this time. She has always been such a supportive manager who has given me the freedom to use my initiative and support those with a learning disability in the way I feel best. At the same time, she has been there to discuss ideas, encourage, confide in and support me. She has identified the need to expand the team which now supports a greater range of needs with specialist services in dementia and autism with twice as many LD liaison nurses as when a started.

I am very grateful for the experience I have gained from this role and am delighted by the number of people we as a team are able to support to access the medical treatment they require. This is greatly due to fantastic leadership - thank you Nicola for all the support you have provided me.

Georgina Cherry, Learning Disability Liaison Nurse **York** **Nominated by Jo Blades, colleague**

Georgina has been a part of our team for 18 months. As there are just two Learning Disability Liaison Nurses, we work very closely together to make sure that we provide the support for those with a learning disability accessing the Trust. Georgina is an awesome work partner to have - she is always enthusiastic, motivated and has huge commitment in representing our client group.

Georgina has enabled many, many people with very complex needs to access the treatment they require, putting in place the required reasonable adjustments, liaising with staff across the Trust and supporting the patient and their family and carers. Thank you, Georgina for being such a brilliant work colleague.

Sharoon Shahzad, Staff Nurse **York** **Nominated by Jennifer Holmes, colleague**

Sharoon managed and led the ward throughout several busy night shifts. Assisting me in a calm and competent manner while we dealt with an acutely bleeding patient. He remained professional, kind, and competent, going the extra mile to orientate me as the on-call doctor to where equipment could be found on the ward.

Mary Timson, Team Leader **York** **Nominated by Joy Oyebanji, colleague**

Mary has been a great support as my line manager. She's been kind, caring, and the best manager anyone could ever ask for. I was down with an infectious disease and had to be away from work for about three months. Mary called me every week, asked if she could visit and even volunteered to help me with anything I would need while I was recovering.

Since returning to work, she has supported me through my return-to-work phase and has catch-up meetings with me regularly and checks up on me at work. She has made my shifts flexible and makes sure I am allowed to attend all of my appointments. As she leaves to start her new job role, I want her to know I will miss her as my manager, and I am using this nomination to wish her all my very best and love.

Ho Tin Wong, Consultant **York** **Nominated by visitor**

My Mum had an outpatient appointment with Dr Wong regarding a tongue/jaw tremor. She was extremely anxious about the appointment and any potential diagnosis and investigations. She is very conscious of the tremor and finds it difficult to be seen in public and discuss this problem. I would like to nominate Dr Wong for the compassion he showed to my Mum. He made her feel at ease, he was extremely thorough, and he explained everything to her. We were so pleased with the consultation and felt that he had listened and was interested in her problem. As a bonus, Dr Wong phoned my Mum personally a couple of days later to give her an update on her treatment plan. Nobody wants to go to hospital, but this was a pleasure because of Dr Wong's kind and caring nature. Thank you.

Helen Milner, Healthcare Assistant	**York**	**Nominated by Grace Brown, patient**

Helen was on her way to work when I was dropped off at ED by my parents who were looking after my child. I was in a lot of pain and was struggling to walk properly. Helen came to my side and asked what help I needed. She supported me physically and helped me get inside the building. My mum did return to help me but had to sort things out for my child before she came, so in that time Helen stayed with me, and was calming and reassuring throughout.

When my mum returned to ED, Helen offered to stay for a little while longer and then went on to work. Helen made me feel safe and cared for in the time she was supporting me. She was in exactly the right time and place for me, and I want to thank her for her kindness and support.

Jenny Jones, Staff Nurse	**Scarborough**	**Nominated by patient**

I had a pre-op assessment with Jenny, and I feel that she should be commended for her approach. She made the taking of blood, the ECG, and measuring my blood pressure an absolute pleasure. I'm leaving the hospital feeling that I've had quite a nice time! What a lovely, genuine, warm person. I saw the poster promoting star awards and thought that Jenny is absolutely a shining star in the NHS. Thank you.

Douglas Bacon, Healthcare Assistant **York** **Nominated by Lucy, colleague**

I was recently on a train, when over the tannoy, the train guard made an announcement asking whether there was anyone on the train who was medically trained as there was a passenger who required medical assistance. As a midwife myself, I went up and was joined by one of your employees, Douglas.

When we got to the carriage that the unwell individual was in, Douglas was extremely calming, reassuring, and professional in his approach to helping the individual. He had a personable, friendly demeanour and said he would go to the hospital with the individual in the ambulance that was going to meet us at York station. Moreover, he said he was due to start work the following morning and despite this, still went to the hospital with the individual (who was travelling alone) - a real demonstration of patient-centred care and plain kindness. Although the individual did not require any medical intervention whilst we were with him on the train, Douglas offered reassurance to the individual in a time of distress. A true asset to your Trust.

Odile Dale, Materials Management Officer **York** **Nominated by colleague**

Odile has spent months trying to get the ED storerooms to a workable condition. Finally, after much work, including having meetings and sending emails, and moving items around. The storerooms and product locations are correct, and all is running smoothly.

Jeana Hinds, Healthcare Assistant	**York**	**Nominated by visitor**

Jeana went above and beyond to care for my dad. She always made his day, and I knew that if she was on shift, he would be OK. When she told us she had only started this role in October 2023, we were shocked as she was so good that I thought she'd been doing this job for years. Even when the ward was busy, she showed how much she cared.

Jeana made my dad's time in hospital. I don't think there is enough appreciation for healthcare assistants and what they do every day. I want Jeana to receive a nomination as I don't think she realises just how wonderful she is.

Andrew Cowan, Trainee Advanced Care Practitioner	**Scarborough**	**Nominated by colleague**

Andrew identified a vulnerable adult in the community whose main carer was in the Emergency Department requiring admission. Andrew arranged for the community welfare team to visit the home address and provide assurance and care.

The lady had limited mobility and transport was arranged to bring her to visit her husband in hospital before a period of emergency respite at a local care home. Andrew arranged suitable transport from the hospital when the lady was ready to leave. This showed a great amount of empathy in a difficult time for the next of kin but also focussed on a vulnerable adult in the community.

Kirsty Betteridge, Healthcare Assistant **Scarborough** **Nominated by patient**

I was recently diagnosed with cancer. Although I know Kirsty in friendly capacity, she always remained professional during my visits to the Women's Clinic. Kirsty has also shown care and compassion with me outside of her own working hours. Messaging me daily to ensure my wellbeing. The kindness she has shown me has been second to none. She most certainly deserves the recognition of a Star Award for demonstrating the Trust values.

Laura Simpson, F2 **York** **Nominated by relative**

My daughter attended at ED after having a dislocated elbow for three days. There had been numerous attempts to get it back in without success. Dr Laura helped settle a very frightened girl who was in a lot of pain. She had to take two rounds of blood which she did in a painless and thoughtful way. She was also able to fix her arm. She even made a certificate for my daughter for being brave. My daughter who entered the hospital terrified of doctors and the hospital now wants to be a doctor like Dr Laura when she grows up. Dr Laura is an exceptional doctor.

Jezz Kipling, Facilities Supervisor **Malton** **Nominated by Sarah Goldsmith, colleague**

Jezz is an individual who is so proud of the Hospital he works at and it shows. He works with the Malton League of Friends to provide a beautiful environment for the patients, staff, and the community. The area of his work is warm, welcoming, and inclusive for all diets and encourages people to come and use it. He is thinking of ways to encourage more people to come in and use the dining room which not only provides extra revenue, but also helps the community have a base to meet and dispel any fear of coming into a hospital. Jezz is someone who really embodies the Trust's values of kindness, openness, and excellence and goes above and beyond to help others.

Jules Rennison, Facilities Operative | **Malton** | **Nominated by Sarah Goldsmith, colleague**

Jules is a relatively new member to the Estates team. He works at Malton Hospital and has quickly made improving Malton Hospital (within his remit) his mission. He is dedicated, efficient, and works well across all teams, from clinical, facilities, and contractors, to the neighbours of the hospital. He is the face of the estates team as he is primarily by himself on the site and just gets on with things. He wants the best for the patients, staff, and the community of the hospital. He embodies the Trust's values by going above and beyond every day.

Susan Kinsella, Matron | **Scarborough** | **Nominated by Sarah Gallagher and Marie Lewis, colleagues**

We have implemented a new way of managing our patient safety incident this week and Susie has been a great support in what has been quite a difficult process. Susie has attended all meetings with enthusiasm and has encouraged other staff to be involved which has really helped us implement the new process.

Susie doesn't just deserve a star award for this, she is a key member of our leadership team who always makes us smile during challenging times. She really cares about the staff, the women, the families, and making our service the best it can be. She is an all-round joy to work alongside.

Colposcopy Team	**Scarborough**	**Nominated by Helen Paddison, patient**

I recently visited the hospital for a colposcopy and subsequent LLETZ. I had been feeling quite anxious about both visits and on both occasions my appointment was conducted by three women (I can't remember their names) who were so friendly, compassionate, and professional and who really put me at ease. They clearly informed me of what to expect and what was happening as it was happening. They were even kind enough to humour me with lots of questions about my beloved cats while the procedure was going on, which kept me distracted from any discomfort and my needle phobia with the local anaesthetic!

They were so kind, and I am very grateful for how well they looked after me through a set of appointments I had been feeling apprehensive about. They are a true asset to the hospital and have my sincerest thanks and gratitude.

Stuart Gregory, Porter, and Matthew Gregory, Porter	**York**	**Nominated by Kevin Richardson, colleague**

The Portering Team were made aware by a visitor to the Trust of a possible incident within the York Hospital Chapel, where a book had caught fire with the potential to spread within the immediate area. Matt and Stuart from the team urgently attended the area and averted any further issues through their quick thinking and imitative, by opening the nearby courtyard sliding doors and removing the book whilst still on fire. I would like to thank them for their quick response to this incident and highlight this for a deserving Star award to them both.

Temporary Staffing Team **Scarborough** **Nominated by Vicci Anderson, colleague**

When supporting the matron team and doing MOD shifts it can be challenging as you are never quite sure on what the ask will be. I found myself in this position when needing to access the roster and not having the correct access. Given my responsibility was to ensure the site's staffing was safe and staff were accounted for it was imperative I was able to record the significant staffing challenges. While speaking with the on-call team I was overheard by a bed manager who said she was friends with Rosie from the bank office and asked if she was able to assist.

Rosie did not have her work laptop but went out of her way to assist and support me. Rosie asked me to send the relevant information and link to enable her to use remote access and help me address the issue. This ensured that I was able to account for all staff and leave a safe staffing plan in place. Rosie went above and beyond here, as she was not working and it was a weekend. I wouldn't have been able to manage if I had not been supported.

The bank office as a whole, when I have covered shifts, have always gone out of their way to assist me and check in if I need them to do anything. The bank office is often not recognised for the work which goes into ensuring our shifts are covered and we are all paid.

Committee Report

Report from:	Quality Committee
Date of meeting:	20th February 2024
Chair:	Steve Holmberg/Lorraine Boyd

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
IPC – High number of MSSA infections continues. New focus group in place to identify issues with aim of achieving rapid improvement. C.diff infections were within trajectory in month but well ahead of trajectory for the year and for Board to note that even if trajectory is met, there are still much higher levels of C. diff than majority of surrounding Trusts. Exceeding trajectory on most Gram -ve infections is consistent with overall pattern suggesting a need for greater focus and senior leadership on whole IPC agenda. Recent appointment of Deputy DIPC provides some assurance. **Gynaecology –** Concern over environment of Women's Unit at York. Cases of harm identified associated with long waits. Concern over some process issues with administration of referrals resulting in excessive waits. **Paediatrics –** Concerns relating to service at Scarborough discussed. SI involving sepsis discussed; committee noted that paediatrics is included in MD's focus on sepsis. **Sexual Health –** EPR no longer supported by IT company (April 2024). Potential patient safety risk if records are lost/inaccessible.
ASSURE
Paediatrics - Proactive steps for York to support service at Scarborough. Processes strengthened to ensure that parental concerns are considered during ward rounding. **Maternity –** Committee advised than informally CQC had given positive feedback on improvement work to date.
ADVISE
Maternity – January meeting reported high rate of PPH cases. Detailed investigations now underway but initial review suggests that previous methodology may be overestimating blood loss in a proportion of cases. 3 business cases currently in train that are critical to improvement plan. • Staffing – case with ICB • Scanning capacity • Theatre capacity for elective LSCS SI investigations continue to exceed time frame for completion. Dip in Scarborough consultant foetal monitoring training not considered a patient safety risk as this relates to a very short period when training is 'out of time' and actions already in place. Modest delay to theatre upgrades noted.

CQC Section 31 February report reviewed and approved.

Reset Week/Unplanned Areas SOP – Committee advised that this was continuing to mitigate very long waits in ED but that some vulnerabilities in ward areas had been exposed and were requiring on-going intervention/support.

TPR – Data not updated from previous month although explanatory text is current.

Learning from deaths – Q2 report escalated to Board.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

BAF – Committee confirmed that more work was required to refine PRs but that this was, in significant part, contingent of further work on Strategy. Need for urgency was discussed with upcoming reporting re segmentation and position in SOF 3

CQC Compliance – Committee discussion on progress and on-going vulnerabilities. Sepsis agreed as an area for focus (as per January meeting). Visit postponed possibly till end of March. Initiation of discussions to request lifting of conditions associated with mental health.

Clinical Effectiveness – Recent report has identified further gaps in assurance that will be a focus for cross-cutting workstreams.

Equality Delivery System Report – Discussed and accepted.

Committee Report

Report from:	Resources Committee
Date of meeting:	20th February 2024
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
• The Director of Finance updated the Committee on the challenging Financial position facing the Trust and efforts being made to address the expected deficit. Discussions are ongoing with the ICB on a system funding solution and there will be a need to take action to reduce spend in the final few weeks of the year. • Increase in spend on drugs continue to be an issue of concern. • Spending on Agency staff £6.2m ahead of 'cap'. • 12+hours trolley waits remain very high.
ASSURE
• Income from elective surgeries ahead of target. • Improvements in a number of waiting list performance against targets including Cancer treatment and other referrals. • Improvement in vaccination rates from previous months and work being carried out on a plan for next year to increase uptake. • Impact of Health Care Academies having positive effect on the retention and performance of recruited staff.
ADVISE
• Shortage of resources in the Occupational Health Service causing delays in recruitment and managing sickness absence. • Our Voice Our Future programme being progressed and encouraging impact of Change Champions being evidenced across the Trust. • General feeling from committee that there are green shoots of improvement in the Trust's performance in a number of areas.
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. • Impact of the Trusts Financial position may require a reassessment of risk.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

February 2024

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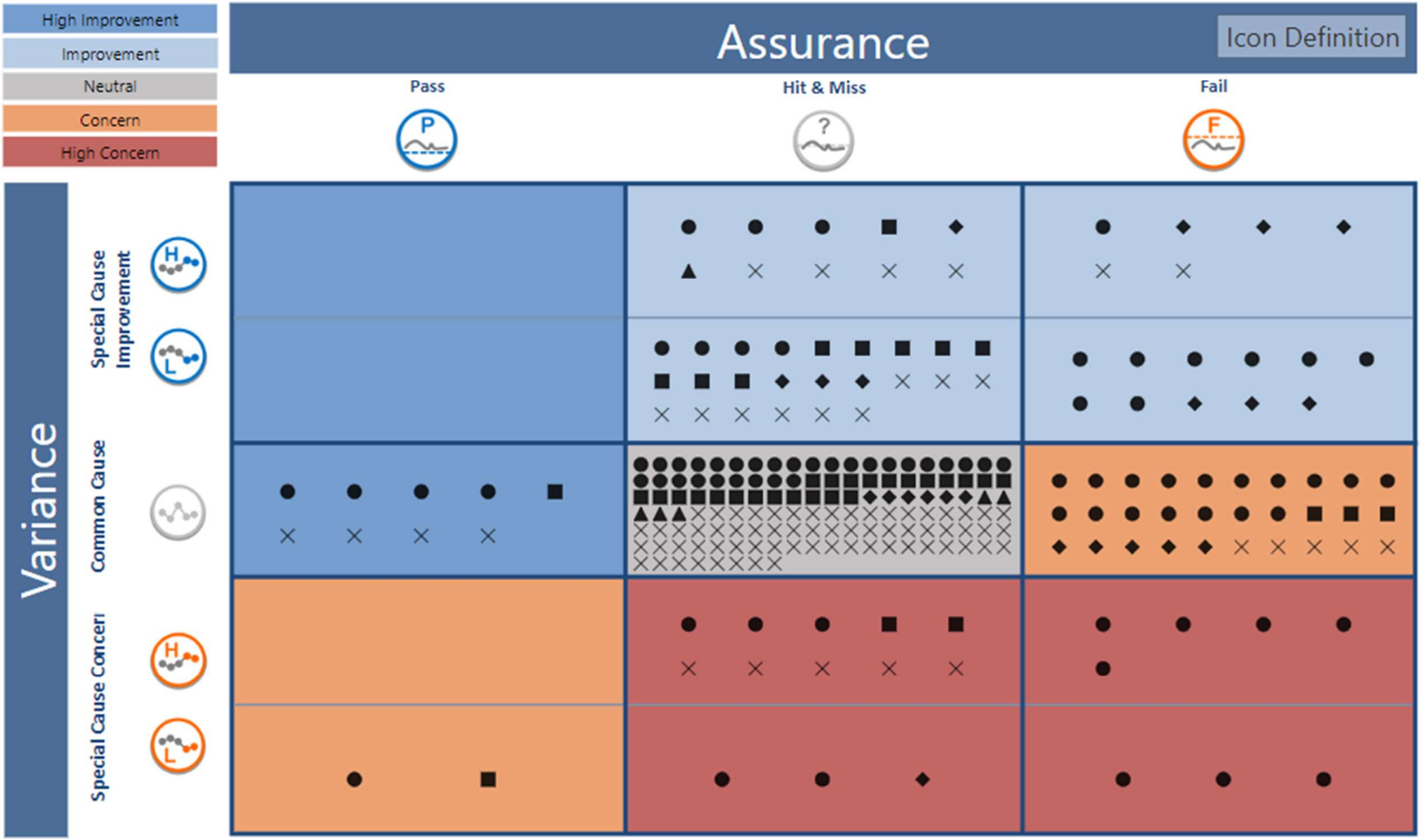
Summary Matrix

The table below provides an overview for all metrics

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



●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	2024-01		F	10%	29.6%
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-01		F	66%	44.4%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-01	H	F	7.5%	23.8%
ED - Emergency Care Standard (Trust level)	2024-01	L	?	69.1%	67.3%
ED - Median Time to Initial Assessment (Minutes)	2024-01		?	18	17
Cancer - Faster Diagnosis Standard	2023-12		P	48%	62.6%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-01		?	322	253
RTT - Total Waiting List	2024-01		?	47780	47250
RTT - Waits over 104 weeks for incomplete pathways	2024-01	L	F	0	0
RTT - Waits over 78 weeks for incomplete pathways	2024-01	L	F	0	6
RTT - Waits over 65 weeks for Incomplete Pathways	2024-01	L	F	640	519

January 2024 saw strike action by BMA Junior Doctors with "Christmas Day" levels of staffing delivered for six days from 07:00 on the 3rd of January. The Trust did not deliver 104 elective procedures and 908 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 1,506 elective procedures and 5,389 outpatient first attendances or procedures.

The January 2024 Emergency Care Standard (ECS) position was 67.3%, against the H2 trajectory of 69.1%.

Urgent and Emergency Care was impacted by the number of lost bed days because of patients without a 'criteria to reside' (NCTR), 1,159 in January.

The Cancer performance figures for December 2023 saw improvement in the 28-day Faster Diagnosis standard to (62.6% compared to 51.5% in November 2023). Please note; in line with national reporting deadlines cancer reporting runs one month behind.

The Trust is below trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 253 against the H2 trajectory of 322 for the end of January 2024.

There were zero RT 104-week waiters at the end of January 2024.

The Trust is reporting an end of January 2024 position of six 78-week RTT waiters down from ten at the end of December 2023.

At the end of January 2024, the Trust had 519 RTT patients waiting over sixty-five weeks, 121 ahead of the end of month trajectory of 640. This is a decrease of 102 on the end of December 2023 position (621).

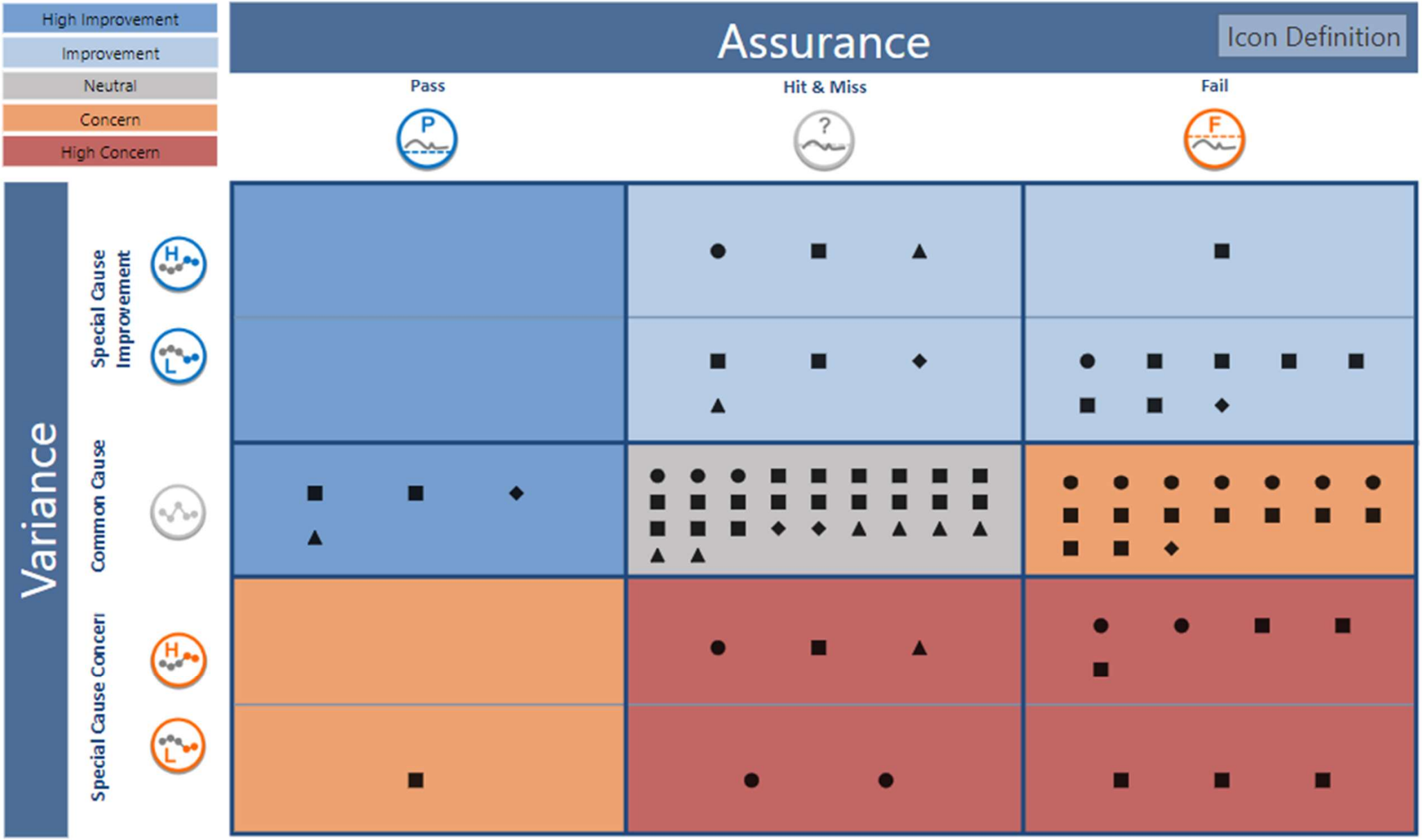
OPERATIONAL ACTIVITY AND PERFORMANCE

February 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



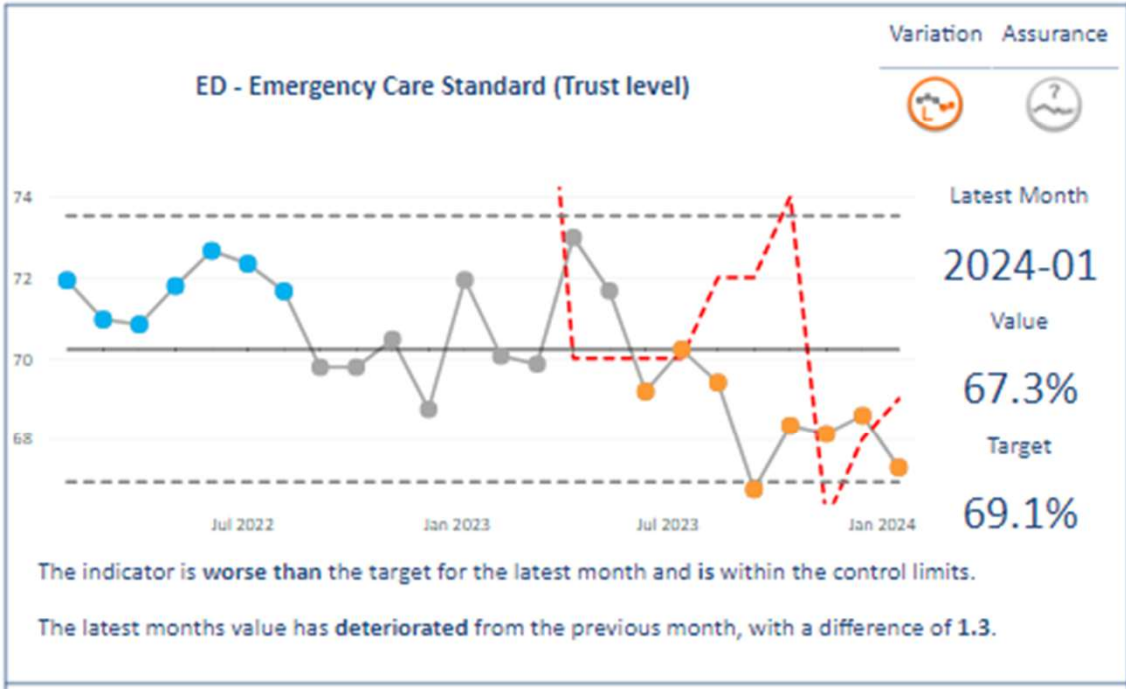
Acute Flow (1) Scorecard

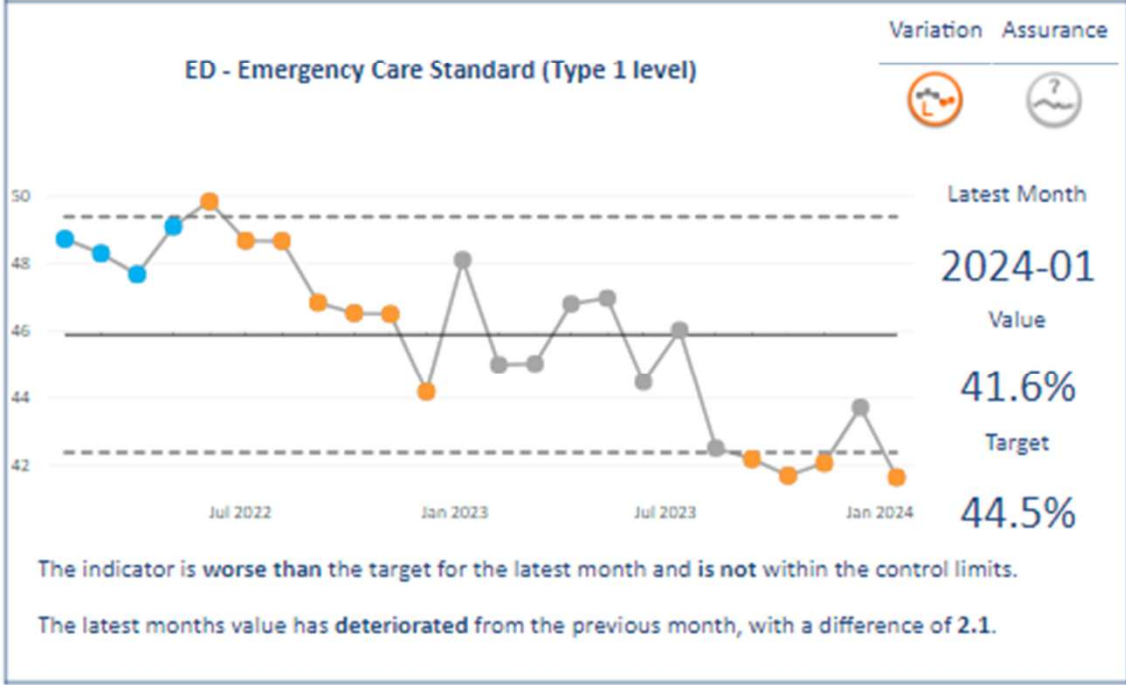
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-01		F	66%	44.4%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2024-01		F	55%	22%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-01	H	F	7.5%	23.8%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2024-01	H	F	150	2544
ED - 12 hour trolley waits	2024-01		F	0	1100
ED - Emergency Care Attendances	2024-01		?	19193.6	19942
ED - Emergency Care Standard (Trust level)	2024-01	L	?	69.1%	67.3%
ED - Emergency Care Standard (Type 1 level)	2024-01	L	?	44.5%	41.6%
ED - Median Time to Initial Assessment (Minutes)	2024-01		?	18	17
% ED attendances streamed to SDEC Within 60 mins	2024-01	H	?	18.8%	23.6%
% of SDEC admissions transferred to downstream acute wards	2024-01		?	20%	16.7%

KPIs - Operational Activity and Performance

Acute Flow (1)





The Trust did not achieve the H2 Emergency Care Standard trajectory with performance of 67.3% against the end of January 2024 ambition to achieve above 69.1%. Urgent and Emergency Care was impacted by the number of lost bed days because of patients without a 'criteria to reside' (NCTR), 1,159 in December. The beds days lost calculation has been re-worked from the original source data of the daily discharge sitrep to an updated source that more accurately reflects the monthly position. Whilst this has resulted in a reduction of the overall number of 'bed days lost', the trend variation highlighting special cause concern remains.

In the latest nationally published data (January 2024) the Trust ranked 72nd out of 122 providers (with a Type 1 ED) for ECS (All types), the Trust was ranked 61st in December 2023. In the North-East and Yorkshire region the Trust ranked thirteenth out of twenty-two providers (eleventh in December 2023).

UEC Rapid Improvement Plan

The rapid improvement plan development has continued in January with a very focused plan to deliver the ECS standard of 76% by the end of March 2024.

NHSE outlined the key priorities areas for acute Trusts to focus on the remainder of 23/24 and have identified 5 key areas:

1. Streaming and redirection.
2. Rapid Assessment and Treatment.
3. Maximising use of the UTC.
4. Improving ambulance handover.
5. Reducing time in department.

The focus of the programme for February and March will be on the delivery of key actions against these priorities:

- **Streaming and redirection** – focus on strengthening the ICB SDEC exclusion criteria and improve direct access to SDEC for YAS and GPs, reviewing streaming to SAU to improve access to SAU from ED and YAS, undertake additional communication with primary care and YAS on available alternative pathways and scope the potential for joint SDEC / ED streaming

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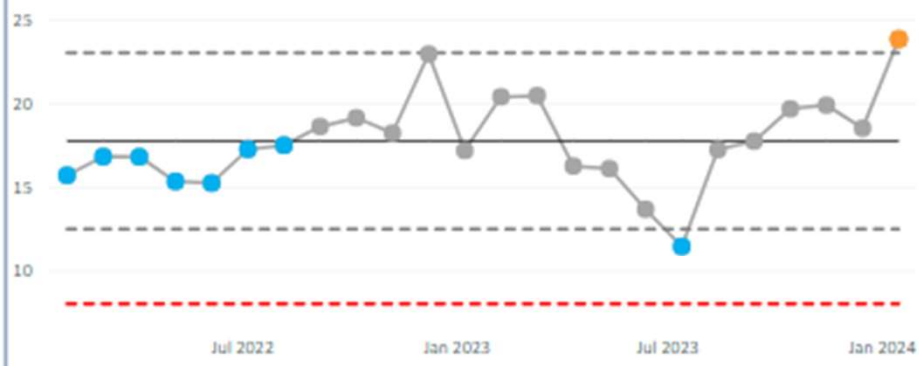
KPIs - Operational Activity and Performance

Acute Flow (2)

Variation Assurance

ED - Total waiting 12+ hours - Proportion of all Type 1 attendances



Latest Month
2024-01
Value
23.8%
Target
7.5%

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

The latest months value has **deteriorated** from the previous month, with a difference of **5.3**.

Variation Assurance

ED - 12 hour trolley waits

Latest Month
2024-01
Value
1100
Target
0

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

The latest months value has **deteriorated** from the previous month, with a difference of **289.0**.

Continued from previous page.

- **Rapid Assessment and Treatment** – pilot and implementation of a pit stop model at York and review the rapid assessment workforce model to ensure senior decision makers at the front door.

- **Maximising use of Urgent Treatment Centres** – Consider training opportunities for ENP's to increase scope of minor injuries streamed to UTC at York. Proactive pull model to UTC.

- **Improving ambulance handover** – implementation of the zero 45-minute ambulance SOP at Scarborough and ongoing weekly task and finish groups with YAS to support continuous improvement approach. Reduce Category 3 conveyance with YAS and maximise use of fit to sit working with YAS senior leader on sites.

- **Reducing time in department** – Scope and implement a short stay clinical decision unit in York ED, continue with senior long length of stay reviews across York and Scarborough, Scope and implement criteria led discharge across two wards at York and two wards at Scarborough and review and relaunch the 'Outliers' policy.

Alongside there are number of key strategic actions that continue to progress:

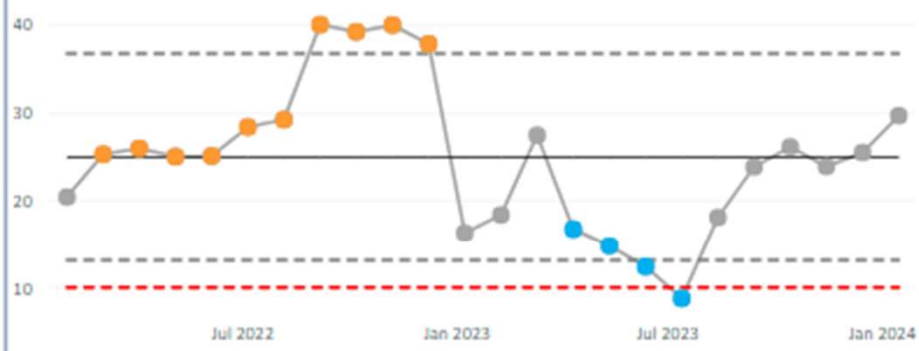
- Increase to 33 virtual Hospital beds in York.
- Embed Discharge Framework York and SGH.
- Scheduled MADE event in March 2024.
- Ongoing development of SOP's for roles in ED.
- Internal discharge Improvement Project – scope and commence.
- Integrated urgent care (UTC) – Malton, York and SGH and OOH with Nimbus – April 2nd 2024.
- Delivery of Scarborough ED build.
- Develop Scarborough 'new build' model of care.
- Bed reconfiguration / right sizing.

Acute Flow (2) Scorecard

Metric Name	Month	Variation	Assurance	Target	Value
ED - Proportion of Ambulance handovers within 15 mins	2024-01		F	65%	21.8%
ED - Proportion of Ambulance handovers waiting > 30 mins	2024-01		F	5%	52.3%
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-01		F	10%	29.6%
Inpatients - Proportion of patients discharged before 5pm	2024-01		F	70%	64.3%
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2024-01	L	F	103	157
Lost bed days for patients with no criteria to reside	2024-01	H	?	728.9	1153

ED - Proportion of Ambulance handovers waiting > 60 mins

Variation Assurance



Latest Month
2024-01
Value
29.6%
Target
10%

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

The latest months value has **deteriorated** from the previous month, with a difference of **4.2**.

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

Variation Assurance

Latest Month
2024-01
Value
44.4%
Target
66%

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

The latest months value has **deteriorated** from the previous month, with a difference of **2.8**.

The Trust, against a target to have a monthly average ambulance handover time of less than 00:31:46 (HH:MM:SS) achieved an average of 55:45 minutes for January 2024.

Time lost to ambulance handover delays and handovers >60 minutes remains above target with 29.6% of ambulances having a handover time of over 60 minutes against the <10% target (up from 25.4% in December 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 the Ambulance Regional Command (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 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.
  - ❖ implementation of the zero 45-minute ambulance SOP at Scarborough and ongoing weekly task and finish groups with YAS to support continuous improvement approach. Reduce Category 3 conveyance with YAS and maximise use of fit to sit working with YAS senior leader on sites.
  - ❖ Implementation of pit stop model at York.
  - ❖ 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.
  - ❖ NHS 111 increase proportion of calls marked for ED reviewed by clinician
  - ❖ Implementation of Missed Opportunity Audit recommendations.
  - ❖ Additional senior leadership resource for winter with focus on patient flow.
  - ❖ Trust 'co-horting'.
  - ❖ Maximise use of fit to sit.

Variation Assurance

% ED attendances streamed to SDEC Within 60 mins

Latest Month

2024-01

Value

23.6%

Target

18.8%

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

The latest months value has **deteriorated** from the previous month, with a difference of **0.4**.

Variation Assurance

% of SDEC admissions transferred to downstream acute wards

Latest Month

2024-01

Value

16.7%

Target

20%

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

The latest months value has **improved** from the previous month, with a difference of **5.2**.

Same Day Emergency Care (SDEC) Project

Direct access to SDEC via trusted assessor and exclusion criteria has been in place since before Christmas 2023 for Medicine SDEC units and for Surgical Assessment Unit in York. However, some YAS crews do still call before conveyance, work continues with YAS, ED and SDEC teams to build confidence in the Trusted Assessor Model.

The data below shows how many patients spent time in ED before going to Medical SDECs and how many were 4-hour breaches (January 2024) that could have been avoided by going direct:

YAS to **York ED** to **MSDEC** = 99 of which 17 were breaches
Walk-in to **York ED** to **MSDEC** = 338 of which 64 were breaches
YAS to **Scarborough ED** to **EAU** = 99 of which 9 were breaches
Walk-in to **Scarborough ED** to **EAU** = 268 of which 10 were breaches

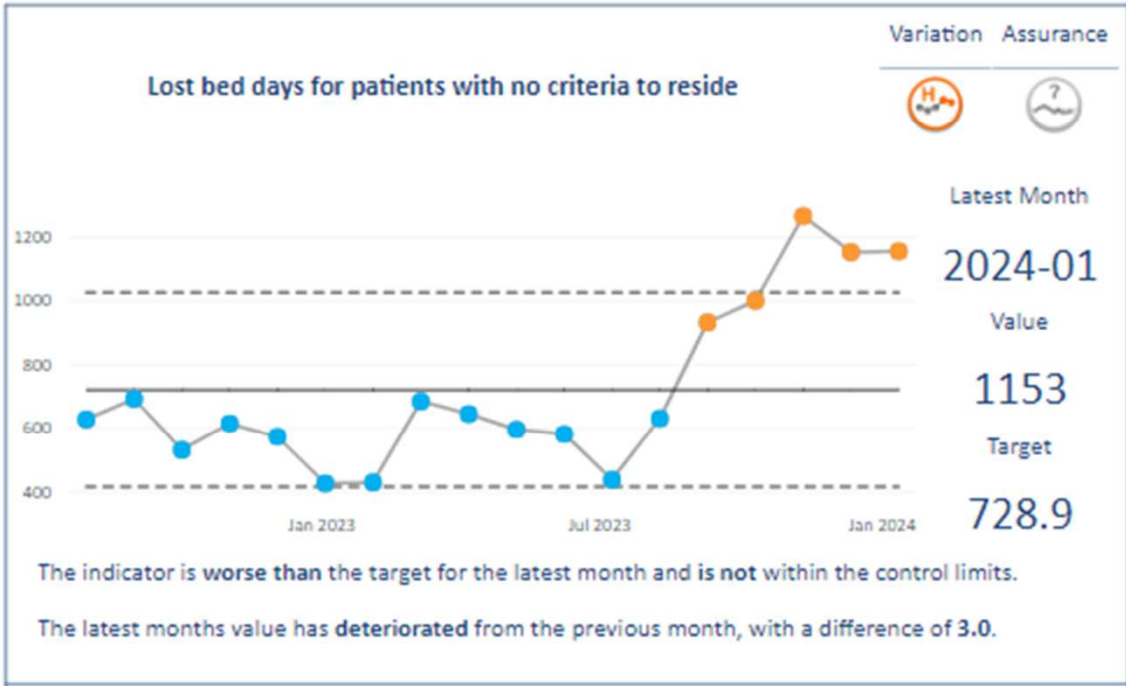
At each site there are ~3 patients per day who YAS could/should take directly to Medical SDEC, rather than the patient spending time in ED first.

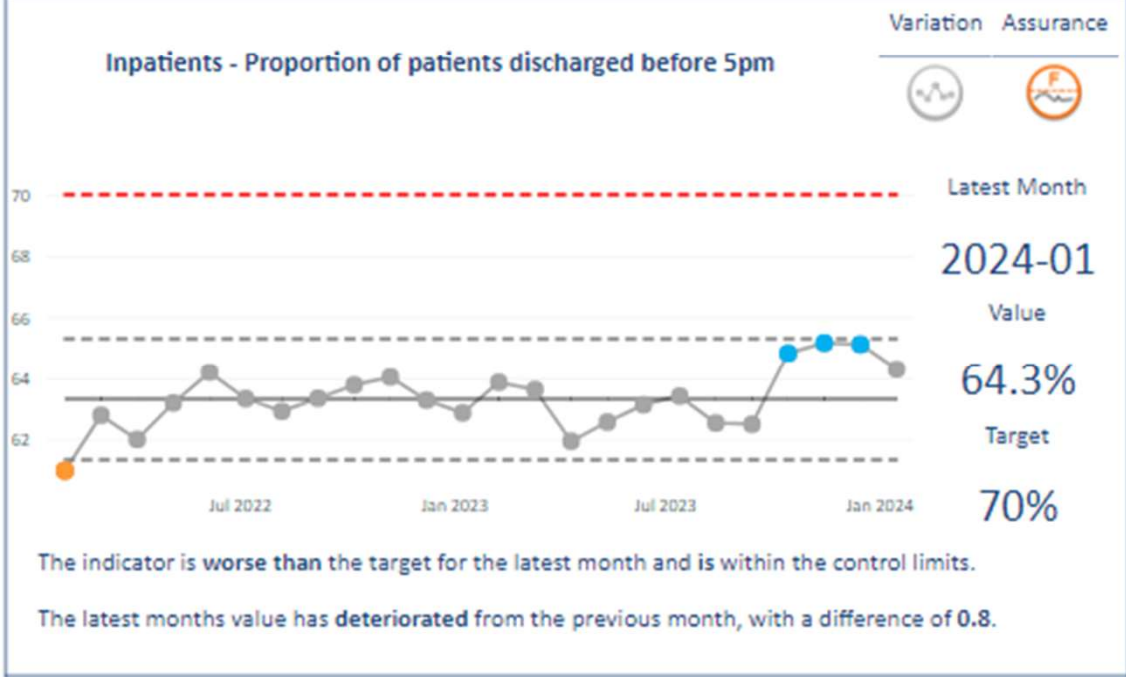
For some of these patients, YAS has not tried to convey directly to SDEC. Ongoing work with YAS to increase attempts is underway.

For other patients, YAS has tried to convey directly to SDEC but the patient has not been accepted. Monthly review meetings look in detail at rejected referrals and patient pathways. Some examples:

- Patient refused at York MSDEC at 4pm due to lack of capacity, went to ED. At midnight, was sent to MSDEC.
- Patient refused at York MSDEC at 7:30pm and went to ED. At 4am was sent to SAU.
- Patient refused at RAFA, went to ED. 8 hours later, went to RAFA and there for several days.

The data indicates that the biggest opportunity lies with York Medical SDEC. The Programme Team proposes this is where a lot of focus is put throughout February and March, in improving ways of working between teams (including YAS) and on internal processes (i.e. stronger pull model).





Virtual Hospital Project

The Virtual Hospital project has reached a critical point, where the organisation needs to agree the level of priority and the resource available to support its next steps. An outline of required resources has been shared with Place teams and with the Executive Committee. Recognition of the need to extend the specialty virtual wards is now dependent on additional resource but a solution is not yet available due to the current financial constraints for the Trust and the ICB.

The project is expected to deliver capacity for 33 virtual ward patients by end of March 2024. The trajectory for January of 20 virtual beds was met through frailty, heart failure and vascular. The plan for February is 25 patients and is currently projected to be 24. Work is underway to add in capacity for five Cystic Fibrosis patients which will ensure we meet the February trajectory.

Approximately £300k has been received to procure a Virtual Hospital technology solution, which is on track to be committed before the end of March 2024.

Integrated Intermediate Care Project

The original aim of the Integrated Intermediate Care Project was to scope the development of a long term 24/7 domiciliary care service for York. This exercise led to a decision not to develop a new service but work with local partners to develop Intermediate Care with a focus on Integration.

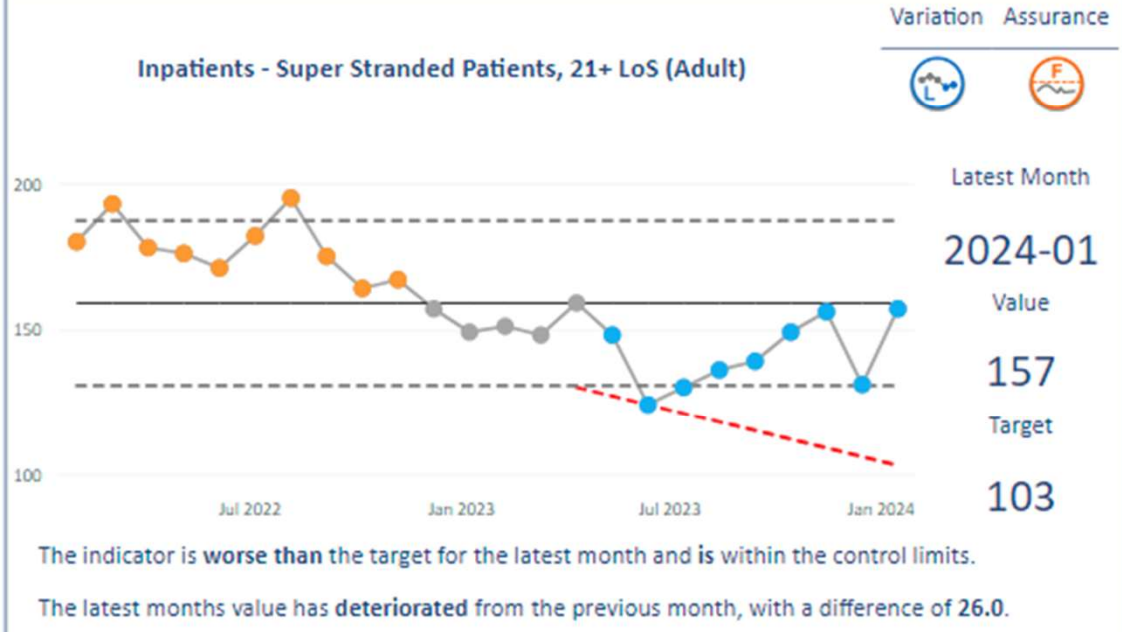
We are taking this forward by working with Local Authority and Primary Care colleagues, as well as colleagues in the Voluntary, Community and Social Enterprise (VCSE) sector. We believe we can increase efficiency in our services by developing a shared workforce with generic job descriptions, reducing the number of visits per patient, and streamlining pathways.

We are also exploring a consortium bid with Nimbus and the VCSE sector for the City of York Council reablement service. This is in scoping phase.

The project ambition is to deliver a reduction in the number of patients who do not meet the criteria to reside down to 155 by March 2024 (234 as of the 9th of February 2024).

