York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 27th March 2024
Time: 9:30am – 12:20pm
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	-	9:30
2.	**Apologies for Absence** To receive any apologies for absence.	Martin Barkley	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Martin Barkley	Verbal	-	
4.	**Minutes of the meeting held on 28 February 2024** To be agreed as an accurate record.	Martin Barkley	Report	6	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Martin Barkley	Report	22	
6.	**Chair's Report** To receive the report.	Martin Barkley	Verbal	-	9:35
7.	**Chief Executive's Report** To receive the report.	Simon Morritt	Report	23	9:40
8.	**Quality Committee Report** To receive the March meeting summary report.	Steve Holmberg	Report	59	10:00

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Resources Committee Report** To receive the March meeting summary report.	Jim Dillon	Report	61	10:05
10.	**Audit Committee Report** To receive the March meeting summary report.	Jenny McAleese	Report	63	10:10
11.	**Trust Priorities Report (TPR)** March 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	 69 99 118 128 134	10:15
Break 11.00					
12.	**Staff Survey Report** To consider the report.	Polly McMeekin	Report	144	11.10
13.	**Q3 Mortality Review – Learning From Deaths Report** To consider the report.	Karen Stone	Report	149	11:25
14.	**CQC Compliance Update Report** To consider the report.	Dawn Parkes	Report	163	11:30

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Maternity and Neonatal Reports** To consider the reports: 15.1 • Maternity and Neonatal Quality & Safety Update 15.2 • CQC Section 31 Update	Dawn Parkes	Report	169	11:40
16.	**Equality, Diversity and Inclusion Annual Report 2024** To consider the report.	Dawn Parkes & Polly McMeekin	Report	184	11:45
17.	**Public Sector Equality Duty Objectives 2024-2028** To consider the report.	Dawn Parkes & Polly McMeekin	Report	234	11.55
Governance					
18.	**Green Plan** To approve the plan.	Steven Bannister	Report	To follow	12.05
19.	**Governance Update** 19.1 • Health & Safety Policy 19.2 • Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions 19.3 • Modern Slavery Statement 19.4 • Trust Constitution Amendments To approve the documents.	 Steven Bannister Steven Bannister Mike Taylor Mike Taylor	 Report Report Report Report	 273 283 287 291	12.10
20.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:15
21.	**Time and Date of next meeting** The next meeting held in public will be on 24 April 2024 at 9:30am.				

Item	Subject	Lead	Report/ Verbal	Page No	Time
22.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
23.	**Close**				12:20

Minutes
Board of Directors Meeting (Public)
28 February 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 10:00am and concluded at 1:10pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion) - virtual
- Dr Stephen Holmberg
- Mr Jim Dillon
- Mrs Jenny McAleese
- Prof. Matt Morgan

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

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

In Attendance:
- Kim Hinton, Deputy Chief Operating Officer – deputising Chief Operating Officer
- Mr Mike Taylor, Associate Director of Corporate Governance
- Sascha Wells-Munro, Director of Midwifery (for item 139 23/24 Maternity Reports)
- Miss Cheryl Gaynor, Corporate Governance Manager (Minute taker)

Observer:
- Adam Laver, Local Democracy Reporter for Yorkshire Post
- Julie Southwell, Staff Governor
- Linda Wild, Public Governor (East Coast)
- Jill Quinn, Stakeholder Governor

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

Mr Barkley welcomed everyone to the meeting and confirmed the meeting was quorate.

126 23/24 Apologies for absence

Apologies for absence received from:

- Mrs Lynne Mellor, Non-executive Director
- Ms Claire Hansen, Chief Operating Officer
- Mr Steven Bannister, Managing Director of YTHFM

127 23/24 Declaration of Interests

There were no declarations of interest to note.

128 23/24 Minutes of the meeting held on 31 January 2024

The Board approved the minutes of the meeting held on 31 January 2024 as an accurate record of the meeting.

129 23/24 Matters arising from the minutes

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

BoD Pub 20 – (Diagnostic capacity and demand) although a presentation had been received at Board previously, it was limited on information and no recovery plan detailed. It was agreed at the time the presentation was delivered, that a detailed diagnostic recovery plan would be shared in due course but this had not yet been presented. Agreed to bring back a recovery plan to Resources Committee in March/April and subsequently Board in April. Due date amended to reflect this.

BoD Pub 24 – (Review of Complaints process) Mrs Parkes advised that there was now a draft new complaints policy being agreed which will include a timeframe. Item closed.

BoD Pub 25 – (CQC new inspection regime) Mr Barkley to agree a date with Mrs Parkes outside the meeting for a planned session as part of a future Board seminar.

BoD Pub 30 – (Waiting List Harms Task and Finish Group proposal for identifying and monitoring patients on waiting lists) Mrs Hinton described a proposal report had been presented to the Executive Committee on 7 February and was discussed with an outcome of further work required before this could be ratified and reported to the Quality Committee. This would sit with the elective programme work going forwards as a specific workstream but required a consistent approach where possible and it was this that was taking the time. It was anticipated that it would be reported to the Quality Committee in April 24, appreciating that this may not be a complete picture but at minimum an update on progress. The deadline was amended to reflect this.

BoD Pub 31 – (Theatre staffing, retention and sickness rates report to the Resources Committee) No report received to date, due date amended to April.

BoD Pub 33 – (104 and 65 week waits metrics) Mrs Hinton described that NHS England (NHSE) methodology was used that included the 24 previous months' worth of data and consequently and data points in that were included in setting mathematically the upper and lower control limit and assurance limit. This meant that the 24 months was capturing those earlier months and so assurance was at 0.6 and therefore unable to deliver that until those earlier months were excluded from the calculation. There were discussions underway with NHSE to shorten that timeframe to seven months and once this takes place, the Trust would then move into an assured position. Item closed.

BoD Pub 34 – (metrics on pressure ulcers) Mrs Parkes advised on looking at what model hospital would bring and how the Trust can compare and if not possible there are internal options available. Mr Barkley suggested that it could be included in the narrative of the TPR that accompanies the data. Item complete.

Bod Pub 35 – (Connection issued with BadgerNet and reporting on antenatal risk assessments) Included in the agenda. Item closed.

BoD Pub 36 – (Review of process around non-compliance with monitoring consultant attendance at clinical situations) Included in the agenda. Item closed.

BoD Pub 37 – Mrs Parkes advised that work was ongoing with BadgerNet to pull reports on deprivation which could become part of the regular reporting. Ms Liley added that this would emerge in the information as this work is included as part of the Improvement Programme and can connect this information through the Health and Equality Steering Group to ensure triangulation. Item closed with the expectation this data will be included in a future maternity report to the Board.

BoD Pub 38 – (amendment to Board Assurance Framework) Mr Taylor advised this had now been completed. Item closed.

130 23/24 Chair's Report

Mr Barkley shared the successful outcome of the Non-executive Director/Chair of York Teaching Hospital Facilities Management and subsequent agreement of the Council of Governors. Julie Charge was offered the position and negotiations were currently underway on agreeing a suitable date of commencement with the Trust. He further advised that there was an additional Associate Non-executive Director appointment made to Helen Grantham which was also subsequently ratified by the Council of Governors, again with a start date yet to be agreed.

Mr Barkley advised that he had recently met with a local MP and a prospective labour party representative in one of their main target seats, both of which were constructive conversations.

He further added that he had attended 2 recent meetings of the Integrated Care Board, a development session and the other a briefing session of the financial situation of the ICB.

Mr Barkley reflected on a recent visit to the Trusts clinical records store which brought home the scale of the challenges around digitisation and storage accommodation which will require fairly urgent consideration .

131 23/24 Chief Executive's Report

Mr Morritt highlighted some key areas:

Industrial action - The British Medical Association (BMA) had announced further industrial action for junior doctors from 24 February to 28 February, impacting elective activity and placing additional pressure on consultants, SAS doctors, and the wider clinical workforce. The BMA's ballot on the proposed pay settlement for consultants was rejected, potentially leading to further action from consultants. The BMA was inviting the Government to improve the offer before deciding on further strikes for consultants. Further dates were yet to be announced. Mrs McAleese questioned the impact of this on patients and also colleagues who were already stretched and demoralised and some assurance around this.

It was acknowledged that there was a general sense of fatigue and Dr Stone assured that cancellations had been kept to a minimum and tightly controlled though the emergency planning response. In answer to a question in relation to the likelihood of further strikes around agenda for change, Mrs McMeekin described that workstreams were underway following the National Staff Council's ratification regarding agenda for change terms and conditions. Discussions were ongoing regarding nursing spine points and whether they should be separated from the agenda for change. Mrs McMeekin advised that the general view was that roles have evolved over time, and adjustments to national profiles and pay grades may be necessary. The focus was generally on nursing and midwifery, rather than the remaining non-medical workforce.

Planning guidance update - The Trust had received new planning information and was working with system partners to prepare initial drafts of plans incorporating activity, workforce, and finance. These plans were expected to be shared at March and April meetings, with final submissions expected in May.

Urgent and Emergency Care Summit – Mr Morritt, along with ICB Chief Operating Officer Amanda Bloor, chaired a system-wide summit to improve urgent and emergency care. Key stakeholders from primary care, local authorities, and the ambulance service discussed solutions to prevent admissions, streamline discharge processes, reduce ambulance handover times, and enhance system-wide working. The session was positive, resulting in several actions for long-term pathway and process improvements and immediate improvements to be implemented in the remaining weeks of this financial year.

See ME First Campaign - The Trust had adopted the See ME First initiative, aiming to create an inclusive and non-judgmental workplace where all staff are valued equally, regardless of ethnicity or other differences. Developed by the Whittington Health NHS Trust in London, the initiative encouraged respect, well-being, and belonging among colleagues, ultimately improving patient experience. It aligned with Trust values of kindness and openness and encouraged staff to pledge their commitment to equality at work. The campaign, supported by the Race Equality Network, encouraged staff to wear the campaign badge to show their support.

Reverse Mentor Programme - The reverse mentoring programme, which began with conversations about race, was now expanding to include colleagues with disabilities, long-term health conditions, or neurodiverse conditions. Mentors were to be matched with executives, non-executives, or senior managers to share their experiences and create mutual learning through confidential conversations. The programme offered a unique opportunity to gain insight into colleagues' challenges and work together to influence change. Mr Morritt encouraged all Board members to participate in the program when it launched.

Deputy Chief Operating Officer appointment – The Board welcomed Abolfazi Abdi (known as Ab), a 20-year NHS veteran. Together with Kim Hinton, Ab was to assist Chief Operating Officer Claire Hansen in the design and implementation of the Trust's strategic plan. They will work closely with care groups to ensure safe and effective day-to-day operational management. Ab's experience, including his time as Deputy Chief Operating Officer at Northern Lincolnshire and Goole NHS Foundation Trust, was expected to be beneficial to the team.

Star Award – The Board noted the humbling rationale for staff nominations for the star awards.

132 23/24 Quality Committee Report

Dr Holmberg briefed the Board on key discussion points from the meeting of the Quality Committee on 20 February. In summary:

- Infection Prevention Control (IPC) – had been a long running concern for the Committee. Clostridium difficile(C.Diff) – a particular focus and have had some assurance and encouragement with senior leadership driving some improvement but there was still a way to go. The focus showed encouraging opportunity for improvement and there was acknowledgment that the buildings and environment limited that improvement. Meticillin-Sensitive Staphylococcus aureus (MSSA) – this remained poor and the Committee were intently focussed on that. The recent appointment of a Deputy Director of Infection Prevention provided assurance on the IPC agenda.
- Family Health Care Group – received a report and discussed the Women's unit (gynaecology) at the York site. Concerns had been raised regarding the environment of the Women's Unit at York, with cases of harm linked to long waits and process issues causing excessive waits.
- Paediatrics - The committee discussed concerns about the service at Scarborough. York had been doing some mentoring and the Committee had assurance that this situation had improved.
- Sexual health – Electronic Patient Records (EPR) no longer supported by IT company (April 2024). The committee highlighted the potential patient safety risk if records are lost/inaccessible.
- Maternity – this remained a focus for the committee. Reported high Postpartum hemorrhage (PPH) cases, investigations underway, but initial review suggests overestimating blood loss. Three critical business cases in train for improvement plan: staffing, scanning capacity, and theatre capacity.

In terms of the Sexual Health EPR, Mr Hawkins updated that the company who took over the redundant supplier had since agreed to continue supporting on a rolling quarterly basis and he was in touch with commissioners on how to fund the provision of a new EPR. The longer-term plan was to purchase a new system with longer support arrangements.

Mrs Parkes referenced the maternity business case on staffing which related to a case to the ICB. She advised that herself and Mr Bertram had met with the ICB who recognised the requirement for the Trust to review the staffing model and capacity. Further ICB level maternity staffing discussions were to be planned across the ICB as a recognition of its priority and the similar concerns other organisations were facing given the impacts of national quality standards etc. Mr Bertram clarified that the ICB were seeking to create a provision in next year's plan but it was not yet clear on the allocations at present.

133 23/24 Resource Committee Report

Mr Dillon briefed the Board on the key discussion points from the meeting of the Resources Committee on 20 February. In summary:

- Mr Bertram had informed the Committee about the Trust's financial situation and efforts to address the expected deficit. Discussions with the ICB were ongoing on a system funding solution, and action is needed to reduce spending in the final weeks of the year. Concerns include increased drug spending and £6.2m ahead of 'cap' spending on agency staff.
- Despite assurance that plans were in place to reduce waiting times, the high number of 12+ hour trolley waits remained a concern.

- Vaccination – disappointment with the uptake with assurance that work was ongoing to plan for the next campaign (2024) to increase uptake.
- Impact of Health Care Academy – Committee acknowledged that this was having positive effect on the retention and performance of recruited staff.

Mrs Parkes referred to the agency spend being ahead of the cap and assured the Board around efforts to reduce that spend with the introductions of an Agency Management Efficiency Meeting, looking at nursing midwifery and nursing associates.

Mrs McAleese referenced her concern in relation to the poor vaccination uptakes acknowledging that they were not mandated but there was a level of professional responsibility and duty to take those vaccinations. She questioned whether there was a way in which the Trust could work with national bodies and unions to try and support some leverage from them. Dr Stone reiterated the concern and confirmed that although vaccination requirement was not mandated, it was encouraged through handbooks around duties of a doctor etc. There needed to be further consideration around the approach to obtaining vaccinations such as being easily available/accessible which would be captured through the work and plan that Miss McMeekin had underway. Miss McMeekin confirmed that this was planned to be presented to Executive Committee in March.

134 23/24 Trust Priorities Report (TPR)

Operational Activity and Performance

Mrs Hinton presented the TPR which described that January 2024, BMA Junior Doctors took strike action that resulted in the Trust postponing 104 elective procedures and 908 outpatient first attendances. This had resulted in a year-to-date loss of 1,506 elective procedures and 5,389 outpatient first attendances. The Emergency Care Standard (ECS) position in January was 67.3%, against the trajectory of 69.1%. The number of lost bed days due to patients without a 'criteria to reside' (NCTR) was 1,159 in January. In December 2023, the 28-day Faster Diagnosis standard improved to 62.6% but noted that cancer reporting ran one month behind. Overall, the Trust was better than the trajectory for the number of patients waiting over 62 days on a Cancer pathway, with 253 patients waiting over 62 days. There were zero RT 104-week waiters at the end of January 2024, and the Trust reported six 78-week RTT waiters at the end of January 2024. At the end of January 2024, the Trust had 519 RTT patients waiting over 65 weeks, a decrease of 102 from the end of December 2023 position.

Mrs Hinton updated that there were now only four 78-week RTT patients since the publishing of the report. Two of which were planned to be seen by the end of the month which will leave only two. She further explained that there was a cohort that sits behind it, though that has not breached, the Trust was still broadcasting a zero 78-week position by the end of March with a high level of confidence. The Board acknowledged that a significant number of patients that remain on the waiting lists had been waiting a long time which was not acceptable, but there had been a significant improvement in working towards reducing those number of patients.

The Board briefly discussed concerns around the high number of 12hour trolley breaches and were assured with the Urgent and Emergency Care summit work along with a number of accelerated actions that both the Trust and partners were taking, would start to manage those patients more effectively. Mrs Hinton responded to a question in relation to issues of sustainability and how long the ward areas can continue to cope with this additional pressure through the implementation of the new OPEL (Operational Pressures Escalation Levels) Framework and a new Standard Operating Procedure (SOP) for care in unplanned

areas brought in as part of the Reset week: Moving patients on to get home sooner. A reset review was to be carried out which would help to provide more clarity and a framework around escalation out of those beds, ensuring that the Trust can manage as a full capacity surge process, but not become part of the core bed base without any established workforce.

In response to a question from Mrs McAleese, Ms Liley updated on the Virtual Ward Project and the understanding through the Virtual Hospital Delivery Group, the specialties and the numbers of patients who could be managed at home who otherwise would have been in a hospital bed. Those patients remained under the care of a consultant. Ms Liley shared confidence in that the Trust had maximised the resource available and had been clear in discussions both through the Resources Committee and Executive Committee, on the estimation of additional resources that would be required to extend the different virtual ward pathways. This had also been shared with the ICS Place colleagues but as it stood, the current financial position meant that progress could go no further at this stage.

In response to a question around an improvement plan for Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received), Mrs Hinton advised that there had been some workforce challenges within that team, but also some administrative processes that had not been congruent with improved performance. A detailed improvement plan was now underway and expected to see a recovery by June.

Ms Liley highlighted the Outpatients target on the proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU) and described that the current value sat at 4.1% however, a large proportion of these patients were through the MSK service. The team had had been testing out a 'Community Assessment Day', of which the Trust was one of the forerunners nationally and results of the most recent day ran at the Community Stadium, 200 patients were seen, 60% were moved into PIFU pathway, 10% were discharged and 30% were returning for a full course of treatment.

In terms of diagnostics, Mrs Hinton described that the Trust now has an internal Diagnostics Board which oversees all of the diagnostics programmes. One of the challenges has been the balance between the acute demands, the urgent demand and the routine demands. There was a significant focus on the fast tracking, urgent demand in order to try and improve cancer performance. The Trust was also working with the North Yorkshire Diagnostics Board who see performance data and allows for effective benchmarking against where the Trust sits.

In response to a question on achieving the Children and Young Persons RTT waits over 65 weeks for incomplete pathways, Mrs Hinton advised that there was an agreed internal trajectory to have zero 52 weeks waits for children and young people by the end of March and the Trust was on target to achieve that.

Quality and Safety

Mrs Parkes presented the TPR which described that in December 2023, the Trust attributed 8 Methicillin sensitive Staphylococcus aureus (MSSA) cases, with 77 cases reported year to date. The PSIRF (Patient Safety Incident Response Framework) findings were presented at the Staphylococcus aureus bacteraemia reduction group meeting in February 2024. VIP scoring was now included within Nucleus to prompt invasive cannula management and documentation. In January 2024, 19 Clostridiodes difficile (C.difficile) cases were reported, with 63% occurring on the Scarborough Hospital site. The Trust's annual C.difficile objective is 116 cases, with 126 reported year to date. PSIRF findings revealed delays in isolation, sampling lapses, and lapses in antimicrobial prescribing. The

Antimicrobial Stewardship Team was addressing these issues. The IPC team was working on the impact of increased Opel scores and unplanned bed spaces, which was adversely affecting the ability to decant and decontaminate the environment using HPV. The C.difficile reduction strategy had been refreshed and overseen by the Trust C.difficile reduction group.

Mrs Parkes described her concern that the C.difficile rate was worrying and looking at the content of the rapid reviews that were carried out, there were some helpful focus on areas that could be improved on. A contributory factor to IPC cases was the link to the unplanned area SOP where there was a struggle to isolate patients in a timely manner. However, a decline and some stability were seen in January but improvement still required. A brief summary of pop up side-rooms was given as an idea the Trust was exploring for enabling quick isolation.

Mr Barkley raised the big increase in the number of complaints received in January. Mrs Parkes assured the Board that there were weekly meetings with Care Groups around their complaints to allow improvement of performance on delivering complaint responses but also to reduce the number of complaints. There was also further work to be done around reporting responses and opportunities into the Quality Committee in particular around the Friends and Family Test feedback. Many of the complaints in January related to the delays in the emergency department and accessing beds.

Workforce

The Board received and noted the workforce performance update. Mr Barkley questioned the reference to FTE (Full Time Equivalent) on totals for nursing (registered and nursing support), medical and dental temporary staffing requests. Miss McMeekin acknowledged this caused confusion, the calculation was based on a full time and a full week as opposed to actual numbers of shifts or hours requested. After further discussion, the Board agreed that it would be helpful if the information was shared by the number of hours, this would be a more accurate and clear reflection of the position.

Mr Barkley reference that the Trust had lost 874.5 WTE (Whole Time Equivalent) to sickness in December with anxiety, stress or depression still being the highest contributing factor at 29.8% which was a 4.8% increase on the previous month. The reckoner of 874.5 was effectively 9% of the workforce which did not feel to be reflected in the report. Miss McMeekin agreed to clarify this calculation through email outside of the meeting.

Action: Miss McMeekin

Post meeting note.
the data in the TPR charts/tables is from ESR (our payroll system). The percentages are calculated on the 'WTE absence' vs 'WTE available'. What this really means is the no. of days when people were absent from work vs the total no. of days available for work. And so over a year to the end of Jan-24, the calculation of the annual absence rate looks like this:

Total no. of days of absence across the workforce during the year = 158,018.39
*Divided by total workforce availability during the year = 3,171,266.57 days (8,688.40 WTE * 365 days)*
= 4.98% annual absence rate.

When we convert the no. of days' absence into a WTE figure for the year, you'd divide 158,018.39 by 365 = 432.93 WTE.

Digital and Information Services

Mr Hawkins presented the TPR describing that there were three P1 incidents (significant loss or degradation of service experienced by users, impacting the operating efficiency of the Trust and its employees) related to CPD, two related to the authentication system controlling users loading CPD, and one related to a technical effect from testing on a development copy.

Other priority 1 incidents included a temporary PACS at York, an operational dashboard report being affected for 24 hours, and a Summary Care Record (SPINE) being unavailable due to a national level incident. Demand returned to higher levels following December's reduction and was in line with January 2023.

The Trust continued to promote IT Self Service and inform staff through "Bits & Bots" communications of key resources available, such as FAQs and how-to guides for Multi-Factor Authentication. Month-on-month improvements in the creation and consumption of Knowledge Articles were being observed.

Information security incidents had increased due to audits and data disclosed in error, with a peak in July and an increase in data disclosed in error in the Autumn. Targeted communication had helped reduce this trend.

The recent reduction trend in Patient Subject Access Requests (SARs) continued through the Autumn, with an increase in requests where patients needed their notes as they had chosen to access private healthcare.

Finance

Mr Bertram presented the TPR describing that the Trust had an actual adjusted deficit of £32.1m, compared to a planned deficit of £15.8m for January. This resulted in a £16.3m deficit adversely adrift from the plan, a deterioration from December. NHS England had requested providers to reflect the net impact of strikes in both December and January within their forecast outturn, which had deteriorated the forecast outturn by £1.9m. Despite this, the Trust was reporting that it will still meet its plan at year-end, but there was a risk to achieving this. The Trust had committed to bridge this shortfall through the deferral and avoidance of all expenditure, save those that would negatively impact patient health and safety, over the final months of the year.

Mr Bertram noted that the Trust was in active discussions with the Integrated Care Board as to whether there were opportunities to provisionally support some of the pressures within the system, particularly around high-cost drugs and devices and the stretch savings ask that the Trust had not been able to deliver. Mr Bertram confirmed that he was not at this stage in a position to confirm where those discussions were at but the Board were to be aware that all parties within the integrated care system were now investigating what reserves and scope there may be to return the ICB back to its original deficit plan (£30m for the system). Mr Bertram advised that he would ensure the Board were update as and when discussions progressed and clarity on the position was clear.

Mr Bertram made reference to the agency controls and highlighted that the Trust agency spend was capped at 3.7% of its overall pay spend and at the end of January, expenditure on agency staffing was £6.2m ahead of the cap. There was approximately £3m spend in month against a capped position of approximately £1.5m so the highest spend in month.

Mr Bertram further highlighted the Elective Recovery Fund, describing that the Trust had achieved 107% of the elective levels of activity that would have been performed in pre-pandemic times. The target was 100% (previously 104 but was reduced because of the anticipated strike impact) illustrating significantly ahead of plan and brought in nearly £8m of additional income into the organisation.

Dr Holmberg questioned what caused the stepped increase in agency expenditure in June that seemed to continue. Mr Bertram agreed to look into this and share an explanation following the meeting.

Action: Mr Bertram

Post meeting note:
There were a multitude of posts coming into agency spend and dropping out but there was a significant clear step within medicine relating to action taken with acute medicine and including other significant posts. To explain further, the main area of increase was Medical and Dental agency (£713k average Apr/May; £1.2m average Jun-Jan – a £526k increase), and in that the main area of increase was Medicine (£230k average Apr/May; £649k average Jun-Jan - £419k increase). The Care Group analysis showed this was largely due to PSG (starting in the summer), cover for an Elderly consultant who had left, an acute medicine locum, and an agency Consultant who had started in Hepatology. In all cases the Trust had replaced a leaver with an expensive agency locum and significantly stepped up spend. PSG is a company that specialised in Acute medicine provision and there were issues with staff leaving in this area. The Trust continued to use PSG to uphold the Acute Medicine Service. Dr Stone, Ms Hansen and Mr Bertram were in discussions with the Medicine Care Group Team to agree on staffing Acute Medicine with senior decision makers going forward and how to remove the Trust from reliance on expensive agency provision. This was a concern for the Executive Team and would update the Board as plans developed.

Action: Dr Stone, Ms Hansen and Mr Bertram

In answer to a question, Mr Bertram confirmed that the Trust was going to spend its capital budget.

135 23/24 Q3 Guardian of Safe Working Hours Report

Dr Stone presented the report and summarised two key areas for the Board to note.

Junior doctors in Renal Medicine (York) had contacted the Guardian with concerns in relation to overtime, missed breaks and patient safety. These concerns had been escalated.

The pursuit of robust and easy access to emergency rest facilities throughout the year continued to prove challenging however, Dr Stone assured the Board that the accommodation had been resolved but were working through with junior doctors on ensuring this was clear. The challenge was primarily on the York site as the accommodation had to obtained elsewhere to support the rest facilities requirement.

Dr Stone highlighted the exception reporting tool (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) and noted that less than 2% were in relation to education which demonstrated a good position considering the extent of the pressures that staff were currently under. It was positive to see a route for junior doctors to demonstrate if they were not getting educational opportunities and informing about their experience of their working day.

Dr Stone also highlighted the change in the clocks in October 2023 which resulted in three fines for shifts exceeding 13hours across different specialities. Not all reports submitted for the extra hour triggered a Guardian fine. Remuneration in such cases was being led by Medical Employment and the Medical Deployment Team was working with the LNC to determine a solution for next year.

Finally, Dr Stone shared that high fill rates at the bank and agency shifts where positively impacting Junior Doctors experience as it meant that they were not on shift with additional work of others.

136 23/24 Equality Delivery System Report

Virginia Golding attended the meeting to present the report which detailed the Equality Delivery System (EDS) 2022 as a tool for the Trust to improve its services, workforce and leadership. It comprised on 11 outcomes across three domains:

1. commissioned or provided services
2. workforce health and well-being
3. inclusive leadership.

These outcomes were evaluated, scored, and rated using available evidence and insight. The report asked for Board approval before submission to NHS England on 29 February 2024. All three domains had been assessed against the Domain Outcomes and scored varying degrees of activity.

Domains 1 and 2 were assessed through engagement events involving internal and external stakeholders. Virginia described the stakeholder mapping and engagement around these domains. Domain 3 was assessed by Harrogate and District NHS Foundation Trust. Once assessment had taken place, the Trust was then expected to devise an improvement action plan.

In terms of domain 1, it was suggested that the EDS criteria was built into service reviews as a means of easier assessment of evidence. Domain 2 it was suggested that through EDI workstreams and Inclusion forum, these were used to assess the evidence. A recent calculation of the scoring was an outcome of 32 which demonstrated ‘achieving activity’.

Domain 3, Mrs Brown had been involved as part of the evidence assessment and she described that there was a framework that supported the type of evidence needed to provide any achievement. This involved written communication to staff, board papers and examples of messaging around leadership with EDI. Having gone through the assessment of evidence, the type of evidence would be reviewed this year.

Before final submission to NHS England, Mr Barkley agreed to share some typo amendments with Mrs McMeekin following the meeting and also recommended to include a description for the mean and median comparison graph (on page 179 (29 of the EDS reporting template) to clarify that this was in relation to the gender pay gap.

The Board received and approved the assurance report.

137 23/24 CQC Compliance Update

Mrs Parkes presented the report which described progress with delivery of actions within the Trust’s CQC Improvement Plan, overseen through the fortnightly Journey to

Excellence meeting. Progress was going well as detailed in the report and a strong process implemented to manage delivery dates. In answer to a question from Mr Barkley around the dates given beyond March 24, Mrs Parkes advised that CQC were well briefed and understand and agree through our engagement meetings if we have chosen to extend. There is not the desire to close actions down unless there is clear understanding of the sustained outcome required.

Mrs Parkes advised that the CQC engagement meeting for York site ED had been postponed by CQC for January and was to be rescheduled for the end of March.

The Board was reminded of the 2020 CQC's section 31 regarding the safety of patients with mental health needs in York and Scarborough emergency departments. The CQC requested updates on the new Mental Health Risk Assessment form, staff training, and monthly audit results. The developments are now complete, with positive results and ready for technical testing. However, there were delays in the roll-out of the electronic mental health risk assessment in the emergency departments, which was scheduled to commence at Scarborough on 15 January 2024, but launched on 6 February 2024 and was working well with a view to roll out to York. Mrs Parkes advised that she was in discussion with the CQC on how the Trust could work to close the section 31. There was a formal process and was recommended that once rolled out to York, there is an assessment on compliance and usage before any submission was made to close.

The Board noted that the CQC received information from various sources regarding the quality of care provided at the Trust, including known incidents, formal complaints, and concerns submitted by patients, staff, the public, or other organisations. The CQC shared these concerns with the Trust for review, investigation, and response. Mrs Parkes advised that two CQC cases had been received since the last report, one related to patient experience on Ward 26 at York Hospital and one for information about a patient discharged with a cannula in situ. The Trust currently had 12 open cases, most of which were awaiting submission of finalised Serious Incident Reports and CQC responses.

Mrs Parkes shared that the CQC had provided guidance for care homes, hospitals and hospices on helping people have visitors which advocated open visiting. Mrs Parkes advised that early discussions around this with Senior Nursing staff was encouraging however, it was acknowledged that this had to be balanced with IPC issues.

138 23/24 Trust Response – Letby Review Summary Report

The Board noted the report which outlined 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 any recommendations for improvements.
A key stakeholder group convened, and the outcome measures and methodology were outlined in the report.

Mrs Parkes highlighted the number of actions included in the report (page 204) that had been taken to ensure that Executive were sighted, and have ongoing insight, into any safety issues ot any concerns from members of staff.

Mr Barkley mentioned that he had received contact from a source who chaired the independent investigation who had indicated that he was willing to provide an online briefing for the Board to attend and would be in touch with further details. It was agreed that this should be arranged.

Action: Mr Barkley

Mrs McAleese highlighted that the report had also been presented and discussed at the Quality Committee but this had been omitted from the front sheet of the report.

The Board noted the findings of the commissioned review and supported the recommended actions.

139 23/24 Maternity and Neonatal Reports

Maternity and Neonatal Quality and Safety Update

Sascha Wells-Munro attended the meeting and presented the report. Mrs Wells-Munro described that a 'Whose Shoes' event had been held in Scarborough on 7 February, in partnership with MNVP (Maternity and neonatal voices partnerships) to listen to service users' experiences and shape improvements. The interactive board game presented scenarios for group discussion on maternity and neonatal services. Attendees included service users, local authority colleagues, LMNS (Local Maternity and Neonatal Systems), and the maternity team. Key themes aligned with the Maternity & Neonatal Improvement plan, which was to be shared with service users through quarterly meetings and further engagement events to understand user experience and feedback.

Mrs Wells-Munro further described the '15 steps' event held in Scarborough's maternity and neonatal unit, in collaboration with MNVP, following a successful project in York last year, which supported environmental improvement work on the site. The event involved service users to come in and walk the Trusts services and provide feedback about how they feel in the first 15 steps for walking through the door.

The latest CQC maternity survey results had now been published and related to those who gave birth between 1 and 28 February 2023. The results demonstrate further improvement from the 2022 data. What was encouraging was those areas of improvement as outcomes from the survey, were already in line of sight and included in the maternity improvement plan.

The Trust continued to have challenges around maternity staffing and the maternity workforce review was ongoing, with the final report regarding birthrate plus compliance expected by the end of March. A meeting with the ICB was held to discuss workforce requirements and future requirements. The Director of Midwifery and Chief Nurse were working closely with the ICB Chief Nurse to address workforce shortfalls. Work was ongoing with the University of York and Hull to increase student midwifery numbers and promote the profession through apprenticeships and shortened programs. Mrs Wells-Munro shared that there was interest from York St John University to establish a midwifery training programme. The delivery suite co-ordinator development framework launched by NHS England had been published, aligning with the final Ockendon report of immediate and essential actions. The service was working with the LMNS to achieve this collaboratively.

The maternity quality and safety framework was being reviewed in relation to Trust governance changes. Out of 170 clinical guidelines, 136 were required (34 were redundant), with 9 out of date. These had been completed and were currently undergoing a new approval process. A risk assessment plan was in place for the remaining documents over the next six months. The maternity safety champions pathway, Attain and Perinatal Mortality Review Tool processes were being tested, along with ward to Board reporting and incident reviews related to Patient Safety Incident Response Framework implementation.

The refurbishment of maternity theatres began in February but had been delayed to April due to manufacturing issues. Business cases for caesarean sections and scan requirements were being finalised and presented to the appropriate group for approval. A review of the maternity and neonatal estate was underway, including the provision of community midwifery clinics and exploring new care models for improved accessibility. A quality improvement project had been launched to standardise information provided to service users using a video, ensuring all users receive the same information and removing variation. This project was being undertaken in collaboration with the MNVP to ensure coproduction and design. The review and rationalisation of community midwives should consider areas of high deprivation and access to services, as the current community estate was impacting women's accessibility and engagement.

In response to a previous Board request, Mrs Wells-Munro reported that around 40% of uncompleted antenatal risk assessments were linked to telephone screening contacts without a risk assessment requirement, indicating non-compliance on BadgerNet. Having dug into the detail of this, there continued to be connectivity issues and issues for community midwives with the use of BadgerNet that were being addressed.

The Postpartum haemorrhage (PPH) improvement group were meeting fortnightly and focused on areas of improvement, including standardised risk assessment, blood loss measurement, proforma completion best practices, and uterotonics administration. Immediate actions had already been taken based on the thematic review which was around processes in theatre where it clearly articulated that the rate of PPH was greater for an elective section. Although there was a fall in December figures, it was still not a desired position and next steps for the group were reviewing care in maternity theatre, escalation, and maternal anaemia. Will continue to feedback on the progress of these actions.

Mrs Wells-Munro advised that work around Consultant attendance in clinical situations which was not yet recorded in BadgerNet. Work was underway to add a mandated field to the EPR to capture this, as the service needed a more formal approach. Currently, reporting was done through the clinical incident system, and no incidents reported for non-attendance in December, following the guidance. An interim measure was that consultant attendance were now captured in every handover whether a consultant had attended in the clinical situation. Manual audit would then be achievable until BadgerNet is accessible for this.

Dr Boyd acknowledged the progress made in the past year around maternity services, particularly in identifying challenges and making effective plans to address them. She also noted the significant change in public engagement over the past year, which had been a significant factor in the progress made in the past year. Mrs Parkes added that Mrs Wells-Munro had improved the Trust’s structure around maternity safety champions, and Dr Boyd and herself had worked with her to improve the framework. There were regular meetings with Mrs Wells-Munro and the maternity operational safety champions, and this will be reported through the Quality Committee. This was an important element, as it has been missing in the data set. Mrs Parkes and Dr Boyd were now identified as maternity safety champions on agendas and minutes, making it clear who they were at Board level.

In answer to a question Mrs Wells-Munro described that discharge delays were multifactorial but primarily caused by medical cover issues, including the inability to perform neonatal checks and administer medications. The delay in discharge was exacerbated by a shortage of midwives, which was linked to the staffing shortages in services and delivery suites.

CQC Section 31 Update

The response to Mr Barkley's question to whether feedback was ever received from the CQC, was that there was no indication of any concern and overall positive about the progress being made. What would further improve the position enough to consider removing the section 31 was demonstrating that the Trust has sustainable on the improvement.

140 23/24 Q2 Mortality Review – Learning From Deaths Report

Dr Stone presented the report which described the mortality rates, including crude mortality, SHMI (Summary Hospital Mortality Index), and HSMR (Hospital Summary Mortality Indicator). It also highlighted the diagnostic groups contributing to these rates. The report used data from nationally and locally mandated data, quality account data, and themes from SJCRs (structured judgement case note review) considered by the Learning from Deaths Group in Q4.

Dr Stone had clarified that SHMI referred to the death rate that includes the people in the 30 days after they've been discharged from hospital and includes palliative care deaths. HSMR referred to hospital death rates that are not adjusted for palliative care, and there were fewer diagnostic groups included in it.

Dr Stone confirmed that there was no concern in the level of SHMI and investigation continues in understanding the deviations in HSMR rates. She shared her confidence that coding was good. Alerts were triggered for very specific conditions to ensure that these deaths are investigated.

In terms of the medical examiners Medical deaths reviewed, last month there were issues with sickness and cover and consequently the numbers dropped but generally they were on top of workload. The examiner reviews were becoming much more consistent across York and Scarborough following the disparity across the two sites last year.

Datix has a modular on it where we can keep abreast of deaths and pull data required and the report would continue to evolve as further data would become accessible.

Dr Stone responded to a question around the divergence between the SHMI and HSMR and confirmed that this was influenced by the number of patients that were dying in hospital who would ordinarily have passed away elsewhere. This was attributed to the longer lengths of stay due to difficulties in discharging patients when they no longer needed hospital-based care. Mr Barkley asked Dr Stone to pass on the Boards thanks for an excellent report.

141 23/24 Quality Improvement Update

Dr Stone presented the report describing that the Board had approved the Quality Improvement Strategy in August 2021, highlighting progress in delivering objectives. Key highlights included the design of an educational dosing model, an increasing number of staff trained in QI, the appointment of an Associate Medical Director in 2022, QI becoming an awards category, successful bid for three Health Education England Future Leaders Fellows to support quality improvement projects, and completion of the NHS Impact assessment in October 2023.

The strategy for 2021-2025 was included in the report but this was to need some revision later in the year. With the quality improvement methodology, the Trust was using Quality,

Service Improvement & Redesign Practitioner Programme (QSIR P) training but QI (Quality Improvement) training was also captured through other methods. It was noted that the position for training was not ideal but the pressures that the Trust had faced over the last few months had been challenging to accommodate any training on QI.

Dr Stone stressed that there now needed to be an improved plan for a consistent approach. The impact assessment approach was to be shared across colleagues to actually work out what the priorities needed to be and will work with care groups and corporate teams to establish who those colleagues will be. This will then go through Executive Committee to support the planning of the QI priorities. Adele Coulthard was supporting the team to get to this position.

Mr Hawkins highlighted that, as part of the wider strategy, there was a need to understand whether it was overall continuous improvement or more QI in the traditional sense.

Mr Barkley shared that for QI to be truly transformative there was a need for the Trust to have a systemic QI approach. This was about something that impacts the whole organisation and emphasised the note in the report around closer working between the various functions in the Trust. The Board noted that the NHS released the NHS Impact Framework in April 2023 which articulated 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, underpinned 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 Board received and noted the report.

142 23/24 Questions from the public

No questions from members of the public.

143 23/24 Time and Date of next meeting

The next meeting days if the Board of Directors held in public will be on 27 March 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	28.02.24 update - although a presentation had been received at Board previously, it was limited on information and no recovery plan detailed. It was agreed at the time the presentation was delivered, that a detailed diagnostic recovery plan would be shared in due course but this had not yet been presented. Agreed to bring back a recovery plan to Resources Committee in March/April and subsequently Board in April. Due date amended to reflect this.	Jan-24 Apr-24	Amber
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 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. 28.02.24 update - Mr Barkley to agree a date with Mrs Parkes outside the meeting for a planned session as part of a future Board seminar.	Jan-24	Red
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. 28.02.24 update- Mrs Hinton described a proposal report had been presented to the Executive Committee on 7 February and was discussed with an outcome of further work required before this could be ratified and reported to the Quality Committee. This would sit with the elective programme work going forwards as a specific workstream but required a consistent approach were possible and it was this that was taking the time. It was anticipated that it would be reported to the Quality Committee in April 24, appreciating that this may not be a complete picture but at minimum an update on progress. The deadline was amended to reflect this.	Jan-24 Feb-24 Apr-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 28.02.24 update - No report received to date, due date amended to April.	Feb-24 Apil-24	Amber
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 39	28 February 2024	138 23/24	Trust Response Letby Review Summary Report	Online briefing for the Board with Chair of the independent investigation.	Chair		Apr-24	Green

Report to:	Board of Directors
Date of Meeting:	27 March 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: 2023 NHS Staff survey results, planning guidance update, £3m research grant success, 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	27 March 2024	

Chief Executive's Report

1. 2023 NHS staff survey results

The nationally benchmarked 2023 NHS Staff Survey results were published on 7 March, and the full results can be accessed via the NHS Staff Survey website.

The survey runs throughout October and November every year. I am disappointed to report that our response rate (39%) was down on the previous year and we are still below our benchmark group. Given this is the most comprehensive regular survey of our workforce we must do more to encourage staff to participate so that we are hearing from as many of our staff as possible.

The questions in the NHS Staff Survey are aligned to the People Promise which sets out, in the words of NHS staff, the things that would most improve our working experience, as well as a focus on the two themes of staff engagement and morale.

Whilst we have made some improvements since 2022, overall the headline results make for worrying and disappointing reading and reflect the challenging circumstances that we know our staff are continuing to experience.

There is the opportunity later in the agenda to discuss the survey results and what we are doing to address the feedback, however what is clear from this year's results is that there is still much work to do to improve the working lives for many of our colleagues.

We must continue on the path we have committed to in order to address this, and focus on our training and support for leaders and line managers, and on delivering our long-term culture change programme Our Voice, Our Future.

2. Planning guidance update

As shared in previous reports we have been working both with our internal teams and our system partners to develop plans for 2024-25 incorporating activity, workforce and finance.

At the time of writing, we are anticipating that the final guidance information will be shared imminently. Final submissions are provisionally expected to be in May.

Whilst we have yet to have the entire picture for next year, what we do already know is that it will be one of the most demanding the NHS has faced in terms of financial resource.

Delivering financial performance of the scale that is likely to be expected of us will require transformational as well as transactional change to how we work, both as organisations and as a wider integrated system.

As a system we are already receiving some external support to develop plans with our ICB partners in a number of priority areas to help us become a more sustainable health and care system in the next few years, whilst at the same time not losing focus on delivery of our in-year financial, performance and workforce plans.

This will be incredibly challenging, particularly given the urgent need to improve the working lives of our staff, and will require everyone to engage in order to meet these expectations.

This will be our single biggest challenge for the year to come and as such I am sure we will be frequently revisiting this issue as a board through the course of our meetings.

3. £3 million research grant success

Board colleagues will recall a presentation at a recent board meeting by Professor James Turvill, Consultant Gastroenterologist, describing research into a device that could improve the clinical pathway for the diagnosis of bowel cancer.

I am delighted to say that the trust has been awarded £3 million by the National Institute for Health and Care Research (NIHR) to lead national research into this device, which is the biggest project we have ever undertaken to fund a national clinical diagnostic study.

The research, called the ColoCap study, will evaluate a new bowel imaging technology for patients known as colon capsule endoscopy.

Colon capsule endoscopy is an easy-to-swallow ‘camera in a capsule’. Once swallowed it travels through the stomach and small intestine to the large bowel and takes multiple photographs of the inner lining of the bowel. The images are sent to a recorder that the patient wears which is then downloaded. This provides consultants with a minimally invasive, remotely accessible, and innovative tool to diagnose bowel cancer, colitis, and pre-malignant polyps.

If the ColoCap study is successful, the colon capsule endoscopy could rapidly increase the capacity for diagnosing bowel cancer and other bowel diseases and so reduce waiting times. It is also hoped that the technology will improve patient experience and for some patients will end the requirement to undergo a colonoscopy.

Instead, patients could swallow the capsule in a GP surgery or the comfort of their own homes, which allows more flexibility for patient needs.

The Trust is working in partnership with leading academics in Scotland and Wales as part of the study, which is the largest evaluation of its kind nationally and will involve about 30 sites across the UK. Trust staff will be working with the University of Aberdeen, Centre for Healthcare Randomised Trials (CHaRT) and Cardiff University Centre for Trials Research, colleagues at The University of York and the York Health Economics Consortium.

Work around recruiting patients onto the trial will start in the new financial year, with the results made public in 2026-27.

I must commend Professor Turvill and the wider team whose commitment and determination over many years has resulted in the awarding of this grant, which marks a significant milestone for the trust and our reputation as a research-active organisation.

4. 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.

March’s nominees are in Appendix 1.

Date: 27 March 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

March 2024

Rebecca Proudfoot, Consultant	**York**	**Nominated by colleague**

Rebecca Proudfoot is a great team member to work with. This week I have been impressed by how much time she has spent with the parents of newborn infants while working on the Special Care Baby Unit and postnatal wards. She has been excellent at communicating attentively to parents, reviewing any problems, and providing an explanation of reassurance when necessary. She is very approachable and keen to help if possible. She is a great model for junior doctors.

Hannah Barrigan, Nursing Associate	**Scarborough**	**Nominated by visitor**

As a visiting professional I was very impressed with the care and dignity demonstrated by Hannah to a lady from the residential home that I work in. Hannah was such a natural with her, she showed kindness and compassion and delivered her care with the patience needed. I felt listened to as a fellow professional and Hannah took the time to get information from me that could help her to care for the patient by knowing a little more about her. I wish Hannah all the best in her nursing career and feel she will be an asset to the Trust.

Specimen Reception Team	**York**	**Nominated by Martyna Semczyszyn, colleague**

Specimen Reception team worked extremely hard to process all patient samples. They have faced short numbers of staff, training new team members and an increased workload. Many positive changes have happened within the team and for individuals and they have gone the extra mile for patients. I am proud to be part of such as an amazing team.

Haldane Ward **Scarborough** **Nominated by Sarah Crossland, colleague**

I would like to nominate Haldane Ward as they have gone the extra mile over the past few months. They have ensured that electives were able to still have their procedures despite their wards being utilised as an escalation area for inpatient activity when the Trust has been under significant pressure. The team were able to creatively use the ward space and working closely with Theatre recovery to ensure patients were cared for and discharged safely after their operations despite having limited space to work in.

Labour Ward **York** **Nominated by relative**

My daughter attended the Labour Ward and was first met and cared for by Amy who made sue she explained clearly what she was doing as she worked. Two midwives called Sophie took over and both were reassuring, kind, and professional. Crash call was made which involved lots of people, including Dr Walsh, and they all acted so quickly and organised and remained calm despite the urgency needed. My daughter soon returned from surgery due to their expeditiousness and knowledge. Her aftercare was given by Sue throughout the night.

I cannot express enough how thankful we are, how much all of them are valued by us as despite it being part of their normal day, to us, they saved our daughters life. An absolute credit.

Security Team **York** **Nominated by Julie Lake, visitor**

I am nominating the security team at York hospital who helped me move my broken-down car quickly, politely, and efficiently. The car was in a dangerous and busy area, and they moved me to a safer spot where I could wait for a recovery vehicle. They were very professional individuals.

Lorraine Handley, Ward Clerk	**York**	**Nominated by Paul Bowes, relative, and Joanne Bowes, patient**

Lorraine was so nice and kind and considerate to Joanne. We had to come back to York as Joanne was in agony after having her tonsils removed. Lorraine was so helpful and helped us get the care she needed. Lorraine is the best person we have ever come across in the NHS. She is a credit to your hospital.

Pump Therapy Team	**York**	**Nominated by patient**

Dr Vijay and the whole team in the department are fantastic. Every time I come for an appointment, they have the time to listen, and they really listen, and you are not rushed. I go to my appointments not filled with dread, instead I am treated with empathy and respect. This is not just one person but the whole team, I really cannot praise them all enough. People should visit this department to see the NHS working at its best. Thank you all so much for your dedication, help, and understanding to us all. You are the best and deserve this Star Award nomination.

Edward Stevenson, Cleaning Operative	**York**	**Nominated by Caroline Bell, colleague**

Eddie works on the children's assessment unit and brings a happy face to work each morning. He will go out of his way and above and beyond to help you where he can. He is so polite and lovely with everybody he speaks to, the ward would not be the same without him. I was very cold one day because I had got rained on and he found me a heater to warm me up. He really is lovely and an asset to the Trust. I know I speak for the rest of the team who value Eddie just as much as I do.

Wendy Holey, Healthcare Assistant **York** **Nominated by colleague (1) and patient (2)**

(1) Wendy always has a smile on her face and is always willing to help others. She is very compassionate with pregnant women and will do all she can to help the antenatal clinic run smoothly and on time. She goes above and beyond for all colleagues and patients and demonstrates the Trust values every shift.

(2) Wendy has been amazing! She is such an asset to the antenatal clinic. When we had our first baby in 2016, she spent most of her night shift helping me and baby get off to the best start with breastfeeding and making sure I was comfortable by bringing me a cup of tea and offering reassuring words and a hug when I felt I was failing.

I was delighted to see her friendly face when we went for our dating scan. Sadly, we have encountered a few bumps in the road this time round, but Wendy has been an absolute rock for both me and my husband giving all the support, advice, and reassurance. I would like to nominate her for a star award she has gone above and beyond on many occasions for me and demonstrates the Trust values with every patient contact. Wendy is an absolute gem and a beautiful lady who very clearly loves her job and all the patients she comes across.

Aimee Laverick, Specialist Audiologist **York** **Nominated by Lois Bennett, relative**

I want to nominate Aimee for a Star Award in recognition of her dedication to her job and going above and beyond for her patients. She has been instrumental in providing the best care for my son, recognising his additional needs, and ensuring he has been seen in a timely manner. It has made such a difference to me as a parent to have Aimee as a point of contact. She has really gone above and beyond in demonstrating the Trust values of kindness and excellence. The NHS is lucky to have her. Thank you, Aimee.

Kathleen Sanjongco, Staff Nurse, and Saul Amane, Staff Nurse

York

Nominated by Jane Monkman, colleague

On behalf of the Theatre Clinical Education Team, I would like to nominate Kathleen Sanjongco and Saul Amane for the exceptional level of support they have provided to new staff members in Ophthalmology theatres. They should be so proud of the positive impact this has had on individuals and retention rates. Kathleen and Saul demonstrate the Trust values perfectly as they are committed to ensuring new staff are integrated into their new teams and that they feel valued and listened to.

Feedback about them is overwhelmingly positive. They make learning fun, fresh and engaging, while also being able to adapt their teaching style to suit the individual needs of the student. They are very aware of how others are feeling and go above and beyond to make new staff feel confident, educated, and supported. One new starter said, “Kathleen and Saul have been incredibly supportive and kind. They have gone above and beyond to support me and ensure I had the tools and resources to succeed. They are not only a kind mentors, but great nurses as well, always putting the wellbeing of patients first and ensuring a high standard of patient care is maintained.”

Staff feel very comfortable approaching Kathleen and Saul with queries. They are always met with an accommodating attitude and willingness to problem solve and provide a solution. For the last two years there has been a significant number of new starters and during this time the pressure to deliver our service and reduce waiting lists has increased. Kathleen and Saul have been at the forefront of meeting these challenges. Thank you!

Rachel Grace, Elderly Medicine Secretary **York** **Nominated by Lauren, colleague**

Rachel received a phone call from a distressed patient who could not find the hospital they were due to attend for their appointment. Rachel stayed on the phone and tried to help direct them, providing reassurance that the appointment could be rescheduled. She then rebooked the appointment and spent time editing a map with directions so that it would be clearer for the patient when attending for their rescheduled appointment, sending this out in the post. This will have greatly helped the patient and made them feel more comfortable when attending again in the future. Rachel has gone above and beyond, truly demonstrating the Trust values.

Arran Carney, Emergency Nurse Practitioner **York** **Nominated by Lauren Croft, patient (1) and relative (2)**

(1) Arran was a welcoming and friendly face who treated me with professionalism and respect and provided excellent care when I needed to be seen in the urgent care centre. He is an asset to the department and should be recognised for his willingness to go above and beyond for the patients that he cares for. Thank you, Arran.

(2) My beautiful daughter suffers from bipolar disorder. During an acute episode she believed that insects were under her skin, so she hit herself to get rid of these resulting in several fractures to her arm and hand. She was unable to have this assessed properly as she believed that the radiotherapy from the x-ray would exacerbate the insects. We attended ED (not in York) twice before to try to overcome her fears, but she refused an x-ray.

Our third attempt to obtain an accurate assessment of my daughter's arm led us to York and being cared for by Arran Carney. Arran was exceptionally patient, caring and kind towards my daughter. He put her at ease and reassured her when she became distressed. His patience and gentleness enabled my daughter to have an x-ray to identify the fractures by arranging a specific time so that we did not have to wait in a busy area and then he took us to the plaster room to get her fractures stabilized. He carefully explained to the radiographers and plaster room staff my daughters concerns and managed the whole difficult interaction exceptionally well. He was highly professional, gentle, and kind, and is an asset to your hospital. Thank you.

Emergency Department Team | **York** | **Nominated by Nicola Hick, relative**

My partner and I visited the Emergency Department at York Hospital and when we arrived at the reception desk to a very busy department, my partner had supraventricular tachycardia (SVT), which requires urgent treatment. We explained this to the receptionist and a nurse called him into the assessment unit within five minutes of arriving.

An ECG was conducted instantly to confirm he had SVT and he was transferred straight to resus. His bloods were quickly taken, and he was under the care of a consultant who listened to our concerns about previous medications that had had an adverse on my partner's body requiring him to be transferred to the CCU. The consultant (Jim Rowe) and staff nurse listened to previous treatments and came up with a plan to best treat my partner. This was prescribed and administered, and had an instant positive effect, bringing him out of SVT, lowering his heart rate and bringing him back into a normal heart rhythm. An ECG was then done again to confirm he no longer had SVT and an ED doctor who specialises in cardiology then took time to read through my partner's previous admission notes and talk through a discharge medication plan.

Although ED was extremely busy, the care received felt very thorough. The staff were calm and reassuring and continually observed my partner. We both really appreciate every member of staff that cared for him that night and we're very impressed with how the department coped on a very busy night. Thank you to all staff working in ED resus that night.

Kirsty Mellor, Skin Cancer CNS **York** **Nominated by Skin Cancer Nurse Team**

Kirsty often goes above and beyond for her patients making sure their journey from diagnosis to treatment goes as smoothly as possible. She supports them through their anxiety and concerns around their diagnosis and what the next step is in their cancer journey.