KPIs - Operational Activity and Performance

Acute Flow (6)



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Long Length of Stay reviews have been taking place for 6 weeks, with senior nurse, medic, AHP and ops manager attending with support from the site management team.

Feedback suggests that the reviews have not had sufficient impact to justify the time spent on them and that very few additional or earlier discharges have occurred because of the sessions.

Several recommendations have been made about the format and logistics of these sessions, which will be considered in the coming weeks to determine the next steps.

Cancer Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Cancer - Faster Diagnosis Standard	2023-12		P	48%	62.6%
Cancer - 62 Day waits for first treatment (from urgent GP referral)	2023-12		F	85%	49.1%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-01		?	322	253
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)	2023-12		?	152.2	164
Number of people referred onto a non-specific symptoms pathway	2023-12		P	79	28
% of patients waiting 63 or more days after referral from cancer PTL	2024-01		?	12%	11.5%
Cancer 2 week wait (all cancers)	2023-12	L	F	93%	74.3%
Cancer 31 day wait from diagnosis to first treatment	2023-12		?	96%	96%

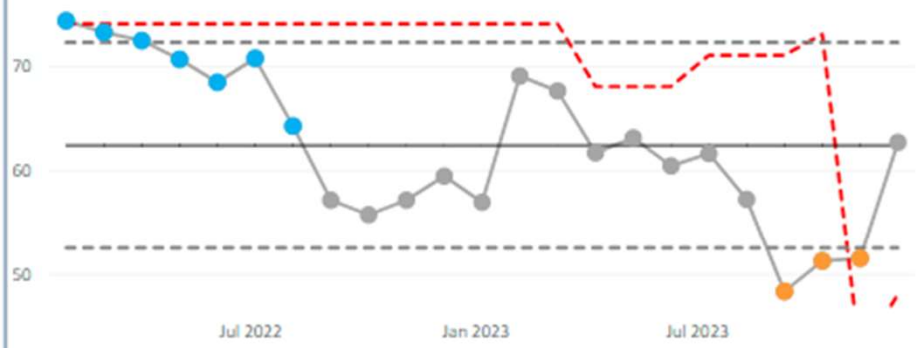
KPIs - Operational Activity and Performance

Cancer (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Cancer - Faster Diagnosis Standard



Latest Month

2023-12

Value

62.6%

Target

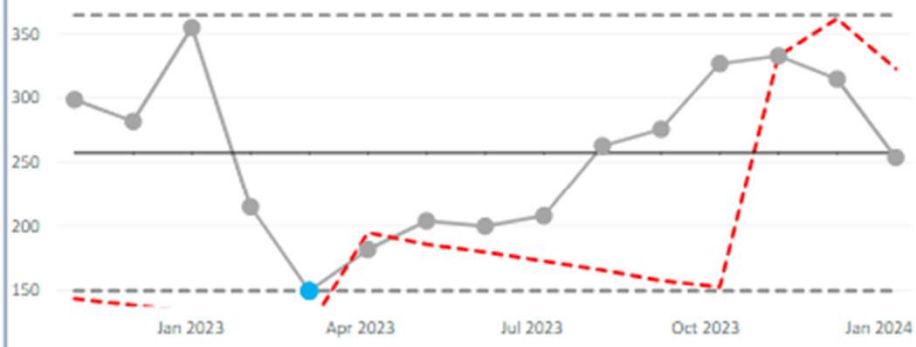
48%

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

The latest months value has **improved** from the previous month, with a difference of **11.2**.

Variation Assurance

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



Latest Month

2024-01

Value

253

Target

322

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

The latest months value has **improved** from the previous month, with a difference of **61.0**.

Cancer Position

The Cancer performance figures for December 2023 saw improvement in the 28-day Faster Diagnosis standard (FDS) to (62.6% compared to 51.5% in November 2023) however the 62-day wait for first treatment (from urgent GP referral) position deteriorated, 49.1% compared to 50.5% in November 2023.

FDS performance in areas such as Upper GI pathways has seen significant improvement achieving 78.4% in December 2023 (October 2023: 41.4%). In the latest nationally published data (December 2023) the Trust ranked 130th out of 142 providers for FDS (137th in November 2023) and 89th out of 144 providers for 62-day wait for first treatment (all referral routes) (68th in November 2023).

Patients waiting sixty-three days or more on the Cancer PTL has decreased from 314 (December 2023) to 253 at the end of January 2024 against the H2 trajectory of 322. 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.

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:

- The schemes approved with regional cancer monies are all now in progress.
- The updated Cancer operational policy with the new cancer waiting time standards was approved at Cancer delivery group (CDG) in January 2023.
- 24/25 cancer alliance funding planning is ongoing, and Y&S have developed a range of plans to support earlier diagnosis, faster diagnosis and operational performance. Expectation that £7.3 SDF will be received into cancer alliance.
- FIT dashboard is now completed and the next stage in the FIT workstream is to analyse the FIT - /no Fit patients who have colonoscopy. Colorectal FDS performance is showing positive signs of improvement up from 19% (September 2023) to 50% in December 2023.
- mpMRI now implemented with 23 requests and 23 scanned in December 2023.
- Histopathology Improvement Plan ongoing. Starting to receive data, improvements in TAT due to admin and organisation of lab processes. Dialogue with new external company and looking at pathology partnership working.

Continued over page.

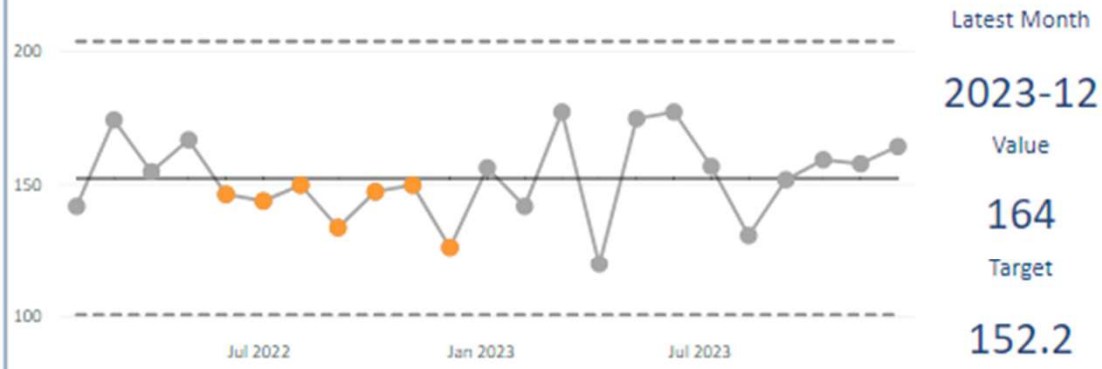
KPIs - Operational Activity and Performance

Cancer (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)

Variation Assurance



Latest Month

2023-12

Value

164

Target

152.2

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

The latest months value has **improved** from the previous month, with a difference of **6.5**.

Cancer - 62 Day waits for first treatment (from urgent GP referral)

Variation Assurance

Latest Month

2023-12

Value

49.1%

Target

85%

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

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

Continued from previous page

- The Rapid Diagnosis Centre (RDC) has been confirmed as a commissioned service. Non-Surgical Oncology (NSO) strategy signed off at Cancer Alliance Board with a focus on the workforce and extended roles and standardisation.
- Wellbeing service - cancer care centre at York has gone public and design team has been appointed. Plan to start work August/September 2024 and operational in 2025.

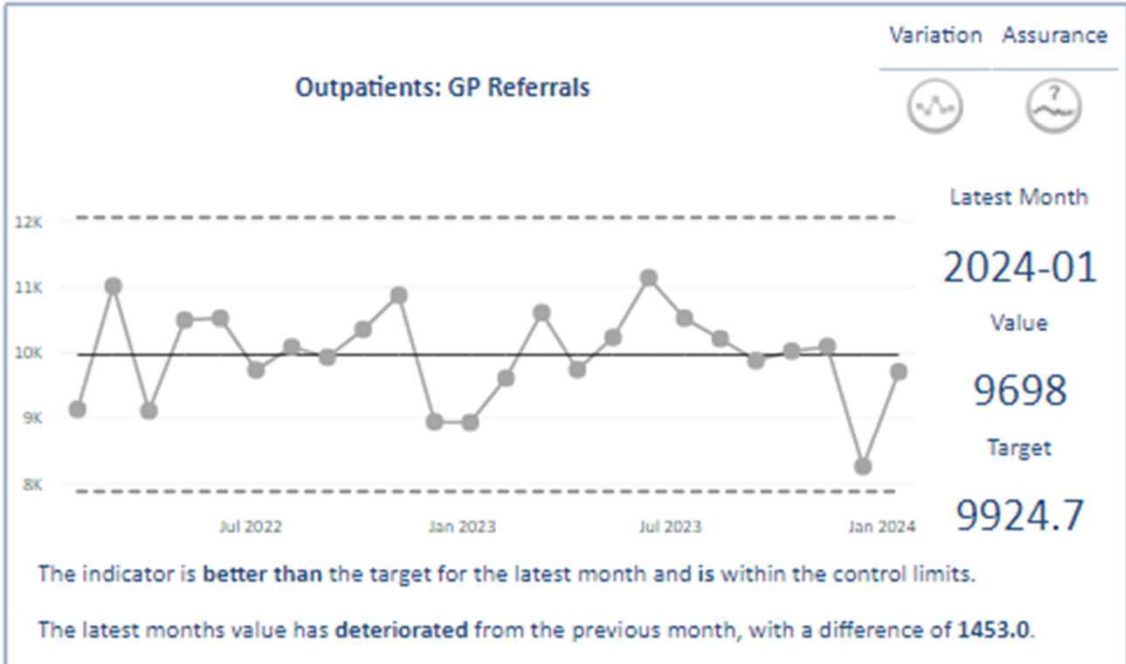
Outpatients and Elective Care Scorecard

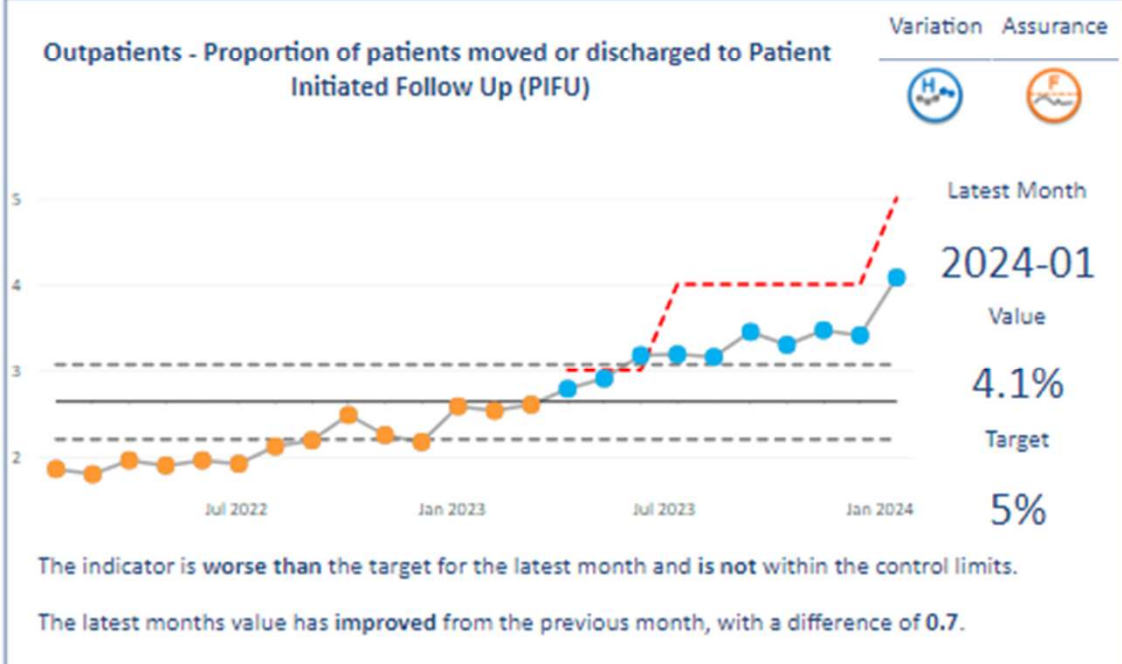
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Outpatients - Proportion of appointments delivered virtually (S017a)	2024-01	L	F	25%	21.8%
Outpatients - DNA rates	2024-01		?	5%	6.1%
Outpatients: 1st Attendances	2024-01		?	15744	13156
Outpatients: All Referral Types	2024-01		?	20788.6	19309
Outpatients: Consultant to Consultant Referrals	2024-01		?	2017.3	1785
Outpatients: Follow Up Attendances	2024-01		?	37761	37567
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2024-01	H	F	0	25153
Outpatients: GP Referrals	2024-01		?	9924.7	9698
Outpatients: Other Referrals	2024-01		?	8846.7	7826
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2024-01	H	F	5%	4.1%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2024-01		?	99%	35.7%
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)	2024-01	L	?	6041	7523
Electives (based on Activity v Plan)	2024-01		?	590	560

KPIs - Operational Activity and Performance

Outpatients (1)





Outpatient Transformation programme

At the start of 2024, 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 continue, 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. 2-way text reminders to inpatients and all outpatient specialties.
- Roll out of Rapid Expert Input (REI). REI is a process for clinically reviewing a referral prior to booking into a secondary care service.
- Clinical validation of Trust waiting list.
- Use of international OPCS codes in outpatients and elective inpatients rather than local codes.

Activity planning 2024/25

At the time of this report National Planning Guidance for 2024/25 had not been received. Care Groups have completed their initial activity plans which have been amalgamated into the Trust position and are with the Trust's Finance team. The Trust is engaged with Place and ICB planning leads on a weekly basis ahead of the finalised guidance being issued.

Theatre Improvement Programme

Performance against the 85% theatre utilisation target is 83.6% for Jan 2024 (excluding Maternity sessions). The following specialties were below 80% and have been requested to undertake targeted interrogation of the data with improvement plans to be established:
Gynaecology (79.0%)
Ophthalmology (75.6%)
Urology (79.1%)
The Trust is engaged with provider colleagues across the ICB to understand the discrepancy between Model Hospital data and the Trust's view of theatre utilisation performance. Hull University Teaching Hospitals NHS Trust had similar issues last year.

KPIs - Operational Activity and Performance

Outpatients (2)

Variation Assurance

Outpatients - DNA rates

Latest Month

2024-01

Value

6.1%

Target

5%

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

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

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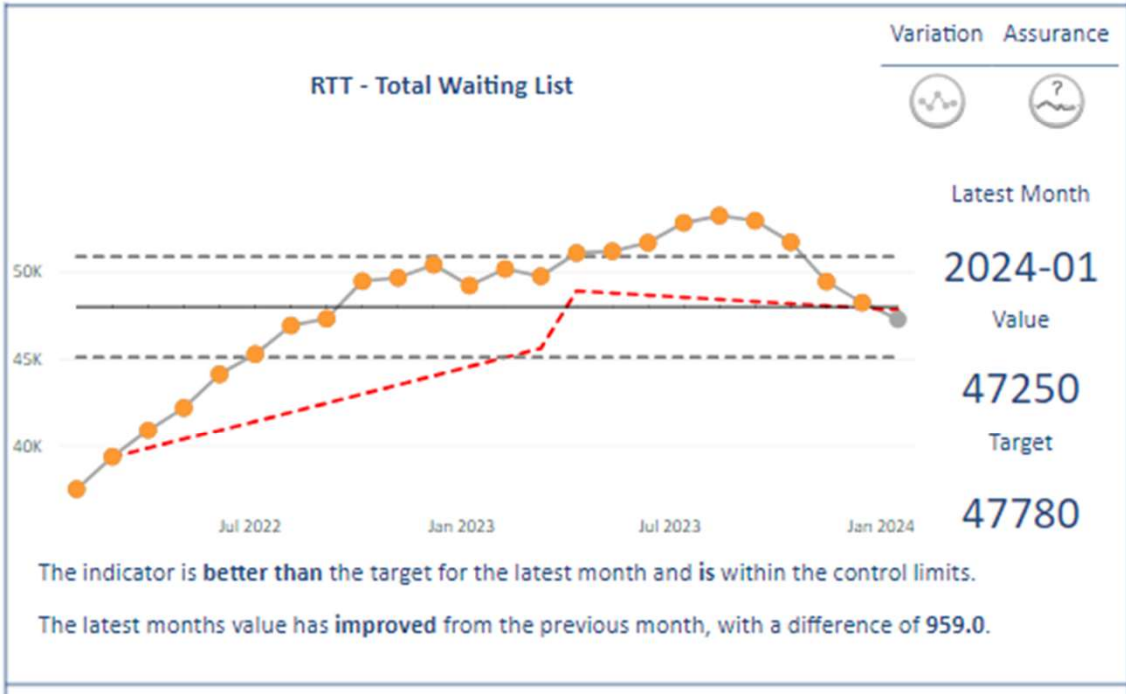
See previous page

Referral To Treatment (RTT) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
RTT - Total Waiting List	2024-01		?	47780	47250
RTT - Waits over 104 weeks for incomplete pathways	2024-01	L	F	0	0
RTT - Waits over 78 weeks for incomplete pathways	2024-01	L	F	0	6
RTT - Waits over 65 weeks for Incomplete Pathways	2024-01	L	F	640	519
RTT - Waits over 52 weeks for Incomplete Pathways	2024-01	L	?	3321	2256
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-01	L	F	92%	50.6%
RTT - Mean Week Waiting Time - Incomplete Pathways	2024-01		F	9	20.8
Proportion of BAME pathways on RTT PTL (S056a)	2024-01		?	1.8%	1.8%
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2024-01	H	?	12%	12.1%
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2024-01	L	P	68.1%	67%



RTT position

There were zero RTT104 week waits at the end of January 2024.

The Trust saw an improvement in the long wait position January 2024, with the number of RTT78 week patients decreased to six (December: ten). Five of the patients were either offered treatment in January but chose to wait longer or were unable to attend due to illness.

In the latest nationally published data (December 2023) the Trust had the 85th highest number of RTT78 week patients out of 168 providers. At the end of November 2023, the Trust had the 36th highest. In the North-East and Yorkshire region the Trust ranked 9th highest out of twenty-two providers at the end of December (at the end of October 2023 the Trust had the 3rd highest).

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 January 2024 the Trust had 519 patients waiting over sixty-five weeks. The weekly RTT performance meeting monitors and challenges performance against the trajectory. At the end of January 2024, the Trust was 121 below the end of month trajectory of 640. This is a decrease of 112 on the end of December 2023 position (621). 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.

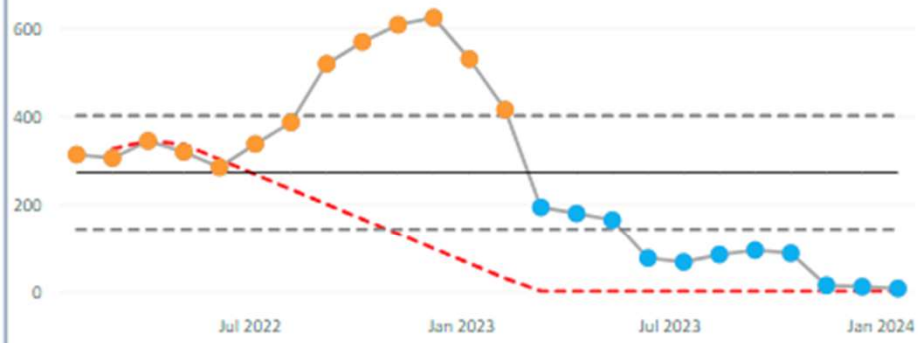
In the latest nationally published data , at the end of December 2023 there were over 95,000 RTT65 week waits across NHSE Trusts. The Trust ranked 60th highest with 0.6% of the total national RTT65 week waiters (October 2023 the Trust ranked 40th highest with 1% of the national total).

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 January position was 47,250. This is a reduction of 5,940 or 11% in five months and is the Trust's lowest TWL since August 2022.

Continued over page.

Variation Assurance

RTT - Waits over 78 weeks for incomplete pathways



Latest Month

2024-01

Value

6

Target

0

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

The latest months value has **improved** from the previous month, with a difference of **4.0**.

Variation Assurance

RTT - Waits over 65 weeks for Incomplete Pathways

Latest Month

2024-01

Value

519

Target

640

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

The latest months value has **improved** from the previous month, with a difference of **102.0**.

Continued from previous page.

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 12,308 patients or 89% in five 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 1,965 (-47%) on the end of August 2023 position (4,221) to 2,256 at the end of January 2024. This is the fewest RTT52 week waiters since March 2022 and is 1,065 ahead of the trajectory of 3,321 that was submitted as part of 2023/24 annual planning.

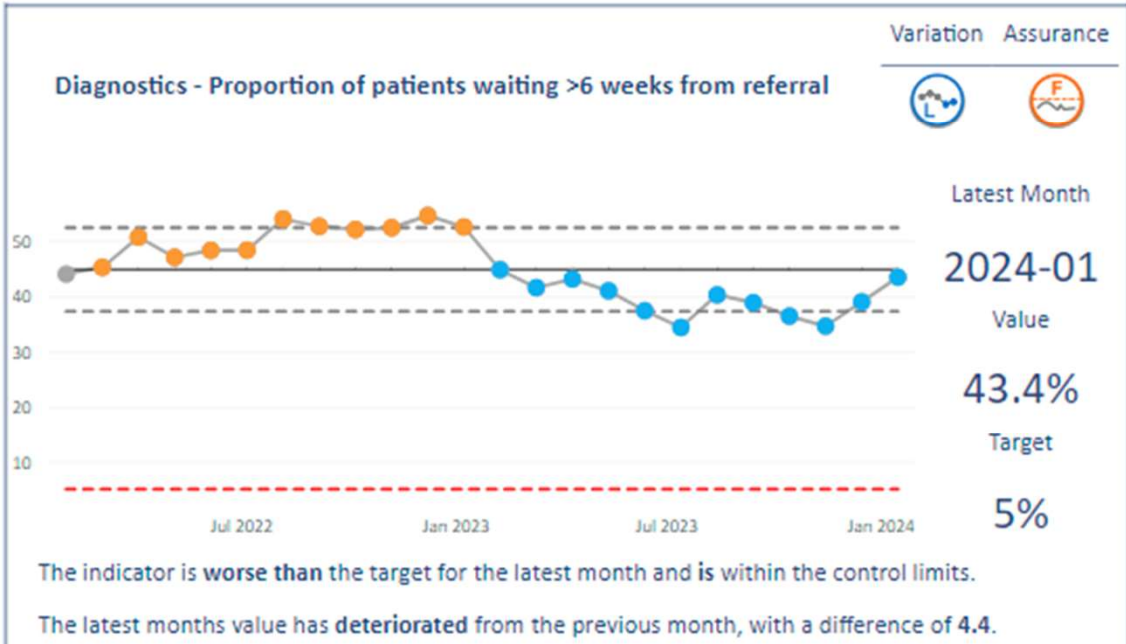
Diagnostics Scorecard

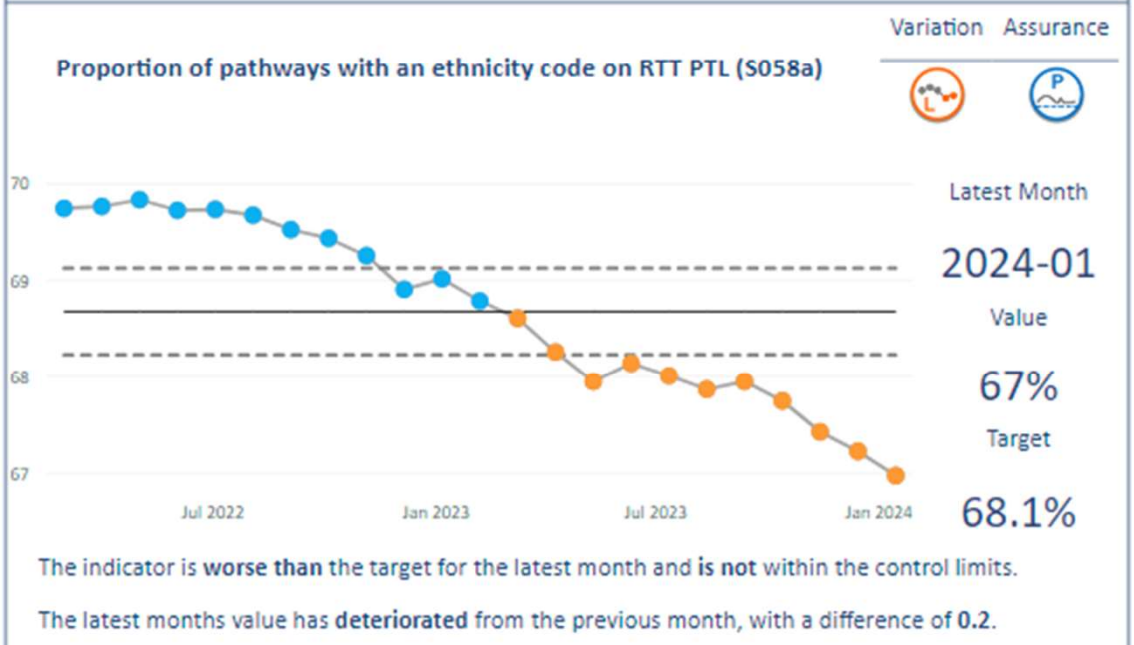
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Diagnostics - Proportion of patients waiting >6 weeks from referral	2024-01	L	F	5%	43.4%
Diagnostics - Proportion of patients waiting >6 weeks from referral - MRI	2024-01	L	F	5%	42.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - CT	2024-01		F	5%	36%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Non-obs Ultrasound	2024-01		F	5%	42.2%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Barium enema	2024-01		?	5%	13.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - DEXA Scan	2024-01	L	F	5%	51.3%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Audiology	2024-01		F	5%	27.8%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Echocardiography	2024-01		F	5%	62.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Neurophysiology peripheral	2024-01		?	5%	19.8%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Sleep studies	2024-01		F	5%	74.4%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Urodynamics	2024-01	H	?	5%	78.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Colonoscopy	2024-01	H	F	5%	62.3%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Flexi Sigmoidoscopy	2024-01		F	5%	61.2%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Cystoscopy	2024-01		F	5%	28.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Gastroscopy	2024-01	H	F	5%	30.5%

KPIs - Operational Activity and Performance

Referral To Treatment (RTT) (3) and Diagnostics





Diagnostic Position

Diagnostic performance data for January 2024 showed a decline to 43.4 % from 39.2% at the end of December 2023 for patients waiting more than 6 weeks. January 2024 saw strike action by BMA Junior Doctors for six days from 07:00 on the 3rd of January which impacted routine diagnostic activity and performance.

There have been significant operational and staffing issues in the Sleep Services & Echocardiogram throughout December 2023 and January 2024 that have affected performance (74% and 62% respectively of patients waiting over 6 weeks at the end of January). Recovery plans are in place with recovery expected from April 2024 when staffing levels will be restored following recruitment in addition to capacity coming online at the CDCs at Askham Bar and Selby.

The CSCS Care Group is conducting 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. There are positive signs with the Upper GI 'straight to test' turnaround – 30 to 16 days in January 2024 with a provisional improvement in FDS of 41% in October to 78% in December 2023.

CDC Programme

Askham Bar

- Construction of the pad to house the mobile MRI and CT scanners is well underway with power and water now on site and preparation beginning to lay the concrete foundations. Go live remains on schedule for 02 Apr 24.
- The Portakabin complex is being refurbished to provide an additional 8 clinical rooms and will be complete by 19th Feb.

Selby.

- CT/MRI, USS and phlebotomy continue to be delivered with work commencing from the 12th of February to create space for additional modalities.

Scarborough Hub.

- Work is now progressing from the 'Pre-construction phase' to the 'construction phase' with a gradual change of contractor personnel.
- The commencement of the 'civils period' where preparation of the site will begin will commence in advance of full planning permission being granted in order to advance the construction schedule and drive towards the go-live date of 01 Oct 24.

KPIs - Operational Activity and Performance

Referral To Treatment (RTT) (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Proportion of BAME pathways on RTT PTL (S056a)

Latest Month

2024-01

Value

1.8%

Target

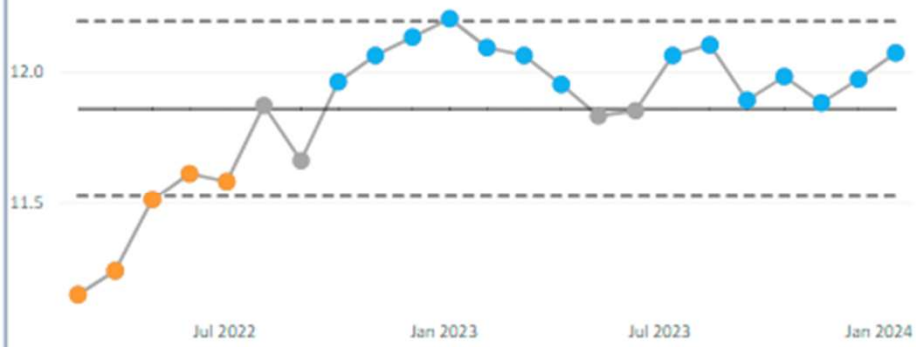
1.8%

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

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

Variation Assurance

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



Latest Month

2024-01

Value

12.1%

Target

12%

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

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

As per 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 Trust has established a Health Inequalities and Population Health Steering Group; the primary aim is to develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. This will align to the refreshed Trust Strategy 2024. Several Task and Finish Groups will be established to facilitate focused and efficient implementation of specific aspects of the strategy. The overarching goal is to foster a healthcare environment that prioritises equity, inclusivity, and improved health outcomes for all individuals, considering socio-economic, demographic, or other determinants.

The Trust is in the process of setting up a task and finish group to commence the scoping for the health inequalities workstream with a focus on learning disabilities, waiting well pre-habilitation, childhood dental access, booking processes and carers.

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: **January 2024**

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	20	5577	12.06%	8.88%
2	21	6584	14.24%	13.59%
3	21	9924	21.46%	20.94%
4	21	10023	21.67%	20.68%
5	21	14137	30.57%	35.90%
Unknown	22	1005		
Total	**21**	**47250**		

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

RTT PTL by Ethnic Group

At end of: **January 2024**

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	21	31052	98.22%	94.34%
Black, Black British, Caribbean or African	20	66	0.21%	0.94%
Mixed or multiple ethnic groups	18	135	0.43%	1.26%
Asian or Asian British	23	252	0.80%	2.97%
Other ethnic group	22	111	0.35%	0.49%
Unknown	21	12434		
Not Stated	20	3200		
Total	**21**	**47250**		

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

Highlights For Board To Note

As per 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 Trust has established a Health Inequalities and Population Health Steering Group; the primary aim is to develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. This will align to the refreshed Trust Strategy 2024. A number of Task and Finish Groups will be established to facilitate focused and efficient implementation of specific aspects of the strategy. The overarching goal is to foster a healthcare environment that prioritises equity, inclusivity, and improved health outcomes for all individuals, considering socio-economic, demographic, or other determinants.

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	2024-01		?	0	4
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2024-01		P	71.9%	80.4%
Children & Young Persons: Cancer 2 week wait (all cancers)	2023-12		?	88.9%	100%
Children & Young Persons: RTT - Total Waiting List	2024-01	L	?	4474.6	3704
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-01		F	92%	62.9%
Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways	2024-01	L	F	0	10

KPIs - Operational Activity and Performance

Children and Young Persons (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

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

Variation: L | Assurance: F

Latest Month: 2024-01

Value: 10

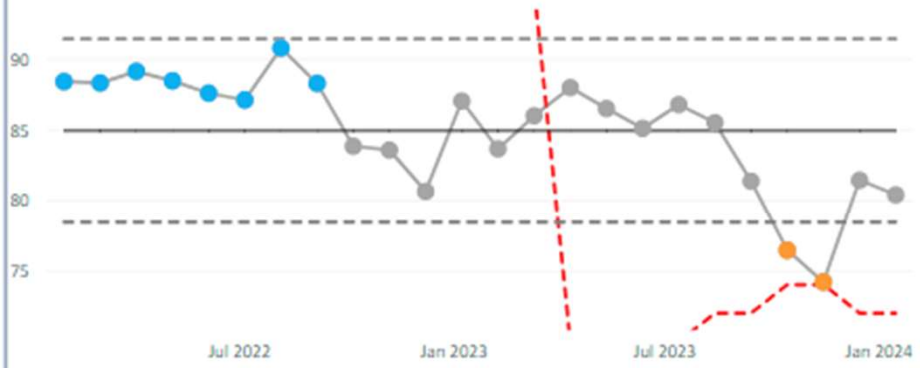
Target: 0

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

The latest months value has **improved** from the previous month, with a difference of **10.0**.

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

Variation: | Assurance: P



Latest Month: 2024-01

Value: 80.4%

Target: 71.9%

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

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

Trajectory is in place to deliver zero RTT52 week patients aged 0-17 at the end of March 2024. Care Groups are aiming 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 January 2024 the Trust had 69 patients aged 0-17 waiting 52+ weeks, 4 behind the improvement trajectory of 65.

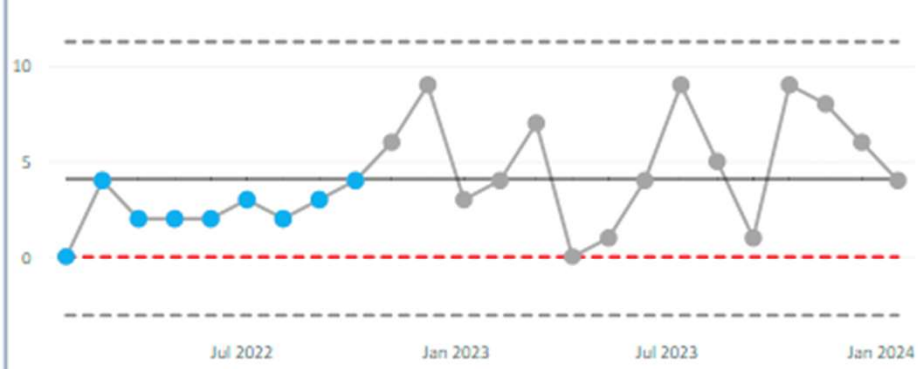
KPIs - Operational Activity and Performance

Children and Young Persons (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

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

Variation Assurance



Latest Month

2024-01

Value

4

Target

0

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

The latest months value has **improved** from the previous 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	2024-01	H	?	78.9	107
% Community Therapy Team Patients Seen within 6 weeks of Referral	2024-01		?	66%	77.9%
2-hour Urgent Community Response (UCR) Compliancy %	2024-01		P	70%	83.2%
Number of Adults (18+ years) on community waiting lists per system	2024-01	L	?	853.3	734
% of End of Life Patients Dying in Preferred Place of Death	2024-01		?	78.9%	76.9%
Community Inpatient Units Average Length of Stay (Days)	2024-01		?	23.1	20.1
Number of District Nursing Contacts	2024-01		?	21105.7	20821
Number of Selby CRT Contacts	2024-01	H	?	2493.4	2949
Number of York CRT Contacts	2024-01		?	4824.4	5429
Referrals to District Nursing Team	2024-01		?	2183.5	2538

KPIs - Operational Activity and Performance

Community (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

2-hour Urgent Community Response (UCR) Compliancy %

Variation Assurance

Latest Month

2024-01

Value

83.2%

Target

70%

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

The latest months value has **deteriorated** from the previous month, with a difference of **4.8**.

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

Increase in referrals to York and Selby Community Response Team (CRT) is driven by both the implementation of Urgent Community Response pathway with funding and associated capacity in place to manage UCR and the additional demand for none 2-hour referrals for additional support for patients in the community (step up) and additional demand for patients leaving hospital (step down). The increased demand is more than the available capacity and pulls on the wider resource within community. The team also have strong partnership working with other providers to maximise efficiently by shared care.

Referrals to District Nursing Team

Variation Assurance

Latest Month

2024-01

Value

2538

Target

2183.5

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

The latest months value has **deteriorated** from the previous month, with a difference of **567.0**.

Referrals into District Nursing have seen an increase due to the growing age of the population, in addition the changes in the care home market can have a direct impact on the demand for community nursing. There is a particular spike in January 2024 which the team are investigating, as a similar spike was seen in Community Therapy and Palliative care referrals.

The District Nursing team triage all referrals and undertake regular case load reviews to ensure the case load is appropriate.

KPIs - Operational Activity and Performance

Community (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Number of District Nursing Contacts

Latest Month

2024-01

Value

20821

Target

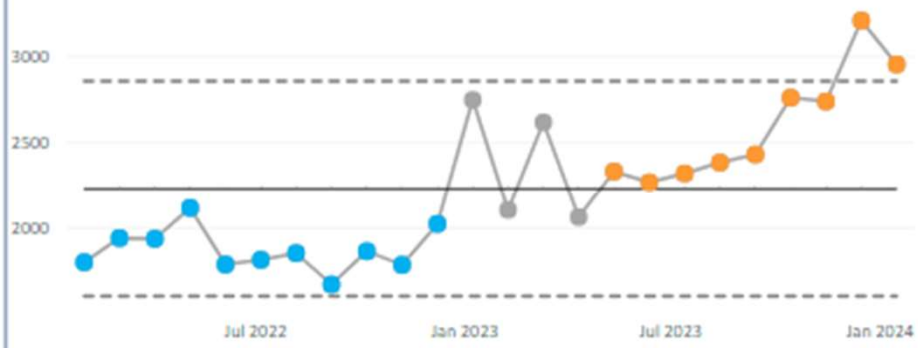
21105.7

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

The latest months value has **deteriorated** from the previous month, with a difference of **463.0**.

Variation Assurance

Number of Selby CRT Contacts



Latest Month

2024-01

Value

2949

Target

2493.4

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

The latest months value has **improved** from the previous month, with a difference of **254.0**.

See previous page.

Increase in referrals to York and Selby Community Response Team (CRT) is driven by both the implementation of Urgent Community Response pathway and the additional demand for none 2-hour referrals for additional support for patients in the community (step up) and additional demand for patients leaving hospital (step down). The increased demand is in excess of the available capacity and pulls on the wider resource within community. The team also have strong partnership working with other providers to maximise efficiently by shared care.

Variation Assurance

Number of York CRT Contacts

Latest Month

2024-01

Value

5429

Target

4824.4

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

The latest months value has **deteriorated** from the previous month, with a difference of **948.0**.

Variation Assurance

% Community Therapy Team Patients Seen within 6 weeks of Referral

Latest Month

2024-01

Value

77.9%

Target

66%

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

The latest months value has **deteriorated** from the previous month, with a difference of **5.1**.

See previous page.

KPIs - Operational Activity and Performance

Community (4)

Variation Assurance

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

Latest Month

2024-01

Value

76.9%

Target

78.9%

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

The latest months value has **improved** from the previous month, with a difference of **1.9**.

Variation Assurance

Community Inpatient Units Average Length of Stay (Days)

Latest Month

2024-01

Value

20.1

Target

23.1

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

The latest months value has **deteriorated** from the previous month, with a difference of **3.5**.

The community units support both Acute flow and Community admission avoidance.

Acuity and dependence has increased over time which has seen an increase in the restricted weightbearing pathway and bariatric rehabilitation, both pathways have an expected extended length of stay. Rehabilitation audits identified that the therapy workforce is below the required level. The service have seen the difference that increasing the therapy workforce with a consistent team has a direct impact in reducing length of stay.

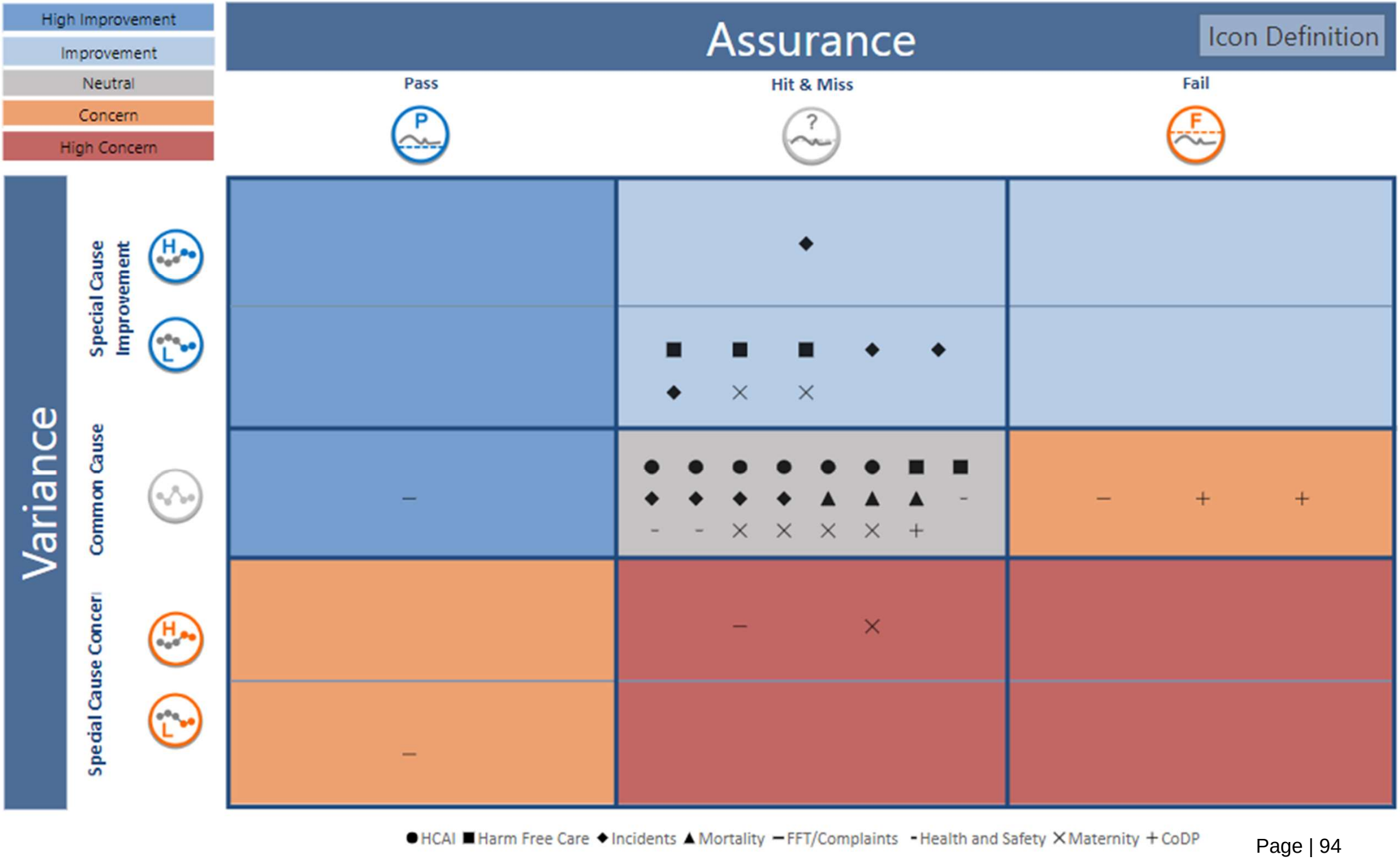
QUALITY AND SAFETY

February 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



Quality and Safety (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Total Number of Trust Onset MSSA Bacteraemias	2024-01			5	8
Total Number of Trust Onset MRSA Bacteraemias	2024-01			0	0
Total Number of Trust Onset C. difficile Infections	2024-01			10	19
Total Number of Trust Onset E. coli Bacteraemias	2024-01			15	15
Total Number of Trust Onset Klebsiella Bacteraemias	2024-01			6	6
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2024-01			1	2
Inpatient Acquired Pressure Ulcers	2024-01			156	153
Pressure Ulcers per thousand Bed Days	2024-01			5	5
All Patient Falls	2024-01			261	299
Patient Falls per thousand Bed Days	2024-01			9	9.6
Medication incidents per thousand bed days	2024-01			6	5

KPIs - Quality and Safety (1)

Variation Assurance

Total Number of Trust Onset MSSA Bacteraemias

Latest Month

2024-01

Value

8

Target

5

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

The latest months value has **improved** from the previous month, with a difference of **4.0**.

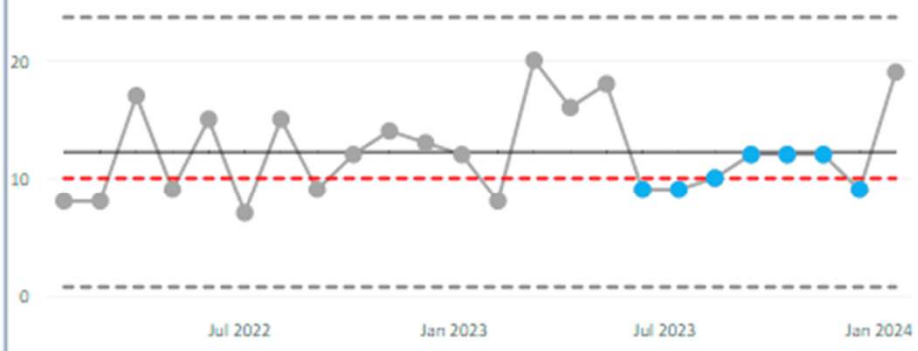
There have been 8 Trust attributed Methicillin sensitive Staphylococcus aureus (MSSA) bacteraemia in December 2023, 5 in Medicine and 3 in surgery. The trust has breached its annual objective of 59 cases having a total of 77 cases year to date.

The PSIRF findings of the cases will be presented at the Staphylococcus aureus bacteraemia reduction group when it meets at the end of February 2024.

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

Variation Assurance

Total Number of Trust Onset C. difficile Infections



Latest Month

2024-01

Value

19

Target

10

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

The latest months value has **deteriorated** from the previous month, with a difference of **10.0**.

There have been 19 Trust attributed Clostridiodes difficile (C.difficile) cases in January 2024, which is the highest monthly rate in this financial year. 17 cases occurred in Medicine and 2 in Surgery. Of the 19 cases 63% occurred on the Scarborough Hospital site. The Trust annual C.difficile objective is 116 cases, with 126 cases reported year to date.

PSIRF has been conducted on all the cases in January with key findings including delay in isolation, 16% of cases having a lapse in sampling, 32% of the cases having a lapse in antimicrobial prescribing including prolonged courses and a delay in IV to oral switch, which is being addressed by the Antimicrobial Stewardship Team . The IPC team is conducting a piece of work on the impact of the increased Opel scores and use of unplanned bed spaces and will report this via IPSAG.

The high bed occupancy is adversely affecting the ability to decant and decontaminate the environment using HPV.

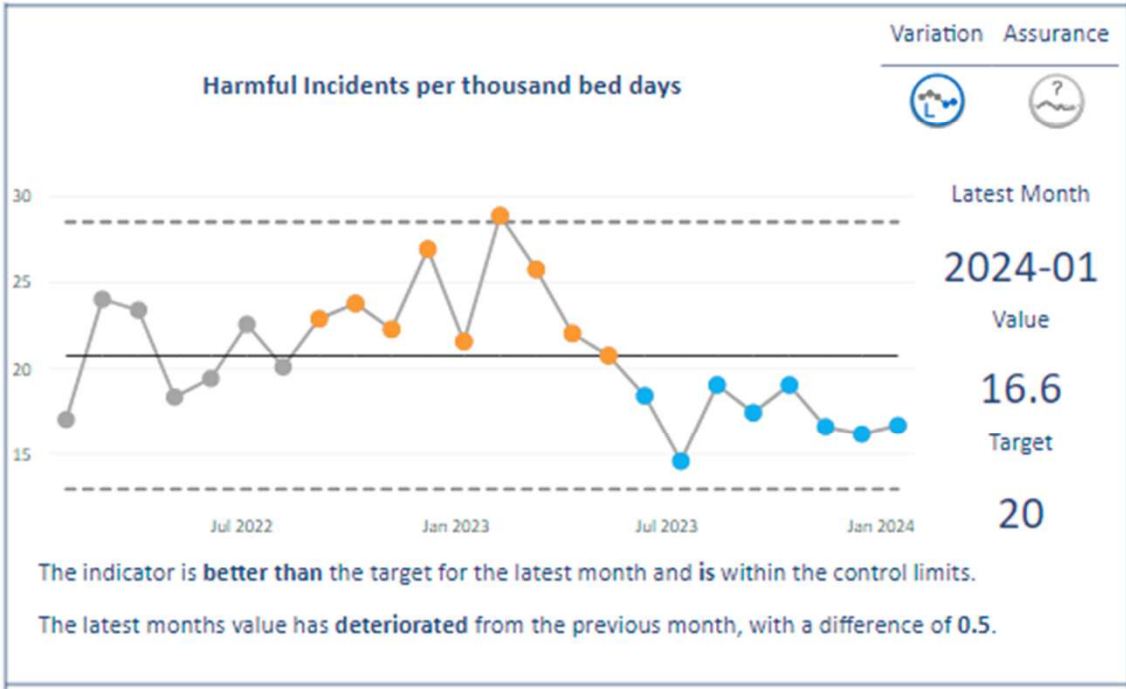
The C.difficile reduction strategy has been refreshed and is overseen by the Trust C.difficile reduction group.