Recently she supported a patient who had been diagnosed with cancer and was struggling with severe anxiety around the diagnosis, scans, and treatment they would need. Kirsty organised for a member of the team to meet them when they arrived with for their CT scans and to go with them to their CT scans. After the scan Kirsty had organised that they be seen for their assessment while they were here at the hospital rather than coming back for another appointment, therefore reducing the anxiety the patient had. Kirsty maintained regular contact with the patient by telephone throughout their pathway and the support she provided helped to reduce their anxiety levels. This is just one example of the kindness and dedication Kirsty shows to her patients.

Gillian Cunningham, Tobacco Dependency Advisor **York** **Nominated by Adrian Chesterton, colleague**

I have been smoking for over 40 years. Gillian came into our department and gave me a test and the result was very high. She sat with me explaining the help I could receive, and it prompted me to try and stop. Thanks to Gillian, I have not smoked in seven weeks. I feel better in myself, and it will hopefully give me a longer life span to have time with my family. Gillian has made a difference not just to me, but other smokers within the Trust. She is a perfect example of our Trust values in action. Smoking is an addiction and Gillian and her team promote the benefits of stopping and take the time to explain everything. I cannot put into words what a change to my life she has made.

Gilly Leith, Healthcare Assistant	**Scarborough**	**Nominated by Tracey Ramm, colleague**

Gilly works as a healthcare assistant on Willow eye unit. We often get patients with known or suspected cognitive problems and at times these patients present with quite challenging behaviours that can be difficult to manage on a day case ophthalmic unit. The shift in question, Gilly admitted a patient who found communication difficult and did not want to engage with anyone pre-admission. All communication was via a third party of the patient's choosing.

On admission, Gilly was able to put the patient at ease and create a trusting relationship with them using appropriate words and body language. In a short time, the patient engaged with Gilly and their communication required her full attention. Gilly supported the patient through their pre, peri, and post operative experience and ensured they were safely discharged home. Although an ophthalmology day case unit, the patient needed some nursing care to their feet which Gilly provided making the patient more comfortable in preparation for their planned surgery. She is an excellent role model for how to provide care to patients and she thoroughly deserves to be nominated for a star award.

Ed Nicholson, Physiotherapist	**York**	**Nominated by colleague**

It was a busy afternoon in the MSK department and there had been some miscommunication about a patient's appointment. The appointment had been cancelled but patient still attended for it. No other clinical staff were available to help, so Ed came to the rescue and was able to have a brief assessment with the patient in between his own appointments. Thank you, Ed for your support and going the extra mile. It made a difference to the care of the patient and supported your admin colleagues.

Gabriella Valks, Deputy Sister **York** **Nominated by Princella Ntim, colleague**

Gaby is a good team player and a kind and compassionate nurse. She supports all staff during working hours and makes sure nobody in the team feels burnt out. She goes the extra mile to teach staff, especially the internationally educated staff, including myself, when the need arises. When there is a misunderstanding, she solves it amicably and professionally. She sets a good example, worthy of emulation, for junior staff.

Edward Lightfoot, Consultant **York** **Nominated by Shoshanna Hayward, colleague**

Ed is one of the kindest, most knowledgeable consultants I have ever worked with. During his biopsy and diagnostic lists in ultrasound he is incredibly thorough. He will always find time to show patients their images and explain exactly what is going on in terms that are easy to understand. Despite taking this extra time to reassure patients, his lists always run on time too, which relieves pressure on the entire department. In truth I could have nominated him for a star award every month since I began working in the department. Even as a new starter, he was kind and patient whilst I got to grips with procedures and equipment.

Yesterday he had an incredibly anxious patient, who warned us he tended to collapse during procedures. Ed thanked him for the warning but reassured him we would continue only when the patient felt comfortable, and that we would monitor him carefully throughout, and proceed in whatever way would help. The patient had an incredibly positive experience, and was absolutely fine due to Ed's kind words, efficient manner, and incredible skills, all whilst joining in with a spirited debate over cats vs. dogs to help calm and distract the patient. We were able to collect the samples required, and the patient was incredibly thankful. We should absolutely celebrate Ed, as his version of standard care would be considered going the extra mile and to maintain that with every patient (and staff!) contact is truly amazing.

Emergency Department Team **Scarborough** **Nominated by Kay Purdom, relative**

The Emergency Department looked after my mother who had fall while staying in Scarborough. We found the service to be caring and friendly. The staff all engaged with us when trying to help. We found the service amazing, despite working in a very demanding job, including from Pat who came around with refreshments after our long stay. Well done to everyone who works there.

Amanda Norrie, Orthopaedic Practitioner **York** **Nominated by relative**

Amanda was brilliant with my stepdaughter who was worried, scared. and panicked by the prospect of needing a cast. Amanda went above and beyond to make her smile, put her at ease, and help her understand everything. She even offered to come in on her day off just to see her and make sure she was OK. My wife and I think she is perfect for a star award nomination.

IT Service Desk **York** **Nominated by Sam Marshall, colleague**

In late 2023 a nationally mandated policy was created by NHS England to implement MFA (Multi Factor Authentication) to all NHSmail email accounts before the end of March 2024. Cyber security remains one of the largest risks for our organisation and the work involved here would impact every person across the organisation and would significantly reduce the risk of our patient data being compromised.

During this period when MFA was being applied the Trust's email accounts, IT Service Desk went above and beyond to ensure that we met deadlines and helped our employees without causing an impact on the clinical services. We have now enrolled our users with MFA, and this could not have been performed without the fantastic efforts of our support teams that went above and beyond, while working to the Trust values to achieve compliance and significantly reduce our risk landscape. We are now leading the ICS in this space and our Service Desk enabled this.

Deborah Martin, Senior Healthcare Assistant **Acomb** **Nominated by Helen Snowden, colleague**

I was visiting a patient at home and found them unresponsive. I was on the phone to Deb at the time as I couldn't gain access and had had asked her to find out the key safe number. On gaining access the patient was collapsed over the armchair. I shouted for Deb to come and help. Unfortunately, it was clear that the patient had been dead for some time. Deb arrived at the scene within five minutes and provided me with comfort and support. Deb stayed with me and the deceased for hours and took it upon herself to contact the out of hours GP and other services to get assistance. Deb was very assertive and calm and managed to persuade a GP to come and assist with the deceased. She constantly provided me with reassuring words of encouragement and support and remained calm and professional throughout this difficult time. Once the police had carried out their duties, they asked me to confirm the identity of the body. As they had no immediate next of kin, Deb said that she would support me and that we would identify the patient together.

Deb always goes that extra mile to ensure her patients and colleagues are OK, and this shift was no exception. The Trust values run through Deb's blood, and this is reflected in every shift she works. She is a true team player. I cannot find the words to express how proud of and grateful I am for Debbie's support and want to say one big thank you for the amazing person she truly is. Deb you are a true asset to the NHS and our community team are very lucky to have you on board.

Fiona McIntosh, Clerical Officer **York** **Nominated by Helen Rowland, colleague**

Fiona is such a dedicated hard worker. She is always willing to help others, no matter the size of her own workload. She always has a smile on her face, and she makes the working day much nicer.

Blessing Aimakhede, Healthcare Assistant, Maisie McDonough, Healthcare Assistant, and Yashith Arachchige, Healthcare Assistant	**York**	**Nominated by colleague**

We had a day when the ward was very busy with many patients requiring assistance. Many patients were admitted that day and we had only three HCAs. These individuals did an excellent job to make sure every patient had their needs met, was fed, and had their hygiene needs catered for, all while remaining calm and acting kindly to the patients. Their hard work and dedication were excellent and worth celebrating.

Jemini Mistry, Audiologist	**York**	**Nominated by Keith Taylor, patient**

I went for an appointment and was seen by a superb audiologist called Jem. Afterwards I was both surprised and delighted to leave the hospital wearing my new hearing aid. I was hugely impressed by Jem's demeanour and professionalism; she is a real credit to the department.

Special Care Baby Unit	**Scarborough**	**Nominated by Gail Lindley, colleague**

I would like to nominate the whole team at Scarborough SCBU. Over the past few weeks, they have faced significant and varied obstacles at work. The absence of any babies on the ward has meant that staff have been redeployed around the hospital, often to areas which are so far from SCBU remit that this has caused some anxiety and stress. The team also has a lot of staff members completing courses to further their development and as they are such a small team this leaves many shifts without adequate cover.

Despite all this, the team remains as helpful as ever, looking for gaps in off duty, swapping themselves around to provide a service and trying beyond all expectation to remain as positive and cheerful as is possible. They are a credit to themselves, to me as a manager, and to the wider care group, and I feel they should be recognised for their hard work, their dedication and their love and support for each other.

Alex Monk, Ward Clerk	**York**	**Nominated by Christina Sloper, colleague**

I would like to say a massive thank you to Alex. I want to express how much I appreciate the kindness and support she has shown towards me. Alex is an excellent role model who has guided me and helped me to learn new skills. I really am so grateful, and I appreciate her sharing her knowledge to help me.

Ward 39 **York** **Nominated by Emma Lee, colleague**

A patient on Ward 39 was desperate to see his wife who was at home and coming towards the end of her life. The ward therapists were unable to facilitate a safe discharge home due to the patient's level of mobility and functional criteria for discharge. The therapy team discussed ways we could potentially facilitate a visit but there were many obstacles making it challenging. The therapy team escalated this to Sue, Matron of Ward 39, who organised an ambulance crew to take the patient home to see his wife. The ambulance crew were able to transfer the patient into the house to see his wife and the patient's carers met the crew so they could provide support whilst the patient was visiting. The ambulance crew waited outside so that they could then take the patient back to hospital. This allowed the patient and his wife to be together for a couple of hours with their children to properly say goodbye.

When a bed became available at rehab and the patient could be transferred, the Deputy Sister on the ward, Claire, arranged for the ambulance crew to go to rehab via the patient's home so he could see his wife once more. The patient's wife died soon after this. Sue and Claire were able to give the patient and his family a gift that I am sure will be cherished. In addition, none of this would have been possible without the care and compassion of the therapy team, the ambulance teams, and the care staff. It is a truly heart-warming example of going above and beyond.

Lisa Pallister, Administrative Assistant | **York** | **Nominated by Karen Cooper, colleague**

Lisa deserves this star award as she has worked hard since she joined our team a few months ago. Lisa has made a massive impact on both the healthcare support workers (HCSWs) we train and the rest of the team. Her enthusiasm and professionalism have been great assets to us. Lisa has contributed to some valuable changes and had some fantastic ideas that have improved the teaching that we give to the HCSWs. Lisa is calm and fair and passes on the many skills she gained working as a senior healthcare assistant in ED to the newly employed HCSWs. She has also received great feedback from the HCSWs that have come through the academy. She is a good role model for them in their future careers with the Trust.

Graham Healey, Facilities Supervisor, Franco Villani, Maintenance Worker, and Andrew Crossland, Maintenance Craftsperson | **Bridlington** | **Nominated by Andrew Thomas, colleague**

On Monday evening I had a call out from Shepherd Theatre saying there was water coming out of the ceiling in the main corridor. As I live an hour away and I knew that this had to be dealt with quickly so I phoned Franco, as he lives close by, to see if he could attend while I was on my way. Franco also contacted Andy Crossland and picked him up on route to the hospital. When I arrived on site, Franco and Andy had isolated the leak and Graham had created a pipe from the leak through a window to direct the flow of the water. If it weren't for Graham's quick thinking the damage could have been a lot worse but was instead it was minimised by his actions. Thank you to all three of you for great teamwork.

Samantha Reddy, Phlebotomist	**York Community Stadium**	**Nominated by Christopher Newell, patient**

Samantha took my routine blood test at the Community Stadium in York. She was very good humoured and friendly, but also professional and she provided me with lots of extra information on the process when I asked. She was unfazed by the particularities of the equipment she was asked to use by the London hospital requesting the bloods which necessitated some non-routine processes. As someone who has had monthly blood tests for ten years this was the nicest, most relaxed session I have ever experienced, and I believe her to be the model of good practice in the profession.

Cathryn Geldart, Administrative Assistant	**York**	**Nominated by Vicky Rowan, colleague**

Cathryn works in busy laboratory medicine, taking calls from GPs, consultants, and patients. Cathryn always goes above and beyond with everybody she speaks with regarding blood samples, results, and tests. She took a call from a gentleman that needed to do a certain test for biochemistry, and on opening the envelope he found that the full contents were not inside. Cathryn asked where the gentleman lived and said she would deliver him a new pack that night on her way home from work. By going out of her way she made sure the gentleman got the kit. Cathryn deserves a Star Award nomination, as she is always a star in our department.

Karen Castle, Hairdresser	**Scarborough**	**Nominated by patient**

Karen went above and beyond in helping me choose a wig after losing my hair during chemotherapy. Her care, compassion, and empathy made a daunting process so simple. Without Karen's knowledge I wouldn't have chosen a wig that looks as natural and beautiful. I found Karen to be one of the most genuine lovely people I have had the pleasure in meeting. She is a true credit to Scarborough Hospital.

Amy Provins, Deputy Phlebotomy Manager	**Scarborough**	**Nominated by Jo Blades, colleague**

Amy is always happy to provide the required reasonable adjustments to enable patients to have their bloods taken. An example of this was when a patient with a learning disability recently required their bloods taking in a very person-centred way. Amy provided all the reasonable adjustments required, including the patient sitting on their carers lap. Carers advised that it was the best appointment that the patient had ever had. Usually following any hospital appointments there are behavioural responses but following this appointment the patient enjoyed a very happy afternoon.

Robert Shaw, Head of Echocardiography, and Lorraine Hodgetts, Associate Healthcare Scientist	**Scarborough**	**Nominated by Jo Blades, colleague**

Recently a gentleman with a learning disability required an echocardiogram. For this to be completed successfully, the gentleman needed a social story and to carry out role play before he came in for the appointment. Rob was brilliant in helping this to happen by providing photos, items, and recommendations. Rob also altered the time of the appointment to prevent there being any waiting. The echo was completed successfully.

The same gentleman required equipment to complete a sleep study. Lorraine altered the gentleman's appointment to enable him to attend the hospital once instead of twice and adapted the usual demonstration of equipment and time it was lent to the gentleman so this also could be completed successfully. The patient’s Mum advised that it was the best appointment that her son had ever attended.

Mark Andrews, Consultant | **Scarborough** | **Nominated by Jo Blade, colleague**

A gentleman with a learning disability, autism, and extremely complex needs had injured himself and concerns had been raised that these injuries required investigations. Mr Andrews created an exceptional plan which enabled the gentleman to be examined and eliminated the concerns. His reasonable adjustments prevented a very stressful admission and potential need for radiology examinations being carried out under general anaesthetic.

Aoife Jennings, Phlebotomist | **York** | **Nominated by Keren, patient**

I went for a blood test today and was dreading it. I wish to nominate Aoife for a star award as she was a new member of staff, and she was personable, gentle, and quick. It was all done within seconds which I was very grateful for. The other team members were also very helpful in explaining how to share positive feedback.

Jules Rennison, Maintenance Worker | **Scarborough** | **Nominated by Christina Attridge, patient**

I would like to nominate Jules for a Star Award for her professionalism, compassion, and concern over the non-arrival of my husband who was heading to Whitby to pick me up from Scarborough Hospital.

I had told him to stop the car, turn round and come back to Scarborough, when he then got lost round Peaseholme Park. I was not aware that the team on duty where listening to these conversations but thank goodness they were. When I phoned my husband again, he was getting confused with directions given to him by two ladies in a cafe.

I had been in the Discharge area since 2pm and it was now getting dark. I was wondering what to do when Jules quietly arrived on the scene. Calmly stating her concern, she took charge of my phone (with my permission of course) and was having a conversation with these two other ladies still with my husband in the cafe. Concerns were mounting as it was now dark, but Jules remained calm and in control. The decision was made that if the girls could install Google maps on his phone, then Don would not go off the beaten track and hopefully arrive in Scarborough Hospital carpark. When Jules was confident that all was in hand, she got a wheelchair, gathered my bags, and took me to the carpark where Don duly arrived. This had been a new experience for me, and I could have ended up a mess. I owe Jules a debt of gratitude and big thank you! Everybody needs a Jules in a crisis.

Catherine Leatherbarrow, Clerical Officer **York** **Nominated by Michelle Lee**

Catherine is always patient centred. She absolutely demonstrates our Trust values, especially kindness and excellence. Working with and around children requires patience and empathy, which she has in abundance.

A child was attending a cast removal appointment; he was scared and upset and there were lots of tears and screaming. He had a lot of support from the therapist and his parent but unfortunately, he was inconsolable. Catherine went out of her way and took the time to create a personalised bravery certificate for the child, she even accompanied it with sparkly stickers. The child was over the moon.

A few days later, the child returned to have his casts replaced - this time there were no tears, no fears just a big thumbs up and smiles for Catherine. She is the kindest and most selfless person. The Family Health Care Group are so lucky to have a member of staff like her and her colleagues and the children and parents recognise this. Well done, Catherine, keep being your lovely self!

Victoria Beattie, Deputy Sister **York** **Nominated by visitor (1) and patient (2)**

(1) Just wanted to say a massive thank you to Vicky for going above and beyond her duties. The founders of the NHS built this service with dedicated individuals like her. She is kind, compassionate, and, most importantly, empathetic.

(2) Vicky has really looked after me. She showed patience, compassion, and understanding towards me as we were going through absolute hell. How she has that much patience I do not know but she does, and she deserves so much recognition. I will never ever forget the kindness she showed.

Nicola Walker, Healthcare Assistant | **Scarborough** | **Nominated by colleague**

I recently had the pleasure of working with Nicola in two different settings. Both times I was impressed by her absolute dedication to her patients and the kindness and integrity that she demonstrates. I watched in awe as she competently delivered first-class care, even under difficult circumstances, leaving no stone unturned throughout her shift. As a result of her manner, I watched the patients bloom and thrive under her care. As a colleague, she is a delight to work with. Undeniably knowledgeable and so very on the ball. I would love her to be recognised for this so that she knows how appreciated she is.

Jonathan Hanlon, Emergency Nurse Practitioner | **York** | **Nominated by Celia Swain, patient**

Jonathan was on duty in the UCC when I needed urgent care for an infected dog bite to my hand. He quickly recognised that the infection was tracking up my arm and administered IV antibiotics and a tetanus injection. Jonathan was calm, gentle, and reassuring throughout my treatment and explained in detail what was needed and why. I returned to see Jonathan at for a wound check and dressing change.

On both occasions he acted quickly and confidently, and I believe that without his expert help the outcome could have been very different. I received not only excellent treatment, advice, and after care, but also medication, extra dressings, and a sling. Jonathan was thorough in his questioning and assessment of the circumstances of the incident as he wanted to be sure that a piece of tooth could not have broken off and been embedded in the wound. He also explored whether I could have a broken bone because of the bite. I was able to manage the dressing myself from that point on. My hand has healed now, and I will always be grateful to Jonathan for his professionalism.

Katie Roche, Healthcare Assistant | **York** | **Nominated by Dorathy Gwotbit, colleague**

I am nominating Katie for her incredible work in helping with a patient who attended ED during a mental health crisis. We came on shift to a very agitated and screaming patient. After spending the first two hours of the shift sorting out the patient, Katie took her time to speak with the patient even though she was not allocated to that area. Through her incredible and calm work, she managed to settle the patient until he smiled and went to sleep. I have observed Katie do this on more than one occasion, she is very talented, compassionate, and empathetic person and this reflects in her ability to deal with very difficult patients and situation.

Annette Farrington, Secretary, and Melanie Stork, Secretary | **York** | **Nominated by Karen Wiley, colleague**

The buying and selling of annual leave falls to a few members of staff that organise and implement the requests, and this can be very tedious. This process is undertaken by Annette and Melanie who yet again have done a great job in organising and responding to everyone that applied.

They demonstrate our Trust values again and again when staff have issues regarding this process. This can be very difficult at times as they do not make the decision but do deliver the end result. I wish to send my thanks and gratitude on behalf of the care group.

Pre-Assessment Unit **York** **Nominated by Rachael Wekesa, colleague**

The Pre-Assessment Unit are an amazing team. They demonstrate great teamwork and co-ordination. There is constant support from all team members on the shift. The department well organised in terms of patient care.

Martha Rye Lees, Student Midwife **York** **Nominated by Felicity Welburn, colleague**

I believe one of our first-year student midwives deserves recognition for the excellent start she has had with us here at the Trust. This is the first role within maternity that Martha has undertaken, only commencing her university course in October. She has embraced the challenge of coming onto a busy maternity ward for her very first placement and has quickly become a trusted team member.

Martha has a natural aptitude for putting women and their families at ease at what can be a stressful time. She is a calming presence that makes our service users feel safe and supported. I have received excellent feedback from both service users and staff to this effect. Martha consistently demonstrates and promotes our Trust values. She is a true asset to our team here at York and is an outstanding student midwife.

Richard Lovie, Deputy Quality Manager | **York** | **Nominated by Alex Sharp, colleague**

Rick is the Deputy Quality Manager for our pathology network that covers Scarborough, Hull, and York. Pathology is a heavily regulated service; we have very thorough inspections at each laboratory and within each speciality every year to maintain our UKAS accreditation and ISO standards. The ISO standards for pathology have recently been updated, with some significant changes.

To meet the new standards, we have overhauled our entire quality management system (QMS) and are implementing a new version of software to allow us to operate a single QMS across our whole network for the first time. Rick has worked closely with our Network Quality Manager and our wonderful 'Quality Links' within each specialty to design the new QMS structure, so it aligns with the new ISO standards. He has then taken on the mammoth task of supporting the roll out of the new QMS and training our staff in the new system and the procedural changes that the new QMS supports. To date he has carried out over 30 training sessions to over 300 staff. He has completed face-to-face sessions at all our laboratory sites (Scarborough, York, Hull Royal, and Castle Hill) and virtual sessions on Teams. Despite the repetitive nature of this task, I have witnessed Rick being just as friendly, engaging, and supportive in the first sessions as he has in the last.

The changes we are making are fundamental to many people's roles within pathology, so it is key that all our users are competent before we go live. We are expecting to do this (on schedule) at the beginning of April. Rick has shown true commitment to pursuing excellence by ensuring that our Quality Management System supports staff to meet the exacting standards our patients would expect from a modern pathology service.

Elspeth Rakocevic, Deputy Service Manager **York** **Nominated by colleague**

Since taking on her role Elle has been fabulous. She is kind. generously gives her time and is always willing to listen and help. She is extremely organised and cracks on with all her own work as well as helping all the team out with queries and organising training. I have been off work and was quite anxious when I returned as things change so fast in our department. However, Elle put my mind at ease, listened to what I was saying, and helped sort a back-to-work plan out. She really is a lovely work colleague.

Alisha Berry, Healthcare Assistant **York** **Nominated by patient**

I attended the Emergency Department, and it was very busy. Alisha never once stopped as she cared for everyone in the waiting area. She was taking blood pressure, cleaning up, assisting the nurses, and even calling security when necessary. The wait was long, but she made sure everyone had the chance to get a sandwich and a drink. I work within the Trust and feel she needs to see her hard work does not go unnoticed.

Richard Dixon, Healthcare Assistant | **Scarborough** | **Nominated by colleague**

Richard consistently strives to go that little way extra for his patients. He always has a ready smile and takes the time to chat to the patients and put them at ease. He recently spent a bank shift on another ward and gave up his break so that he could give all the men in his bay a good shave, while also taking the time to try and cheer them up by talking to them and asking about the things that are important to them. In turn this had a positive effect on the gentlemen involved and they were all very grateful afterwards.

Nothing is too much trouble for him, he demonstrates the Trust values daily. I would love for him to be recognised for all the hard work he puts in, expecting nothing in return. He really does have a heart of gold and is passionate about his role.

Ward 26 | **York** | **Nominated by Kym Crag, patient**

I would like to nominate the team on Ward 26 for the outstanding care that my partner and I received late last year after losing our pregnancy. The whole team were kind, caring, and supportive and we felt well looked after. Despite the ward pressures everyone was so professional and attentive, and made sure all their patients were well looked after.

A staff nurse called Rebekah deserves a special mention, she never stopped all day and made sure both me and my partner were OK and had everything we needed. She was the light during what was a very traumatic time. Thank you to all involved in my care, I will never forget those few days, but I will also never forget the kindness and support. Thank you, Ward 26.

Sophie Philips, Specialist Dietitian **York** **Nominated by Amy, colleague**

I would like to nominate Sophie who went above and beyond her role this weekend to help support a cancer patient who is enteral fed and had been transferred to our hospice for end-of-life care. The enteral feeding pump that our local Trust use has recently changed and is therefore different to other Trusts. The current regime feed that this patient was on didn't comply with our feeding pumps and, due to feed sensitivities, amending the feed to accommodate our pump was out of the equation.

Sophie was friendly and supportive with resolving this. She went out of her way to source the correct feeding pump for this patient, allowed us to use it on loan, and sent it over in a taxi so that the patient could use it the same day. Sophie demonstrated the Trust's values of kindness, helpfulness, listening, collaborating, and ensuring that this patient was at the centre of this process. I cannot thank her enough for her support that day, not only for the patient, but also supporting us as an external organisation. She is a true credit to your Trust. Thank you.

Jemma Hindle, Healthcare Assistant **Selby** **Nominated by Samantha Sheller, colleague**

Jemma is a healthcare assistant on our rehab ward at Selby. She is hardworking, enthusiastic, and encourages all our patients to reach their full potential by delivering high standards of care every time she is on shift. She is very flexible, working both days and nights and is very supportive to all her colleagues. I would like to nominate her as she embodies all the Trust values.

Jodie Clarke, Security Officer **York** **Nominated by Josh Allenby, colleague**

Jodie was exceptional when an unexpected incident happened. She was outstanding and stayed clam under pressure. She demonstrated the Trust values when dealing with the incident.

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

I took my son to York Hospital paediatric ED in the middle of the night. He had come out in a rash all over his body that was angry and aggressive looking. He has Down Syndrome, is non-verbal, and has heart and bowel disease. I was terrified as I thought the rash looked like leukaemia.

We don't live in York but were visiting family so came to the hospital here. Dr Laura was amazing with us start to finish. She calmed me down and checked my son over whilst involving him in everything so he could understand what was happening. She took his blood using a finger prick to cause minimal distress for him, so he didn't cry and instead just seemed fairly interested in what was happening. Dr Laura could tell I was anxious and made sure she came to tell me as soon as she had the blood results back that his white cell count was fine, and it was viral. We were sent home within two hours with reassurance which was amazing.

I have PTSD due to previous health situations that have happened to my children. Dr Laura's calming way of listening to my fears, thoroughly checking my son over, being patient whilst I asked lots of questions, not leaving me too long with my thoughts and making sure blood was taken and reported on quickly meant my PTSD didn't reach levels of panic. From the bottom of my heart thank you, you are incredible and made a difficult time easier for me with your kindness and professionalism.

Gemma Gregory, Healthcare Assistant **York** **Nominated by colleague**

Gemma took a patient to a shower facility within the hospital as we do not have these facilities, and assisted with hair care, mouth care, and a fresh change of clothes. Gemma was concerned that the patient's basic needs needed catering for. Even though we felt we were short-staffed, Gemma made sure everything had been planned and arranged to make sure our patient did not have to wait any longer than necessary. The patient thanked staff at the end of the shift and stated they felt we had gone above and beyond in their care. Gemma would be the first to state personal cares are a basic need and shortages in staff should not allow these to be missed. I cannot thank Gemma enough for advocating for patient's care needs.

Committee Report

Report from:	Quality Committee
Date of meeting:	19th March 2024
Chair:	Steve Holmberg

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

ALERT

Outlying Patients – The Committee had several discussions about the impct of patients being treated in areas outside their specialty's usual bed base.

- Many examples of how outlying impacts negatively on patients e.g. delayed pathways of care, delayed discharge, sub-optimal outcomes, less robust senior review, deconditioning etc.
- Outlying is exacerbated through utilisation of Unplanned Care SOP that also impacts negatively on staff who have not seen much evidence of de-escalation
- Committee was advised that Unplanned Care SOP was, however, still having a positive impact on overall patient safety
- Committee was also advised that a 'Right-sizing' exercise was underway that would seek to balance bed numbers and other resource against current patient demand
- Committee strongly supported this work but had no assurance that all output recommendations would necessarily be feasible or affordable
- Imbalance between specialist vs generalist medical teams will also mitigate against more rapid optimisation of patient pathways

IPC – Remains a concern as MSSA and C. diff numbers remain above target. 1 MRSA infection noted

Coding in ED – Committee was advised that there is a significant problem that is a patient safety risk especially for patients requiring safeguarding. Coding issues have improved in SGH but remain problematic in York

ASSURE

PSII – Committee heard about a number of investigations using new methodology that had been well received by staff involved

Maternity – Committee advised that staff survey had shown improvement between 2022 and 2023. Positive feedback also received from midwifery students

Learning from deaths – Q3 report escalated to Board. Committee discussed mortality statistics noting reassuring SHMI rates. High HSMR in York noted but, although precise cause not presently identified, not felt to be a finding of concern against background of sub-100 SHMI, data often subject to fluctuation. Probability that high number of patients with no-criteria-to-reside contributes

TPR – Improvement in rates of Patient Falls and Pressure Ulcers noted

ADVISE

Maternity – Committee received assurance that progress against workstreams is continuing

Some complaint responses continue to be delayed but Committee heard that some are being delayed by ongoing investigations and agreed that a 'pending' category would be useful for these

Dip in Scarborough consultant foetal monitoring training continues but 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
CQC Section 31 March report reviewed and approved

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Surgery CG – Escalations received:

- Lack of areas for elective Orthopaedic/Breast surgery
- IPC - especially MSSA with a focus of work on VIP scores, training and hygiene measures
- Estate concerns – delays meaning that risks are not being de-escalated as envisaged and new patient safety risks may arise (e.g. HPV programme)
- Theatre ventilation project

Safeguarding – Report received. Escalations reported:

- Shortfalls in patient coding in ED
- Learning disability pathways
- Sustainability of Autism services
- MCA training

Sub-Committee Escalations:

- ED coding
- Datix forms require simplification to mitigate against drop in form completion
- Non-compliant with bedrail/ligature requirements

Committee Report

Report from:	Resources Committee
Date of meeting:	19 March 2024
Chair:	Lynne Mellor

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

ALERT
• **Operations**: Pressures in ED continue to be challenging particularly with ambulance handovers (waiting>60 minutes), all attendances having an initial assessment within 15 minutes and 12+hour trolley waits – targets not met. • Patients without a 'criteria to reside' (NCTR) remains concerning; NCTR is circa 20% of York and Scarborough hospitals' bed base. • **Finance:** The Trust's draft Group Operational Financial Plan for 24-25 is challenging - more work to be done to refine. • **Workforce**: Very disappointing staff survey results. The Trust is below peer group average for every People Promise element and theme – particularly concerning is the Staff Engagement advocacy elements. Response rate very low – recognised more work to do to improve.
ASSURE
• **Operations:** Improvements continue across a number of waiting list performance targets including Cancer treatment (e.g. patients waiting over 62 days) and other referrals. UEC plans show positive improvement steps including work with YAS and the wider system e.g. the UEC Risk Summit. • **Finance**: The Trust has received funding from the ICB: £17.9m from a redistribution of its reserves and a further allocation of £12.8m (this is the Trust's share of £30m funding from NHSE to ICB). This has resulted in a significant improvement to the Trust's financial position with an adjusted deficit of £5.2M. The Trust is now expected to deliver I&E breakeven position – the Committee was assured plans are in place to address risks to meeting an I&E balance for the end of the fiscal year. • **Workforce:** Impact of Health Care Academies continuing to have a positive effect on the retention and performance of recruited staff. • The Trust is building wider links for recruitment with more universities and continuing to build relationships with student nurses. • Positive improvements being made to reduce agency/bank costs including off framework and high-cost long term agency bookings. • **YTHFM**: financial performance: a positive forecast for CIP; the forecast deficit is understood due to planned delays on Scarborough UECC recruitment. The capital programme, which is substantial, is progressing well overall with notable improvements (in addition to UECC developments) e.g. to Diagnostic, and Cancer support facilities. • The Committee noted the Green Plan including the significant number of achievements such as the recent solar panel and heat pump installation in Bridlington (planned carbon emissions reduction forecast to be 53%).

ADVISE
• **Operations:** General feeling from committee that there continues to be green shoots of improvement in the Trust's performance in a number of areas. • Recognised still work to do on cancer communications with patients particularly where result is benign. • **Workforce:** The Committee discussed the need to review the whole workforce establishment to gain assurance that the Trust will have the appropriate short- and long-term workforce plans (particularly to fill known prioritised gaps). • EDI Report 2024 the committee discussed potential improvements to how the data is presented including exploring how clinical data could be represented. • EDI objectives for 24-28 - the Committee sought clarity on the objectives particularly the measures and outcomes. • Managing sickness absence continues to be an issue across Group. • Our Voice Our Future programme still showing encouraging signs with the impact of the Group's Change Makers being evidenced across the Trust. • The Committee noted strike action has impacted a number of areas across the Trust including routine diagnostic activity and performance. • **Nursing and Midwifery:** The Committee agreed the proposal to update the Nursing and Midwifery workforce report to avoid duplication and align where necessary with WTE reporting. • **YTHFM:** The Committee asked for the Green plan to include more up to date figures on its Carbon emissions •
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
• New risk: 24-25 Financial plan and associated CIP targets. • Operational impact of industrial action.

Audit Committee: Items Escalated to the Board

The Audit Committee met on 5 March 2024.

The meeting was quorate and I am extremely grateful to Jim Dillon for attending to enable it to be so.

Prior to the formal meeting, I held a private meeting with Internal Audit. There was nothing of concern they wished to draw to our attention. I had also had an email exchange with External Audit, who confirmed there was nothing they wished to draw to our attention.

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

Items for Assurance

External Audit

All the planning for the year-end audit has been completed and there is nothing of concern.

In relation to signing off the year-end suite of reports, we ask that the year-end Board be held on Wednesday 19 June when there is already a Board Development Seminar scheduled. We estimate that thirty minutes should be sufficient.

Internal Audit

The Head of Internal Audit raised no concerns in relation to the audits completed to date and reported that things “are looking ok” for her Head of Internal Audit Report. Of particular note is that the number of outstanding actions stands at 7, the lowest ever recorded for our Trust. This is a reflection of a much hard work and focus and is great to see.

We approved the Internal Audit Plans for 2024/25 for both the Trust and YTHFM. The number of audit days for the Trust has been reduced by 50 days and we plan to review the position in Quarter 3 to see if we can plan a further reduction for 2025/26.

YTHFM

We reviewed the Reservation of Powers, Scheme of Delegation and Standing Financial Instructions for YTHFM and recommend to the Board that these be approved.

Item of Concern

Trust Strategy

We ask that the Trust Strategy be completed as soon as possible and there is a clear timescale for this, so that the Strategic Priorities can be amended and the BAF subsequently updated.

Jenny McAleese
Chair of the Audit Committee
March 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

March 2024

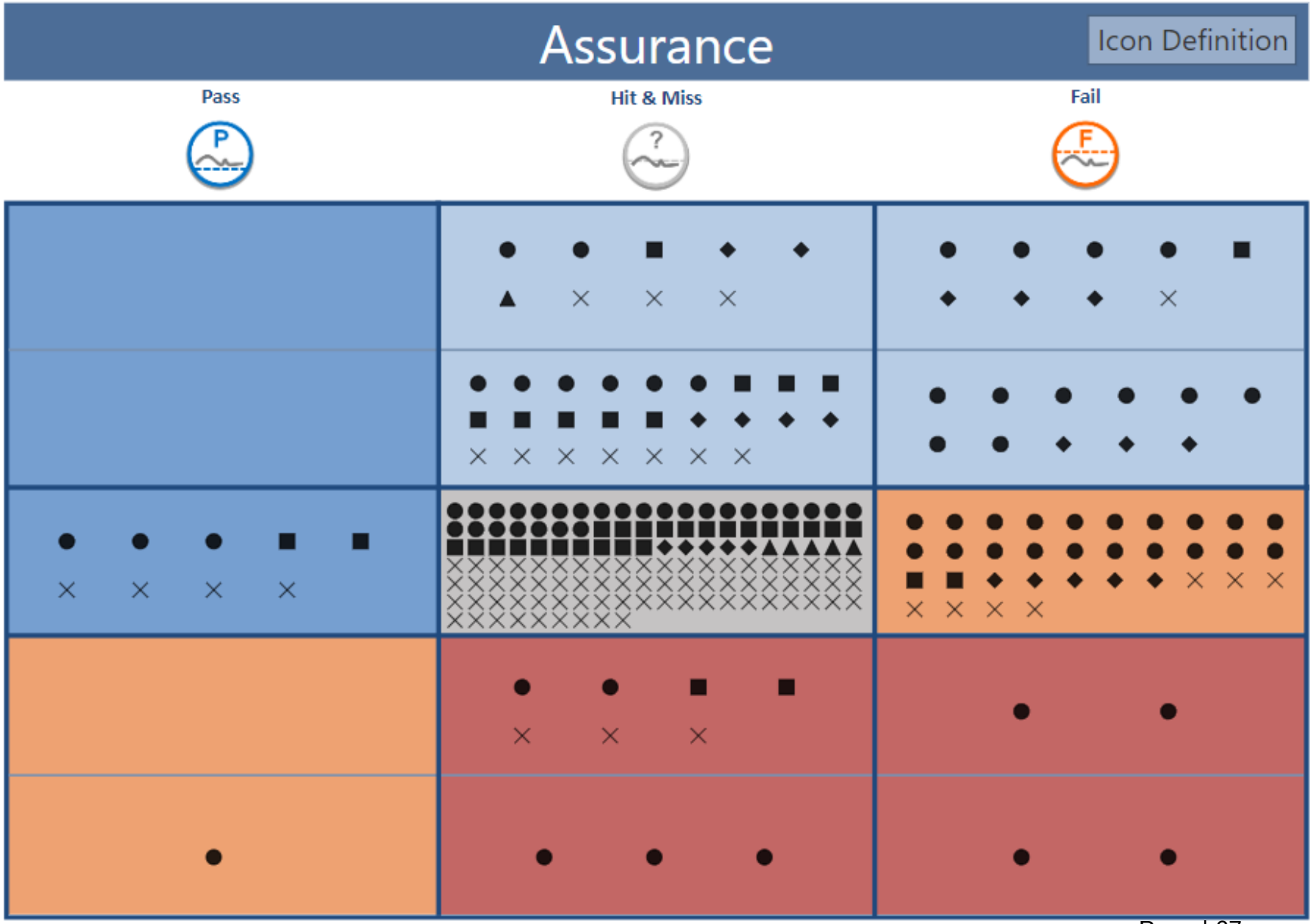
Table of Contents

Summary Matrix

The table below provides an overview for all metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



●Activity and Performance ■Quality and Safety ◆Workforce ▲Digital ✕Maternity

Executive Summary - Priority Metrics

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-02		F	10%	17.2%
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-02		F	66%	48.2%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-02		F	7.5%	19.5%
ED - Emergency Care Standard (Trust level)	2024-02	L	?	69.9%	68.9%
ED - Median Time to Initial Assessment (Minutes)	2024-02		?	18	15
Cancer - Faster Diagnosis Standard	2024-01		?	57%	59.3%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-02		?	219	188
RTT - Total Waiting List	2024-02	L	?	47658	47068
RTT - Waits over 104 weeks for incomplete pathways	2024-02		?	0	0
RTT - Waits over 78 weeks for incomplete pathways	2024-02	L	F	0	2
RTT - Waits over 65 weeks for Incomplete Pathways	2024-02	L	F	470	398

February 2024 saw strike action by BMA Junior Doctors from the 24th to the 28th of February.

The February 2024 Emergency Care Standard (ECS) position was 68.9%, against the trajectory of 69.9%. Median wait time to initial assessment in ED improved from eighteen minutes in January 2024 to fifteen minutes in February 2024.

The Cancer performance figures for January 2024 saw a decline in the 28-day Faster Diagnosis standard to (57.8% compared to 62.6% in December 2023). This was ahead of the trajectory submitted to NHSE for the end of January 2024 (57%). Please note; in line with national reporting deadlines cancer reporting runs one month behind.

The Trust is ahead of the trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 188 against the trajectory of 219 for the end of February 2024. The Trust is on target to deliver the end of March 2024 ambition of having 143 or less patients waiting 63+ days.

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

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

At the end of February 2024, the Trust had 398 RTT patients waiting over sixty-five weeks, 72 ahead of the end of month trajectory of 470. This is a decrease of 121 on the end of January 2024 position (519).

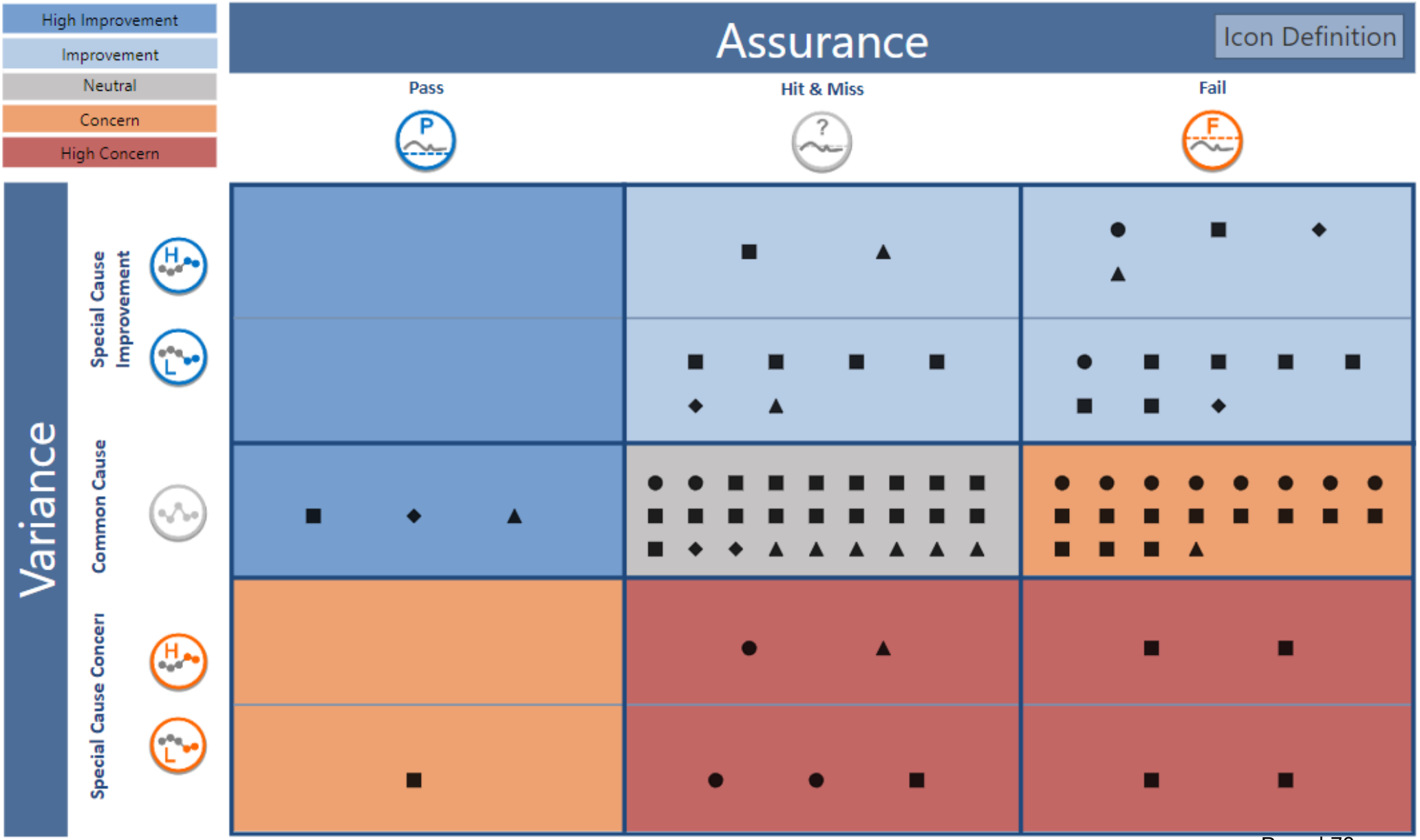
OPERATIONAL ACTIVITY AND PERFORMANCE

March 2024

Summary Matrix - Operational Activity and Performance

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

York and Scarborough Teaching Hospitals NHS Foundation Trust



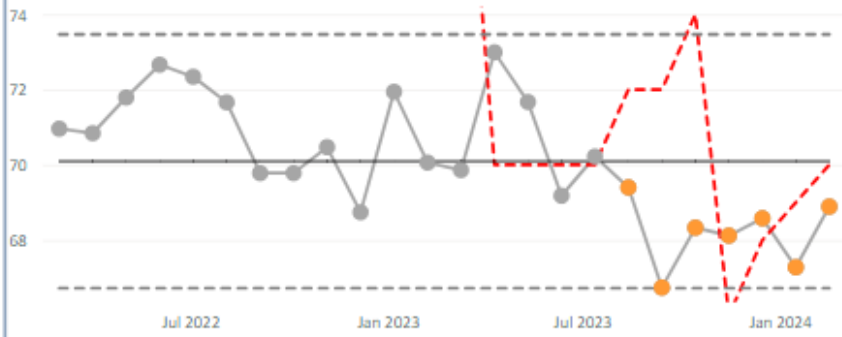
Acute Flow (1) Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-02		F	66%	48.2%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2024-02		F	55%	27.5%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-02		F	7.5%	19.5%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2024-02		F	150	1986
ED - 12 hour trolley waits	2024-02		F	0	794
ED - Emergency Care Attendances	2024-02		?	19451.8	19273
ED - Emergency Care Standard (Trust level)	2024-02	L	?	69.9%	68.9%
ED - Emergency Care Standard (Type 1 level)	2024-02	L	?	44%	44.3%
ED - Median Time to Initial Assessment (Minutes)	2024-02		?	18	15

ED - Emergency Care Standard (Trust level)

Variation Assurance



Latest Month

2024-02

Value

68.9%

Target

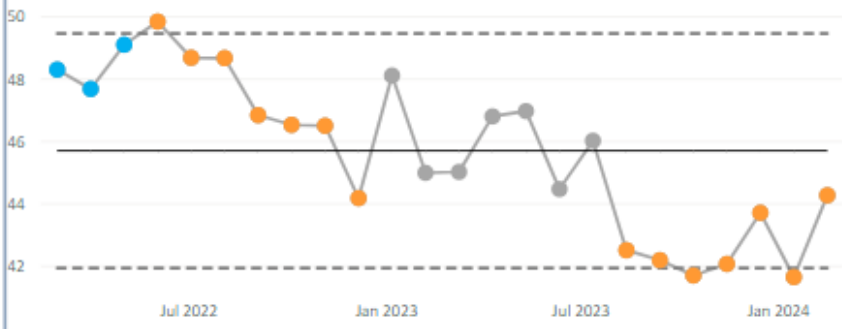
69.9%

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 **1.6**.

ED - Emergency Care Standard (Type 1 level)

Variation Assurance



Latest Month

2024-02

Value

44.3%

Baseline

44%

The indicator is **above the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **2.7**.

The Trust did not achieve the Emergency Care Standard trajectory with performance of 68.9% against the end of February 2024 ambition to achieve above 69.9%.

Urgent and Emergency Care was impacted by several factors. The number of lost bed days because of patients without a 'criteria to reside' (NCTR), 1,147 in February 2024 (1,159 in January 2024). As of the 13th of March, there were 158 NCTR patients which equates to approximately 20% of the Trust's bed base at Scarborough and York Hospitals. February 2024 saw the highest daily average of ambulance arrivals at both Scarborough and York EDs in the last thirteen months, Scarborough saw a daily average 62 ambulance compared to the previous twelve-month (March 2023 to February 2024) daily average of 57 ambulances per day. York saw a daily average of 83 ambulances over the month compared to the previous twelve-month average of 74.

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).

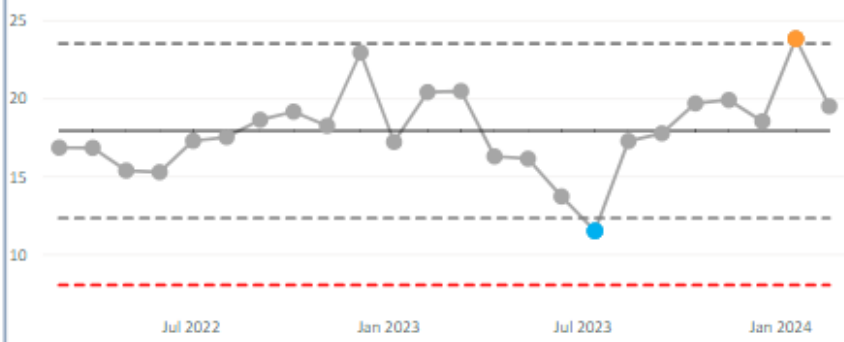
UEC Rapid Improvement Plan

NHSE outlined 5 key priorities for acute Trusts to focus on in Q4 of 23/24, which we have continued to progress in February.

- **Streaming and redirection** – YAS continue to refer directly to Medical SDECs, and reviews of refusals are in place to identify themes. GPs continue to refer to both sites. Communications reminding primary care and YAS of alternative pathways has been sent. A pilot of a GP in the YAS control room five days a week from 8am to 6pm has been established, which undertakes clinical triage and supports redirection to other disposition such as Frailty Crisis Hub.
- **Rapid Assessment and Treatment** – pilot and implementation of a rapid assessment and treatment model to ensure senior decision makers at the front door. Model developed and currently engaging with colleagues as part of the new model of care. Plan to pilot before end of March 2024.
- **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** – Reduce Category 3 and Category 5 conveyance with YAS and maximise use of fit to sit working with YAS senior leader on sites. Trust has implemented additional boarding capacity on wards cross-site to support decompression of ED.

Variation Assurance

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



Latest Month

2024-02

Value

19.5%

Target

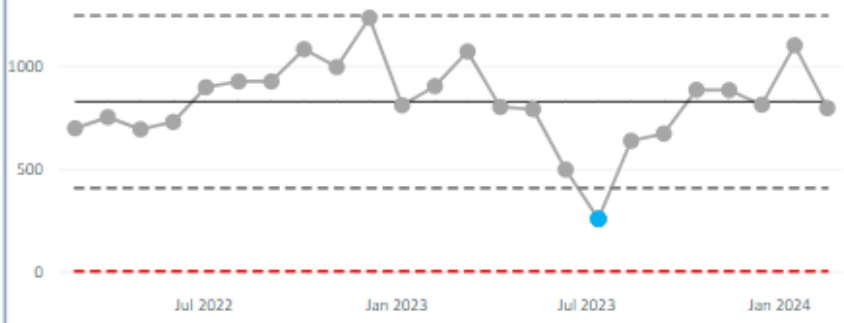
7.5%

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 **4.3**.

Variation Assurance

ED - 12 hour trolley waits



Latest Month

2024-02

Value

794

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 **306.0**.

Continued from previous page.

Fit to sit space embedded within SGH ED. SOP to support treatment in the back of ambulances also embedded at SGH ED. At York ED, there's an increased focus on site coordination and escalation. A weekly ambulance steering group has been established with efforts to proactively identify capacity and resource to support timely patient handover relative to daily demand peaks.

Reducing time in department – working to improve and promote a mindset of achieving ED standards of:

- Triage within fifteen minutes.
- To be seen by a Doctor within sixty minutes.
- To have a 'plan' for each patient within two hours.
- To complete the patient 'plan' within four hours.

As part of this approach clinical teams are being supported to develop the clinical leadership within the departments.

Alongside the UEC Rapid Improvement Plan there are number of key strategic actions that continue to progress:

- Embed Discharge Framework at York and SGH with NHSE support, working internally and externally to embed the principles of the National Discharge Policy.
- A MaDE event is being scheduled w/c 25th March 2024, with planning well underway.
- Ongoing development of SOPs 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 and new model of care is progressing.
- Bed reconfiguration/right sizing. Next meetings scheduled 9th and 10th April 2024.
- The Trust has attended a UEC Risk Summit with partners chaired by Amanda Bloor with a Task and Finish group chaired by the Trust's COO to undertake actions is in place.

A new Deputy Chief Operating Officer has recently joined the Trust and is working on a YSTHFT UEC strategy for 2024-26 and beyond, as part of which YSTHFT and system partners will focus on several prioritised Unscheduled Care Improvement Programmes of change (UCIP). These will be monitored, managed, and supported to ensure progress at agreed timescales. This will be a bottom-up approach working with the stakeholders to finalise before we pass it through the approval process and aim to launch it formally in Q1 of 2024/25; work has started and is ongoing.

Acute Flow (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
ED - Proportion of Ambulance handovers within 15 mins	2024-02		F	65%	26.5%
ED - Proportion of Ambulance handovers waiting > 30 mins	2024-02		F	5%	41.2%
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-02		F	10%	17.2%
Inpatients - Proportion of patients discharged before 5pm	2024-02	H	F	70%	64.9%
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2024-02	L	F	100	156
Lost bed days for patients with no criteria to reside	2024-02	H	?	789.8	1146

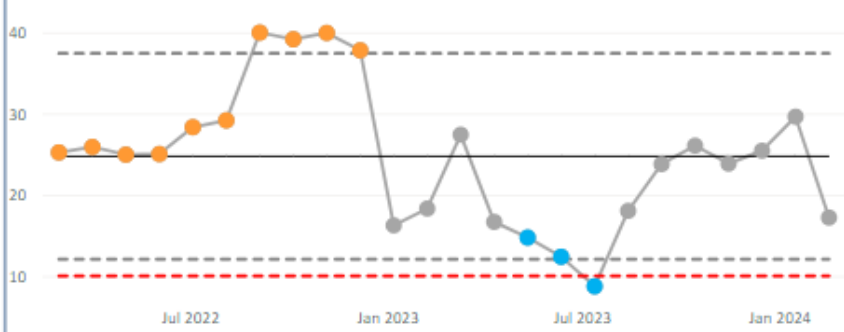
KPIs - Operational Activity and Performance

Acute Flow (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

ED - Proportion of Ambulance handovers waiting > 60 mins

Variation Assurance



Latest Month

2024-02

Value

17.2%

Target

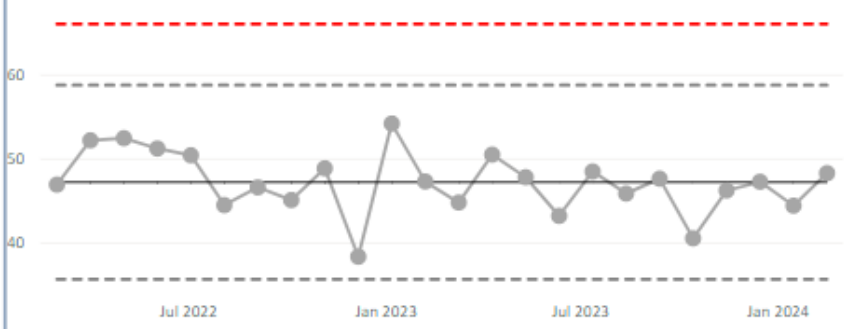
10%

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 **12.4**.

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

Variation Assurance



Latest Month

2024-02

Value

48.2%

Target

66%

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 **3.8**.

The Trust, against a target to have a monthly average ambulance handover time of less than 31:46 (MM:SS) achieved an average of 37:55 minutes for February 2024.

Time lost to ambulance handover delays and handovers >60 minutes remains above target with 17.2% of ambulances having a handover time of over 60 minutes against the <10% target (significantly down from 29.6% in January 2024 despite the increased demand detailed previously in this report).