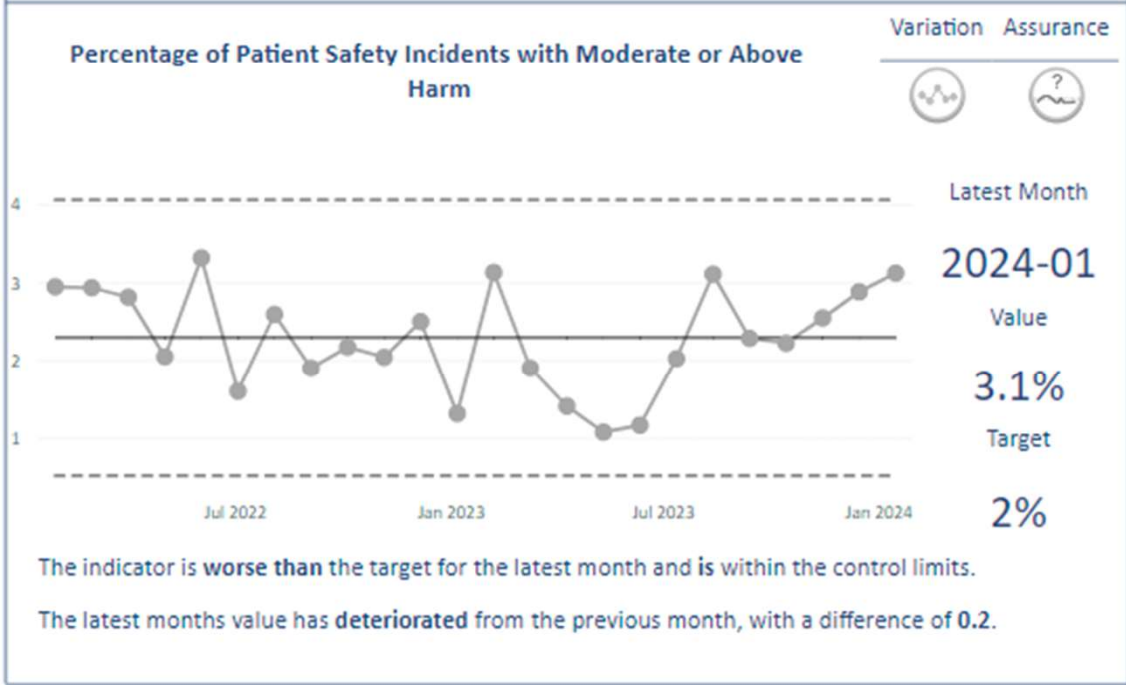
Quality and Safety (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Patient Safety Incidents per thousand Bed Days	2024-01	L	?	57	46.7
Harmful Incidents per thousand bed days	2024-01	L	?	20	16.6
Percentage of Patient Safety Incidents with Moderate or Above Harm	2024-01		?	2%	3.1%
Trust Duty of Candour (Stage 1)	2024-01		?	93%	93%
Trust Duty of Candour (Stage 2)	2024-01		?	91%	92.7%
Trust Duty of Candour (Stage 3)	2024-01	H	?	84%	91.3%
Number of Serious Incidents Reported	2024-01	L	?	14	2
Total Number of Never Events Reported	2024-01		?	0	1
In-Hospital Deaths	2024-01		?	197	257
Quarterly SHMI	2023-06			100	95.6
Monthly SHMI	2023-10		?	100	94.1
Quarterly HSMR	2023-09			100	106
Monthly HSMR	2023-11		?	100	112.9

KPIs - Quality and Safety (2)





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 has visited 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.

DCIQ are no in direct contact with systems and networks to resolve any new issues. An email sent to the patient safety team from systems and networks does allude to the fact the hospitals WIFI struggles to load the fields on DCIQ rather than a problem with DCIQ itself.

Quality and Safety (3) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Friends and Family Test - Trust ED Recommend %	2023-12		F	90%	78.2%
Friends and Family Test - Trust Inpatient Recommend %	2023-12	L	P	90%	93.7%
Friends and Family Test - Trust Maternity Recommend %	2023-12		P	90%	98.2%
Trust Complaints	2024-01	H	?	61	97
Needlestick Injury or Sharps Incident	2024-01		?	16	9
Staff Slips, Trips and Falls	2024-01		?	3	6
RIDDOR	2024-01		?	2	1

KPIs - Quality and Safety (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Friends and Family Test - Trust ED Recommend %

Latest Month

2023-12

Value

78.2%

Target

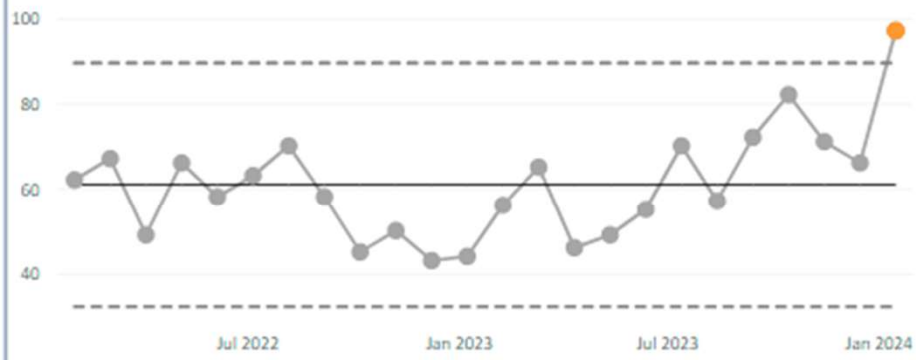
90%

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

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

Variation Assurance

Trust Complaints



Latest Month

2024-01

Value

97

Target

61

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

The latest months value has **deteriorated** from the previous month, with a difference of **31.0**.

The number of new complaints for January was 97.

The main themes were:

- Delay or failure in treatment or procedure
- Attitude of medical staff
- Communication with patient
- Attitude of nursing staff/midwives
- Delay or failure to diagnose

19 cases over 50 working days were closed in January and care groups are prioritising complaint management, particularly overdue cases.

As at 08/02/24 there are 21 open cases over 30 working days. It should be noted that an extension for some of these cases has been agreed with the complainant and not all cases will be expected to be concluded within 30 working days.

Quality and Safety (4) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Antepartum Stillbirths	2023-12		?	0.8	0
Intrapartum Stillbirths	2023-12	L	?	0	0
Early neonatal deaths (0-7 days)	2023-12	H	?	0.3	3
PPH > 1.5L as % of all women - York	2023-12		?	4.2%	5.9%
PPH > 1.5L as % of all women - Scarborough	2023-12		?	2.7%	3.1%
Obstetrics and Gynaecology: Serious Incidents	2024-01	L	?	0.1	0
Obstetrics and Gynaecology: Moderate Incidents	2024-01		?	5.7	3
14 Hour Post Take	2024-01		F	90%	81.2%
Senior Review	2024-01		?	49%	49.9%
Discharges by 5pm	2024-01		F	70%	64.3%

KPIs - Quality and Safety (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

14 Hour Post Take

Variation Assurance

Latest Month

2024-01

Value

81.2%

Target

90%

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

The latest months value has **improved** from the previous month, with a difference of **4.0**.

Senior Review

Variation Assurance

Latest Month

2024-01

Value

49.9%

Target

49%

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

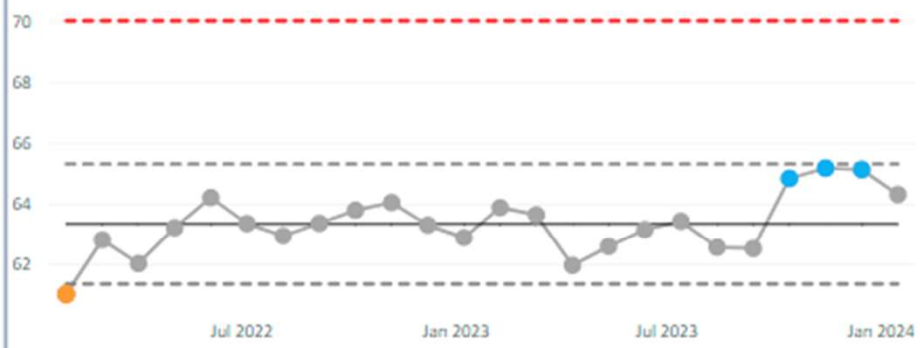
The latest months value has **improved** from the previous month, with a difference of **3.2**.

KPIs - Quality and Safety (5)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Discharges by 5pm



Latest Month

2024-01

Value

64.3%

Target

70%

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

The latest months value has **deteriorated** from the previous month, with a difference of **0.8**.

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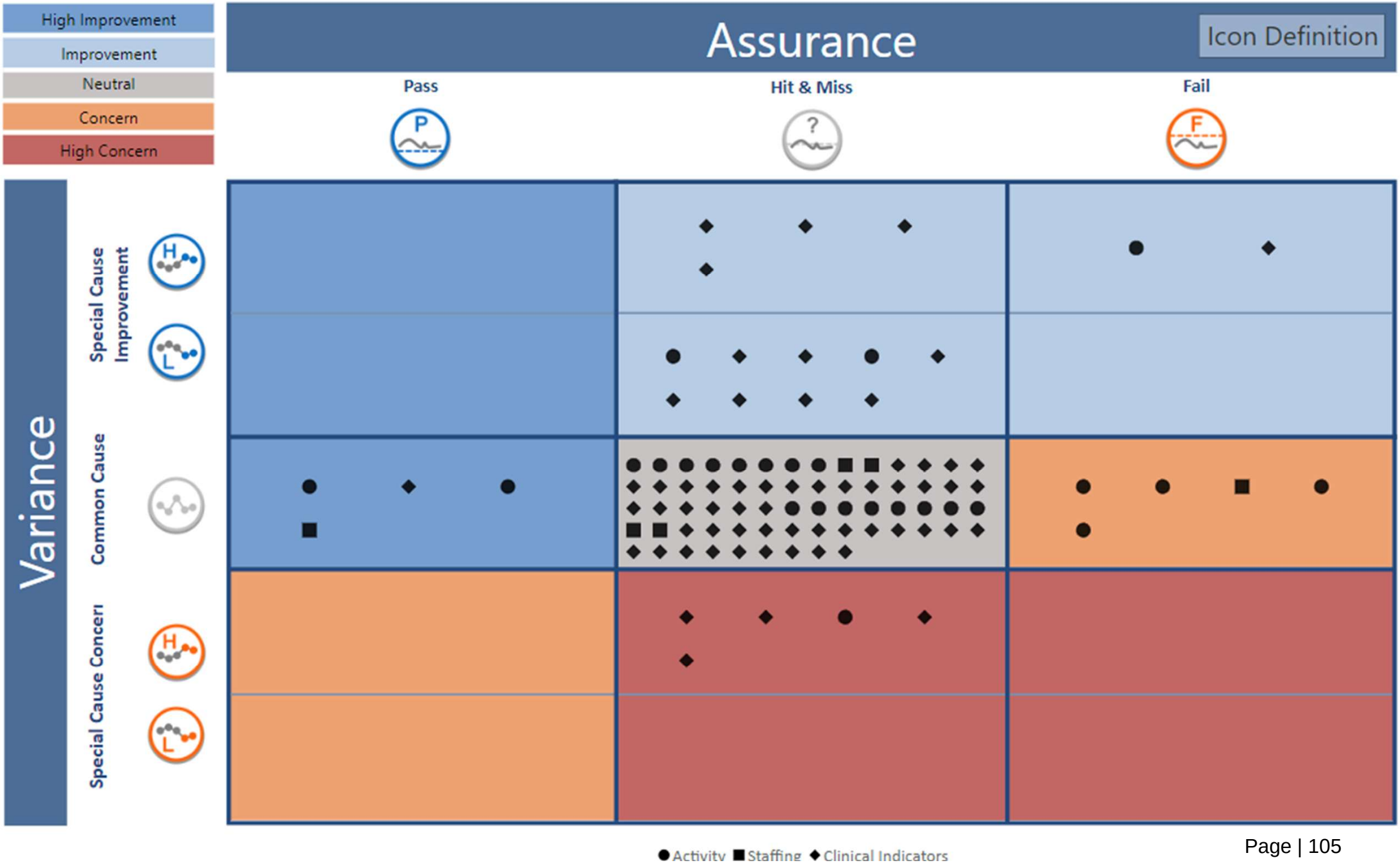
MATERNITY

February 2024

Summary Matrix - Maternity

The table below provides an overview for all maternity metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust



Maternity Scarborough (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Bookings - Scarborough	2023-12	L	?	169	100
Bookings <10 weeks - Scarborough	2023-12		F	90%	67%
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2023-12		?	10%	3%
Births - Scarborough	2023-12		?	113	99
No. of women delivered - Scarborough	2023-12		?	112	98
Planned homebirths - Scarborough	2023-12	H	F	2.1%	2%
Homebirth service suspended - Scarborough	2023-12		F	3	21
Women affected by suspension - Scarborough	2023-12		?	0	1
Community midwife called in to unit - Scarborough	2023-12		?	3	0
Maternity Unit Closure - Scarborough	2023-12		?	0	2
SCBU at capacity - Scarborough	2023-12		?	0	0
SCBU at capacity of intensive care cots - Scarborough	2023-12		?	0	1
SCBU no of babies affected - Scarborough	2023-12		P	0	0
1 to 1 care in Labour - Scarborough	2023-12		?	100%	98.4%
L/W Co-ordinator supernumerary % - Scarborough	2023-12		?	100%	91.9%
Anaesthetic cover on L/W - Scarborough	2023-12		F	10	5

Maternity Scarborough (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Normal Births - Scarborough	2023-12			57%	56.6%
Assisted Vaginal Births - Scarborough	2023-12			12.4%	7.1%
C/S Births - Scarborough	2023-12			40.9%	35.4%
Elective caesarean - Scarborough	2023-12			18.8%	12.1%
Emergency caesarean - Scarborough	2023-12	H		22%	23.2%
Induction of labour - Scarborough	2023-12			39.4%	49.5%
HDU on L/W - Scarborough	2023-12			5	4
BBA - Scarborough	2023-12			2	0
HSIB cases - Scarborough	2023-12	L		0	0
Neonatal Death - Scarborough	2023-12	H		0	2
Antepartum Stillbirth - Scarborough	2023-12			0	0
Intrapartum Stillbirths - Scarborough	2023-12		P	0	0
Cold babies - Scarborough	2023-12			1	1
Preterm birth rate <37 weeks - Scarborough	2023-12			6%	8.1%
Preterm birth rate <34 weeks - Scarborough	2023-12			1%	1%
Preterm birth rate <28 weeks - Scarborough	2023-12			0.5%	0%

Maternity Scarborough (3) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Low birthweight rate at term (2.2kg) - Scarborough	2023-12			0%	0%
Breastfeeding Initiation rate - Scarborough	2023-12	H		75%	77.6%
Breastfeeding rate at discharge - Scarborough	2023-12	H	F	65%	57.1%
Smoking at booking - Scarborough	2023-12			6%	22%
Smoking at 36 weeks - Scarborough	2023-12			6%	3%
Smoking at time of delivery - Scarborough	2023-12			6%	14%
Carbon monoxide monitoring at booking - Scarborough	2023-12			95%	85%
Carbon monoxide monitoring at 36 weeks - Scarborough	2023-12			95%	79.5%
SI's - Scarborough	2023-10			0	1
PPH > 1.5L as % of all women - Scarborough	2023-12			2.7%	3.1%
Shoulder Dystocia - Scarborough	2023-12			2	0
3rd/4th Degree Tear - normal births - Scarborough	2023-12			2.8%	0%
3rd/4th Degree Tear - assisted birth - Scarborough	2023-12	L		6.1%	0%
Informal Complaints - Scarborough	2023-12			0	0
Formal Complaints - Scarborough	2023-12			0	2

Maternity York (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Bookings - York	2023-12		?	295	253
Bookings <10 weeks - York	2023-12		?	90%	68.8%
Bookings ≥13 weeks (exc transfers etc.) - York	2023-12		P	10%	4.4%
Births - York	2023-12		?	245	224
No. of women delivered - York	2023-12		?	242	220
Planned homebirths - York	2023-12		F	2.1%	0%
Homebirth service suspended - York	2023-12		F	3	10
Women affected by suspension - York	2023-12		?	0	0
Community midwife called in to unit - York	2023-12	L	?	3	0
Maternity Unit Closure - York	2023-12		?	0	1
SCBU at capacity - York	2023-12		?	0	2
SCBU at capacity of intensive care cots - York	2023-12		?	0	15
SCBU no of babies affected - York	2023-12	H	?	0	6
1 to 1 care in Labour - York	2023-12		?	100%	99.1%
L/W Co-ordinator supernumerary % - York	2023-12		?	100%	98.6%
Anaesthetic cover on L/W - York	2023-12		P	10	10

Maternity York (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Normal Births - York	2023-12			57%	51.3%
Assisted Vaginal Births - York	2023-12			12.4%	8%
C/S Births - York	2023-12			35.2%	40.2%
Elective caesarean - York	2023-12			15.4%	13.8%
Emergency caesarean - York	2023-12			19.9%	26.2%
Induction of labour - York	2023-12	H		43.4%	49.5%
HDU on L/W - York	2023-10			5	8
BBA - York	2023-12			2	4
HSIB cases - York	2023-12	L		0	0
Neonatal Death - York	2023-12	H		0	1
Antepartum Stillbirth - York	2023-12			0	0
Intrapartum Stillbirths - York	2023-12	L		0	0
Cold babies - York	2023-12	L		1	1
Preterm birth rate <37 weeks - York	2023-12			6%	7.1%
Preterm birth rate <34 weeks - York	2023-12			2%	2.7%
Preterm birth rate <28 weeks - York	2023-12			0.5%	0%

Maternity York (3) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Low birthweight rate at term (2.2kg) - York	2023-12			0%	1.3%
Breastfeeding Initiation rate - York	2023-12	H		75%	79.9%
Breastfeeding rate at discharge - York	2023-12	H		65%	69.3%
Smoking at booking - York	2023-12			6%	5.5%
Smoking at 36 weeks - York	2023-12	L		6%	1.7%
Smoking at time of delivery - York	2023-12			6%	8.1%
Carbon monoxide monitoring at booking - York	2023-12			95%	85%
Carbon monoxide monitoring at 36 weeks - York	2023-12	H		95%	68.2%
SI's - York	2023-10			0	2
PPH > 1.5L as % of all women - York	2023-12			4.2%	5.9%
Shoulder Dystocia - York	2023-12			2	2
3rd/4th Degree Tear - normal births - York	2023-12			2.8%	0.9%
3rd/4th Degree Tear - assisted birth - York	2023-12	L		6.1%	0.5%
Informal Complaints - York	2023-12			0	0
Formal Complaints - York	2023-12			0	2

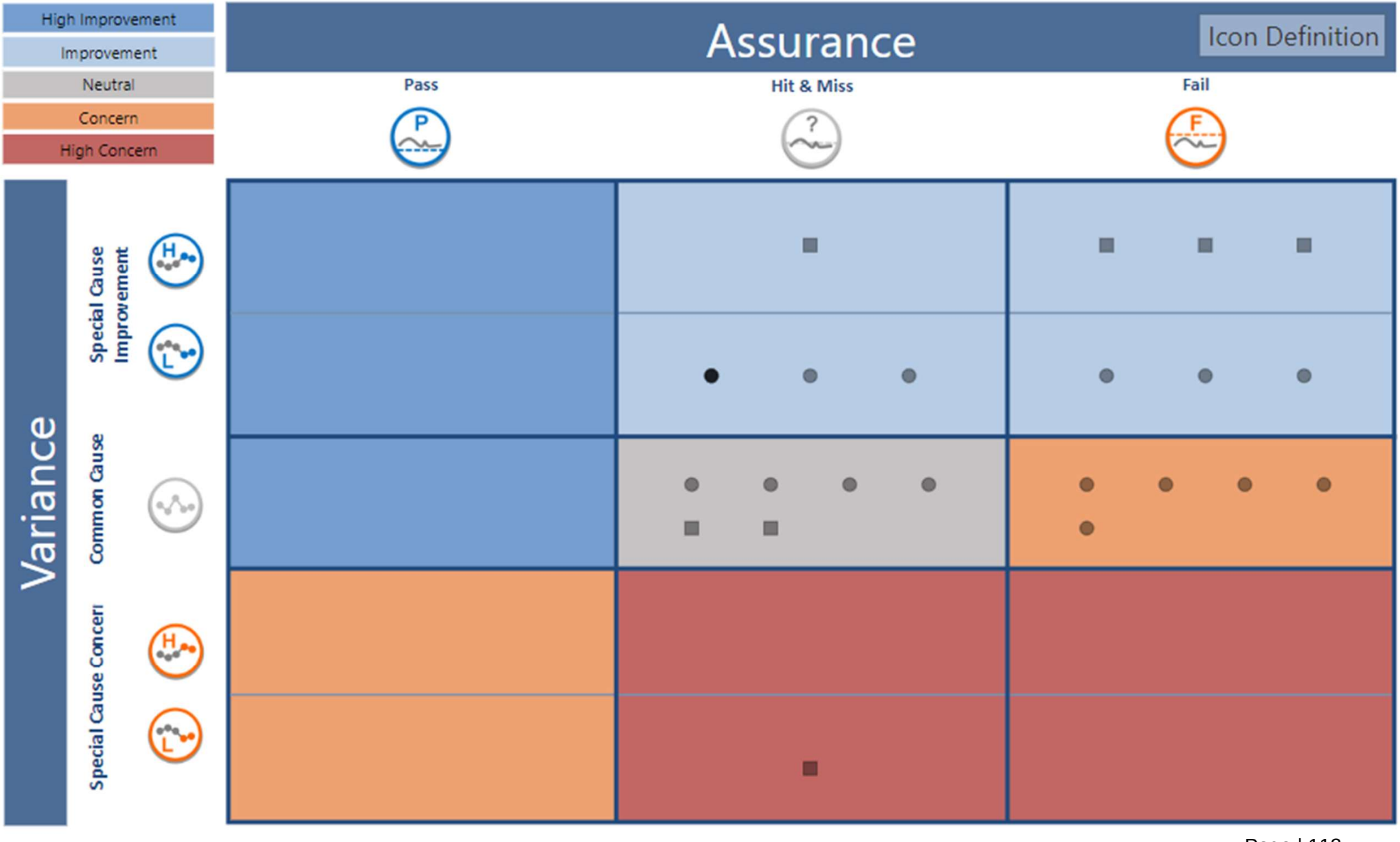
WORKFORCE

February 2024

Summary Matrix - Workforce

The table below provides an overview for all workforce metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

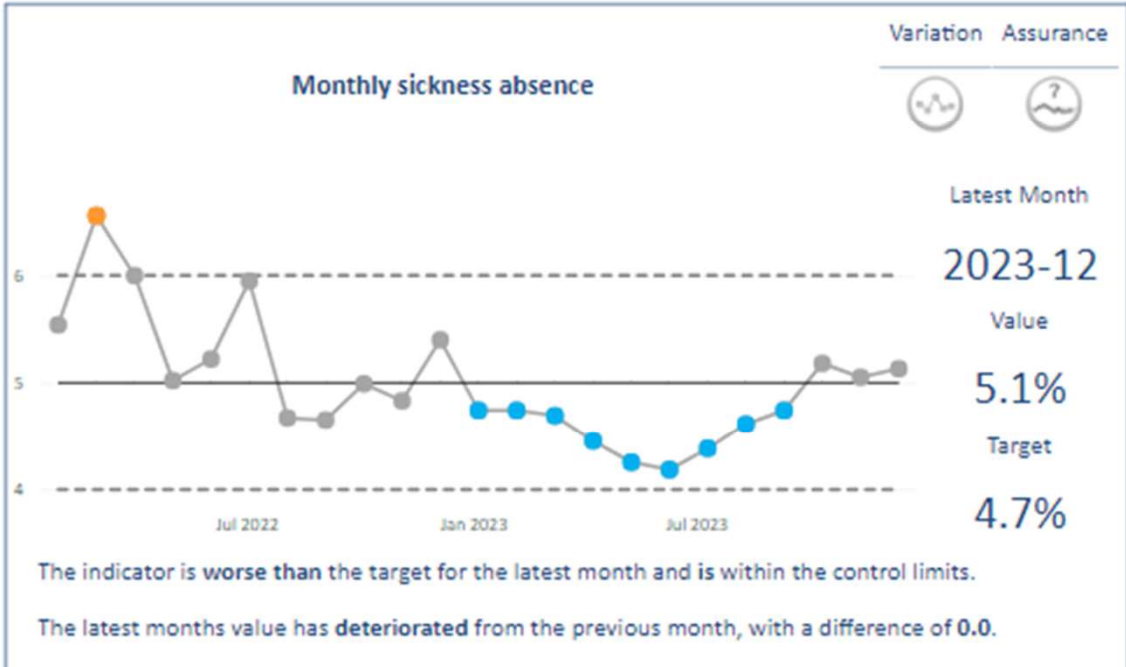


Workforce (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Monthly sickness absence	2023-12		?	4.7%	5.1%
Annual absence rate	2023-12	L	F	4.9%	4.7%
12 month rolling turnover rate Trust (FTE)	2024-01	L	?	10%	9.1%
Overall vacancy rate	2024-01		F	3.7%	6.7%
HCSW vacancy rate in adult inpatient wards	2024-01		F	1%	15.2%
RN vacancy rate in adult inpatient wards	2024-01	L	F	7.5%	4.1%
HCSW vacancy rate	2024-01		F	9.1%	12.6%
Midwifery vacancy rate	2024-01		?	0%	-4.6%
Medical and dental vacancy rate	2024-01		?	10%	6%
Registered Nursing vacancy rate	2024-01	L	?	5%	4%
AHP vacancy rate	2024-01	L	?	8.5%	5.9%
Total nursing (registered and nursing support) temporary staffing requests (total FTE requested)	2024-01		F	493.3	710
% unfilled nursing temporary staffing requests	2024-01	L	F	0%	23%
Total medical and dental temporary staffing requests (total FTE requested)	2023-12		?	135.9	152.6
% unfilled medical & dental temporary staffing requests	2023-12		F	0%	14.3%

KPIs - Workforce (1)



The sickness rate has climbed slightly from November to December (4.96% up to 5.13%). Looking at the data in December we saw 1955 sickness absences occur, of which 12.8% were staff members that had more than one sickness episode.

The Trust lost 874.5 WTE to sickness in December with Anxiety, Stress or Depression still being the highest contributing factor at 29.8% which is a 4.8% increase on the previous month. MSK related problems and injuries have reduced slightly but still remain high at 11% and Cold/Flu making up 8.5% of the absences seen in December.

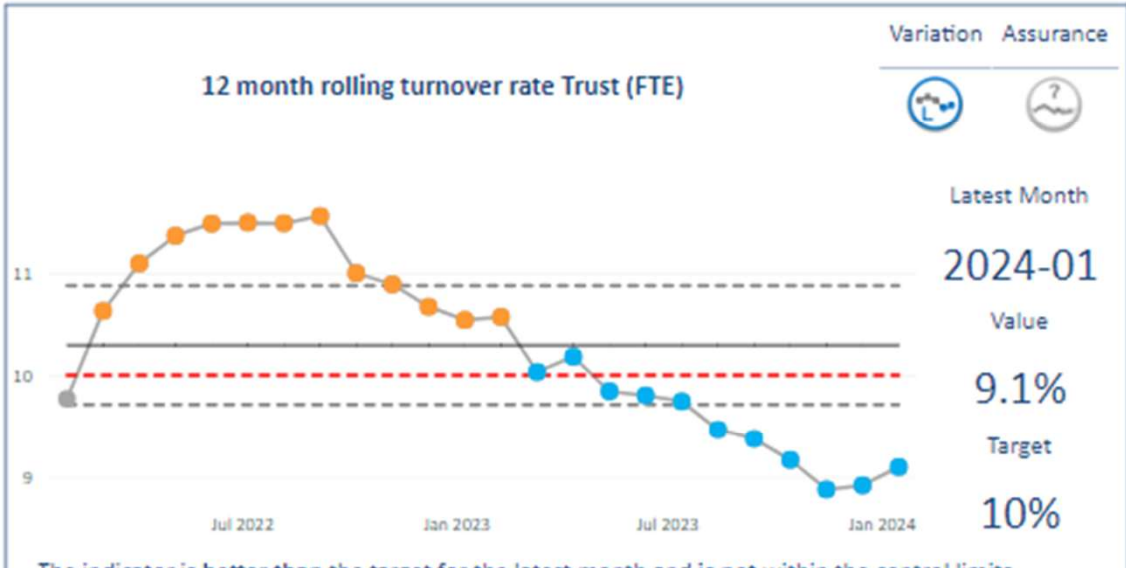
Due to seasonal pressures and the community being more vulnerable to infections and falls, our wards have been seeing the highest sickness absence rates, especially in Scarborough. 7/10 of the highest sickness absence rates were from teams based in Scarborough.

During the Autumn/ Winter vaccination programme for frontline staff we have seen an uptake of 36% (or 2898 administered) for covid boosters which puts us 2% under the regional average with the highest being 49% and the lowest 18%. For influenza, we saw an uptake of 42% (or 3409 administered) which puts us 9.4% below the regional average. The highest reported achieving 67% with the lowest 28%.

Our Voice Our Future Programme continues. Three training days have now taken place with our Change Makers and they are gathering feedback from colleagues to 'discover' what it is like to work in our organisation. The Change Makers have also had the opportunity to provide feedback on the new proposed vision and purpose for the Trust. Culture Focus groups commence from next month to build on the feedback that is already being gathered; this will also be an opportunity for the Change Makers to gather feedback from colleagues on the proposed vision, purpose and strategic objectives.

Executive Committee has recently supported a paper on paid time to support staff with extra curricula activities such as facilitation time for our union representatives or staff attending staff networks. Guidance will support colleagues to spend up to 10% of their contracted hours doing supportive roles. It will ensure there is equity across all established groups which support organisational activities and encourage engagement with a wide group of colleagues.

KPIs - Workforce (2)



On 20th Jan, the Trust hosted a Pre-reg Nurse event for our 3rd year students from our locally partnered HEI's. The event was a great success, with plenty of nurses attending and having the opportunity for our Clinical Staff to showcase their departments. The Preceptorship Team were on hand to explain and provide guidance around the first 12 months in post as a Newly Qualified Nurse. The Trust also recently attended York St. John's University to visit their nursing students. September will see the first cohort of nurses qualifying from the university following the launch of their first nursing degree in 2021, presenting a new partnership and recruitment pipeline for the Trust. The visit was also an opportunity to learn about their plans to roll out ODP and Midwifery degrees in future.

The Trust is on track to onboard 23 international nurses into the organisation by the end of March. This will take the total number of international nurses recruited to 113 for the year, one short of our intended target due to unavoidable delays with pre-employment checks for one candidate – they will join the Trust as part of our July cohort instead. Planning and recruitment is already underway for our 2024/25 campaign where we have committed to recruiting 55 international nurses.

Following challenges recruiting, the Trust recently held an open day for Outpatient administration posts, which went very well, with candidates being able to have tours and on the day interviews. The department were able to successfully recruit 2.5 WTE on the day and line up candidates for upcoming vacancies (4WTE).

As part of the ongoing Workforce Planning for 2024/25, the following data points were found:

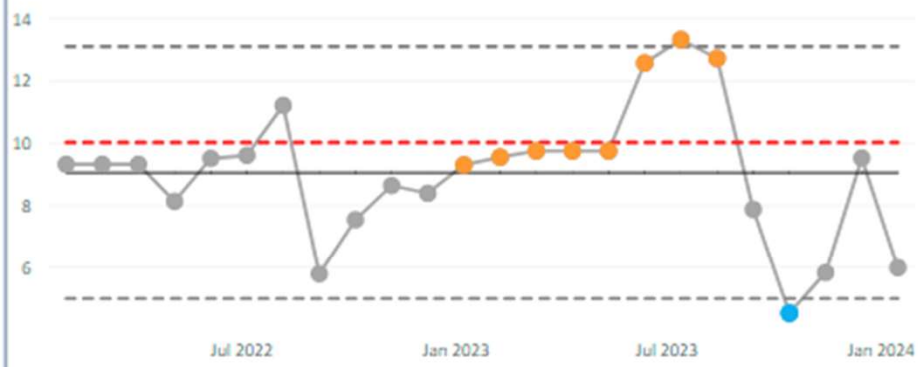
- Between Dec-22 and Dec-23, the substantive workforce grew 5%, or 425 WTE, against a plan of 2.3% (excludes the TUPE-out of GP Trainees and the TUPE-in of Selby UTC)
- Using the same date range, rolling 12-month sickness rates showed -0.89% improvement (down to 4.98% - Trust & YTHFM combined)
- Same date range, rolling 12-month turnover improved -0.69% (down to 13.46%, including FTCs and Drs in Training rotating out)
- Based on a comparison of M2-8 in 22-23 and the same period in 23-24, temporary staffing WTE reduced by 7.5% (68.88 WTE)

KPIs - Workforce (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Medical and dental vacancy rate



Latest Month

2024-01

Value

6%

Target

10%

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

The latest months value has **improved** from the previous month, with a difference of **3.5**.

Variation Assurance

AHP vacancy rate

Latest Month

2024-01

Value

5.9%

Target

8.5%

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

The latest months value has **deteriorated** from the previous month, with a difference of **0.7**.

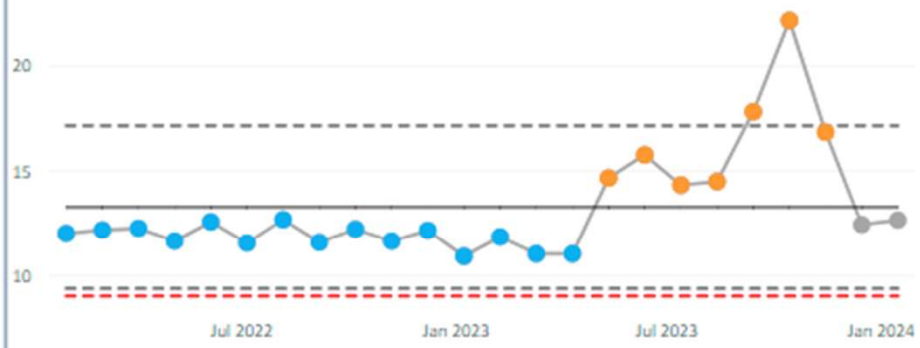
The Trust has started initial discussions with the ICB around medical international recruitment pipelines via Kerala, India, to fill some of our long-standing gaps and hard to fill vacancies. The Trust is looking to join the programme from June.

KPIs - Workforce (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

HCSW vacancy rate



Latest Month

2024-01

Value

12.6%

Target

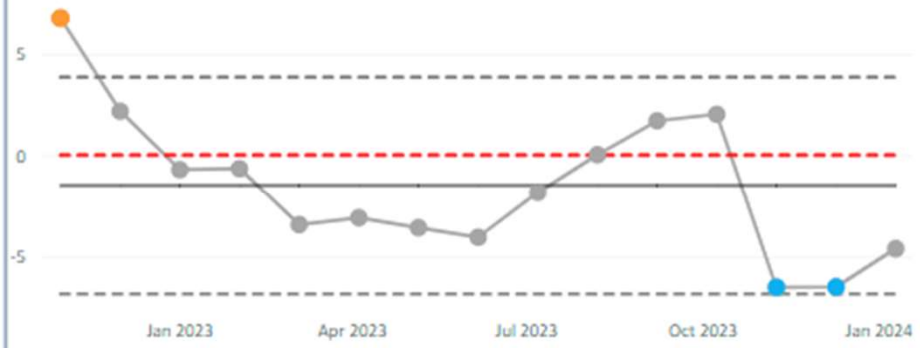
9.1%

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

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

Variation Assurance

Midwifery vacancy rate



Latest Month

2024-01

Value

-4.6%

Target

0%

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

The latest months value has **deteriorated** from the previous month, with a difference of **1.9**.

Healthcare Support Worker Recruitment continues to be a priority for the Trust with on-going developments to ensure a robust and efficient recruitment process. The organisation has rolling adverts across our sites which are proving to be popular, and candidates are being recruited ready to start on the HCSW Academy.

Over the past 3 months the Trust has recruited 36.79 WTE HCSW.

As part of the ongoing monitoring of Nursing Associates it was agreed to include the number of Nursing Associates employed by the Trust in the TPR. In the month of January, the Trust held 54 Nursing Associates on ESR (or 49.73 WTE).

KPIs - Workforce (5)

York and Scarborough Teaching Hospitals NHS Foundation Trust

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

Variation Assurance

Latest Month

2024-01

Value

710

Target

493.3

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

The latest months value has **deteriorated** from the previous month, with a difference of **36.0**.

Total medical and dental temporary staffing requests (total FTE requested)

Variation Assurance

Latest Month

2023-12

Value

152.6

Target

135.9

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

The latest months value has **deteriorated** from the previous month, with a difference of **29.2**.

January saw increased requests for temporary staffing due to operational pressures and industrial action. Positively, the Nurse Bank covered the highest number of shifts on record, covering over 1,900 shifts in a week, for two weeks running.

AOA continues to be popular, with large numbers of shifts picked up each week at double time to support staffing pressures. AOA requests have increased due to Reset and industrial action. Through January an average of 139 RN/RM shifts per week and an average of 142 HCSW shifts per week were covered. This is above the agreed caps for AOA (105 shifts per week for RN/RM and 105 shifts per week for HCSW), but a separate agreement for incentivised shifts (at double time) for ED (5 RNs and 4 HCSW per shift), has reduced demand on AOA, bringing the number of requests down in more recent weeks. AOA shifts continue to be monitored and a plan will be agreed to ensure these remain in line with the cap for the reminder of the incentive duration (agreed until the end of Easter, 7th April), with any exceptions requiring Executive Director approval.

As part of the Trust's on-going eRostering Improvement work, check and challenge meetings continue to be rolled out across the Care Groups. These are part of an improved governance process, to review the effective utilisation of rostering and ensure temporary staffing requests are being managed appropriately.

The Trust continues to have no off-framework agency use which is a significant achievement during winter pressures. In another milestone, the Trust successfully achieved its goal to remove HCSW agency use, with no bookings recorded in January.

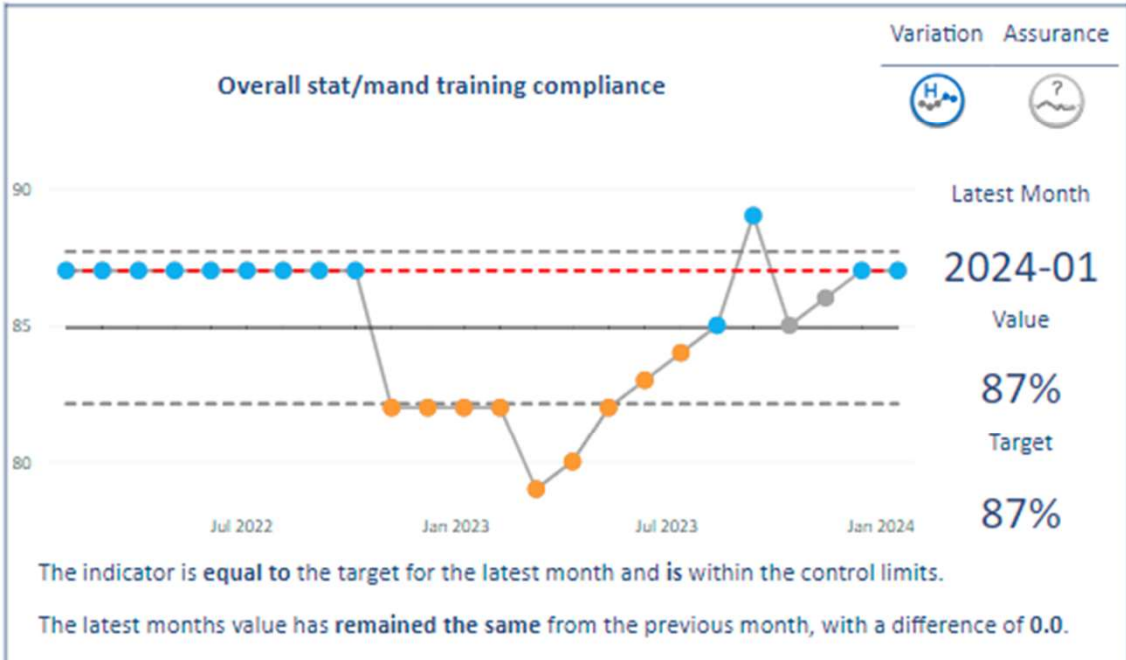
Executive Committee has agreed a paper to standardise the medical bank rates within the Trust. Work has started via Temporary Staffing Review Groups to reduce the organisations reliance on agency.

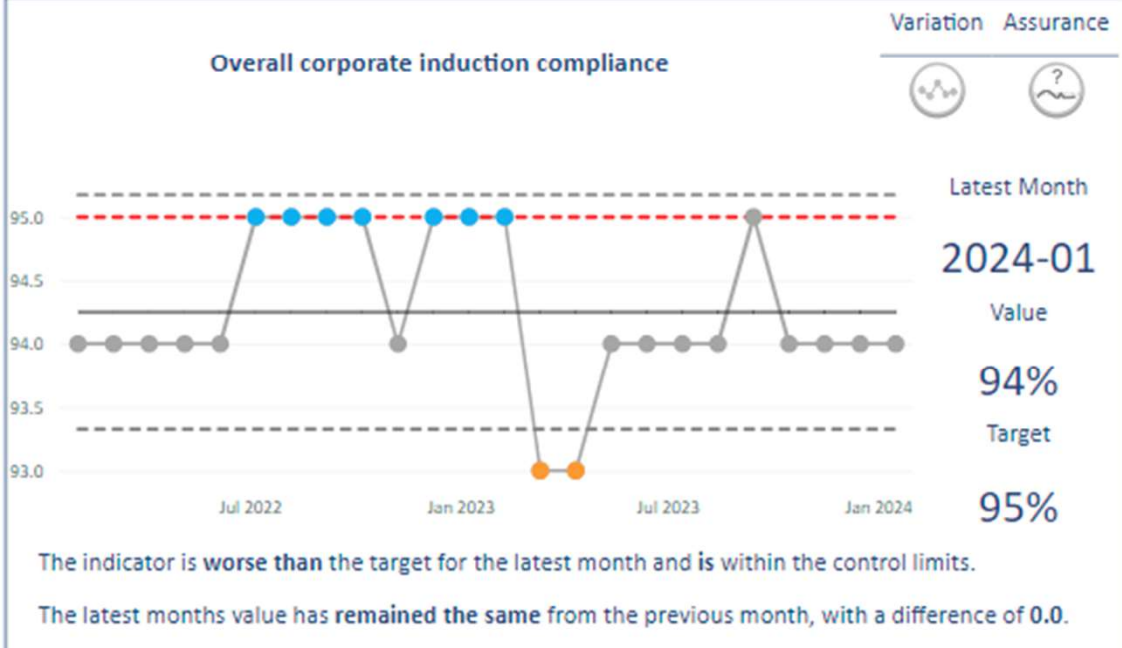
Workforce (2) Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Overall stat/mand training compliance	2024-01	H	?	87%	87%
Overall corporate induction compliance	2024-01		?	95%	94%
A4C staff stat/mand training compliance	2024-01		?	87%	89%
A4C staff corporate induction compliance	2024-01	L	?	95%	94%
Medical & dental staff stat/mand training compliance	2024-01	H	F	87%	75%
Medical & dental staff corporate induction compliance	2024-01	H	F	95%	93%
Appraisal Activity	2023-12	H	F	90%	92.3%
Staff engagement staff survey score	2022			6.8	6.5
Staff morale staff survery score	2022			5.7	5.5

KPIs - Workforce (6)





The overall mandatory training compliance rate has maintained at 87% during January. Of the Trust's four clinical Care Groups, only Medicine (86%) is currently not meeting the 87% compliance target. At Staff Group level, training for Medical and Dental staff remains an area for improvement, despite steady progress in recent months. A focus of this work is ensuring that sufficient time is built into rotas to accommodate these training requirements.

At subject level, Equality, Diversity and Human Rights training (+2% since December to 88%) joins the list of 12 subjects which are achieving the 87% compliance target. Of the other 13 , eight have increased completion rates since December, while four have seen deterioration. Compliance in these subjects ranges from 53% (Paediatric Advanced Life Support) to 85% (Mental Capacity Act Basic Awareness).

Beyond mandatory training, the Trust also has a programme of Required Learning. Subject content is defined by the organisation and is more heavily targeted towards clinical roles. It comprises 12 courses, although there are plans to expand its coverage to include new subjects such as Sepsis Awareness and Medicines Management. The current overall compliance with the Required Learning programme is 74%.

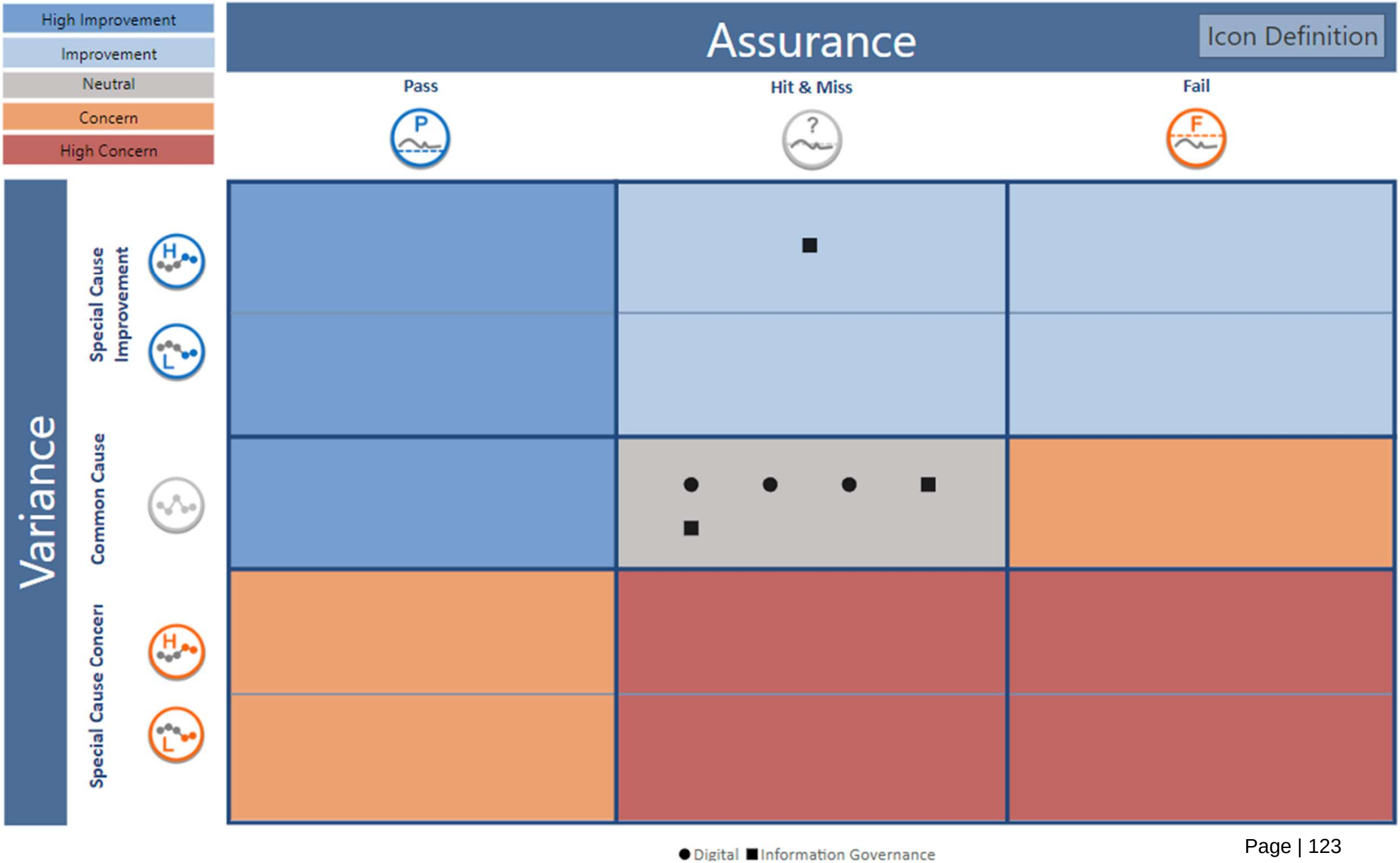
Corporate Induction compliance has maintained at 94% which is -1% against target. The programme continues to run several times a month to ensure early access during employment, with virtual sessions available to those who are based outside of York and Scarborough. As a means of monitoring the new arrangements alongside existing department and job specific inductions, the Trust has been tracking feedback from staff on their experiences. Since the survey began, 151/175 staff have rated their overall induction experience as ‘four’ or ‘five’ against a five point scale (five indicating the most positive experience).

DIGITAL AND INFORMATION SERVICES

February 2024

Summary Matrix - Digital and Information Services

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

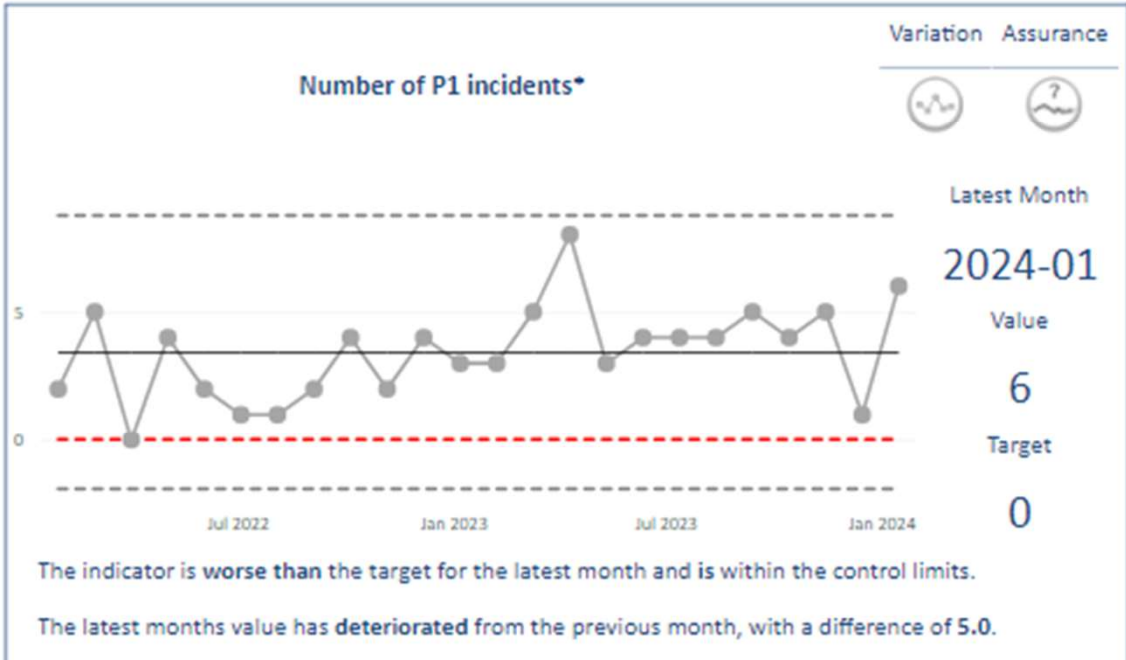


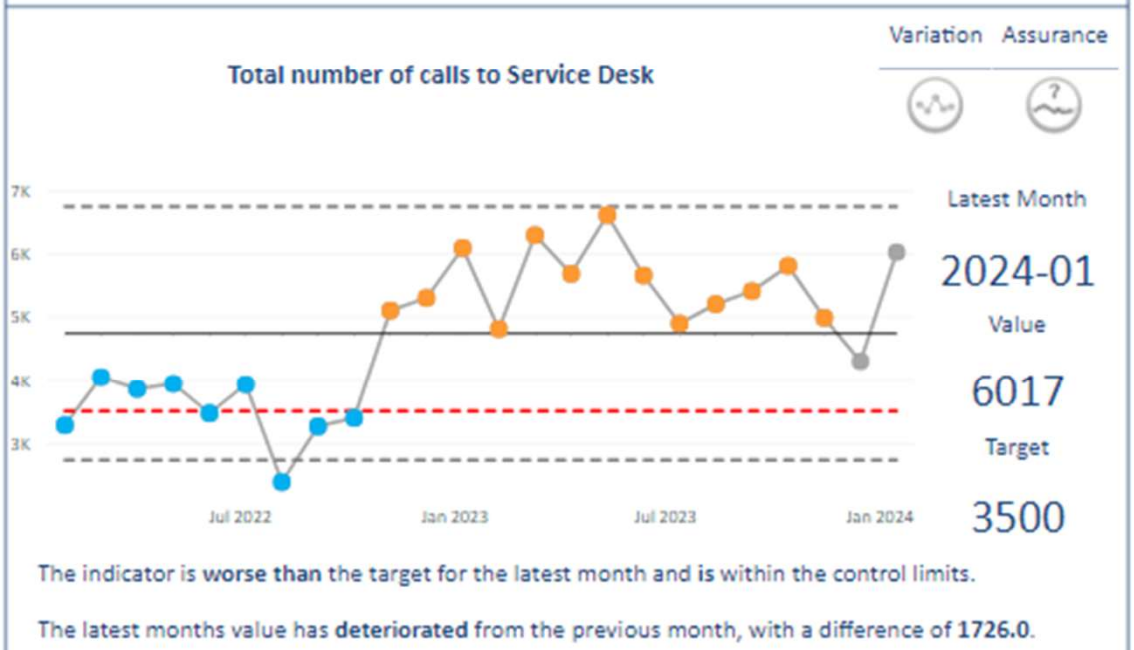
Digital and Information Services Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target	Value
Number of P1 incidents*	2024-01			0	6
Total number of calls to Service Desk	2024-01			3500	6017
Total number of calls abandoned	2024-01			500	1395
Number of information security incidents reported and investigated	2024-01			44	44
Number of Patient Subject Access Requests (SARs)	2024-01			433	308
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2024-01	H		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.

3 incidents relating to CPD occurred in January – 2 related to the authentication system that controls users loading CPD, and 1 related to a technical effect from testing on a development copy that was not expected to interact with live CPD.

The problems caused by the Oracle Access Manager are being actively monitored and changes have been made to address issues identified to date.

Other Priority 1 incidents were
12/1 – PACS at York for a brief period and workaround implemented
15/1 – Operational Dashboard report was affected for 24 hours
17/1 – Summary Care Record (SPINE) was unavailable due to a national level incident

Total number of calls to Service Desk

Demand returned to higher levels following December's reduction and was in line with January 2023.

This is in context of multiple P1 incidents impacting upon users of CPD, and the implementation of 2 Factor Authentication resulting in additional volumes.

- 228/7509 support requests in January related to MFA (3%)

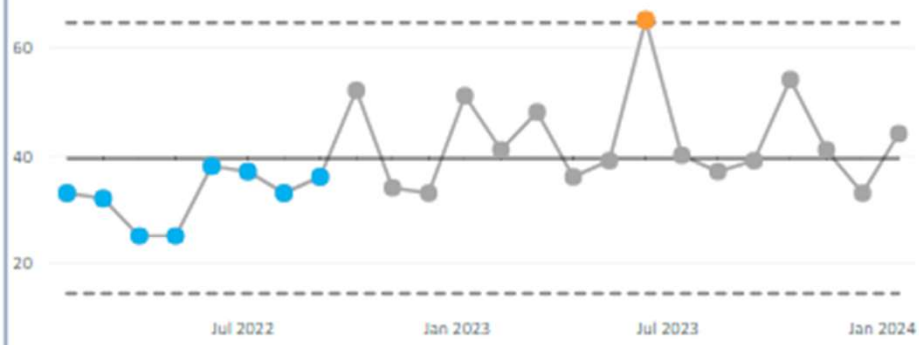
We continue to promote use of IT Self Service and inform staff through the "Bits & Bots" communications of key resources available, such as FAQs and how-to guides for Multi-Factor Authentication.
We're seeing month-on-month improvements in the creation and consumption of Knowledge Articles as internal support teams begin to exploit this.

KPIs - Digital and Information Services (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Number of information security incidents reported and investigated



Latest Month

2024-01

Value

44

Target

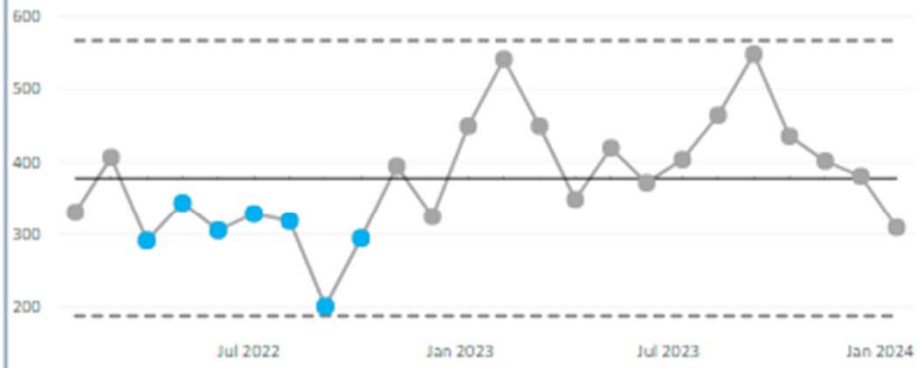
44

The indicator is **equal to** the target for the latest month and **is** within the control limits.

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

Variation Assurance

Number of Patient Subject Access Requests (SARs)



Latest Month

2024-01

Value

308

Target

433

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

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

Number of information security incidents reported and investigated

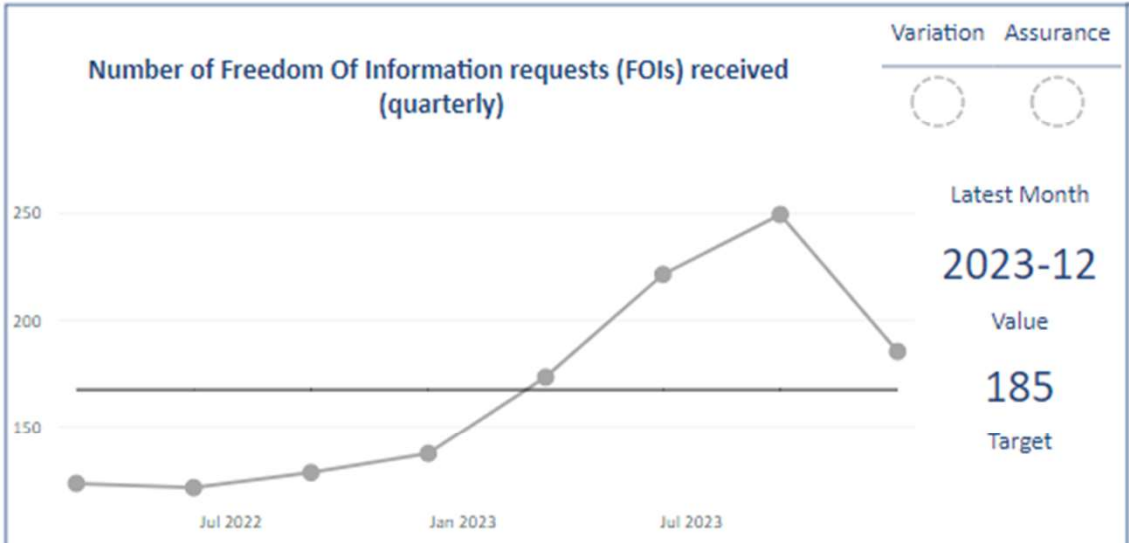
There was a peak of information security incidents in July, due to an audit undertaken which led to an increase of reporting of misfiled information.

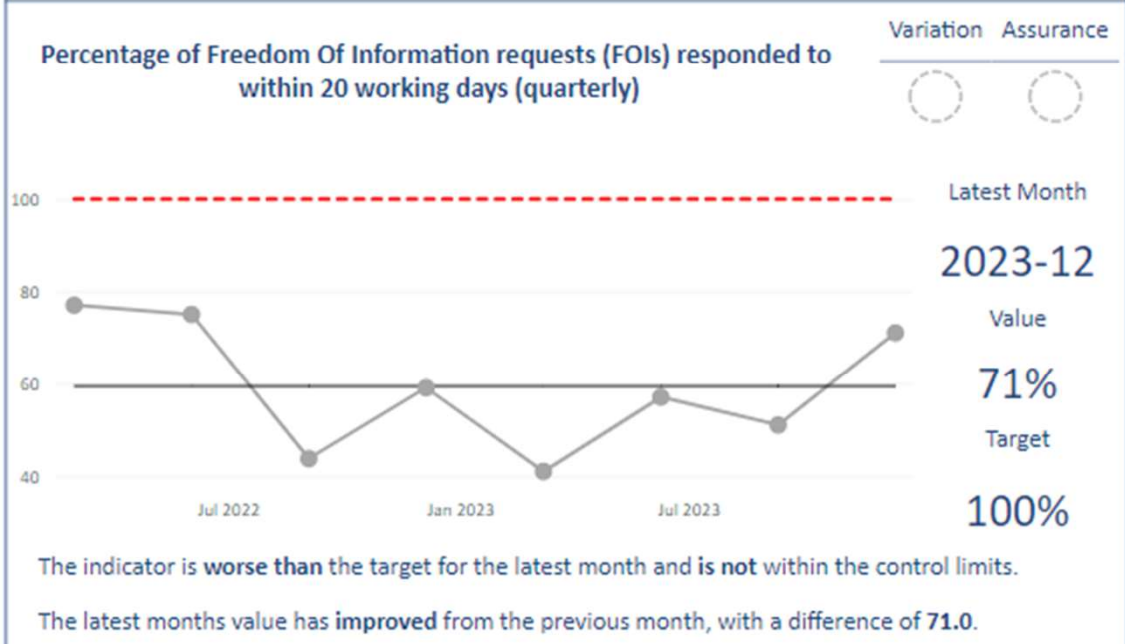
The other recent increase in the Autumn was due to an increase in data disclosed in error which the majority of were related to the introduction of NHSMail and the adoption of the global address list. Targeted communication has helped reduce this trend.

Number of Patient Subject Access Requests

The recent reduction trend in SARs continued through the Autumn. The team reviewed the increase in SARs in the previous periods against the Trust's complaints data and found no correlation. The Team are seeing an increase in requests where patients need their notes as they have chosen to access private healthcare.

KPIs - Digital and Information Services (3)





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 **05/02/2024**

* 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%	Jan-24	64%	70%	30	84/119	*Oct 23
	UEC	ED - Median Time to Initial Assessment (Minutes)	Jan-24	17	18	36	77/120	*Nov 23
	RTT	RTT - Total Waiting List	Jan-24	47250	47780	35	113/172	*Nov 23
	RTT	RTT - Waits over 104 weeks for incomplete pathways	Jan-24	0	0	100	1/172	*Nov 23
	RTT	RTT - Waits over 78 weeks for incomplete pathways	Jan-24	6	0	46	93/172	*Nov 23
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Jan-24	8	59 (12-month)	8	124/135	*Oct-23
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Jan-24	19	116 (12-month	6	127/135	*Oct-23
	Patient Experience	Trust Complaints	Jan-24	97	No Target	23	162/210	*Q4 21/22

Public View Link to Public View

FINANCE

February 2024

Summary Dashboard and Income & Expenditure

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£11.9m adverse	£16.3m adverse	↓	Deteriorating
Forecast Outturn I&E Variance to Plan	£1.9m adverse	£1.9m adverse		Static
Core CIP Delivery Variance to Plan	£1.6m Adverse	£3.8m Adverse	↓	Deteriorating
Core CIP Planning (£21.4m Target) Value Identified	£19.2m identified	£18.9m identified	↓	Deteriorating
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)	£5.0m Above	£6.2m Above	↓	Deteriorating
Month End Cash Position	£9.1m	£9.1m	↓	Deteriorating
Capital Programme Variance to Plan	£0.1m behind plan	£0.1m behind plan	↑	Improving

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	650,627	542,039	565,221	23,182	671,687
Other Income	59,591	49,785	58,341	8,556	75,955
Total Income	710,218	591,825	623,562	31,738	747,642
Pay Expenditure	-489,418	-407,153	-425,214	-18,061	-496,978
Drugs	-58,408	-48,739	-61,787	-13,049	-70,805
Supplies & Services	-73,051	-60,271	-67,596	-7,324	-78,818
Other Expenditure	-103,918	-86,138	-93,514	-7,376	-109,294
Outstanding CIP	10,110	3,795	0	-3,795	0
Total Expenditure	-714,685	-598,505	-648,111	-49,605	-755,895
Operating Surplus/(Deficit)	-4,468	-6,680	-24,548	-17,868	-8,253
Other Finance Costs	-10,926	-9,108	-7,648	1,460	-9,059
Surplus/(Deficit)	-15,393	-15,789	-32,197	-16,408	-17,312
NHSE Normalisation Adj	-21	-20.5	56.333	76.833	-21
Adjusted Surplus/(Deficit)	-15,414	-15,809	-32,140	-16,331	-17,333

The I&E table confirms an actual adjusted deficit of £32.1m against a planned deficit of £15.8m for January. The Trust is £16.3m adversely adrift of plan and represents a deterioration over the position reported for December.

We are continuing to review and update our I&E forecast tool to assess our likely year end outcome. For M10 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 M10 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 in December, 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.

Corporate Overview of Key Drivers

York and Scarborough Teaching Hospitals NHS Foundation Trust

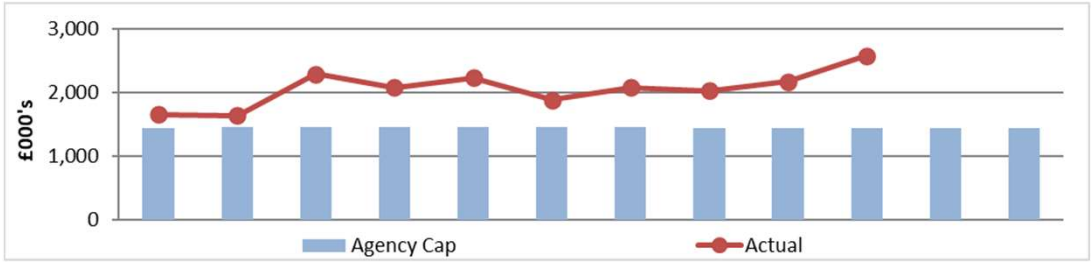
Variance	Favourable/ (adverse) £000	Commentary
Net Overall Strike Impact	137	Assessed reduced elective activity and income against plan due to cancellation of operations and outpatient appointments due to strike action, but for which the costs are in the system, is £3.17m. The assessed net increase in costs to ensure adequate and safe staffing levels during strike action, offset by reduced pay for those staff taking part in the strikes, is £3.42m. Total adverse impact is £6.59m. 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 £4.23m. In addition, a specific additional allocation has also been made of £2.5m to offset the impact of the strikes. Total strike support is £6.73m. This leaves a net favourable impact of £0.14m.
ERF Funding Position	3,033	Underlying elective activity has significantly increased in January. The assessed increased ERF payable to the Trust at M10 is £7.27m of which £4.23m is linked to the 4% reduction in the ERF target and offset against the strike costs incurred above.
CIP Shortfall	-3,795	Included within the reported position. See CIP section below.
Stretch Target Shortfall	-5,518	Included within the reported position. Current full year shortfall is £7.1m.
Agency and Bank covering vacancies	-4,923	Relates to covering vacancies. Total agency overspending is £6.2m, with minimal levels relating to the cost of covering strike action included above. £1.3m of the pressure is linked to the pay award shortfalls referred to above. Operational pressures experienced over the winter period has resulted in increased bed capacity driving increased staff costs of circa £1m (including some non-pay). The Chief Nurses and Operational teams are reviewing staff levels.
Covid test costs	-159	Formerly a pass-through cost to NHSE, but now transferred to the ICB with a fixed allocation.
Generic Further ICB allocation	3,787	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	802	Various other miscellaneous variances
Drugs, devices, unbundled OP Radiology, and Pathology direct access	-9,695	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, £5.1m is an increase over the M10 22/23 outturn spend levels.

Treatment area	£	Drug or Device	Comments
Drugs			
Wet AMD	-1,570,763	Aflibercept, Ranibizumab, Faricimab	
Crohn's Disease or Ulcerative Colitis (IBD)	-1,434,715	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol	
Rheumatoid Arthritis	-407,683	Baricitinib, Abatacept, Tofacitinib	
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-868,772	Risankizumab, SECUKINUMAB	
Auto Immune, Rhumatoid Arthritis	-137,159	Etanercept, adulimumab	
Other	-1,944,215		Following further analysis, the key driver for these increases in costs have been established as volume driven, with minimal price impact.
	-6,363,306		
Devices			
Sleep Apnoea	-397,012	CPAP machines	
Diabetic Pumps	-1,282,277	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports	
Other	13,420		
	-1,665,868		
Unbundled Radiology	-986,176		
Pathology Direct Access	-680,000		
	-9,695,350		

Key Subjective Variances

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	3,648	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	19,185	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	6,626	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	-18,061	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	-13,049	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	-7,324	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	-3,795	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	-7,376	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



	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,462.51	2,363.45	99.06	107,686	110,077	-2,391
Scientific, Therapeutic and Technical	1,230.25	1,181.79	48.46	53,519	52,893	627
Support To Clinical Staff	1,880.52	1,622.66	257.86	49,976	50,925	-949
Medical and Dental	1,032.73	970.15	62.58	106,837	122,973	-16,136
Non-Medical - Non-Clinical	3,057.22	2,854.31	202.91	86,107	86,794	-688
Reserves				1,381	0	1,381
Other				1,647	1,552	95
TOTAL	9,663.23	8,992.36	670.87	407,153	425,214	-18,061

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 January expenditure on agency staffing was £6.2m ahead of the cap.

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 10 Phase (Av 83.441%)	Activity to Month 10 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Humber and North Yorks	99.63%	£120,427,976	£100,486,308	£108,132,022	£7,645,715	107.2%
West Yorkshire	99.00%	£1,266,898	£1,057,113	£870,205	-£186,908	81.5%
Cumbria and North East	111.00%	£159,999	£133,505	£180,276	£46,771	149.9%
South Yorkshire	118.00%	£143,586	£119,809	£123,886	£4,077	122.0%
Other ICBs - LVA / NCA	-	£573,948	£478,908	£423,293	-£55,615	-
All ICBs	***99.76%***	***£122,572,408***	***£102,275,643***	***£109,729,683***	***£7,454,041***	**107.0%**
NHSE Specialist Commissioning	108.00%	£4,416,219	£3,684,937	£3,513,384	-£171,553	103.0%
Other NHSE	100.20%	£266,864	£222,674	£206,615	-£16,059	93.0%
All Commissioners Total	**100.12%**	**£127,255,491**	**£106,183,254**	**£113,449,683**	**£7,266,429**	**107.0%**

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 £7.3m 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

2023/24 Cost Improvement Programme - January									
	Full Year CIP Target	January Position			Planning Position		Planning Risk		
		Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Technical CIP	**28,059**	**21,988**	**16,470**	**5,518**	**20,941**	**7,118**	**20,941**	**0**	**0**
Core CIP									
Medicine	7,164	4,622	1,051	3,571	3,087	4,077	2,299	749	40
Surgery	5,475	3,532	1,627	1,905	2,822	2,653	2,691	130	0
CSCS	3,995	2,577	3,095	-518	3,984	11	3,897	0	87
Family Health	2,073	1,337	1,213	124	1,372	701	1,372	0	0
CEO	105	67	54	13	54	50	54	0	0
Chief Nurses Team	295	190	251	-61	401	-106	401	0	0
Finance	92	73	531	-458	696	-604	696	0	0
Medical Governance	83	53	90	-37	141	-58	141	0	0
Ops Management	303	196	32	164	38	265	38	0	0
Corporate CIP	0	0	1,024	-1,024	4,363	-4,363	1,759	741	1,863
DIS	260	168	128	40	205	55	205	0	0
Workforce & OD	145	93	153	-60	224	-79	224	0	0
YTHFM LLP	1,400	904	769	135	1,508	-107	928	415	165
	21,389	**13,813**	**10,017**	**3,795**	**18,894**	**2,495**	**14,704**	**2,035**	**2,155**
Total Programme	**49,448**	**35,801**	**26,487**	**9,313**	**39,835**	**9,613**	**35,645**	**2,035**	**2,155**

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 Cost Improvements. 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.

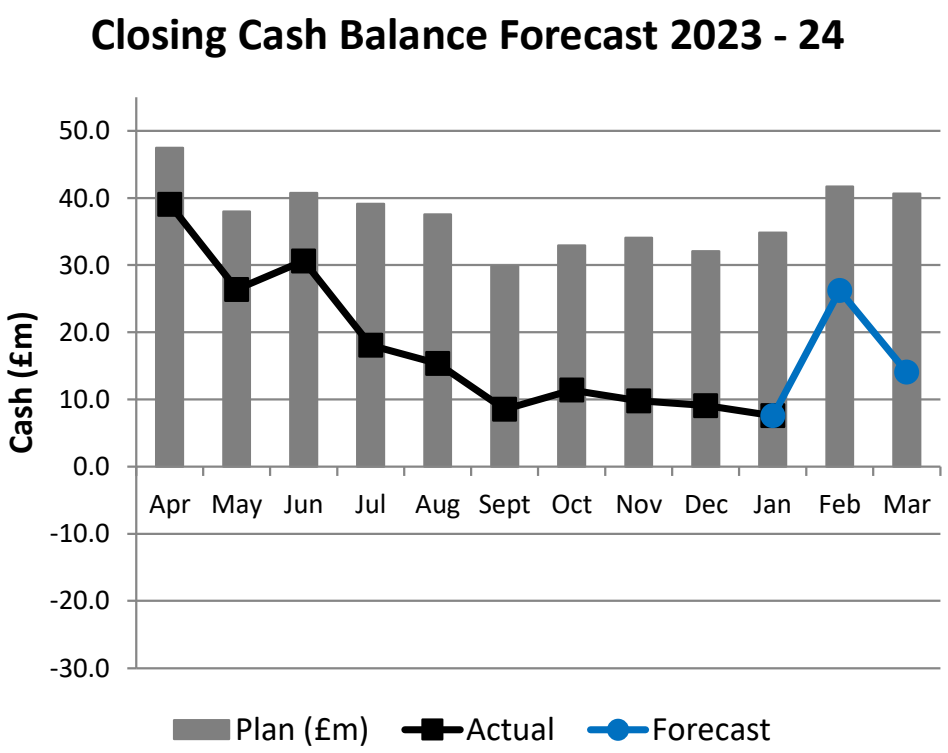
Delivery of the core efficiency programme at month 10 is £10.0m against a plan of £13.8m giving an adverse variance of £3.8m. Recurrent delivery at month 10 is £4.8m (35%), and £5.9m FYE (28%) of the Core programme target.

The planning gap at month 10 has increased to £2.5m, and high-risk plans total £2.1m. This combined £4.6m represents a risk to delivery of the core efficiency programme.

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. January's cash balance showed a £27.2m adverse variance to plan, which is mainly due to debtors and accrued income above plan (£11m) and the I&E position behind plan (£16.3m). 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	7,629		



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 January with cash receipts and payments modelled in line with current run rates.

The peak in February is a result of drawing down PDC & capital loan allocations in line with national year end deadlines. This expenditure will be incurred by the end of March with cash timing of invoice payments expected to fall in April / May. As a result, the cash balance is artificially increased by approx. £22m.

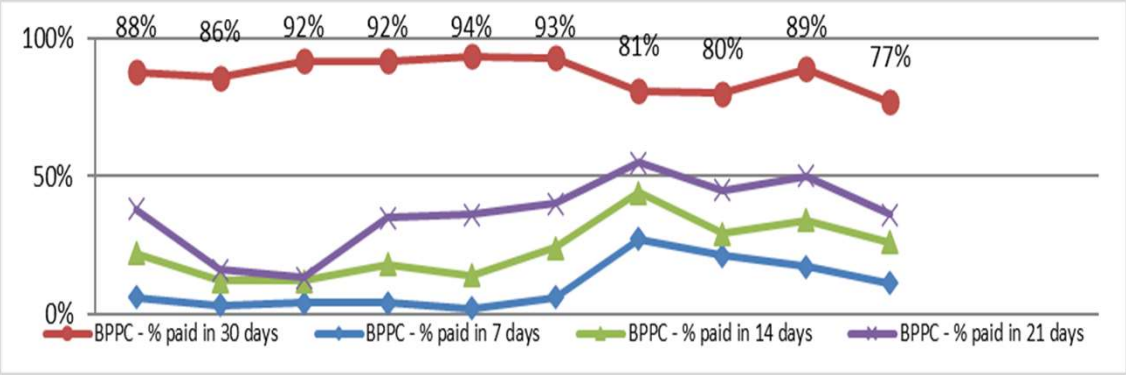
Whilst we are anticipating managing Q4 cash requirements to avoid accessing further cash support, this is dependent on the I&E trend through Q4. If we follow the current run rates, we are expecting a requirement for cash support in 24/25 Q1, which will need to be applied for in March. The value of this application will be driven by the I&E performance throughout the remainder of Q4.

Current Capital Position and Better Payment Practice Code (BPPC)

Capital Plan 2023-24 £000s	Capital FOT 2023-24 £000s	Mth 10 Planned Spend £000s	Mth 10 Actual Spend £000s	Variance £000s
45,852	56,863	28,834	27,545	-1,289

The capital programme at month 10 is £1.3m behind plan. Expenditure relating to IFRS 16 leases is £54k ahead of plan which has improved from the delays experienced in previous months. If we remove the impact of IFRS 16 the capital programme is £1.343m (6%) behind plan. This is mainly due to the Scarborough UEC scheme running behind plan.

As we move towards the year end position, the focus is on maximising expenditure within the available CDEL limit, this includes managing any expenditure at risk with 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 January the Trust managed to pay 77% of its suppliers within 30 days. It is worth noting that 1,043 invoices that were paid late but within 7 days of their due date, if were paid 7 days earlier would have taken the % to 87%. As the Trust as not applied for cash support in Q4, the cash balances are being managed accordingly.

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

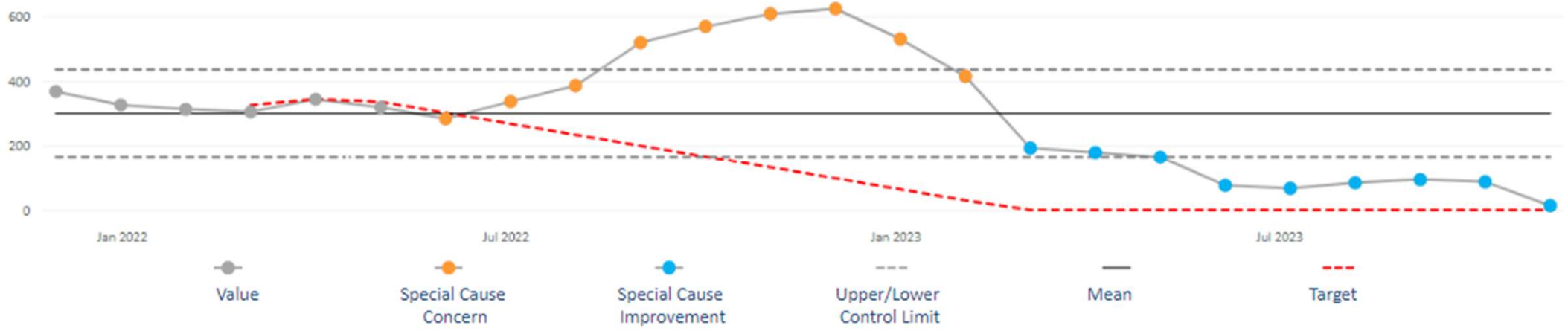
Variation			Assurance		
No Change	Concerning	Improving	Random	Passing	Failing
Common cause - no significant change	Special cause of concerning nature or higher pressure due to higher values Special cause of concerning nature or higher pressure due to lower values	Special cause of improving nature or 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:	28 February 2024
Subject:	Guardian of Safe Working Hours 2023-2024 Q3 report
Director Sponsor:	Dr Karen Stone, Medical Director
Author:	Dr Ruwani Rupesinghe

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:

- Junior doctors in Renal Medicine (York) contacted the Guardian with concerns about overtime, missed breaks and patient safety. These have been escalated and are covered in item 4 on page 6.

- The pursuit of robust and easy access to emergency rest facilities throughout the year continues to prove challenging. A permanent solution will require the commitment of resources and is unlikely to come about without advocacy and backing from The Board.

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

No ☒ Yes ☐

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

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

Board report: Guardian of Safe Working Hours 2023-2024 Q3 report

1. Introduction and background

This is the 2023/2024 Q3 report to the Board from the Guardian of Safe Working Hours (GoSWH) as required by the 2016 terms and conditions for doctors and dentists in training. The quarterly report is for 01 October 2023 to 31 December 2023 and summarises key findings from the Junior Doctor Forum (JDF), Exception Reporting and Agency/Bank shift data.

The primary role of the GoSWH is to ensure compliance with contractual stipulations regarding safe working hours for junior doctors employed by the Trust and provide assurance of this to the board.

All junior doctors are given access to the online Exception Reporting tool and can highlight variation in working hours, missed breaks and missed training opportunities. These reports are sent directly to the doctor's supervisor who can award Time Off in Lieu (TOIL), payment for additional hours worked, or close the report with no further action. Certain breaches to contractual working hours or adequate rest result in a Guardian fine payable by the relevant Care Group.

The Director of Medical Education has access to review reports related to training and supervision.

The GoSWH also holds the position of Chair of the JDF. The Forum has core representation from Medical Employment, Medical Deployment, Medical Education, Care Group management, Local Negotiating Committee and British Medical Association. It is open to all junior doctors working in the Trust.

2. Current position/issues

2.1 *Guardian funds*

The junior doctor contract stipulates specific breaches to safe working hours and rest should lead to a Guardian fine. It also details how the fine should be calculated and shared between the affected doctor and Guardian. Guardian funds are accessible to all juniors via the Junior Doctors' Forum.

In Quarter 3, seven Guardian fines have been levied totalling £438.17:
Two of the fines were submitted by doctors in paediatrics at Scarborough Hospital for shifts exceeding 13hrs. Both had been the result of the complexity of patients requiring handover.

Two were from a doctor in trauma and orthopaedics, also at Scarborough, for shifts exceeding 13hrs.
The change in the clocks in October resulted in three fines for shifts exceeding 13hrs across different specialties. Not all reports submitted for the extra hour triggered a Guardian fine.

Remuneration in such cases is being led by Medical Employment. The Medical Deployment Team is working with the LNC to determine a solution for next year.

The end of quarter balance of Guardian funds is £1,390.38.

2.2 *Exception reporting trends*

A complete breakdown by Care Group and department is detailed in Appendix 1 (Table 1). It is worth noting that **the specialty recorded reflects the doctor's primary base but not necessarily where they worked the shift in question**. This is usually the case in reports related to out-of-hours shifts.

68 reports were received in this quarter compared to 89 in Q2. Key points to highlight are:

- Most reports (eleven) were received from doctors working in Trauma and Orthopaedics, with only 1 of the 11 coming from York Hospital. The 10 reports from Scarborough equated to 11hrs 45min of overtime (excluding the extra hour due to the clock change). On one occasion a doctor worked approximately 3 hours extra. This follows a large volume of reports received in Q2. The data was shared with senior managers who responded by collaborating with clinicians to identify the root problems. An action plan has been devised which includes filling a vacancy, exploring options for expanding the workforce and reviewing the rota pattern.

- Seven reports were received from Obstetrics and Gynaecology in York. A variety of reasons were cited ranging from covering sickness (increased workload and missing educational opportunities), busy clinics and arranging acute admissions from community clinics. The only remedial item picked up on relates to the timing of handover – see section 3 for similar issue in Scarborough.

- Six reports, five from York, were received from doctors working in Acute Medicine. Whilst not a particularly large volume the content mentioned an inability to leave the admission unit for comfort breaks, food, or water as well as a struggle to access computers or even space to sit down. Pastoral support has been requested via Medical Education. Operational management have purchased extra chairs and will investigate other items raised.
- Four reports for overtime received from General Surgery in Scarborough stated night shifts are rostered to finish at 0815, but as handover commences at 0800 this does not occur. The matter has been raised with Medical Deployment and the Department. Alteration in handover structure or a need to alter work schedules is being considered.

Tables 2 and 3 in Appendix 1 give a breakdown of exception report by the grade of doctor and type of exception. The majority continue to be submitted by Foundation Year 1 doctors. The most common type remains overtime, primarily late finishes.

The number of exception reports reviewed within 7 days has improved from 43.24% in Q2 to 66% (Appendix 1, Table 4).

2.3 *Summary of rota gaps and locum usage*

Internal locums (bank) are managed via the Patchwork application and external locum (agency) shifts are through Medacs. Data from both show a relatively high fill rate of shifts that are requested; 87% bank and 96% agency.

2.4 *Junior Doctors' Forum (JDF)*

2.4.1 Vice-Chair and Representatives

A new vice-chair of the forum has been appointed and several doctors have volunteered to be representatives on the forum. Details can be found on the Forum intranet page for colleagues to make contact if needed.

3. Overtime in Obstetrics and Gynaecology, Scarborough

This item was detailed in the Q2 report. Doctors contacted the Guardian because they were working on average an extra 30minutes each day because handover only commenced at their scheduled finish time. By the end of Q3, work schedules were amended and backdated for those in post at the time. Extra lieu days were allocated to avoid breaching rules on working hours, with the offer of pay if the time couldn't be accommodated before the end of rotation. The change will benefit future doctors.

4. Renal Medicine, York

Much like the item above, problems with achieving rest breaks and excess hours have been raised by email rather than via exception reporting. Information was received from more than one doctor and confirmed over more than one rotation. They cited workload, understaffing, complexity of patients as contributing factors. Doctors are consistently advised to report safety concerns via DATIX to ensure appropriate governance. Similarly, exception reporting to ensure they achieve compensatory rest or payment and provide evidence to support changes is encouraged. Excessive workload and culture are reported barriers.

The concerns were shared with the Consultant body, relevant managers, and Medical Deployment Team who are reviewing changes to staffing and shift times to improve the situation. The content correlates well with information presented in the 23/24 Q1 report on staffing consistently running below minimum levels across General, Elderly and Acute Medicine in York.

5. Emergency rest facilities

This matter remains unresolved. The Estates and Facilities team is on hand to support doctors Monday-Friday, 0830 to 1600. However, it is not possible to guarantee a room will be available – particularly in York due to the absence of Trust owned accommodation. Various proposals have been considered over the years including sleep pods, chair recliners, developing a room at Archways, and specific agreements with local B&B's or hotels. All come with limitations, resource implications and the need for robust administration 24/7, 365.

Doctors are being informed of the limitations at every induction, and to request transport home if a room is not available.

6. Summary

Exception reporting rates remain steady with intermittent spikes within different departments. These trends have been used to spearhead improvements – although not all can be delivered quickly.

Despite some doctors feeling uncomfortable submitting exception reports, a willingness to contact the Guardian directly suggests a sense of trust and belief in the role. Irrespective of how the information is received, the visible improvements will hopefully continue to encourage positive engagement from juniors and their supervisors.

Date: 20 January 2024

Appendix 1: Exception reporting data for 2023-2024 (Q3)

Table 1: Exception reports by department			
Care Group/ department	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions open**
Family Health			
Obstetrics & Gynaecology	7	7	0
Paediatrics	6	6	0
Medicine			
Acute Medicine	6	6	0
Diabetes & Endocrinology	6	6	0
Elderly	6	6	0
Emergency Medicine	6	6	0
Gastroenterology	6	6	0
Renal Medicine	2	2	0
Respiratory	1	1	0
Surgery			
General Surgery	1	1	0
Orthogeriatrics	1	1	0
Simulation	1	1	0
Trauma and Orthopaedics	11	11	0
Upper GI	2	2	0
Urology	4	4	0
Vascular	2	2	0
Cancer, Specialist and Clinical Sciences			
Nil	0	0	0
Total	**68**	**68**	**0**

Table 2: Exception reports by grade				
Grade	No. exceptions in **previous quarter**	Proportion of reports **previous quarter**	No. exceptions raised **this quarter**	Proportion of reports **this quarter**
F1	71	80%	34	50%
F2	5	6%	16	24%
CT1-2 / IM1-2/ ST1-2	12	13%	17	25%
IMT3/ ST3+	1	1%	1	1%
Total	**89**	**100%**	**68**	**100%**

Table 3: Exception reports by type				
Type	No. exceptions in **previous quarter**	Proportion of reports **previous quarter**	No. exceptions raised **this quarter**	Proportion of reports **this quarter**
Late finish	62	69.66%	54	79.41%
Late finish & early start	13	14.61%	0	0%
Early start only	1	1.12%	0	0%
Missed breaks	2	2.25%	5	7.35%
Late finish and missed breaks	8	8.99%	5	7.35%
Difference in working pattern	0	0%	2	2.94%
Missed breaks & Difference in working pattern	0	0%	0	0%
Inadequate supervision	1	1.12%	0	0%
Inadequate supervision & late finish	0	0%	1	1.47%
Inadequate clinical exposure	0	0%	0	0%
Inadequate supervision & unable to achieve breaks	1	1.12%	0	0%
Inadequate supervision & unable to attend scheduled teaching/training	1	1.12%	0	0%
Unable to attend scheduled teaching/training	0	0%	0	0%
Unable to attend scheduled teaching/training & late finish	0	0%	0	0%
Unable to attend clinic/theatre/session	0	0%	1	1.47%
Unable to attend clinic/theatre/session & late finish	0	0%	0	0%
Teaching cancelled	0	0%	0	0%
Difficulty completing workplace-based assessments (WPBAs) & Inadequate clinical exposure/experience	0	0%	0	0%
Difficulty completing workplace-based assessments (WPBAs) & Inadequate clinical exposure/experience & Inadequate supervision & Lack of feedback	0	0%	0	0%
Total	**89**	**100%**	**68**	**100%**

Table 4: Exception reports (response time)				
	Addressed within 48 hours	**Addressed within 3-7 days**	**Addressed in longer than 7 days**	**Still open**
FY1	10	7	17	0
FY2	8	6	2	0
CT1-2/ST1-2	5	8	4	0
IMT3/ST3+	0	1	0	0
Total	**23**	**22**	**23**	**0**

66% addressed within 7 days (43.24% in previous quarter)

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	The Trust's Board of Directors
Date of Meeting:	28 February 2024
Subject:	Equality Delivery System (EDS) 2022
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion

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

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

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

Summary of Report and Key Points to highlight:

The Equality Delivery System (EDS) 2022 is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

The EDS comprises eleven outcomes spread across three Domains, which are:

1) Commissioned or provided services
2) Workforce health and well-being
3) Inclusive leadership.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010 and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

This report is for approval prior to submission to the Trust's Board of Directors.

All three Domains have been assessed against the Domain Outcomes and have scored varying degrees of activity. At the time of producing this report there were two services left to be assessed under Domain 1. This report will go to Board in February, prior to submission to NHSE on 29 February 2024, but the overall organisational score will be reported to Board on 27 March 2024 for information and assurance of completion.

Implementation of the Improvement Plans will be by the leads for services and Domains, supported by the Patient EDI Lead and Head of EDI.

Recommendations:

- Senior leadership team to communicate throughout the Trust the need for and their support of the EDS 2022.
- Acknowledgement that the organisational score will be reported to the Trust's Board of Directors on 27 March 2024.
- Agreement that the Domain 3 Improvement Plan will be implemented by the Trust's senior leadership team.
- Domain 1 Outcomes are integrated into service review processes to ensure that inclusivity is considered and streamline the assessment process.

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

Meeting	Date	Outcome/Recommendation
Resources Committee	20 February 2024	

Equality Delivery System (EDS) 2022

1. Introduction and Background

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight. The EDS comprises eleven outcomes spread across three Domains, which are:

1) Commissioned or provided services
2) Workforce health and well-being
3) Inclusive leadership.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April.

Assessment

Domains 1 and 2 are assessed through engagement events involving internal and external stakeholders. Domain 3 must be peer assessed by another Trust. The Trust's peer assessor was Harrogate and District NHS FT.

Once assessment has taken place it is the responsibility for the lead(s) of the services/areas to devise and implement an improvement plan. The leads for Domain 3 are the senior leadership team.

2. Considerations

The Patient EDI Lead role remained vacant from March to September 2023, therefore limited action could be taken on Domain 1. At the time of writing this report two of the three service assessments required to be undertaken were incomplete, therefore an EDS organisational score could not be calculated. This report will go to Board in February, prior to submission to NHSE on 29 February 2024, but the overall organisational score will be reported to Board on 27 March 2024 for information and assurance of completion. The reporting template being submitted to NHSE will include details of the final two services and the organisational score.

3. Current Position/Issues

Domain 1

The requirement is to choose three services that are provided for patients for assessment in this Domain. Service number 1 should be a service where data indicates that it is doing well. Service number 2, where data indicates a service is not doing so well and service number 3 should be where its performance is unknown.

Services	**Performance**
Tobacco Dependency	Unknown
Learning Disability	Doing well
Community Palliative Care	Doing well

The Emergency Department were initially selected for a service that was not doing well but were unable to engage due to winter pressures. The Community Palliative Care Service stepped in as they believed this process aligned with their current review. Subsequently this has resulted in the Trust being unable to review an under performing service for this period.

Domain 2

The engagement event rated the Workforce Health and Wellbeing Service in-between Underdeveloped and Developing. It is acknowledged that this engagement event was poorly attended. The leads for this Domain have established an improvement plan to address the areas of concern.

Domain 3

The Trust provided robust evidence to demonstrate inclusive leadership. The suggested areas for improvement can be seen in **Appendix 1**. The Head of EDI has met with the CEO to draft an improvement plan.

Each Domain has a number of outcomes and this chart depicts the assessment results so far.

Rating	Domain 1 - Score												Domain 2 - Score				Domain 3 - Score		
	Tobacco Dependency				Learning Disability				Community Palliative Care										
Outcomes	1 a	1 b	1 c	1 d	Yet to be scored				Yet to be scored				2 a	2 b	2 c	2 d	3 a	3 b	3 c
Underdeveloped activity																			
Developing activity																			
Achieving activity																			
Excelling activity																			

Completed actions from the previous year -the Trust is required to report on this and as it was year one of the EDS 2022, the focus was only on Domain 1 and two services. Progress has been made with the Interpretation and Translation Service and has been varied within Maternity Services – staff knowledge and skills, the assessment of this service was outside the suggested timeframe.

4. Summary

- First year of full implementation – need to acknowledge this is a learning process for all involved within the Trust and Trusts within Humber and North Yorkshire are experiencing problems, with some acknowledging they are unable to meet the February deadline.
- Although implementing EDS 2022 is resource intensive, which requires organisational engagement and commitment, it is a useful tool which supports the achievement of the Public Sector Equality Duty ensuring that inclusivity is integral to access, experience and outcomes.
- Through internal and external engagement, the Trust has been able to identify areas of improvement.