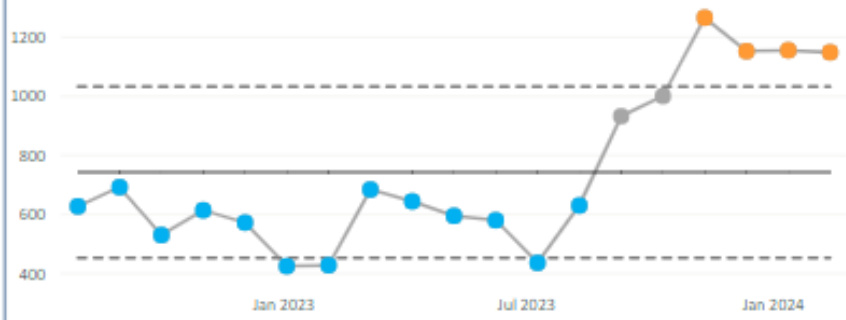
Current ongoing actions with the UEC rapid improvement plan in relation to ambulance handover continue:

- 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 Emergency Departments 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.
    - Establish care co-ordination service as part of integrated urgent care model in partnership with YAS to reduce category 2 ambulance dispatch.
    - 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 'cohorting' where staffing allows.
    - Maximise use of fit to sit.

Additional staffing to support 'cohorting' (CIPHER) and increased oversight of crews by ARC is due to cease on the 31st of March which will impact ambulance handover performance.

Variation Assurance

Lost bed days for patients with no criteria to reside



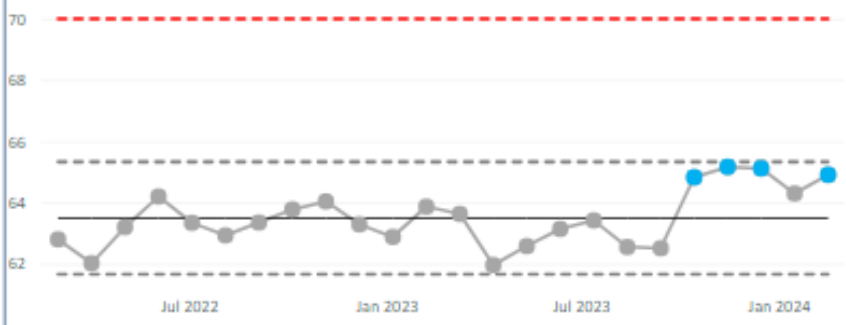
Latest Month
2024-02
Value
1146
Baseline
789.8

The indicator is **above the baseline** 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 **7.0**.

Variation Assurance

Inpatients - Proportion of patients discharged before 5pm



Latest Month
2024-02
Value
64.9%
Target
70%

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 **0.6**.

Virtual Hospital Project

The project is on plan to deliver capacity of 33 virtual beds by March 2024. There is high confidence that this capacity will be delivered, most of which is across frailty and heart failure.

The frailty virtual ward team are making good links with the primary care urgent care services in South Hambleton and Richmondshire (SHaR) and in Selby to enhance the pathways in these localities.

The Trust is in the final stages of using externally-sourced funds to purchase a digital solution which will enhance the virtual wards with additional technology for remote monitoring of patients. An agreement has been reached to ensure that Humber NHS Trust virtual frailty ward, which serves our East Coast community will also benefit from this technology. Once the procurement exercise has been finalised and the technology is in place for the existing virtual wards (frailty and heart failure) the technology will then be rolled out to other specialties. Renal, Gastro and Hepatology have all expressed an interest in virtual ward pathways, and while they cannot fully implement these on existing staffing establishments, the technology could enable some streamlining of existing processes.

As previously described, additional virtual ward capacity cannot be delivered without further resource.

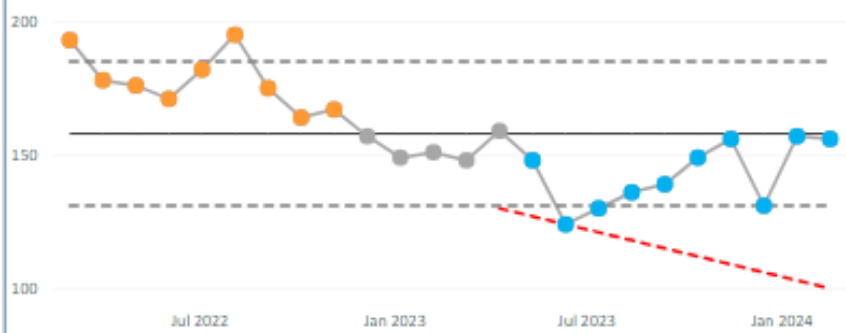
Integrated Intermediate Care Project

The interfaces between the different services, including the Frailty Virtual Ward team, the urgent care response team, the Community Response team, the Community Therapy team, the York Integrated Care team (provided by Nimbuscare), and the primary care urgent care services in SHaR and Selby, are strengthening with further collaborative work across the providers.

We continue to engage with partners to explore an integrated intermediate care model, including the reablement provision for City of York Council.

Variation Assurance

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



Latest Month

2024-02

Value

156

Target

100

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 **1.0**.

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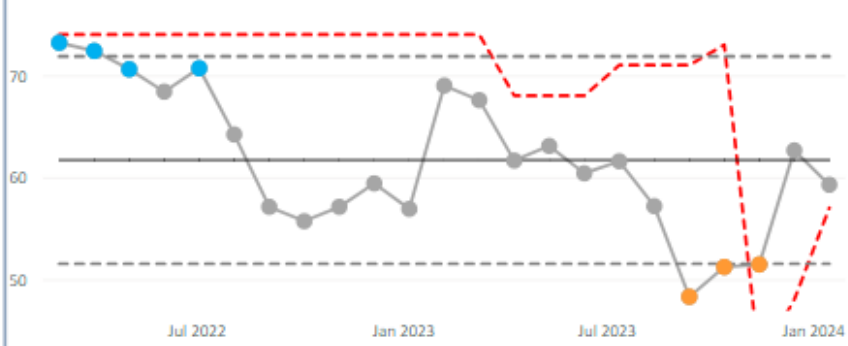
Cancer Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Cancer - Faster Diagnosis Standard	2024-01			57%	59.3%
Cancer - 62 Day waits for first treatment (from urgent GP referral)	2024-01		F	85%	46%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-02			219	188
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)	2024-01			155.4	157.5
Number of people referred onto a non-specific symptoms pathway	2024-01		P	86	49
% of patients waiting 63 or more days after referral from cancer PTL	2024-02			12%	8.2%
Cancer 2 week wait (all cancers)	2024-01	L	F	93%	71.1%
Cancer 31 day wait from diagnosis to first treatment	2024-01			96%	94.7%

Variation Assurance

Cancer - Faster Diagnosis Standard



Latest Month

2024-01

Value

59.3%

Target

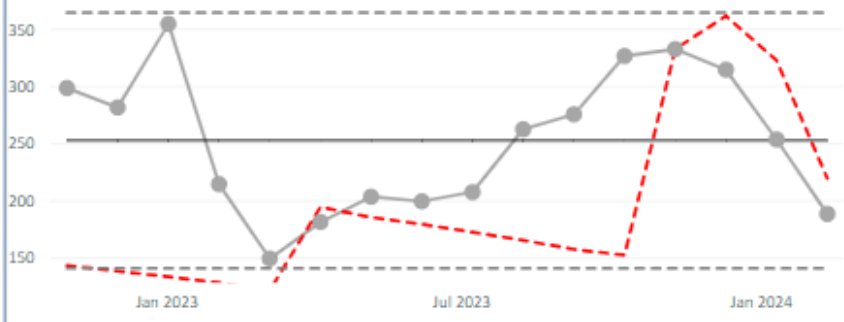
57%

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 **3.3**.

Variation Assurance

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



Latest Month

2024-02

Value

188

Target

219

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 **65.0**.

Cancer Position

The FDS cancer position for the trust was at 57.8% across cancer sites for January 2024. Although this is lower than the December FDS position (62.6%), six days of junior doctor industrial action at the start of the month reduced capacity within services. External NHSE and Cancer Alliance Funding enabled resources to be targeted at specific pathways with the intention of creating additional diagnostic capacity and reducing turnaround times. Internal process have also been reviewed and changed on several pathways, including Skin. Upper GI has seen a significant improvement in FDS performance at 82.4% (compared to 15.8% September 2023), attributed to a change in booking process and nurse endoscopist led straight to test (STT) lists on the East Coast. Provisional performance for February 2024 has seen an improvement to 70%.

The ambition remains to achieve 75% FDS standard and reduce the number of patients waiting past 63 days to under 150 patients by the end of March 2024.

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 253 (January 2024) to 188 at the end of February 2024 against the trajectory of 219. The Trust is on target to deliver the ambition the target of 143 or fewer waiters at the end of March 2024.

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:

- 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 and the trust has put forward schemes totalling more than £2 million to the alliance for funding consideration.
- 24/25 internal trust planning is continuing against expected external performance standards, system expectations and national programme deliverables. Work is taking place at pace to use the IST Pathway Analyser to identify where pathway changes could be implemented in specific pathways.

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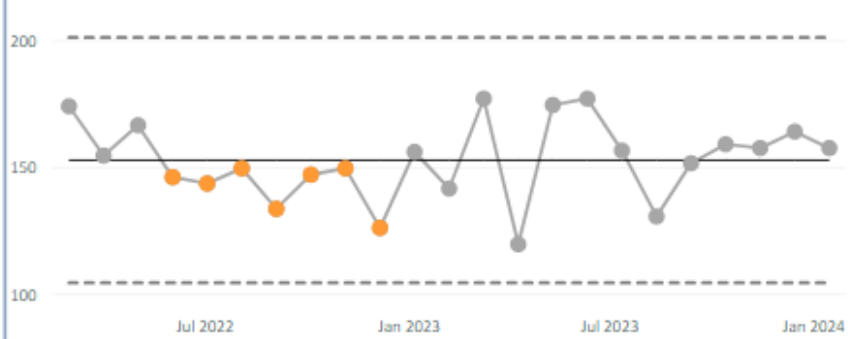
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)

Variation Assurance



Latest Month

2024-01

Value

157.5

Baseline

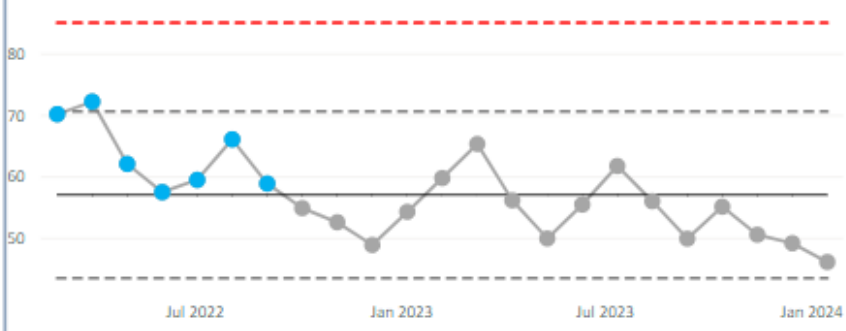
155.4

The indicator is **above the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** 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

2024-01

Value

46%

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 **3.1**.

Continued from previous page

- The 23/24 cancer transformation and performance recovery schemes approved with regional cancer monies are all in progress.
- FIT dashboard is now completed and the next stage in the FIT workstream is to analyse the FIT - /no Fit test patients who have colonoscopy, with expected national guidance to state this cohort should make up a maximum of 20%. Currently the trust position is within this range.
- Scoping work is underway for Targeted Lung Health Checks (TLHCs) and Multi Cancer Blood Test Programme pilots, both of which will contribute to earlier diagnosis of cancer in specific patient cohorts.
- Scoping work is also underway for a pilot to target interventions based on health inequalities in suspected cancer patients.
- Work continues to implement Personalised Stratified Follow-Up (PSFU) in 8 agreed cancer sites, with Digital Remote Monitoring to be introduced in Colorectal in Q1 of the new financial year.

Outpatients and Elective Care Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Outpatients - Proportion of appointments delivered virtually (S017a)	2024-02		F	25%	21.2%
Outpatients - DNA rates	2024-02	L	?	5%	4.3%
Outpatients: 1st Attendances	2024-02		?	14433	12628
Outpatients: All Referral Types	2024-02		?	20918.5	18596
Outpatients: Consultant to Consultant Referrals	2024-02		?	2014.2	1710
Outpatients: Follow Up Attendances	2024-02		?	33782	36243
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2024-02	H	F	0	24964
Outpatients: GP Referrals	2024-02		?	10008.8	9671
Outpatients: Other Referrals	2024-02		?	8895.6	7215
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2024-02	H	F	5%	3.5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2024-02	L	?	99%	36%
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)	2024-02	L	?	6039	7203
Electives (based on Activity v Plan)	2024-02		?	643	578

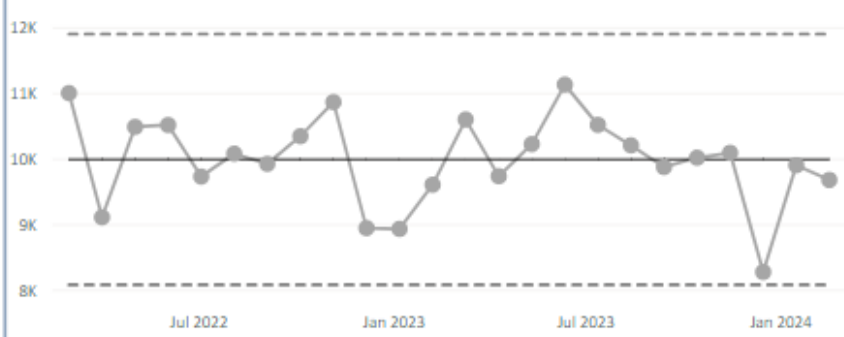
KPIs - Operational Activity and Performance

Outpatients (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Outpatients: GP Referrals



Latest Month

2024-02

Value

9671

Baseline

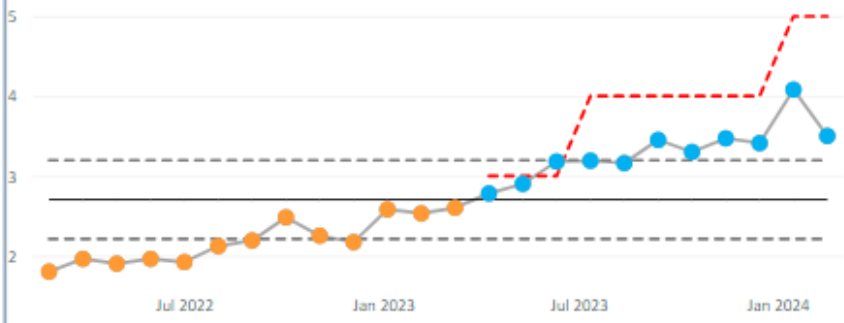
10008.8

The indicator is **below the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **226.0**.

Variation Assurance

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



Latest Month

2024-02

Value

3.5%

Target

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 **0.6**.

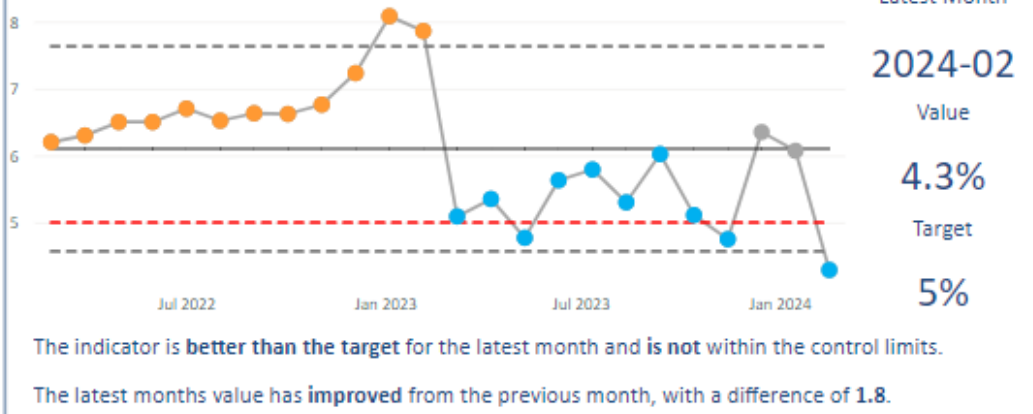
Outpatient Transformation programme

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 joined in cohort 2, along with 26 other providers. ON 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. Specialty specific meetings continue to be held with focus on the following key themes:

- New system Outpatient Delivery Group which includes GP and representatives from Place has held two meetings. Terms of reference and priorities for the group have been agreed. Task and finish groups are being set up to meet the identified priorities. Initial focus will be on:
    - Referral optimisation/New models of care.
    - Personalised Care.
    - Digital approach (Patient portal, room planner, text messaging etc.)
- PIFU
- Roll out of Rapid Expert Input (REI). REI is a process for clinically reviewing a referral prior to booking into a secondary care service. First working group set for 12th of March 2024. Plan is to roll out to medical specialties, internal work with Clinicians ongoing to decide upon process, timings and pathways.
- Percentage of outpatient capacity setup as FU appointments. 2-way text reminders to inpatients and all outpatient specialties.
- 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 in process of reviewing the associated activity costs. The Trust is engaged with Place and ICB planning leads on a weekly basis ahead of the finalised guidance being issued with a PLACE led Stocktake meeting scheduled with ICB planning leads on the 7th of March 2024 to review the initial draft plan.



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 **1.8**.

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Theatre Improvement Programme

The latest available programme update shows performance against the 85% theatre utilisation target was 82.8% for February 2024 (excluding Maternity sessions). The following specialties were below 80% and have been challenged to begin booking one extra patient onto Day Case lists:

- Plastics (77.1%)
- Maxillofacial (75.5%)
- Urology (75.4%)

The Trust continues to engage 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. A meeting with the ICB to look at the data quality issues is scheduled for the 20th of March.

Referral To Treatment (RTT) Scorecard

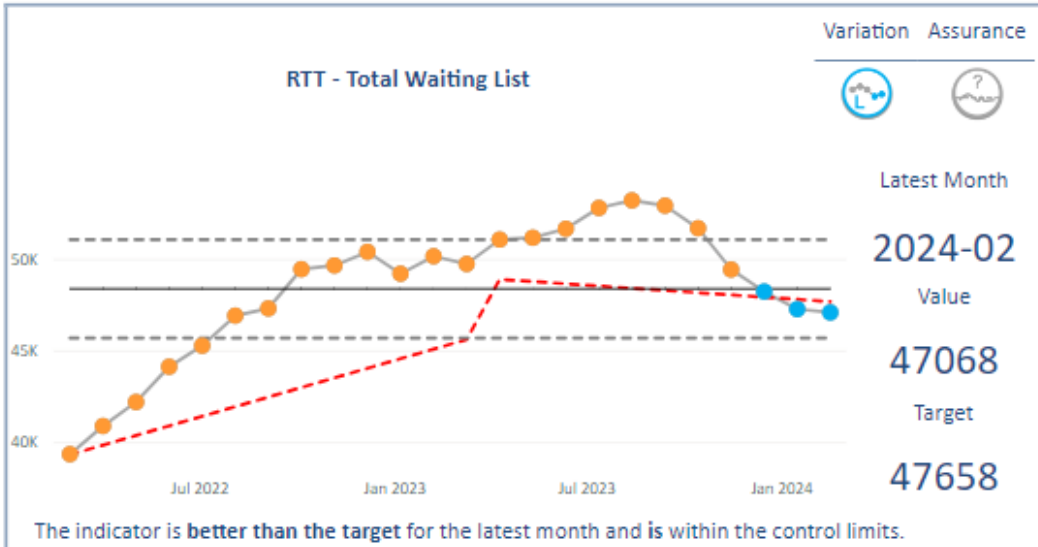
York and Scarborough Teaching Hospitals NHS Foundation Trust

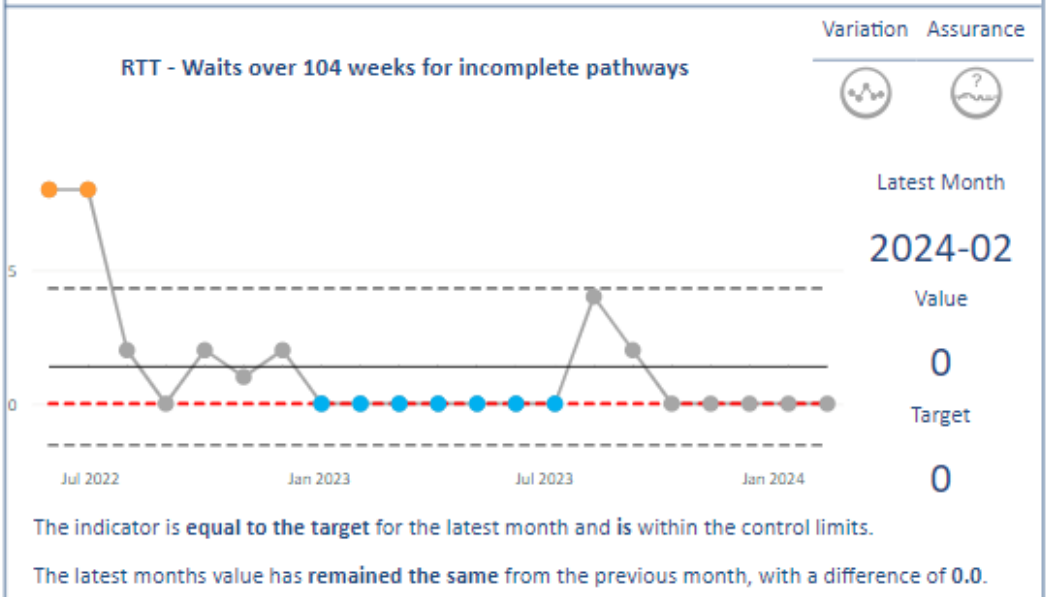
Metric Name	Month	Variation	Assurance	Target / Baseline	Value
RTT - Total Waiting List	2024-02	L	?	47658	47068
RTT - Waits over 104 weeks for incomplete pathways	2024-02		?	0	0
RTT - Waits over 78 weeks for incomplete pathways	2024-02	L	F	0	2
RTT - Waits over 65 weeks for Incomplete Pathways	2024-02	L	F	470	398
RTT - Waits over 52 weeks for Incomplete Pathways	2024-02	L	?	3255	2051
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-02	L	F	92%	51%
RTT - Mean Week Waiting Time - Incomplete Pathways	2024-02		F	9	20.4
Proportion of BAME pathways on RTT PTL (S056a)	2024-02		?	1.8%	1.8%
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2024-02	H	?	12%	12.1%
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2024-02	L	P	67.9%	66.6%

KPIs - Operational Activity and Performance

Referral To Treatment (RTT) (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust





RTT position

There were zero RTT104 week waits at the end of February 2024. The Trust saw an improvement in the long wait position February 2024, with the number of RTT78 week patients decreased to two (January 2024: six).

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 February 2024 the Trust had 398 patients waiting over sixty-five weeks. The weekly RTT performance meeting monitors and challenges performance against the trajectory. At the end of February 2024, the Trust was seventy-two below the end of month trajectory of 470. This is a decrease of 121 on the end of January 2024 position (519). 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.

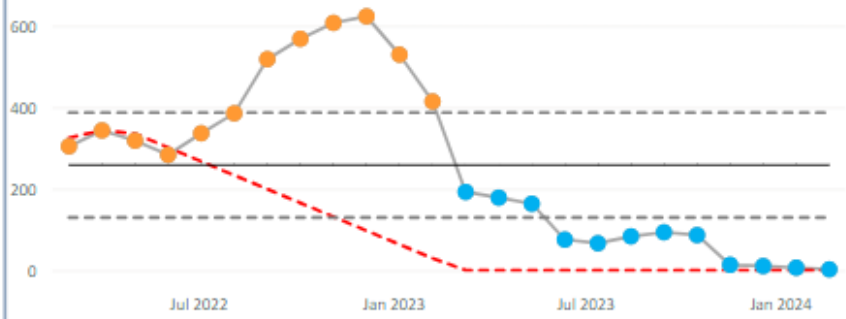
In the latest nationally published data , at the end of December 2023 there were over 95,000 RTT65 week waits across NHSE Trusts. The Trust ranked 60th highest with 0.6% of the total national RTT65 week waiters (October 2023 the Trust ranked 40th highest with 1% of the national total).

The increase in first attendances and subsequent discharges resulting from the 'Protecting and Recovering Elective Capacity' initiative briefed previously to Resources 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 February position was 47,068. This is a reduction of 6,122 or 11% in six months and is the Trust's lowest TWL since August 2022. This is ahead of the end of February trajectory (47,658) submitted as part of 2023/24 annual planning.

At the time of this report 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 2,170 (-51%) on the end of August 2023 position (4,221) to 2,051 at the end of February 2024. This is the fewest RTT52 week waiters since February 2022 and is 1,204 ahead of the trajectory of 3,255 that was submitted as part of 2023/24 annual planning.

Variation Assurance

RTT - Waits over 78 weeks for incomplete pathways



Latest Month

2024-02

Value

2

Target

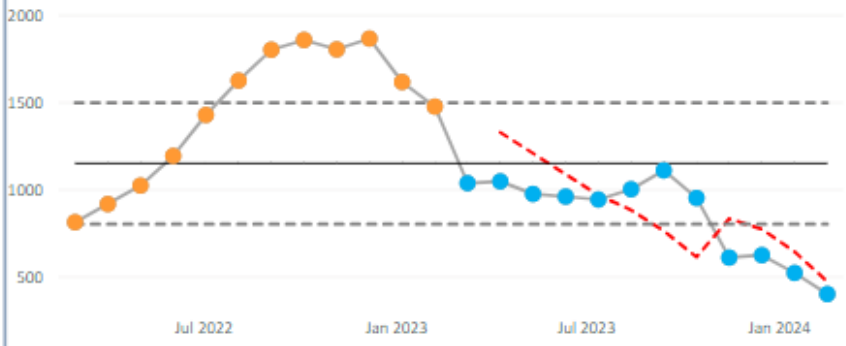
0

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

2024-02

Value

398

Target

470

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 **121.0**.

See previous page.

Diagnostics Scorecard

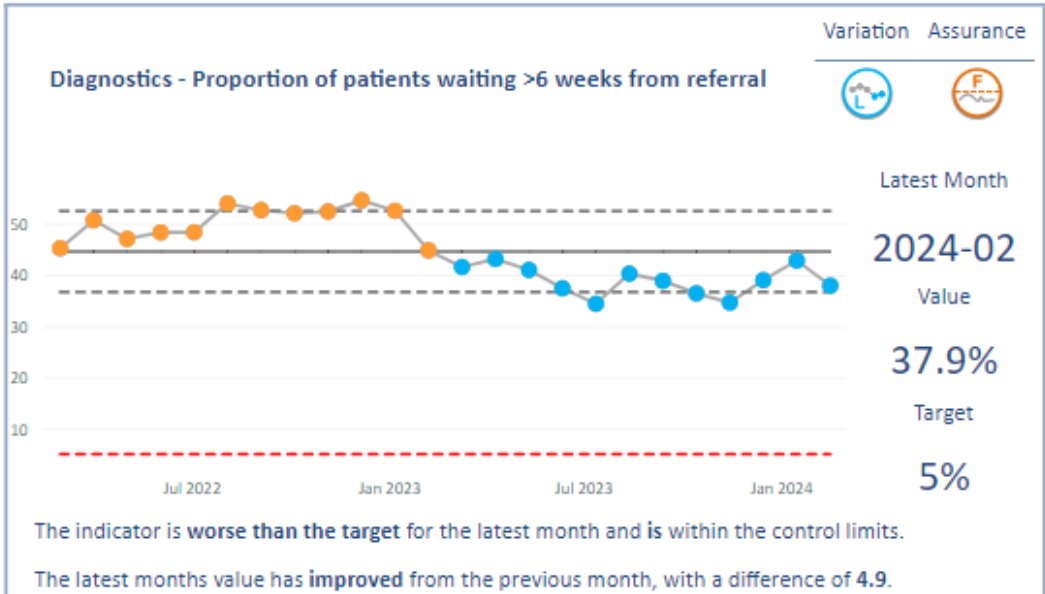
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Diagnostics - Proportion of patients waiting >6 weeks from referral	2024-02	L	F	5%	37.9%
Diagnostics - Proportion of patients waiting >6 weeks from referral - MRI	2024-02	L	F	5%	33.2%
Diagnostics - Proportion of patients waiting >6 weeks from referral - CT	2024-02		F	5%	35%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Non-obs Ultrasound	2024-02		F	5%	35.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Barium enema	2024-02		?	5%	16.7%
Diagnostics - Proportion of patients waiting >6 weeks from referral - DEXA Scan	2024-02	L	F	5%	47.8%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Audiology	2024-02		F	5%	34.9%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Echocardiography	2024-02		F	5%	77.5%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Neurophysiology peripheral	2024-02		?	5%	5.3%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Sleep studies	2024-02		F	5%	55.7%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Urodynamics	2024-02	H	F	5%	74.1%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Colonoscopy	2024-02	L	F	5%	51%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Flexi Sigmoidoscopy	2024-02		F	5%	61%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Cystoscopy	2024-02		F	5%	23.4%
Diagnostics - Proportion of patients waiting >6 weeks from referral - Gastroscopy	2024-02		F	5%	25.5%

KPIs - Operational Activity and Performance

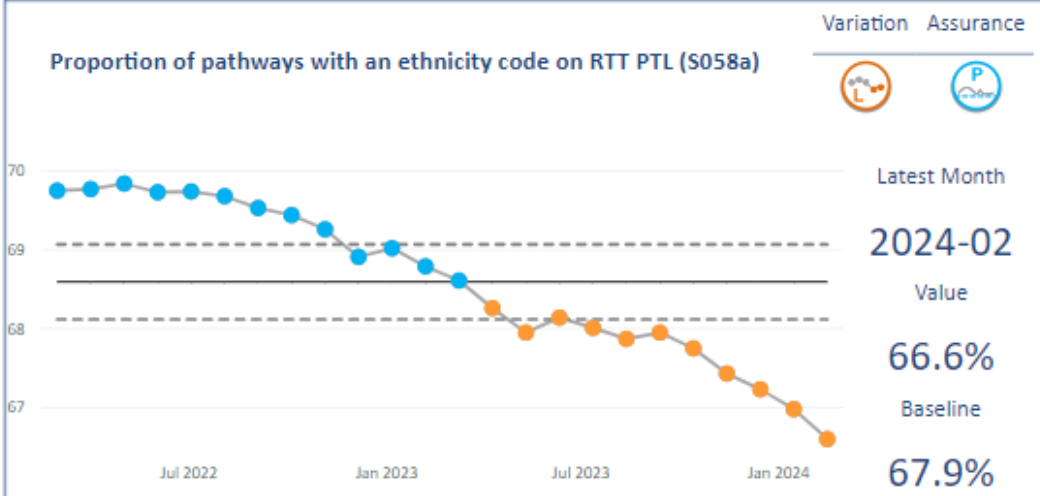
Referral To Treatment (RTT) (3) and Diagnostics

York and Scarborough Teaching Hospitals NHS Foundation Trust



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 **4.9**.



The indicator is **below the baseline** 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**.

Diagnostic Position

Diagnostic performance data for February 2024 showed an improvement to 38.1 % from 43.4% at the end of January 2024 for patients waiting more than 6 weeks. February 2024 saw strike action by BMA Junior Doctors which impacted routine diagnostic activity and performance. There were significant improvements seen in MRI and NOUS, 33% (January 2024: 42%) and 35% (January 2024: 42%) respectively at the end of February 2024.

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.

CDC Programme

Askham Bar Spoke

- Construction of the pad is now complete. The next stage is power connection and commissioning which is scheduled in the next 2 weeks. The first stage of the Portakabin complex is complete with the addition of 8 clinical rooms. Data provision and water connection are progressing.
- The Go Live is scheduled for the 2nd of April. MRI and CT will be scheduled to commence in mid-April 2024.

Selby Spoke.

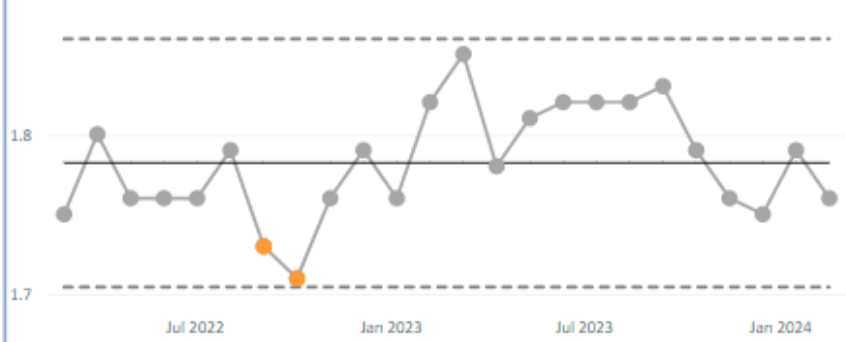
- CT/MRI, USS and phlebotomy continue to be delivered. Increased phlebotomy and new POCT is predicted to come online by the 15th of April. Increased USS is predicated by 26th April as soon as an alternative location for MSK is confirmed and some minor additional works are complete. The Cardiorespiratory modalities will come online as soon as the internal works are complete but the timeline for this is unclear at this stage but will be clarified once the contractor plans are received.
- The decision to create space in Selby through re-prioritisation was taken by the Executive Committee. Work is progressing to complete the required internal works.

Scarborough Hub.

- Work is now progressing from the 'Pre-construction phase' to the 'construction phase' with a gradual change of contractor personnel. Significant work has been completed with the contractor resulting from the costing outside of the agreed parameters. A revised design and specification has brought this back on track. The commencement of the 'civils period' where preparation of the site will begin in advance of full planning permission being granted to advance the drive towards the go-live date of the 1st of October 2024.

Proportion of BAME pathways on RTT PTL (S056a)

Variation Assurance



Latest Month

2024-02

Value

1.8%

Baseline

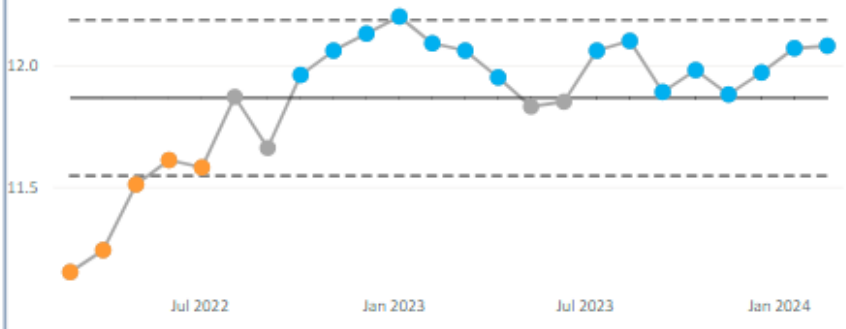
1.8%

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

The latest months value has **improved** from the previous month, with a difference of **0.0**.

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

Variation Assurance



Latest Month

2024-02

Value

12.1%

Baseline

12%

The indicator is **above the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **0.0**.

A health inequalities group has been established as part of the 2024/25 Elective Programme with representatives from across the Trust including the Health Inequalities Clinical Fellow and Place representatives.

A learning disability task and finish group has been formed to develop a six-week surgical pathway by the end of quarter one 2024/25. Pathway documentation from Mid-Yorkshire Trust has been shared to provide the basis of the new pathway across our Trust.

Scoping for both the East Coast CYP dental extraction and for patients who have caring responsibilities on the elective waiting list is being undertaken.

Health Inequalities

York and Scarborough Teaching Hospitals NHS Foundation Trust

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: **February 2024**

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	20	5577	12.09%	8.88%
2	20	6600	14.31%	13.59%
3	21	9874	21.41%	20.94%
4	20	10108	21.91%	20.68%
5	20	13967	30.28%	35.90%
Unknown	21	989		
Total	**20**	**47115**		

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.

RTT PTL by Ethnic Group

At end of: **February 2024**

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	20	30836	98.26%	94.34%
Black, Black British, Caribbean or African	22	57	0.18%	0.94%
Mixed or multiple ethnic groups	17	135	0.43%	1.26%
Asian or Asian British	22	242	0.77%	2.97%
Other ethnic group	22	113	0.36%	0.49%
Unknown	20	12498		
Not Stated	20	3234		
Total	**20**	**47115**		

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

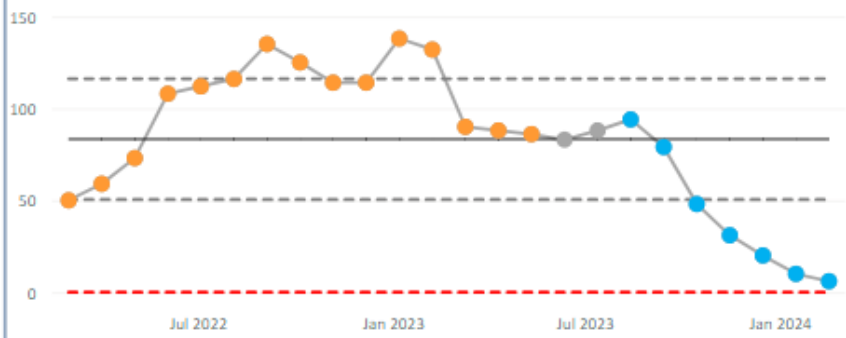
Children & Young Persons Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Children & Young Persons: ED - Patients waiting over 12 hours in department	2024-02			0	6
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2024-02			71.9%	83.9%
Children & Young Persons: Cancer 2 week wait (all cancers)	2024-01			88.9%	100%
Children & Young Persons: RTT - Total Waiting List	2024-02			4429.7	3655
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-02			92%	64.4%
Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways	2024-02			0	6

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

Variation: L | Assurance: F



Latest Month: 2024-02

Value: 6

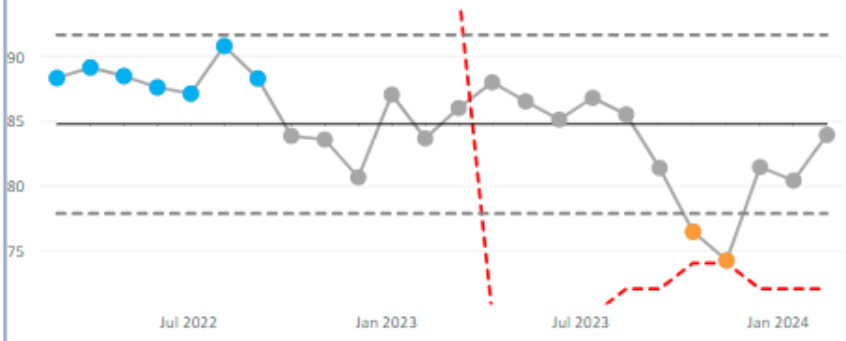
Target: 0

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**.

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

Variation | Assurance: P



Latest Month: 2024-02

Value: 83.9%

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 **improved** from the previous month, with a difference of **3.5**.

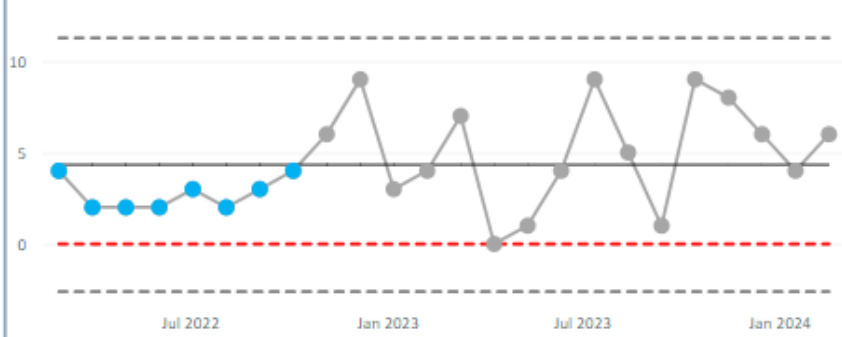
An Improvement trajectory is in place to meet the internal ambition to deliver zero RTT52 week patients aged 0-17 at the end of March 2024. Care Groups are aiming to deliver whilst being mindful of the impact on the national planning priority for 2023/24 to have zero RTT65 week waiters at the end of March 2024. As at the end of February 2024 the Trust had 54 patients aged 0-17 waiting 52+ weeks, 24 behind the improvement trajectory of 27.

Care Groups have signalled that there will be twenty patients aged 0-17 waiting 52+ weeks at the end of March 2024 across ENT, Maxillo-Facial surgery and Ophthalmology. As part of 2024/25 activity and performance planning the Trust is signalling that zero 52+ week waiters aged 0-17 will be achieved by the end of quarter one.

Development work from the Trust's BI Team is ongoing to put in place a CYP community waiting list dashboard to provide increased visibility across the Family Health Care Group. This will form a key workstream within the 2024/25 elective programme.

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

Variation Assurance



Latest Month

2024-02

Value

6

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 **2.0**.

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See Acute Flow section commentary.

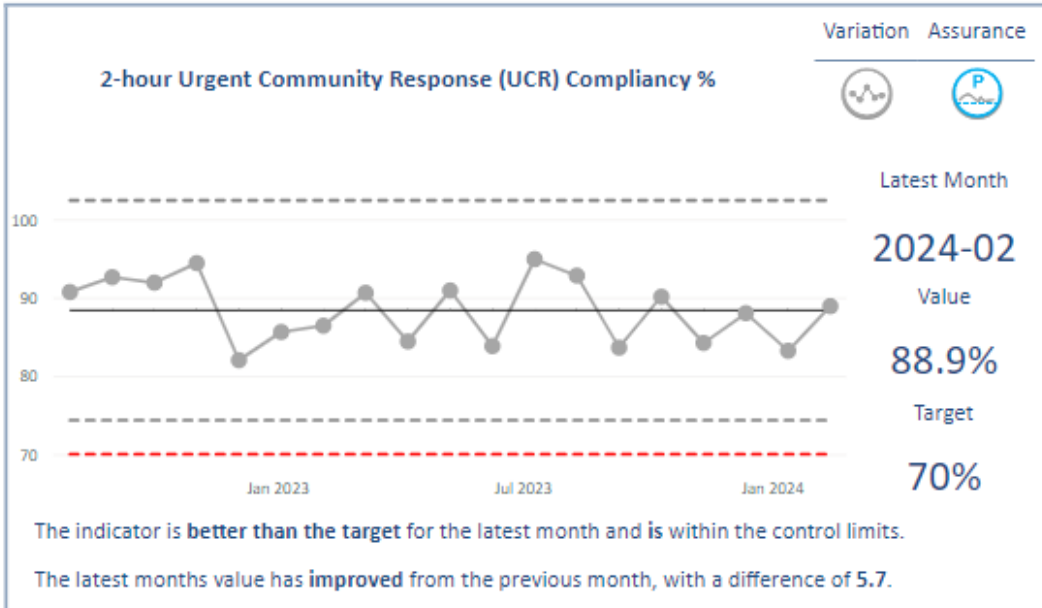
Community Scorecard

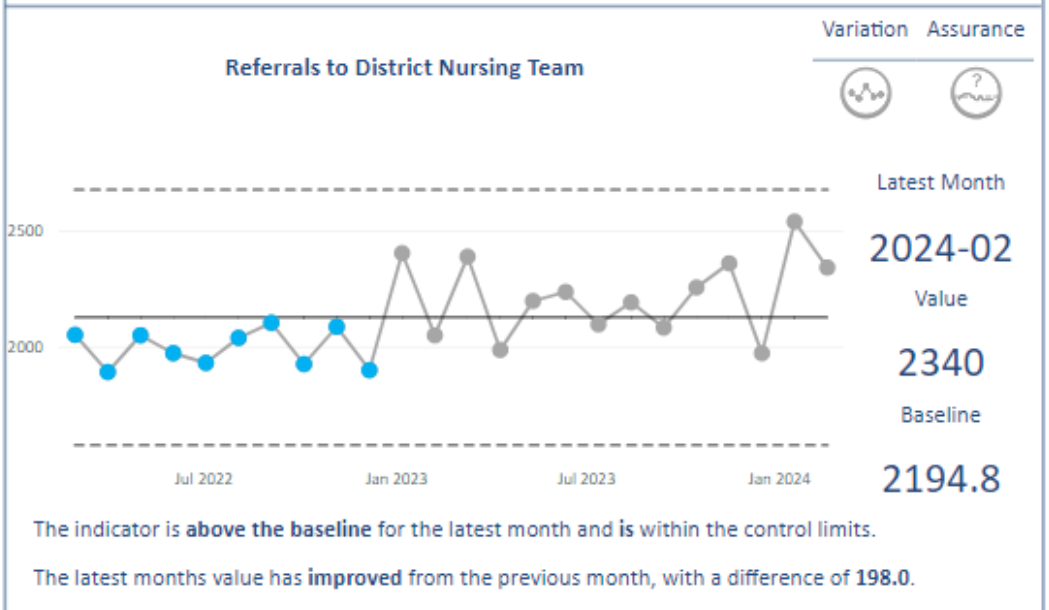
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
2-hour Urgent Community Response (UCR) care Referrals	2024-02			79.2	99
% Community Therapy Team Patients Seen within 6 weeks of Referral	2024-02	H		66.6%	85.7%
2-hour Urgent Community Response (UCR) Compliancy %	2024-02		P	70%	88.9%
Number of Adults (18+ years) on community waiting lists per system	2024-02	L		841.1	812
% of End of Life Patients Dying in Preferred Place of Death	2024-02			78.7%	68.2%
Community Inpatient Units Average Length of Stay (Days)	2024-02			22.7	20.4
Number of District Nursing Contacts	2024-02			21093.8	20107
Number of Selby CRT Contacts	2024-02	H		2510.6	2917
Number of York CRT Contacts	2024-02			4812.8	4103
Referrals to District Nursing Team	2024-02			2194.8	2340
Virtual Ward Capacity	2024-02	H	F	25	25
Number of CYP (0-17 years) on community waiting lists per system	2024-02		F	726	2037

KPIs - Operational Activity and Performance

Community (1)





2-hour Urgent Community Response (UCR)
2 UCR Covers all areas (York, Selby and SHAR) and has achieved the 70% target for each month of 2023/24.

Numbers of patients has been growing and is predicted to continue to grow as the service develops. We have seen some efficiency for the team, as they are able to access the Frailty hub GP for advice and guidance and reduce the time wasted waiting for call backs from home GP teams.

As the data matures, we will begin to identify our peak times, referral type and referral sources. From this we can target areas for development and opportunities for expansion.

Virtual Ward
Ambition for 2023/24 is to increase to 33 virtual Hospital beds in York, on track to deliver. Cystic Fibrosis virtual beds are being tested with one patient at present before expanding capacity. A priority task in March is identify which OPAT patients meet the ICB criteria for virtual ward.

District Nursing
We saw a spike in January 2024 and referrals remain higher than average in February 2024 (2,340 referrals received). Referrals in the 12 months to February 2024 averaged at around 2,225 a month compared with the previous 12 months, where referrals averaged at 2,033 a month.

District Nursing caseloads have seen an increase due to the growing age and frailty of the population. In addition, the changes in the care home market can have a direct impact on the demand for community nursing. District Nursing Teams have completed 3 rounds of data collection for the Community Nursing Safer Staffing Tool (CNSST), this will be used to support the workforce review.

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

2024-02

Value

20107

Baseline

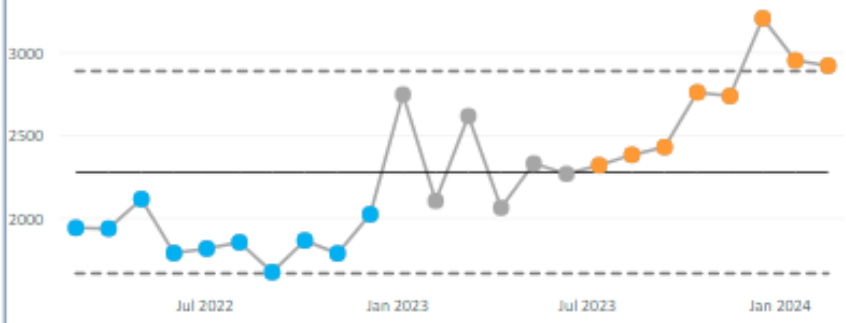
21093.8

The indicator is **below the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **714.0**.

Variation Assurance

Number of Selby CRT Contacts



Latest Month

2024-02

Value

2917

Baseline

2510.6

The indicator is **above the baseline** 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 **32.0**.

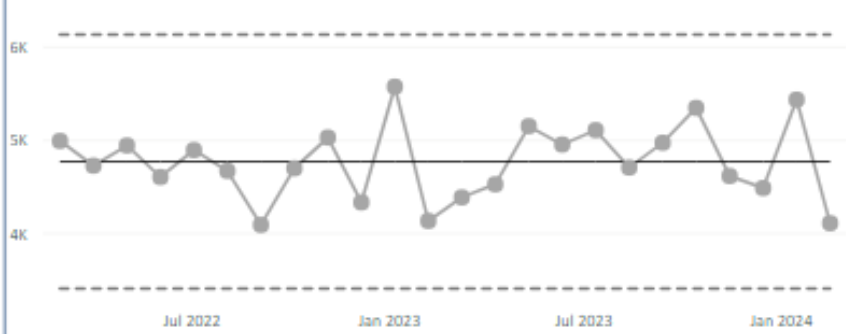
Increase in referrals to York and Selby Community Response Team (CRT) is driven by both the implementation of Urgent Community Response pathway and the additional demand for none 2-hour referrals for additional support for patients in the community (step up) and additional demand for patients leaving hospital (step down).

The increased demand is more than the available capacity and pulls on the wider resource within community at times of escalation.

Investigation work to look at how contacts are being recorded and attributed when supporting the York CRT.

Number of York CRT Contacts

Variation Assurance



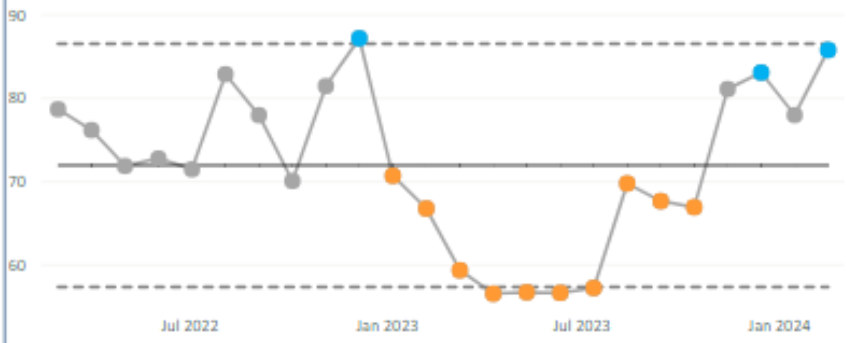
Latest Month
2024-02
Value
4103
Baseline
4812.8

The indicator is **below the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **1326.0**.

% Community Therapy Team Patients Seen within 6 weeks of Referral

Variation Assurance



Latest Month
2024-02
Value
85.7%
Baseline
66.6%

The indicator is **above the baseline** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **7.8**.

Community Therapy Team

The % of urgent referrals to the CTT Service seen within 1 week in February increased to 54.8%.

The % of routine referrals seen within 6 weeks also decreased in February to 85.7% - the highest level attained since December 2022.
The number of waiters on CTT waiting lists at the end of February stood at 467 waiters.

Average wait for Physiotherapy is currently 20 days , with the longest waiter waiting 67 days.

The average wait for Occupational Therapy is currently 16 days , with the longest waiter waiting 126 days.

Community Waiting List

The Community waiting lists includes District Nursing, Community Therapy services and specialist services.

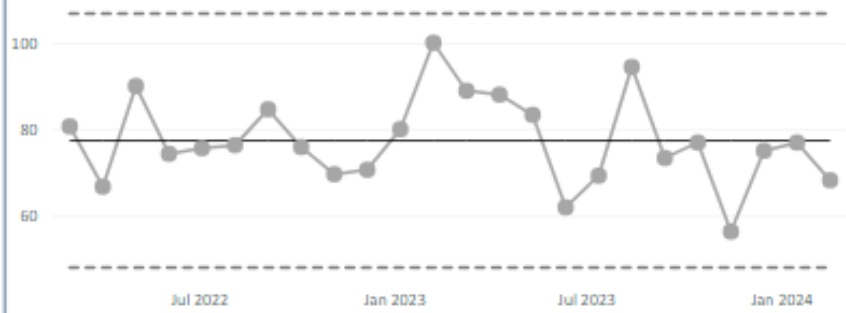
We continue to target the waiting list to ensure the data is accurate and implement our recovery plans. This has been a small increase over the last month due to the level of sickness and some vacancy within the teams. Once staff return and the new post has become established, we expect this list to reduce.

KPIs - Operational Activity and Performance

Community (4)

Variation Assurance

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



Latest Month

2024-02

Value

68.2%

Baseline

78.7%

The indicator is **below the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **8.7**.

Variation Assurance

Community Inpatient Units Average Length of Stay (Days)

Latest Month

2024-02

Value

20.4

Baseline

22.7

The indicator is **below the baseline** for the latest month and **is** within the control limits.

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

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 Selby service have seen the difference that increasing the therapy workforce to have a consistent team has a direct impact in reducing length of stay and improving admission numbers. Unfortunately, this additional resource was unfunded so will be lost at the end of the financial Year, we are exploring care group board options to support.

QUALITY AND SAFETY

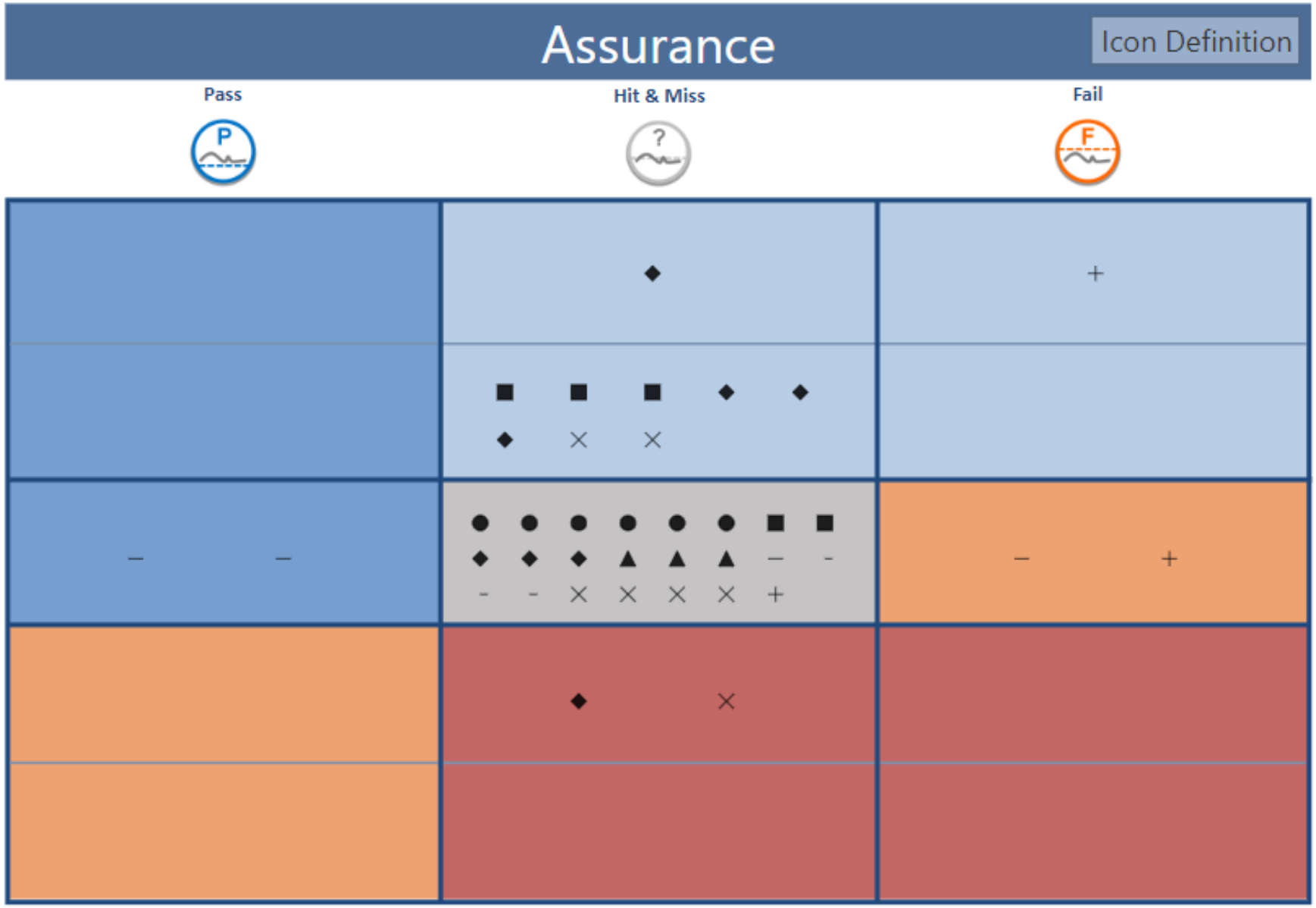
March 2024

Summary Matrix - Quality and Safety

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

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



Quality and Safety (1) Scorecard

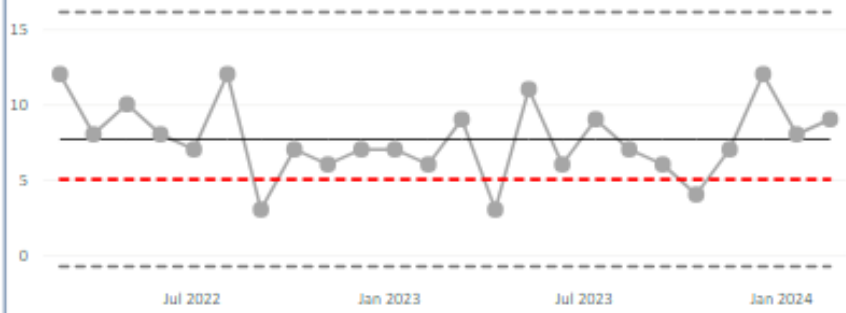
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Total Number of Trust Onset MSSA Bacteraemias	2024-02			5	9
Total Number of Trust Onset MRSA Bacteraemias	2024-02			0	1
Total Number of Trust Onset C. difficile Infections	2024-02			10	13
Total Number of Trust Onset E. coli Bacteraemias	2024-02			15	10
Total Number of Trust Onset Klebsiella Bacteraemias	2024-02			6	3
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2024-02			1	1
Inpatient Acquired Pressure Ulcers	2024-02			154	130
Pressure Ulcers per thousand Bed Days	2024-02			5	4.1
All Patient Falls	2024-02			263	230
Patient Falls per thousand Bed Days	2024-02			9	8
Medication incidents per thousand bed days	2024-02			6	5.1

KPIs - Quality and Safety (1)

Variation Assurance

Total Number of Trust Onset MSSA Bacteraemias



Latest Month
2024-02
Value
9
Target
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 **1.0**.

There have been 9 Trust attributed Methicillin sensitive Staphylococcus aureus (MSSA) bacteraemia in February 2023, 6 in Medicine and 2 in surgery and 1 in Family Health. The trust has breached its annual objective of 59 cases having a total of 82 cases year to date.

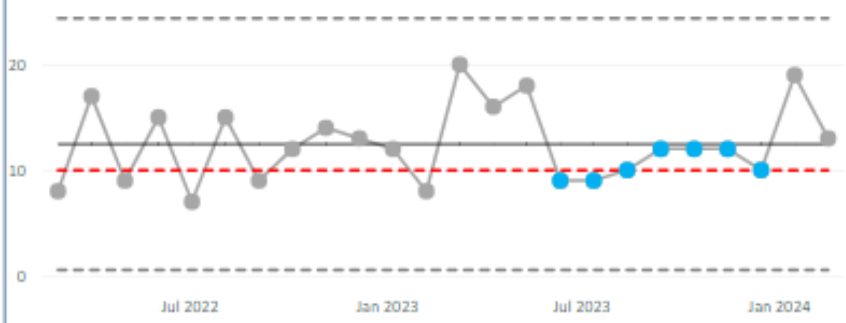
The PSIRF findings of the cases will be presented at the Staphylococcus aureus bacteraemia reduction group.

There has been 1 Methicillin resistant Staphylococcus aureus (MRSA) in February in Surgery, which takes the Trust to 3 cases against a zero objective. A PSIRF has been completed and lessons identified the patient was known to previously positive for MRSA in a wound and decolinisation treatment was not received by the patient in community, pre-operative MRSA screens were incomplete, canula documentation was incomplete and Blood Culture sampling was only completed once, rather than 2 blood culture samples being obtained.

Th Trust Internal Audit report on cannula management has been received and improvement work is required which will be overseen by the Infection Prevention Steering and Assurance Group (IPSAG)

Variation Assurance

Total Number of Trust Onset C. difficile Infections



Latest Month
2024-02
Value
13
Target
10

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 **6.0**.

There have been 13 Trust attributed Clostridiodes difficile (C.difficile) cases in February 2024 which is an improved position from January 2024. 3 cases occurred in Medicine and 7 in Surgery and 3 in CSCS. Of the 13 cases in February 69% occurred on the York Hospital site. The Trust annual C.difficile objective is 116 cases, with 139 cases reported year to date.

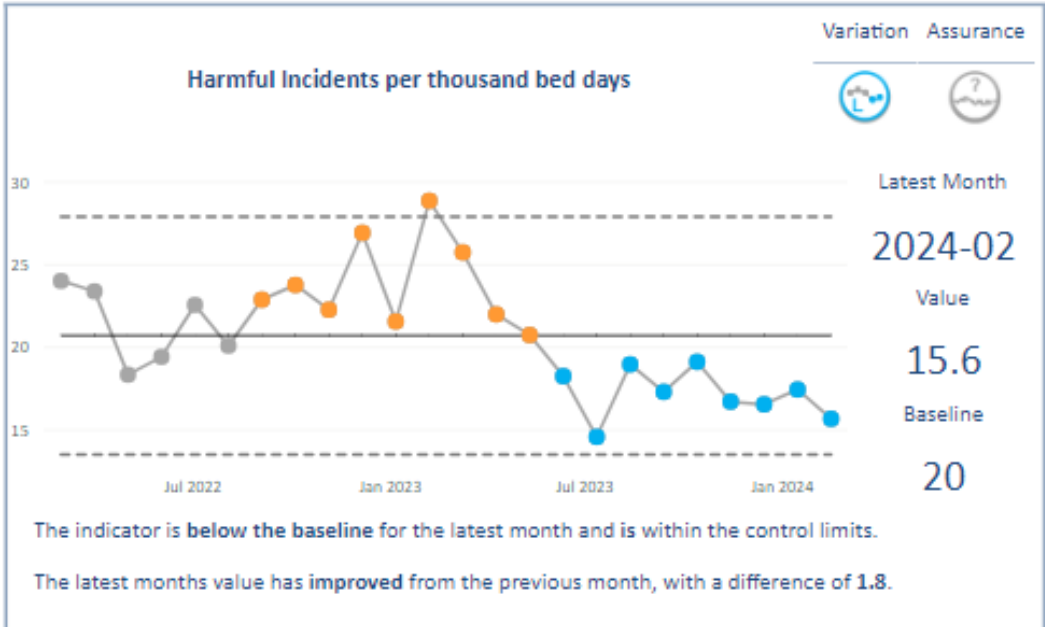
PSIRF is being completed on all the cases in February and will be reported via the C.difficile reduction group and Infection Prevention and Strategic Assurance Group (IPSAG).

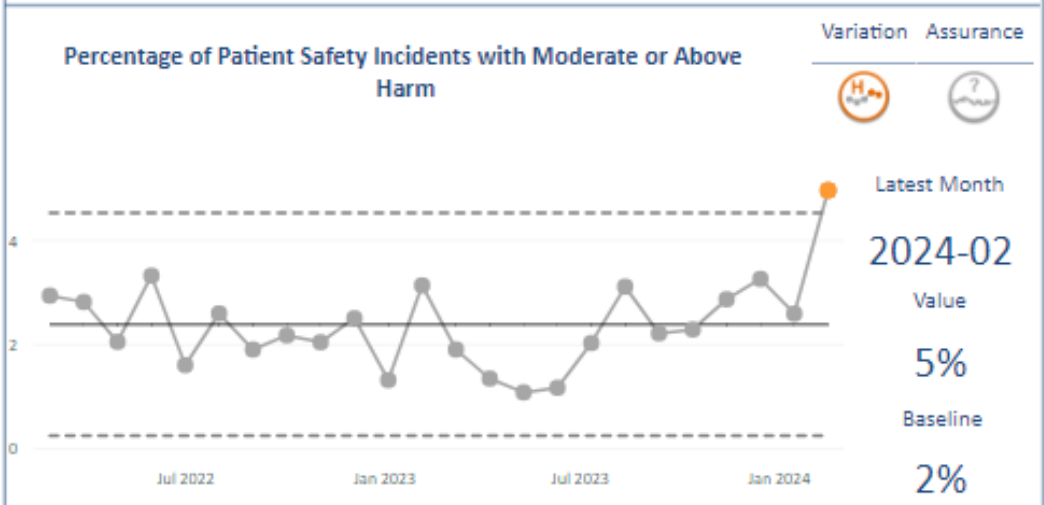
Quality and Safety (2) Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Patient Safety Incidents per thousand Bed Days	2024-02	L	?	56	44.8
Harmful Incidents per thousand bed days	2024-02	L	?	20	15.6
Percentage of Patient Safety Incidents with Moderate or Above Harm	2024-02	H	?	2%	5%
Trust Duty of Candour (Stage 1)	2024-02		?	93%	93.4%
Trust Duty of Candour (Stage 2)	2024-02	H	?	91%	92.3%
Trust Duty of Candour (Stage 3)	2024-02		?	87%	85.6%
Number of Serious Incidents Reported	2024-02	L	?	12	3
Total Number of Never Events Reported	2024-02		?	0	1
In-Hospital Deaths	2024-02		?	197	209
Quarterly SHMI	2023-09			100	96.3
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

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Friends and Family Test - Trust ED Recommend %	2024-01		F	90%	73%
Friends and Family Test - Trust Inpatient Recommend %	2024-01		P	90%	97.2%
Friends and Family Test - Trust Maternity Recommend %	2024-01		P	90%	100%
Trust Complaints	2024-02		?	66	76
Needlestick Injury or Sharps Incident	2024-02		?	15	9
Staff Slips, Trips and Falls	2024-02		?	3	3
RIDDOR	2024-02		?	2	0

KPIs - Quality and Safety (3)

The FFT continues to be a focus of work in the Scarborough department. Engagement has been challenging due to the footfall of patients through the department through recent months.

FFT Posters are in the department and patient with a mobile phone will receive text messages to encourage participation and feedback.

Over 82% of the feedback in December rated very good/good

The main feedback is related to waiting times which continues to be an ongoing challenge

The number of new complaints for February 2024 was 76.

Main complaint themes:

- Delay or failure in treatment or procedure
- Communication with patient
- Attitude of nursing staff/midwives
- Arranging/undertaking diagnostics
- Attitude of medical staff

18 cases over 50 working days were closed in February – care groups are prioritising complaint management with a focus on overdue cases.

There were 4 new re-opened complaints.

As at 7 March there were 17 open cases over 50 working days. Extensions for some of these cases have been agreed with complainants and not all cases will be expected to be concluded within 30 working days.

Quality and Safety (4) Scorecard

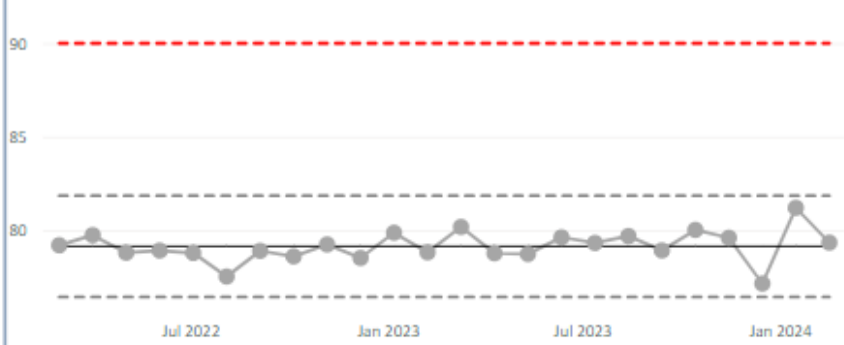
Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Antepartum Stillbirths	2024-01			0.8	1
Intrapartum Stillbirths	2024-01	L		0	0
Early neonatal deaths (0-7 days)	2024-01			0.5	0
PPH > 1.5L as % of all women - York	2024-01			4.4%	5.4%
PPH > 1.5L as % of all women - Scarborough	2024-01			2.4%	2%
Obstetrics and Gynaecology: Serious Incidents	2024-02	L		0.1	0
Obstetrics and Gynaecology: Moderate Incidents	2024-02	H		6.8	17
14 Hour Post Take	2024-02		F	90%	79.3%
Senior Review	2024-02			49.2%	48.5%
Discharges by 5pm	2024-02	H	F	70%	64.9%

KPIs - Quality and Safety (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

14 Hour Post Take

Variation Assurance



Latest Month

2024-02

Value

79.3%

Target

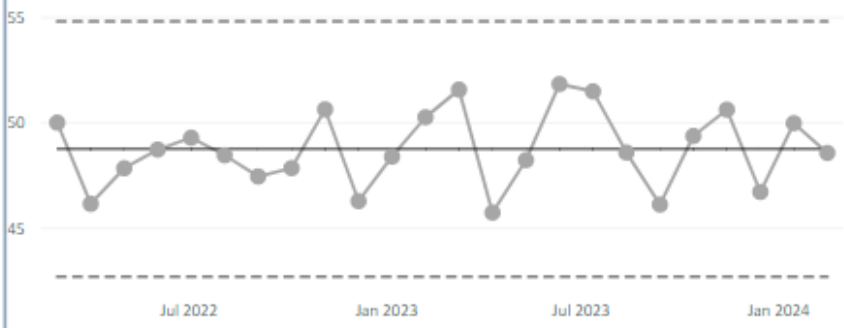
90%

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 **1.9**.

Senior Review

Variation Assurance



Latest Month

2024-02

Value

48.5%

Baseline

49.2%

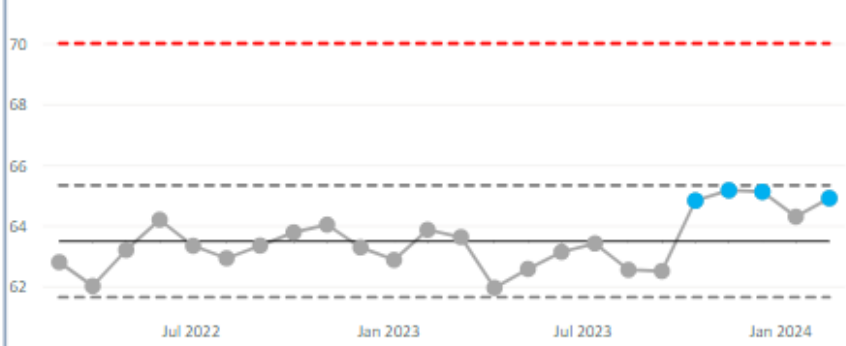
The indicator is **below the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **1.5**.

KPIs - Quality and Safety (5)

Variation Assurance

Discharges by 5pm



Latest Month

2024-02

Value

64.9%

Target

70%

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 **0.6**.

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MATERNITY

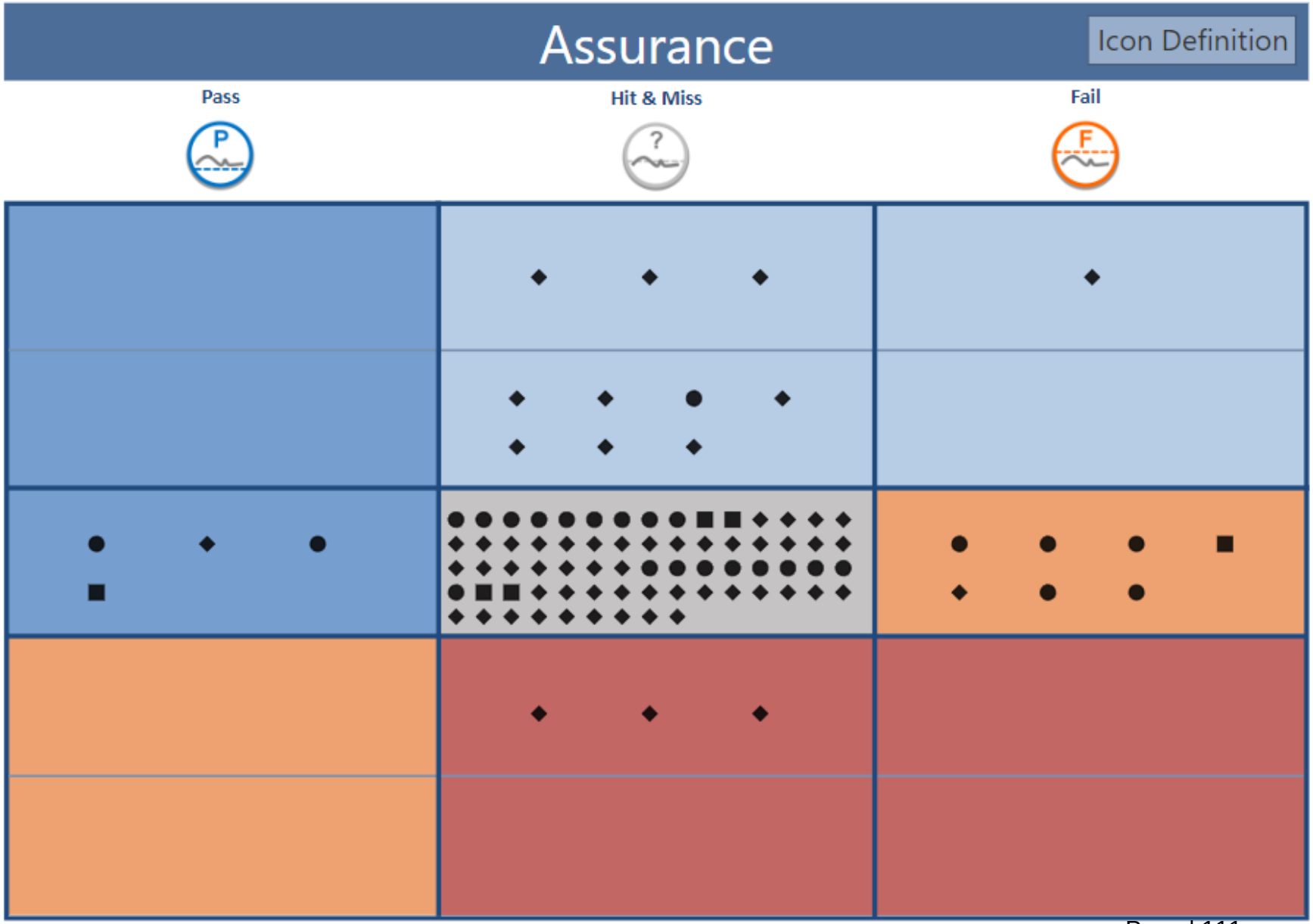
March 2024

Summary Matrix - Maternity

The table below provides an overview for all maternity metrics

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern



Maternity Scarborough (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Bookings - Scarborough	2024-01			169	106
Bookings <10 weeks - Scarborough	2024-01		F	90%	66%
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2024-01			10%	4.7%
Births - Scarborough	2024-01			113	101
No. of women delivered - Scarborough	2024-01			112	99
Planned homebirths - Scarborough	2024-01		F	2.1%	1%
Homebirth service suspended - Scarborough	2024-01		F	3	18
Women affected by suspension - Scarborough	2024-01			0	4
Community midwife called in to unit - Scarborough	2024-01			3	0
Maternity Unit Closure - Scarborough	2023-12			0	2
SCBU at capacity - Scarborough	2024-01			0	0
SCBU at capacity of intensive care cots - Scarborough	2024-01			0	4
SCBU no of babies affected - Scarborough	2024-01		P	0	0
1 to 1 care in Labour - Scarborough	2024-01			100%	99%
L/W Co-ordinator supernumerary % - Scarborough	2023-12			100%	91.9%
Anaesthetic cover on L/W - Scarborough	2024-01		F	10	15

Maternity Scarborough (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Normal Births - Scarborough	2024-01			57%	52.5%
Assisted Vaginal Births - Scarborough	2024-01			12.4%	6.9%
C/S Births - Scarborough	2024-01			40.7%	40.6%
Elective caesarean - Scarborough	2024-01			18.1%	20.8%
Emergency caesarean - Scarborough	2024-01			22.5%	19.8%
Induction of labour - Scarborough	2024-01			40.1%	49.5%
HDU on L/W - Scarborough	2023-12			5	4
BBA - Scarborough	2024-01			2	0
HSIB cases - Scarborough	2024-01	L		0	0
Neonatal Death - Scarborough	2024-01			0	0
Antepartum Stillbirth - Scarborough	2024-01			0	0
Intrapartum Stillbirths - Scarborough	2024-01		P	0	0
Cold babies - Scarborough	2024-01			1	0
Preterm birth rate <37 weeks - Scarborough	2024-01			6%	2%
Preterm birth rate <34 weeks - Scarborough	2024-01			1%	0%
Preterm birth rate <28 weeks - Scarborough	2024-01			0.5%	0%

Maternity Scarborough (3) Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Low birthweight rate at term (2.2kg) - Scarborough	2024-01			0%	0%
Breastfeeding Initiation rate - Scarborough	2024-01	H		75%	76.2%
Breastfeeding rate at discharge - Scarborough	2024-01		F	65%	53.1%
Smoking at booking - Scarborough	2024-01			6%	10.4%
Smoking at 36 weeks - Scarborough	2023-12			6%	3%
Smoking at time of delivery - Scarborough	2024-01			6%	9.1%
Carbon monoxide monitoring at booking - Scarborough	2024-01			95%	78.3%
Carbon monoxide monitoring at 36 weeks - Scarborough	2024-01			95%	61.5%
SI's - Scarborough	2023-10			0	1
PPH > 1.5L as % of all women - Scarborough	2024-01			2.4%	2%
Shoulder Dystocia - Scarborough	2024-01			2	1
3rd/4th Degree Tear - normal births - Scarborough	2024-01			2.8%	0%
3rd/4th Degree Tear - assisted birth - Scarborough	2024-01	L		6.1%	0%
Informal Complaints - Scarborough	2024-01			0	0
Formal Complaints - Scarborough	2024-01			0	1

Maternity York (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Bookings - York	2024-01		?	295	323
Bookings <10 weeks - York	2024-01		?	90%	62.5%
Bookings ≥13 weeks (exc transfers etc.) - York	2024-01		P	10%	5.3%
Births - York	2024-01		?	245	223
No. of women delivered - York	2024-01		?	242	221
Planned homebirths - York	2024-01		F	2.1%	0.3%
Homebirth service suspended - York	2024-01		F	3	16
Women affected by suspension - York	2024-01		?	0	3
Community midwife called in to unit - York	2024-01	L	?	3	0
Maternity Unit Closure - York	2024-01		?	0	0
SCBU at capacity - York	2024-01		?	0	0
SCBU at capacity of intensive care cots - York	2024-01		?	0	25
SCBU no of babies affected - York	2024-01		?	0	0
1 to 1 care in Labour - York	2024-01		?	100%	100%
L/W Co-ordinator supernumerary % - York	2024-01		?	100%	98%
Anaesthetic cover on L/W - York	2024-01		P	10	10

Maternity York (2) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Normal Births - York	2024-01			57%	51.6%
Assisted Vaginal Births - York	2024-01			12.4%	13%
C/S Births - York	2024-01	H		35.6%	35.4%
Elective caesarean - York	2024-01			15.4%	13%
Emergency caesarean - York	2024-01	H		20.4%	22.4%
Induction of labour - York	2024-01	H		44.2%	46%
HDU on L/W - York	2023-10			5	8
BBA - York	2024-01			2	3
HSIB cases - York	2024-01	L		0	0
Neonatal Death - York	2024-01			0	0
Antepartum Stillbirth - York	2024-01			0	1
Intrapartum Stillbirths - York	2024-01	L		0	0
Cold babies - York	2024-01	L		1	1
Preterm birth rate <37 weeks - York	2024-01			6%	7.6%
Preterm birth rate <34 weeks - York	2024-01			2%	1.8%
Preterm birth rate <28 weeks - York	2024-01			0.5%	0%

Maternity York (3) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Low birthweight rate at term (2.2kg) - York	2024-01			0%	0.5%
Breastfeeding Initiation rate - York	2024-01	H		75%	86%
Breastfeeding rate at discharge - York	2024-01	H		65%	69.1%
Smoking at booking - York	2024-01			6%	5.9%
Smoking at 36 weeks - York	2024-01			6%	5.9%
Smoking at time of delivery - York	2024-01			6%	8.6%
Carbon monoxide monitoring at booking - York	2024-01			95%	88.5%
Carbon monoxide monitoring at 36 weeks - York	2024-01	H	F	95%	74.5%
SI's - York	2023-10			0	2
PPH > 1.5L as % of all women - York	2024-01			4.4%	5.4%
Shoulder Dystocia - York	2024-01			2	4
3rd/4th Degree Tear - normal births - York	2024-01			2.8%	0.5%
3rd/4th Degree Tear - assisted birth - York	2024-01	L		6.1%	0.5%
Informal Complaints - York	2024-01			0	0
Formal Complaints - York	2024-01			0	4

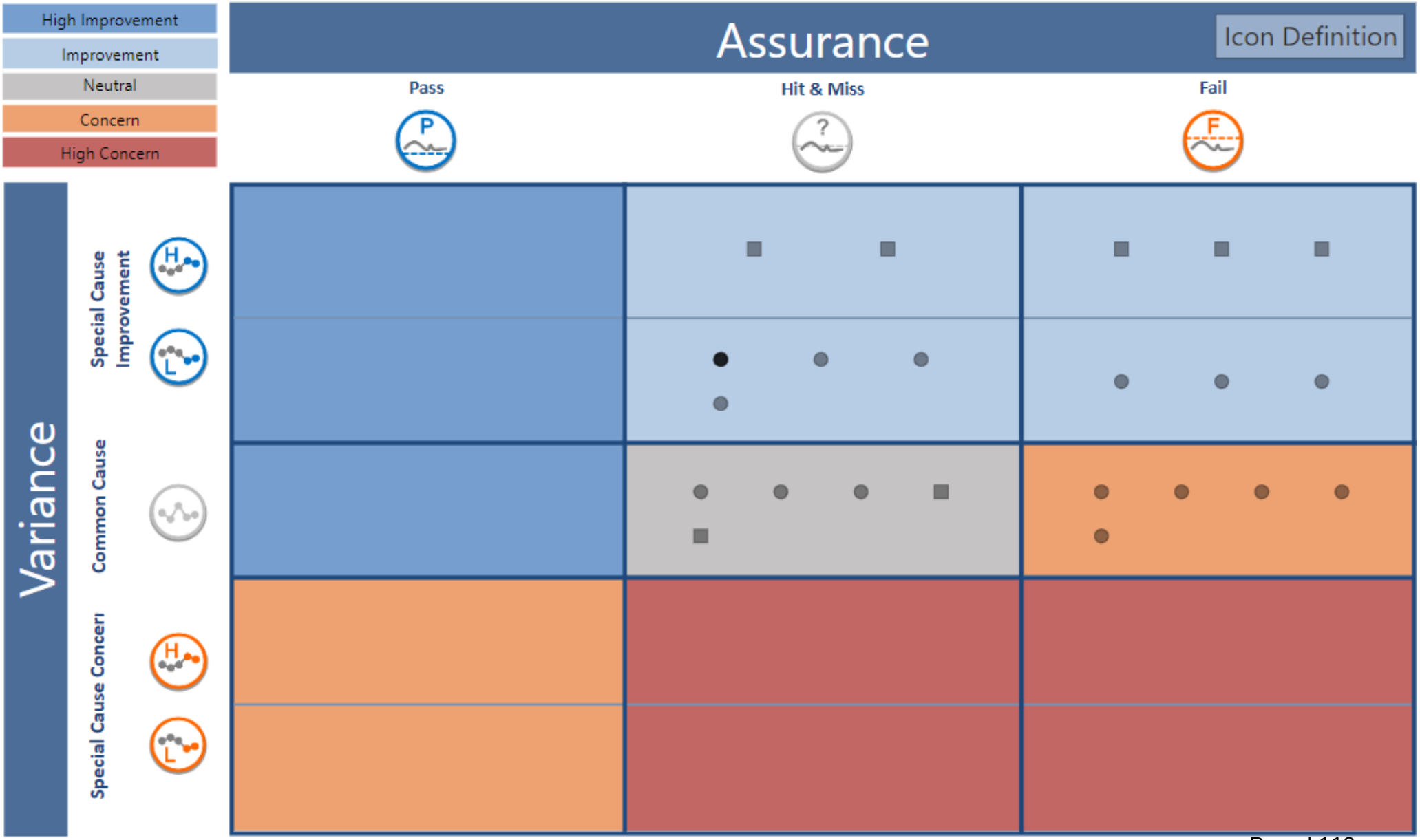
WORKFORCE

March 2024

Summary Matrix - Workforce

The table below provides an overview for all workforce metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust



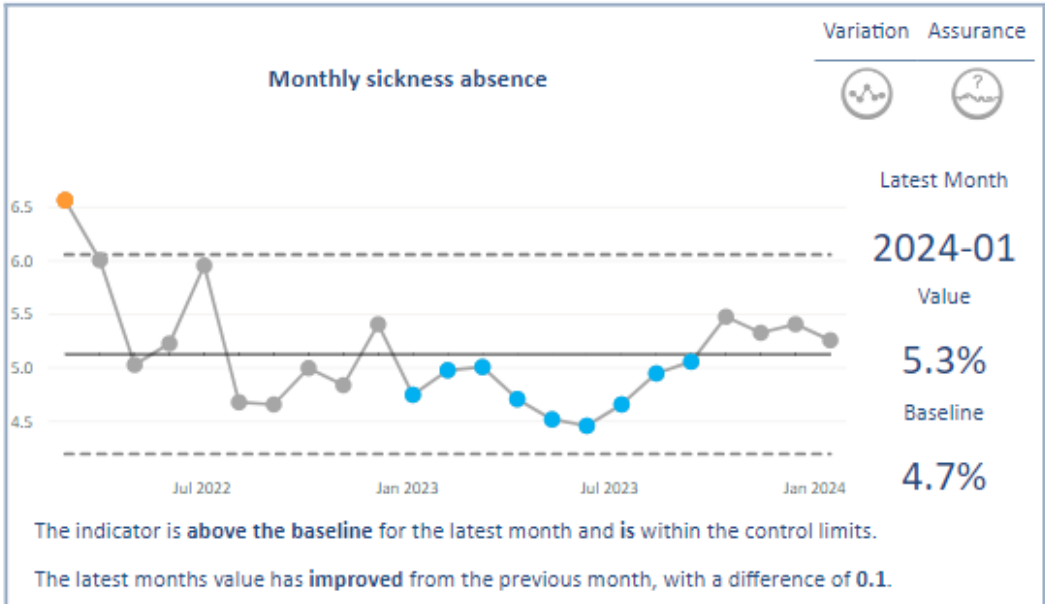
● Staffing ■ Staff Training/Appraisals ◆ Employee Relations

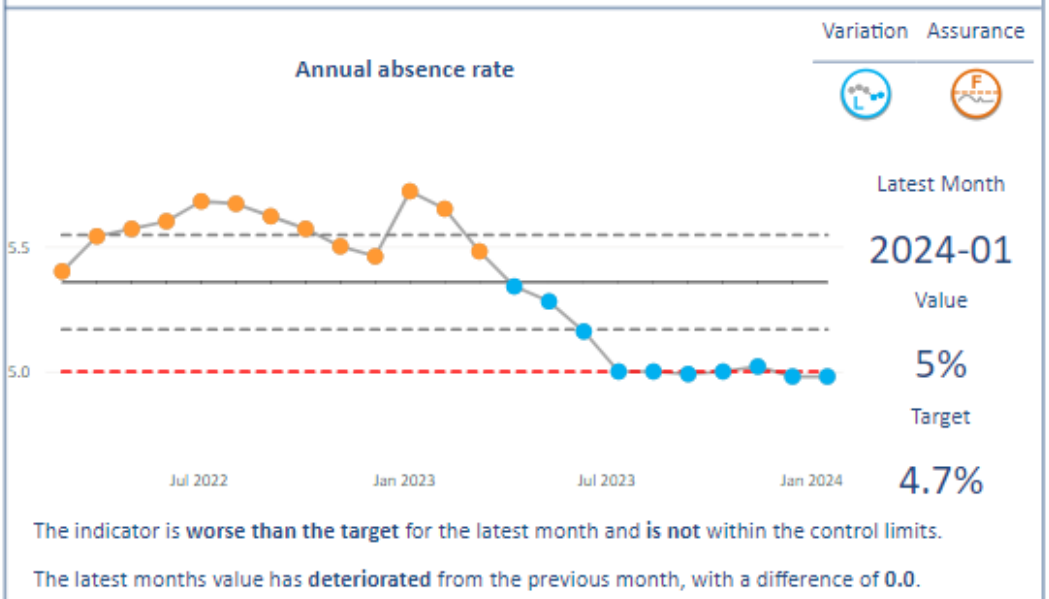
Workforce (1) Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Monthly sickness absence	2024-01		?	4.7%	5.3%
Annual absence rate	2024-01	L	F	4.7%	5%
12 month rolling turnover rate Trust (FTE)	2024-02	L	?	10%	8.6%
Overall vacancy rate	2024-02		F	3.7%	6.2%
HCSW vacancy rate in adult inpatient wards	2024-02		F	1%	10.5%
RN vacancy rate in adult inpatient wards	2024-02	L	F	7.5%	3.6%
HCSW vacancy rate	2024-02		F	9.1%	11.8%
Midwifery vacancy rate	2024-02	L	?	0%	-5.8%
Medical and dental vacancy rate	2024-02	L	?	10%	4.1%
Registered Nursing vacancy rate	2024-02		?	5%	4.6%
AHP vacancy rate	2024-02	L	?	8.5%	5.3%
Total nursing (registered and nursing support) temporary staffing requests (total hours requested)	2024-02		F	80388.1	109846
% unfilled nursing temporary staffing requests	2024-02	L	F	0%	21%
Total medical and dental temporary staffing requests (total hours requested)	2024-01		?	23592.2	24877
% unfilled medical & dental temporary staffing requests	2024-01		F	0%	20.2%

KPIs - Workforce (1)



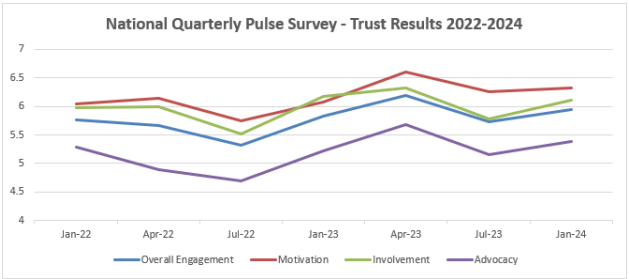


In January we saw a total absence of 467.32 WTE out of 8893.34 WTE leading to a 5.25% sickness rate for January. The calculation used to produce this figure takes the total number of WTE days lost and number of WTE days available and divides them by the number of days in the month.

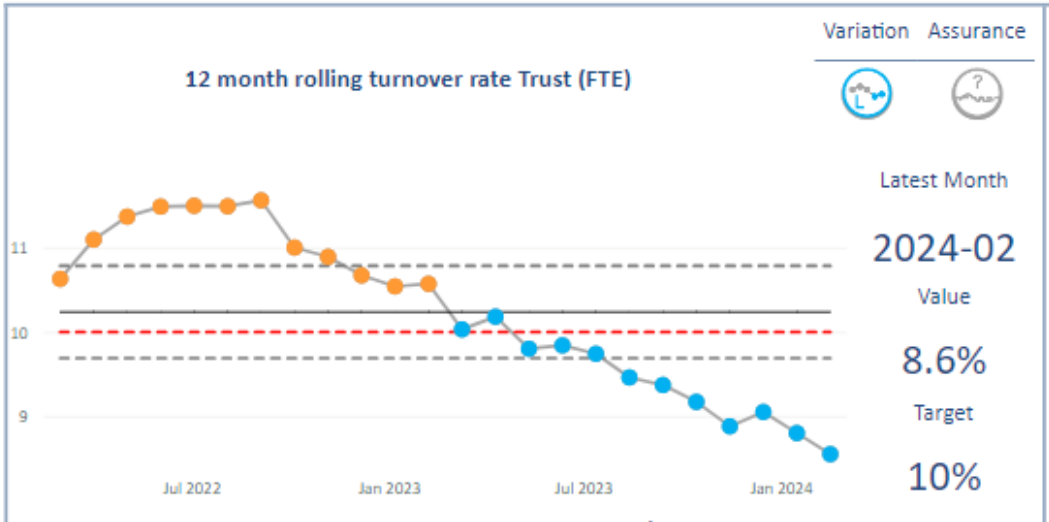
As part of the ongoing concern and mitigation planning around measles the Occupational Health team will be running measles vaccination clinics at York Hospital during March. Emails have gone out to all staff in high-risk areas where immunisation status is not part of their OH records. Hard copy letters will also be sent to this cohort. Trust wide communications will also promote the benefits of vaccination and the risks faced to unvaccinated individuals. Initial data from a review of records held for those in the nationally defined 'high-risk areas' suggests 86.3% have full immunity with a further 8.3% having partial immunity (90%+ protection from single MMR) and 5.4% having no record of immunity.

The Our Voice Our Future Programme is continuing in the Trust, Change Makers are continuing to receive informal feedback from staff members, over 400 comments have now been received. Culture Focus groups have been arranged to try and encourage staff members to talk about changes that are needed regarding the cultural elements needed to create a compassionate and inclusive culture for the organisation. Positive feedback was received from the Change Makers following an invitation to attend Board to provide an update and individual interview have been taking place with members of the Board.

National Quarterly Pulse Survey response rates are consistently below the target of 10% (over the last 2 years they have varied from 1.6% to 4.81%) and in January 2024 it was 3.42%. This is despite good practice methods such as 'You Said We Did' feedback being shared regularly to demonstrate that staff comments and suggestions results in change. Improving staff experience and engagement (and therefore retention) is a key objective of the Our Voice Our Future culture transformation programme – which again is based on good practice advocated by NHSE with an evidence-base behind it.

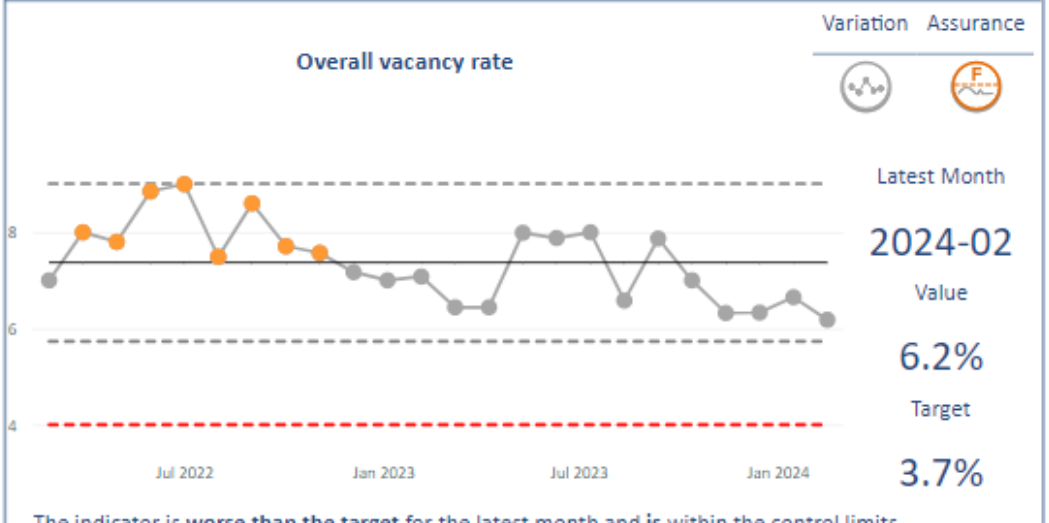


KPIs - Workforce (2)



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 **0.2**.



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 **0.5**.

The Trust celebrated NHS Overseas Workers Day on the 1st March. International recruitment continues to provide a supplementary pipeline; with the Trust welcoming 11 international nurses in February. The organisation is due to welcome more internationally recruited staff in March including 12 nurses, 3 Radiographers, 1 Biomedical Scientist and 1 Audiologist. The Trust will have recruited 113 international nurses in the financial year, with recruitment already underway for our 2024/25 campaign where we have committed to recruiting 55 international nurses. 31 nurses are already within offer.

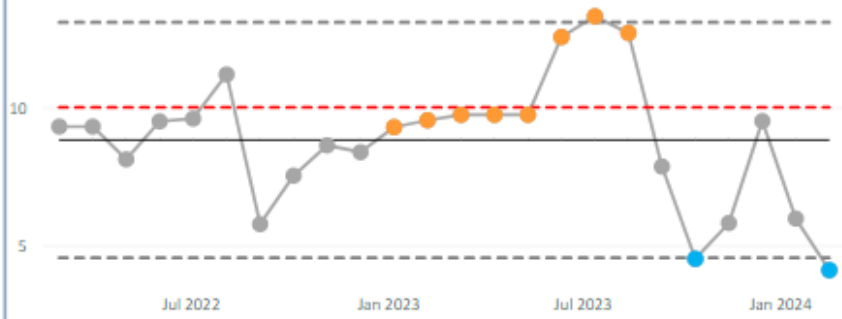
The Trust continues to build relationships with domestic student nurses and has been busy over recent months visiting universities to meet with their 3rd year nursing students. Visits to Sheffield, Leeds, University of York, York St, Johns, Hull and Teesside have allowed opportunity to meet students and promote the Trust with a view to welcoming them when they qualify in September this year. The Trust will host Welcome Days in Summer for our new recruits to provide them with an opportunity to start building relationships with Clinical Educators and in their area of work.

KPIs - Workforce (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variation Assurance

Medical and dental vacancy rate



Latest Month

2024-02

Value

4.1%

Target

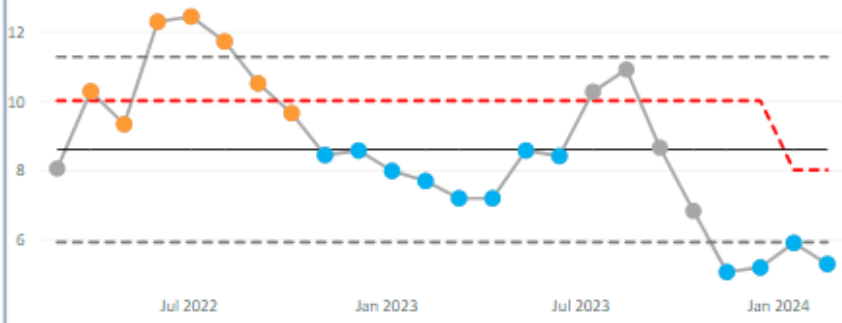
10%

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 **1.9**.

Variation Assurance

AHP vacancy rate



Latest Month

2024-02

Value

5.3%

Target

8.5%

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

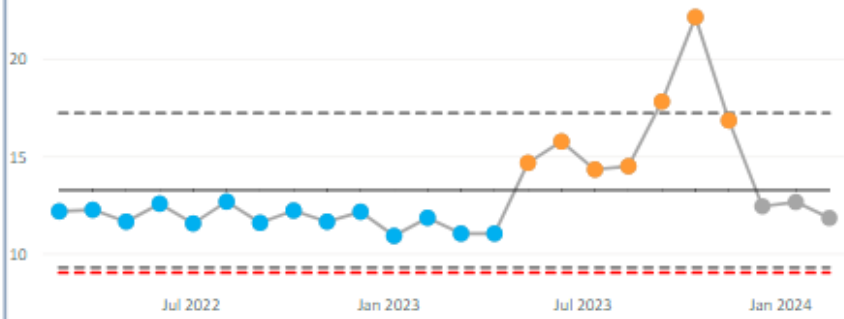
The latest months value has **improved** from the previous month, with a difference of **0.6**.

The Trust has started exploratory discussions with the ICB around potential 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 potentially join the programme from June, however further work to assess value for money is being undertaken before commitment is made. On-going work is taking place to recruit to a number of consultant posts through our existing recruitment pathways.

KPIs - Workforce (4)

Variation Assurance

HCSW vacancy rate



Latest Month

2024-02

Value

11.8%

Target

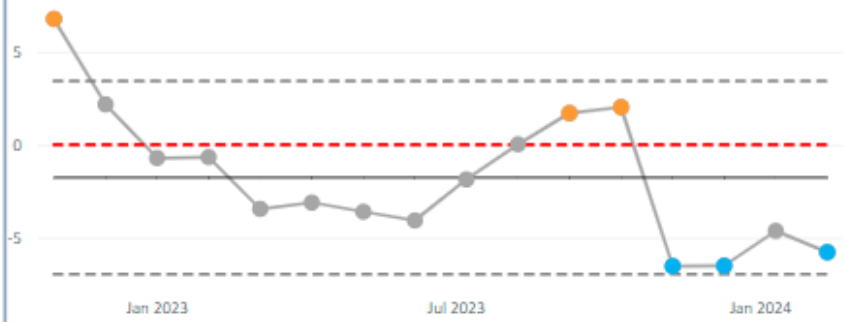
9.1%

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

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

Variation Assurance

Midwifery vacancy rate



Latest Month

2024-02

Value

-5.8%

Target

0%

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 **1.2**.

The Trust welcomed 31 HCSWs onto the Academy that started on Monday 4th March. There have been 115 HCSW's offered posts in February and early March. Individuals are currently undertaking pre-employment checks and are being booked on to future Academy sessions when these are complete. Some individuals offered posts at February interviews have been processed quickly and are already attending the March Academy.

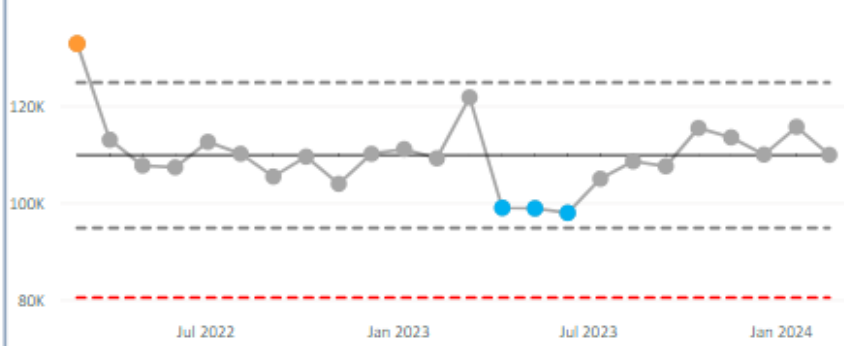
The Trust is holding an Open Day for 3rd year midwifery students on Saturday 16th March on the York site. Open day's held last year attracted many of the pre-registered midwives that started in the Trust last September, so the hope is to replicate that success this year.

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. There has been no change between January and February and number remains at 54 Nursing Associates (or 49.73 WTE).

KPIs - Workforce (5)

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

Variation Assurance



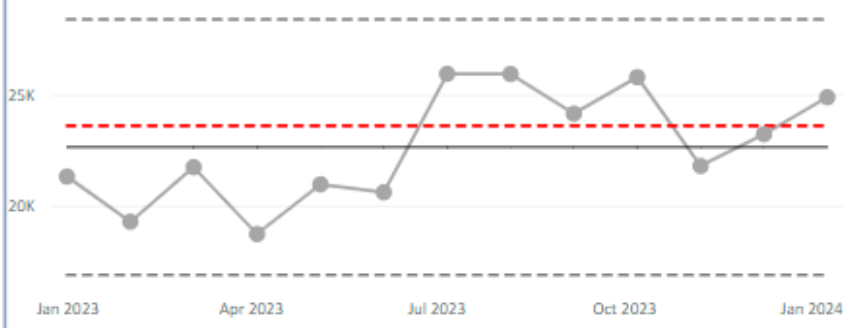
Latest Month
2024-02
Value
109846
Target
80388.1

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 **5782.0**.

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

Variation Assurance



Latest Month
2024-01
Value
24877
Target
23592.2

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 **1669.0**.

A review of the Allocate On Arrival incentive has been undertaken and plans put into place to ensure this remains in line with the agreed volume of shifts. Nursing shifts have been released for the remainder of the incentive, distributed based on patterns of demand, but at a lower level to ensure the total remains within the cap. Any additional requests require Executive Director approval. The volume of use continues to be closely monitored and shows a decrease in the number of shifts being covered, with an average of 83 RN/RM shifts per week and 76 HCSW shifts per week covered.

To reduce temporary staffing costs before the end of the financial year, a review of nursing shifts has been undertaken and actions agreed including: reducing any new bank and agency shift requests from the standard shift length of 7.5 hours to 6 hours, implementing additional approval before agency shifts are released to suppliers, and an aim to no longer release agency shifts for Saturday nights and Sundays which are charged at the highest rates. Existing bank and agency bookings remain in place, so the impact of the changes may be limited in initial weeks, but a reduction in agency has already been shown in the final week of February.

The Trust has successfully removed off framework agency and is now focusing on high-cost long term agency bookings. The Temporary Staffing Review Groups will be used to drive this work and target areas for change which will include reviewing the on-going requirement and sourcing cheaper agency cover or recruiting to posts substantively where possible to reduce costs.

Workforce (2) Scorecard

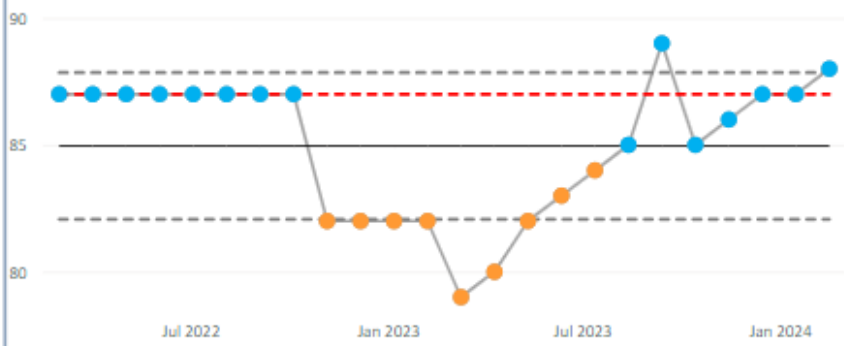
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Overall stat/mand training compliance	2024-02	H	?	87%	88%
Overall corporate induction compliance	2024-02		?	95%	95%
A4C staff stat/mand training compliance	2024-02	H	?	87%	89%
A4C staff corporate induction compliance	2024-02		?	95%	95%
Medical & dental staff stat/mand training compliance	2024-02	H	F	87%	76%
Medical & dental staff corporate induction compliance	2024-02	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)

Variation Assurance

Overall stat/mand training compliance



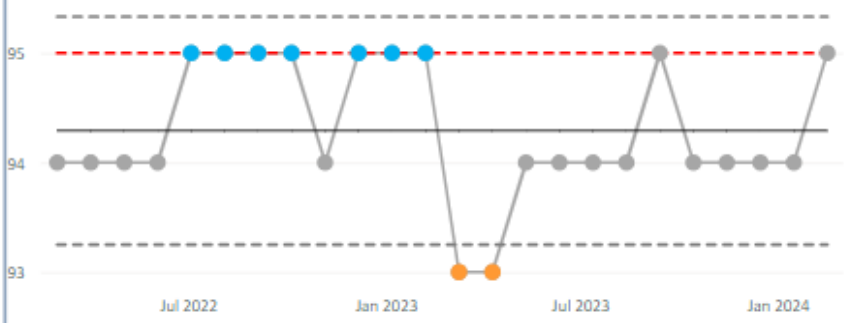
Latest Month
2024-02
Value
88%
Target
87%

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 **1.0**.

Variation Assurance

Overall corporate induction compliance



Latest Month
2024-02
Value
95%
Target
95%

The indicator is **equal to 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 **1.0**.

In February, compliance for corporate induction and mandatory training both increased by 1%. This meant that corporate induction hit the Trust's 95% compliance target while mandatory training compliance reached 88% (+1% v target). All four clinical Care Groups are meeting the 87% compliance target. At Staff Group level, training for Medical and Dental staff continues to show a steady level of improvement (76% compliance). A focus of this work is ensuring sufficient time is built into rotas to accommodate these training requirements.

At subject level, 13/25 programmes are now achieving the 87% compliance target following an increase in the number of staff completing Mental Capacity Act Basic Awareness training. Of the other 12 subjects, ten have increased completion rates since January. Compliance in these 12 subjects ranges from 54% (Paediatric Advanced Life Support) to 85% (Information Governance and Data Security).

There are a further 12 programmes which are 'Required Learning' in the organisation (courses which are not mandatory across all NHS organisations but have been stipulated for completion corporately). This group of courses is currently undergoing a reconfiguration to adjust refresher periods and introduce new subjects. The overall compliance with the Required Learning programme is 69%.

The Care Group Development programme (Leading our Journey to Excellence) continues with the commencement of Phase 2. 52 of the 61 delegates attended the 'Know your business' session on 29th February. Feedback on the session was positive. Phase 2 will conclude at the end of April following two further sessions. Meanwhile delegates from Phase 1 will be brought back together as one team with an opportunity to reconnect for ½ day on 2nd May 2024 using a creative thinking approach to future planning.
Phase 3 which commences from 30th May 2024 will bring together Senior Ops Managers, Matrons, Lead AHPs and Clinical Leads.
Corporate Services and YTHFM will subsequently benefit from similar development with dates currently being identified.