5. Next Steps

- Senior leadership team to communicate throughout the Trust the need for and their support of the EDS 2022.
- Acknowledgement that the organisational score will be reported to the Trust's Board of Directors on 27 March 2024.
- Approval that the Domain 3 Improvement Plan will be implemented by the Trust's senior leadership team.
- Domain 1 Outcomes are integrated into service review processes to ensure that inclusivity is considered and streamline the assessment process.

Date: February 2024

Publication approval reference:

NHS Equality Delivery System 2022
EDS Reporting Template 2024

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		York and Scarborough Teaching Hospitals NHS Foundation Trust	**Organisation Board Sponsor/Lead**
			Director of Workforce and Organisational Development
Name of Integrated Care System		Humber and North Yorkshire Health and Care Partnership	

EDS Lead	Head of Equality, Diversity and Inclusion		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	Domain 1, 6 December 2023 Tobacco Dependency Service. Domain 1, 22 February 2024, Learning Disability Liaison Service. Domain 1, 27 February 2024, Community Palliative Care. Domain 2,13 December 2023 Domain 3, 23 January 2024		**Individual organisation**	York and Scarborough Teaching Hospitals
			Partnership* (two or more organisations)	Peer Reviewer for Domain 3, Harrogate and District NHS Foundation Trust

			Integrated Care System-wide*	

Date completed	February 2024	**Month and year published**	February 2024
Date authorised		**Revision date**	February 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
Domain 1 **Maternity Service** • Identify cultural competency training and roll out to all staff – funding was identified to pay for appropriate training. Unfortunately, staffing issues have meant the training has not yet been rolled out. However, there are plans to include this training as part of the requirements for newly qualified midwives. • Build links with local community groups including the Maternity and Neonatal Voices Partnership – this work is ongoing but a strong partnership has developed with the new Partnership chair and patient engagement activities are planned for winter 2023 and beyond. **Interpretation and Translation Services** The assessment rated the service developing and identified several actions. Activity on the actions included: ***Activity 1 - Continue work to improve and sustain performance:*** • Sustain fill rates to meet patient needs, including BSL and refugee languages. As a result of regular contract management meetings, fill rates continued to improve throughout the period. They have moved from 68.2% in July 2022 to 95.7% in Q3 2023 with consistent improvements throughout the period.	**Public Sector Equality Duty (PSED)** **Objective 1** To engage with patients, carers, Trust Governors and local stakeholders and organisations, (including CCGs[i], social care, Healthwatch) to listen and understand the needs of our patients **Objective 2** To engage internally with services to discuss how the needs of patients can be met to ensure that: • health inequalities are reduced • discrimination is eliminated • patients and staff are provided with appropriate tools.

• Continue review meetings, review complaints / concerns. This moved to monthly meetings autumn 2023 as a result of improved performance. • Monitor usage of video interpreting tablet devices – this is ongoing and challenges regarding changes to the language interpreting app are being addressed on a regular basis. • Implement BSL Relay service – this was implemented in April 2023. **Activity 2 - Influence procurement approach to support people's needs** • Ensure BSL fill rates and face to face provision are specifically considered – these are raised at every contract management meeting and are regularly monitored. • Propose patient involvement and BSL provision are considered – these have been suggested as an in the tender for a new service provider. • Propose patient feedback mechanisms are built into future contract – these have been recommended. • Develop new tender for interpreting services, exploring a joint approach – this is ongoing with work being led by North Lincolnshire and Goole NHS Foundation Trust and also includes Hull University Teaching Hospitals NHS Trust. The aim is to have a new provider in place by April 2024. **Activity 3 - Plan for future patient involvement** • Approach local stakeholders to support EDS scoring exercise – this was done and continues to happen. • Explore how to involve and receive feedback from people who use interpreting services (and groups who represent them), as our patient involvement activity develops, including survey data and future / repeat EDS review after the procurement exercise e.g., in 2024 – activity has included engaging with sight loss organisations, York Deaf Café members and local Healthwatch.	

Domain 2, N/A in 2023	
Domain 3, N/A in 2023	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Tobacco Dependency Service** Service data identifies the ethnicity, disability status, gender and deprivation of the patient cohort who are all Trust inpatients. At the time of the event, we were not able to compare this data to Trust patient cohort data. Issues in data recording at a Trust and service level were noted as information about smoking status, religion, sexuality, other language and other health inequality information was not currently recorded. Trust interpreting services are available to the Tobacco Dependency Advisers and they had created Plain English service information. **Learning Disability Liaison Service**	1 Developing	Tobacco Dependency Service Learning Disability Liaison Service

	1B: Individual patients (service users) health needs are met	**Tobacco Dependency Service** Trust EDI processes and policies support the team including interpreting and translation services. The team has undertaken a wide range of training linked to their direct role, Trust mandatory EDI training and have booked on to training including: • Disability training module • Gender Identity & Gender Diversity Communities and Transgender Awareness • Conscious Inclusion • Cultural Competence • Neurodiversity in the Workplace • Race Equality Awareness / Race & Racism Conversations at Work • Health Coaching Programme No complaints or concerns have been raised about the service and anecdotal feedback is all positive. While there is currently no patient feedback process in place, this is planned based on a neighbouring Trust's approach and a Friends and Family Test is being introduced for the service.	2 Achieving	Tobacco Dependency Service

		Learning Disability Liaison Service		Learning Disability Liaison Service
	1C: When patients (service users) use the service, they are free from harm	**Tobacco Dependency Service** The service aims to keep people safe from the risk of harm from smoking. It supports people to move to safer options or stop smoking completely. Services are free and support people in the way that best supports them. The service also reduces the risks of people leaving the ward to go outside to smoke when this isn't safe or appropriate for their health. One example was given of a patient who could bleed profusely at any point, being supported to give up smoking. This meant they no longer left the ward, significantly increasing their risk. The team abides by the Trust's professional standards and has plans in place to learn from any complaints or concerns and from any safety concerns. The team works closely with other teams across the hospital to support their work and keep patients safe.	2 Achieving	Tobacco Dependency Service

		Possible gaps were identified: • It can be difficult to identify patient needs particularly around reasonable adjustments – this will improve when the national reasonable adjustment flags are introduced in 2024. • Staff may not be ready to meet patient needs at every opportunity / contact – but they are undertaking training to support them to do this.		
	1D: Patients (service users) report positive experiences of the service	**Tobacco Dependency Service** There have been no complaints or concerns about the service. The anecdotal feedback about the service is positive. A new approach is in development to gather patient experience alongside a new Friends and Family Test card for the service.	1 Developing	Tobacco Dependency Service / Patient Experience Team
Domain 1: Commissioned or provided services overall rating			6	

Domain 1: Commissioned or provided services

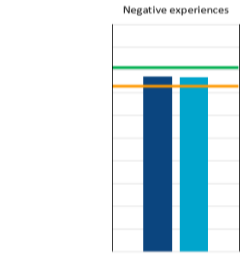
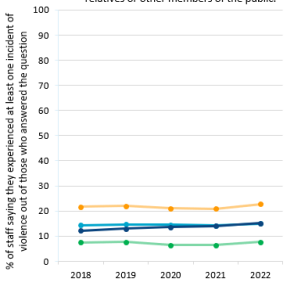
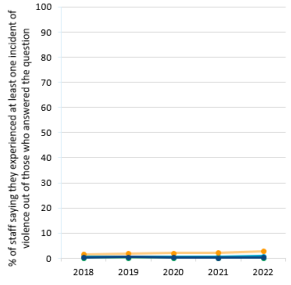
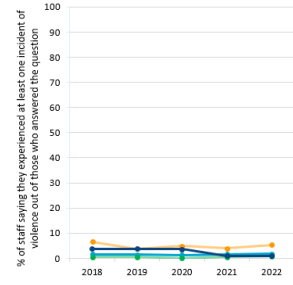
Domain 2: Workforce health and well-being

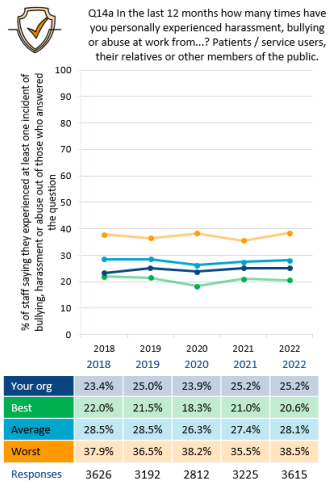
Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<u>Obesity and Diabetes</u> • Free access to the Step into Health course, a 4-week interactive programme, aimed at individuals taking the time to look at their own lifestyles and make positive changes, whilst achieving a qualification in the process. • National week long awareness events run throughout the year at all Trust sites, several of which target obesity: I. Know your numbers week (January) (BMI, weight, waist measurements, BP etc) II. Nutrition and Hydration week (March) (Healthy nutrition and hydration info promoted) III. Be Active/On your feet Britain week (April) (the importance of activity for physical health/weight management) • On-site gyms at Scarborough and Bridlington Hospitals • Discounted gym memberships (Staff Benefits) • Cycle to work scheme (Staff Benefits) • Physical activity grant (Staff Benefits) • Online course – Learning Curve Group (Understanding Nutrition and Health) • Free 30-minute virtual health checks, which aims to help individuals identify and monitor areas of their health and behaviour that may affect their current and future health. • Virtual workshops, including: I. Eat Well II. Weight Management III. Be Active • Free access to a library of 20-30-minute activity videos, featuring a variety of free activities, including: I. Yoga and Pilates II. Stretch and unwind. III. High impact aerobics IV. Low impact aerobics V. Nutrition, hydration, and sleep advice	1 – Developing Activity	Head of Occupational Health and Wellbeing Head of Employee Relations & Engagement

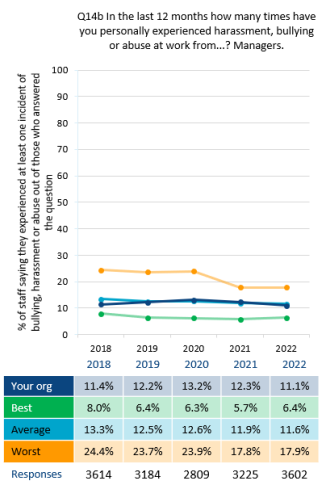
		<u>Asthma and COPD</u> • The Occupational Health (OH) team check for occupational acquired asthma. They conduct health surveillance in areas where there are known respiratory sensitisers e.g., dust, fumes. They also perform lung function tests – e.g., on maintenance workers, max fax, plaster technicians. • They also complete a Pre-Employment Health Questionnaire (PEHQ), to discuss any allergies, and use this information to advise line managers, to ensure that that they do not expose certain individuals to known sensitisers. • During Management Referrals, if individuals have asthma, the OH team would ask if this is currently well controlled, or give basic advice about monitoring peak flows, and advise them to have regular annual checks up with their GP. • The Trust provides support for any colleagues who want to quit smoking (Tobacco Dependency Advisers) • The OH team conduct Health Surveillance in areas where there are known respiratory sensitisers (e.g., dust, fumes), for specific roles that have been identified as needing this extra level of care. • During Management Referrals, the OH team would ask questions about the individuals health conditions, treatment etc, and advise their line manager about adjustments to role, to reduce the impact of their health condition in the workplace. <u>Mental health conditions</u> • The Trust currently has 116 trained Mental Health First Aiders (coordinated by The Wellbeing Team) • Time 2 Talk Week (mental health focussed) (February) – all Trust sites visited. • Mental Health Awareness Week (May) – all Trust sites visited. • Menopause Week (strong focus on women's mental health) (October) – all Trust sites visited.		

		• Men's Health Week (strong focus on men's mental health) (November) – all Trust sites visited. • Wellbeing apps promoted e.g., Headspace, Unmind, Stay Alive etc. • Menfulness (male mental health charity) promoted in the Trust. • Employee Assistance Programme (EAP)		

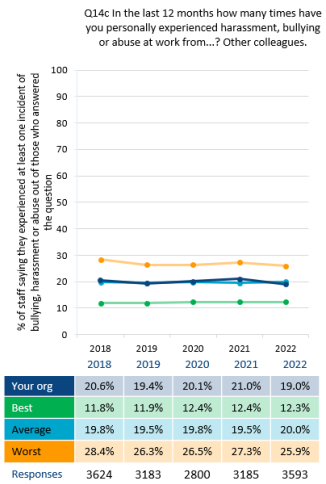
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	 Your org 7.7 Best 8.1 Average 7.7 Worst 7.3 Responses 3626  Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.  2018 2019 2020 2021 2022 Your org 12.0% 12.9% 13.6% 14.1% 15.2% Best 7.5% 7.7% 6.5% 6.4% 7.7% Average 14.4% 14.6% 14.5% 14.2% 15.0% Worst 21.7% 22.0% 21.1% 20.8% 22.8% Responses 3640 3189 2819 3245 3627 Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.  2018 2019 2020 2021 2022 Your org 0.3% 0.6% 0.3% 0.2% 0.4% Best 0.0% 0.0% 0.0% 0.0% 0.1% Average 0.6% 0.5% 0.5% 0.6% 0.8% Worst 1.6% 2.0% 2.1% 2.2% 2.9% Responses 3638 3185 2810 3234 3602 Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.  2018 2019 2020 2021 2022 Your org 3.8% 3.7% 3.6% 0.9% 1.0% Best 0.6% 0.5% 0.1% 0.6% 0.7% Average 1.5% 1.4% 1.4% 1.6% 1.8% Worst 6.6% 3.8% 4.8% 4.0% 5.4% Responses 3638 3188 2817 3205 3580	The Trust was average in comparison to other Acute and Acute and Community Trusts in relation to staff reporting negative experiences through the 2022 staff survey. This result is made up from a number of questions:	0 - Underdeveloped Activity	Head of Employee Relations & Engagement Head of Occupational Health and Wellbeing



	2018	2019	2020	2021	2022
Your org	23.4%	25.0%	23.9%	25.2%	25.2%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	3626	3192	2812	3225	3615



	2018	2019	2020	2021	2022
Your org	11.4%	12.2%	13.2%	12.3%	11.1%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	3614	3184	2809	3225	3602

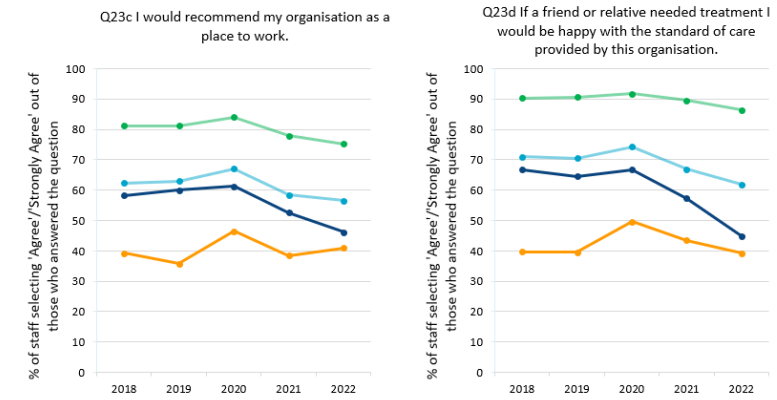


	2018	2019	2020	2021	2022
Your org	20.6%	19.4%	20.1%	21.0%	19.0%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	3624	3183	2800	3185	3593

- Promoted zero tolerance approach to bullying and harassment in 2023
- Launch of new Civility, Respect and Resolution Policy to make it easier for staff to raise concerns.
- Launch of Just and Learning Assessment to ensure a fair process for all, everyone is accountable for their own behaviours.
- Review of the Trust's exclusion policy and associated training to follow.
- Campaign planned for 2024 to remind patients and visitors about the Trust's approach to violence towards staff
- Published new Policy (Dec 23') – Managing Violence and Aggression.
- Recruited two Safety Trainer and Educators in violence reduction, they are currently on with planning and prep work, obtaining licenses to deliver specific physical intervention and breakaway modules for our staff. Roll out of this training will commence in March 24' and will be offered to all staff, but with a phase 1 roll out targeting our high-risk areas.

		• Paper to be submitted early 2024, to recruit some non-clinical safety investigators, who will be able to give greater support to staff following an incident. • Working with external agencies such as the Police and Crown Prosecution Service to ensure that that the 'Assault against Emergency Workers act. 2018' is appropriately used to prosecute individuals who subject NHS staff to violence and aggression when they are undertaking their duties. • Area specific Violence and aggression risk assessments have been developed and are now live, this is allowing staff locally to see the hazards associated with violence and aggression and what the Trust is putting in place to mitigate and control the risks posed.		

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<u>The Trust has a range of support available to staff:</u> • Union Representatives • Freedom to Speak up Guardian. • Fairness Champions • Staff networks • Chaplaincy • Mental Health First Aiders • Health and Wellbeing Booklet • Psychological support • Occupational Health and Wellbeing • Due Regard Impact Assessments on all policies <u>Actions taken by the Trust in support:</u> • Review and relaunch of the Civility, Respect and Resolution Policy working in collaboration with trade union colleagues. • Due Regard Assessment completed through policy development. • Development of Just and Learning Assessment • Staff networks invited to review and comment on any HR policy whilst it is in review/development. • Relaunch of the Fairness Champions • Launch of Our Voice Our Future • Union representatives are independent members on CRR panels. • Refresh of Due Regard Impact Assessments ongoing • Trust has signed up to the Sexual Safety at Work Charter	1 - Developing Activity	Head of Occupational Health and Wellbeing Head of Employee Relations & Engagement

	2D: Staff recommend the organisation as a place to work and receive treatment	
		2018 2019 2020 2021 2022
		Your org 58.3% 60.0% 61.3% 52.6% 46.2%
		Best 81.2% 81.2% 84.0% 77.9% 75.2%
		Average 62.3% 63.0% 67.1% 58.4% 56.5%
		Worst 39.3% 35.7% 46.5% 38.5% 41.0%
		Responses 3656 3198 2820 3235 3621
		
		2018 2019 2020 2021 2022
		Your org 66.5% 64.5% 66.8% 57.3% 44.9%
		Best 90.4% 90.6% 91.8% 89.5% 86.4%
		Average 71.1% 70.6% 74.3% 67.0% 61.9%
		Worst 39.7% 39.6% 49.6% 43.5% 39.2%
		Responses 3653 3197 2822 3235 3624
		• WDES Action planning regarding staff engagement
		  • Neurodiversity at work workshop
		  • Target to improve equality, diversity and human rights training to 85%
		  • Continue to include disabled staff stories at Board, and include in staff matters
		• Promotion and collation of exit interview data
		• CGs review exit interview data
		• Exit interviews now record protected characteristics and going forward this data will be collated, shared for action planning and shared with the Council of Governors.
			0-Underdeveloped Activity	Head of Employee Relations & Engagement
				
				Head of Occupational Health and Wellbeing

Domain 2: Workforce health and well-being overall rating			2	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities		2 Achieving Activity	Head of Equality, Diversity and Inclusion

Date	Evidence	Notes
31 July 2023	The Week Ahead Communication	Promoting Staff Networks
1 August 2023	CEO's Week Ahead Communication	The importance of Staff Networks and their launch day
21 August 2023	The Week Ahead Communication	WRES and WDES
1 September 2023	Executive Director Blogs	AB, Director of Finance, Promoting the Staff Network's launch, his ED sponsor role and the Reciprocal Mentoring Programme.
4 September 2023	The Week Ahead Communication	Excellence in Diversity and Inclusion award launched for the Celebration of the Achievement Awards
22 September 2023	KS Medical Director	ED Sponsor for Women's SN, video for Staff Network launch
22 September 2023	DP Interim Chief Nurse	ED Sponsor of the Caring4Carers Staff Network, video for Staff Network Launch
28 September 2023	Staff Network's Launch Outline	Opened by CEO and Executive Directors involvement in the event
29 September 2023	Executive Director Blogs	DP Interim Chief Nurse, Staff Network's launch, the Caring for Carers Network and being the ED Sponsor for that network.

Date	Evidence Category	Notes
10 October 2023	Family Health Care Group's Time Out	EDI Presentation
13 October 2023	Executive Director Blogs	PM, Director of Workforce and Organisational Development (WOD), Staff Network's Launch and the Race Equality Network.
18 October 2023	Programme Management Team	EDI presentation
20 October 2023	Staff Matters Newsletter	Cover launch of the Staff Networks
27 October 2023	Executive Director Blogs	AB, Director of Finance, 27 October 2023, Inclusion Forum.
27 October 2023	Executive Director Blogs	AB, Director of Finance, 27 October 2023, promoting the Staff Networks.
30 October 2023	The Week Ahead communication	Our Commitment to EDI
2023	Staff Network Engagement	Executive Director Sponsors attendance at Staff Network Meetings

Date	Evidence Category	Notes
November 2023	Launch of the Change Makers	Compassionate and Inclusive Leadership
3 November 2023	Care Group Leadership Programme	EDI Presentation
3 November 2023	Y&STH Health Inequalities Steering Group	Notes
3 November 2023	Race and Racism at Work Conversations workshop	Facilitators notes - The CEO setting the Trust's context for the training need
6 November 2023	The Week Ahead Communication	Diwali
9 November 2023	Celebration of Achievement Awards	Excellence in Diversity and Inclusion Category
13 November 2023	The Week Ahead Communication	Our Voice Our Future and the Chief Executive's Award for a cultural awareness programme
20 November 2023	The Week Ahead Communication	Disability History Month
22 November 2023	EDI course attendance	List of Board and system leaders
8 December 2023	Email from Director of WOD	Director of WOD encouraging the Board to attend a webinar on advancing race equality to build a culture of accountability
11 December 2023	The Week Ahead Communication	Our Voice Our Future - Change Makers
11 December 2023	CEO's Week Ahead Communication	The launch of Our Voice Our Future, which is part of the Culture and Leadership Programme (developing a compassionate culture)
22 December 2023	Staff Matters Communication	EDI and ESR, Civility Respect and Resolution Policy

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		2 Achieving Activity	Head of Equality, Diversity and Inclusion

Date	Evidence	Notes
2 November 2022	Board of Directors Agenda: Public, includes minutes of other meetings	WRES and WDES Annual Reports Ockenden Report Update – perinatal clinical quality surveillance report and maternity workforce review report Trust Priorities Report which covers health inequalities
30 November 2022	Board of Directors Action Log	WRES, WDES, Staff Story
2022-2023	Quality Report	Deaf Awareness, patient lived experience, appointment of Head of EDI, York ablution room, York Cultural Festival, assistance dogs, patient engagement
2022-2023	Internal Audit: Annual Report and Head of Internal Audit Opinion	EDI Agenda re-prioritisation of the resources available within the IA Plan to facilitate the audits of emerging high – risk areas
Review Date 2023	Building Better Care Together	

Date	Evidence	Notes
22 February 2023	Board of Directors Agenda: Public, includes minutes of other meetings	WRES and WDES Annual Reports Ockenden Report Update – perinatal clinical quality surveillance report and maternity workforce review report Trust Priorities Report which covers health inequalities
5 April 2023	Executive Committee	Maternity Workforce Review Paper - The Executive Committee is asked to note that the further development of the maternity workforce is a key priority requiring investment in 2023-24 and to consider the proposed plan for the Trust Board to receive in May to support delivery.
24 April 2023	Quality and Safety Assurance Committee	Perinatal Clinical Quality Surveillance Update, paper asking to receive and discuss the content of this report for assurance that reporting is in line with regional and national requirements and that there are robust plans in place with realistic timeframes to address any areas of non-compliance. The group are also asked to support the progressions of work to address the highlighted risks
3 May 2023	Executive Committee	Staff Survey 2022 – nationally benchmarked results - In addition to the existing 'culture change' workstream in the operational plan, the Executive Committee supports the proposal that the Trust participates in the NHSE Culture & Leadership Programme that has been proven to result in increased RN retention, increased staff engagement, and improved CQC outcomes. The People & Culture Committee is asked to support the roll out of this programme.

Date	Evidence	Notes
17 May 2023	Executive Committee	Reasonable Adjustments Process Report - This report will be presented to the Executive Committee proposing various changes. It is recommended that the Trust streamlines its approach for making reasonable adjustments by: • Exploring creating a central budget for the ordering of chargeable equipment • Raising manager's awareness by integrating information into current development programmes, through Disability Awareness Training and utilising the Human Resources teams • The IT Department creating an equipment list and streamlining their internal process • Implementing a Reasonable Adjustments Policy. This would be following best practice as conducted within other organisations
17 May 2023	People and Culture Committee	Bank and YTHFM staff survey results and Staff Health and Wellbeing
23 May 2023	Quality & Safety Assurance Committee	Safeguarding & Mental Capacity Act Team Annual Report 2022/2023
24 May 2023	Board of Directors Public Agenda	Staff Story – internationally educated nurse Ockenden Report Update – perinatal clinical quality surveillance report and maternity workforce review report Trust Priorities Report which covers health inequalities

Date	Evidence	Notes
June 2023	Quality & Safety Assurance Committee	Patient Experience report - The committee is asked to note the contents of the report, and the work that is being undertaken to improve services as a result of feedback.
28 June 2023	Board of Directors	Annual Governance Statement
July 2023	People and Culture Committee	Library Annual Report – Purchase of books on race for Race Equality Network
18 July 2023	Quality and Safety Committee	Dementia Care - Quality and Safety Assurance Committee members are asked to note the progress undertaken to deliver the dementia strategy
19 July 2023	People and Culture Committee	Mandatory Training Update – ED and HR went live in Nov 2022, 70% Workforce and Organisational Development Update – International Nurses
26 July 2023	Board of Directors Public Agenda	Ockenden Report Update – perinatal clinical quality surveillance report and maternity workforce review report Trust Priorities Report which covers health inequalities
27 September 2023	Board of Directors Public Agenda	WRES and WDES Action Plans 2023-2024 Gender Pay Gap Report 2024
15 November 2023	People and Culture Committee	NHS EDI Improvement Plan and Equality Delivery System (EDS) 2022
11 January 2023	EIA Register	Screenshot of the EIA Register, all EIA's are registered and given a ref. no.

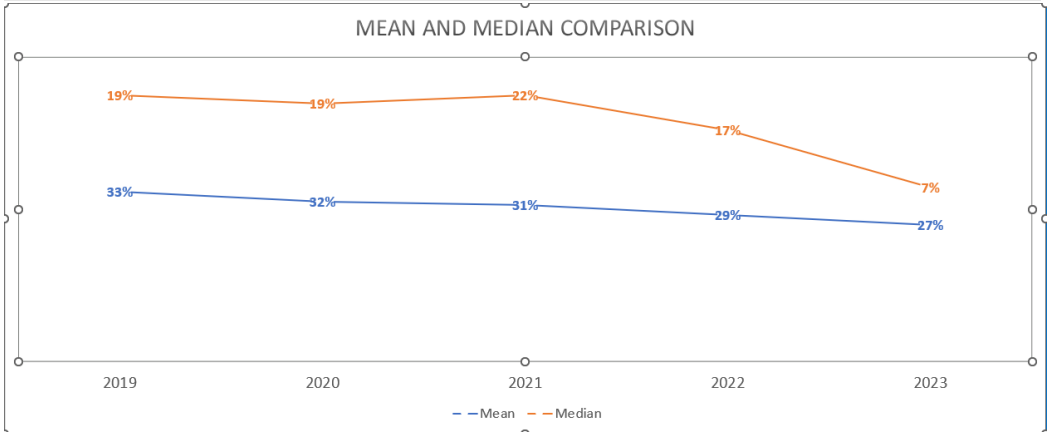
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients		2 Achieving Activity	Head of Equality, Diversity and Inclusion

Date	Evidence	Notes
April 2020-June 2022	PSED Annual Report	Patient EDI
December 2022	EDI Workstream Terms of Reference	The Workstream will have operational responsibility for all EDI work identifying issues for patients, visitors, colleagues and managers, issues will then be analysed and resolved working collaboratively to find solutions. The Workstream will share and implement solutions from a diverse range of contributors. Care Groups and Corporate Departments will develop their own local EDI Action Plans based on national requirements and organisational and local issues.
2023	PSED Workforce Annual Report	
Commenced 2023	EqHIA	Task and Finish Group
Jan 2024	EDI Strategy	Task and Finish Group

Date	Evidence	Notes
March 2023	Gender Pay Gap Report 2023	
28 March 2023	Inclusion Forum: Terms of Reference	The role and purpose of this Inclusion Forum is to function as a guiding coalition for York and Scarborough Teaching Hospitals to carry out its responsibilities for the Equality, Diversity, Inclusion and Human Rights Agenda and has strategic oversight for this across the Trust. To raise awareness of any targets that the Trust has or is unable to deliver or lead on. To commit to equality of opportunity, both in employment and human resources policies, procedures and practices which apply to colleagues and in the delivery of all our services to the communities we serve. This commitment encompasses all areas of equal opportunities, and the Trust is committed to encouraging inclusion and diversity within its workforce, which in turn, enables our colleagues to provide quality services to diverse client groups within our communities. To understand the colleague and patient experience which informs our culture of inclusivity, in order to make effective change.
28 March 2023	Inclusion Forum Minutes	Building Access, Draft Terms of Reference, Anti-racism, EDI Training, Women's Staff Network update, WRES and WDES action planning, Patient Experience Report, NHS EDI, Improvement Plan, EDS 2022, Cultural Awareness Week update
29 March 2023	Board of Directors Minutes	Proposal for a reasonable adjustment policy Gender Pay Gap and reference to clinical excellence awards Communicating more widely about progress in relation to Ockenden report Discussion around supporting Internationally Educated Nurses Chief Executive's Update – Cultural Awareness Week

Date	Evidence	Notes
26 April 2023	Board of Directors Minutes	Patient Story (maternity), GPG discussion about receiving data in Spring. Ockenden Report Update - Perinatal Clinical Quality Surveillance report, Maternity Workforce Review Report
May 2023	WDES and WRES Annual Reports	
29 June 2023	Inclusion Forum Minutes	Building Access, Draft Terms of Reference, Anti-racism, EDI Training, Women's Staff Network update, WRES and WDES action planning, Patient Experience Report, NHS EDI, Improvement Plan, EDS 2022, Cultural Awareness Week update
29 June 2023	Inclusion Forum Minutes	Building Access, Draft Terms of Reference, Anti-racism, EDI Training, Women's Staff Network update, WRES and WDES action planning, Patient Experience Report, NHS EDI, Improvement Plan, EDS 2022, Cultural Awareness Week update
28 July 2023	EDI Workstream Minutes	

Date	Evidence	Notes
	Menopause — York NHS Staff Room (yha.com)	Menopause Clinical Guidance, information resource packs, a virtual menopause workshop and seminar and a webinar about living well with menopause: A webinar for women of colour is available to support staff.
July-Sept 2023	Quarterly data from 'Learning from Leavers' questionnaires report	The results from the questionnaire are shared quarterly across Workforce, JNCC and JLNC and staff forums. The Director of Workforce and Organisational Development also receives a copy. In the past some of the results have been presented to a sub-group of the Board. It is probably worth noting that exit interviews may be held and recorded locally, and there is currently no means to capture and share this data centrally. October-December 2023 report due out w/c 8/1/24.
August and Sept 2023	EqHIA TAF group Agenda's	Task and Finish Group set up to develop a new process
2023	AIS TAF notes within an email	Task and Finish Group set up to discuss the Accessible Information Standard (AIS)
31 January 2024	Board of Directors Agenda– Public	Item 17. Board Assurance Framework – to receive the Q3 report



Workforce Disability Equality Standard (WDES)

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Disability equality continues to improve within the Trust, especially in relation to harassment, bullying and abuse. Out of the 10 metrics, the four that the action plan needs to focus on are:

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

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

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

Metric 10 Percentage difference between the organisations' Board voting membership and its overall workforce. It is acknowledged that the identity of the Board is as such that the Disability status might not change. It is advised that recruitment process ensure that a diverse pool of applicants is attracted and recruited from.

Please see the full report for more details

Workforce Race Equality Standard (WRES)

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

There are several metrics that have either deteriorated or not made any statistical improvement. These are:

- Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff
- Metric 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts
- Metric 3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process
- Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months
- Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague
- Metric 9 Percentage difference between the organisations' Board voting membership and its overall workforce

*Please see the full report for more details

		Equality, diversity and inclusion | York and Scarborough Teaching Hospitals (yorkhospitals.nhs.uk)		
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): A RCN and Unite Representative		**Independent Evaluator(s)/Peer Reviewer(s):** Harrogate and District NHS Foundation Trust		

EDS Organisation Rating (overall rating):
Organisation name(s): York and Scarborough Teaching Hospitals NHS Foundation Trust
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Head of Equality, Diversity and Inclusion	2024
EDS Sponsor	**Authorisation date**
Director of Workforce and Organisational Development	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	For staff to be provided with support in managing obesity, diabetes, asthma, COPD, and mental health conditions.	To continue to raise awareness of the current support that is available within the trust, and ensure that all support can be accessed by all staff, by having a variety of communication sources used – e.g., internal comms, emails, posters, drop-in sessions etc. More informative training for Line Managers, so that they are aware of what is on offer and can roll this out to their teams. A Line Manager Toolkit has been developed and will be rolled out in 2024. It includes information about the wellbeing offer and where to look to find all this information, which will result in managers being better equipped to support their teams, who can in turn, support themselves and others.	End of 2024 (ongoing and continuous piece of work). Early 2024.

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Staf are free from abuse, harassment, bullying and physical violence at work.	Embed the new Civility, Respect and Resolution Policy, which was relaunched in December 2023, working in collaboration with trade union colleagues. Embed the new Managing Violence and Aggression Policy, published in December 2023. Roll out of training with new Safety Trainers and Educators in violence reduction to be offered to all staff, but with a phase 1 roll out targeting our high-risk areas.	December 2024 December 2024 Commencing March 2024

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	That staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.	A lot of the support is relatively new, so it needs to be embedded more within the trust to be able to measure efficacy. More informative training for Line Managers, so that they are aware of what is on offer and can roll this out to their teams. A Line Manager Toolkit has been developed and will be rolled out in 2024. It includes information about the wellbeing offer and where to look to find all of this information, which will result in managers being better equipped to support their teams, who can in turn, support themselves and others. Embed the new Civility, Respect and Resolution Policy, which was relaunched in December 2023, working in collaboration with trade union colleagues. Development of Just and Learning Culture. Develop further from the relaunch of the Fairness Champions in October 2023. Launch of Our Voice Our Future. Trust has signed up to the Sexual Safety at Work Charter.	Ongoing throughout 2024. Early 2024. Throughout 2024. Throughout 2024. Throughout 2024. July 2024

	2D: Staff recommend the organisation as a place to work and receive treatment	Staff recommend the organisation as a place to work and receive treatment	The Trust has just commenced Our Voice, Our Future, a 2-year continuous improvement programme focused developing an inclusive culture where colleagues want to come to work. The programme is following the NHSE Culture and Leadership Programme. Development of a Just and Learning culture supported by the launch of Patient Safety Incident Response Framework, a new Conduct and Disciplinary Policy and the Civility, Respect and Resolution Policy.	Programme completion December 2025 May 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities		Note: Action planned to be drafted with CEO 20 & 21 February 2024. Draft: Suggestions from peer review. “The reasons for not awarding ‘excelling’ was that it was not clear that “equality and health inequalities are standing agenda items in all board and committee meetings” and it was not clear if those messages were also communicated to staff.”	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		Note: Action planned to be drafted with CEO 20 & 21 February 2024. Draft: Suggestions from peer review. “The reasons for not awarding ‘excelling’ were that while there is work clearly taking place is it quite	

			new in its implementation in terms of the EQIA.”	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients		Note: Action planned to be drafted with CEO 20 & 21 February 2024. Draft: Suggestions from peer review. “Their reasons for this were WRES and WDES showed some improvement. There was insufficient information from the board and senior leaders that those people experiencing menopause were actively supported by Board members and senior leaders.”	

[i] Note that since the objectives were written the CCG had become the Integrated Care Board including York Place.

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 13

Report to:	Board of Directors
Date of Meeting:	28 February 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 January 2024.

There are 12 open enquiries with the CQC.

An updated report will be provided next month highlighting the CQC actions which were due and delivered, by month, by Care Group.

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 and Clinical Effectiveness Sub-Committee	14 February 2024	Presented and accepted
Quality Committee	20 February 2024	*Not yet presented*
Executive Committee	21 February 2024	*Not yet presented*

1. CQC Inspection Update

The CQC were scheduled to visit the Emergency Department at York Hospital on the 11 January and then the 23 January 2024. Both visits were cancelled by the CQC due to work pressures and the introduction of the new assessment framework.

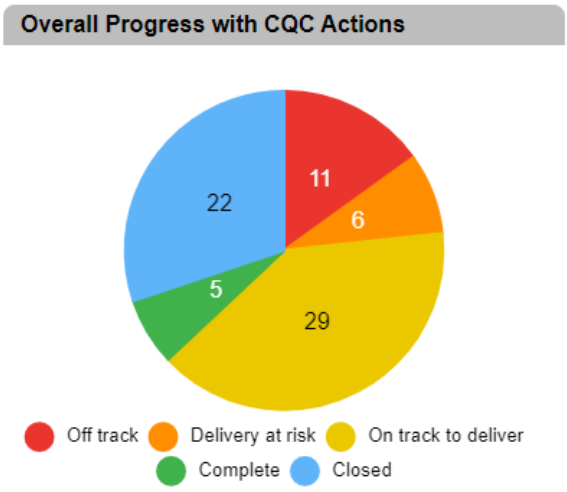
An invitation for the CQC to attend on the 26 March 2024 has been suggested as the availability of key staff is being co-ordinated.

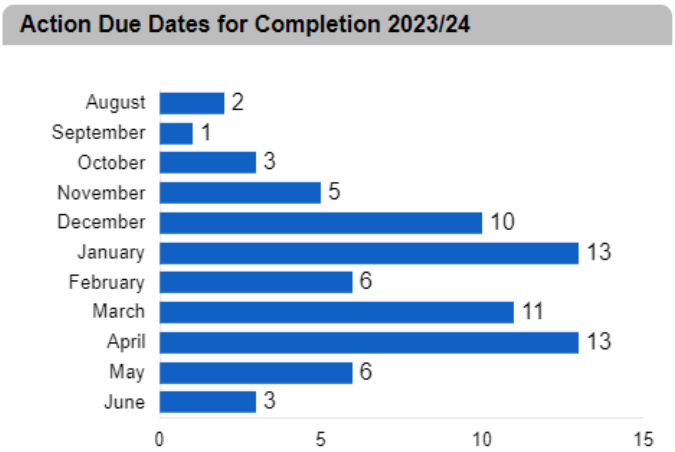
The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme; Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

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 6 February 2024, can be seen in the charts below:





2. Achievements

Since the last report was written, a further fifteen actions have been approved for closure at the Journey to Excellence meetings (**Appendix A**). A total of 22 actions have now been closed.

Five actions are considered complete with the closure form being drafted or awaiting approval at the next Journey to Excellence meeting.

The Trust response to the CQC actions has resulted the following improvements:

- ✓ The development of a new part of the Core Patient Database (CPD) called Nucleus. Nucleus works on handheld mobile devices meaning that risk assessments can be

completed and updated at the bedside and care plans produced. There are now 12 assessments available.

- ✓ The appointment of 50+ change makers at the Trust from various professions, sites and levels of seniority. The change makers are initially seeking feedback from colleagues to understand what it is really like to work for the Trust.
- ✓ The revision of the process for providing patients with an identity wristband in the York Emergency Department and all patients are now given a wristband when clerked. Recent service audits and tendable data have supported full compliance with this process.
- ✓ The procurement of controlled drug storage equipment within the Emergency Department at York.
- ✓ An improvement project in the Medicine Care Group has led to the standardisation of safety huddle documentation.
- ✓ Improved oversight and education at the Trust from learning from lives and deaths – people with a learning disability and autistic people (LeDeR) reviews.

3. Risks to Delivery

Eleven actions are considered off track meaning the original target date for delivery has not been met. These are detailed in **Appendix B**. The 'current position' column includes the risks to delivery.

The following risks to delivery have been identified for actions which the target date for delivery is not yet due:

- There has not been an improved position in the Trust response to complaints within 30 days and concerns within 10 days.
- A recent Sepsis audit highlighted that although some improvements were noted in screening for Sepsis, there remained delays in the doctor review, delays in antibiotic prescription and delays in administration of antibiotics in the Emergency Departments. Sustained operational pressures are seen as contributory factor and an Trust wide improvement programme is underway.
- Operational pressures impacting on improvements in the following performance standards at Scarborough hospital;
  - the median time from arrival to treatment
  - the percentage of patients admitted, transferred, or discharged within four hours.
  - the monthly percentage of patients that left before being seen.

4. 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 January 2024.

5. 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. There have been delays in the roll-out of the electronic mental health risk assessment in the Emergency Departments - this was scheduled to commence at Scarborough on 15 January 2024, there was a slight today but this has launched on 6 February 2024.

6. 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 two CQC cases (previously enquiries) received since the last report was written (28 December 2023).

- One related to concerns around patient experience on Ward 26 at York Hospital.
- One was for information regarding a patient discharged with a cannula in situ.

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**.

7. CQC Updates

New Regulatory Approach

The new CQC assessment approach started to be used in the Humber and North Yorkshire region the week commencing the 22 January 2024. From the 6 February Trust well-led assessments will start in all regions.

Consultation on guidance on visiting in care homes, hospitals and hospices

Following a consultation in the summer of 2023, a new fundamental standard on visiting and accompaniment in care homes, hospitals and hospices is being introduced by the Government in April this year. The CQC have produced draft guidance to help providers and other stakeholders understand the new standard, and their roles and responsibilities under it. The guidance also sets out what people using relevant health and social care services and their families, friends or advocates can expect.

This update has been shared with Patient Experience Team and a review of this guidance against the Trust visiting policy is in progress.

Secretary of State commissions CQC to conduct rapid review into Nottingham mental health services

Victoria Atkins MP, Secretary of State for Health and Social Care, has commissioned the CQC to conduct a special review into Nottinghamshire Healthcare NHS Foundation Trust under Section 48 of the Health and Social Care Act 2008. Click here to read more.

8. 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.

Appendix A
Closed CQC Actions from January 2024

Ref	Must / Should	Action	Target Date to Complete
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
32	Should	The trust should consider introducing patient record, consent and pain management audits.	29/03/24
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
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
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
50	Should	The trust should ensure that safety huddle documentation is formalised across the Medical Care service at Scarborough.	29/12/23
62	Should	The trust should ensure that patient information on white boards remains confidential throughout the medical care service at York is not located in areas where the general public can see it.	31/01/24
17	Should	The trust should consider ensuring all recording and timelines for grievances and disciplinary processes are a complete and contemporaneous record.	31/01/24
26	Must	The trust must ensure that where necessary patients have risk assessments completed and reviewed as per guidance employed.	29/02/24
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
70	Must	The trust must ensure that in Maternity, there are sufficient quantities of cardiotocography (CTGs), central monitoring and telemetry equipment. This was to ensure women and babies are continually assessed and monitored.	31/01/24

Appendix B
CQC Actions 'Off Track'

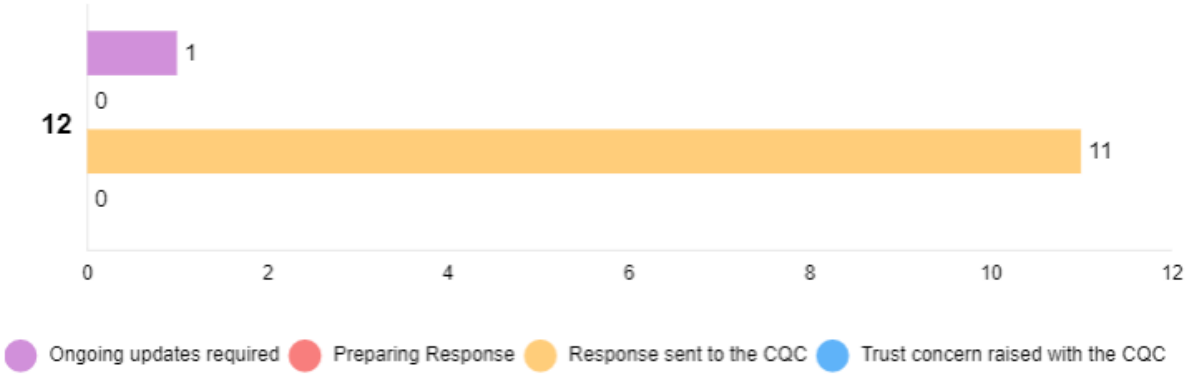
Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
3	The trust must ensure that the guidance within all policies is up to date, accurate and relevant to the service. This includes, but is not limited to: - Freedom to speak up - Policies for transgender and non-binary people - Unacceptable behaviours from patients - Maternity Services	The maternity services policy review is underway and the Head of EDI is drafting the policies relating to trans-gender and non-binary people. Original target date 29 December 2023.	Off track	30/04/24	Governance	Dawn Parkes
4	The trust must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but is not limited to, racism and discrimination.	The Director of Workforce and Organisational Development is aware that there needs to be a further review of the Violence and Aggression policy. This was published with the Exclusion Guidance embedded and the process had not been formally approved. An extension will be discussed at Journey to Excellence on 5 February 2024.	Off track	29/12/23	Leadership and Culture	Polly McMeekin
23	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.	An audit completed by the Health and Safety team identified areas of non-compliance with Control of Substances Hazardous to Health (COSHH). The audit was undertaken as part of the response to a CQC action. Original target date 29 December 2023.	Off track	29/03/24	Governance	Dawn Parkes

Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
25	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)	As a multi-stranded action, the subjects which are outstanding are all at different stages; but the one which will take longest to reach its target and then sustain compliance for three-months is Adult Life Support in Medicine – the requested deadline was selected on that basis. Original target date 31 January 2024.	Off track	28/06/24	Safe Staffing	Dawn Parkes
40	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	There have been delays in the roll-out of the electronic mental health risk assessment in the Emergency Departments - this was scheduled to commence at Scarborough on 15 January 2024 but has been delayed due to the CPD upgrade to the week commencing 5 February 2024. Original target date 29 December 2023.	Off track	29/03/24	Urgent Care	Claire Hansen
42	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.	Evidence has yet to be received to support closure of the action.	Off track	29/12/23	Urgent Care	Claire Hansen
48	The trust must ensure that there is sufficient space around patient beds, with oxygen and suction placed by every bed.	Works to support the provision of oxygen and suction at every bed on Chestnut Ward at Scarborough have been delayed and are now due to commence in February 2024. The target date for the associated action has been extended by two months to 29 March 2024.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes

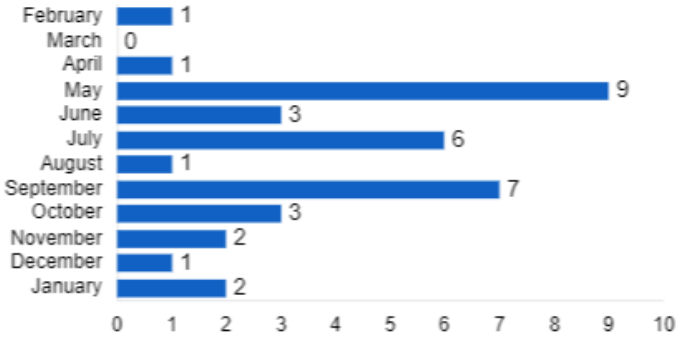
Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
54	The trust should ensure that equipment such as drip stands, and ceiling hoists were available on ward 23 at York.	The refurbishment of Ward 23 at York Hospital is linked to a number of actions, which has been delayed, but is due to be completed by 29 March 2024. Original target date 29 December 2023.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes
55	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.	This action is included in the Fundamentals of Care workstream. The Deputy Chief Nurse leads this workstream and has looked to co-ordinate an update for this action. Although responses were received from Care Group Leads and from the VTE group, there are concerns that improvement actions are not being delivered and all checks are not being completed within 14 hours. The action was originally due by 30 November 2023 with an extension approved to 30 April 2024.	Off track	30/04/24	Fundamentals of Care	Dawn Parkes
56	The trust should ensure that patients on the acute stroke ward 23 received their daily 45 minutes of rehabilitation.	The refurbishment of Ward 23 at York Hospital is linked to a number of actions, which has been delayed, but is due to be completed by 29 March 2024.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes
71	The service must implement an effective system to assess and monitor compliance to ensure the baby tagging process is adhered to in line with trust policy.	Evidence to support adherence with the baby tagging process is needed. An extension request form needs to be drafted.	Off track	31/01/24	Maternity Services	Karen Stone
72	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	Meeting with the Director of Midwifery to discuss 1 February 2024. Original target date 30 October 2023.	Off track	29/12/23	Maternity Services	Karen Stone

Appendix C
CQC Cases / Enquiries (1 February 2023 to 31 January 2024)

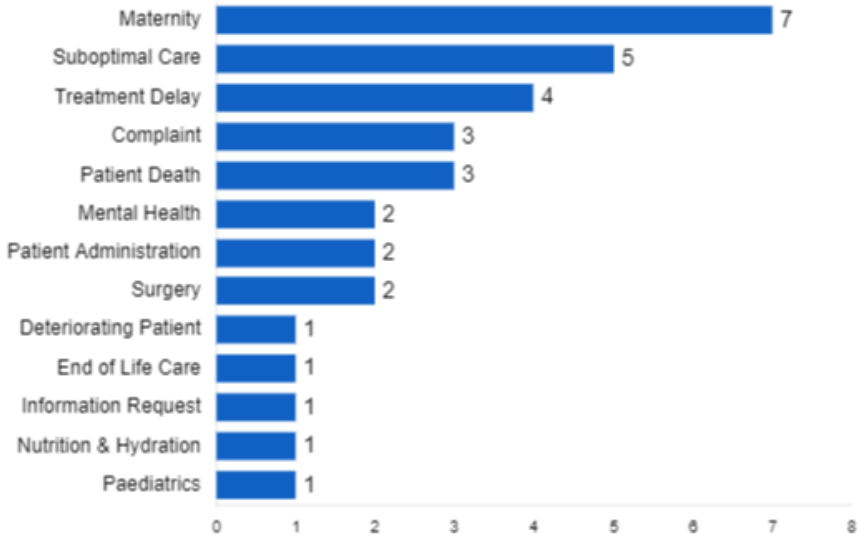
Number of Open CQC Enquiries / Cases



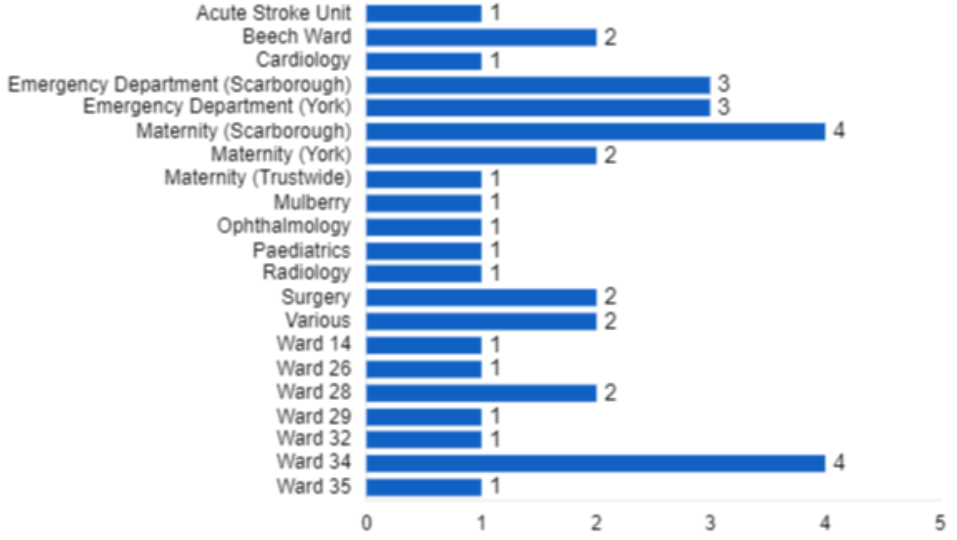
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Board of Directors
Date of Meeting:	28 February 2024
Subject:	Listening and responding to the concerns of staff – Trust response to the verdict in the trial of Lucy Letby
Director Sponsor:	Dawn Parkes, Interim Chief Nurse
Author:	Vicky Mulvana-Tuohy, Deputy Chief Allied Health Professional

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

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

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

Summary of Report and Key Points to highlight:

This paper outlines the findings of the commissioned internal review to investigate available methods for staff to escalate concerns regarding patient safety. This included a review of escalations to the Executive Directors regarding patient safety within the previous two years and make any recommendations for improvements.