DIGITAL AND INFORMATION SERVICES

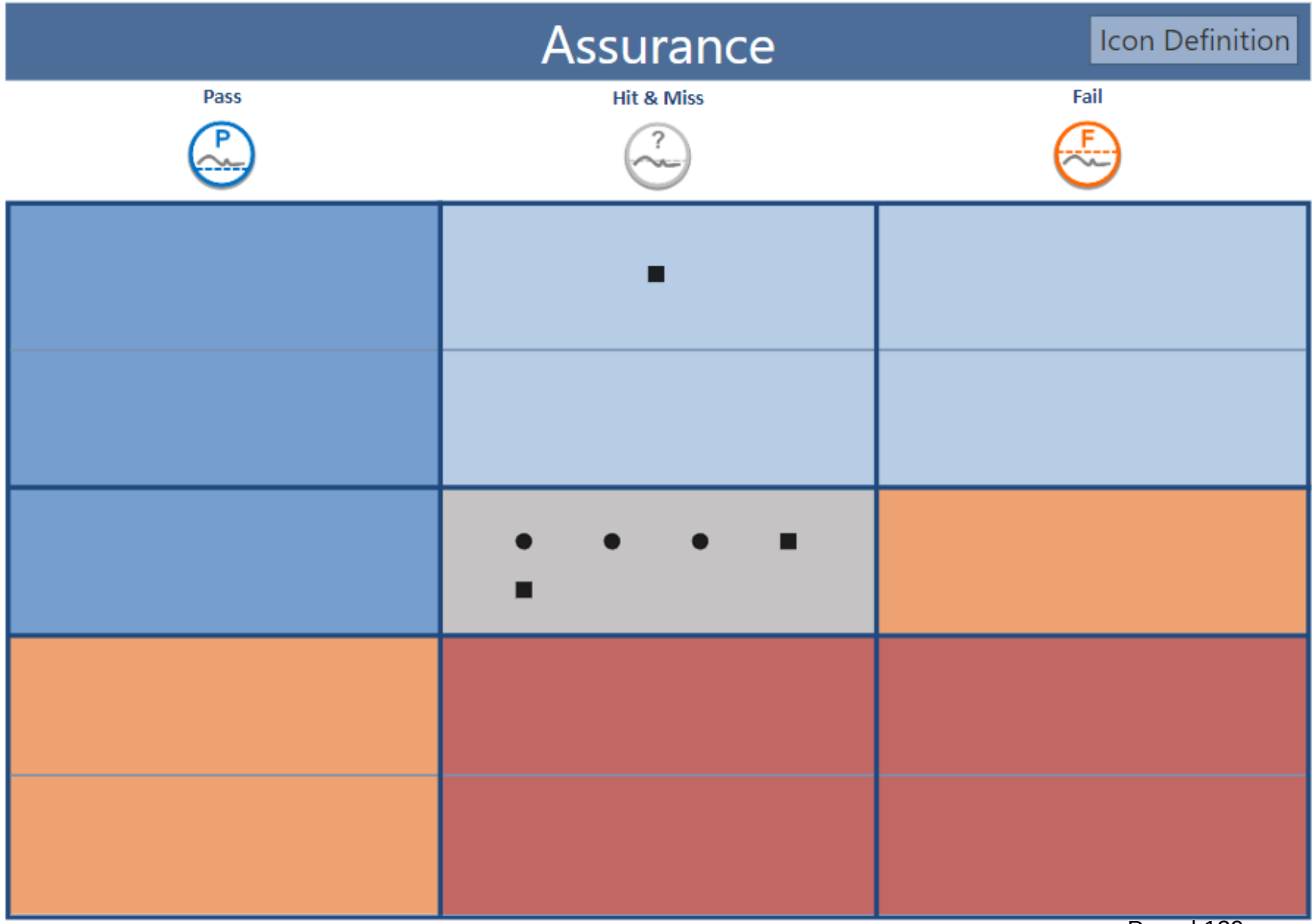
March 2024

Summary Matrix - Digital and Information Services

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

York and Scarborough Teaching Hospitals NHS Foundation Trust

High Improvement
Improvement
Neutral
Concern
High Concern

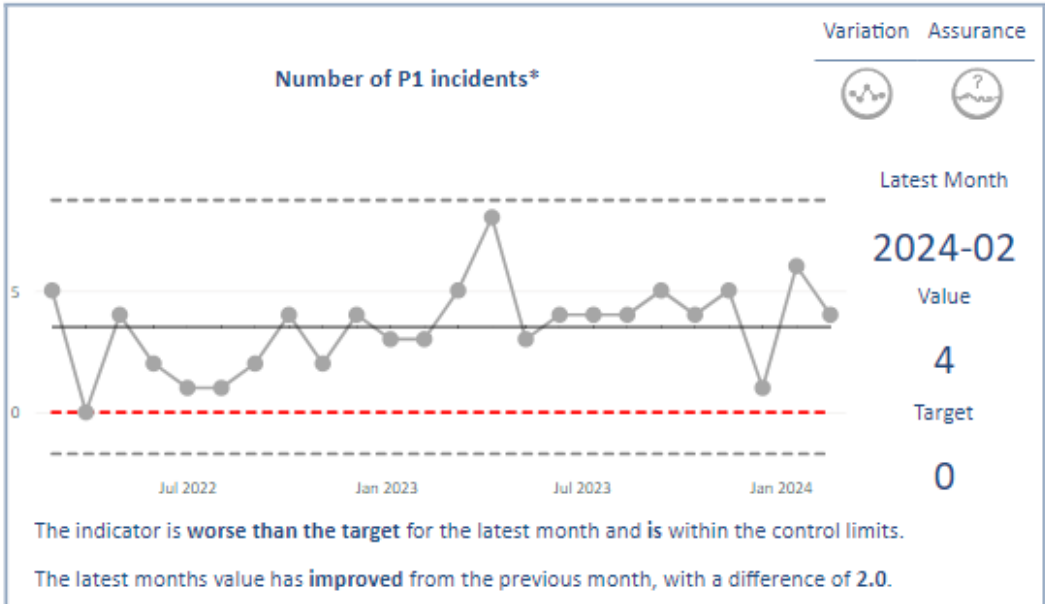


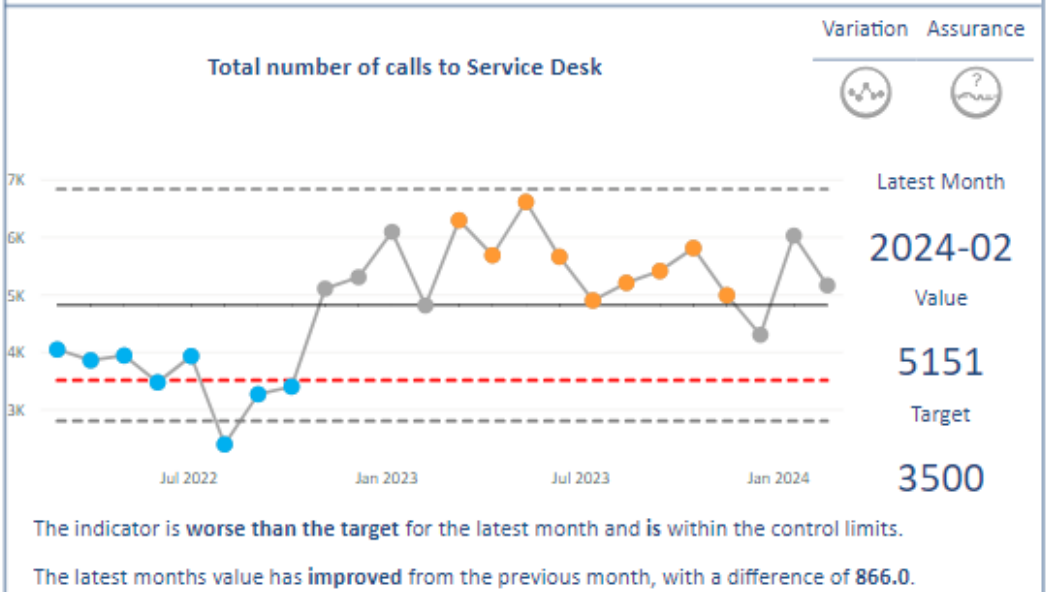
Digital and Information Services Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Target / Baseline	Value
Number of P1 incidents*	2024-02			0	4
Total number of calls to Service Desk	2024-02			3500	5151
Total number of calls abandoned	2024-02			500	1316
Number of information security incidents reported and investigated	2024-02			43	38
Number of Patient Subject Access Requests (SARs)	2024-02			421	301
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2024-02			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.

7/2 and 25/2 CPD incidents relating to authentication and load-balancer services. Software changes and updates have been made in response to address the underlying issues.

27/2 York hospital experienced a power supply incident at 11pm and services returned to normal after power was restored.

29/2 Bridlington hospital experienced a partial loss of network services due to a hardware failure requiring replacement of affected network devices.

Total number of calls to Service Desk

Average calls to x5000 fell from 273/day to 245/day in February.
The number of new tickets fell from 7509 to 6397 in the same period.

The highest support topic relates to e-mail services, and support requests in this area fell by over 200 tickets due to reducing demand for Multi-Factor Authentication after the majority of staff completed this task.

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.

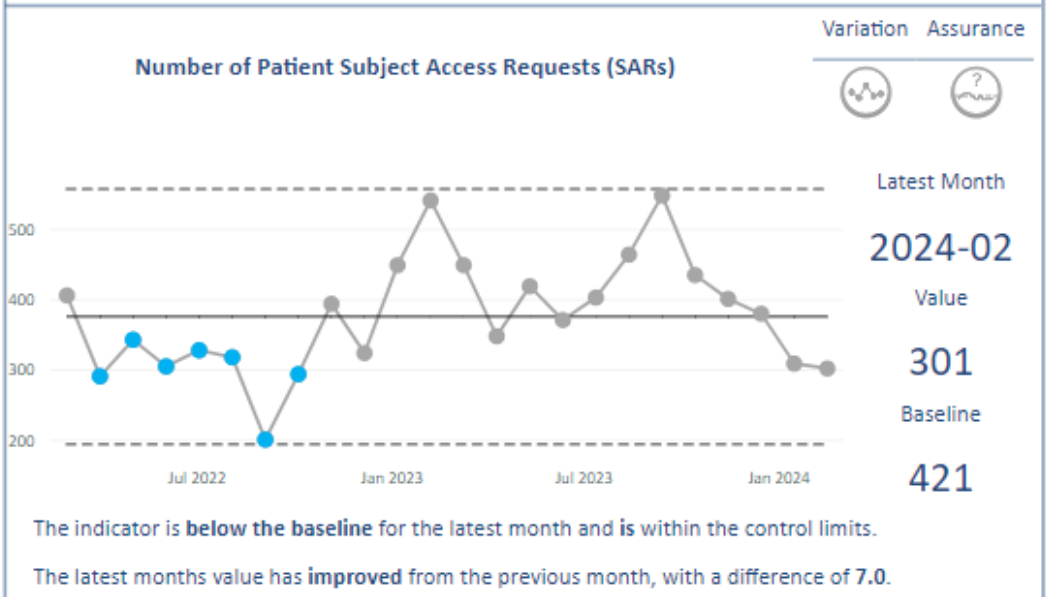
We’re seeing month-on-month improvements in the creation and consumption of Knowledge Articles as more staff find 4Me can help with their needs.

KPIs - Digital and Information Services (2)

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.

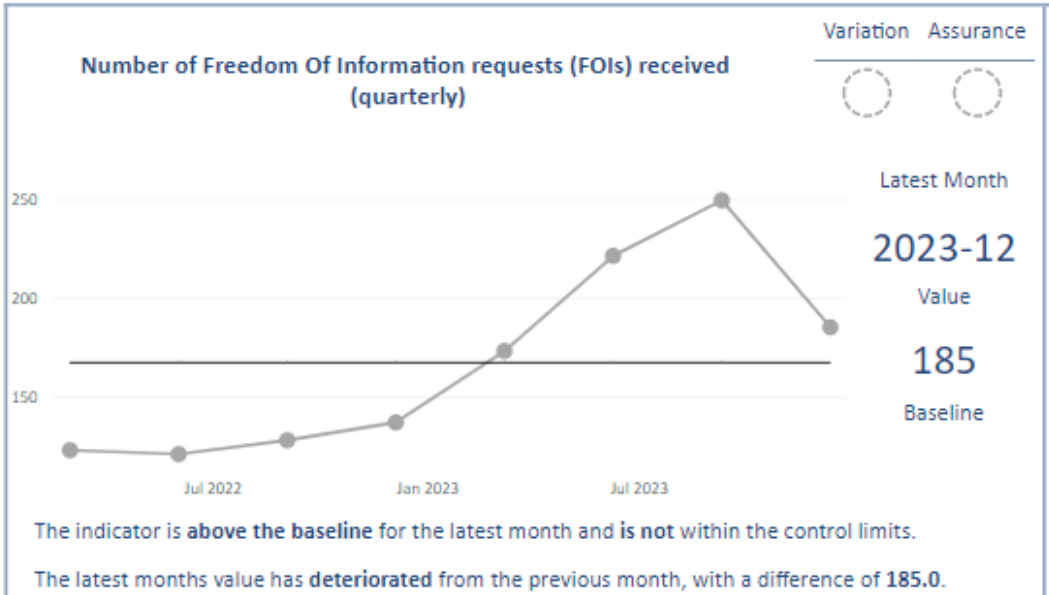
The other recent increase in the Autumn was due to an increase in data disclosed in error which the majority of were related to the introduction of NHSMail and the adoption of the global address list. Targeted communication has helped reduce this trend.

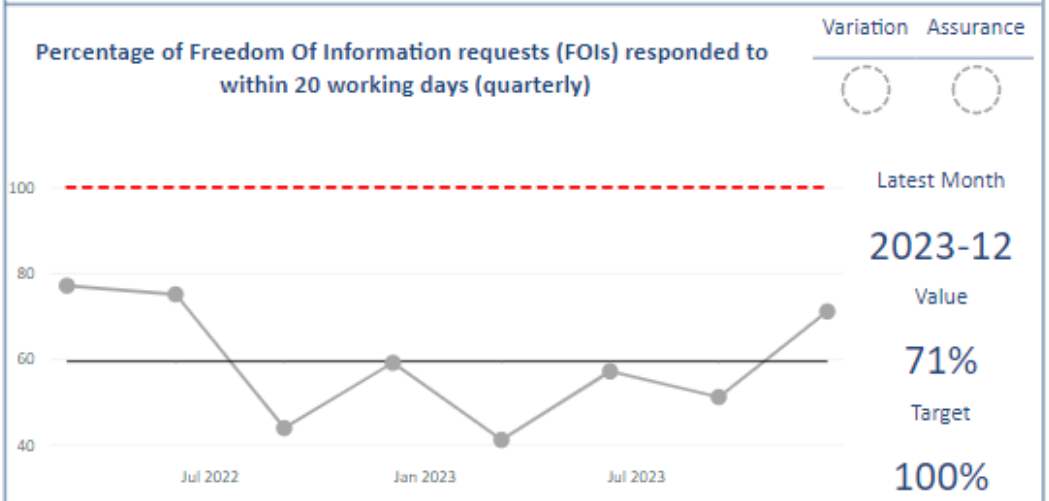


Number of Patient Subject Access Requests

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.

FINANCE

March 2024

Summary Dashboard and Income & Expenditure

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£16.3m adverse	£3.8m adverse	↑	Improving
Forecast Outturn I&E Variance to Plan	£1.9m adverse	£0.0m	↑	Improving
Core CIP Delivery Variance to Plan	£3.8m Adverse	£5.5m Adverse	↓	Deteriorating
Core CIP Planning (£21.4m Target) Value Identified	£18.9m identified	£17.8m 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)	£6.2m Above	£5.0m Above	↑	Improving
Month End Cash Position	£7.6m	£27.3m	↑	Improving
Capital Programme Variance to Plan	£0.1m behind plan	£1.5m behind plan	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	666,041	609,772	651,777	42,005	710,748
Other Income	59,917	54,972	65,462	10,490	75,954
Total Income	725,958	664,744	717,240	52,496	786,702
Pay Expenditure	-489,224	-448,027	-467,574	-19,547	-496,978
Drugs	-58,408	-53,573	-67,653	-14,079	-70,805
Supplies & Services	-72,855	-66,444	-74,418	-7,974	-77,718
Other Expenditure	-103,114	-93,636	-104,450	-10,814	-132,273
Outstanding CIP	8,592	5,508	0	-5,508	0
Total Expenditure	-715,011	-656,172	-714,095	-57,923	-777,774
Operating Surplus/(Deficit)	10,947	8,572	3,144	-5,428	8,928
Other Finance Costs	-10,926	-10,017	-8,447	1,570	-8,907
Surplus/(Deficit)	21	-1,445	-5,303	-3,858	21
NHSE Normalisation Adj	-21	-22.25	63.387	85.637	-21
Adjusted Surplus/(Deficit)	0	-1,467	-5,239	-3,772	0

The I&E table confirms an actual adjusted deficit of £5.2m against a planned deficit of £1.5m for February. The Trust is £3.8m adversely adrift of plan and represents a significant improvement over the position reported for January.

The prime drivers for this improved position is the allocation of additional funding from the ICB totalling £17.9m from a redistribution of its reserves, including provision to cover the impact of the December, January and February industrial action. Additionally, the Trust has received a £12.8m share of the £30m additional funding from NHSE to the ICB for the planned delivery of its £30m I&E deficit plan. This was the incentive offered by NHSE to the ICB for meeting its plan, thereby funding its deficit. These additional allocations have been applied as appropriate for the year to date.

On the back of the receipt of the additional £30m from NHSE, the ICB and all providers annual plans have been reset by NHSE to an expected breakeven I&E position. The expectation on the Trust is that with the additional resources it is expected to deliver an I&E balance by the year end, and this is the reported forecast outturn, although the Board should be aware that there are still risks to achieving this.

Corporate Overview of Key Drivers

Variance	Favourable/ (adverse) £000	Commentary
Net Overall Strike Impact	4,147	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 £3.68m. 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 £4.07m. Total adverse impact is £7.75m. 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 £4.56m. In addition, specific additional allocations of £2.5m and £4.8m have been made to offset the impact of the strikes. Total strike support is £11.9m. This leaves a net favourable impact of £4.15m.
ERF Funding Position	5,261	Underlying elective activity has significantly increased in February. The assessed increased ERF payable to the Trust at M11 is £9.82m of which £4.56m is linked to the 4% reduction in the ERF target and offset against the strike costs incurred above.
CIP Shortfall	-5,508	Included within the reported position. See CIP section below.
Stretch Target Shortfall	-6,318	Included within the reported position. Current full year shortfall is £7.1m.
Agency and Bank covering vacancies	-8,997	Relates to covering vacancies. Total agency overspending is £10.4m, with minimal levels relating to the cost of covering strike action included above. Operational pressures experienced over the winter period has resulted in increased bed capacity driving increased staff costs. The Chief Nurses and Operational teams are reviewing staff levels.
Covid test costs	-114	Formerly a pass-through cost to NHSE, but now transferred to the ICB with a fixed allocation.
Plan adjustment including further allocations	16,882	Following NHSEs allocation of £30m to the ICB to cover its planned deficit, the ICB and Providers plans are to be adjusted to breakeven I&E positions, a net pressure of £15.4m for the Trust. To compensate this and to assist deliver a breakeven position the Trust has received additional reserve and other allocations from the ICB of £23.8m in February; in addition to earlier year generic allocation of £4.5m, and £5m for Advice & Guidance, in full year terms.
Other I&E variances	1,374	Various other miscellaneous variances
Drugs, devices, unbundled OP Radiology, and Pathology direct access	-10,500	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, £5.9m is an increase over the M11 22/23 outturn spend levels.

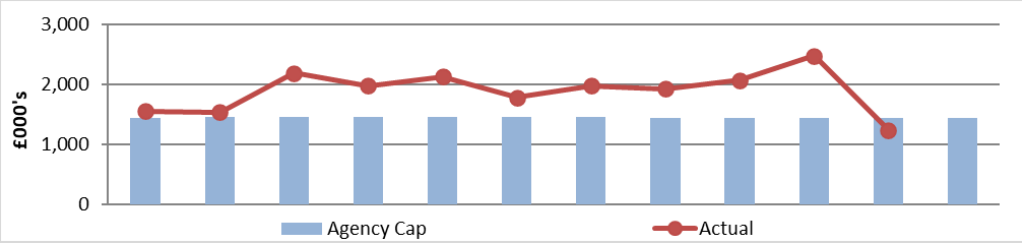
Treatment area	£	Drug or Device	Comments
Drugs			
Wet AMD	-1,648,022	Aflibercept, Ranibizumab, Faricimab	
Crohn's Disease or Ulcerative Colitis (IBD)	-1,474,644	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol	
Rheumatoid Arthritis	-452,063	Baricitinib, Abatacept, Tofacitinib	
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-975,108	Risankizumab, SECUKINUMAB	
Auto Immune, Rhumatoid Arthritis	-29,377	Etanercept, adulimumab	
Other	-2,205,844		Following further analysis, the key driver for these increases in costs have been established as volume driven, with minimal price impact.
	-6,785,057		
Devices			
Sleep Apnoea	-419,152	CPAP machines	
Diabetic Pumps	-1,485,836	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports	
Other	3,754		
	-1,901,234		
Unbundled Radiology	-1,065,215		
Pathology Direct Access	-748,000		
	-10,499,506		

Key Subjective Variances

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	3,779	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	37,828	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; (b) the additional allocations received by HNY ICB from NHSE and passed onto the Trust to further compensate for strike action and other pressures, and (c) the additional allocations received in February from the ICB linked to release of reserves and additional income received from NHSE.	No mitigation or action required.
Other income	8,856	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	-19,547	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	-14,079	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.
Clinical Supplies & Services	-7,974	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, plus explore the opportunities to reduce spending.
CIP	-5,508	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 to note is the 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	-10,814	Primarily driven by the non-pay related unachieved stretch target, and the Ramsey contracted activity being ahead of plan.	To continue to work on meeting the stretch target.

Agency, Workforce, Elective Recovery Fund



Agency Controls

2023/24 has seen the reintroduction of controls around agency spending, which had been suspended since the Covid-19 pandemic. The Trust's agency spend is capped at 3.7% of its overall pay spend, and this has been factored into the plan. At the end of February expenditure on agency staffing was £5.0m ahead of the cap.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,463.03	2,369.35	93.68	118,665	121,738	-3,074
Scientific, Therapeutic and Technical	1,230.25	1,190.30	39.95	58,864	58,294	571
Support To Clinical Staff	1,880.52	1,623.46	257.06	55,435	56,391	-956
Medical and Dental	1,032.73	989.47	43.26	117,334	135,114	-17,780
Non-Medical - Non-Clinical	3,056.99	2,866.76	190.23	94,654	96,220	-1,566
Reserves				1,254	0	1,254
Other				1,821	1,740	80
TOTAL	9,663.52	9,039.34	624.18	448,027	469,497	-21,470

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 11 Phase (Av 91.178%)	Activity to Month 11 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Humber and North Yorks	99.63%	£120,427,976	£109,803,820	£119,779,342	£9,975,522	108.7%
West Yorkshire	99.00%	£1,266,898	£1,155,133	£974,403	-£180,730	83.5%
Cumbria and North East	111.00%	£159,999	£145,884	£220,994	£75,110	168.1%
South Yorkshire	118.00%	£143,586	£130,918	£140,715	£9,797	126.8%
Other ICBs - LVA / NCA	-	£573,948	£523,314	£453,432	-£69,882	-
All ICBs	***99.76%***	***£122,572,408***	***£111,759,070***	***£121,568,887***	***£9,809,817***	**108.5%**
NHSE Specialist Commissioning	108.00%	£4,416,219	£4,026,620	£3,964,904	-£61,716	106.3%
Other NHSE	100.20%	£266,864	£243,321	£217,377	-£25,944	89.5%
corp adjust	0	0	0	£100,000	£100,000	
All Commissioners Total	**100.12%**	**£127,255,491**	**£116,029,011**	**£125,851,168**	**£9,822,157**	**108.6%**

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 £9.8m surplus for the period.

This position includes the 4% total reduction for the year on the Trust's elective target as confirmed by NHSE to further acknowledge the impact the strikes have had on elective activity for the year to date.

ICB activity is ahead of the revised 100% target value, whereas NHSE Specialist Commissioned activity continues to remain slightly behind plan.

Cost Improvement Programme

2023/24 Cost Improvement Programme - February									
	Full Year CIP Target	February 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**	**25,462**	**19,144**	**6,318**	**20,941**	**7,118**	**20,941**	**0**	**0**
Core CIP									
Medicine	7,164	5,903	1,761	4,141	2,966	4,197	2,868	59	40
Surgery	5,475	4,511	2,254	2,257	2,839	2,636	2,708	130	0
CSCS	3,995	3,292	3,282	9	3,990	5	3,903	0	87
Family Health	2,073	1,708	1,292	416	1,372	701	1,372	0	0
CEO	105	86	129	-43	129	-25	129	0	0
Chief Nurses Team	295	243	284	-41	403	-108	403	0	0
Finance	92	89	553	-464	715	-623	715	0	0
Medical Governance	83	68	93	-25	141	-58	141	0	0
Ops Management	303	250	33	217	38	265	38	0	0
Corporate CIP	0	0	1,139	-1,139	3,233	-3,233	3,233	0	0
DIS	260	214	140	74	205	55	205	0	0
Workforce & OD	145	119	164	-45	224	-79	224	0	0
YTHFM LLP	1,400	1,154	1,003	151	1,555	-155	1,070	408	78
	21,389	**17,637**	**12,129**	**5,508**	**17,810**	**3,579**	**17,008**	**597**	**204**
Total Programme	**49,448**	**43,099**	**31,273**	**11,826**	**38,751**	**10,697**	**37,949**	**597**	**204**

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 11 is £12.1m against a plan of £17.6m giving an adverse variance of £5.5m. Recurrent delivery at month 11 is £5.5m (31.1%), and £6.1m FYE (28%) of the Core programme target.

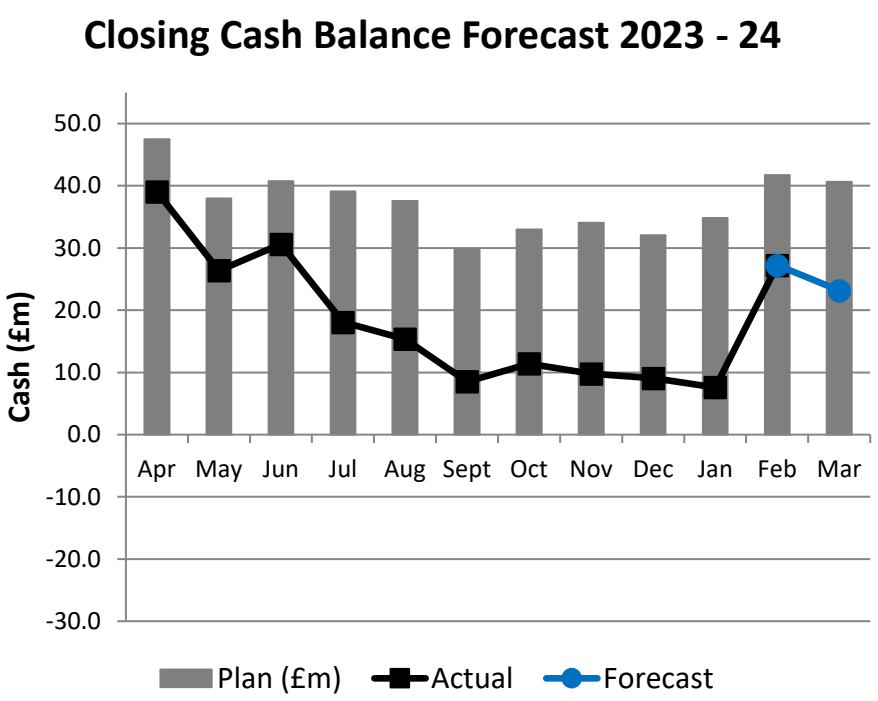
The planning gap at month 11 has increased to £3.6m, and high-risk plans totalling £0.2m remain in the position. These combined total £3.8m and represent a significant risk to delivery of the core efficiency programme.

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. The cash balance for February was £14.4m adverse to plan., This is mainly due to debtors and accrued income above plan (£40m) and the I&E position behind plan (£4m), offset by the positive impact of accessing revenue support (£12m) and capital PDC and loan funding (£18m) where payments are expected to be made in April / May.

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	27,256	



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 February 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 £18m.

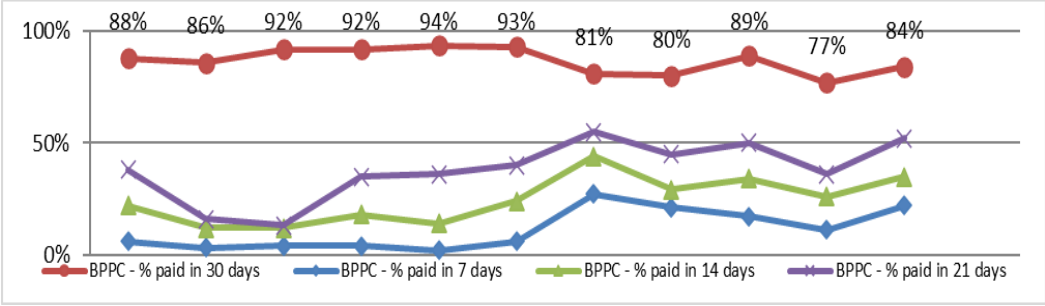
If we follow the current run rates, we are expecting a requirement for cash support in 24/25 Q1 in May or June. We are waiting for confirmation of income allocations to close 23/24 and for 24/25 planning, which will influence the cash forecasting. Once these crystalise, if there is still a requirement for cash support, we have agreed with the cash support team to submit an in-month request.

Current Capital Position and Better Payment Practice Code (BPPC)

Capital Plan 2023-24 £000s	Capital FOT 2023-24 £000s	Mth 11 Planned Spend £000s	Mth 11 Actual Spend £000s	Variance £000s
45,852	56,863	32,967	31,469	-1,498

The capital programme at month 11 is £1.5m behind plan. Expenditure relating to IFRS 16 leases is £371k behind plan due to the timing of completed leases but is anticipated to return to plan by year end. If we remove the impact of IFRS 16 the capital programme is £1.1m (4%) behind plan. This is mainly due to the Scarborough UEC scheme & backlog schemes running behind plan.

As we move towards the year end position, the focus is on maximising expenditure within the available CDEL limit. There are several key areas that will influence the ability to land the year end position including the Scarborough UEC, backlog maintenance schemes, and the Community Diagnostic Schemes at Scarborough and Selby.



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 February the Trust managed to pay 84% of its suppliers within 30 days. As the Trust has 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

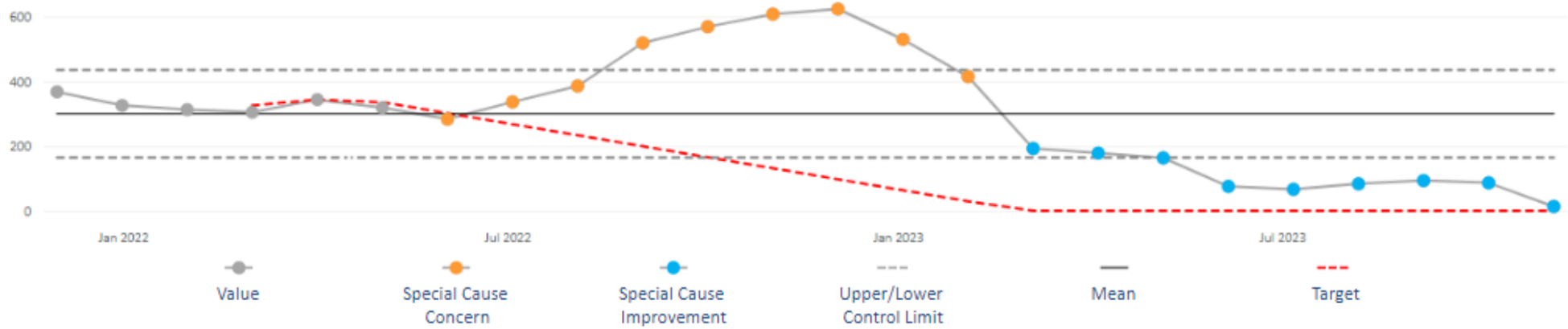
Variation				Assurance		
No Change	Concerning		Improving	Random	Passing	Failing
Common cause - no significant change	Special cause of concerning nature or higher pressure due to higher values	Special cause of concerning nature or higher pressure due to lower values	Special cause of improving nature or 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.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	27th March 2024
Subject:	Staff Survey 2023 – Nationally Benchmarked Results
Director Sponsor:	Polly McMeekin, Director of Workforce and OD
Author:	Vicki Mallows, Workforce 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:

- The peer averages in this report compare the Trust against the 122 Acute and Acute & Community Trusts in England.
- The Trust & YTHFM combined response rate to the survey reduced from 41% in 2022 to 39% in 2023 and is below our peer average of 45%.
- Compared to our peer group average, the results for all People Promise elements and themes are below average.

Recommendation:

- The Board is asked to review these results and support future actions for improvement, including the setting of stretch targets to increase response rates.

Report Exempt from Public Disclosure

No ☒ Yes ☐

Report History

Meeting	Date	Outcome/Recommendation
Executive Committee	17 January 2024	Preliminary results (without national benchmarking) were shared for information.
Resources Committee	19th March 2024	This paper was shared.

Executive Committee	20th March 2024	This paper was shared.

Staff Survey Results 2023

1. Introduction and Background

The 2023 national NHS Staff Survey was open between 2 October and 24 November. It measures how engaged staff are and provides insight into how colleague experiences and ultimately retention can be improved. Evidence shows that more engaged staff result in better patient experiences and outcomes.

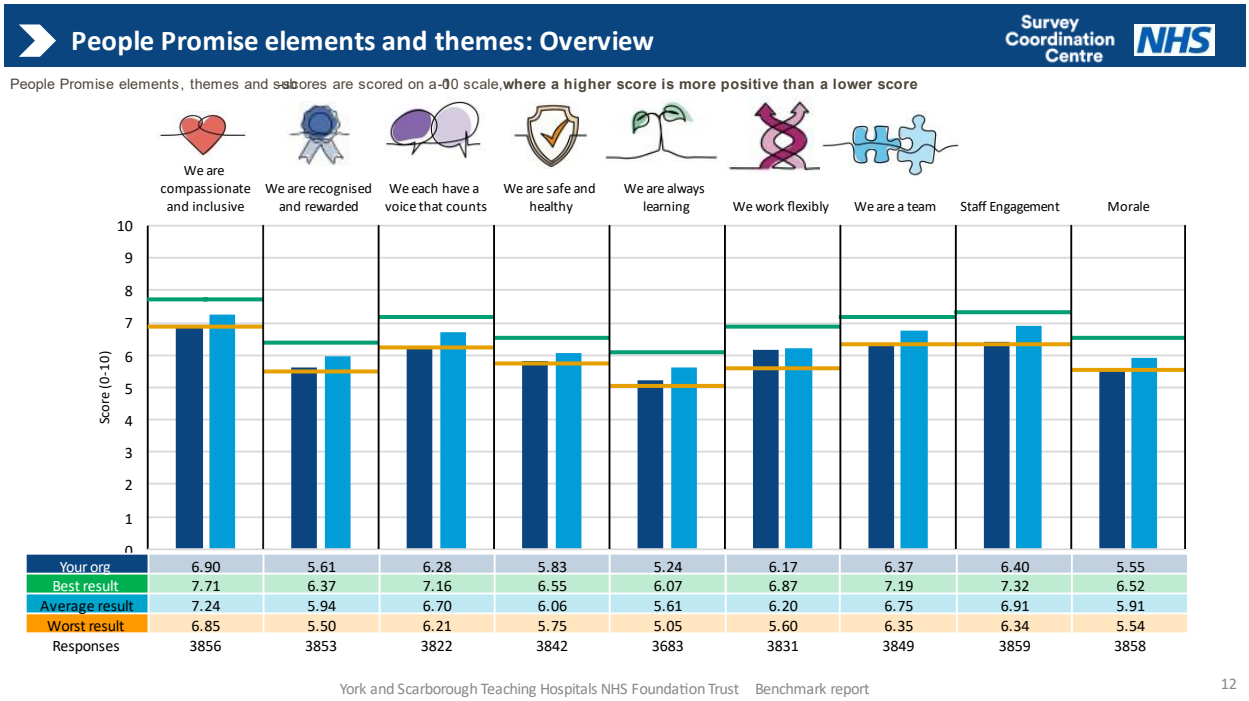
The Trust results (including YTHFM) are benchmarked against our national peer group of all Acute/Acute & Community Trusts (122 including this Trust).

2. Results

Our **response rates** deteriorated in 2023 and remain under the peer group average:

	2023	2022	2021
Trust incl. YTHFM	**39%**	41%	38%
Peer average	45%	44%	46%

The results have been categorised into nine themes, seven of these are based on elements of the People Promise plus the two recurring themes of 'Staff Engagement' and 'Morale'.



[scores are out of 10]

The results in full are available upon request or via the Staff Survey co-ordination website).

Note - due to the late discovery of a data quality issue relating to one question (physical violence in the workplace), the data for the 'We are safe and healthy' element has not yet been fully reported as a national statistic. This affects all Trusts, not just ours. Only 5% of responses to the question are estimated to be affected – so whilst we may see a slight change to that element once the national statistic is published – we can still use the rest of the data made available to us.

Local questions
Most questions in the survey are mandated nationally, we have not yet received the results for our two local questions:

- Sufficient health and wellbeing initiatives are available to enable individuals to look after their own health and wellbeing,
- We are incorporating the organisation's values into decision making in my area of work.

When we receive these results, they will contribute to the work being undertaken on health and wellbeing, and the Our Voice, Our Future programme.

Free Text Comments
Staff are invited to answer two 'free text' nationally set questions at the end of the survey:

On what grounds have you experienced discrimination? (121 contributors)

Theme	Number of contributors
Accent / Background / Nationality	9
Appearance	9
Bullying	5
Favouritism / Unequal Treatment	24
Grade / Knowledge / Experience	19
Health	13
Miscellaneous	26
Parent/Carer/marital status	14
Union membership	2

Any other comment to make about working for the Trust? (913 contributors)

Theme	No. of contributors
Behaviours / Bullying / Values	89
Career progression / access to training	34
Discrimination / Inequality	70
Leadership / Culture of the organisation	120
Management of individuals and teams	141
Miscellaneous	35
National issues / Terms & Conditions	20
Positive comments about individual experiences	76
Resources – staffing, space and equipment / systems etc	134
Safety – patient safety	37
Service Management	48
Staff Facilities – food, showers, lockers, parking	33
Teamworking – between departments, staff groups, across sites	12
Wellbeing	64

Note

- where a person covered multiple topics in their response, it has been categorised depending on which topic was described in the most detail.
- 'positive' comments were received from contributors who often also had negative comments to make; but it is important to recognise that the proportion of people with positive comments to make has increased slightly from 6% of overall contributors in 2022 to 8% in 2023.

3. Summary

Nationally the scores (averaged across all types of Trust) have improved for five of the nine elements/themes, have remained similar for two of them, and one has not been reported

nationally (see note about 'We are safe and healthy' under the graphic in section 2). The scores for all Acute/Acute & Community Trusts show a similar picture with six of the nine element/themes improving, two have remained similar, and one has not been reported.

The Trust is below our peer group average for every People Promise element and theme in 2023. This is a deterioration from 2022 when we were above average for 'We work flexibly' and average for 'We are recognised and rewarded', 'We are always learning' and 'We are a team'.

The biggest gaps in performance compared to our peers are for the element 'We each have a voice that counts' (0.42) and the theme 'Staff Engagement' (0.51). Within 'Staff Engagement', the sub-score of 'Advocacy' has the biggest gap (0.88 below our peers).

The Advocacy sub-score has three questions:	Trust 2023	Peer Average 2023
Care of patients is my organisation's top priority	61.73%	74.83%
I would recommend my organisation as a place to work	46.96%	60.52%
If a friend or relative needed treatment I would be happy with the standard of care provided	45.73%	63.32%

This reflects that there is still much to do to ensure that all colleagues feel safe and confident to speak up, and that we take the time to really listen to understand the hopes and fears that lie behind the words. It also reflects feedback from change makers about the ongoing challenge to achieve effective communication with all colleagues at all sites – particularly those that have irregular / no access to electronic communications.

These results reflect what the Trust is like as a place to work and receive care. There are ongoing actions supporting recruitment, retention, staff development and engagement, and health and wellbeing. An Equality, Diversity & Inclusivity workstream has been launched alongside the re-launch of the Inclusion Forum and the Staff Networks. The Our Voice Our Future programme is a two-year cultural change programme to develop a compassionate and inclusive culture where people want to come to work.

Work has continued to try and 'fix the basics' for staff members e.g. the provision of hot food out of hours, increased secure cycle storage, revised car parking criteria, attempting to incorporate staff shower and changing facilities into new builds / refurbishment programmes, introduction of free tea and coffee. The focus on the 'basics' needs to continue due to the direct impact on retention.

4. Next Steps

Agree targets for increasing the response rate in each Care Group / Corporate Directorate / YTHFM. It is proposed that for those areas currently below the Trust average of 39% - their target should be to match / exceed the Trust average (with an improvement on their current rate of at least 10%); for those areas currently between 40-69%, a 10% improvement; and for those areas currently at 70%+, a 5% improvement.

Care Groups and Directorates will be supported with bespoke action plans. These will be underpinned by the corporate action plan which in the main will detail many of the initiatives we have recently commenced. These include the Our Voice Our Future programme to drive the improvement in the culture of the organisation. The Leadership and management development programmes will continue to progress to drive an improvement in the scores across all elements of the People Promise.

In addition to the above, the feedback received in the free text comments reflects that further educational work is required around equality, diversity and inclusion; and also, to increase understanding of the parameters of the national terms and conditions i.e. what is nationally agreed / mandated.

The Board is asked to continue to provide executive leadership and support to Our Voice Our Future which is utilising the NHSE Culture & Leadership Programme that has been proven to result in increased RN retention, increased staff engagement, and improved CQC outcomes.

Improving engagement and retention will improve patient experience and reduce financial spend on temporary staffing. Trust services will also need to review the results against programmes of work improving patient experience, quality and safety.

Date: 11th March 2024

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Quarter 3 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 Q3
  - MCA completion & operational pressures highlighted
- Service developments
  - 'Live' Mortality Dashboard now set up

Metric	Result
Crude mortality	Crude mortality is **3.19%** (HSMR) and **2.97%** (SHMI) for this current fiscal year
SHMI – HES HED[1] (Data to June 2023)	SHMI year to June 2023 is **93.87**
SHMI - NHS Digital[2] (Data to Oct 2023)	SHMI for year to is **95.51**
HSMR[3]	HSMR for year to October 2023 is **106.96 (York Hospital 111.90, Scarborough Hospital 100.16) HSMR:**

[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 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
LfD Group	**15/02/2024**	**No amendments from LfD group**

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 3.19% 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 **95.51**. The SHMI trend over time is displayed below (as time series data, Figure 2).

The **SHMI HES data** reports the crude mortality rate at 3.19% and the SHMI at **93.87**;
Expected deaths 2819, observed deaths 2647
In-hospital deaths 1805
Out of hospital deaths 842

This is categorised 'as expected'.

Figure 1 SHMI benchmarked against other Trusts (our Trust highlighted)

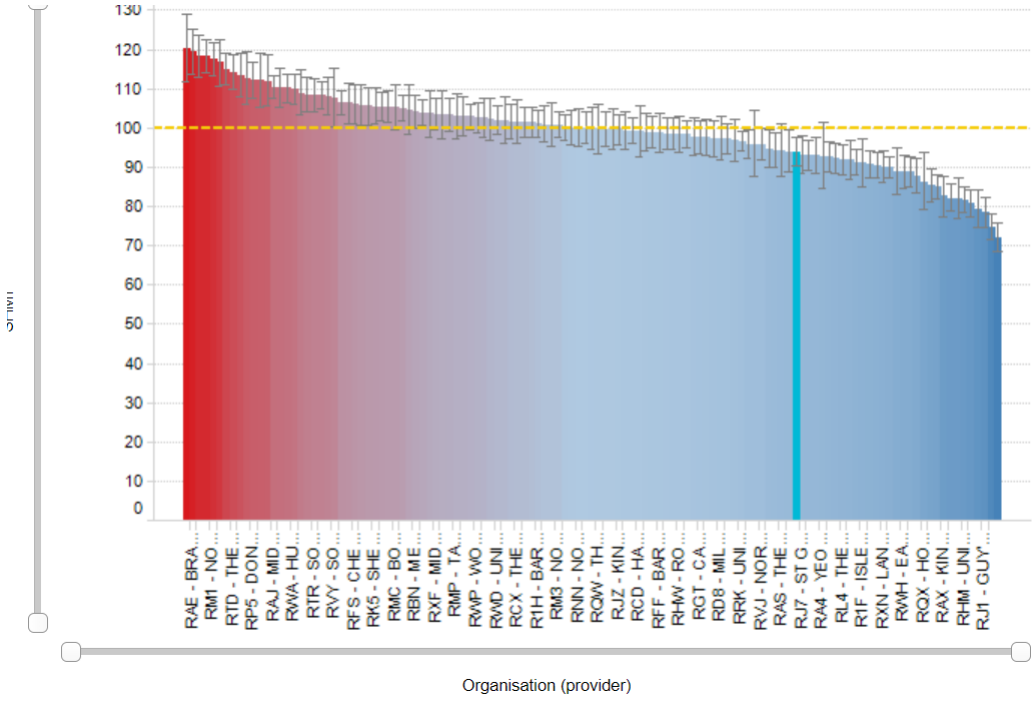


Figure 2 SHMI Funnel plot (in comparison with other Trusts)

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 does not include as many diagnostic groups as the SHMI (only about 85% of total patient numbers) and this may affect affect applicability of the measure.

The most recent HSMR covers the period to October 2023 and is reported as follows:

Crude mortality rate 2.97%

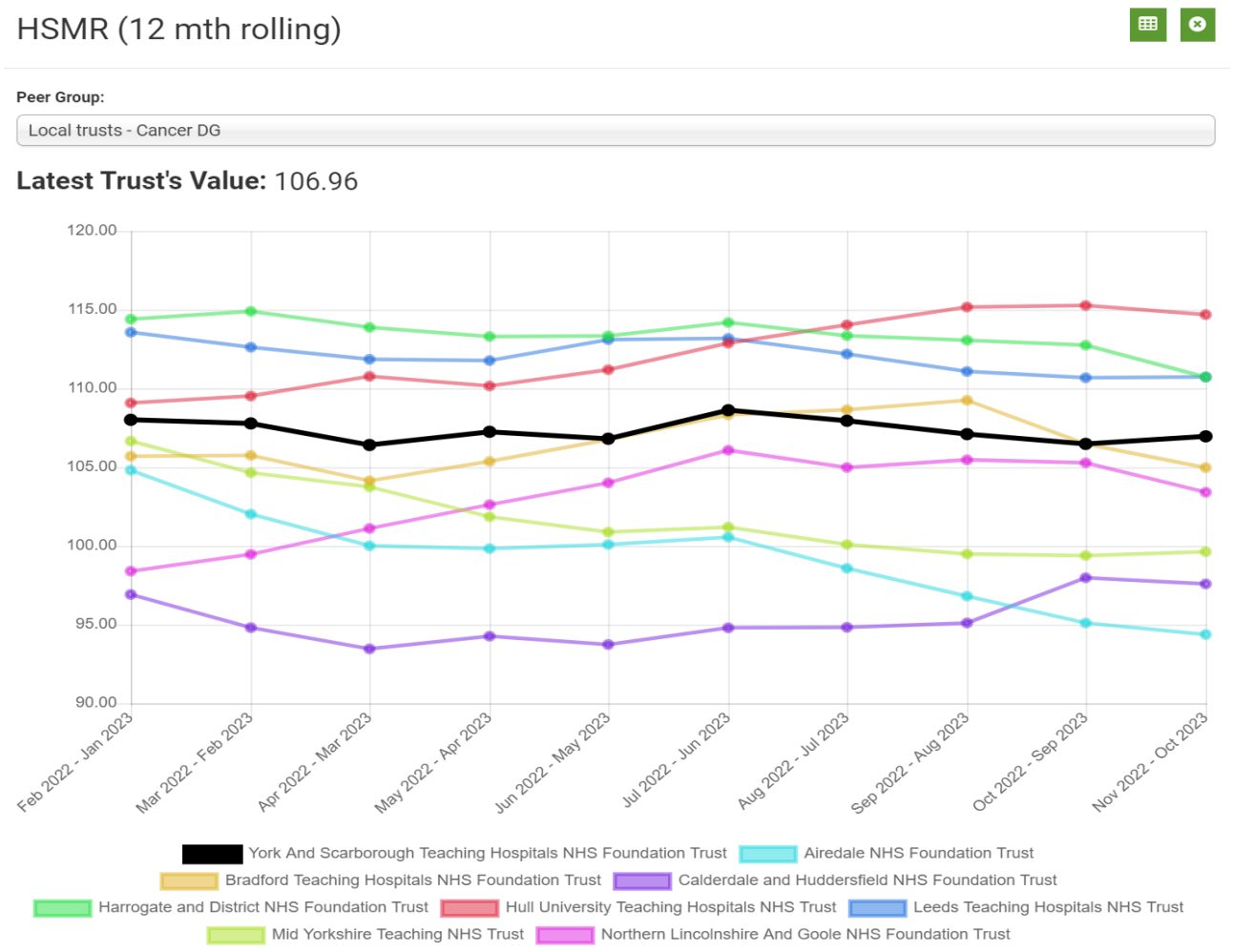
Expected deaths 1629, Observed deaths 1743

HSMR: 106.96

HSMR York Hospital: 111.90
HSMR Scarborough Hospital 100.16

The HSMR remains higher than would be expected 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 3).

Figure 3: HSMR time series data in comparison with other local Trusts



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.

The way in which coding is applied to patients that die in the Trust can significantly affect mortality statistics. The "depth of coding" (coding of co-morbidities as well as primary diagnosis) is important as it allows for more accurate calculation of the expected number of deaths that should be seen during a specific time period. Coding of the primary diagnosis will also affect mortality statistics in particular diagnostic groups. For instance in this reporting period there have been 4 deaths coded as being attributed to "non-specific chest pain", in comparison with an expected mortality rate of 1.6. This gives an HSMR for that diagnostic group of 250 (clearly very high). We are working with the coding team to understand how better to managing this reporting and we are using the learning provided from Trust mortality reviews via the Learning from Deaths process to triangulate our current mortality outliers and ascertain if any further investigation is required.

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

	July	August	Sept	Oct	Nov	Dec
	Quarter 2 (23/24)			Quarter 3 (23/24)		
Total in-patient deaths (inc ED, exc community)	172	154	179	228	200	238
No. SJCRs commissioned for case record review[1]	1	1	4	6	6	3

No. SIs commissioned of deceased patients	0	4	3	7	3	1
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 Q2 and Q3:

- 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 Q3 19 SJCRs were reviewed (11 in Q2):

- The overall care score was given in 19/19 of cases.
  - The Reviewer found care good in 9/19 (47%) of cases and excellent in 2/19 (10.5%) of cases.
  - The Reviewer found care to be adequate in 7/19 (37%) of cases.
  - Reviewers found there to be 1/19 (5%) 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 1 case, minor in 6 of cases and no harm in 4 of cases.

Table 3 – SJCR outcomes assigned by the Reviewer (overall score)

Overall score	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	TOTAL
Very poor care	0	0	0	0	0	0	**0**
Poor care	2	0	0	1	0	0	**3**
Adequate care	0	0	3	1	5	1	**10**
Good care	2	1	1	1	7	1	**13**
Excellent care	1	1	0	1	1	0	**4**
TOTAL	**5**	**2**	**4**	**4**	**13**	**2**	**30**

Data extracted from Datix on 11 Jan 2024

Table 4 – SJCR outcomes following review by LfD Group (degree of harm)

Degree of harm	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	TOTAL
Death	0	0	0	0	0	0	**0**
Severe	0	0	0	0	0	0	**0**
Moderate	0	0	0	0	1	0	**1**
Minor	4	0	1	0	6	0	**11**
No harm	1	2	3	0	4	0	**10**
TOTAL	**5**	**2**	**4**	**0**	**11**	**0**	**22**

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

	July	August	Sept	Oct	Nov	Dec
	Q2 (23/24)			Q3 (23/24)		
No. SJCRs requested[1]	1	1	4	6	6	3
No. SIs commissioned	0	4	3	7	3	1
No. PSII commissioned	N/A	N/A	N/A	N/A	N/A	1

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:

Due to the introduction of PSIRF in December SIs were no longer commissioned after 8/12/23. The one SI commissioned was before this date. The equivalent automatic investigation following death within the PSIRF framework is Patient Safety Incident Investigation (PSII) of which there was one declared.

Table 6 - Incidents Reported by Referral Type

	Quarter 3 (23/24)	
	Family Concerns	**ME Concerns**
Referrals	95	61

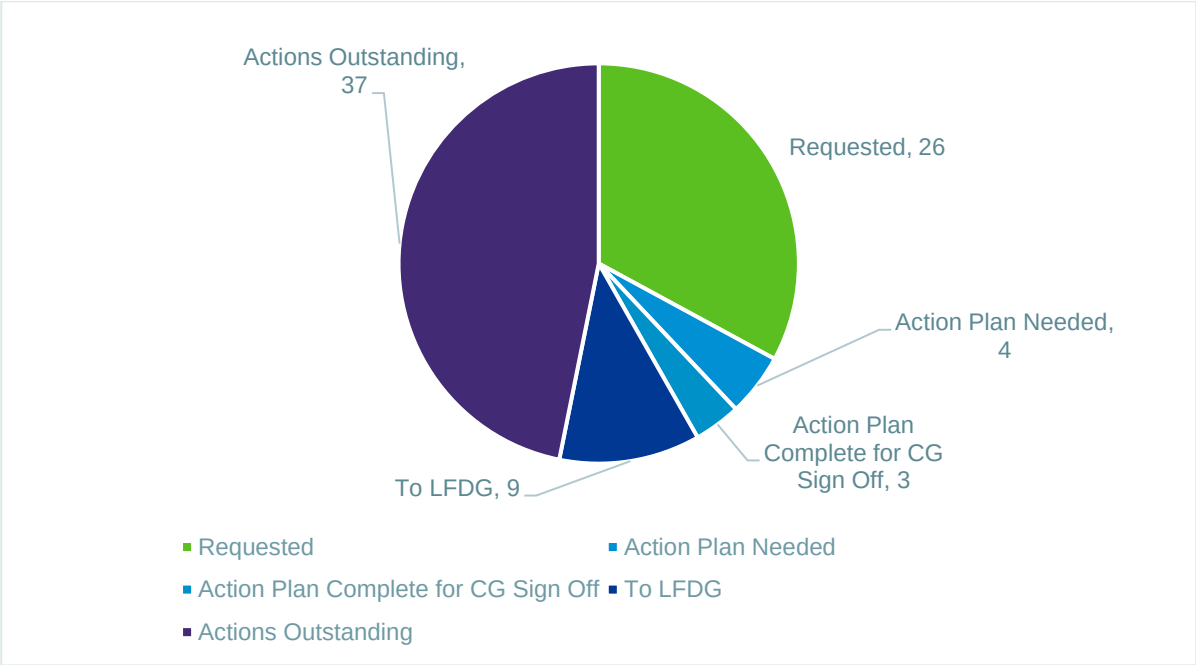
Points to note:

Following the introduction of the Mortality Module it is no longer possible to provide a breakdown of site data

Data at point of reporting (11/01/2024)

Overall no. of SJCRs open: 77 (previously 82)

Figure 11 – Status of open SJCRs



	Q3 Report	Q2 Report
Number under review	26	25
Awaiting action planning	4	2
Actions outstanding	37	40
More than 60 days overdue (exc. awaiting LfD Group & action implementation)	22	17

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	Q4 data	Q1 data	Q2 data	Q3 data
27.1	Total number of in-hospital deaths	632	568	505	666
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:563 SJCRS:18 SI:15	ME:506 SJCRS:14 SI:13	ME: 440 SJCRs:6 SI:10	ME: 556 SJCRS: 15 SI:11
27.3	No. of deaths more likely than not were due to problems in care[1]	2	0	1	2

	(completed investigations of patients who died in 23/24)				
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:1 SI:0	SJCR:18 SI:1	SJCR: 4 SI: 1	SJCR: 6 SI: 0
27.8	No. of deaths in item 27.7 judged more likely than not were due to problems in care.	0	1	0	0
27.9	Revised no. of deaths stated in 27.3 of the previous reporting period, taking account of 27.8	14	Previously stated: 5 Updated total: 6	1	2

[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	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	TOTAL
1. Initial Mortality Review	0	0	0	0	0	0	**0**
2. Medical Examiner Review	0	1	1	1	1	2	**6**
3. Q & S Meeting	0	0	0	0	0	0	**0**
4. Learning Disabilities	0	0	2	2	4	1	**9**
5. Elective Admission	0	0	0	0	0	0	**0**
6. NoK Concern/Complaint	0	0	1	1	0	0	**2**
7. Care Group	1	1	2	2	1	0	**7**
TOTAL	**1**	**2**	**6**	**6**	**6**	**3**	**24**

4.1 Themes from SJCRs considered by the LfD Group in Q3:

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*	172	32	204	**84%**	**85%**
Ceiling of Care documented	175	27	202	**87%**	**86%**
Deterioration recognised and managed	154	42	202	**76%**	**79%**
Good communication between the MDT	167	33	200	**84%**	**83%**
Good communication with patient / family	167	28	195	**86%**	**85%**
Was there a Healthcare associated infection?	152	52	204	**75%**	**77%**

*'Senior review appropriate' defined as the patients were escalated correctly and that once escalated the decision making was justified and implementing of any care plans carried out

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

	July	Aug	Sept	Oct	Nov	Dec	Total
Delayed Diagnosis	0	0	0	0	1	0	**1**
Escalation	0	0	1	0	1	0	**2**
No Themes Identified	0	0	0	0	3	0	**3**
Comms / Documentation	1	0	0	0	0	0	**1**
Clinical Assessment	0	0	0	0	0	0	**0**
Nutrition/Hydration	1	0	0	0	0	0	**1**
Learning disabilities	0	0	0	0	1	0	**1**
Other	0	0	0	0	2	0	**2**
Total	2	0	1	0	8	0	**11**

Table 11 – Secondary themes identified

	July	Aug	Sept	Oct	Nov	Dec	Total
No Themes Identified	0	1	0	0	7	0	**8**
Comms / Documentation	1	1	1	0	0	0	**3**
Delayed Diagnosis / Treatment	1	0	0	0	0	0	**1**
Escalation	2	0	0	0	0	0	**2**
Clinical Assessment	0	0	0	0	1	0	**1**
Discharge	0	0	1	0	0	0	**1**
Other	1	0	0	0	0	0	**1**
Total	**5**	**2**	**2**	**0**	**8**	**0**	**197**

More specific detail about the themes can be seen in the boxes below.

End of Life care

- MDT decision reversed over the weekend by senior consultant regarding ongoing treatment –
- Family concerns that they were not present when patient palliative care was discussed to support patient at the time.

Operational Pressures

- Q3 highlighted challenges of bank holidays and reduced staffing cover causing delays in reviews. LFD group to use new mortality module to pull out any potential trends over holiday periods.
- Highlighted risk of moving patients multiple times between wards resulting in poor/in handovers causing suggested treatments to not be carried out.

MCA

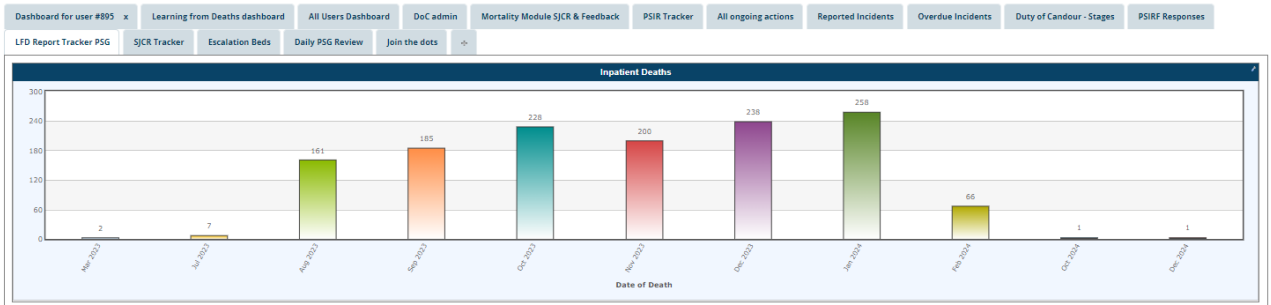
- MCA completed or capacity assessment – one example where patient deemed to lack capacity however not documented. Trend showing lack of assessments, all of which actions have prompted further training within the teams. Need for further education trust wide via MCA improvement group – to be added to safety spotlight for organisational comms..

5. Service developments

5.1 Mortality Module

The introduction of the mortality module has meant that going forward the information from this report is now available via 'live' dashboards. As a result, the monitoring and status of all the SJCR investigations within the organisations can be viewed at any point.

As the mortality module continues to be used, it will create a database of information which will allow for much more efficient analysis of historical data and themes within SJCRs. Previously information needed to be pulled from different sources however the module now capture the majority of these metrics. This will prove to be a valuable resource to LFD Group and the organisation as a whole, demonstrating the positives of the new Datix system and its capabilities.



Mortality Reviews by SJCR Requested Due to and Date SJCR assigned? (Month and year)

	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Total
Learning Disabilities	1	0	0	2	4	1	0	0	8
Care Group	0	1	2	1	1	0	2	1	8
Medical Examiner Review	0	0	1	1	1	2	0	1	6
NoK Concern/Complaint	0	0	1	1	0	0	0	0	2
Initial Mortality Review	0	0	0	0	0	0	1	0	1
Total	1	1	4	5	6	3	3	2	25

SIs where Pt Deceased

	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Total
PSII	0	0	0	0	0	1	1
SI	4	3	7	3	1	0	18
Total	4	3	7	3	1	1	19

Mortality Reviews by Please rate the overall care received by the patient. and Date SJCR assigned? (Month and year)

	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Total
Poor care	0	1	1	1	0	0	3
Adequate care	1	0	3	1	0	2	7
Good care	0	0	0	1	5	1	7
Excellent care	0	0	0	1	0	0	1
Total	1	1	4	4	5	3	18

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.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 14

Report to:	Board of Directors
Date of Meeting:	27 March 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 23 February 2024.

There are 10 open enquiries with the CQC.

Recommendations:

The Board of Directors is asked to:

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

Report History

Meeting	**Date**	**Outcome/Recommendation**
Patient Safety and Clinical Effectiveness Sub Committee	13 March 2024	Presented and accepted
Quality Committee	19 March 2024	*Not presented at the time of submitting this paper*

1. CQC Inspection Update

The CQC have been invited to visit the Emergency Department at York Hospital on the 26 March 2024.

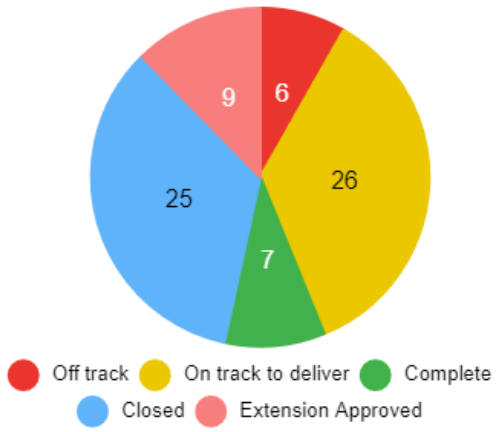
The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme; Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

The workstreams are as follows:

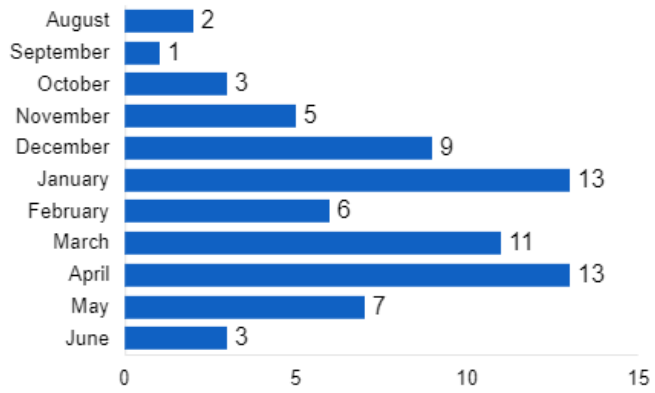
- Maternity Services
- Governance; Corporate / Quality
- Urgent Care
- Elective Care
- Leadership and Culture
- Safe Staffing
- Fundamentals of Care

Progress with the CQC Improvement Plan, as of 6 March 2024, can be seen in the charts below:

Overall Progress with CQC Actions



Action Due Dates for Completion 2023/24



2. Achievements

Since the last report was written, a further three actions have been approved for closure at the Journey to Excellence meetings (see below). A total of 25 actions have now been closed.

Ref	Must / Should	Action
36	Must	The trust must ensure ED staff review national patient safety alerts for relevant learning and ensure measures taken around historic alerts are maintained.
42	Must	The trust must ensure that in Urgent and Emergency services at York, staff do not place patients at higher risk such as those with IV access or allergies in inappropriate environments for their needs and observe them accordingly.
43	Should	The service should ensure the IPC team and sepsis leads are better embedded and visible in the department to support staff with potentially infectious patients, assessments, or audits.

Seven 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:

- ✓ Registered Nurse oversight of all waiting areas within the York Emergency Department. Volunteers are also providing food and drink to patients while they wait for treatment.
- ✓ The method of assurance on the continued implementation of National Patient Safety Alerts has been built into the alert closure process.
- ✓ A Sepsis Improvement Group has been established, with support with delivery of the project plan provided by the Trust Improvement Team. A 'sepsis tea trolley' led by the Patient Safety Team has been used to visit wards raising the awareness of sepsis across the Trust.

3. Actions Off Track and Extensions

Six actions are considered off track meaning the original target date for delivery has not been met. These are detailed in **Appendix A**.

There are nine actions which have had extensions approved by the Executive Leads and through the Journey to Excellence meetings.

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 23rd February 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 urgent and emergency care screening assessment went live on 6 February 2024.

The assessment contains:

- Step 1- Falls
- Step 1- Purpose T
- Step 1 - Mental Health
- Consent/Capacity
- Safeguarding alert prompt
- Consider pregnancy test prompt
- ED comfort checks
- ED checklist – bloods, ECG, cannula etc

The mental health triage tool facilitates system working - it has been developed alongside, and more importantly can be accessed and updated by, the Psychiatric Liaison Team from Tees Esk and Wear Valley NHS Foundation Trust.

The Digital Information Service (DIS) teams are continuing to work with the Scarborough team, the IT (Information Technology) training team are developing a learning hub training module now the software is stable and introduction at the York site in being planned with the Matrons.

The Trust is looking to evidence that it now meets the conditions of registration placed on the Trust in January 2020 once the screening assessment is embedded at both the York and Scarborough hospital sites.

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 has been a significant increase in the number of cases received during February 2024. This could be partly attributed to the introduction of the single assessment framework and a more centralised approach adopted by the CQC to assessing and distributing concerns from January 2024. The Head of Compliance and Assurance has spoken with the CQC Operations Lead and this will be reviewed as part of the engagement meeting on 26 March 2024.

There have been 10 CQC cases received since the last report was written (6 February 2024).

- **Three** cases were raised from safeguarding concerns reported to the local authority. Investigations were already underway for all three at the time of receiving the information from the CQC as the notification had been received from the local authority. The investigation reports will be shared with the CQC once complete.
- **Three** were linked to patient complaints.
- **Two** were related to patient death.
- **Two** were linked to concerns raised by staff to the CQC.

At the time of writing, the Trust had 10 open cases / enquiries. The enquiry dashboard can be viewed in **Appendix B**.

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.

CQC Provider Portal

The new CQC provider portal will be available for all to use from 11 March to submit notifications and completing registration actions. An email will be sent inviting registered users to sign up to the new portal. At the time of writing the report, the invitation had not been received by the Trust.

8. Recommendations

The Board of Directors is asked to:

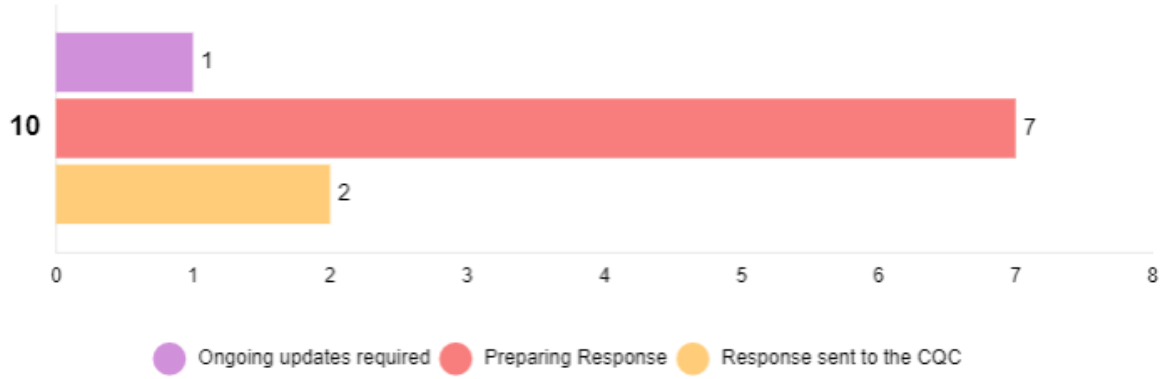
- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Appendix A
CQC Actions 'Off Track'

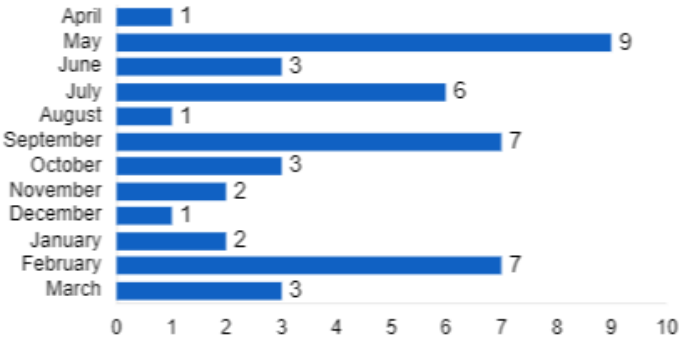
Ref	Action	BRAG rating	Target Date to Complete	Current Position	Workstream Lead
28	The trust must ensure that patients records are maintained securely (including records for patients on trolleys waiting in the Scarborough ambulance arrival corridor), are accurate, complete, and contemporaneous records maintained in respect of each service user in Medical Care and Urgent and Emergency Services.	Off track	31/01/24	Evidence to support the closure of the action is being collated. The closure form is scheduled to be presented at J2E on 18 March 2024.	Dawn Parkes
33	The trust should ensure that resuscitation trollies in Maternity and Urgent and Emergency Care are checked in line with trust policy and records are available to evidence completion.	Off track	29/02/24	Assurance on the resus trolley checks in Urgent and Emergency Care have been provided. Further assurance is needed from Maternity Services.	Dawn Parkes
53	The trust should ensure that cleaning records are completed for all clinical areas in Medical Care at York.	Off track	31/01/24	A closure form has been drafted however further assurance has been requested in regard to the completion of all cleaning records.	Dawn Parkes
64	The service must implement a robust governance process and risk management strategy. For example, they must ensure they instigate a process to effectively triage women in a safe environment. They must ensure they have effective risk management processes in place to manage and mitigate all risks.	Off track	31/01/24	A closure form has been drafted however further assurance and documentation has been requested in regard to the risk management process.	Karen Stone
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.	Off track	31/01/24	Extension form has received Executive approval and will be presented at J2E on 18 March 2024.	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	Off track	29/12/23	There have been delays in completing the closure documentation. Evidence has been provided by the IPC Team and the closure form is scheduled to be presented at J2E on 18 March 2024.	Karen Stone

Appendix B
CQC Cases / Enquiries (1 April 2023 to 7 March 2024)

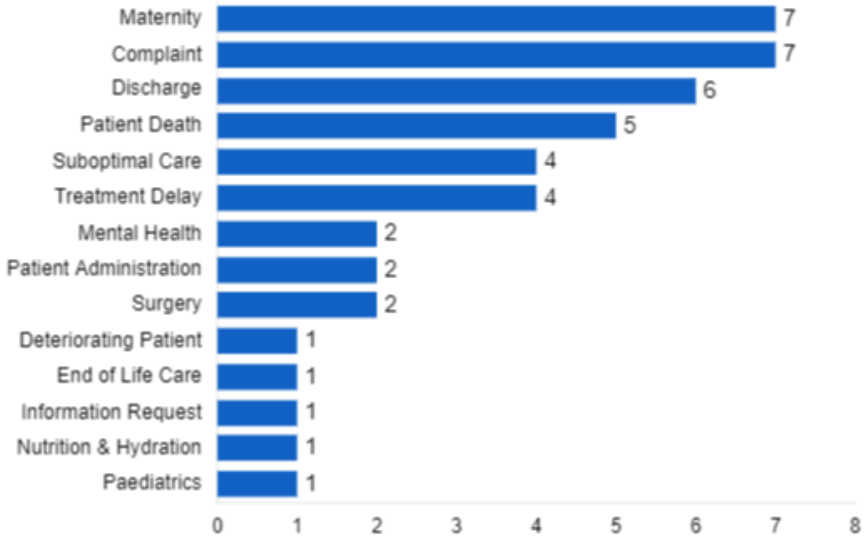
Number of Open CQC Enquiries / Cases



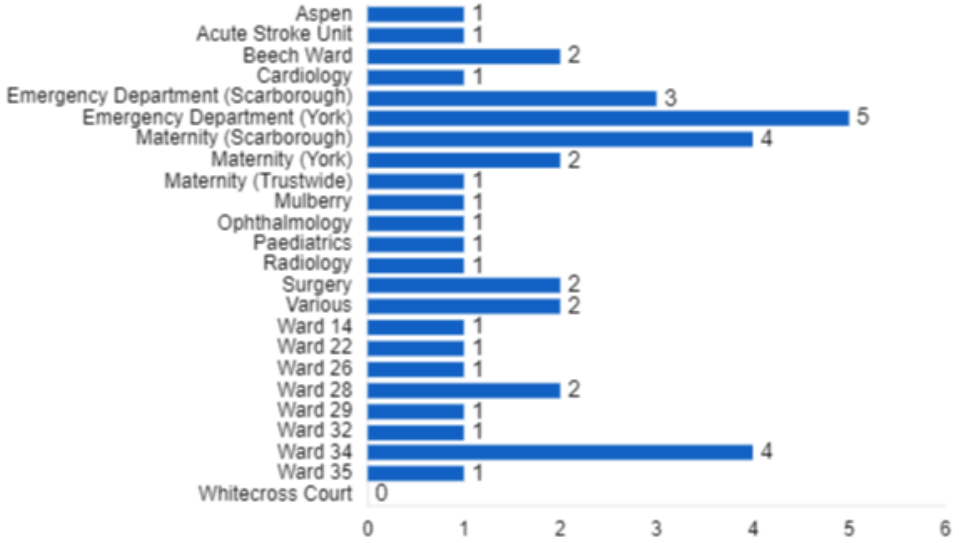
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes Interim 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 for the month of January 2024.

Recommendation:
The Board is asked to receive the updates from the maternity and neonatal service for January 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	19/03/24	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 continue to work to deliver a range of safety and quality improvements which are supported through a dedicated improvement programme. There are continued challenges to the ongoing delivery of this plan due to lack of capacity across the entire service both clinically and in essential non-clinical role.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In January 2024 there was one antenatal stillbirth. The Director of Midwifery has met with the family in person and a full review is being undertaken supported externally by the Local Maternity and Neonatal System. Action has already been taken to improve antenatal care in response to the learning already identified for this very sad case.

There has been a decrease in the % of postpartum haemorrhage over 1500mls to 4.4% from the previous month. This however remains above the national target of 2.9% per 1000 births. The reduction in rate cannot solely be attributed to the QI work being undertaken as this can only be proven with a sustained trajectory of reduction, however there is greater awareness and discussion amongst clinical teams that has caused a check and challenge approach to care being provided and response to early warnings of a potential PPH has vastly improved by MDT discussion.

There are no other escalations to Trust Board in relation to these metrics.

Annex 2 provides the January 2024 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 Single Improvement Plan (MNSIP)

The maternity and neonatal single maternity improvement plan has now been finalised with clear high-level actions supported by milestone actions to support progress of delivery and completion with clearly articulated timescales for delivery. This will be monitored through each individual workstream by the identified SRO who will provide highlight reports to the Maternity and Neonatal Programme Board. Maternity Assurance Group will then receive monthly updates on progress of delivery and then confirmation of embedded change and sustainability. This approach will be using the two step RAG approach, which will only close a high-level action once evidence is provided that all milestones are competed and of sustained change embedded in the services.

Workstream 1: Listening to service users and families with compassion.

<u>15 Steps</u>

On 4th March 2024 there was 15 steps event at Scarborough Hospital in partnership with the Maternity, Neonatal Voices Partnership and the ODN Neonatal Engagement Lead. The day was well attended by service users, maternity, and neonatal staff.

Special Care Baby Unit (SCBU), Labour Ward, Hawthorn Ward, Triage, and Antenatal Day Services were visited. It provided the opportunity to listen to the views of service users and MDT colleagues on their first impressions of the areas, what works well and what could be improved. A formal report will be received with detailed feedback, however initial verbal feedback on the day was overwhelmingly positive.

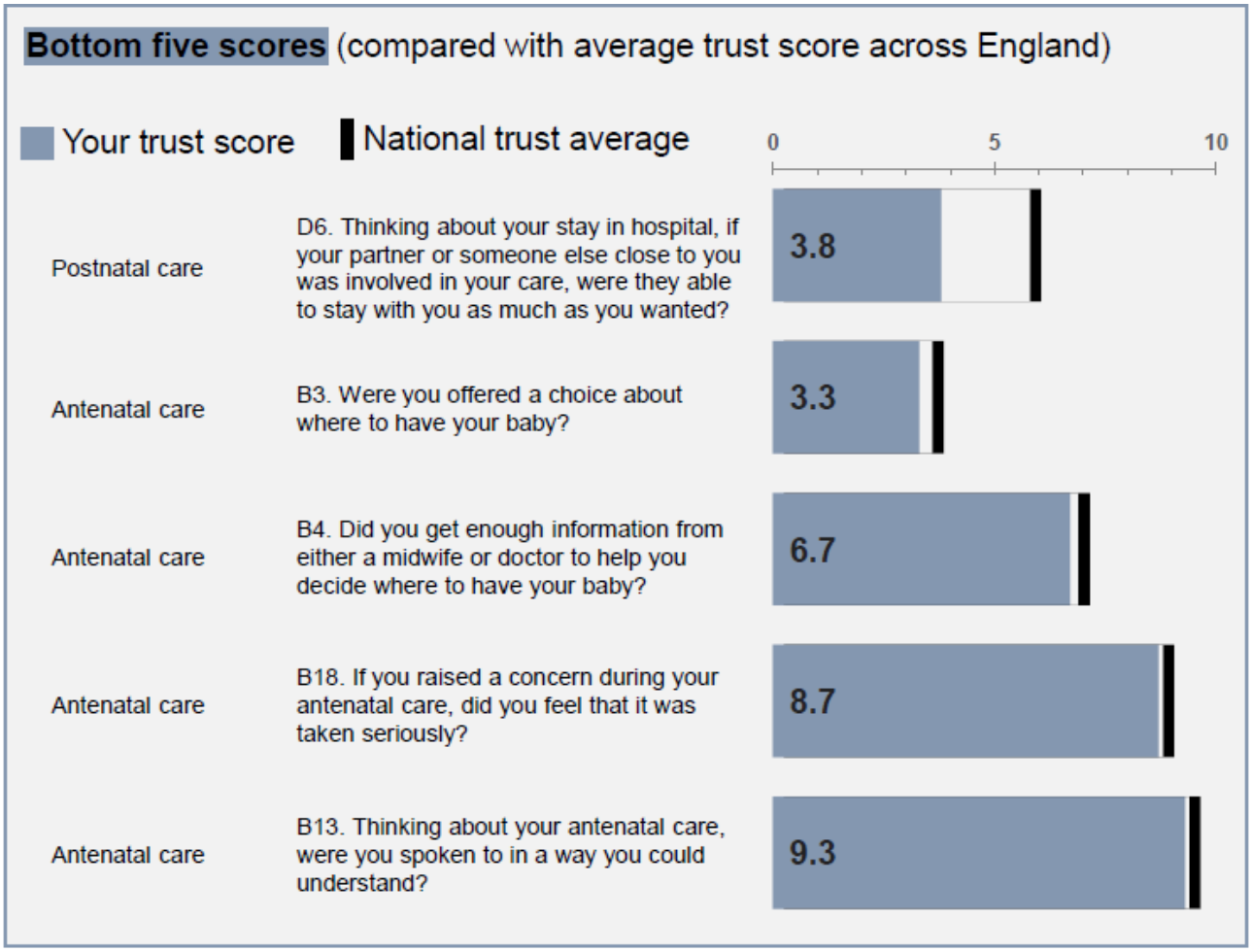
SCBU was reported as being calm friendly and bright, the parents lounge facilitates were highlighted as being very good. The feedback from Labour Ward was that it was clean and bright and the artwork on the walls was particularly liked. It was fed back that the rooms felt medicalised and there was a lack of information to support active birth. Hawthorn Ward was reported to be light and airy; the baby tag system was viewed as very positive. Feedback from antenatal day services was that it was a lovely environment with calming colours. A consistent theme from all areas was around information and display boards and accessibility of information.

The feedback has been incorporated into the Maternity & Neonatal Improvement Plan however some of the areas highlighted including birth environments and accessibility of information are already high-level actions in the plan.

CQC Maternity Survey

As reported at last months trust board the CQC Picker Survey to women form February 2023 was published in late January. The trust scored better overall than in 2022 however there are still areas for further improvement. The areas identified are in image 1 below and are already being addressed in collaboration with the MNVP and articulated in the MNSIP. Following further feedback all the questions below have been added to the weekly and monthly Tendable audits to ensure we have early oversight of women's experience in this regard and can adjust improvement approach accordingly in real time.

Image 1



Workstream 2: Growing and Retaining our Workforce.

The senior midwifery leadership team had time together to determine the values and vision they wished to work to as a team and embody the trust values and behaviours in maternity services. To facilitate this the 'Whose shoes' game board was used. From this event the team have committed to:

Senior leadership team will empower teams and support them to address concerns and complaints at local level.

Proactive approach to managing and dealing with complaints/issues.

What matters to you? What's important to you? approach – changing our language to this when speaking to anyone who have concerns/complaints?

Care for Staff" & "Communication

Senior leadership team have increased visibility/avenues for people to get in touch.
Increased communications and forums with teams
Move towards a true MDT leadership approach to support whole service (link consultant for all areas)
Senior midwifery and consultant site specific meetings
Invest in our staff and ensure training needs are supported.
Hold an active birth conference to empower and give staff confidence supported by the ICB

Challenging behaviours

Senior leadership team will support staff to develop skills around challenging situations.
Robust escalation routes to support staff and clear about accountability and responsibility for all
Senior leadership team will work with practice development team to draft a Behavioural Contract / Learning Contract

Student Midwife Feedback

Student midwife forums continue in collaboration between the Director of Midwifery, members of the senior midwifery senior leadership team and York university. There are areas that improvement can be made for students to ensure they receive all opportunities to work in relevant clinical areas not just related to women's services to ensure a full learning experience relevant to the context and complexity of midwifery care today. However, feedback overall form students at all stages of their training is articulated below:

- Positive feedback from Leeds students on their placements. Facilitated NIPE learning.
- Positive feedback on learning experience overall
- challenges however when staffing not meetings minimum safe staffing levels as students being moved to other areas as a result.
- Implementing leadership placement at the end of yr.3;
  - 2-week block
  - Spend time with deliver suite co-ordinator.
  - Specialist MW
  - Member of the senior midwifery leadership team
- 3rd year students now attend prompt training.
- Dedicated student MW suturing workshops

Positive feedback about the practice learning facilitator role.

Workstream 3: Developing and sustaining a culture of safety, learning and support.

On the 11th of March there was a soft launch of the NHS England funded Culture score survey. Through out that week daily webinars were held to communicate to all staff what the survey was about and the way in which it will be reported and the action that will be taken following the outcome report. This will be supported by a culture Coach from Kornferry and will support dynamic conversations with staff from each clinical areas to understand how they want and need the issues raised to be addressed. The survey closes on the 21st of April and at the time of writing this report, (still in the soft launch phase) there have been over 87 respondents already. There have also been several members of staff who have signed up to be culture survey champions to promote and support completion of the survey.

ON the 23rd of April there will be a second Engagement event held for all members of the MDT workforce in maternity and neonatal services and other key stakeholders to review and finalise the final draft MNSIP as well other key improvement activities.

Maternity services are in the transitional stage of moving over to the new Patient Safety Incident Response Framework (PSIRF). There is limited guidance on what this should look like for maternity services allowing for the additional reporting requirements to external organisations and the importance of always involving women and families as much or as little as they wish when an incident occurs and ensuring they get an individual approach and response to the concerns and care provided.

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

The LMNS have undertaken a quarterly review of the services position against the 6 elements of the saving babies lives care bundle. The service has made an improvement in the last quarter from 33% compliance to 47% compliance. The details of the breakdown for which element are in image 2 below. There is still much work to do particularly around the provision of scanning which is linked to the scanning capacity and demand business case, but improvements continue to be made by the team overall.

Image 2

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	10%	Partially implemented	10%	CNST Not Met
Element 2	Fetal growth restriction	Partially implemented	50%	Partially implemented	40%	CNST Not Met
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	60%	Partially implemented	60%	CNST Met
Element 5	Preterm birth	Partially implemented	59%	Partially implemented	59%	CNST Met
Element 6	Diabetes	Partially implemented	50%	Partially implemented	50%	CNST Met
All Elements	TOTAL	Partially implemented	49%	Partially implemented	46%	CNST Not Met

Badgernet Electronic Patient Record

Maternity services are working with the LMNS and the regional team to address the ongoing issues of lack of connectivity for the maternity record with other systems such as neonatal badgernet and CPD as well as other key systems. This presents a huge risk around accurate data input and creates duplication which creates a risk of error. Much data reporting remains manually collected due to the system not functioning yet to its fullest capacity and potential. Maternity and Neonatal services continue to work with the trust IT project team. Hull University Hospitals have gone live and North Lincoln and Goole are going live in the next few weeks, the learning from implementation at York and Scarborough has and continues to be shared.

National Maternity and Neonatal Service Survey

On the 29th of February a survey was released by NHS England from the National Estates and Facilities team as part of the ongoing work to make maternity and neonatal care safer, more personalised, and more equitable for women, babies and families, to respond to concerns identified in this area.

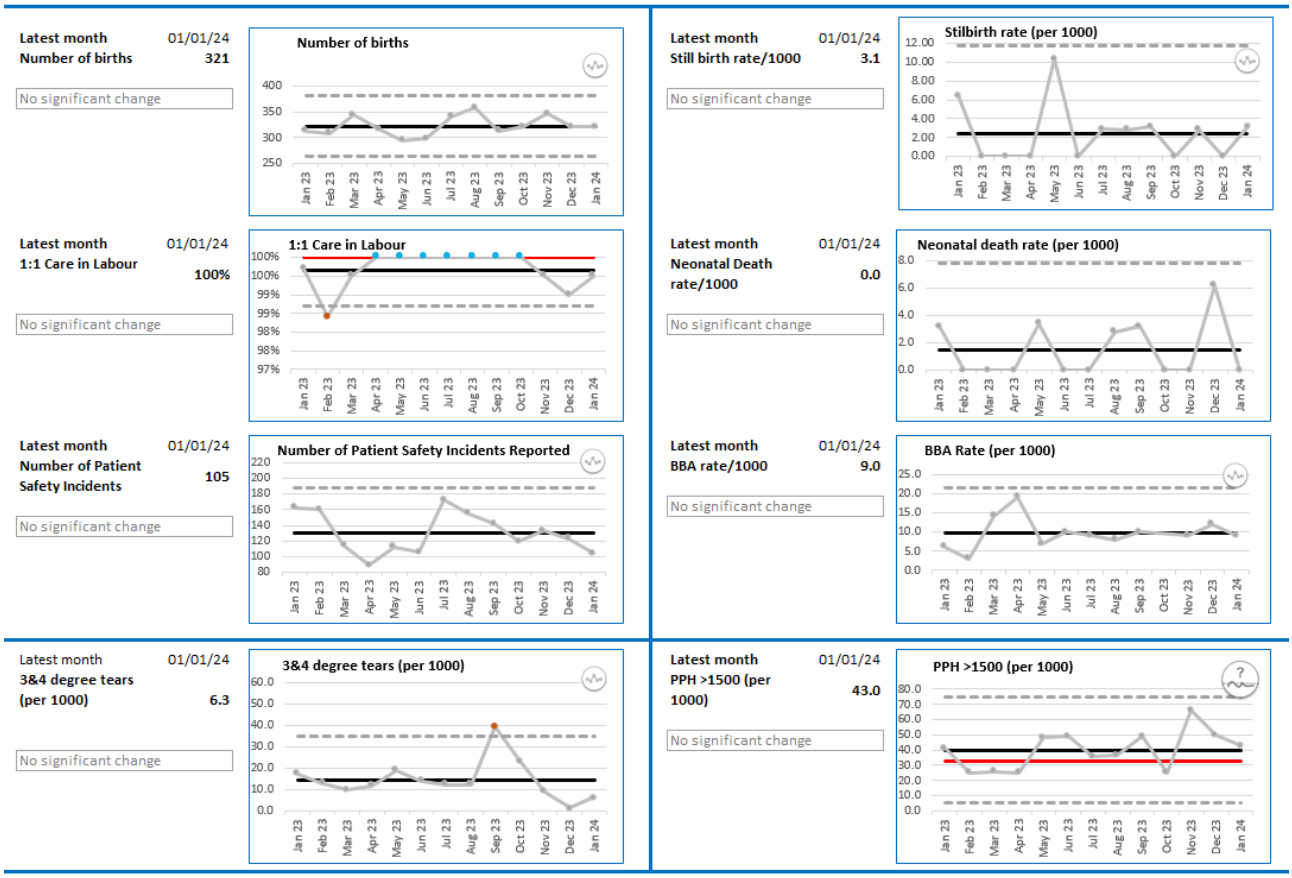
This survey is intended to constitute a collaborative submission from estates, maternity, and neonatal teams, constituting a self-declared return. Our collective response needs to be returned by close of play on the 8th of April 2024.

Local Maternity and Neonatal system Assurance visit (LMNS)

The LMNS undertook a joint assurance visit with the ICB on the 29th of February at the Scarborough site. The senior leadership team provided a presentation of the improvements and ongoing work in the services across site. This was then followed by a site visit to all clinical areas, the team using an appreciative enquiry approach. The final report was received on the 20th of March and the service and maternity, and neonatal safety champions will review this and provided a fuller summary to the next Trust Board.

The high-level feedback on the day was very positive and a real boost for the teams with recognition that the service knows what good looks like.

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery January 2024.



Report to:	Board of Diectors
Date of Meeting:	27 March 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**
☒ 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:

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 March 2024 monthly submission to the CQC which provides assurance on progress and impact on outcomes in January 2024.

Report History

Meeting	Date	Outcome/Recommendation
Maternity Assurance Group	4 March 2024	Minor amendments recommended

CQC Section 31 Progress Update

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 January 2024 are outlined below.

Staff Group	York	Scarborough
Midwives	96% (175/183)	85% (64/75)
Consultants	100% (15/15)	75% (6/8)
Obstetric medical staff	88% (14/16)	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.

A review of the antenatal risk assessment not completed in January 2024 has been undertaken by the Digital Midwife.

York

24 of 2168 risk assessments were showing on BadgerNet as not completed this equates to 1.1% of all risk assessments. Details of these are;

	Finding
13 (0.59%)	Not completed in the antenatal clinic. Themes were appointments with community midwives (connectivity issues), documentation.
7 (0.32%)	Risk assessments completed at the appointment but on the incorrect form.

3 (0.13%)	Risk assessments completed but not authorised.
1 (0.04%)	Test patient

Scarborough

28 of 951 risk assessments were showing on BadgerNet as not completed, this equates to 2.9% of all risk assessments. Details of these are;

	Finding
25 (66%)	Not completed in the antenatal clinic.
3 (8%)	Risk assessments completed at the appointment but on the incorrect form.
1 (3%)	Test patient

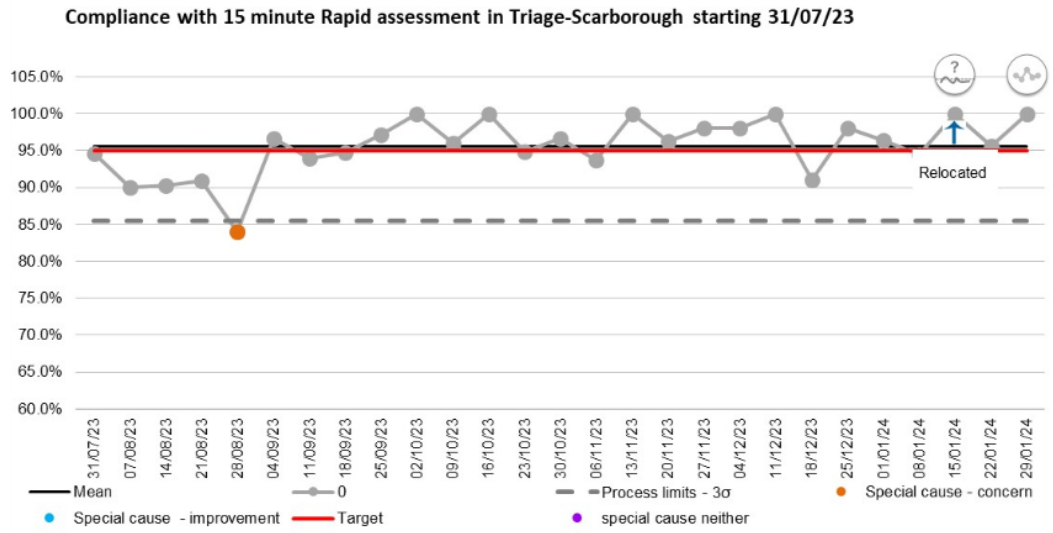
25 risk assessments were not completed when they should have been, this equates to 2.7% of all antenatal contacts at Scarborough.

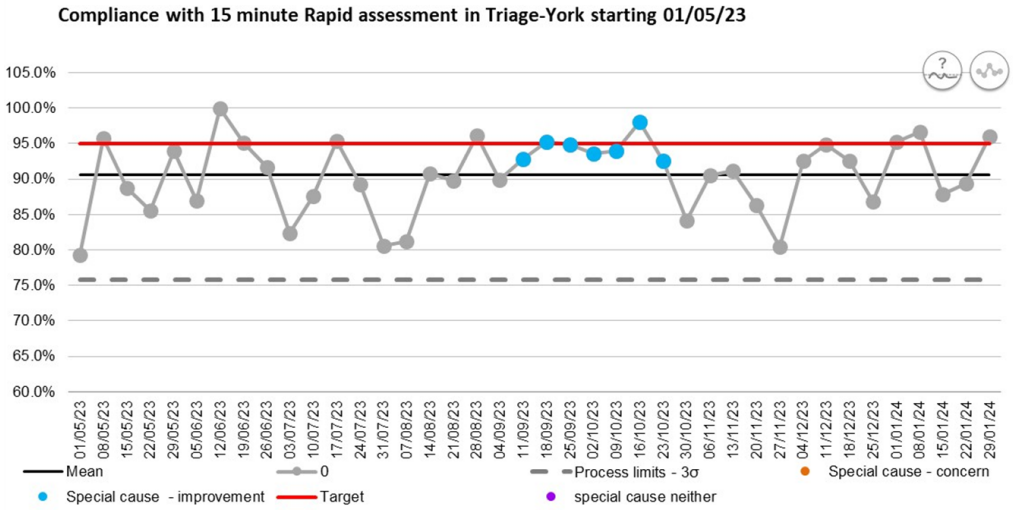
The review discovered a training need with a small group of staff members, this will be addressed by the Digital Midwives in March 2024.

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 March 2024 and will be on the rota in April 2024.





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

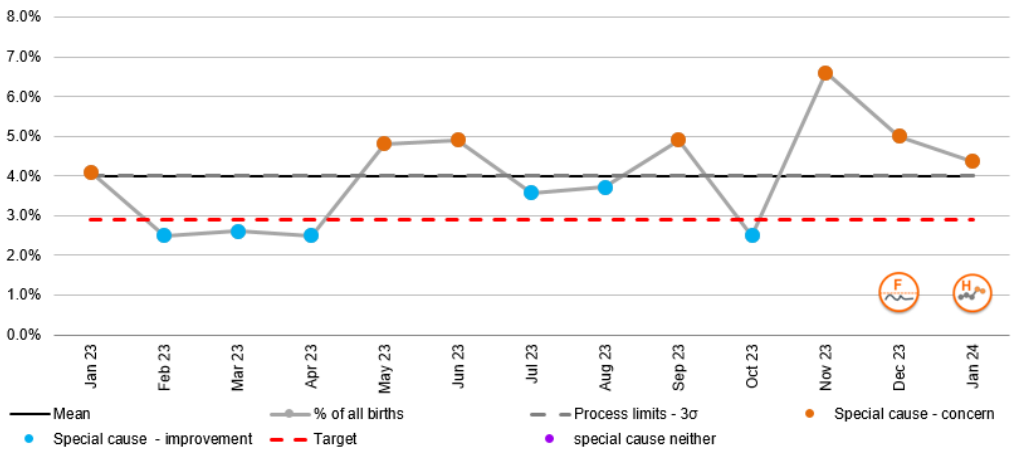
PPH over 1.5 litres

PPH is included as one of the key priority areas in the Trust Patient Safety Incident Review Plan launched in December 2023.

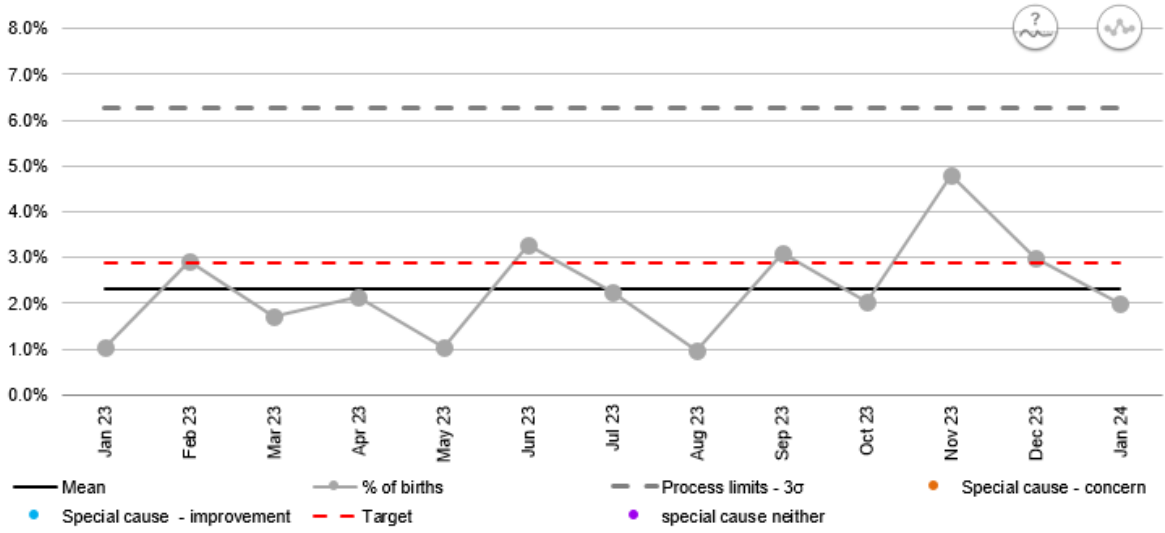
Blood Loss	Number in January 2024
1.5l – 1.9l	9 (range 1.5l – 1.9l)
2l – 2.4l	5 (range 2l – 2.2l)
> 2.5l	0

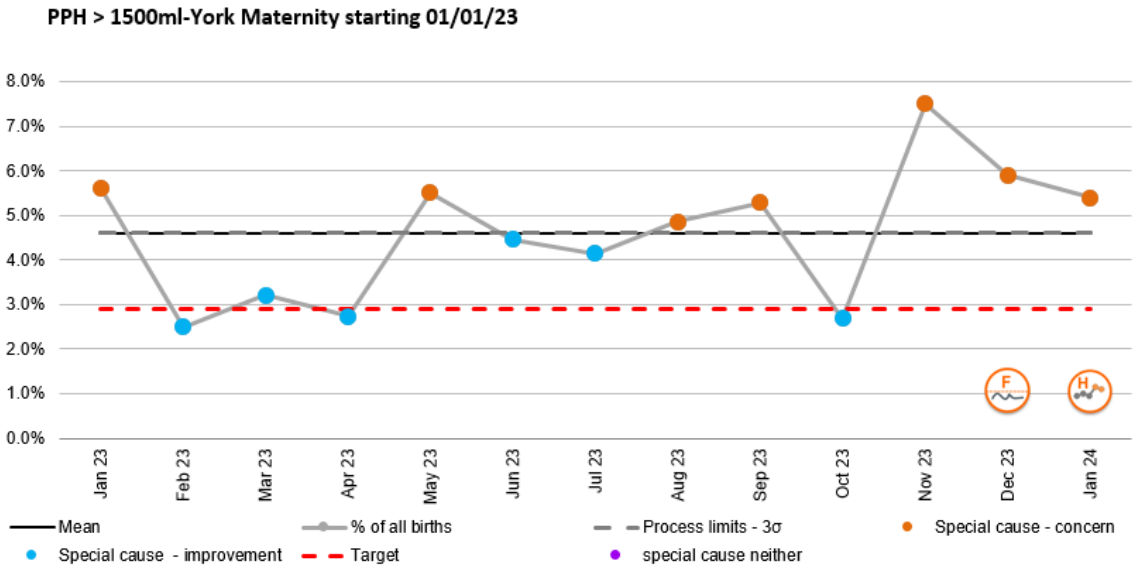
There has been a decrease in the PPH rate at both sites since November 2023. January 2024 is the first month since July 2023 where there has not been a PPH measuring >2.5 litres.

PPH > 1500ml-Trustwide Maternity starting 01/01/23

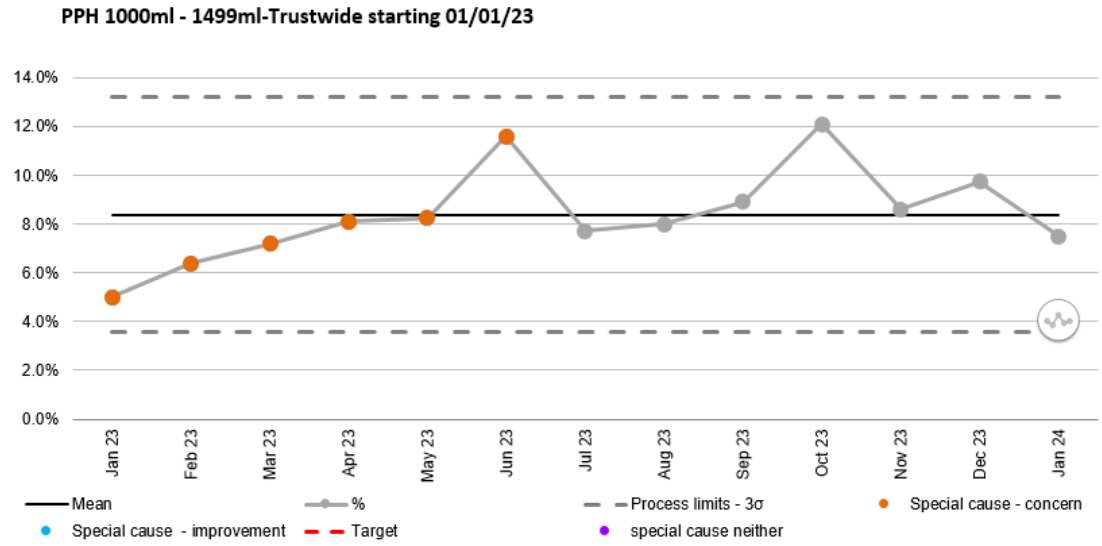


PPH > 1500ml-Scarborough starting 01/01/23

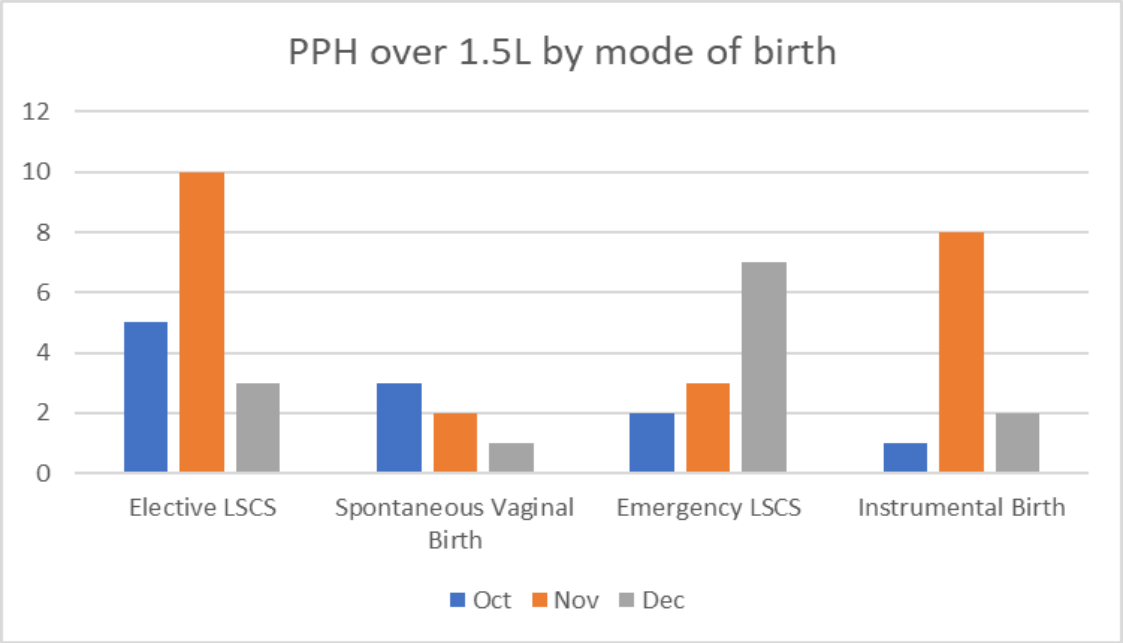




PPH between 1000ml – 1499ml



The rate of PPH between 1000ml and 1499ml has decreased since October 2023. The PPH Group has been refocused with support from the Trust Quality Improvement team have been reviewing cases to identify learning. Initial findings are that there is no link between mode of delivery and BMI, age or parity;



There is focussed work looking at the elective caesarean section pathway that will link in with the PPH Improvement Group.

B.2 Incident Reporting

There were sixteen moderate harm incidents reported in January 2024.

Datix Number	Incident Category	Outcome/Learning/Actions	Outcome
9993 11095 10481 10269 10290 10849 11313 11314 11190 12711 11425	PPH >1500ml	Reviewed to inform QI project	Awaiting the outcome of the review to inform QI projects
11035	3rd/4th degree perineal tear	To be included in the perineal tear cluster review	Awaiting the outcome of the

			review to inform QI projects
10420	Neonatal Death	Investigation being led by another Trust	PSIR completed and reviewed by Paediatrics
10595 11556	Term Admission to SCBU	To be reviewed by the ATAIN review meeting	Awaiting review
10783	Term Stillbirth	Initial learning identified and linked to the improvement plan	For PSII

B.4 Management of Risks

B.4.1.1 Project Updates York

The renovation of the maternity theatres at York started on 12 February 2024, works are expected to take 12 weeks.

There is 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.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 16

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Equality, Diversity and Inclusion (EDI) Annual Report 2024
Director Sponsor:	Polly McMeekin, Director of Workforce and OD and Dawn Parkes, Interim Chief Nurse
Author:	Virginia Golding, Head of EDI

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

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

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

Summary of Report and Key Points to highlight:

This report is being presented to the Trust's Board of Directors for approval, as it is a legal requirement to comply with the Public Sector Equality Duty (PSED.) The Trust has an obligation to produce an annual report stating the work that has been conducted to meet its Equality Objectives, which are produced every four years. The Trust's objectives ran from 2020-2024, so this is the final report for this period.

The objectives focused on Workforce and Patient EDI and Building Environments.

The teams involved in meeting the objectives believe that a substantial amount of work has been carried out to meet them over the four-year period. However, work will continue to be integrated into work streams and specific focus will be given to:

- Disability Confident
- Accessible Information Standard

The 2024-2028 Equality Objectives can be found in a separate report being presented to sub-committees and the Trust's Board of Directors. The reason for this is that the two documents are to be published separately.

Recommendation:

It is recommended that the Trust's Board of Directors approve the publication of the Trust's final EDI annual report covering the Equality Objectives for 2020-2024, whilst acknowledging that work will still continue to address those areas. This report will then be published on the Trust's website.

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

Meeting	Date	Outcome/Recommendation
Resources Committee	19 March 2024	

Equality, Diversity and Inclusion Annual Report 2024

1. Introduction and Background

This report is being presented to the Resources Committee for assurance before submission to the Trust's Board of Directors for approval, as it is a legal requirement to comply with the Public Sector Equality Duty (PSED.) The Trust has an obligation to produce an annual report stating the work that has been conducted to meet its Equality Objectives, which are produced every four years. The Trust's objectives ran from 2020-2024, so this is the final report for this period.

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions, these are to:

1. Eliminate discrimination, harassment, and victimisation
2. Advance equality of opportunity between people who share a protected characteristic and people who do not
3. Foster good relations between people who share a protected characteristic and those who do not

The Public Sector Equality Duty places additional specific duties on public authorities, including NHS Trusts, these are to:

- Publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually, and:

- Prepare and publish 1 or more equality objectives by 6 April 2012 and no more than four years thereafter.

2. Considerations

This report now includes Workforce, Patients and Building Environments as patients were previously reported on separately.

3. Current Position/Issues

The work carried out by the Workforce and Organisational Development, Workforce EDI, Patient EDI, Patient Experience and Involvement and Buildings Access teams has been captured to demonstrate how the Trust's Equality Objectives have been met, these can be found in the report on the final page. Please note the details are substantial to ensure the review was comprehensive. Therefore, the document is extensive, which is normal practice.

The Equality Objectives for 2020-2024, are detailed below.

Workforce:

To be regarded as a fully inclusive employer by:

- Continuously reviewing our recruitment processes to remove any unintended bias.

- Continuing to undertake activity which ensures we maintain our disability confident status.
- Engaging with members of our community, local charities and internal stakeholders to become a fully diverse employer that is reflective of society.

To contribute to the overall Trust's retention strategy by:

- Working to reduce inequalities experienced by staff from across the protected characteristics by engaging with key stakeholders to fully implement the Trust's EDI action plans, which include Gender Pay Gap, Disability Confident, WRES, WDES and also, the annual staff survey action plan.
- Providing a voice to our workforce through the development and implementation of Staff Networks.
- Fully equipping our workforce through training and development to proactively support staff to work in an equal, diverse and inclusive manner and environment.
- Ensuring that our HR policies and procedures support the needs of a diverse workforce.
- Supporting our staff to work flexibly wherever possible.