A key stakeholder group convened, and the outcome measures and methodology are outlined within the paper.

Recommendation:

Members are asked to note the findings of the commissioned review, as outlined in this paper and to support recommended actions.

1. Introduction

The case of Lucy Letby, who has been found guilty of murdering seven babies and attempting to murder six others in the neonatal unit at the Countess of Chester Hospital in Chester, has challenged Trust Boards to challenge themselves to question if the governance processes and opportunities for its staff to raise concerns within their organisations are robust.

Issues of patient safety, how concerns get raised and listened to, culture, governance processes around decision-making and accountability, are all now being scrutinised.

The Interim Chief Nurse, on behalf of the Trust Board, commissioned an internal review to investigate available methods for staff to escalate concerns regarding patient safety and how we respond to them. This included a review of escalations to the Executive Directors regarding patient safety within the previous two years and make any recommendations for improvements.

2. Background

NHS England is committed to doing everything possible to prevent anything like this happening again and are already taking decisive steps towards strengthening patient safety monitoring, including national roll out of a strengthened Freedom to Speak Up (FTSU) policy, which all NHS services are expected to adopt by January 2024.

The Trust Board received a letter from NHS England dated 18 August 2023, outlining expected outcome standards, which evidences good governance in relation to ‘speaking out’. These are outlined below:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
4. Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.
5. Boards are regularly reporting, reviewing, and acting upon available data.

3. The initial scope of the review

A key stakeholder group was convened, including subject matter experts on safety, patient experience, psychology, human resources and the FTSU guardian, to agree the methodology for this review. The initial purpose and terms of reference for the review are outlined below:

1. Review the current Freedom to Speak Up (FTSU) Guardian processes, visibility, and accessibility to Trust staff:
    - To review if our current FTSU Guardian processes align to the new national FTSU policy.
    - To review existing capacity of the Trust FTSU and identify any resource issues.

2. Review the current processes in place for Trust staff to escalate concerns that may cause harm or safety issues to patients.
3. Review any escalations relating to patient safety raised to the Executive Team over the last two years, with evidence of actions taken/sustained:
    - To review the number of escalations within the last 2 years
    - To identify themes and trends in relation to these escalations
    - To review evidence that actions are either in progress, were taken appropriately, and that appropriate actions have been sustained.

The review included a varied range of data sources, see Appendix 1

4. Summary of findings and recommendations

Prior to the start of this review a group had been commissioned to review the new Speak up policy. This has considered the recommendations of the Letby review and new national policy. This is also considering the capacity of the Trust FTSU guardian. The FTSU Guardian is in the process of reviewing the FTSU self-reflection tool and upon completion will need Board reflection and discussion. To prevent duplication, the review group felt the other working group would provide this review and therefore this would no longer be in scope of this review. A review of the current offer of training to support staff to Speak Up, Listen Up, Follow Up and consider eLearning being made mandatory will also be undertaken.

Given the Letby review highlighted areas of concern in the neonatal clinical speciality it was recognised there was a need to review and understand any specific quality and safety actions in neonates. Given the significant amount of quality review work being undertaken through the reviews in Special Care Baby Unit and Maternity by the Care Group operational teams and that this work is reporting directly into the executive teams, this was felt to be sufficient and to avoid duplication have not been reviewed within this review.

There are multiple avenues for staff to raise concerns in the organisation. These include: line manager/clinical lead/supervisor escalation, care group quadrumvirate, Professional Leads, drop-in sessions with executives, Freedom to Speak up Guardian, Datix, care group governance teams, patient safety team, patient experience team, staff side representatives, human resources team and the chaplains team. External to the trust, staff can raise concerns with the CQC and the relevant professional bodies/regulators however it is not always clear to staff where to find information relating to raising concerns.

The new Trust intranet (Staff room) has launched (1st February 2024) which enables staff to find the information to raise concerns with ease. The group also developed an infographic to explain to staff and public how to raise concerns. These communications and a video will be used as part of the communication strategy with the launch of the new Trust Speak Up policy expected February 2024.

The response rate to the survey sent to executive colleagues was low with only seven out of 26 recipients (26.92%) responding. Of those who responded and reported they had received escalations relating to patient safety in the time frame, they reported that they had been actioned with two potential harms in the Emergency Department, issues due to pressures, and the use of the Unplanned Care SOP, which instigated a paper that was shared at Quality Committee and will be reported to Board as an emerged risk.

At the start of the review there was no centralised record to capture the escalation to executives, the actions taken and the outcomes. The new Medical Director, Chief Operating

Officer, and the Interim Chief Nurse work very closely together and when a concern is reported or identified they agree a tri plan and work together to understand and support areas. This centralised record is now in place.

Executive members described several methods of triangulation of issues raised. These included:

- The Executive team receiving a daily report of moderate or above unvalidated incidents that highlight any patient safety issues.
- The Trust board receive a monthly reportable issues log that includes serious or emerging concerns, this includes patient safety issues.
- Patient safety issues that are of serious concern are discussed informally at the weekly Corporate Directors Meeting, and agreed plan or investigations are agreed, with reporting formally going to Executive Committee and then to Quality Committee and through to Board; an example is the recent escalation of potential harm in ED due to pressures and the use of the Unplanned Care SOP - a paper was shared at Quality Committee and will be reported to Board as an emerged risk.
- That concerns raised are managed through the governance route of the trust.
- Specific to pharmacy, escalations would be reviewed through pharmacy HR meetings and through complaints review processes
- Risk Management Committee, Executive committee and PRIM, Quality and Safety and Quality Oversight Group
- Now receive DATIX information daily. We discuss reportable issues at Board (private Board), and some are discussed in Corporate Directors.
- Escalations can be discussed in the Monday exec team meeting, for example when an email outlining a concern has been sent to the exec team or board as a whole. Any decisions or actions resulting from the discussions are recorded.

There is some work to be done to support staff with a better classifying system to enable Datix capture to be more consistent so that we can theme concerns/issues raised in the future which would enable better triangulation of concerns raised. Unfortunately, it was unachievable to theme historical incidents as part of the trust's response to the Letby review. This is because incident reporting is dependent on the individual who is submitting the Datix to select the field they feel is more appropriate. However, this varies between individuals so we can have the same Datix reported differently using the drop-down fields.

The review sought to review 20% of formal staff grievances that included patient safety incidents over the last two years to identify any themes or service areas of concern. Given that reviewers were not finding any that raised patient safety concerns the team reviewed all grievances and of the 44 reviewed none identified patient safety issues.

Whilst the review was limited due the quality of available data which made the triangulation of datix and complaints triangulation difficult, the review looked to identify individuals who were cited in more than one complaint since July 23 - to Dec 23. A total of eight individuals were identified, who were from different clinical areas/ care groups and had varying levels of held/partially upheld or not recorded outcomes relating to behaviours not patient safety. Thus, the review did not identify any staff members of significant concern in relation to patient safety.

A formal monthly meeting has been established to triangulate data, discuss themes, evaluate, and share learning from a wide range of data to establish themes, trends, and areas of note to include Freedom to Speak Up, complaint themes, Human Resource investigations/grievances, serious incidents info, which will report into the Quality Committee. This has already been enacted with its first meeting held (January 2024).

The review identified the number of cases being brought to the FTSUG is increasing and has been increasing year on year since the FTSUG commenced in post in August 2020. Pertinent to this review patient quality and safety concerns reporting increased from one case last year to 17 this year. The increase in speak up cases to the guardian is positive in that workers know about

the role of the guardian and feel more able to speak up. However, it could suggest that more local routes are either not being used, or are not working effectively, resulting in staff seeking support from the guardian.

The staff survey is currently embargoed awaiting release from the national Committee. Once available this should be reviewed and fed into the culture work and the leadership development programmes to ensure leaders at all levels have the skills to listen to concerns, act on them as needed, evidence this action and be honest with staff when things can't be achieved and the reasons why, thus creating an open an honest culture of learning and improvement.

Next recommended steps:

The follow recommendations are asked to be supported by the Trust Board.

- Summary posters in all areas that highlight how to raise concerns (see appendix 2)
- Feature regarding escalation of concerns in the Chief Executive weekly update
- Themes from back to the floor days shared to Quality Committee
- Implementation of the agreed Executive Visibility plan
- Feedback to Board from the Maternity safety champions walkabouts
- Continuation of the informal ward manager and matron weekly catch ups with the interim Chief Nurse
- Review datix theme allocation options

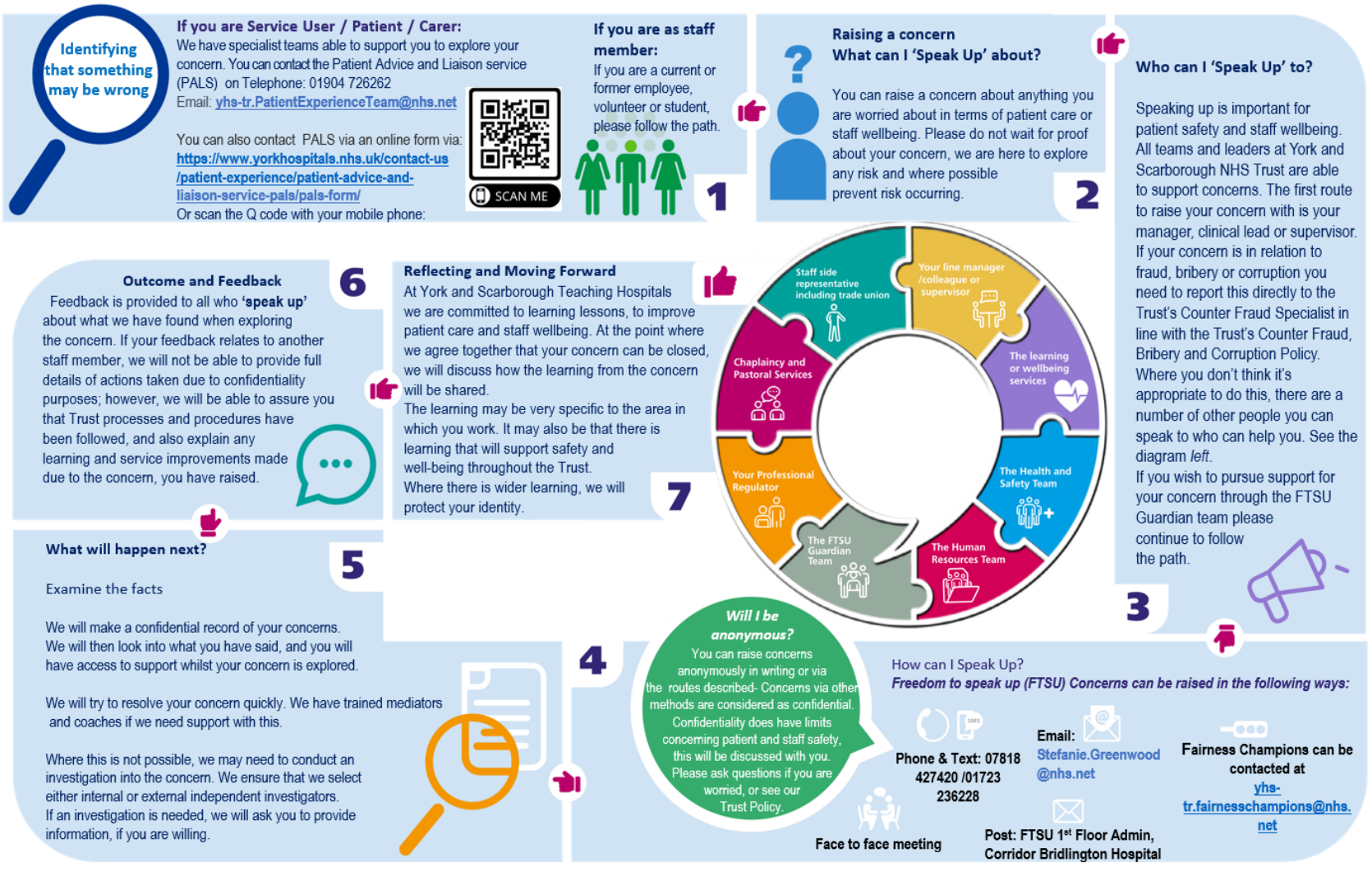
Appendix 1 – Method /data sources

Method/data source	Action	Status
DATIX review	Review moderate and above incidents recorded via DATIX over the last two years that identify escalations from staff regarding patient safety.	Incomplete
Interviews via Survey Monkey	Review concerns raised to the Executive Team through email, in person or via external agencies that are available.	Completed
HR case files	Review 20% of formal staff grievances that include patient safety incidents over the last two years.	Completed
Intranet search – Trust 'Staff Room'	Review the visibility and accessibility of information to support staff to escalate concerns	Completed
Survey Monkey poll	Undertake a survey to gauge the perceived visibility of Trust processes	Stood down
Staff survey results	Review latest staff survey to gauge how comfortable/confident staff feel in escalating concerns	Staff survey 2024 results are embargoed until national release
Thematic analysis	Thematic analysis and triangulation of the data sourced above will support the identification of further learning and a suite of recommendations for required improvement	Completed

Appendix 2

Freedom to Speak Up

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust



(Adapted with permission from Rotherham Doncaster and South Humber NHS Foundation Trust – Sharing with Pride)

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 February 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 progress of improvements in the maternity and neonatal service as well as provide monthly key quality and safety metrics for the services.

Recommendation:
The Board is asked to receive the updates from the maternity and neonatal service for December and approve the CQC section 31 report before submission to the CQC.

Report History
The Quality and Safety Committee 20/02/2024

Meeting	Date	Outcome/Recommendation
Quality & Safety Assurance Committee	28/02/24	1/ To note the progress with the safety actions and improvement work in

		maternity and neonatal services. 2/ To formally receive and approve the CQC Section 31 monthly report.

Report to Trust Board

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. This maybe subject to change as the new governance processes are implemented across the organisation but also specifically in maternity services to meet the assurance requirements both locally, regionally, and nationally.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In December there were 2 neonatal deaths in service which accounts for the sharp rise on the SPC. One case was unavoidable, and one occurred in another service in the postnatal period, however York and Scarborough maternity services are involved in the wider investigation into this sad case. There are no other escalations to Quality and Safety Assurance Committee in relation to these metrics.

Annex 2 provides the December monthly update to CQC on the service progress against the Section 31 concerns and key improvement workstreams in place in the maternity and neonatal improvement programme.

The Maternity and Neonatal Improvement Programme

The maternity improvement programme has been in place since January 2023 but has been refreshed in line with the national maternity and neonatal 3-year strategy from November 2023. Fours workstreams are now in place with identified SRO for each. Milestone actions and timelines are still being developed and defined to ensure the plan is dynamic and aligns with all assurance requirements of our services.

Workstream 1 listening to service users and families with compassion.

Whose Shoes
A Whose Shoes event was held in Scarborough on 7th February in partnership with the MNVP. Whose Shoes in an interactive board game which is used nationally and presents a range of scenarios for group discussion on experience of maternity and neonatal services. The aim of this event was to listen to service users experience to shape our improvement journey. The event had broad attendance from service users, local authority colleagues, the LMNS and the maternity team. Several pledges were made based on the feedback received and key themes have since been aligned to the Maternity & Neonatal Improvement plan. This will be fed back to service users with the MNVP quarterly meetings, there will be further engagement events to continue to understand service user experience and feedback.

15 Steps
A 15 steps event will be held across the maternity and neonatal unit in Scarborough in collaboration with the MNVP, the date is yet to be confirmed. This was completed at York last year and has supported the environmental improvement work happening on that site.

CQC Maternity Survey

The latest CQC maternity survey results have now been published and relates to those who gave birth between 1 and 28 February 2023. Our results demonstrate further improvement from the 2022 data.

Areas of positive feedback:
Advice at the start of labour: Receiving appropriate advice and support when contacting a midwife or the hospital.
Raising concerns: Concerns being taken seriously once raised
Attention during labour: If attention was needed during labour and birth, a member of staff was there to help.
Kindness and compassion: Being treated with kindness and compassion during labour and birth.

Areas for development:
Partner length of stay: Partner who was involved in care being able to stay with them as much as they wanted.
Opportunity to ask questions: Having the opportunity to ask questions about their labour and birth.
Delay in discharge: Discharge from hospital being delayed.

The areas for development are themes which are cited in Maternity & Neonatal improvement plan.
High level actions related to the areas for development are to:
-Review the provision of birth partners to stay with service users
- Implement a debrief service which needs the population needs and national best practice standards
- To review the efficiency of the discharge process.

The transformation lead midwife and the deputy programme manager are meeting with the MNVP chair on 21st February to review the survey and identify project workstreams. Progress against this plan will be provided to Clinical Governance, LMNS Choice and Personalisation and the York and Scarborough MNVP meetings.

Workstream 2: Growing and retaining our workforce.

The maternity workforce review continues and the final report from birthrate plus is expected by the end of March. A meeting has been had with the ICB to discuss the workforce requirements now and what is likely to be required following the final report. The Director of midwifery and the Chief Nurse will be working closely with the ICB Chief Nurse to agree how the workforce shortfalls will be addressed.
Work continues with the university of York and Hull to look at increasing student midwifery numbers across the service and the different ways in which we can promote and support people to join the profession. This is through apprenticeships, and shortened programmes.

The delivery suite co-ordinator development framework has now been published in line with the 2nd set of Immediate and essential actions from the final Ockendon report and the service is working with the LMNS to agree how this can be achieved collaboratively. There are no timelines for implementation or assurance reporting requirements for progress currently.

Workstream 3: developing and sustaining a culture of safety, learning and support.
Work continues on the maternity quality and safety framework linked through to the wider trust governance review and changes. Work has been focused on a review of all clinical guidelines in place. Of 170 documents 136 continue to be required and 9 of those were out of date and critical to clinical delivery and required immediate update. These have been completed and are currently going through the new approval process. For all other documents there is a clear plan for review based on a risk assessment approach over the coming 6 months for all documents to be updated and approved.

Work also continues to develop a robust process for the maternity safety champions pathway, the Attain and PMRT processes and these are currently being tested along with ward to board reporting process and incident reviews linked to Implementation of PSIRF.

Workstream 4: standards and structures that support and underpin safer and more personalised and equitable care.

The refurbishment of the maternity theatres commenced on the 12th of February. This was anticipated to conclude on the 5th of April but is now delayed to the 26th April due to an issue with the manufacturing of some specific equipment required
The business cases for the capacity and demand of both caesarean sections and scan requirements are concluded and will be presented to the appropriate group/committee for approval after going through the care group governance processes.
A full review of the maternity and neonatal estate is underway to include provision of community midwifery clinics and looking at new models of care that can support improved accessibility for women both in the antenatal and postnatal period.
A quality improvement project has been launched to review the discharge process with a group of staff from both sites looking to standardise the information provided to service users using a video. This will ensure all service users receive the same important information removing variation in information provided. This is being undertaken in collaboration with the MNVP to ensure co-production and design from the start.

Antenatal risk assessments

Around 40% of contacts where a risk assessment has not been completed are linked to telephone screening contacts where there is no requirement for the risk assessment to be completed, this is showing as non-compliance on BadgerNet.

York

13/2190 (0.59%) of antenatal risk assessments were not completed in the antenatal clinic. A small number of staff have been identified who need some further support and education about how to document on BadgerNet, have been identified.

Scarborough

26/960 (2.7%) of antenatal risk assessments were not completed in the antenatal clinic. 25 of these relate to doctors recording the assessment in the incorrect field on BadgerNet. These individuals have been highlighted and the Digital Midwives are undertaking targeted learning with the team.

PPH high level actions
The PPH improvement group has been launched and meets fortnightly to progress actions on areas of improvement. Working with BI and QI team has identified the following themes which will form the initial focus are:
Standardised risk assessment throughout maternity pathway
Standardised approach to measuring and recording of blood loss.
Agree best practice of proforma completion following PPH.
Standardised approach to administration of uterotonics

The next steps will include reviewing care provided in maternity theatre, escalation, and review of maternal anaemia.

Consultant attendance in key clinical situations in line with RCOG principles document

Situations in which the consultant MUST ATTEND
GENERAL
In the event of high levels of activity e.g a second theatre being opened, unit closure due to high levels of activity requiring obstetrician input
Any return to theatre for obstetrics or gynaecology
Team debrief requested
If requested to do so
OBSTETRICS
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary
Caesarean birth for major placenta praevia / abnormally invasive placenta
Caesarean birth for women with a BMI >50
Caesarean birth <28/40
Premature twins (<30/40)
4th degree perineal tear repair
Unexpected intrapartum stillbirth
Eclampsia
Maternal collapse e.g septic shock, massive abruption
PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated
GYNAECOLOGY
Any laparotomy

Attendance of consultants at the above clinical situations is not yet formally recorded in badgernet. Work is ongoing to ascertain if a mandated field can be added to the EPR to capture this as it is acknowledged that the service needs a more formal approach to be able to audit this requirement. Currently this is captured by reporting through the clinical incident system and will continue to be done even when the adjustments have been made in the EPR. For the month of December, no PSI were reported for non-attendance in line with the above guidance.

SI data and actions being taken.

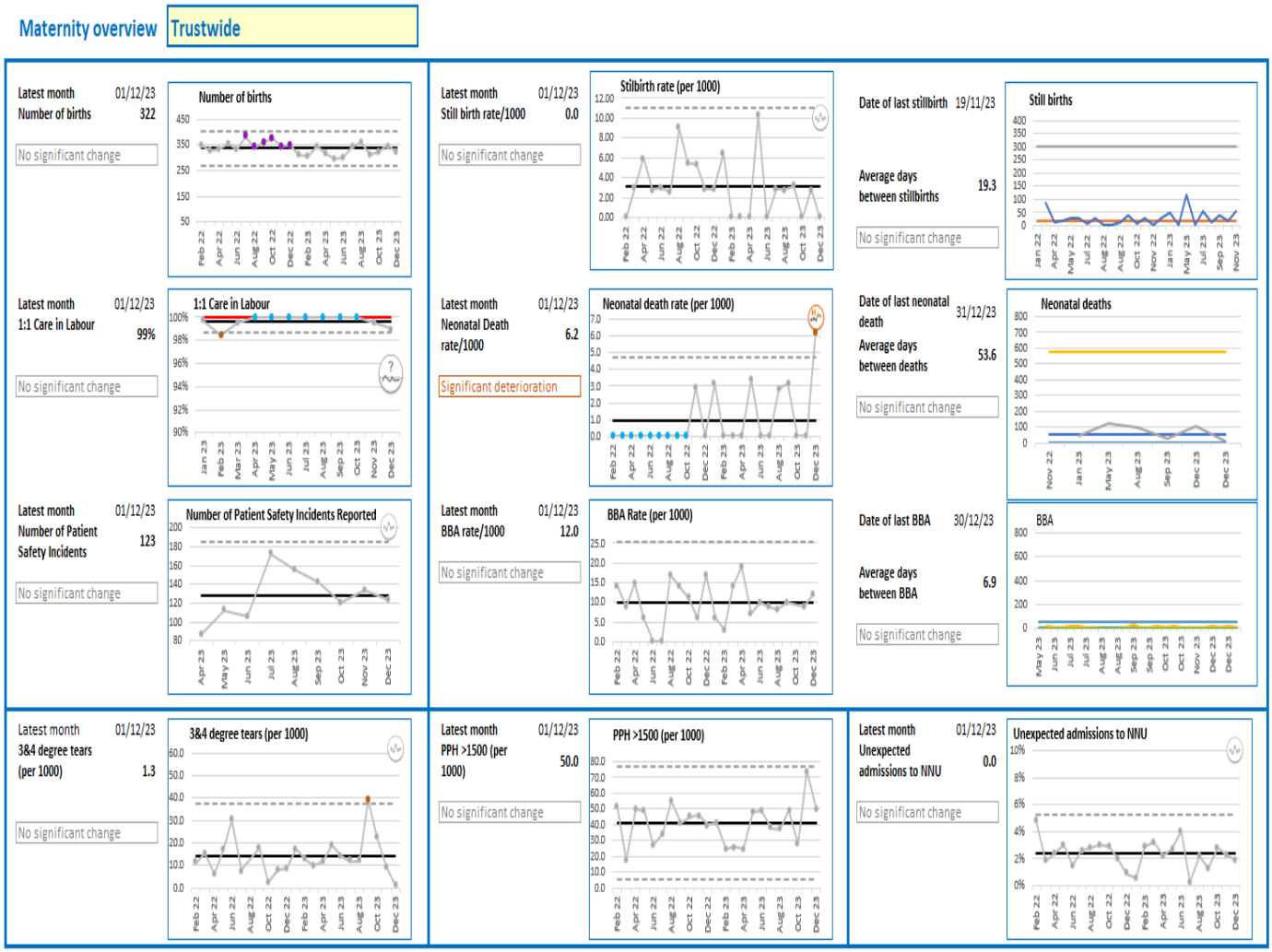
There are 15 open SI investigations, all have assigned midwifery and obstetric lead investigators, these investigations are in the process of being completed with oversight from the Clinical Director, Clinical Governance Lead and Quality and Governance Lead. Completed investigations are planned to be presented to Trust SI panel during March 2024.

Three investigations were presented and approved at the February SI panel with agreed actions aligning to the single maternity and neonatal improvement plan.

There were no incidents that met the criteria for notification for Maternity and Newborn Safety Investigation (formally HSIB).

As part of the implementation and testing of the Quality and Safety Framework, the service are adopting the principles of PSIRF and revising the incident management and oversight processes to include Patient Safety Incident Investigations instead of the Serious Incident Framework. This is currently in the testing phase of implementation.

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery December 2023



Report to:	Board of Directors
Date of Meeting:	28 Feburary 2024
Subject:	CQC Section 31 Update
Director Sponsor:	Dawn Parkes - Interim Chief Nurse
Author:	Sascha Wells-Munro, Director of Midwifery

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

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

Trust Priorities	**Board Assurance Framework**
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	☐ Integrated Care System

Summary of Report and Key Points to highlight:

On the 25 November 2022, the CQC, under Section 31 (S31) of the Health and Social Care Act 2008 imposed conditions on the Trust registration in respect of maternity and midwifery services. This Trust updates the CQC monthly on the 23rd of the month with progress against the S31 notice.

Recommendation:

- To approve the February 2024 monthly submission to the CQC which provides assurance on progress and impact on outcomes in December 2023.

Maternity Services at York and Scarborough NHS Foundation Trust have embarked on a programme of service and quality improvements.

This report provides assurance on the progress to date in delivering against the improvement plan for the purpose of the monthly submission to CQC following the Section 31 notice.

A.2 Fetal Monitoring

A.2.2 Fetal Monitoring Training

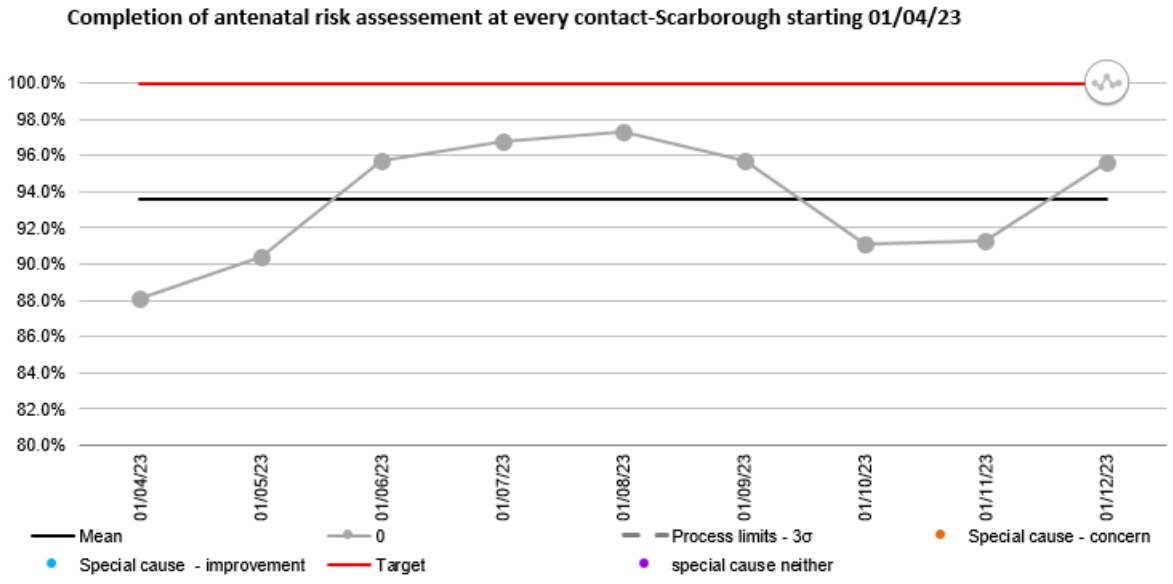
Current Fetal Monitoring compliance figures, by site, at the end of December 2023 are outlined below.

Staff Group	York	Scarborough
Midwives	95% (172/181)	88% (63/72)
Consultants	100% (15/15)	57% (4/7)
Obstetric medical staff	81% (13/16)	36% (4/11)

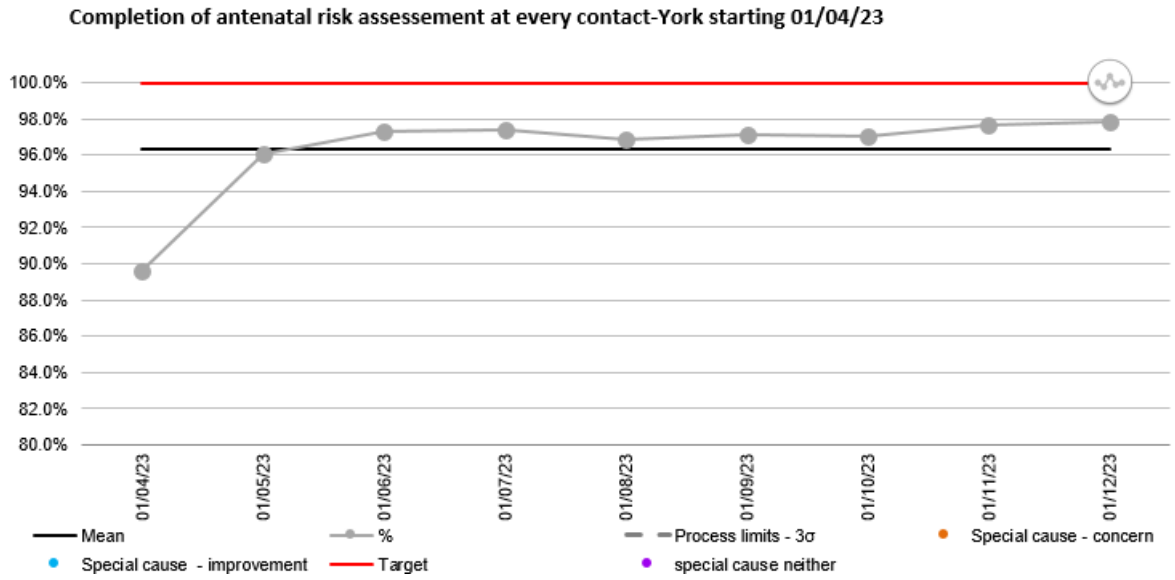
The low compliance figures for medical staff in Scarborough is due to a small number of staff falling out of compliance in December 2023 before they could be booked on another course. Five have attended the training day in January 2024 with a further three booked to attend in February 2024. This will see an improved position for training compliance in January and February 2024. The training plan for 2024 have been developed to ensure that all staff attend training sessions before they fall out of compliance, this will prevent drops in compliance.

A.3 Risk Assessments

The CQC found evidence in patient records which showed incomplete assessments of risk and plans of care to mitigate such risks. All antenatal risk assessments are recorded on BadgerNet.



There were 960 antenatal contacts in Scarborough, 39 contacts did not have an authorised risk assessment completed.



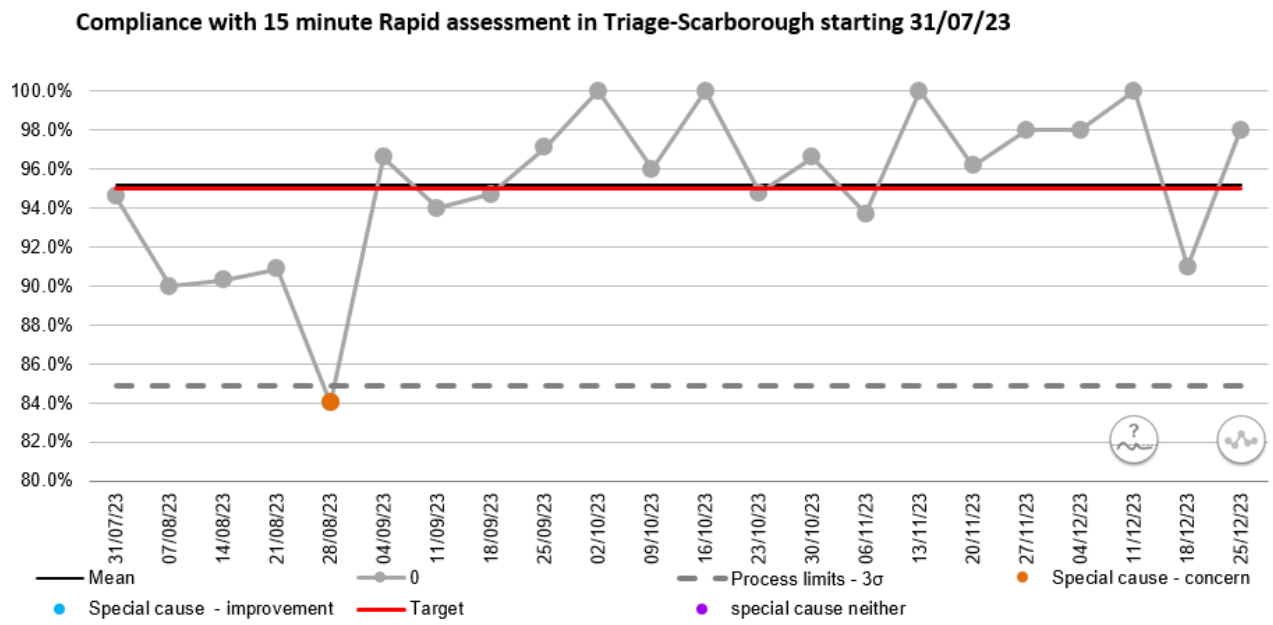
There were 2190 antenatal contacts in York in December 2023, 48 contacts did not have an authorised risk assessment completed.

A deep dive will be undertaken in February 2024 to understand the reason and identify any themes as to non-completion of the risk assessment. This will be reported in the March 2024 submission.

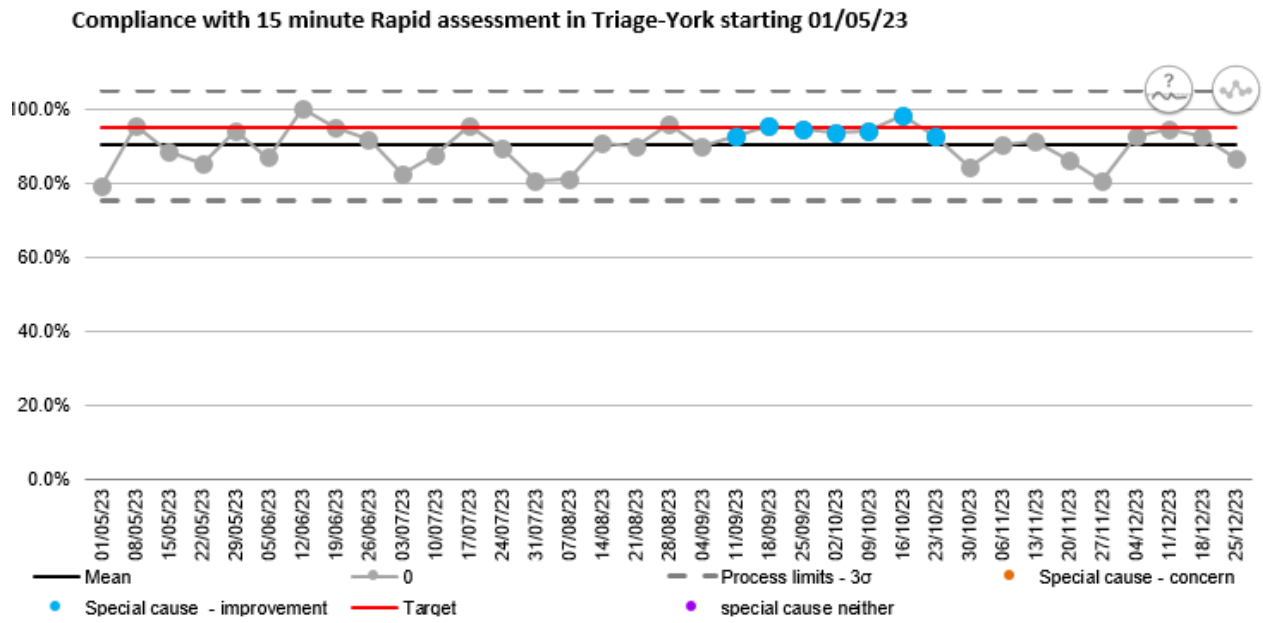
A.4 Assessment and Triage

On the 12 May 2023, the Birmingham Symptom Specific Obstetric Triage System (BSOTS) Triage system went live at York Hospital and partially from 3 July 2023 at Scarborough. The triage system is part of the Badgernet software, the system facilitates the prioritisation of women based on needs.

A dedicated triage area next to the maternity ward at Scarborough has been identified to support the full implementation of BSOTS. Recruitment has not been as successful as anticipated, however with the use of agency midwives has supported this rollout. The HCA/MSW vacancy has been filled and we anticipate our five new team members will join us in February 2024.



The variance noted is due to inconsistency in delivery of the BSOTS model at the Scarborough site due to not yet having a dedicated Triage area and staff. In order to address this the serrvice moved to a designated area away from labour ward on 15 January 2024. This is staffed by a small, dedicated team with expertise and training in providing prioritised care in line with the BSOTS model.



The Maternity Outpatient Matron is working with a national support group led by Birmingham to establish standardised KPI reporting for maternity triage units. Reporting will be updated when these metrics have been agreed.

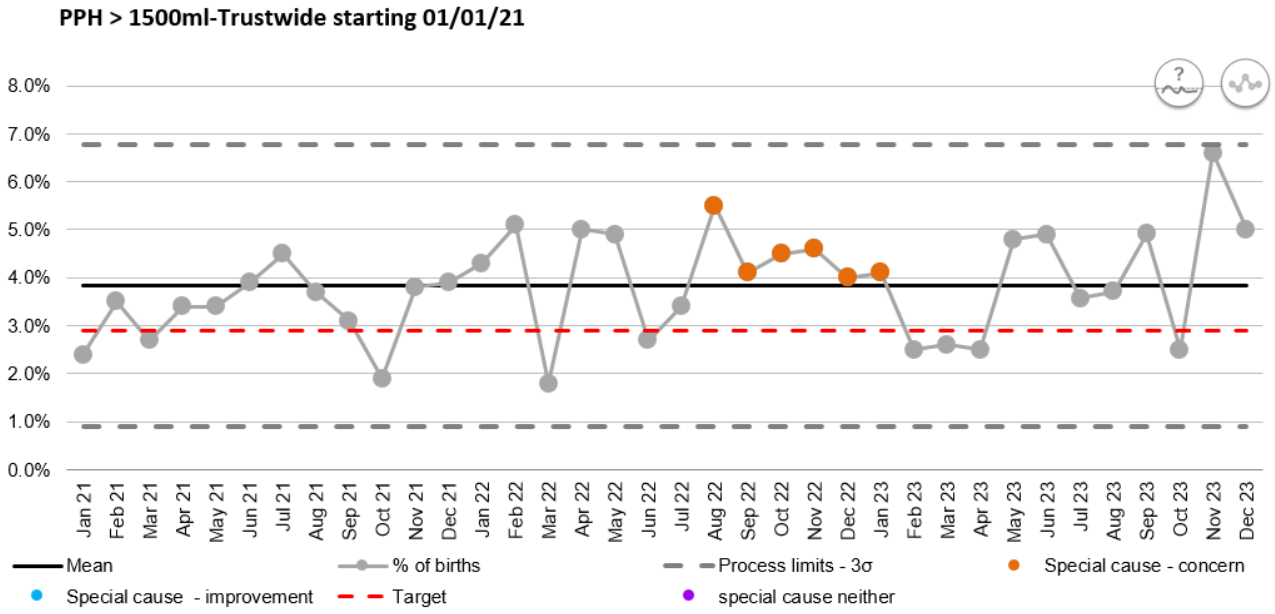
B. Governance and Oversight of Maternity Services

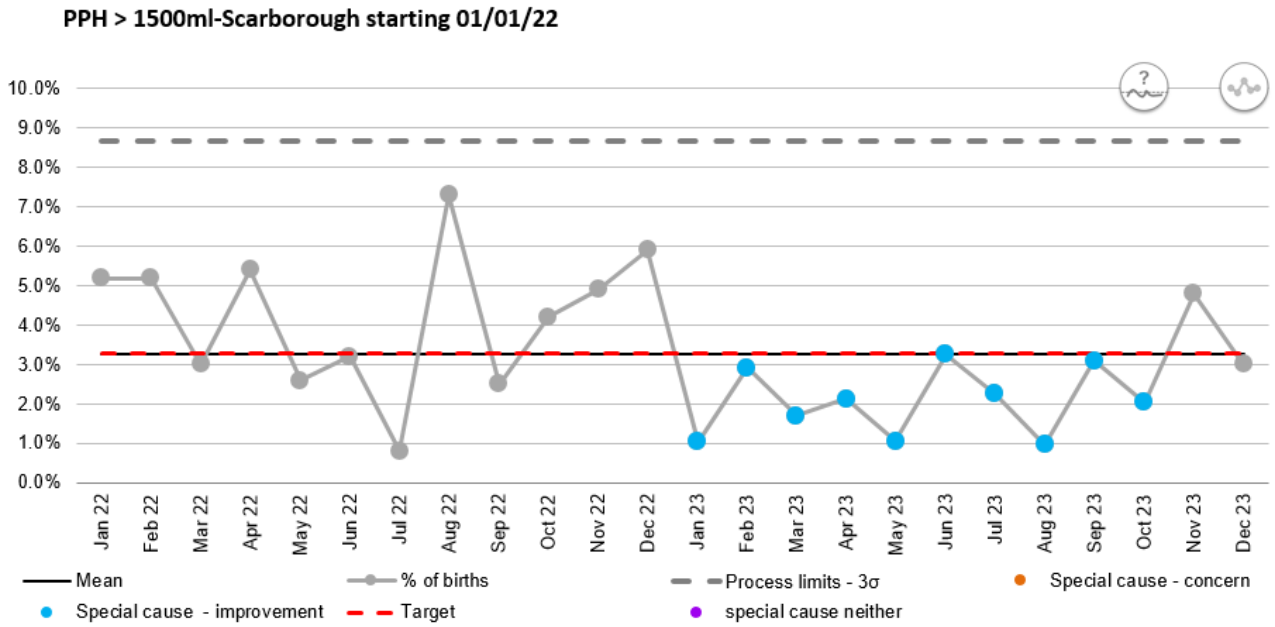
B.1 Post-Partum Haemorrhage

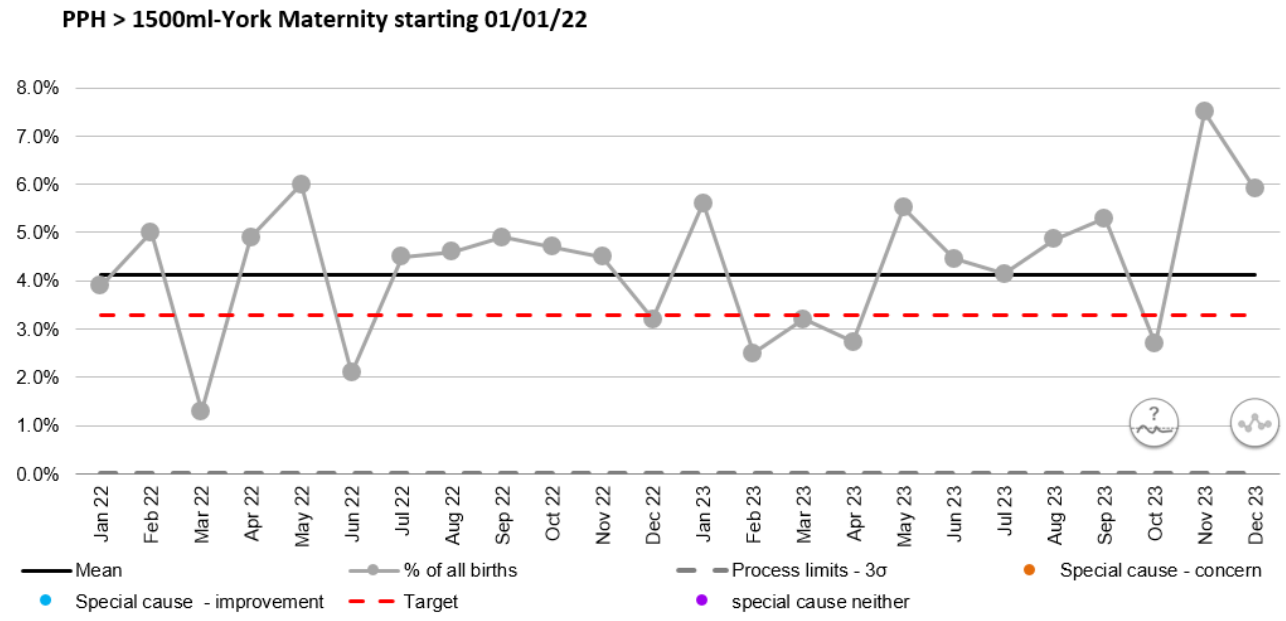
PPH over 1.5 litres

PPH is included as one of the key priority areas in the Trust Patient Safety Incident Review Plan launched in December 2023.