Patients:

To engage with patients, visitors, carers, governors and local stakeholders and organisations to listen and understand their needs and experiences across the protected characteristics.

To engage internally with services to discuss how the needs of patients and visitors can be met to ensure that:

1. Health inequalities are reduced.
2. Discrimination is eliminated.
3. Patients are provided with the appropriate support to meet their needs.

To achieve compliance with the Accessible Information Standard 2016.

Building Environments:

To monitor progress against the Trust's inclusive built environment policy and strategy.

Summary

Thes objectives for 2020-2024 have come to an end, it is felt that the objectives have been met and impact will be measured through the reporting mechanisms in place. They continue to be integrated into current streams of work to ensure EDI practices are embedded into everyday practice. The Trust's statutory and mandatory reporting requirements will be incorporated into an objective for the period 2024-2028. The areas of work that still require a particular focus and are integral to the relevant team's work plans are:

- Disability Confident
- Accessible Information Standard

4. Next Steps

Present this report to The Trust's Board of Directors on 27 March 2024 for approval prior to publication on the Trust's website.

The 2024-2028 Equality Objectives can be found in a separate report being presented to sub-committees and the Trust's Board of Directors.

Date: 19 March 2024

EDI Annual Report 2024 (PSED review).d

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Equality, Diversity and Inclusion Annual Report 2024

Public Sector Equality Duty (PSED)

Contents

Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, Northeast Yorkshire and Ryedale - an area covering 3,400 square miles.

We manage 8 hospital sites and have a workforce of around 12,000 staff working across our hospitals within the community and York Teaching Hospitals Facilities Management (YTHFM.)

We are an NHS Foundation Trust; Foundation Trusts operate independently of the Department of Health but remain part of the National Health Service (NHS). This gives us greater freedom and more formal links with patients and staff. We are accountable to them through an elected and appointed Council of Governors.

Our hospitals

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

York and Scarborough Teaching Hospitals NHS Foundation Trust is a diverse employer and provider of care. Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation.

Our Public Sector Equality Duty (PSED) Annual Review Report highlights the progress we have made in 2023 in line with our Equality Objectives which covered 2020-2024.

The Equality Act 2010 and the Public Sector Equality Duty (PSED).

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions.

These are to:

1. Eliminate discrimination, harassment, and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

1. Removing or minimising disadvantages suffered by people due to their protected characteristic.
2. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
3. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
4. Taking the steps needed in meeting the needs of disabled persons that are different from the needs of persons who are not disabled; and include steps to take account of disabled person's disabilities.
5. Having due regard towards need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it, to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

The PSED places additional specific duties on public authorities, including NHS Trusts, these are to:

- Publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually, and

- Prepare and publish 1 or more equality objectives by 6 April 2012 and no more than 4 years thereafter.

The NHS Equality Delivery System (EDS 2022)

Implementation of the EDS 2022 is a requirement on both NHS commissioners and NHS providers.

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 inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce Health and Wellbeing and leadership. It is driven by data, evidence, engagement and insight and has been amended to be brought into line with the NHS Long Term Plan, and in response to COVID-19.

Organisations must work with partners and stakeholders across the Domains. Each Outcome is to be scored based on the evidence provided. Once each Outcome has been scored an improvement plan is developed and implemented.

EDS Domain 1 - Commissioned or provided services

Outcome 1A: Patients (service users) have required levels of access to the service.
Outcome 1B: Individual patients (service users) health needs are met.
Outcome 1C: When patients (service users) use the service, they are free from harm.
Outcome 1D: Patients (service users) report positive experiences of the service.

EDS Domain 2 - **Workforce health and well-being**

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.
Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source.
Outcome 2D: Staff recommend the organisation as a place to work and receive treatment.

EDS Domain 3 - Inclusive leadership

Outcome 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.
Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.
Outcome 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Our Commitment to Equality, Diversity and Inclusion

York and Scarborough Teaching Hospitals NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce in the development of services and our hospital environments. We are working hard to engage and listen to our colleagues to ensure that we continuously support the development of an inclusive culture in line with our Trust Value.

We are committed to taking our responsibilities seriously in providing equity and fairness to all our staff, ensuring we provide no less favourable treatment on the grounds of the 9 protected characteristics.

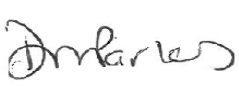
The aim of this report is to not only meet the requirement of the Equality Act 2010, but to also highlight areas of good practice and any gaps that the Trust needs to focus on. It is important for us to comply but also move beyond this by creating a culture of inclusion.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- Being an organisation that is welcoming and accessible to all.
- Ensuring that there are no barriers to accessing jobs, training or promotion.
- Engaging with patients, communities and colleagues, whilst working collaboratively with our partners and stakeholders.
- Not tolerating any forms of discrimination and will challenge it safely wherever we see it, ensuring that Equality, Diversity and Inclusion (EDI) is everybody's business – continuing to embed our values and behavioural expectations; a 'Just Culture' and learning environment for all.
- Acting on staff feedback.
- Developing interventions which help our staff to understand and support one another for the benefit of each other and patients in our care.

The Trust has made good progress by providing dedicated focus on our EDI agenda. 2024 sees the Trust in a very different position to where it was two years ago. We acknowledge that we are still on a journey but embedding inclusive practices is of great focus for us.





Polly McMeekin	Simon Morritt	Dawn Parkes
Director of Workforce and OD	Chief Executive	Interim Chief Nurse

Communication and Engagement

The Trust's Communications and Engagement Strategy has at its core several communications principles which are rooted within the organisation's values and behaviours and aim to ensure that equality, diversity, and inclusion influence our communications approach and activities. The Trust's communications team has continued to work with the Head of EDI to ensure internal and external communications continue to be inclusive of people with protected characteristics.

Celebration of Achievement Awards

The Trust's annual recognition awards took place in November 2023 and for the first time included a category for Excellence in Diversity and Inclusion. Nominations were received for an individual or team who had demonstrated an outstanding commitment to valuing and promoting EDI for patients and/or staff in order to create a safe and inclusive culture that helps foster a positive experience for all.

Nominations were judged on the following criteria:

1. Examples of how they have shared knowledge and applied EDI in the workplace
2. Demonstrated initiating, leading or supporting a service improvement of EDI in the workplace
3. Evidence of the recognisable impact EDI changes have made.

This category will continue to be included in the annual awards process. For the 2024 awards, there will be a focus on increasing the visibility of the category and encouraging an increase in the number of nominations.

Equality Objectives Activity

Past progress in meeting our Equality Objectives has been reported on an annual basis and published on our website. Below is a thorough but not exhaustive overview of the work that has been carried out over the last year to meet the 2020-2024 objectives, these have now come to an end. The next timeline for the objectives is 2024 – 2028, these are published in a separate document.

Workforce Objectives 2020-2024

Objective 1: To be regarded as a fully inclusive employer by continuously reviewing our recruitment processes to remove any unintended bias.

Recruitment and Selection

The Trust continues to emphasise the importance of a Values-Based Recruitment (VBR) approach. All recruitment campaigns which are centrally supported by the Recruitment Team utilise this methodology. The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process. Research has shown that VBR increases workforce diversity as it takes a much broader view, not only of applicants, but of the attributes which make someone suitable to undertake a particular role.

Trac (the Trust's onboarding system) ensures that candidate details, other than those required to evaluate the application against the role requirements, are not available to the shortlisting panel until shortlisting has been finalised. This anonymity helps to remove any bias, unconscious or otherwise, at shortlisting stage. YTHFM have trade union representatives observing recruitment panels.

Recruitment and Selection Policy

The Recruitment and Selection policy is due for review by September 2024. This will be refreshed to ensure that we embed fair and inclusive recruitment processes and remove any unintended bias. This will include a section for recommendations that recruiting managers consider diverse interview panels, with an emphasis on recruiting to Band 6 vacancies and above, an area we know needs effort to improve diversity.

Recruitment and Selection Training

The Trust's Recruitment & Selection training, which is available to all staff, has recently been updated to incorporate suggestions made by our Head of EDI. In

addition to EDI updates the training is regularly reviewed to ensure that it reflects current legislation and best practice. The training will also encourage diverse interview panels.

Recruitment Website

Our recruitment website will be updated to be more inclusive, for example it will include a range of diverse images and have a dedicated EDI page.

Continuing to undertake activity which ensures we maintain our disability confident status.

Disability Confident

Disability Confident is a government scheme that encourages employers to think differently about disability and take action to improve how they recruit, retain, and develop disabled people. We are a Disability Confident employer which from a recruitment perspective means that eligible candidates are offered a guaranteed interview if they meet the essential criteria for the role. All applicants who are invited for an interview are encouraged to make us aware if they require any adjustments to be made to their interview arrangements. All our adverts carry the Disability Confident logo.

Mindful Employer

We have retained our Mindful Employer status, which demonstrates our commitment to supporting mental health at work. All our adverts carry the Mindful Employer logo.

Engaging with members of our community, local charities and internal stakeholders to become a fully diverse employer that is reflective of society.

The Trust's schools and work experience programme supports local students with aspirations of a career in healthcare by broadening horizons, raising awareness of the full range of roles available in the NHS and supporting students on the path to their career of choice.

The Trust has fostered a strong network of staff to respond to demand for off-site activities from schools and students. In the 2022-23 academic year, the Trust engaged with 36 of the 43 local secondary schools, sixth forms and colleges at more than 70 events in our communities. Our staff have met 16.400 students and 650 parents, and spent more than 900 hours attending careers fairs, delivering talks and running interactive workshops. In addition, over 550 students in our ICS area have engaged with our virtual work experience offer.

The Trust has also run on-site pre-employment activities to students, such as work shadowing, work experience, taster sessions and site tours; 2022-23 has been the first year running these activities since the onset of the Covid pandemic. In the region of 100 students attended our hospitals in connection with these activities in July and August.

Alongside this, the Trust is developing a new work experience policy following the launch of a Work Experience Quality Standard by NHS England. The new policy has been informed by consultations with staff, schools, colleges and external agencies. The focus is to produce something which works for students, schools and our staff, in the form of safe and meaningful placements that have clear learning outcomes and will support applications to train and work in the NHS. The Trust plans to apply for the Quality Standard in 2024.

The processes behind this will also support greater monitoring of protected characteristics and will allow prioritisation of applications which support our Widening Access and Participation goals (where a selection decision is required, equal weight will be given through the process to WAP data and the quality of the personal statement on application).

The Trust's Inclusion Forum is chaired by the Trust's Chief Executive and meets on a quarterly basis. Its purpose is to have an overview of the Trust's EDI responsibilities in relation to employment practices and service provision. Its membership includes the patient and workforce EDI leads, Care Group and Corporate Directors, the Chairs/Vice Chairs of the staff networks, trade union representatives, Trust Governors and external stakeholders when necessary.

External organisations and members of the Voluntary, Community and Social Enterprise Sector have been invited to the Trust to support the launch of the staff networks, deliver training and provide information at a carers event for National Carers Week.

Objective 2: To contribute to the overall Trust's retention strategy by working to reduce inequalities experienced by staff from across the protected characteristics by engaging with key stakeholders to fully implement the Trust's EDI action plans, which include Gender Pay Gap, Disability Confident, WRES, WDES and, the annual staff survey action plan.

The Trust has compliance responsibilities regarding the collation and analysis of data. A plan of action is then co-produced to address areas of improvement. This plan is then discussed by the relevant committee and the Trust's Board of Directors.

The Gender Pay Gap (GPG) describes the difference between the average earnings of all the women in an organisation compared to the average earnings of all the men in that organisation. This is not the same as equal pay, which is about ensuring men and women doing the same or comparable jobs are paid the same.

Our GPG Report was published in 2023 (the data is a snapshot taken on 31 March 2022) which provides an analysis of pay by gender. It also provides information regarding the areas of focus and the progress made against them.

The Trust's GPG saw an improvement in 2023. The report can be found here: www.yorkhospitals.nhs.uk.docx (live.com).

The 2024 report has also demonstrated an improvement in its GPG and the report can be found here: www.yorkhospitals.nhs.uk.docx (live.com)

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

The WRES and WDES are national annual reporting obligations which York and Scarborough Teaching Hospitals NHS Foundation Trust complies with. Trusts are required by the NHS Standard Contract to use their data to develop action plans aimed at improving the experiences of Black and Minority Ethnic (BME) and disabled colleagues. The data is submitted to NHS England (NHSE) by 31 May on an annual basis. An action plan is then co-produced, with just the WRES action plan submitted to NHSE, but both plans published on the Trust's website by 31 October.

The WRES covers 9 Metrics and the WDES covers 10 Metrics regarding the career progression and work experiences of colleagues. The data was collected for the period of 1 April 2022 - 31 March 2023 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as of 31 March 2023. The Staff Survey data is from the 2022 Staff Survey.

A review of our WRES metrics has enabled us to establish where we are with race equality. The Trust acknowledges there are several areas of racial equality that have either deteriorated or not made any statistical improvement. A two-year action plan has been co-produced to improve this. The Trust is also integrating the NHSE EDI Improvement Plan into its practices to support the embedding of inclusion this will enable an holistic approach to racial equality.

The full report can be found here: www.yorkhospitals.nhs.uk.docx (live.com)

Disability equality continues to improve within the Trust, especially in relation to harassment, bullying and abuse.

The full report can be found here: www.yorkhospitals.nhs.uk.docx (live.com)

The staff survey action plan has been developed to cover all of the elements of the People Plan. We have developed a new Civility, Respect and Resolution Policy, combining the Challenging Bullying and Harassment Policy and the Grievance Policy to makes it easier for staff to raise concerns. Application of a Just approach to case management ensures that any personal mitigations from an individual are taken into account prior to any decisions about taking formal action under the Trust's Disciplinary Policy. Actions from the staff survey action plan that have been completed include the relaunch of the staff networks, Executive sponsorship for each network and a relaunch of the Trust's Inclusion Forum which is chaired by the Chief Executive.

The health and well-being of the workforce was assessed against Domain 2 of the EDS 2022 in December 2023. An improvement plan has been co-produced with staff and will be implemented in 2024.

Providing a voice to our workforce through the development and implementation of staff networks.

The Trust's five staff networks were celebrated at a dedicated launch event in October 2023. This was supported by acclaimed author Cherron Inko-Tariah MBE, her aim was to boost support for the networks. Cherron said they help organisations make "better inclusive choices" and aid in "stopping putting people into boxes." Staff network groups play a crucial role in advancing working culture.

All five networks have been chosen for their diversity value and are recognised as an area where progressive change is needed. Networks support the employee journey and inspire a feeling of belonging. They are free for staff and run by staff. All staff can support a network even if they don't necessarily have a personal affinity to it. The networks have introduced some fantastic practices.

The Trust's networks for 2023 are:

- Race Equality Network (REN),
- Enable Network
- LGBTQ+ Network
- Caring 4 Carers Network
- Women's Network.

The Trust also has a Veterans Network.

The five staff networks have an Executive Director Sponsor that supports them, the work they undertake and champions the area of equality they are focusing on.

Fully equipping our workforce through training and development to proactively support staff to work in an equal, diverse and inclusive manner and environment.

The Trust has mandatory Equality, Diversity and Human Rights training which all staff are required to complete. The achievement rate was at 89% as at March 2024.

EDI training and development ensures that our staff have the knowledge and skills to support them in the delivery of care and enables them to work cohesively with colleagues. The Trust continues to implement a programme of EDI training and is also adding Inclusive Recruitment and Interview Skills to its offer.

EDI Workshops for 2022-2024:

- Transgender Awareness and Gender Diverse Communities
- Conscious Inclusion
- Cultural Competence
- Neurodiversity in the Workplace
- Race and Racism Conversations at Work
- Interview Skills
- Inclusive Recruitment
- Makaton (a unique language that uses symbols, signs and speech to aid communication)
- BME Leadership Development Programme

Our new leadership framework sets out the standards for the compassionate and inclusive leadership that we expect from all our leaders, whatever their role, background, or level.

The framework promotes the behaviours we require all our leaders to role model and is underpinned by our Trust Values of ‘Kindness’, ‘Openness’ and ‘Excellence’.

Good, people centred leadership in our Trust will enable individuals and teams to perform at their best; it provides safer and more effective patient care, improves patient experience and ultimately will make our people feel valued and choose to stay in our organisation. The ambition of our Leadership Framework is to support every leader, at whatever level across the Organisation, to recognise, reflect and role model three core principles of people centred leadership, which align to our Trust Values of Kindness, Openness and Excellence.

Compassionate, inclusive leadership runs throughout our range of leadership programmes and workshops and our course content reflects the value and impact of

difference and highlights the importance of understanding the impact of self on others and how individual behaviours create culture.

Career conversations are available through external/internal coaching and mentoring offers. Whilst our programmes, workshops, and coaching offers are available to all staff, we recognise the need to target staff more effectively in disadvantaged groups to reinforce that message. We will work with our staff networks to ensure that our development offers are widely understood in order to improve the participation and support the career progression of those targeted staff groups.

Our Reverse Mentoring programme continues to create dialogue with staff from disadvantaged groups and senior staff – our next cohort will invite staff who identify as having a disability, long term health condition or who are neurodiverse to engage with a senior member of staff to enhance understanding and identify actions to create a more inclusive culture.

The Workforce Department has implemented a Line Manager Toolkit which incorporates EDI to support line managers in carrying out their role.
Training and development are also implemented at a local level addressing the specific needs of staff and services.

Supporting our staff to work flexibly wherever possible.

The 2023 staff survey showed that the Trust was above average for supporting flexible working sub-score (see graph below) and saw an increase in supporting our workforce with their work-life balance.

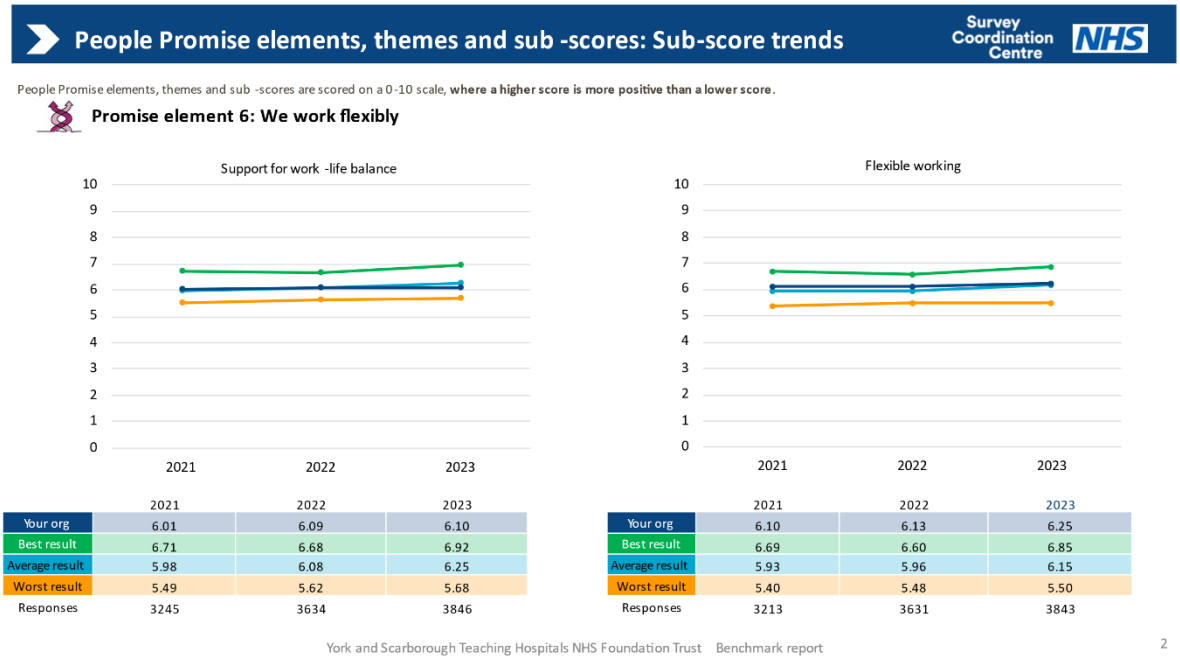
Ahead of the changes to the National Terms and Conditions we enabled staff to request flexible working from day one of employment with the Trust. The Trust actively supports flexible retirement options and has worked with union colleagues to change processes to remove barriers.

Our current policy is currently being reviewed to continue our progression on this agenda and line management training is being developed. Working with our Caring for Carers Network we have doubled the amount of carers leave that an individual can take to support carers within the workplace.

Ensuring that our HR policies and procedures support the needs of a diverse workforce

Our policies and procedures are shared with trade union representatives, Head of EDI, Freedom to Speak Up Guardian and our five established staff networks for feedback as they are reviewed for best practice. Policies are then negotiated with the trade union forums taking into account any feedback received. Due Regard Impact

Assessments are completed on all policies. As standard formal letter templates are being reviewed and statements are being added to ask individuals if they need any adjustments to enable them to attend meetings. Where appropriate staff network members will be invited to join panels for formal meetings under the Trust's new Civility, Respect and Resolution policy which replaced the Grievance and Challenging Bullying and Harassment Policies.



	2021	2022	2023
Your org	6.01	6.09	6.10
Best result	6.71	6.68	6.92
Average result	5.98	6.08	6.25
Worst result	5.49	5.62	5.68
Responses	3245	3634	3846

	2021	2022	2023
Your org	6.10	6.13	6.25
Best result	6.69	6.60	6.85
Average result	5.93	5.96	6.15
Worst result	5.40	5.48	5.50
Responses	3213	3631	3843

Patient Objectives 2020-2024

Objective 1: To engage with patients, visitors, carers, governors and local stakeholders and organisations to listen and understand their needs and experiences across the protected characteristics.

Activity:

- The PLACE programme has resumed, with volunteers from Healthwatch North Yorkshire, Healthwatch York and Scarborough Disability Action Group involved. Invitations were extended to Yorkshire Coast Sight Support, York Deaf Café and York Disability Rights Forum to get involved. As a result, there was a good representation of disabled people with issues identified including those for people with dementia and around accessibility.

- Work continued with the Patient and Public Involvement Lead to ensure representation of a wide variety of people and communities in Trust engagement and activity. This included autism focus groups, text messaging focus groups, engagement on the assistance dog's policy, engaged with 35

stakeholder groups regarding the visiting policy. In addition, Healthwatch volunteers supported our National Dementia Surveys and provided feedback on our visitor policy.

- We engaged a number of external organisations in our Domain 1 Equality Delivery System work to comment on our interpreting provision and maternity services. These included members of hearing impaired/Deaf (d/Deaf) community, members of MySight York, Healthwatch North Yorkshire and Healthwatch York and members of our local Maternity and Neonatal Voices Partnership.

- We have continued to review feedback from inpatient surveys and complaints/concerns to identify themes for equality and diversity improvements and take action on these.

- We have engaged with Humber and North Yorkshire Integrated Care Partnership colleagues in the local area on shared actions for improvement.

- We are in the process of developing a new trans and gender diverse communities policy, applicable to patients and staff.

- We have worked with local carers groups and a local carers forum to build better links with carers organisations and develop a carers patient information leaflet and information for the Trust's website.

Objective 2: To engage internally with services to discuss how the needs of patients and visitors can be met to ensure that:

1. Health inequalities are reduced.
2. Discrimination is eliminated.
3. Patients are provided with the appropriate support to meet their needs.

Interpreting and translation provision:

- Carried out an initial review to understand our current position and worked to tackle underperformance through effective contract management and weekly monitoring. This was successful as performance improved throughout the period.
- We reviewed procurement options and agreed to move to system-based procurement in partnership with North Lincolnshire and Goole NHS Hospitals Trust and Hull and East Yorkshire NHS Hospitals Trust. This should be completed by the end of the financial year 2023 – 2024.

- We engaged with d/Deaf people who are British Sign Language (BSL) users (and a BSL interpreter) to inform our future procurement.
- Rolled-out interpreting video tablet devices on a demand basis which proved successful as all language (including BSL) translation was available immediately where appropriate. This was particularly helpful in emergency departments.
- We introduced a new BSL relay service which enabled users of BSL to contact the hospital directly via three phone numbers via a BSL interpreter available during working hours.

Due Regard Impact Assessments:

- We developed Due Regard Impact Assessments for all appropriate policies including the updated Visitor Policy, Eliminating Mixed Sex Accommodation Policy and Animals on Trust Sites Policy and carried out external engagement to get feedback for these in line with the guidance. We also carried out Due Regard Impact Assessments for the new Emergency Department in York and provided advice for the assessment for the new Emergency Department in Scarborough.
- We provided advice to maternity colleagues on developing an audit for women with communication needs. The issues identified were followed up as part of the EDS work on maternity.
- Work started in the period to review and update the Due Regard Impact Assessment templates and guidance. This work will be completed in 2024.

Other actions:

- Reviewed patient experience and patient safety information which relates to equality and diversity issues to understand the circumstances, identify improvements, and share best practice.
- An issue highlighted the need for improvement in the Datix system to introduce categories for equality and harm, which were implemented.
- We have continued to be part of a number of internal groups to champion the needs of all patients. These included:
    - Dementia Improvement Group
    - Learning Disability and Autism Steering Group
    - Establishing the Mental Health Working group
    - Working with the Autism Liaison Lead.
- Work continued to ensure hospital passports for people with a learning disability (which help staff understand people's individual needs), are stored and appropriately accessible on the hospital electronic patient record system. More than 1,000 passports are now uploaded into the system.

- A project exploring developing a patient passport for patients who need reasonable adjustments was initiated in this period. We also started work with colleagues leading on the development of Nucleus, a patient information recording system, to ensure that information about reasonable adjustments can be noted and flagged to colleagues working with inpatients and outpatients.
- Work started on a policy regarding animals on Trust sites, particularly focusing on assistance dogs. This was prompted by a complaint and has included input from people with assistance dogs and assistance dog support organisations.
- Level 1 Oliver Magowan training on autism and learning disability has been rolled out across the Trust.
- We worked with colleagues to ensure menus are provided in a pictorial format to support a range of patients to effectively choose what they want to eat. A pilot is scheduled for White Cross Court in York for stroke patients.
- Delivered an EDI session as part of the Patient Experience Team session for the preceptorship training for staff newly qualified clinical staff (non-medical) recruited to the Trust.
- We initiated a project around wheelchairs as a result of complaints and patient feedback about the lack of available wheelchairs for outpatients at York and Scarborough sites. We are also investigating a wheelchair passport for inpatients who are wheelchairs users.

Objective 3: To achieve compliance with the Accessible Information Standard 2016*.*

During this period our work to deliver this objective has included:

- Introduced BSL video translation services and the BSL relay service.
- Identified issues via AIS complaints feedback
- Drafted a formal response to the Healthwatch York and Healthwatch North Yorkshire accessible information report outlining what the Trust had already done and plans for future improvements.
- Worked with colleagues to introduce Synertec to deliver patient letters including large print (16 point), Easy Read and Braille versions. Draft letters were shared with appropriate partners for feedback on their accessibility before Synertec was introduced.
- Engaged with two patients with sensory impairment who have assistance dogs to get input into the draft animals on Trust sites policy.
- Worked with the d/deaf and sight loss communities and organisations.
- Worked with colleagues in systems and network teams to update our patient information recording system.

- Developed a plan for staff training on disability awareness, AIS, d/deaf and sight and hearing loss awareness with colleagues.
- Worked in partnership with the Patient Information Leaflets team to update the standard information for leaflets to ensure patients, carers and others are aware that they can access information in other formats and languages on our website using the accessibility tools available (ReachDeck facility).
- Started to develop Easy Read patient information leaflets.

Patient Complaints

From June 2022 to November 2023 the Trust received 21 complaints and 14 concerns from patients about inequality or discrimination.

This is significantly higher than in previous years with 14 such complaints or concerns received in 2020 - 2021 and nine in 2021 - 2022. The increase is in line with the increase in overall complaints and concerns the Trust receives, which have doubled in the past year.

Of the complaints and concerns raised, 11 related to a lack of reasonable adjustments to meet a patient's needs; four related to discrimination due to someone's neurodiversity; nine related to discrimination due to someone's disability (including sensory impairments or a learning disability); four related to discrimination due to someone's race; two related to discrimination due to someone's sexuality and five related to a lack of accessible information or no interpreter provision.

Following investigation, three complaints were upheld, six were partially upheld and 10 were not upheld. Two are ongoing.

From June 2022 - November 2023, the most common complaint themes received by the Trust were:

- Communication with relatives, carers, patients
- Values and behaviours of staff
- Discharge arrangements
- Diagnosis
- Investigations: not ordered, delayed results, misdiagnosis
- Personal care
- Prescribing errors
- Clinical treatment.

We recognise some of these themes can potentially have a greater impact on some people with protected characteristics, including people with specific communication needs and people who have lived experience of discrimination.

Accessible Information Standard Complaints

Between June 2022 and November 2023, we received five concerns/complaints specifically about accessible communication and lack of interpreting services (included in the numbers above). This is compared with six concerns/complaints in 2021 - 2022 and one concern and two enquiries in 2020-2021.

The Trust is committed to ensuring that we communicate with patients in their chosen format and accessible information continues to be a key priority in our equality objectives 2024 – 2028.

Patient and public engagement

During 2022-2023, the Trust has continued to engage with several organisations to understand clients across the protected characteristics.

Colleagues from Healthwatch and My Sight York have supported us by attending Trust Patient Experience Steering Group meetings and sharing feedback on equality and diversity themes.

We have initiated a joint Patient and Carer Experience (PACE) Forum covering the Scarborough, Ryedale and Bridlington areas in partnership with Humber Teaching NHS Foundation Trust. Two Forums have been held and have helped us improve links with organisations and individuals in this area including the Bridlington Health Forum, Save Scarborough Hospital, Yorkshire Coast and Ryedale Disability Forum, Carers Plus, Yorkshire Coast Sight Support, Wilf Ward Trust and others.

Building Environments Objective 2020-2024

Objective 1: To monitor progress against the Trust's inclusive built environment policy and strategy.

Activity:

The monitoring of progress with compliance with the Inclusive and Accessible Built Environment strategy is carried out quarterly via a report that goes to the Health, Safety & Non-Clinical risk group. The main items monitored by the group are:

- Progress with the Trust annual access audit schedule
- To provide and maintain a Trust Access Plan
- Progress with Access advisor workplan
- The objective has been met as we have delivered the agreed access audit programme for the Trust for the year 2023.

- The Trust access plan is in place and is a live document, it was last reviewed on 15th January 2024, a summary of the most significant access barriers within our environment is reviewed on a quarterly basis by Health, safety and Non-Clinical Risk Group

Workforce and Patient Equality Monitoring Information

Workforce

This section focuses on internal demographics regarding staff employed by York and Scarborough Teaching Hospitals and YTHFM and has been extracted from the Electronic Service Record (ESR) on a snapshot date of 30/11/2023.

In relation to gender, our workforce is heavily made up of females which is reflective of the NHS profile. The national ESR system does not yet enable organisations to collect data on other gender identities.

There is a proportion of staff that chose not to share whether they have a religious affiliation or not and this is their right. The Trust promotes the benefits of sharing personal diversity information and will continue to do so.

Our age demographics show that there is an even spread of staff from ages 26-60, but less staff are employed below and above this. This will influence our work on apprenticeships, retirement and workforce planning.

Our sexual orientation profile shows that many staff have not disclosed their orientation and there will be different reasons for this. This will influence our EDI work on engagement, culture, psychological safety, training and equality monitoring. The LGBTQ+ Staff Network are incorporating this into their annual objectives.

The staff ethnic profile of the Trust, whilst states BME (Black and Minority Ethnic) in the pie chart is broken down further. This is important, to show the different ethnicities, but also to acknowledge and recognise that different ethnic groups have a variety of different needs and therefore should not be treated as one homogeneous group. The is only a small proportion of staff that have not shared their ethnicity. The WRES annual report goes into detail about their experiences.

The ethnic groups that are more represented than others are White, Black or Black British African, and the Asian or Asian British categories. This is likely to be reflective of our localities with the some BME groups being in situ due to international recruitment and representation in certain professions.

There has been an increase in staff sharing their disability identity, it is important to continue to support staff so this is incorporated in our equality monitoring work and WDES action plan.

Our marital status and civil partnership data shows that a high percentage of staff either identify as married or single. This will continue to influence the development of policies.

The Trust's workforce equality monitoring data can be found in Appendix 1 below.

Patient

The Trust acknowledges that its systems need to improve in capturing patient equality monitoring information and correlate it with information about the communities we serve. This will be included in in future PSED reports once available. However, a link to the following app Microsoft Power BI provides information on the Trust's catchment populations and segregates the data in terms of age, gender and ethnicity.

Conclusions and Next Steps

This EDI Annual report provides an overview of the activities undertaken to meet our Equality Objectives and demonstrates the Trust's commitment to embed inclusivity into service provision and employment practices.

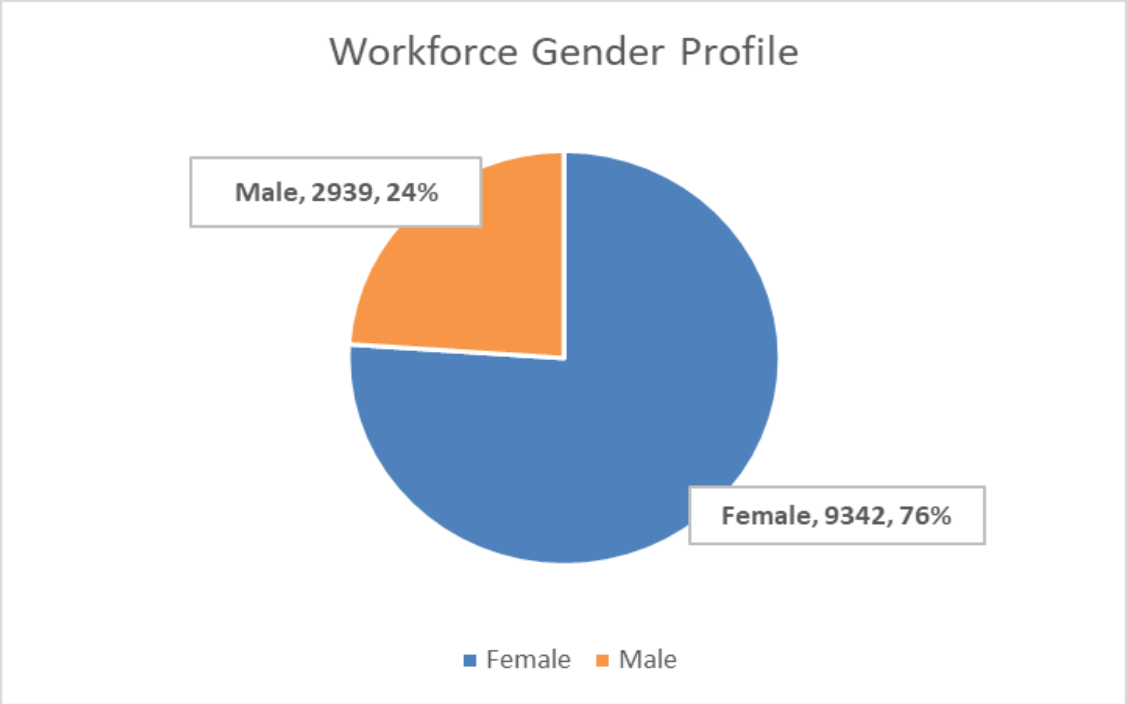
We will continue to focus on the objectives stated above by ensuring they are integrated into current streams of work. The Trust's Inclusion Forum has oversight of the Trust's EDI compliance requirements and progress towards meeting its duty under the Equality Act 2010. The Trust's Equality Objectives for 2020-2028 can be found in a separate report on the Trust's website.

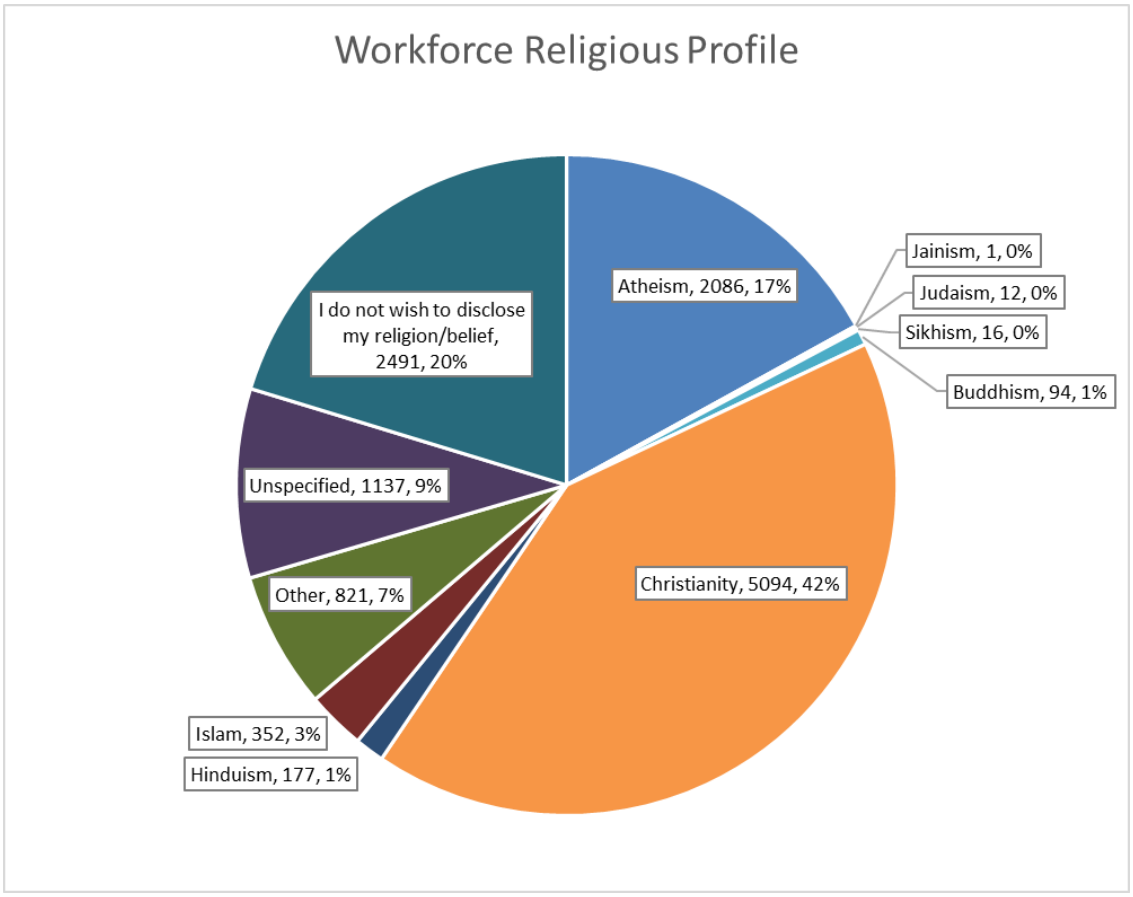
Appendix 1

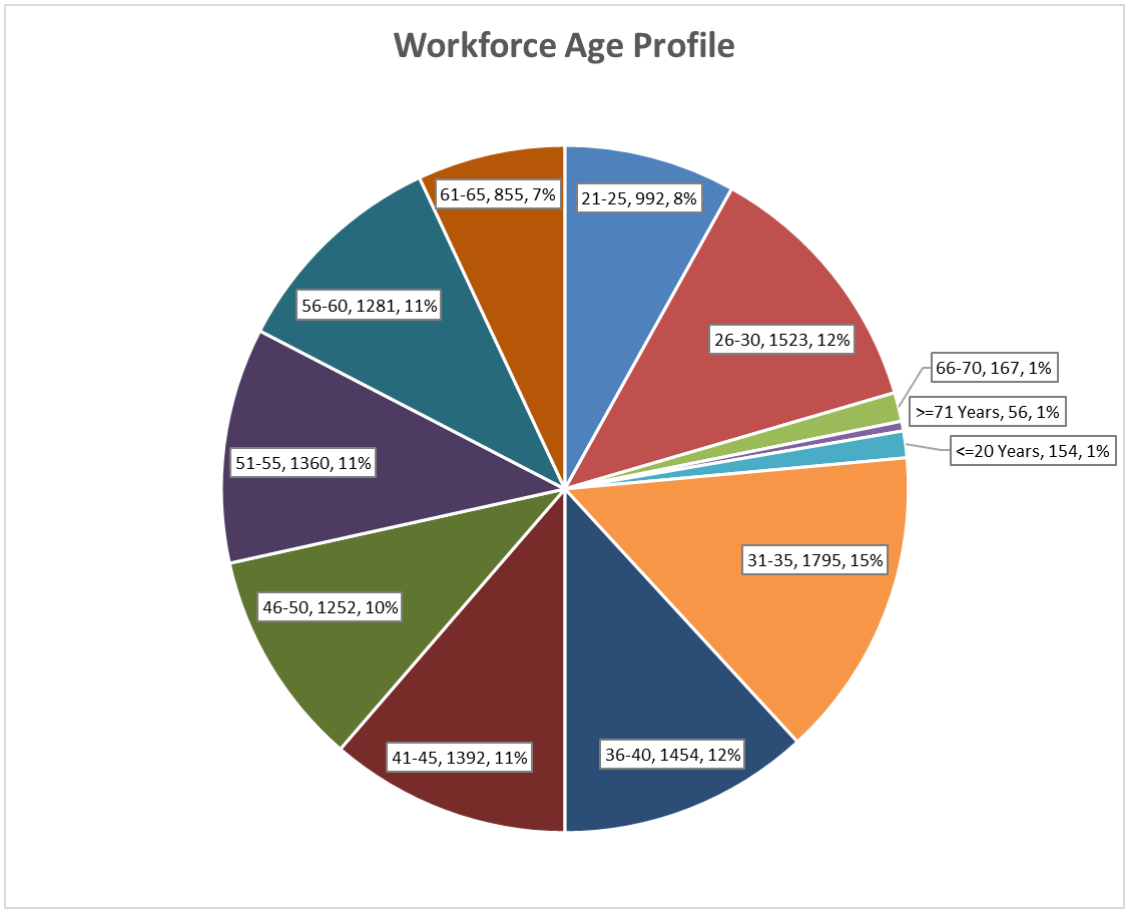
Public Sector Equality Duty, Workforce Equality Monitoring Information

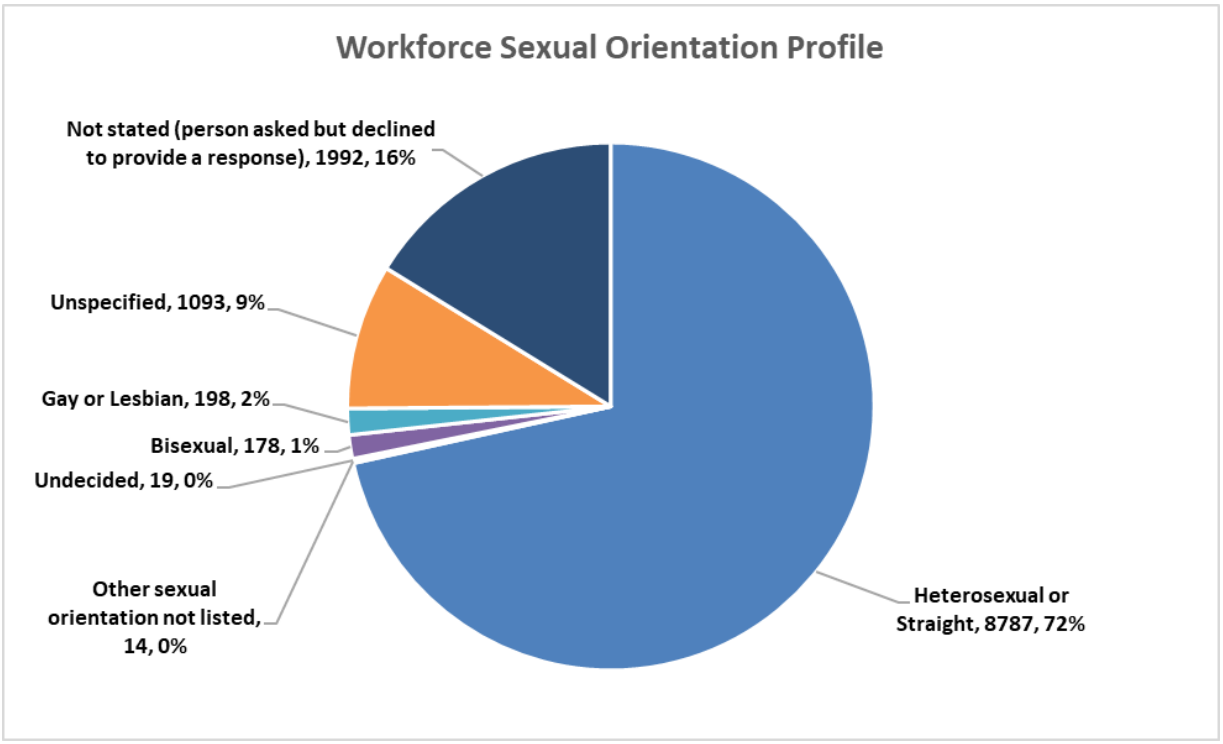
The below data covers York & Scarborough Teaching Hospitals, York Teaching Hospital Facilities Management LLP and Bank workers.

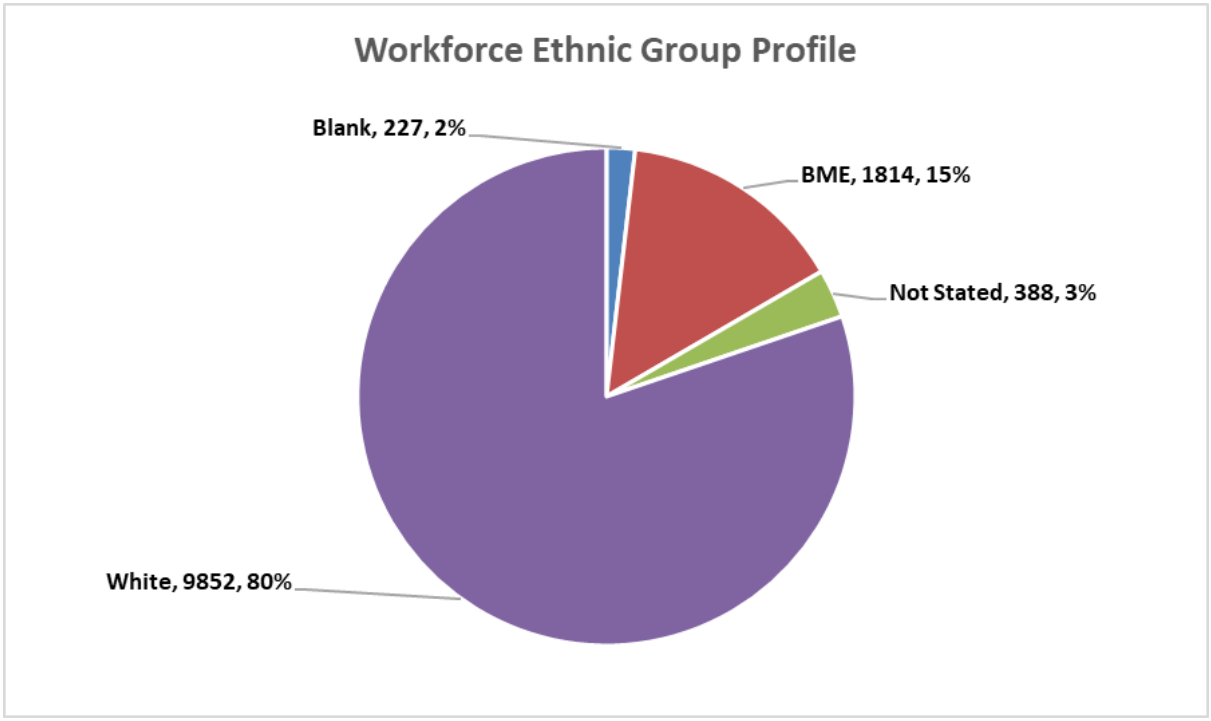
- **Staff in post headcount = 12,281**

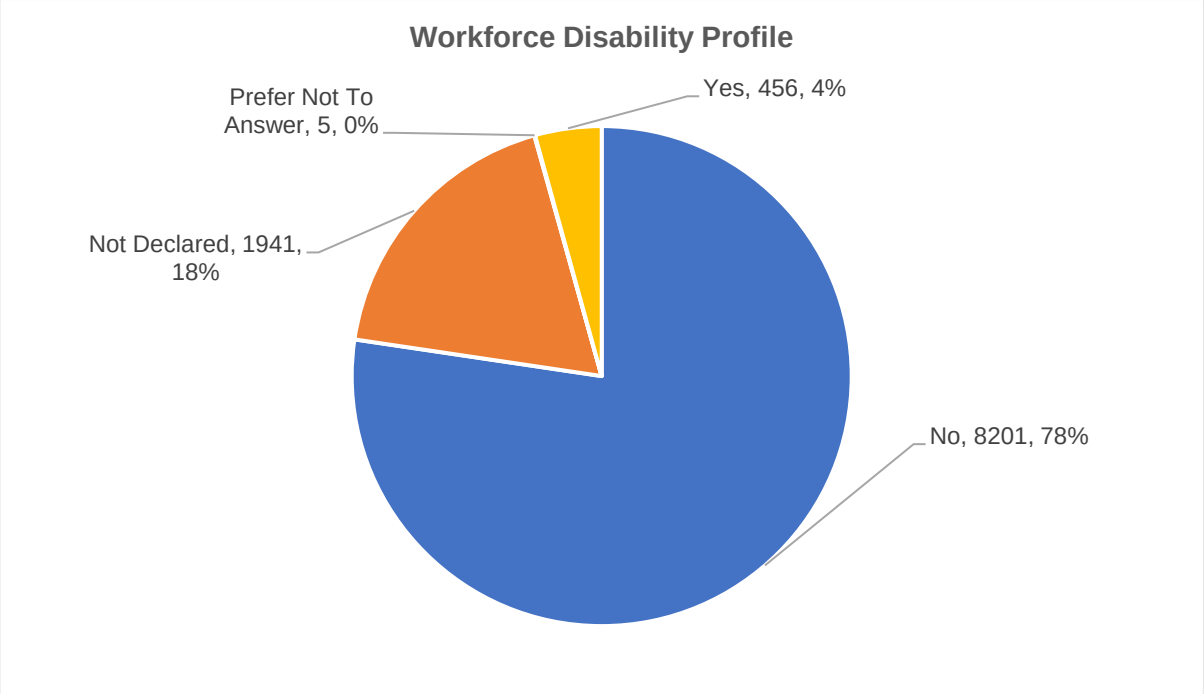


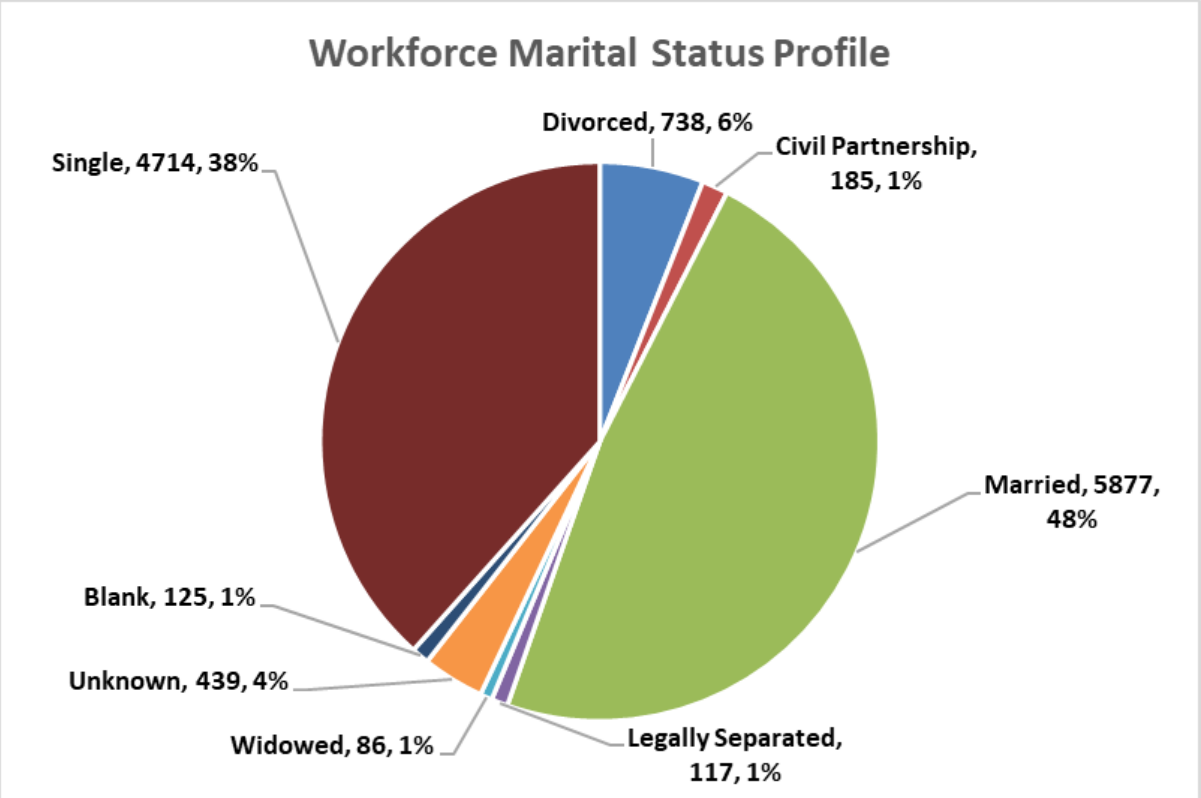

Workforce Religious Profile
Atheism, 2086, 17%
Jainism, 1, 0%
Judaism, 12, 0%
Sikhism, 16, 0%
Buddhism, 94, 1%
I do not wish to disclose my religion/belief, 2491, 20%
Unspecified, 1137, 9%
Other, 821, 7%
Christianity, 5094, 42%
Islam, 352, 3%
Hinduism, 177, 1%


Workforce Age Profile
61-65, 855, 7%
21-25, 992, 8%
56-60, 1281, 11%
26-30, 1523, 12%
66-70, 167, 1%
>=71 Years, 56, 1%
<=20 Years, 154, 1%
51-55, 1360, 11%
31-35, 1795, 15%
46-50, 1252, 10%
41-45, 1392, 11%
36-40, 1454, 12%


Workforce Sexual Orientation Profile
Not stated (person asked but declined to provide a response), 1992, 16%
Unspecified, 1093, 9%
Gay or Lesbian, 198, 2%
Bisexual, 178, 1%
Undecided, 19, 0%
Other sexual orientation not listed, 14, 0%
Heterosexual or Straight, 8787, 72%


Workforce Ethnic Group Profile
Blank, 227, 2%
BME, 1814, 15%
Not Stated, 388, 3%
White, 9852, 80%


Workforce Disability Profile
Prefer Not To Answer, 5, 0%
Yes, 456, 4%
Not Declared, 1941, 18%
No, 8201, 78%


Workforce Marital Status Profile
Divorced, 738, 6%
Civil Partnership, 185, 1%
Single, 4714, 38%
Married, 5877, 48%
Blank, 125, 1%
Unknown, 439, 4%
Widowed, 86, 1%
Legally Separated, 117, 1%