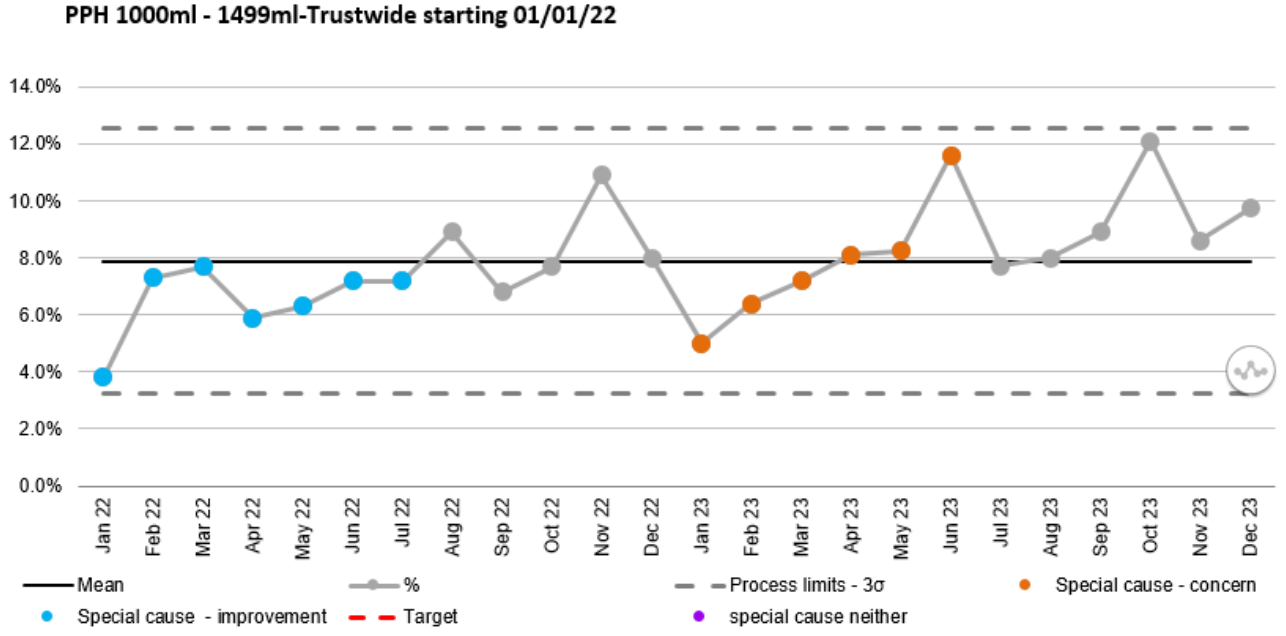
Blood Loss	Number in December 2023
1.5l – 1.9l	10 (range 1.5l – 1.9l)
2l – 2.4l	5 (range 2l – 2.4l)
> 2.5l	1 (range 2.7l)







PPH between 1000ml – 1499ml



The rate of PPH between 1000ml and 1499ml continues to show special cause variation concern however has decreased since October 2023. The PPH Group has been refocused with support from the Trust Quality Improvement team and will reviewing cases to identify learning which will inform the improvement work that the group will be undertaking.

B.2 Incident Reporting

There were sixteen moderate harm incidents reported in December 2023.

Datix Number	Incident Category	Outcome/Learning/Actions	Outcome
8676 8678 8774 8742 11094 10304 9172 9580 9623 9644 10315 11038	PPH >1500ml	For inclusion in the cluster review for November and December PPH	Awaiting the outcome of the review to inform QI projects
10317 10297	3rd/4th degree perineal tear	To be included in the perineal tear cluster review	Awaiting the outcome of the review to inform QI projects
11097	Trauma to bladder at caesarean section	Reviewed at the maternity case review meeting	Recommend to downgrade
9949	Undiagnosed placenta previa	Reviewed at the maternity case review meeting	Recommend to downgrade

B.4 Management of Risks

B.4.1.1 Project Updates York

The renovation of the maternity theatres at York will commence on 12 February 2024, works are expected to take 12 weeks.

There continues to be a daily audit of baby tags by the ward managers on both sites. The estates team undertake monthly testing of the baby tagging equipment to ensure it is working as it should. An abduction drill will be undertaken in March 2024 with a plan developed to undertake one quarterly as part of the Matron assurance reporting.

B.4.1.2 Project Updates Scarborough

The infrastructure is in place at Scarborough for the implementation of x-tags. The use of Hugs tags continues to be effective at Scarborough. Video intercoms have been updated and installed at the ward entrances.

B.4.2 Scrub and Recovery Roles

The recruitment of scrub and recovery roles for maternity theatres continues. There is a rolling recruitment advert targeting experienced theatre staff to work in maternity theatres

and a rotational programme giving practitioners experience in maternity following placements in vascular, urology, gynaecology, and general surgery.

Scrub and recovery shifts continue to be offered as overtime and bank to midwives and theatre staff with a system in place to allow all staff to identify vacant shifts and book onto them.

Report to:	Board of Directors
Date of Meeting:	28 February 2024
Subject:	Quarter 2 Mortality and Learning from Deaths Report
Director Sponsor:	Karen Stone – Medical Director
Author:	Ed Smith – Deputy Medical Director Tim Lord – Patient Safety Lead

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

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

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

Summary of Report and Key Points to highlight:

This report encompasses the following areas:

- York and Scarborough Hospitals NHS Foundation Trust mortality rates:
  - Crude mortality
  - SHMI (Summary Hospital Mortality Index)
  - HSMR (Hospital Summary Mortality Indicator)
- Diagnostic groups most contributing to mortality rates
- Learning from deaths - data:
  - Nationally mandated data
  - Locally mandated data
  - Quality account data
- Learning from deaths – themes and actions
  - Themes from SJCRs considered by the LfD Group in Q4
  - Improvements underway
- Service developments

It should be noted that the format, content and purpose of this report is currently under review following feedback received and subsequent versions will have alterations in the presentation, analysis and learning from data.

Metric	Result
Crude mortality	Crude mortality is **3.08%** (HSMR) and **3.27%** (SHMI) for this current fiscal year
SHMI – HES HED[1] (Data to Dec 2022)	SHMI year to June 2023 is **94.57**
SHMI - NHS Digital[2] (Data to Oct 2022)	SHMI for year to is **94.89**
HSMR[3]	HSMR for year to July 2023 is **107.08 (York Hospital 111.74, Scarborough Hospital 100.28)**

[1] SHMI HES HED - Summary Hospital Mortality Indicator using Hospital Episode Statistics and published by Healthcare Evaluation Data for UK Health Data Benchmarking
[2] SHMI NHS Digital - Summary Hospital Mortality Indicator
[3] HSMR – Hospital Standardised Mortality Ratio published by Dr Foster

Recommendation:

OQG receive the escalations.

Report History

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

Meeting	Date	Outcome/Recommendation
LfD Group	16/11/2023	For OQG 13th Dec 2023
Quality Oversight Group	13/02/2023	

1. Y&SH NHS FT mortality rates

The references in section 6 provide details about the methodologies for measuring mortality and their context.

1.1 Crude Mortality - unadjusted

The crude mortality stands at 3.4% of all non-elective admissions. Crude mortality was 3.08% during the previous fiscal year.

Benchmarking of crude mortality against other Trusts is not recommended due to significant operational variations between Trusts. Instead, Trusts should monitor local trends comparing data from the same month or quarter each year. This takes account of seasonal variation seen locally and nationally.

1.2 Summary Hospital-level Mortality Indicator - adjusted mortality

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. It is the ratio between the actual number of patients who die following hospitalisation at the trust, including those receiving palliative care, and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated at the Trust. It covers patients who died either while in hospital or within 30 days of discharge.

A standard approach is taken to 'adjust' the figures so that the England average is always reported as '100'. Values below 100 represent a better outcome, ie lower mortality, and vice versa.

Further information regarding the methodology can be found in the references towards the end of the report.

Two risk-adjusted mortality rates are presented:

- HED HES-SHMI: This is provided by Healthcare Evaluation Data for UK Health Data Benchmarking (HED). It uses Trust hospital episode statistics (HES) to generate the outcomes. Data is available 3 months in arrears.
- NHS Digital-SHMI: uses HES data and is available 6 months in arrears.

The latest **NHS-Digital Summary Hospital Mortality Index (SHMI)** to June 2023 shows the SHMI was **94.89**. The SHMI trend over time is displayed below (as time series data, Figure 2).

The **SHMI HES data** reports the crude mortality rate at 3.27% and the SHMI at **94.57**;
Expected deaths 2804, observed deaths 2652
In-hospital deaths 1863
Out of hospital deaths 789

This is categorised 'as expected'.

Figure 1 SHMI benchmarked against other Trusts (our Trust highlighted)

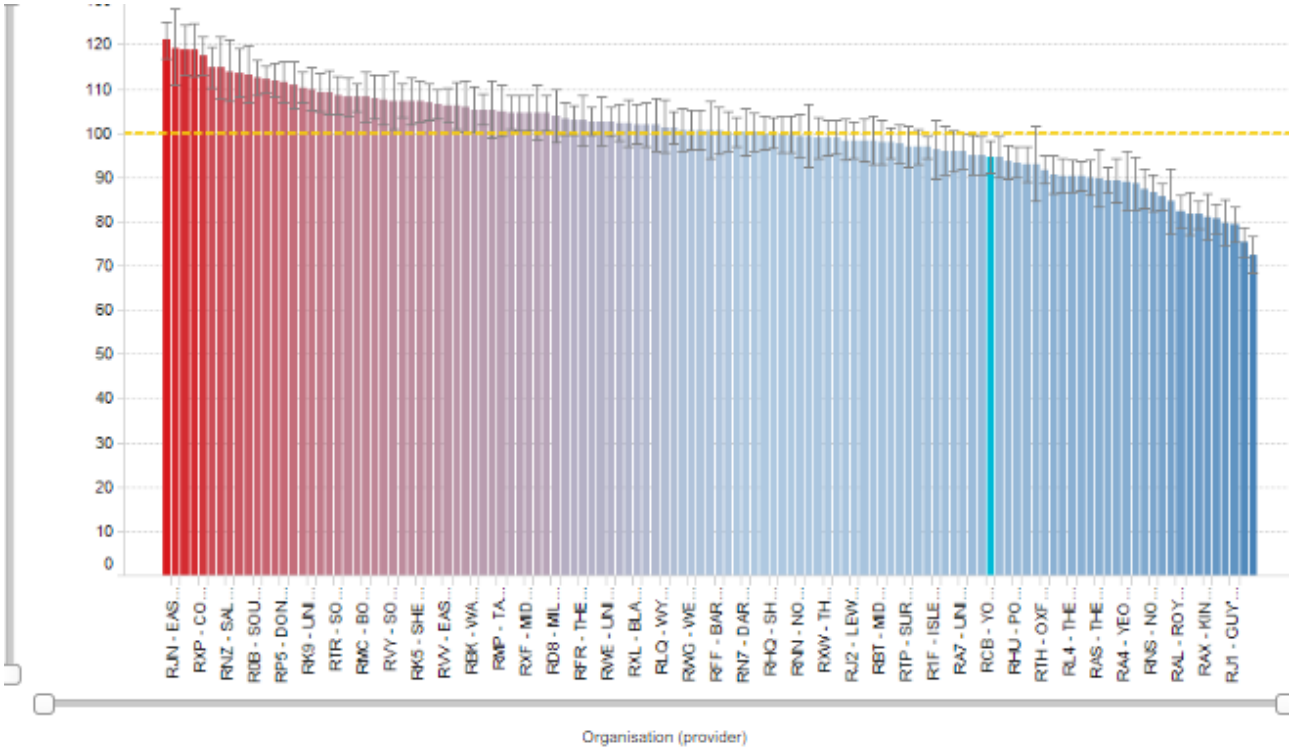


Figure 2 SHMI Funnel plot (in comparison with other Trusts)

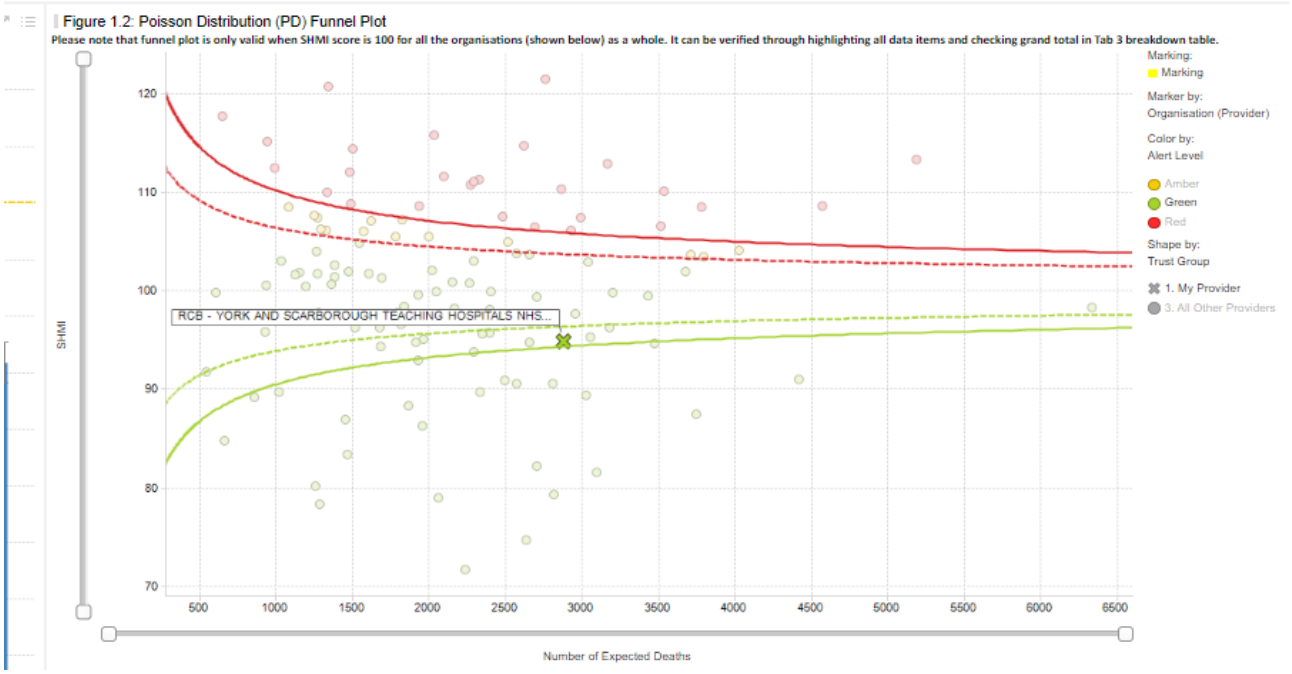
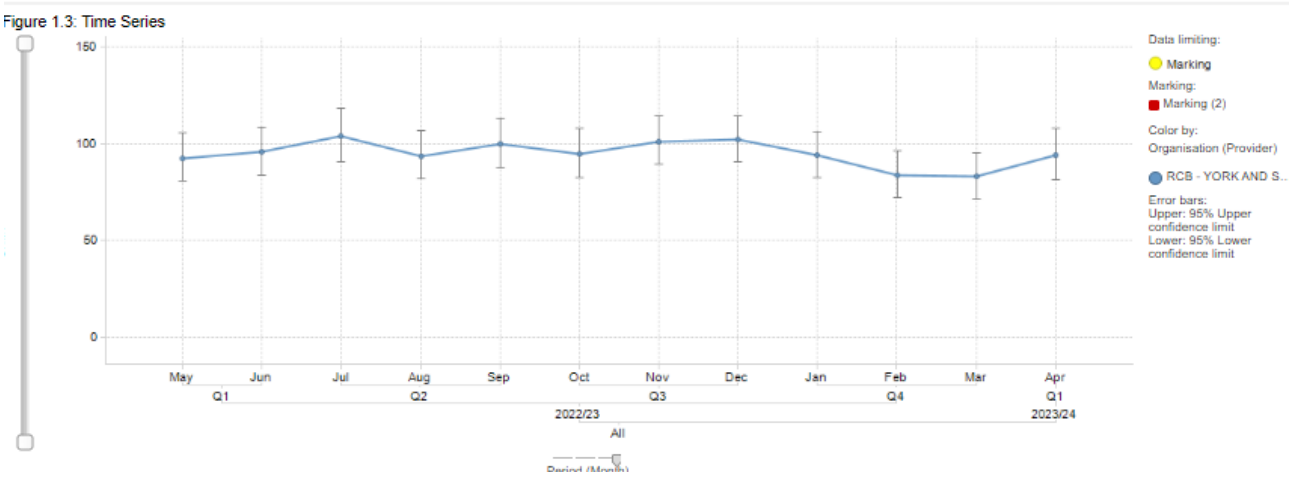


Figure 3 SHMI Time series data



1.3 Hospital Standardised Mortality Ratio (HSMR)

The HSMR measures the actual number of patients who die in hospital against the number that would be expected to die given certain characteristics e.g., demographics. It is not adjusted for palliative (end of life) care and does not include as many diagnostic groups as the SHMI.

The most recent HSMR covers the period to July 2023 and is reported as follows:

Crude mortality rate 3.08%

Expected deaths 1659, Observed deaths 1777

HSMR: 107.08

Of note the HSMR in the last two reported months was higher than would be expected: June 117 and July 115 and it is unclear at present as to what might be contributing to this. We are currently looking at the hospital mortality coding to understand potential influences on this rate, and to understand the variability of the reported rate over time (see Figure 4). The deterioration in HSMR is more noticeable from the York data when compared with Scarborough (see Figure 5 below).

Figure 4 HSMR Funnel Plot (benchmarked against other Trusts)

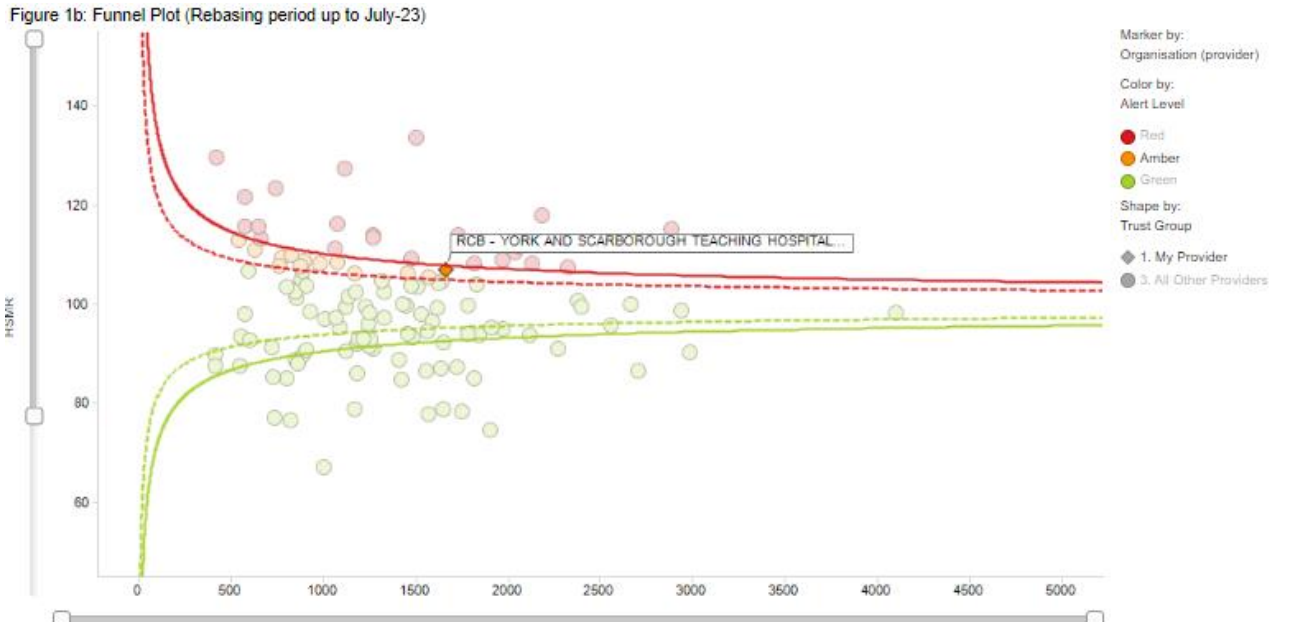
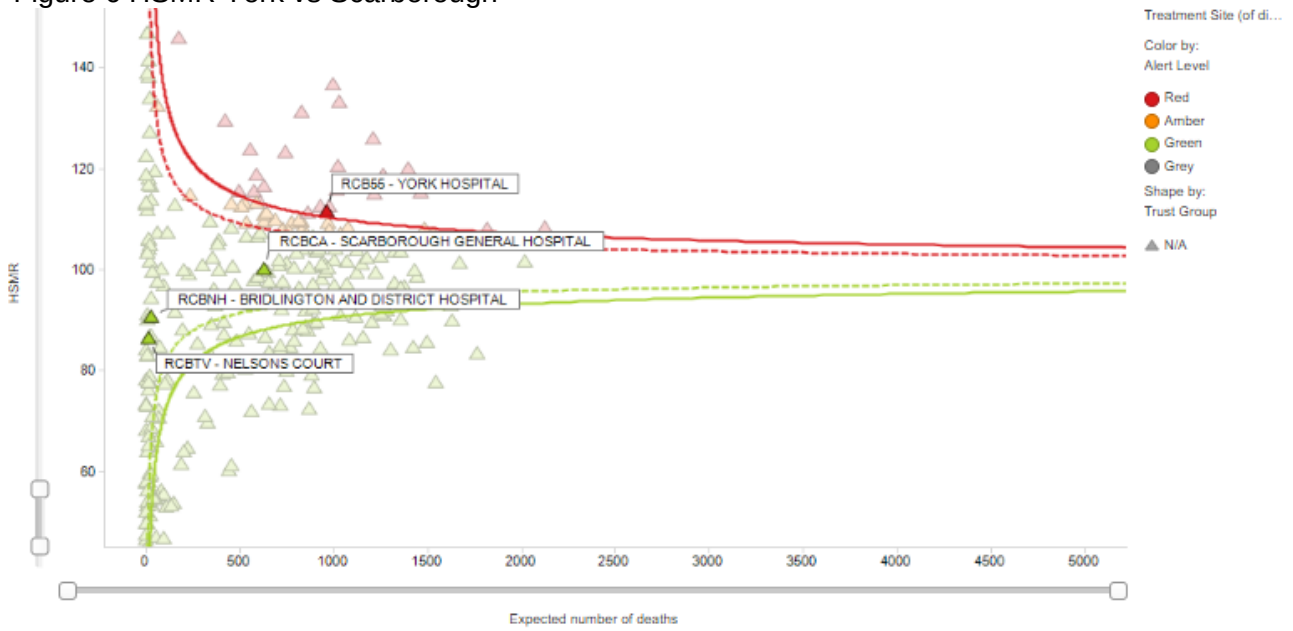


Figure 5 HSMR time series data

Figure 6 HSMR York vs Scarborough



2. Diagnostic groups most contributing to our mortality rates

There are 142 diagnostic codes that contribute to the NHS-Digital SHMI aggregate to give each Trust an overall SHMI value.

There are a number of diagnostic (coding) groups that are currently identified as potentially being associated with excess mortality. These will require further interrogation in order to understand whether there is an actual mortality difference or whether it is related to problems with the coding of these particular cases. These diagnostic groups include Cancer of the Head and Neck, secondary malignancies, fluid and electrolyte disorders and diseases of the mouth and upper airways. There are ongoing discussions with the coding team to help understand how these cases are coded and whether that will impact on the outcome in terms of mortality statistics.
There is also triangulation with the themes identified through the learning from deaths process and reviewed to understand trends.

3. Learning from Deaths

The national Learning from Deaths (LfD) Framework, 2017 sets expectations for Trusts to conduct reviews of the care and treatment of patients who died in their care, acting on the findings and reporting outcomes. The requirement to publish outcomes from LfD within Quality Accounts was mandated at the same time.

This section provides data and outcomes in line with the requirements of the:

- National Guidance on Learning from Deaths (National Quality Board, 2017)
- Trust's Learning from Deaths Policy
- Department of Health and Social Care NHS (Quality Accounts) Amendment Regulations 2017

Whilst the report focuses on quarter 2 data, some information is provided for quarter 1 for comparison.

3.1 Nationally mandated data and information

The data provided in the table below is mandated by the national LfD framework. A narrative on learning and actions is provided in section 4.

SJCRs are Structured Judgement Case-note Reviews; SIs are Serious Incidents.

Table 2 – National data summary

	April	May	June	July	August	Sept
	Quarter 1 (23/24)			Quarter 2 (23/24)		
Total in-patient deaths (inc ED, exc community)	192	177	199	172	154	179
No. SJCRs commissioned for case record review[1]	1	9	8	1	1	4
No. SIs commissioned of deceased patients	4	3	6	0	4	3
No. deaths likely due to problems in care	See tables below					

1 The SJCRs are those requested in month (adjusted to account for reassignments; and including deaths from 2021/22, 22/23 and 23/24).

National guidance requires the publication of the number of deaths reviewed or investigated judged more likely than not to have been due to problems in care. Whilst avoidability of death is not measured at the Trust, a judgement of the overall standard of care, and the consideration of harm, forms part of the review process.

Tables 3 and 4 show the outcomes of the SJCRs **completed and reviewed** during Q1 and Q2:

- Table 3 - the 'overall score' provides the rating from the Reviewer based on their assessment of care during the last admission.
- Table 4 - the 'degree of harm' agreed by the Learning from Death Group having considered the findings from the Reviewer, its context and consideration of any additional information**.**

During Q2 11 SJCRs were reviewed (18 in Q1):

- The overall care score was given in 11/11 of cases.
    - The Reviewer found care good in 4/11 (37%) of cases and excellent in 2/11 (18%) of cases.
    - The Reviewer found care to be adequate in 3/11 (27%) of cases.
    - Reviewers found there to be 2/11 (18%) cases with poor care and 0 with very poor care.
- The Learning from Death Group agreed harm leading to death in 0 cases, moderate harm in 0 cases, minor in 5/11 (45%) of cases and no harm in 6/11 (54%) of cases.

Table 3 – SJCR outcomes assigned by the Reviewer (overall score)

Overall score	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	TOTAL
Very poor care	0	0	1	0	0	0	**1**
Poor care	2	0	0	2	0	0	**4**
Adequate care	3	1	2	0	0	3	**9**
Good care	4	3	1	2	1	1	**12**
Excellent care	1	0	0	1	1	0	**3**
TOTAL	**10**	**4**	**4**	**5**	**2**	**4**	**29**

Data extracted from Datix on 24 Oct 2023

Table 4 – SJCR outcomes following review by LfD Group (degree of harm)

Degree of harm	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	TOTAL
Death	1	0	0	0	0	0	**1**
Severe	0	0	0	0	0	0	**0**
Moderate	1	0	1	0	0	0	**2**
Minor	0	1	0	4	0	1	**6**
No harm	8	3	3	1	2	3	**20**
TOTAL	**10**	**4**	**4**	**5**	**2**	**4**	**29**

3.2 Locally mandated data

Trust policy requires that the national data is supplemented with locally mandated data to provide a richer picture of performance as we move towards the Medical Examiners review of 100% of deaths; and the timely completion of structured judgement case-note reviews.

Table 5 – locally mandated data

	April	May	June	July	August	Sept
	Quarter 1 (23/24)			Quarter 2 (23/24)		
No. of cases reviewed by ME (Scarborough)	60	75	84	54	56	59
No. of cases reviewed by ME (York)	108	84	95	101	79	91
% deaths reviewed by ME (Scarborough)	88.2%	98.7%	97.7%	98.2%	98.2%	98.3%
% deaths reviewed by ME (York)	93.1%	87.5%	93.1%	99.0%	100.0%	90.1%
% reviews resulting in further enquiry (Scarborough)	10.3%	14.5%	11.6%	21.8%	12.3%	18.3%
% reviews resulting in further enquiry (York)	7.8%	15.6%	19.6%	13.7%	17.7%	19.8%
No. SJCRs requested[1]	1	9	8	1	1	4
No SIs commissioned	4	3	6	0	4	3

1 The SJCRs are those requested in month (adjusted to account for reassignments and including deaths from 2021/22, 22/23 and 23/24).

Points to note:

The percentage of deaths receiving ME review during Q2 has increased in both Scarborough and York Hospitals in comparison with Q1. It had been highlighted in Q1 a reduction of review percentage with lows of 88.2% (Scarborough) and 87.5% (York. It was suggested by the ME in response this was due to lack of availability of examiners due to annual leave and sickness cover. Q2 figures are more reassuring showing better review percentages Q2 averages 98.2% (Scarborough), 96% (York).

The percentage of referrals from the ME for further enquiry is similar on both sites in Q2 Scarborough site (12.3%-21.8%) and York site (13.7%-19.8%). This is a higher range for both sites in comparison with Q1. The national figure for further review is approximately 10% and so we are currently above this national average which was also evident in Q4 of last year.

Table 6 - Incidents Reported by Referral Type for Last 2 Quarters

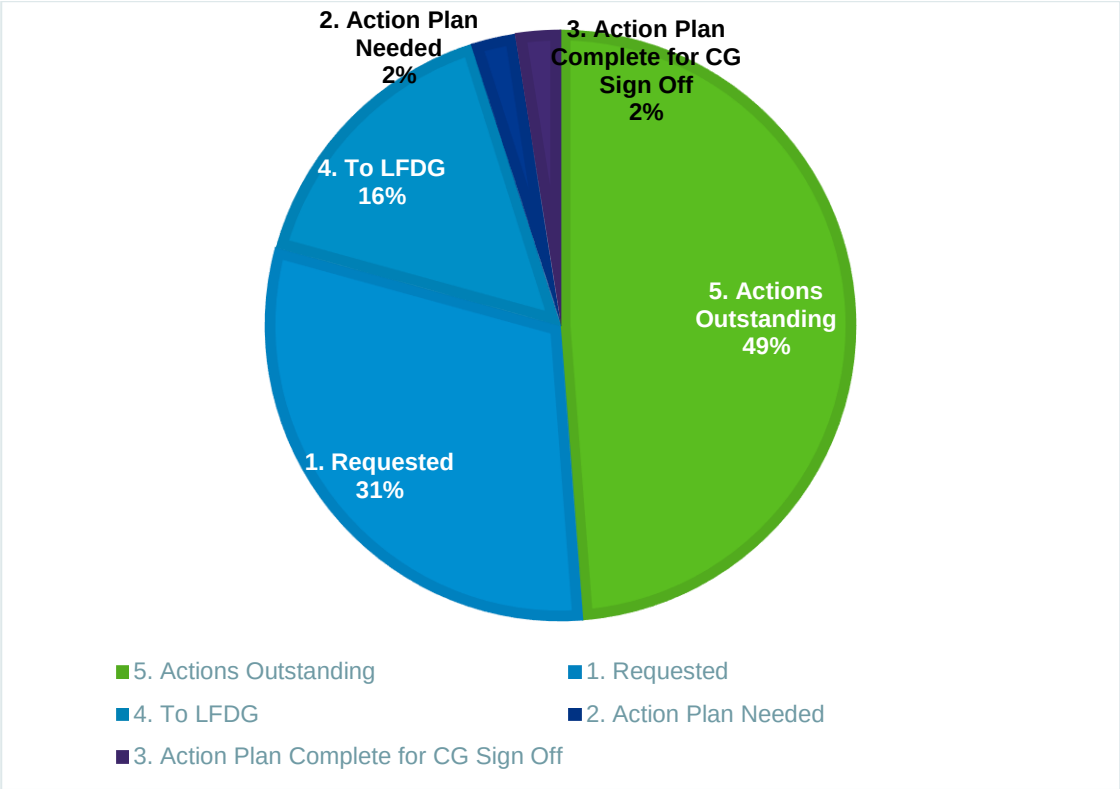
	Quarter 1 (23/24)		Quarter 2 (23/24)	
	Family Concerns	ME Concerns	Family Concerns	ME Concerns
Scarborough	64.3%	64.3%	Data unavailable	Data unavailable
York	67.4%	67.4%	Data unavailable	Data unavailable

- Unfortunately due to lack of resource in the ME team they were unable to provide Q2 data and thematic analysis for this section.

Data at point of reporting (24/10/2023)

Overall no. of SJCRs open: 82 (previously 75)

Figure 11 – Status of open SJCRs



There has been a slight increase in the number of open SJCRs compared with the previous quarter. Also, there has been an increase in the number of reviews overdue with 17 more than 60 days overdue, compared with 11 in the previous quarter.

	Current	Previous report
Number under review	25	22
Awaiting action planning	2	5
Actions outstanding	40	38
More than 60 days overdue (exc. awaiting LfD Group & action implementation)	17	11

3.3 Quality account data

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017. These added mandatory disclosure requirements relating to 'Learning from Deaths' to Quality Accounts from 2017/18 onwards. The data relates to regulation 27.

Table 7 – Quality Account Data

The data shown for sections 27.1-27.3 relate to the deaths that occurred in 2022/23.

The data shown for sections 27.7-27.9 relate to the deaths that occurred in 2021/22 but were investigated during 2022/23 and hence not reported in the 2021/22 Quality Account.

Item	Requirement	Q3 data	Q4 data	Q1 data	Q2 data
27.1	Total number of in-hospital deaths	724	632	568	505
27.2	No. of deaths resulting in a case record review or SI investigation (requested reviews of patients who died in 22/23 and 23/24)	ME: 634 SJCRS:36 SI:14	ME:563 SJCRS:18 SI:15	ME:506 SJCRS:14 SI:13	ME: 440 SJCRs:6 SI:10

27.3	No. of deaths more likely than not were due to problems in care[1] (completed investigations of patients who died in 23/24)	1	2	0	1
27.7	No. of death reviews completed in year that were related to deaths in the previous reporting period [2] but not previously reported	SJCR: 3 SI:1	SJCR:1 SI:0	SJCR:18 SI:1	SJCR: 4 SI: 1
27.8	No. of deaths in item 27.7 judged more likely than not were due to problems in care.	2	0	1	0
27.9	Revised no. of deaths stated in 27.3 of the previous reporting period, taking account of 27.8	14	14	Previously stated: 5 Updated total: 6	1

[1] This is where the degree of harm after investigation / SJCR is agreed as death based on the opinion of the members of the SI Group and Learning from Deaths Group

[2] Reviews completed in 2023/24 after the 2022/23 Quality Account was published

Items 27.4-6 relate to learning from case record reviews and investigations; a description of actions taken and proposed; and an assessment of the impact of the actions. These items are covered in the next section.

4. Learning from Deaths - themes and actions

There are certain categories of deaths where a full review is automatically expected:

a. Children
b. Patients with Learning Disabilities / Autism
c. Women where death is directly related to pregnancy or childbirth
d. Stillbirths or perinatal deaths

These require review following national processes; their findings are escalated to the Quality & Patient Safety Group (QPaS) as per scheduled report.

Local serious incident investigations, where death has occurred, are considered by the LfD Group to identify themes that are also common to SJCRs. A specific report is escalated to QPaS summarising the learning.

The national LfD Framework requires SJCRs to be undertaken when the following criteria are met:

- Where bereaved families and carers, or staff, have raised a significant concern about the quality-of-care provision.
- Where a patient had a learning disability or severe mental illness.
- Where an 'alarm' has been raised e.g. via an elevated mortality alert, audit or regulator concerns.
- Where people are not expected to die, e.g. elective procedures.
- Where learning will inform the provider's existing or planned improvement work.
- A further random sample of other deaths so that providers can take an overview of where learning and improvement is needed most overall.

Table 8 below shows the source of SJCR requests between April 2023 and Sept 2023, primarily generated by concerns from the Medical Examiner.

Table 8 – Source of request for SJCR

SJCR Request Source	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	TOTAL
1. Initial Mortality Review	0	0	0	0	0	0	**0**
2. Medical Examiner Review	3	2	0	0	1	1	**7**
3. Q & S Meeting	0	0	0	0	0	0	**0**
4. Learning Disabilities	2	2	1	0	0	2	**7**
5. Elective Admission	2	0	0	0	0	0	**2**
6. NoK Concern/Complaint	2	0	0	0	0	1	**3**
7. Care Group	1	0	3	1	1	2	**8**
TOTAL	**10**	**4**	**4**	**1**	**2**	**6**	**27**

4.1 Themes from SJCRs considered by the LfD Group in Q2:

Case record review can identify problems with the quality of care so that common themes and trends can be seen, which can help focus organisations' quality improvement work.

Assessment against five themes, collated over many months as part of the SJCR, are shown as per Datix dashboard in Table 8. This information is based upon the judgement of the Reviewer.

Table 9 – Thematic review of all SJCRs reviewed

Theme	Yes	No	Total	Compliance/ Percentage breakdown	Previous report
Senior review appropriate	166	30	196	**85%**	**84%**
Ceiling of Care documented	167	27	194	**86%**	**85%**
Deterioration recognised and managed	154	40	194	**79%**	**79%**
Good communication between the MDT	160	32	192	**83%**	**83%**
Good communication with patient / family	159	28	187	**85%**	**85%**
Was there a Healthcare associated infection?	151	45	196	**77%**	**80%**

Clearly in the vast majority of cases appropriate care was given and communication was reasonable, there has been a slight improvement in 2 of the themes with a reduction in the number of cases with healthcare associated infections.

Datix allows for the capturing of themes, aligned with those used for serious incidents. The themes identified are shown in Table 10 (primary theme) and Table 11 (secondary theme if relevant).

Table 10 – Primary themes identified

	April	May	June	July	Aug	Sept	Total
No Themes Identified	2	0	0	0	1	0	**3**
Comms / Documentation	0	1	1	1	1	1	**5**
Delayed Diagnosis / Treatment	0	0	0	1	0	0	**1**
Escalation	0	0	0	2	0	0	**2**
Clinical Assessment	0	1	0	0	0	0	**1**

	April	June	May	July	Aug	Sept	Total
Environment	1	0	0	0	0	0	**1**
Escalation	0	0	0	0	0	1	**1**
No Themes Identified	3	0	0	0	0	0	**3**
Comms / Documentation	0	1	0	1	0	0	**2**
Clinical Assessment	1	0	0	0	0	0	**1**
Nutrition/Hydration	0	0	0	1	0	0	**1**
Learning disabilities	0	1	0	0	0	0	**1**
Other	0	0	1	0	0	0	**1**
Total	5	2	1	2	0	1	**11**

Learning disabilities	1	1	0	0	0	0	**2**
Patient factors	0	1	0	0	0	0	**1**
Guidance/Policies	1	0	0	0	0	0	**1**
Discharge	0	0	0	0	0	1	**1**
Other	1	0	0	1	0	0	**2**
Total	**5**	**4**	**1**	**5**	**2**	**2**	**19**

Table 11 – Secondary themes identified

More specific detail about the themes can be seen in the boxes below.

End of Life care

- Inappropriate decision to reverse end of life care.
- Clear evidence patient approaching the end of life and no decision made- delay in decision making resulted in patients wishes not being able to be followed.
- Paper notes missing and the quality of record keeping was highlighted several times within Q1 and escalated in the monthly report to OQG.

Observation / Assessment / Escalation

- Delay in review and initiation of sepsis pathway specifically antibiotic
- No evidence of formal assessment of capacity.
- MCA not clear completed- requiring further review by MCA team before LfD able to sign off SJCR.

Operational matters

- Decision making effected by several ward moves.
- Multiple ward moves.
- Patient experience effected by outliers and multiple ward moves

Documentation/ Notes

- Notes not in order effecting efficiency in completing SJCR reviews.
- Missing notes within the medical records for example not able to find MCA form in patients records.

4.2 Improvements underway:

Most of the themes identified from death reviews are aligned with existing improvement initiatives.

4.2.1 Datix Cloud IQ (DCIQ)

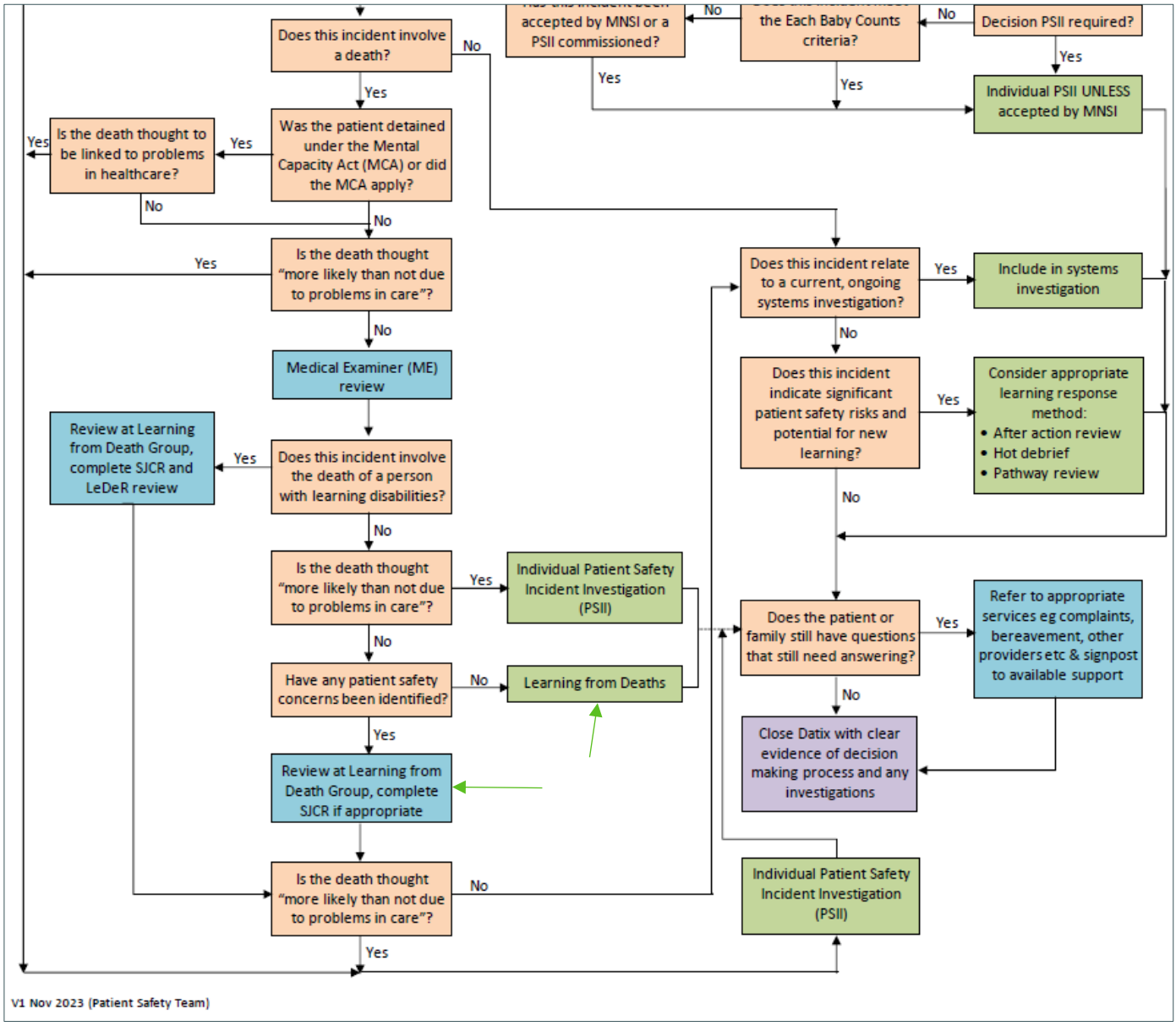
The introduction of the new mortality module has been built on the new Datix cloud and has been live since 1st August 2023. Thus far, the uploading of deaths has been carried out correctly with

numbers showing on the mortality module showing the same numbers as data available through signal. The use of this data being uploaded will be reviewed in Q3, looking to better utilise the capabilities of DCIQ and improve our ongoing monitoring of information relating to deaths.

5. Service developments

5.1 PSIRF

PSIRF is on the horizon and is due to go live early December. Where LFD /ME and SJCRs will fit an extract of within the new Learning Response Decision Report Tool can be seen below; It should be noted at the point of this report this is a draft version and yet to be approved.



PSIRF decision support tool (v1 Nov

5.2 LFD Report & Mortality Module

It should be acknowledged that the process by which this report is collated from different teams such the information team and ME has been a challenge due to capacity constraints within these teams. As a result, the format and collection of data for this report is going to be reviewed with the hope that DCIQ will be able to provide the majority required metrics, thus mitigating the reliance on other teams and managed by the Patient Safety Team. This will also allow for a more efficient process, with the anticipated ability to be give constant monitoring of our SJCRs, their progress and ultimate outcomes.

6. References

1. Crude Mortality rate is the percentage of patients that died. The crude percentage includes all deaths up to 30 days post discharge. The crude mortality percentage is the sum of the in-hospital deaths and the out-of-hospital deaths.
2. NHS-Digital SHMI: SHMI is a hospital-level indicator which reports mortality at trust level across the NHS (acute care trusts only) in England. The methodology is transparent, reproducible and sensitivity analysis of SHMI model had been carried out independently. The indicator is produced and published monthly by NHS Digital. University Hospitals Birmingham (UHB) is actively involved in developing and constructing SHMI as a member of Technical Working Group. In comparison to Hospital Standardised Mortality Ratio (HSMR) produced by Dr Foster, there are a few of key advantages advocating the use of SHMI -
    a. SHMI methodology is completely open and transparent. It is reproducible by third parties and less confusion has been caused within NHS hospitals compared to HSMR.
    b. SHMI gives a complete picture of measuring hospital mortality by including deaths up to 30 days after discharge from hospital, whereas the HSMR only includes 80% of in hospital deaths.
    c. SHMI does not account for palliative care (published as a contextual indicator instead) in the model due to coding issues. It could largely reduce the chance of gaming by coding more palliative care to reduce mortality ratio.
    d. Death is only counted once in SHMI to the last discharging acute provider. HSMR will attribute one death to all the providers within a chain of spells which are linked together due to hospital transfer (i.e., superspell if existing).

However, due to the limitations of administrative datasets (lack of clinical information in SUS/HES), SHMI-type indicators **cannot** be used to quantify hospital care quality directly and count the number of avoidable deaths.

HED's SHMI (NHSD) Module is built on the *SHMI Dataset* which is created by NHS Digital on a monthly basis. The dataset only includes necessary data fields for the purpose of validating SHMI model.

3. HES-SHMI: The HED team replicate the SHMI methodology by using our subscribed Hospital Episode Statistics (HES) and HES-ONS Linked Mortality Dataset from NHS Digital.

HED SHMI (HES-based) module is designed to provide a national, regional and bespoke peer benchmarking of overall SHMI and contextual indicators (released by NHS Digital) within all NHS acute hospitals in a more timely and detailed manner. The module will be refreshed every month after we receive monthly subscribed HES and HES-ONS datasets.

SHMI (NHSD) vs. SHMI (HES-based)

1. SHMI (NHSD) is built on the data with the same time period as that for the monthly official SHMI release (by NHS Digital); The SHMI (HED-based) module is refreshed on a monthly basis using the latest data available to the HED team through subscriptions to HES and ONS extracts. Therefore, monthly SHMI scores after the modelling data period are provisional and will be updated after the next SHMI model rebasing period.
2. SHMI (HED - based) utilises the same model built for monthly SHMI to make predictions on new data. It enables the trust to see a timely update of (provisional) SHMI figures prior to

national monthly release. It also enables the trust to 'drill down' to patient level detail to facilitate local audit.

3. There is a slight difference in the data used to build SHMI (NHSD) and SHMI (HES - based). Since SHMI (HES - based) allows access to patient level detail it is not permitted to include data relating to patients who have chosen to 'opt-out'. These patients are those who have exercised their right for their personal data to only be used for purposes related to their own healthcare. Nationally this usually equates to approximately 2% of patients. HED believes that the benefit of being able to view patient level details outweighs the disadvantage of a slight mismatch with public SHMI figures. If an exact match to NHSD SHMI figures is required, then the SHMI (NHSD) module should be used.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 February 2024
Subject:	Quality Improvement
Director Sponsor:	Karen Stone
Authors:	Kerry Blewitt – Head of Quality Improvement Adele Coulthard – Director of Quality, Improvement and Patient Safety Phil Dickinson – Associate Medical Director for QI

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

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

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

Summary of Report and Key Points to highlight:

The Trust Board approved the Quality Improvement Strategy in August 2021. The report highlights progress with the delivery of the QI strategy objectives. Key highlights for information are:

- A Quality Improvement (QI) educational dosing model was designed and an education programme is in place from novice to expert. The number of staff trained in QI is increasing month on month.
- The Associate Medical Director for QI was appointed in 2022
- QI is now an awards category for Celebration of Achievement
- We have successfully bid for 3 Health education England Future Leaders Fellows who will start with the Trust in Aug 2024 and will partially support quality improvement projects as part of their role
- We completed the NHS Impact assessment in Oct 23

Recommendations:

The next steps are to explore the opportunities that the NHS Impact Framework brings and to engage widely with the organisation to better understand our current position in order to refresh our QI strategy in line with the developing Trust Strategy.

The Board is asked to support the next steps to explore the opportunities that NHS Impact brings and to engage with the organisation.

Report Exempt from Public Disclosure

No ☒ Yes ☐

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

Report History

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

Meeting	Date	Outcome/Recommendation
Executive Committee		Supported

Quality Improvement

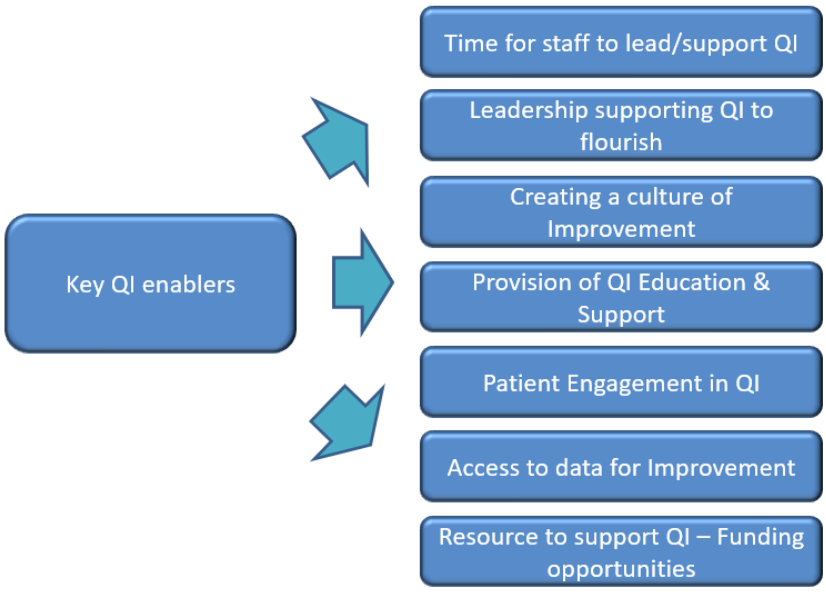
1. Introduction and Background

Quality improvement is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement (CQC 2020, Brief guide: assessing quality improvement in a healthcare[1] provider).

For the Trust to be most effective, a focus on quality must become the driving force of the organisation culture from service level to Board. Quality improvement provides a systematic approach to enabling staff to identify quality issues and work through a process to deliver better quality care and improved patient experience from the ground up.

2. Current Quality Improvement Strategy 2021 - 25

A QI strategy group was established in January 2021 to develop our trust-wide systematic and systemic approach for QI. In addition to the expertise within the QI strategy group which included a carer, we held a 'QI time out' session and ran four staff engagement sessions to enable staff to contribute to the development of the strategy. This co-production approach was fundamental to developing a QI strategy that promotes a QI culture within the organisation. Through the engagement sessions and the 'time out' we identified a number of key enablers which informed our QI Strategy. The below diagram shows the key enablers:



Developed by the QI Strategy group 2021

[1] CQC – Brief guide : assessing quality improvement in healthcare - 9001395_Brief_guide_Assessing_quality_improvement_in_a_healthcare_provider.pdf (cqc.org.uk)

From the identified enablers we identified five priority areas that underpin the QI Strategy which are the following:

Priority 1:

- We will focus improvements in a patient centred way
- Ensure QI is delivered in a way that we target interventions and improvements to tackle healthcare inequalities as part of the Core 20 plus 5 initiative

Priority 2:

- Develop a QI training and education structure from beginner to expert through the QI delivery group.
- Act to ensure that QI assumes a key role in the organisation.
- Develop the required support mechanisms to ensure the growth of QI capability in care groups and corporate departments/LLP

Priority 3:

- QI is accessible to all and part of everyday language – supported by leadership

Priority 4:

- Develop mechanisms for sharing and celebrating success

Priority 5:

- Ensure staff have access to Digital and data enablers to ensure they can implement and measure the impact of improvement

The QI strategy group reviewed the learning from the CQC 'Sharing learning from trusts on a journey [2] (CQC 2018). Through the development of this QI Strategy, we took a realistic view of where we were in the challenges we face, the progress to date on what we have managed to achieve and set out a clear ambition to be an organisation that is committed to delivering high-quality care through embedding a systematic and effective approach to QI. This approach was presented and agreed by the Board in August 2021. The QI strategy group was stood down and the QI delivery group was established with a different membership to drive delivery of our agreed 5 key priorities.

3. Current Position/Issues - QI delivery group

The QI delivery group was established in September '22, following the appointment of key personnel to ensure QI becomes a fundamental part of what we do as a Trust
The QI delivery group has been set up to plan, develop and oversee the implementation of Quality Improvement methodologies across the organisation, supporting "ground up" improvement work across the six Institute for Healthcare Improvement quality domains: safe, effective, patient centred, timely, efficient and equitable.

The QI Delivery Group reports to Executive Committee on operational delivery and works through Patient Safety and Clinical Effectiveness Sub Committee to Quality Committee for assurance.

Appendix 1 shows the detailed progress of delivery against the QI Strategy. Key achievements are:

[2] CQC Sharing the learning from Trusts on a QI journey - Quality improvement in hospital trusts: Sharing learning from trusts on a journey of QI - Care Quality Commission (cqc.org.uk)

- The development of a QI education plan, dosing model (see appendix 2) to include the following education programmes:
    - Foundations of Improvement – 1 hr online through NHS improvement academy (NHS improvement do not collect data on attendance)
    - Delivering Improvement – 1 day in house face to face training (275 staff trained to current time)
    - Leading & Coaching Improvement (Quality, Service Improvement & Redesign Practitioner Programme) 5 day face to face programme (95 staff trained over 4 cohorts)
    - Preceptor QI education (all clinical new starters) – 3 hours face to face (130 staff trained to current time)
- The improvement team have all completed the Quality, Service Improvement & Redesign Practitioner Programme (QSIR P) training which is a 5 day programme with a syllabus that covers a wide variety of key improvement tools in depth. Four individuals in the team have passed the QSIR associate assessment which enables them to teach QSIR P within the organisation.
- The creation of a simple six stage model for QI based on the Model for Improvement with an accompanying QI toolkit to support staff to follow the methodology.
- The improvement team are currently aligned to support the agreed Patient Safety Incident Response Framework (PSIRF) priorities which are the following:

    - Falls Prevention
    - Pressure Ulcer management
    - Deteriorating patient / escalation
    - Nutrition & hydration
    - Medication Safety
    - Discharge & onward referral
    - Post partum haemorrhage

- A QI self-assessment tool was developed and disseminated to Care groups / corporate departments to complete in July ’22 to show a baseline position. The results of this have previously been shared with the Board.
- QI has been added as a dedicated category in the Celebration of Achievement Awards
- We have successfully bid for 3 Health education England Future Leaders Fellows who will start with the Trust in Aug 2024 and will support quality improvement projects as part of their role
- NHS Impact baseline assessment was completed by Corporate Directors in Oct 23 31 Oct 23. The scoring is shown in appendix 4.

4. Risks

The following are identified risks for the QI strategy:

- The trust corporate memory is that QI is still seen as top driven and not delivered by staff closest to the patient, messaging around “ground up” is critical as is giving our staff permission to act to improve the quality of services the trust provides.
- Our ability to harness non-clinical teams and wider corporate support to clinical services with improvement can be limited. e.g. teams report that they can struggle

to obtain data to enable them to use measurement for improvement to identify change.

- We need to encourage closer working between corporate teams; Organisational Development, Improvement team, Project management office and the Corporate Efficiency Team.
- Ensuring staff who are QSIR P trained are given the time to use this skillset and to become our 'QI coaches' to embed continuous improvement as a way of working.
- Ongoing operational pressure naturally leads to a reactionary approach which can limit capacity for QI, particularly in acute pathways where the opportunities for QI are often the greatest.

5. Next Steps

The NHS released the NHS Impact Framework in April 2023 which articulates the importance of taking an aligned and integrated approach to continuous improvement delivery and capability building. NHS Impact's five components, taken from evidence-based improvement methods, underpin a systematic approach to continuous improvement:

- Building a shared purpose and vision
- Building improvement capability
- Developing leadership behaviours for improvement
- Investing in culture and people
- Embedding a quality management system

The essential principles of improvement are simple, shifting the way we operate in healthcare to this way of problem-solving is more difficult. NHS Impact requires a new approach to leadership – so that leaders are no longer responsible for solving problems, but for creating the environment in which their teams of staff and patients can continually identify and solve problems themselves, equipping them with the skills to do so, and the close, giving them access to the skilled support they will need. It requires an infrastructure that supports innovation and improvement at team-level alongside the development of structures that are highly effective for continuous improvement.

The next steps are to explore the opportunities that the NHS impact framework brings and to engage widely with the organisation to better understand our current position. The plan would then be to use this new information to refresh the QI strategy to reflect the next required phase of development in line with the Trust Strategy.

6. Recommendations

The Board is asked to receive this report and support further work on developing our next steps

Appendix 1 – QI strategy - Position statement

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Quality Improvement Strategy

Position Statement

January 2024

Focus Area	Key Contacts	What we will see	Progress so far	Next Steps/ Lines of enquiry
Priority 1: We will focus improvements in a patient centred way Ensure QI is delivered in a way that we target interventions and improvements to tackle healthcare inequalities as part of the Core 20 plus 5 initiative	Kerry Blewitt Phil Dickinson	• Patient, carer, service user engagement in projects • Increased understanding of the impact of deprivation on access to healthcare • Improved access to Trust services	• One of improvement team and 2 staff from the patient experience team attended the Experience based design education session in Sept 23. Create links with the Patient experience team. • QI education and coaching includes service user engagement • Discussion with Head of Patient Experience and Involvement re contribution to QSIR • PD member of health inequalities group in ICB • Trust Inequalities group established • HEE funded fellow for health Inequalities commencing in August 2024	• Patient experience team to contribute to QSIR moving forward • Encourage links to community groups e.g diabetes UK • Improvement team to align to the Trust strategy and priorities
Priority 2: Develop a QI training and education structure from beginner to expert through the QI delivery group. Act to ensure that QI assumes a key role in the organisation. Develop the required support mechanisms to ensure the growth of QI capability in care groups and corporate departments/LLP	Kerry Blewitt Kerry Blewitt Phil Dickinson Lydia Larcum Kerry Blewitt Phil Dickinson	• Roll out of the QSIR Practitioner programme – 3 cohorts initially over 2022-23. Supporting the increase in the number of QI coaches within the Trust • Development of the intermediate level QI – monthly training • An increase in the number of staff with QI knowledge at both basic to expert level over time • An increase in the number of QI projects • An increase in the level of confidence around QI in staff • QI becomes "just what we do"	• QI education programme in place – 3 levels of education. Leading & coaching QSIR P 95 trained / Delivering Improvement 1 day 275 trained • QSIR spaces held for CG senior leadership • QI twitter feed / QI education for all preceptors / Celebration of achievement category for QI / QSIR supporting leadership development / support • Training for IMT doctors / Cons development • Improvement team members of QSIR faculty X 4 • QI self-assessment developed and completed as a baseline position in care groups. Annual process. • NHS Impact baseline assessment completed by 31 Oct • Associate Medical Director member of the culture collaborative • Links to regional QI group and IRIS (ICB) • Creating links with ICB improvement	• Development of QIP Club and QIP clinic – Adam Dalby /Kerry Blewitt • QI becomes part of appraisal for 2024 – Lydia Larcum • QI mentioned in content of JD's – Lydia Larcum • Develop response to the NHS Impact assessment • Awaiting access to the new intranet so we can add additional educational resources and links to QI knowledge. Delays to new intranet. • Questionnaire to all who have come through QI training to ask what will help support them in the future • Develop closer internal and system relationships

Focus Area	Key contacts	What we will see	Progress so far	Next Steps/ Lines of enquiry
Priority 3: Qi is accessible to all and part of everyday language – supported by leadership		• Quarterly attendance at the Board meetings for update and support • Leaders creating the right environment for QI • Leaders supporting staff in identifying time to participate / support them with QI projects • A natural increase in the level of QI work in the Trust • A better understanding of QI in the Trust • An increase in the joy of work across the Trust	• Attendance at Board meetings re progress • QSIR developing leaders with QI skills to support teams / individuals. • QSIR X 2 poster displays event per year showing the quality of projects supported through QSIR • AHP poster days • We see a month on month increase in knowledge from staff attending the QI education • Quality council model developed • Back to the floor leadership walkarounds	• Continue to market the 'Quality council ' model • Development of QMS to embed improvement into everyday
Priority 4: Develop mechanisms for sharing and celebrating success	Kerry Blewitt Phil Dickinson	• Staff starting to share the learning from their QI projects across services and sites • Staff wanting to share good practice • Staff able to seek support from others when identifying quality issues • Reduction in silo working and more collaboration across staff, teams and care groups • An increase in awareness of QI in the Trust	• Sharing and connections made by the improvement team/ QSIR connections • QSIR poster event to share projects X 2 per year. Communication of event. • QI Category in the annual celebration of achievement event • Star award nomination • The merging of care groups 1 & 2 to CG medicine will support more cross site working	• Consideration to sharepoint being used as a sharing platform • Procurement of system to inc recording of organisation / CG agreed improvement projects • Development of QIP Club and QIP clinic – Adam Dalby /Kerry Blewitt • Development mechanisms for spread • Create forums for sharing good practice • Use of Clinical Governance sessions for spread

Focus Area	Key Contacts	What we will see	Progress so far	Next Steps/ Lines of enquiry
Priority 5: Ensure staff have access to Digital and data enablers to ensure they can implement and measure the impact of improvement		• Referral of QI data issues to the data delivery group. Digital strategy to support the quality improvement agenda • Access to the required data in a timely way for each QI project • Increase in the number of QI projects as data is easier to obtain • Data used to identify baseline positions in order to identify positive change • Data being used to show evidence of improvement • Measurement supporting PDSA methodology	• Board report in SPC format • Working towards alignment of key priorities – data will be aligned to these priorities • Full day measurement education as part of 'Leading and Coaching' QSIR with Gary Hardcastle showing available data in Signal • Run chart and SPC plotter shared as part of QI education	• SPC and run chart plotters & guidance to be accessible on the new intranet – date delayed for new intranet • Gary Hardcastle adding a link to NHS SPC plotter to Signal • Encourage use of simple manual data collection where appropriate

Appendix 2 - Trust QI Education Model

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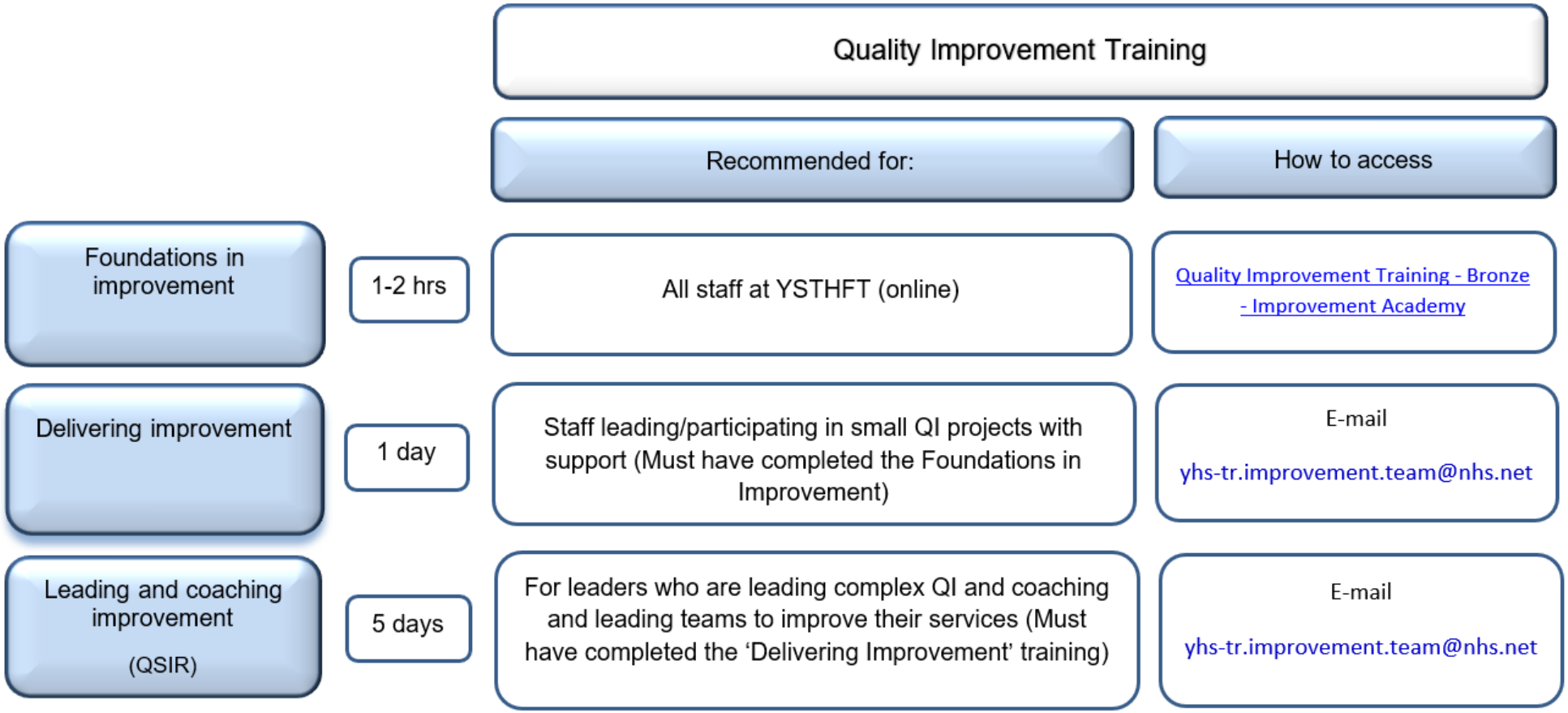


York and Scarborough Teaching Hospitals NHS Foundation Trust

Our QI vision:

'Listening, learning and improving together to achieve excellence'

1. What is Quality Improvement

The Care Quality Commission (CQC) Report on the learning from trusts on a journey of quality improvement describe it as:

'Quality improvement is an approach to improving service quality, efficiency and morale simultaneously: this is done by systematically enabling staff and leaders in the continuous study of improvement of their work, anchored in methodologies and tools from improvement science'.

(CQC Report on Quality Improvement in Trusts. Sharing Learning from trusts on a journey of QI September 2018)

Quality improvement requires staff to work together, with problem solving and decision-making happening as close to the issues being experienced as possible.

QI methodology is best applied when tackling complex adaptive problems – where the problem isn't completely understood.

2. Why is Quality Improvement Important

For the Trust to be most effective, quality must become the driving force of the organisation culture from service level to Board. Fundamental to creating this culture is our commitment to listening and involving our patients, and the families and carers, people important to them to understand what is important to them and where we can improve. Quality improvement provides a systematic approach to enabling staff to identify quality issues and work through a process to deliver better quality care and improved patient experience. Quality improvement requires clinical staff/non clinical staff at all levels across the organisation to work alongside patients to ensure that problem solving and decision making happens as close to the issues being experienced as possible. We must ensure we are open and transparent in our approach to quality improvement.

The below shows the elements of our 'People Plan' which supports the development of our QI strategy:

Quality improvement helps by:

- bringing a systematic approach to tackling complex problems
- focusing on outcomes
- flattening hierarchies
- giving everyone a voice, and bringing staff and service users together to improve and redesign the way that care is provided

It is acknowledged that QI is more than a set of tools and models, and that relationships and behaviours are just as important, if not, more so. Sustained change is more likely to happen in an environment where staff across an organisation are given permission and

the time to reflect on how things are done and, to think about how they could be done better. Of equal importance to the successful delivery, or limited progress of QI, is a deeper organisational understanding of the structural and cultural aspects of QI, within a complex environment.

3. What difference does Qi make to patient / carer experience?

Listening and involving patients, service users and their carers can lead to important improvements in quality. Patients have a unique role to play in identifying quality problems, such as duplication and waste, often offering solutions to address them, and ensuring that any change genuinely delivers outcomes that matter to them. Health professionals need to take the time to find out the patient's whole story, beyond the medical questions. This important information is essential in providing safe and effective care.

Patients and carers can help us to identify areas of concern or development that require quality improvement expertise to improve the quality and assure the safety.

We will encourage co-production, redefining the service user relationship as one of co-dependency and collaboration.

Acknowledging the insight and expertise of our users as 'customers' and that they are the ultimate judge of the quality of a service.

4. What difference does Qi make to our staff?

There is no route to excellence other than through joy and work. You can't exhort, incent a workforce to achieve excellence. You can achieve compliance but not excellence.

W Edwards Deming

The following are the key themes that staff voiced when asked if participating in QI helped with 'joy at work'?

- Participating in QI creates a happier workforce
- QI helps to build confidence in staff
- Enables a better work life balance
- Helps to change the culture
- Increases morale.
- Staff feel valued and that they are making a difference.
- Helps to retain staff
- Increases staff job satisfaction

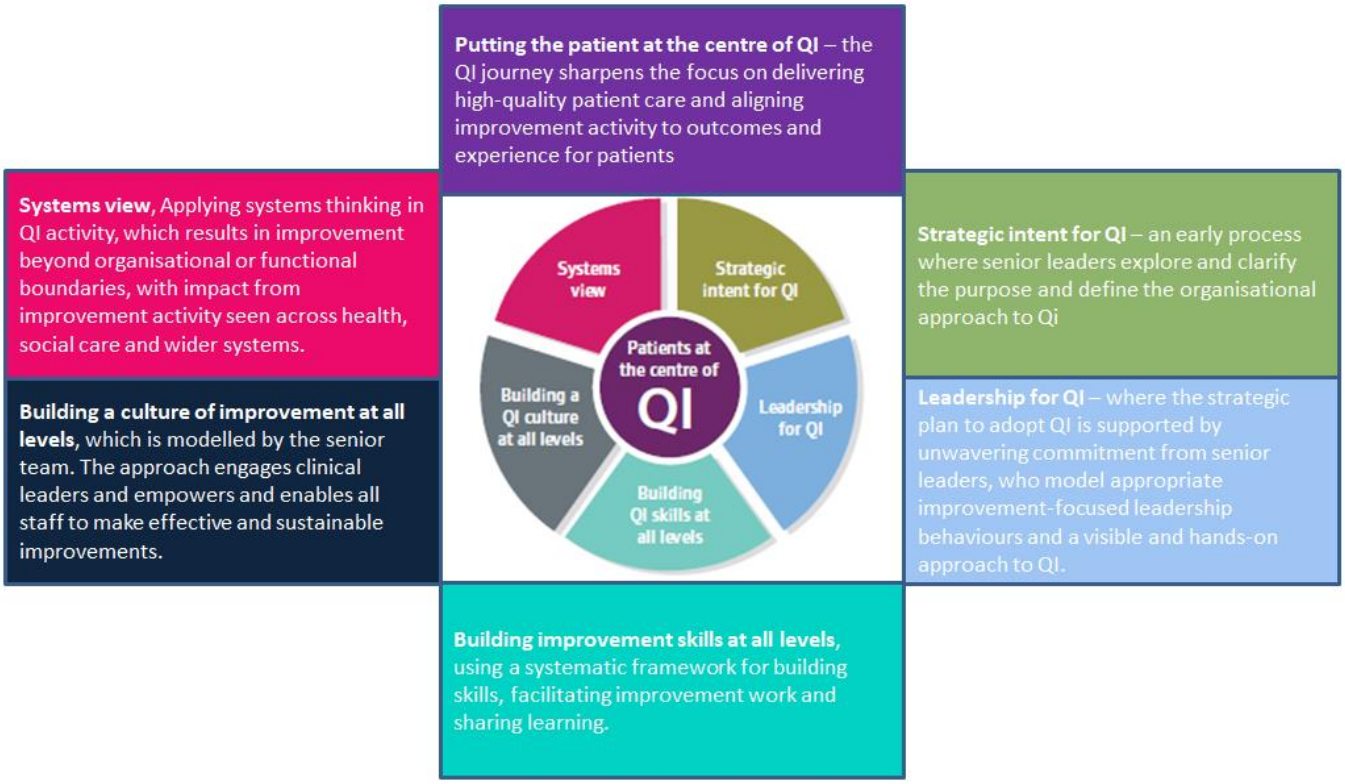
Our QI strategy is supported by the Trust values

5. How did we develop our strategic vision for Qi?

A QI strategy group was developed in January 2021 to develop our trust-wide systematic and effective approach for QI. In addition to the expertise within the strategy group which

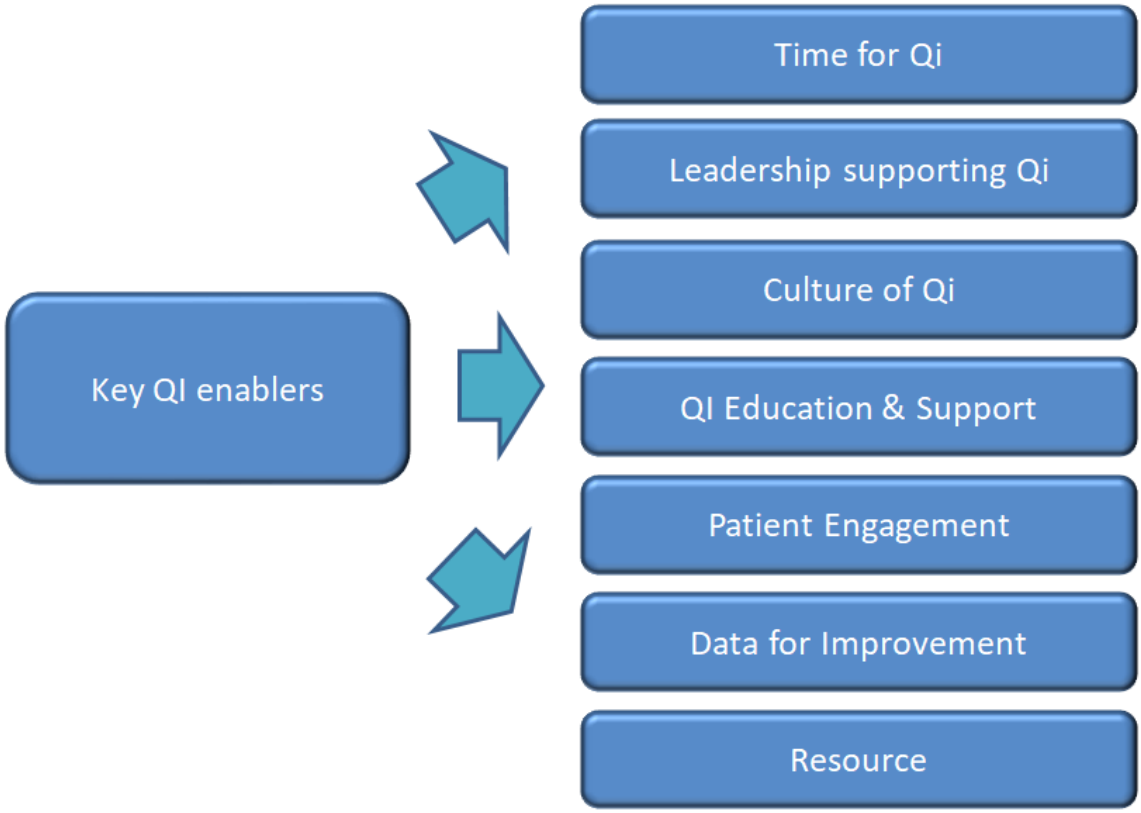
includes a lay member, staff engagement sessions were held to enable staff to contribute to the development of the strategy. This co-production approach to the development of the strategy is fundamental to developing a QI strategy that supports the development of a QI culture within the organisation

The QI strategy group reviewed the learning from the CQC 'Sharing learning from trusts on a journey to QI. Through the development of this QI Strategy, we have taken a realistic view of where we are in the challenges we face, the progress to date on what we have managed to achieve, and set out a clear ambition to be an organisation that is committed to delivering high-quality care through embedding a systematic and effective approach to QI. (See below)



CareQuality Commission CQC 2018 – Sharing learning from trusts on a journey of QI

In June 2021 a 'QI time out' session was held with the QI strategy group members. The day was opened with Martin's story giving his experience of his Husband's end of life care at Scarborough. This set the important tone for the day of involvement and co-production being a key thread throughout our QI strategy. In addition four staff engagement sessions were held in June. Through the engagement sessions and the 'time out' we, we have now identified a number of key enablers which will inform of the QI strategy. The below diagram shows the key enablers:



Developed by the QI Strategy group 2021

6. How can we support staff to participate in Qi?

Key themes identified at the QI staff engagement sessions:

The enablers are the building blocks to achieve improvement maturity. Our aspiration is to build on what is working well, and create the conditions to support the development of our

QI approach that meets the needs of the Trust. This will provide a platform to share learning, expertise and best practice.

7. What is our ambition for the future?

Whilst the demand for our services increases year-on-year, we need to find new and innovative ways to deliver the way we work. In outstanding rated trusts, there is a clear focus on developing a culture of continuous quality improvement, embedded throughout the organisation. A key factor is successfully embedding improvement through a consistent methodology.

We want to develop a QI culture which includes:

- bringing a systematic approach to tackling complex problems
- focusing on outcomes
- flattening hierarchies
- giving everyone a voice, and bringing staff and service users together to improve and redesign the way that care is provided

We want to support staff at all levels to lead and deliver measurable change with the use of our chosen model of delivery the IHI 'model for improvement' at its core. In order to achieve this, we have created a simple, easy to use, 6 step approach to Quality Improvement which we have called our 'Roadmap to improvement'. The 'Model for Improvement' has been used successfully by a range of healthcare organisations across the world, to improve care by working in teams. The model supports staff identifying the improvements required and using plan, do study, act (PDSA) methodology to test their change ideas. We will continue to develop educational QI resources in a simple format so this is accessible to all members of staff in the organisation.

we want to develop a QI education and training structure which supports staff to develop their knowledge of QI from basic level to QI Faculty. A QI delivery group will be established in September 2023 which will become the key mechanism for ensuring that QI becomes a fundamental part of what we do as a Trust. The proposed membership is outlined below:

- Associate MD (QI) - Chair
- Deputy Director of Governance and Patient Safety – Deputy Chair
- Non-Executive Director Representative
- Director of Communications
- Director of Digital

- Deputy Director of Workforce and Organisational Development
- Deputy Chief Operating Officer
- Deputy Chief Nurse
- Deputy Chief AHP
- Deputy Finance Director
- Deputy Director from YTHFM
- Head of Quality Improvement

This approach will demonstrate embedding our values, promoting openness and transparency towards tackling things when they go wrong, apply quality improvement approaches and share learning to improve our patient care. Each member of our staff has a key role to play in creating and delivering improvements for our patients and staff. We should encourage our staff to act on the issues of quality that matter most to them and their teams, the service users and carers that they serve.

Our Priorities for 2021-2025

In order to achieve our quality improvement vision we have identified priorities.

These are as follows:

Priority 1:

We will	What we will see
• We will focus improvements in a patient centred way • Ensure QI is delivered in a way that we target interventions and improvements to tackle healthcare inequalities as part of the Core 20 plus 5 initiative	✓ Patient, carer, service user engagement in projects ✓ Increased understanding of the impact of deprivation on access to healthcare ✓ Improved access to Trust services

Priority 2:

We will	What we will see
• Develop a QI training and education structure from beginner to expert through the QI delivery group. • Act to ensure that QI assumes a key role in the organisation. • Develop the required support mechanisms to ensure the growth of QI capability in care groups and corporate departments/LLP	✓ Roll out of the QSIR Practitioner programme – 3 cohorts initially over 2022-23. Supporting the increase in the number of QI mentors within the Trust including in CG's. ✓ Development of the intermediate level QI – monthly training ✓ An increase in the number of staff with QI knowledge at both basic to expert level over time ✓ An increase in the number of QI projects ✓ An increase in the level of confidence around QI in staff ✓ QI becomes "just what we do"

Priority 3:

We will	What we will see
• Qi is accessible to all and part of everyday language – supported by leadership	✓ Quarterly attendance at the Board meetings for update and support ✓ Leaders creating the right environment for QI ✓ Leaders supporting staff in identifying time to participate / support them with QI projects

	✓ A natural increase in the level of QI work in the Trust ✓ A better understanding of QI in the Trust ✓ An increase in the joy of work across the Trust

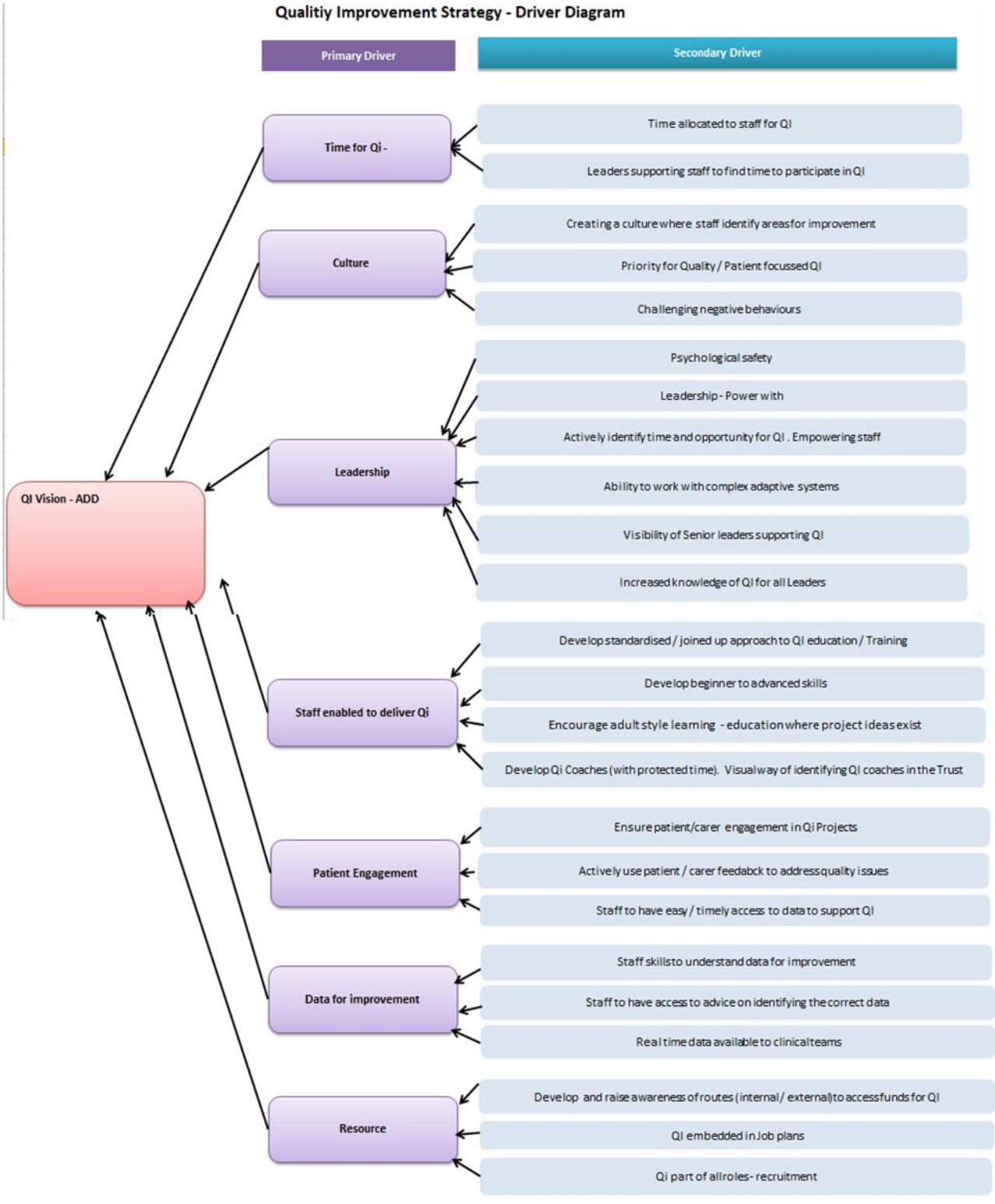
Priority 4:

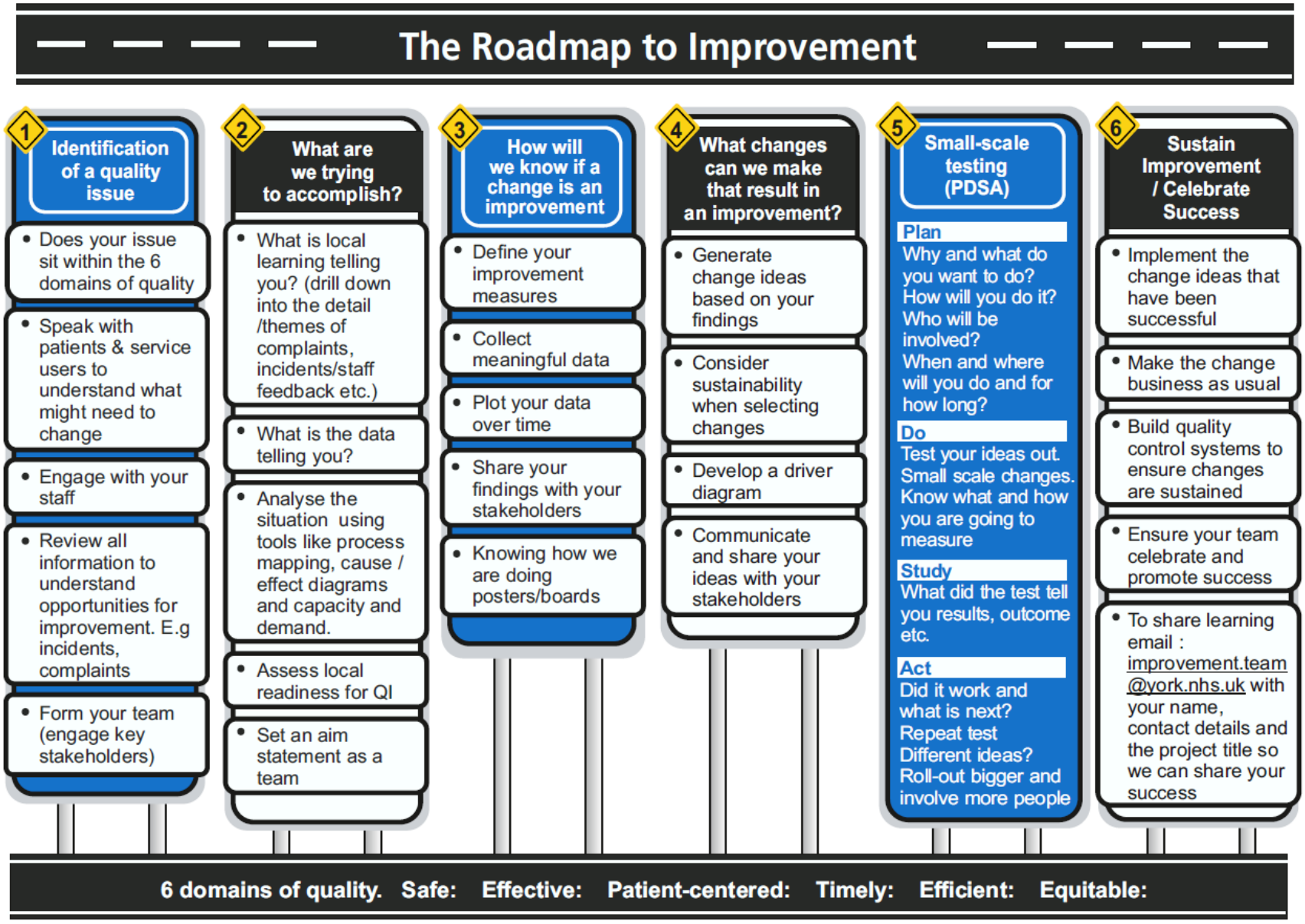
We will	What we will see
• Develop mechanisms for sharing and celebrating success	✓ Staff starting to share the learning from their QI projects across services and sites ✓ Staff wanting to share good practice ✓ Staff able to seek support from others when identifying quality issues ✓ Reduction in silo working and more collaboration across staff, teams and care groups ✓ An increase in awareness of QI in the Trust

Priority 5:

We will	What we will see
• Ensure staff have access to Digital and data enablers to ensure they can implement and measure the impact of improvement.	✓ Referral of QI data issues to the data delivery group. Digital strategy to support the quality improvement agenda

	✓ Access to the required data in a timely way for each QI project ✓ Increase in the number of QI projects as data is easier to obtain ✓ Data used to identify baseline positions in order to identify positive change ✓ Data being used to show evidence of improvement ✓ Measurement supporting PDSA methodology


Qualitiy Improvement Strategy - Driver Diagram
Primary Driver
Secondary Driver
QI Vision - ADD
Time for Qi -
Time allocated to staff for QI
Leaders supporting staff to find time to participate in QI
Culture
Creating a culture where staff identify areas for improvement
Priority for Quality / Patient focussed QI
Challenging negative behaviours
Leadership
Psychological safety
Leadership - Power with
Actively identify time and opportunity for QI . Empowering staff
Ability to work with complex adaptive systems
Visibility of Senior leaders supporting QI
Increased knowledge of QI for all Leaders
Staff enabled to deliver Qi
Develop standardised / joined up approach to QI education / Training
Develop beginner to advanced skills
Encourage adult style learning - education where project ideas exist
Develop Qi Coaches (with protected time). Visual way of identifying QI coaches in the Trust
Patient Engagement
Ensure patient/carer engagement in Qi Projects
Actively use patient / carer feedabck to address quality issues
Staff to have easy / timely access to data to support QI
Data for improvement
Staff skills to understand data for improvement
Staff to have access to advice on identifying the correct data
Real time data available to clinical teams
Resource
Develop and raise awareness of routes (internal / external) to access funds for QI
QI embedded in Job plans
Qi part of all roles - recruitment


The Roadmap to Improvement
1
Identification of a quality issue
Does your issue sit within the 6 domains of quality
Speak with patients & service users to understand what might need to change
Engage with your staff
Review all information to understand opportunities for improvement. E.g incidents, complaints
Form your team (engage key stakeholders)
2
What are we trying to accomplish?
What is local learning telling you? (drill down into the detail /themes of complaints, incidents/staff feedback etc.)
What is the data telling you?
Analyse the situation using tools like process mapping, cause / effect diagrams and capacity and demand.
Assess local readiness for QI
Set an aim statement as a team
3
How will we know if a change is an improvement
Define your improvement measures
Collect meaningful data
Plot your data over time
Share your findings with your stakeholders
Knowing how we are doing posters/boards
4
What changes can we make that result in an improvement?
Generate change ideas based on your findings
Consider sustainability when selecting changes
Develop a driver diagram
Communicate and share your ideas with your stakeholders
5
Small-scale testing (PDSA)
Plan
Why and what do you want to do?
How will you do it?
Who will be involved?
When and where will you do and for how long?
Do
Test your ideas out.
Small scale changes.
Know what and how you are going to measure
Study
What did the test tell you results, outcome etc.
Act
Did it work and what is next?
Repeat test
Different ideas?
Roll-out bigger and involve more people
6
Sustain Improvement / Celebrate Success
Implement the change ideas that have been successful
Make the change business as usual
Build quality control systems to ensure changes are sustained
Ensure your team celebrate and promote success
To share learning email : improvement.team@york.nhs.uk with your name, contact details and the project title so we can share your success
6 domains of quality. Safe: Effective: Patient-centered: Timely: Efficient: Equitable:

Appendix 4 – NHS Impact Y&STHFT scoring

NHS Impact position Oct 2023 York & Scarborough Teaching Hospitals NHS Foundation Trust	Starting	Developing	Progressing	Spreading	Improving & sustaining
Building a shared purpose & vision					
Board and executives setting the vision and shared purpose			X		
Improvement work aligned to organisational priorities		X			
Co-design and collaborate - celebrate and share successes		X			
Lived experience driving the work	X				
Investing in people & culture					
Pay attention to the culture of improvement		X			
What matters to staff, people using services and unpaid carers		X			
Enabling staff through a coaching style of leadership			X		
Enabling staff to make improvements		X			
Developing leadership behaviours					
Leadership and management development strategy		X			
Leadership and management values and behaviour			X		
Leadership and management acting in partnership			X		
Board development to empower collective improvement leadership		X			
Go and see visits			X		
Building improvement capability and capacity					
Improvement capacity and capability building strategy			X		
Clear improvement methodology training and support				X	
Improvements measured with data and feedback		X			
Co-production		X			
Staff attend daily huddles			X		
Embedding into management systems & processes					
Aligned goals		X			
Planning and understanding status		X			
Responding to local, system and National priorities		X			
Integrating improvement into everything we do		X			