Ethnic Origin	Headcount	Origin vs Total (%)
Any Other Ethnic Group	170	1.38%
Asian British	9	0.07%
Asian Mixed	3	0.02%
Asian or Asian British - Any other Asian background	266	2.17%
Asian or Asian British - Bangladeshi	23	0.19%
Asian or Asian British - Indian	448	3.65%
Asian or Asian British - Pakistani	63	0.51%
Asian Sinhalese	2	0.02%
Asian Sri Lankan	2	0.02%
Asian Unspecified	3	0.02%
Black British	3	0.02%
Black Mixed	1	0.01%
Black Nigerian	14	0.11%
Black or Black British - African	466	3.79%
Black or Black British - Any other Black background	22	0.18%
Black or Black British - Caribbean	29	0.24%
Black Unspecified	1	0.01%
Chinese	64	0.52%
Filipino	50	0.41%
Malaysian	2	0.02%
Mixed - Any other mixed background	22	0.18%
Mixed - Asian & Chinese	2	0.02%
Mixed - Black & White	1	0.01%
Mixed - Other/Unspecified	20	0.16%
Mixed - White & Asian	51	0.42%
Mixed - White & Black African	53	0.43%
Mixed - White & Black Caribbean	20	0.16%
Not Stated	388	3.16%
Other Specified	4	0.03%
Unspecified	227	1.85%
White - Any other White background	359	2.92%
White - British	8718	70.99%
White - Irish	68	0.55%
White Cypriot (non specific)	1	0.01%
White English	366	2.98%
White Greek	5	0.04%
White Italian	2	0.02%
White Mixed	3	0.02%
White Northern Irish	8	0.07%
White Other European	73	0.59%

White Other Ex-Yugoslav	2	0.02%
White Polish	67	0.55%
White Scottish	15	0.12%
White Serbian	2	0.02%
White Turkish	3	0.02%
White Unspecified	157	1.28%
White Welsh	3	0.02%
Grand Total	**12281**	**100.00%**

Care Group Area vs Employee Gender	Headcount of Gender	Percentage of Gender
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Female	1742	14.18%
Male	502	4.09%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Female	49	0.40%
Male	9	0.07%
419 CG Chief Nurse Team	**121**	**0.99%**
Female	87	0.71%
Male	34	0.28%
419 CG Corporate Services	**32**	**0.26%**
Female	24	0.20%
Male	8	0.07%
419 CG Digital Information Services Group	**253**	**2.06%**
Female	132	1.07%
Male	121	0.99%
419 CG Family Health Care Group	**954**	**7.77%**
Female	898	7.31%
Male	56	0.46%
419 CG Finance Group	**224**	**1.82%**
Female	137	1.12%
Male	87	0.71%
419 CG Medical Governance Group	**62**	**0.50%**
Female	46	0.37%
Male	16	0.13%
419 CG Medicine	**3068**	**24.98%**
Female	2478	20.18%
Male	590	4.80%
419 CG Operations Management Group	**237**	**1.93%**
Female	211	1.72%

Male	26	0.21%
419 CG Surgery	**1936**	**15.76%**
Female	1457	11.86%
Male	479	3.90%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Female	1340	10.91%
Male	436	3.55%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Female	741	6.03%
Male	575	4.68%
Grand Total	**12281**	**100.00%**

Care Group Area vs Religion	Headcount of Religious Belief	Percentage of Religious Belief
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Atheism	436	3.55%
Buddhism	14	0.11%
Christianity	896	7.30%
Hinduism	24	0.20%
I do not wish to disclose my religion/belief	393	3.20%
Islam	55	0.45%
Judaism	4	0.03%
Other	159	1.29%
Sikhism	4	0.03%
Unspecified	259	2.11%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Atheism	14	0.11%
Buddhism	1	0.01%
Christianity	25	0.20%
I do not wish to disclose my religion/belief	11	0.09%
Other	3	0.02%
Unspecified	4	0.03%
419 CG Chief Nurse Team	**121**	**0.99%**
Atheism	19	0.15%
Buddhism	1	0.01%
Christianity	66	0.54%

Hinduism	1	0.01%
I do not wish to disclose my religion/belief	23	0.19%
Other	7	0.06%
Unspecified	4	0.03%
419 CG Corporate Services	**32**	**0.26%**
Atheism	4	0.03%
Christianity	14	0.11%
I do not wish to disclose my religion/belief	6	0.05%
Other	1	0.01%
Unspecified	7	0.06%
419 CG Digital Information Services Group	**253**	**2.06%**
Atheism	61	0.50%
Buddhism	1	0.01%
Christianity	94	0.77%
Hinduism	1	0.01%
I do not wish to disclose my religion/belief	33	0.27%
Islam	1	0.01%
Judaism	1	0.01%
Other	12	0.10%
Unspecified	49	0.40%
419 CG Family Health Care Group	**954**	**7.77%**
Atheism	196	1.60%
Buddhism	4	0.03%
Christianity	390	3.18%
Hinduism	9	0.07%
I do not wish to disclose my religion/belief	161	1.31%
Islam	23	0.19%
Other	71	0.58%
Sikhism	2	0.02%
Unspecified	98	0.80%
419 CG Finance Group	**224**	**1.82%**
Atheism	45	0.37%
Christianity	92	0.75%
I do not wish to disclose my religion/belief	36	0.29%
Islam	8	0.07%
Other	15	0.12%
Sikhism	1	0.01%
Unspecified	27	0.22%
419 CG Medical Governance Group	**62**	**0.50%**
Atheism	14	0.11%
Buddhism	2	0.02%
Christianity	26	0.21%

I do not wish to disclose my religion/belief	11	0.09%
Islam	3	0.02%
Other	2	0.02%
Unspecified	4	0.03%
419 CG Medicine	**3068**	**24.98%**
Atheism	441	3.59%
Buddhism	38	0.31%
Christianity	1425	11.60%
Hinduism	69	0.56%
I do not wish to disclose my religion/belief	539	4.39%
Islam	113	0.92%
Judaism	4	0.03%
Other	192	1.56%
Sikhism	3	0.02%
Unspecified	244	1.99%
419 CG Operations Management Group	**237**	**1.93%**
Atheism	43	0.35%
Buddhism	1	0.01%
Christianity	107	0.87%
I do not wish to disclose my religion/belief	48	0.39%
Other	21	0.17%
Unspecified	17	0.14%
419 CG Surgery	**1936**	**15.76%**
Atheism	331	2.70%
Buddhism	9	0.07%
Christianity	781	6.36%
Hinduism	43	0.35%
I do not wish to disclose my religion/belief	369	3.00%
Islam	66	0.54%
Other	107	0.87%
Sikhism	2	0.02%
Unspecified	228	1.86%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Atheism	318	2.59%
Buddhism	20	0.16%
Christianity	636	5.18%
Hinduism	24	0.20%
I do not wish to disclose my religion/belief	384	3.13%
Islam	69	0.56%
Jainism	1	0.01%
Judaism	3	0.02%
Other	141	1.15%

Sikhism	4	0.03%
Unspecified	176	1.43%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Atheism	164	1.34%
Buddhism	3	0.02%
Christianity	542	4.41%
Hinduism	6	0.05%
I do not wish to disclose my religion/belief	477	3.88%
Islam	14	0.11%
Other	90	0.73%
Unspecified	20	0.16%
Grand Total	**12281**	**100.00%**

Care Group Area vs Age	Headcount of Age	Percentage of Age
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
<=20 Years	12	0.10%
>=71 Years	10	0.08%
21-25	147	1.20%
26-30	237	1.93%
31-35	289	2.35%
36-40	309	2.52%
41-45	298	2.43%
46-50	248	2.02%
51-55	270	2.20%
56-60	242	1.97%
61-65	161	1.31%
66-70	21	0.17%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
26-30	7	0.06%
31-35	3	0.02%
36-40	9	0.07%
41-45	12	0.10%
46-50	6	0.05%
51-55	5	0.04%
56-60	10	0.08%
61-65	3	0.02%
66-70	3	0.02%
419 CG Chief Nurse Team	**121**	**0.99%**

>=71 Years	2	0.02%
21-25	1	0.01%
26-30	5	0.04%
31-35	12	0.10%
36-40	11	0.09%
41-45	15	0.12%
46-50	19	0.15%
51-55	23	0.19%
56-60	21	0.17%
61-65	11	0.09%
66-70	1	0.01%
419 CG Corporate Services	**32**	**0.26%**
26-30	2	0.02%
31-35	4	0.03%
36-40	3	0.02%
41-45	4	0.03%
46-50	4	0.03%
51-55	6	0.05%
56-60	8	0.07%
61-65	1	0.01%
419 CG Digital Information Services Group	**253**	**2.06%**
>=71 Years	1	0.01%
21-25	8	0.07%
26-30	24	0.20%
31-35	35	0.28%
36-40	30	0.24%
41-45	28	0.23%
46-50	29	0.24%
51-55	42	0.34%
56-60	29	0.24%
61-65	25	0.20%
66-70	2	0.02%
419 CG Family Health Care Group	**954**	**7.77%**
<=20 Years	2	0.02%
21-25	86	0.70%
26-30	119	0.97%
31-35	148	1.21%
36-40	148	1.21%
41-45	128	1.04%
46-50	91	0.74%
51-55	92	0.75%
56-60	90	0.73%

61-65	43	0.35%
66-70	7	0.06%
419 CG Finance Group	**224**	**1.82%**
21-25	11	0.09%
26-30	12	0.10%
31-35	31	0.25%
36-40	19	0.15%
41-45	27	0.22%
46-50	26	0.21%
51-55	41	0.33%
56-60	35	0.28%
61-65	20	0.16%
66-70	2	0.02%
419 CG Medical Governance Group	**62**	**0.50%**
21-25	10	0.08%
26-30	18	0.15%
31-35	8	0.07%
36-40	7	0.06%
41-45	2	0.02%
46-50	8	0.07%
51-55	5	0.04%
56-60	3	0.02%
61-65	1	0.01%
419 CG Medicine	**3068**	**24.98%**
<=20 Years	35	0.28%
>=71 Years	11	0.09%
21-25	297	2.42%
26-30	440	3.58%
31-35	503	4.10%
36-40	347	2.83%
41-45	336	2.74%
46-50	335	2.73%
51-55	320	2.61%
56-60	250	2.04%
61-65	164	1.34%
66-70	30	0.24%
419 CG Operations Management Group	**237**	**1.93%**
<=20 Years	1	0.01%
>=71 Years	1	0.01%
21-25	9	0.07%
26-30	21	0.17%
31-35	29	0.24%

36-40	26	0.21%
41-45	21	0.17%
46-50	23	0.19%
51-55	39	0.32%
56-60	45	0.37%
61-65	21	0.17%
66-70	1	0.01%
419 CG Surgery	**1936**	**15.76%**
<=20 Years	19	0.15%
>=71 Years	5	0.04%
21-25	164	1.34%
26-30	255	2.08%
31-35	285	2.32%
36-40	207	1.69%
41-45	223	1.82%
46-50	214	1.74%
51-55	219	1.78%
56-60	200	1.63%
61-65	125	1.02%
66-70	20	0.16%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
<=20 Years	58	0.47%
>=71 Years	12	0.10%
21-25	191	1.56%
26-30	297	2.42%
31-35	330	2.69%
36-40	191	1.56%
41-45	154	1.25%
46-50	121	0.99%
51-55	132	1.07%
56-60	132	1.07%
61-65	119	0.97%
66-70	39	0.32%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
<=20 Years	27	0.22%
>=71 Years	14	0.11%
21-25	68	0.55%
26-30	86	0.70%
31-35	118	0.96%
36-40	147	1.20%
41-45	144	1.17%
46-50	128	1.04%

51-55	166	1.35%
56-60	216	1.76%
61-65	161	1.31%
66-70	41	0.33%
Grand Total	**12281**	**100.00%**

Care Group Area vs Sexual Orientation	Headcount of Sexual Orientation	Percentage of Sexual Orientation
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Bisexual	35	0.28%
Gay or Lesbian	49	0.40%
Heterosexual or Straight	1585	12.91%
Not stated (person asked but declined to provide a response)	315	2.56%
Other sexual orientation not listed	3	0.02%
Undecided	7	0.06%
Unspecified	250	2.04%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Bisexual	2	0.02%
Gay or Lesbian	2	0.02%
Heterosexual or Straight	45	0.37%
Not stated (person asked but declined to provide a response)	5	0.04%
Unspecified	4	0.03%
419 CG Chief Nurse Team	**121**	**0.99%**
Gay or Lesbian	5	0.04%
Heterosexual or Straight	100	0.81%
Not stated (person asked but declined to provide a response)	12	0.10%
Unspecified	4	0.03%
419 CG Corporate Services	**32**	**0.26%**
Heterosexual or Straight	21	0.17%
Not stated (person asked but declined to provide a response)	4	0.03%
Unspecified	7	0.06%
419 CG Digital Information Services Group	**253**	**2.06%**
Bisexual	6	0.05%
Gay or Lesbian	7	0.06%
Heterosexual or Straight	173	1.41%

Not stated (person asked but declined to provide a response)	19	0.15%
Unspecified	48	0.39%
419 CG Family Health Care Group	**954**	**7.77%**
Bisexual	13	0.11%
Gay or Lesbian	10	0.08%
Heterosexual or Straight	702	5.72%
Not stated (person asked but declined to provide a response)	132	1.07%
Undecided	1	0.01%
Unspecified	96	0.78%
419 CG Finance Group	**224**	**1.82%**
Bisexual	2	0.02%
Gay or Lesbian	3	0.02%
Heterosexual or Straight	166	1.35%
Not stated (person asked but declined to provide a response)	24	0.20%
Other sexual orientation not listed	2	0.02%
Unspecified	27	0.22%
419 CG Medical Governance Group	**62**	**0.50%**
Bisexual	4	0.03%
Gay or Lesbian	2	0.02%
Heterosexual or Straight	45	0.37%
Not stated (person asked but declined to provide a response)	8	0.07%
Unspecified	3	0.02%
419 CG Medicine	**3068**	**24.98%**
Bisexual	42	0.34%
Gay or Lesbian	48	0.39%
Heterosexual or Straight	2310	18.81%
Not stated (person asked but declined to provide a response)	433	3.53%
Other sexual orientation not listed	3	0.02%
Undecided	4	0.03%
Unspecified	228	1.86%
419 CG Operations Management Group	**237**	**1.93%**
Bisexual	2	0.02%
Gay or Lesbian	5	0.04%
Heterosexual or Straight	184	1.50%
Not stated (person asked but declined to provide a response)	30	0.24%
Unspecified	16	0.13%
419 CG Surgery	**1936**	**15.76%**

Bisexual	16	0.13%
Gay or Lesbian	22	0.18%
Heterosexual or Straight	1328	10.81%
Not stated (person asked but declined to provide a response)	344	2.80%
Other sexual orientation not listed	1	0.01%
Undecided	3	0.02%
Unspecified	222	1.81%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Bisexual	45	0.37%
Gay or Lesbian	28	0.23%
Heterosexual or Straight	1244	10.13%
Not stated (person asked but declined to provide a response)	282	2.30%
Other sexual orientation not listed	4	0.03%
Undecided	2	0.02%
Unspecified	171	1.39%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Bisexual	11	0.09%
Gay or Lesbian	17	0.14%
Heterosexual or Straight	884	7.20%
Not stated (person asked but declined to provide a response)	384	3.13%
Other sexual orientation not listed	1	0.01%
Undecided	2	0.02%
Unspecified	17	0.14%
Grand Total	**12281**	**100.00%**

Care Group Area vs Disability	Headcount of Disability	Percentage of Disability
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
No	1693	13.79%
Not Declared	99	0.81%
Unspecified	366	2.98%
Yes	86	0.70%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
No	49	0.40%
Unspecified	6	0.05%
Yes	3	0.02%

419 CG Chief Nurse Team	**121**	**0.99%**
No	100	0.81%
Not Declared	2	0.02%
Unspecified	10	0.08%
Yes	9	0.07%
419 CG Corporate Services	**32**	**0.26%**
No	22	0.18%
Unspecified	9	0.07%
Yes	1	0.01%
419 CG Digital Information Services Group	**253**	**2.06%**
No	175	1.42%
Not Declared	3	0.02%
Unspecified	57	0.46%
Yes	18	0.15%
419 CG Family Health Care Group	**954**	**7.77%**
No	753	6.13%
Not Declared	15	0.12%
Unspecified	143	1.16%
Yes	43	0.35%
419 CG Finance Group	**224**	**1.82%**
No	170	1.38%
Unspecified	42	0.34%
Yes	12	0.10%
419 CG Medical Governance Group	**62**	**0.50%**
No	52	0.42%
Not Declared	3	0.02%
Unspecified	6	0.05%
Yes	1	0.01%
419 CG Medicine	**3068**	**24.98%**
No	2503	20.38%
Not Declared	91	0.74%
Prefer Not To Answer	1	0.01%
Unspecified	371	3.02%
Yes	102	0.83%
419 CG Operations Management Group	**237**	**1.93%**
No	194	1.58%
Not Declared	7	0.06%
Prefer Not To Answer	1	0.01%
Unspecified	28	0.23%
Yes	7	0.06%
419 CG Surgery	**1936**	**15.76%**
No	1521	12.38%

Not Declared	36	0.29%
Prefer Not To Answer	2	0.02%
Unspecified	313	2.55%
Yes	64	0.52%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
No	1435	11.68%
Not Declared	30	0.24%
Prefer Not To Answer	2	0.02%
Unspecified	233	1.90%
Yes	76	0.62%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
No	1203	9.80%
Not Declared	36	0.29%
Prefer Not To Answer	2	0.02%
Unspecified	29	0.24%
Yes	46	0.37%
Grand Total	**12281**	**100.00%**

Care Group Area vs Ethnic Group	Headcount of Ethnic Group	Percentage of Ethnic Group
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Blank	31	0.25%
BME	243	1.98%
Not Stated	56	0.46%
White	1914	15.59%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Blank	2	0.02%
BME	3	0.02%
Not Stated	1	0.01%
White	52	0.42%
419 CG Chief Nurse Team	**121**	**0.99%**
BME	6	0.05%
Not Stated	2	0.02%
White	113	0.92%
419 CG Corporate Services	**32**	**0.26%**
BME	1	0.01%
Not Stated	1	0.01%
White	30	0.24%

419 CG Digital Information Services Group	**253**	**2.06%**
Blank	1	0.01%
BME	14	0.11%
Not Stated	4	0.03%
White	234	1.91%
419 CG Family Health Care Group	**954**	**7.77%**
Blank	7	0.06%
BME	84	0.68%
Not Stated	13	0.11%
White	850	6.92%
419 CG Finance Group	**224**	**1.82%**
BME	14	0.11%
Not Stated	3	0.02%
White	207	1.69%
419 CG Medical Governance Group	**62**	**0.50%**
Blank	2	0.02%
BME	10	0.08%
Not Stated	2	0.02%
White	48	0.39%
419 CG Medicine	**3068**	**24.98%**
Blank	64	0.52%
BME	712	5.80%
Not Stated	82	0.67%
White	2210	18.00%
419 CG Operations Management Group	**237**	**1.93%**
Blank	1	0.01%
BME	4	0.03%
Not Stated	3	0.02%
White	229	1.86%
419 CG Surgery	**1936**	**15.76%**
Blank	26	0.21%
BME	356	2.90%
Not Stated	96	0.78%
White	1458	11.87%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Blank	69	0.56%
BME	291	2.37%
Not Stated	79	0.64%
White	1337	10.89%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Blank	24	0.20%
BME	76	0.62%

Not Stated	46	0.37%
White	1170	9.53%
Grand Total	**12281**	**100.00%**

Care Group Area vs Marital Status	Headcount of Marital Status	Percentage of Marital Status
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Civil Partnership	32	0.26%
Divorced	128	1.04%
Legally Separated	20	0.16%
Married	1124	9.15%
Single	835	6.80%
Unknown	77	0.63%
Widowed	16	0.13%
Blank	12	0.10%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Divorced	3	0.02%
Married	42	0.34%
Single	13	0.11%
419 CG Chief Nurse Team	**121**	**0.99%**
Civil Partnership	1	0.01%
Divorced	9	0.07%
Legally Separated	2	0.02%
Married	80	0.65%
Single	24	0.20%
Unknown	4	0.03%
Widowed	1	0.01%
419 CG Corporate Services	**32**	**0.26%**
Divorced	3	0.02%
Married	20	0.16%
Single	7	0.06%
Unknown	2	0.02%
419 CG Digital Information Services Group	**253**	**2.06%**
Civil Partnership	2	0.02%
Divorced	12	0.10%
Legally Separated	3	0.02%
Married	135	1.10%
Single	95	0.77%
Unknown	4	0.03%
Widowed	1	0.01%

Blank	1	0.01%
419 CG Family Health Care Group	**954**	**7.77%**
Civil Partnership	12	0.10%
Divorced	54	0.44%
Legally Separated	5	0.04%
Married	498	4.06%
Single	352	2.87%
Unknown	26	0.21%
Widowed	3	0.02%
Blank	4	0.03%
419 CG Finance Group	**224**	**1.82%**
Divorced	22	0.18%
Legally Separated	2	0.02%
Married	117	0.95%
Single	74	0.60%
Unknown	6	0.05%
Widowed	3	0.02%
419 CG Medical Governance Group	**62**	**0.50%**
Civil Partnership	1	0.01%
Divorced	1	0.01%
Married	21	0.17%
Single	35	0.28%
Unknown	2	0.02%
Blank	2	0.02%
419 CG Medicine	**3068**	**24.98%**
Civil Partnership	40	0.33%
Divorced	185	1.51%
Legally Separated	23	0.19%
Married	1499	12.21%
Single	1185	9.65%
Unknown	88	0.72%
Widowed	21	0.17%
Blank	27	0.22%
419 CG Operations Management Group	**237**	**1.93%**
Civil Partnership	4	0.03%
Divorced	27	0.22%
Legally Separated	4	0.03%
Married	121	0.99%
Single	66	0.54%
Unknown	13	0.11%
Widowed	2	0.02%
419 CG Surgery	**1936**	**15.76%**
Civil Partnership	15	0.12%
Divorced	93	0.76%
Legally Separated	18	0.15%

Married	983	8.00%
Single	719	5.85%
Unknown	80	0.65%
Widowed	7	0.06%
Blank	21	0.17%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Civil Partnership	23	0.19%
Divorced	102	0.83%
Legally Separated	15	0.12%
Married	699	5.69%
Single	823	6.70%
Unknown	71	0.58%
Widowed	15	0.12%
Blank	28	0.23%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Civil Partnership	55	0.45%
Divorced	99	0.81%
Legally Separated	25	0.20%
Married	538	4.38%
Single	486	3.96%
Unknown	66	0.54%
Widowed	17	0.14%
Blank	30	0.24%
Grand Total	**12281**	**100.00%**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Equality Objectives 2024-2028 (Public Sector Equality Duty (PSED))
Director Sponsor:	Polly McMeekin, Director of Workforce and OD and Dawn Parkes, Interim Chief Nurse
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

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

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

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

Summary of Report and Key Points to highlight:

This report is being presented to the Trust's Board of Directors for approval, as it is a legal requirement to comply with the Public Sector Equality Duty (PSED). The Trust is required to publish Equality Objectives every four years. The objectives from 2020-2024 now require renewal. The proposed objectives were discussed through the EDI Workstream and encompass known areas/issues that require focus and improvement.

The two reports presented are:

- The EDI Annual Report for 2024 (based on the Equality Objectives 2020-2024)
- The Equality Objectives for 2024-2028

Please note that these reports are within two separate papers as the documents are published on the Trust's website separately. **The Trust information is duplicated in both reports, therefore in this Equality Objectives 2024-2028 report, you are directed to read the page with the objectives on.**

The objectives focus on Workforce, Services and Building Environments and are:

- **EDI Compliance** – NHSE EDI Improvement Plan, EDS 2022, Workforce Race and Disability Equality Standards (WRES and WDES), Accessible Information Standard (AIS), Sexual Orientation Monitoring Standard (SOM), Gender Pay Gap (GPG)

- **Workforce** – Implement an anti-racism strategy, workplace (reasonable) adjustment policy and guidance on supporting neurodiverse staff.

- **Services** – Ensure the Trust's systems are able to capture equality monitoring information in order to provide insight to improve access, experience and outcomes of our patients. Health inequalities, develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area.
- **Building Environments** – The Trust's annual access audit schedule is progressed, the action plan maintained and workplan implemented.

Defined measurable outcomes will be stated within local action plans, rather than the actual Equality Objectives document.

The Equality Objectives 2024-2028 document is attached to this front cover sheet.

Recommendation:

It is recommended that the Trust's Board of Directors approve the Equality Objectives for 2024-2028 prior to publication on the Trust's website.

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

Meeting	Date	Outcome/Recommendation
Resources Committee	19 March 2024	Include KPIs in the patient objectives.

Equality Objectives 2024-2028

Photographs taken from the Celebration of Achievement Awards 2023:
Excellence in Diversity & Inclusion

People Promise

Contents

Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, Northeast Yorkshire and Ryedale - an area covering 3,400 square miles.

We manage 8 hospital sites and have a workforce of around 12,000 staff working across our hospitals within the community and York Teaching Hospitals Facilities Management (YTHFM).

We are an NHS Foundation Trust; Foundation Trusts operate independently of the Department of Health but remain part of the National Health Service (NHS). This gives us greater freedom and more formal links with patients and staff. We are accountable to them through an elected and appointed Council of Governors.

Our hospitals

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

York and Scarborough Teaching Hospitals NHS Foundation Trust is a diverse employer and provider of care. Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation. We understand that it is pivotal for our colleagues to have the best experience as this affects patient experience, safety and outcomes.

The Workforce and Service Objectives, which cover the Trust are inclusive of YTHFM, have been reviewed and focus on Access, Experience and Outcomes. Action plans are in place for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Staff Survey. The appropriate teams are involved in identifying interventions to reduce the Trust's Gender Pay Gap and the NHS England (NHSE) Equality, Diversity and Inclusion (EDI), six High Impact Actions are incorporated into the EDI Agenda.

The Equality Act 2010 and the Public Sector Equality Duty (PSED).

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions.

These are to:

1. Eliminate discrimination, harassment, and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

1. Removing or minimising disadvantages suffered by people due to their protected characteristic.
2. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
3. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
4. Taking the steps needed in meeting the needs of disabled persons that are different from the needs of persons who are not disabled; and include steps to take account of disabled person's disabilities.
5. Having due regard towards need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it, to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation
- Sexual Orientation

The PSED places additional specific duties on public authorities, including NHS Trusts, these are to:

- Publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually, and

- Prepare and publish 1 or more equality objectives by 6 April 2012 and no more than 4 years thereafter.

The NHS Equality Delivery System (EDS 2022)

Implementation of the EDS 2022 is a requirement on both NHS commissioners and NHS providers.

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 inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce Health and Wellbeing and Inclusive Leadership. It is driven by data, evidence, engagement and insight and has been amended to be brought into line with the NHS Long Term Plan, and in response to COVID-19.

Organisations must work with partners and stakeholders across the Domains. Each Outcome is to be scored based on the evidence provided. Once each Outcome has been scored an improvement plan is developed and implemented.

The Trust will continue to meet the requirements of the EDS 2022 as we recognise that this will support us in improving our delivery of care, staff experience and inclusive leadership practices.

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

EDS Domain 2 - **Workforce health and well-being**
Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.
Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source.
Outcome 2D: Staff recommend the organisation as a place to work and receive treatment.

EDS Domain 3 - Inclusive leadership

Outcome 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.

Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Outcome 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Our Commitment to Equality, Diversity and Inclusion

York and Scarborough Teaching Hospitals NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce in the development of services and our hospital environments. We are working hard to engage and listen to our colleagues to ensure that we continuously support the development of an inclusive culture in line with our Trust Value.

We are committed to taking our responsibilities seriously in providing equity and fairness to all our staff, ensuring we provide no less favourable treatment on the grounds of the 9 protected characteristics.

The aim of this report is to, not only meet the requirement of the Equality Act 2010, but to also highlight areas of good practice and any gaps that the Trust needs to focus on. It is important for us to comply but also move beyond this by creating a culture of inclusion.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- Being an organisation that is welcoming and accessible to all.
- Ensuring that there are no barriers to accessing jobs, training or promotion.
- Engaging with patients, communities and colleagues, whilst working collaboratively with our partners and stakeholders.
- Not tolerating any forms of discrimination and will challenge it safely wherever we see it, ensuring that Equality, Diversity and Inclusion (EDI) is everybody's business – continuing to embed our values and behavioural expectations; a 'Just Culture' and learning environment for all.
- Acting on staff feedback.
- Developing interventions which help our staff to understand and support one another for the benefit of each other and patients in our care.

The Trust has made good progress by providing dedicated focus on our EDI agenda. 2024 sees the Trust in a very different position to where it was two years ago. We acknowledge that we are still on a journey but embedding inclusive practices is of great focus for us.



Polly McMeekin	Simon Morritt	Dawn Parkes
Director of Workforce and OD	Chief Executive	Interim Chief Nurse

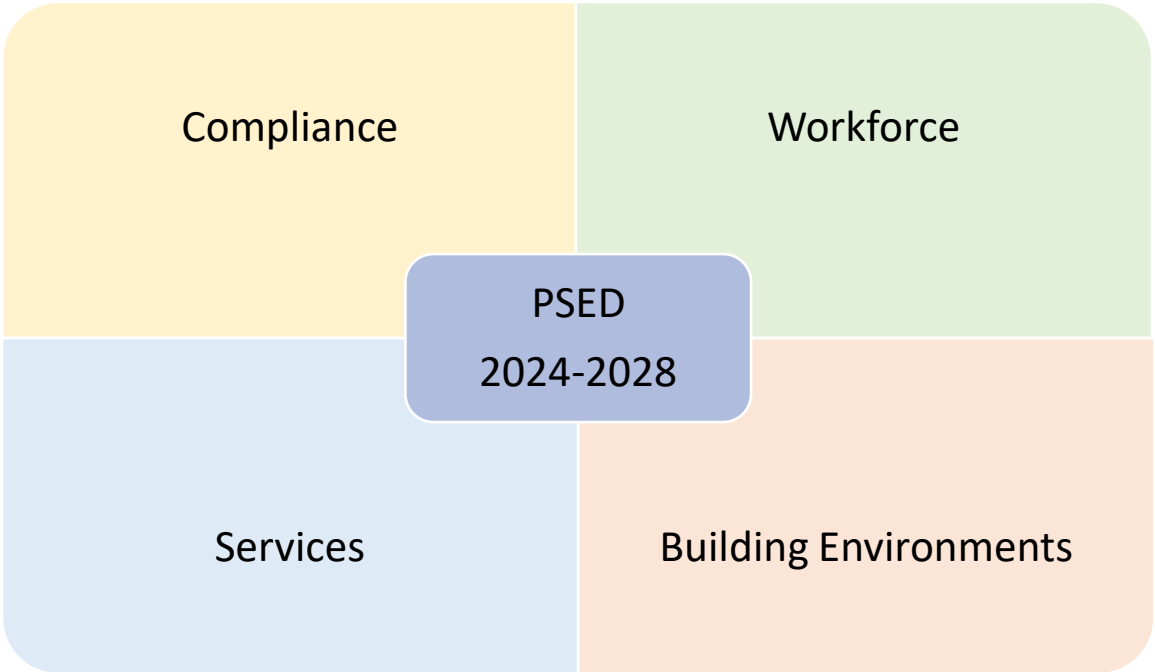
Equality, Diversity and Inclusion Objectives 2024-2028

Our new Equality Objectives for the period 2024-2028 are based on areas that we would like to continue to improve and those we know require some development.

The Trust's Inclusion Forum has oversight of the progress we are making with our objectives. The Resources and Patient Experience sub-committees also review progress then the Trust's Board of Directors provide final approval. Inclusion is integral to our strategies, policies and procedures. Our Trust engages with our Staff Networks to improve employment practices, supported by their Executive Director Sponsors and the Head of EDI, and are involved in the Trust's decision-making process.

The EDI agenda is embedded into multiple team's schemes of work and our EDI Workstream has operational responsibility for identifying local actions and solutions.

The Trust will continue to engage with our partners, stakeholders, communities and those in regions further afield to ensure that we listen, involve, learn and act on information, advice and best practice.



Aim	Objective	Measurable Outcome
Our services are accessible to all, our workforce has equitable access, experience and outcomes.	Ensure all areas of EDI compliance are met and action plans are implemented to improve experience. NHSE EDI Improvement Plan EDS 2022, Workforce Race and Disability Standards, Accessible Information Standard, Sexual Orientation Monitoring Standard, Gender Pay Gap.	Improvement measures/targets set by the Trust or nationally in relation to the WRES and WDES are met. (Several actions within the 2023-2025 WRES action plan include statistical targets, the one WDES target for this period has been met.) Effectiveness of all improvement interventions is to be analysed through the standards in 2025. *Bank WRES Indicator 1 – 0.6% by 2025 WRES Indicator 2 – achieve a relative likelihood of 1 WRES Indicator 5 – 30.8%, by 2025 WRES Indicator 8 - 2.5%, by 2025 EDS Domain improvement plans are implemented, reassessed and Domain scores improved. Year on year improvement in the Gender Pay Gap. Year on year reduction in patient experience complaints.
To improve the employment experiences of our ethnically diverse, Disabled and neurodiverse staff.	Implement an Anti-racism strategy, Workplace Adjustment policy and guidance on supporting neurodiverse staff.	An improvement in experiences will be measured through the WRES and WDES data within the Staff Survey. *WRES Indicator 5 – annual decrease of 1% WRES Indicator 6 – annual decrease of 2%

		WRES Indicator 8 – annual decrease of 1.5% WDES Indicator 8 – annual increase of 1% (in response to the 2023 Staff Survey) Compassionate and Inclusive engagement scores – annual increase of 1%
To improve in the equality monitoring of people who use our services and the demographics of our communities.	Ensure the Trust's current systems, and all new patient information systems provide the ability to capture equality monitoring information. Ensure staff record this information in order to provide insight to improve access, experience and outcomes of our patients.	Data is available and accessible to inform the patient EDI agenda. Evidence of improvement to be measured through monitoring dashboards available on Signal, which are in the process of being designed. Improvement trajectories for each system to be agreed Q2.
Foster a healthcare environment that prioritises equity, inclusivity, and improved health outcomes for all individuals, considering socio-economic, demographic, or other determinants. This should include meeting the Accessible Information Standard, delivering reasonable adjustments and eliminating discrimination.	Develop a plan that identifies health inequality priorities, legal duties and NHSE actions to address health disparities and meet equality aims within the Trust's catchment area. Develop and embed a Health Inequalities and Population Health Steering Group, implementation of the Trust plan through Task and Finish groups. Quarterly reporting to the Patient Experience Sub-Committee.	Evidence-based intervention strategies to reduce health inequalities will be in place across the services identified in the Trust's health inequalities plan, endorsed at the Patient Experience Sub-Committee in Q1. Undertake an internal baseline audit of the Accessible Information Standards in Q3. Accessible Information Working Group to develop an improvement plan with clear trajectories in Q4 – monitoring of the plan and actions through the Health Inequalities and Population Health Steering Group.

		Evidence of improvement to be measured through the reduction in the number of complaints and concerns about accessible information – target metrics to be established in Q4. Evidence of improvement to be measured through the reduction of complaints and concerns related to discrimination will decline – target metrics to be established in Q4. Evidence of improvement to be measured through development of monitoring dashboards on Signal, relating to length of time on waiting list for treatment. Also monitoring stage at presentation for cancer patients by health inequality (and deprivation) group.
Ensure the Trust complies with the Inclusive and Accessible Build Environment Strategy.	The Trust's annual access audit schedule is progressed, the action plan maintained and workplan implemented.	Access guides are up to date, disability awareness training and the access programme is delivered and the Trust's access plan implemented.

*

Bank WRES - Indicator 1 Percentage of active workers by ethnic group and gender across key grades and staff groups.

WRES - Indicator 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts. Indicator 5 Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the last 12 months. Indicator 8 In the last 12 months have you personally experienced

discrimination at work from any of the following: Manager/team leaders or colleagues? **WDES** - Indicator 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Workforce and Patient Equality Monitoring Information

Workforce

This section focuses on internal demographics regarding staff employed by York and Scarborough Teaching Hospitals and YTHFM and has been extracted from the Electronic Service Record (ESR) on a snapshot date of 30/11/2023.

In relation to gender, our workforce is heavily made up of females which is reflective of the NHS profile. The national ESR system does not yet enable organisations to collect data on other gender identities.

There is a proportion of staff that chose not to share whether they have a religious affiliation or not and this is their right. The Trust promotes the benefits of sharing personal diversity information and will continue to do so.

Our age demographics show that there is an even spread of staff from ages 26-60, but less staff are employed below and above this. This will influence our work on apprenticeships, retirement and workforce planning.

Our sexual orientation profile shows that many staff have not disclosed their orientation and there will be different reasons for this. This will influence our EDI work on engagement, culture, psychological safety, training and equality monitoring. The LGBTQ+ Staff Network are incorporating this into their annual objectives.

The staff ethnic profile of the Trust, whilst states BME (Black and Minority Ethnic) in the pie chart is broken down further. This is important, to show the different ethnicities, but also to acknowledge and recognise that different ethnic groups have a variety of different needs and therefore should not be treated as one homogeneous group. The is only a small proportion of staff that have not shared their ethnicity. The WRES annual report goes into detail about their experiences.

The ethnic groups that are more represented than others are White, Black or Black British African, and the Asian or Asian British categories. This is likely to be reflective of our localities with the some BME groups being in situ due to international recruitment and representation in certain professions.

There has been an increase in staff sharing their disability identity, it is important to continue to support staff so this is incorporated in our equality monitoring work and WDES action plan.

Our marital status and civil partnership data shows that a high percentage of staff either identify as married or single. This will continue to influence the development of policies.

The Trust's workforce equality monitoring data can be found in Appendix 1 below.

Patient

The Trust acknowledges that its systems need to improve in capturing patient equality monitoring information and correlate it with information about the communities we serve. This will be included in in future PSED reports once available. However, a link to the following app Microsoft Power BI provides information on the Trust's catchment populations and segregates the data in terms of age, gender and ethnicity.

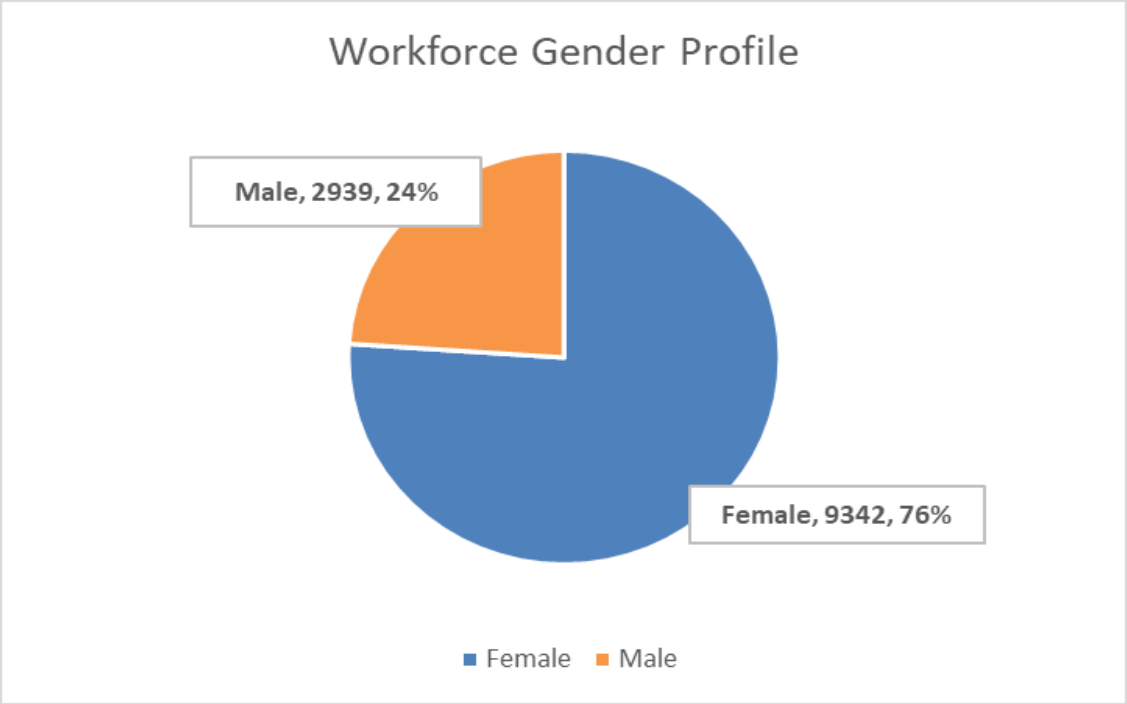
Appendix 1

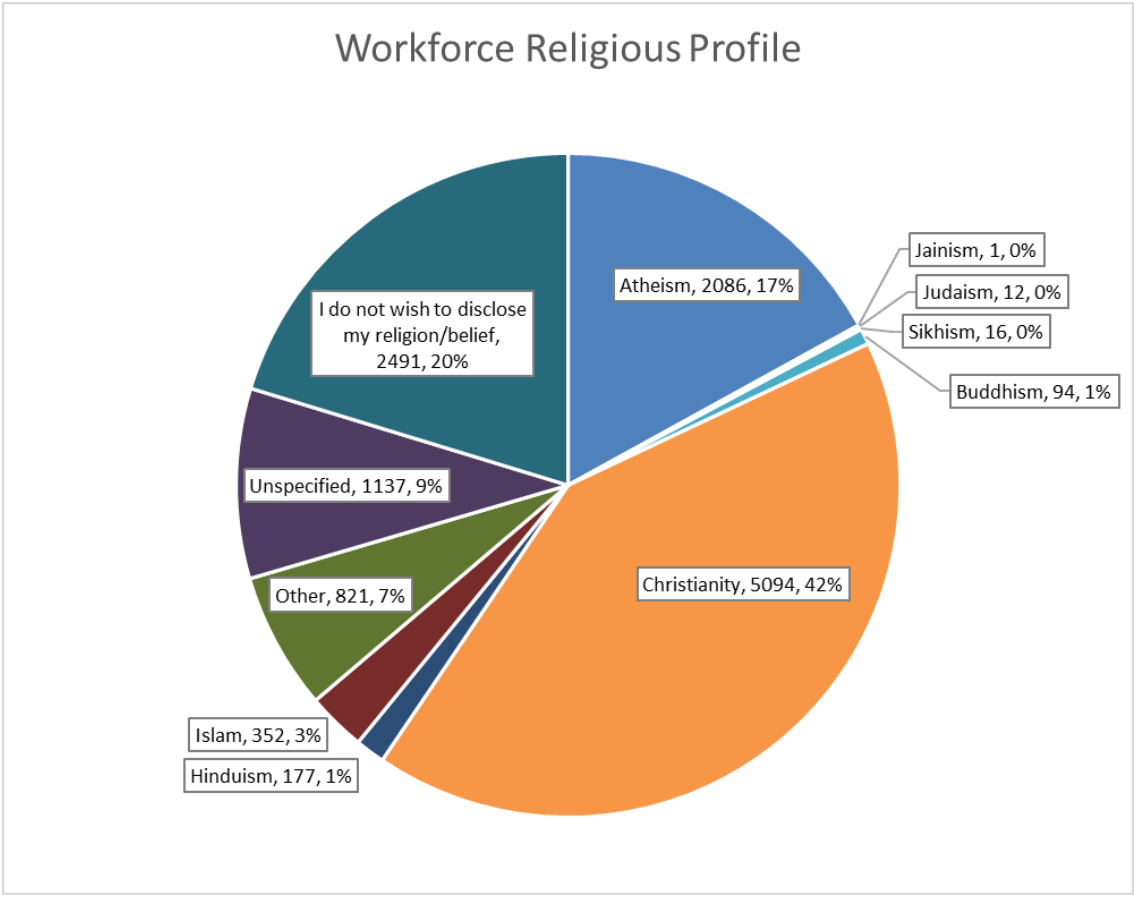
Public Sector Equality Duty, Workforce Equality Monitoring Information

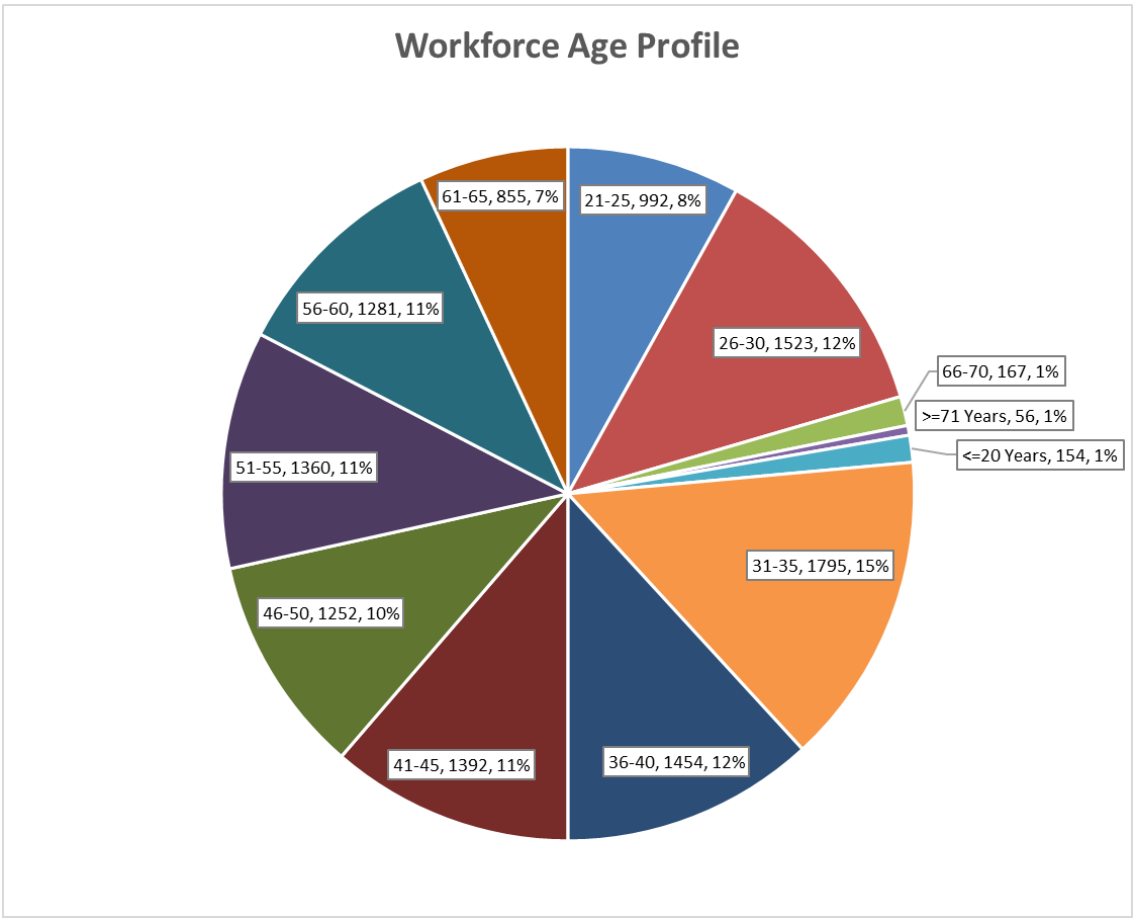
Workforce Equality Monitoring Information

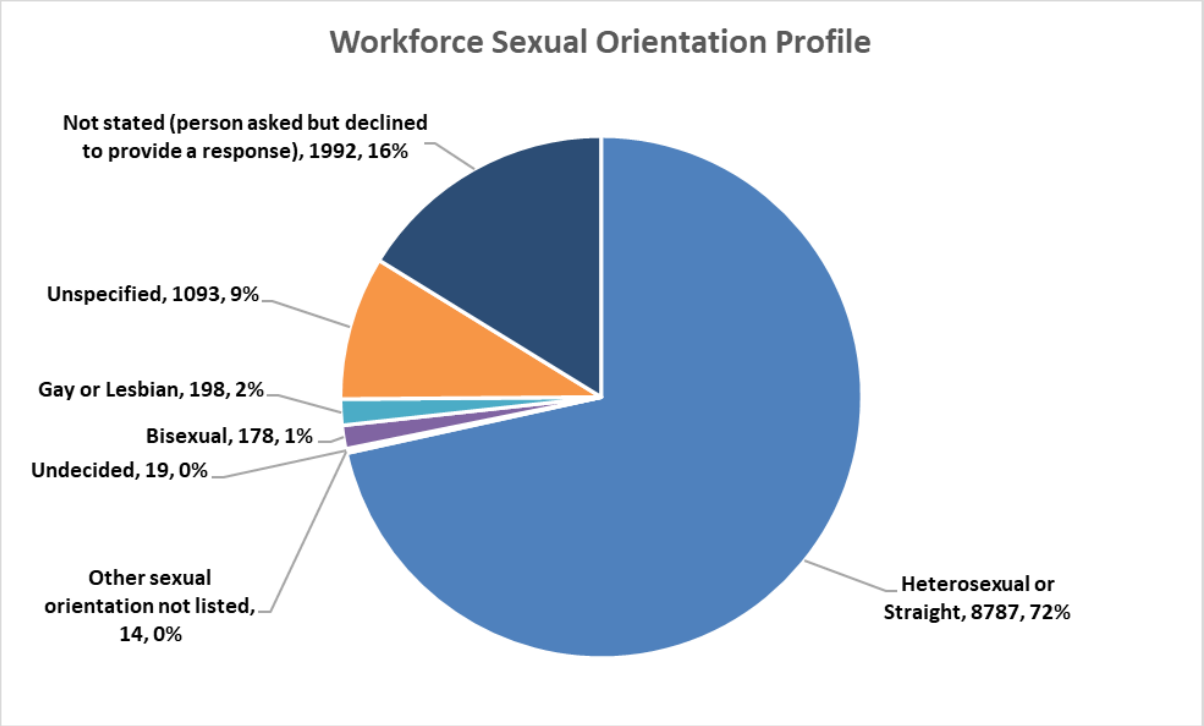
The below data covers York & Scarborough Teaching Hospitals, York Teaching Hospital Facilities Management LLP and Bank workers.

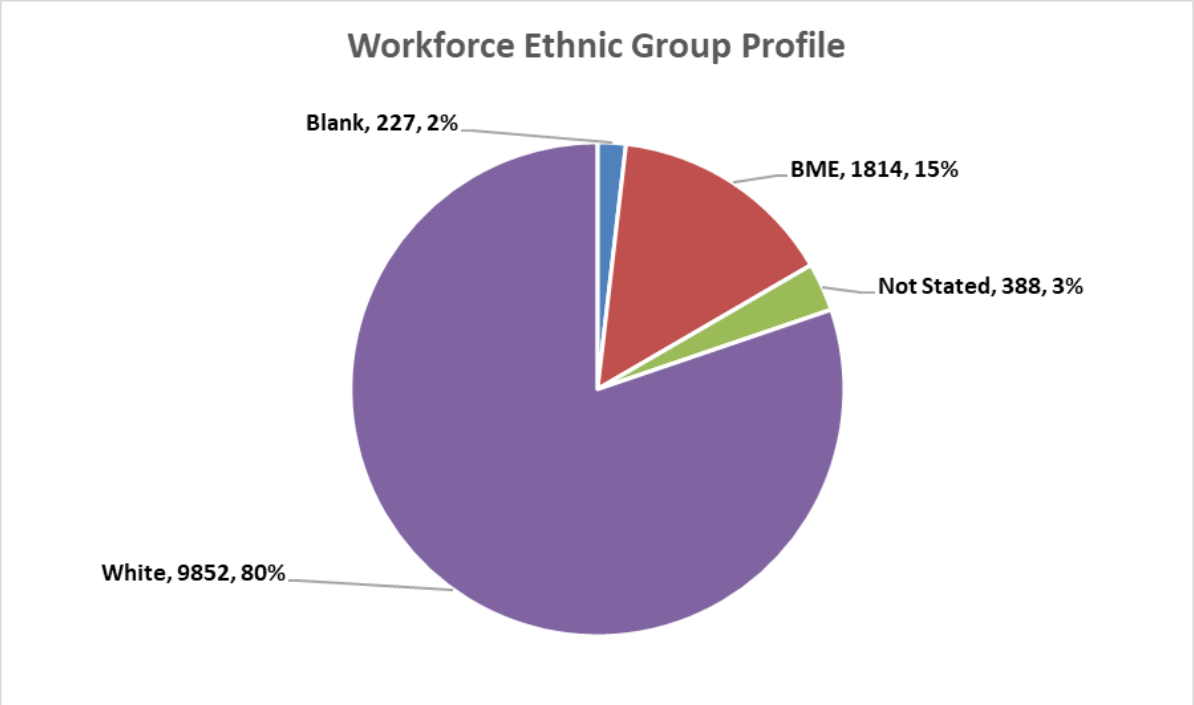
- **Staff in post headcount = 12,281**

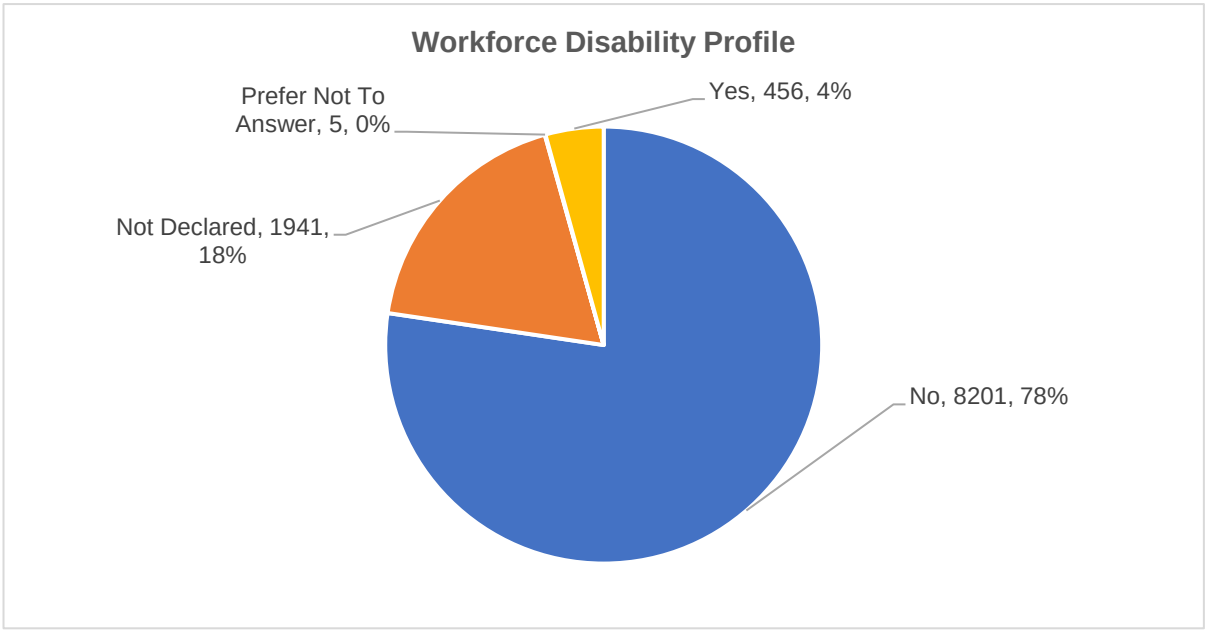


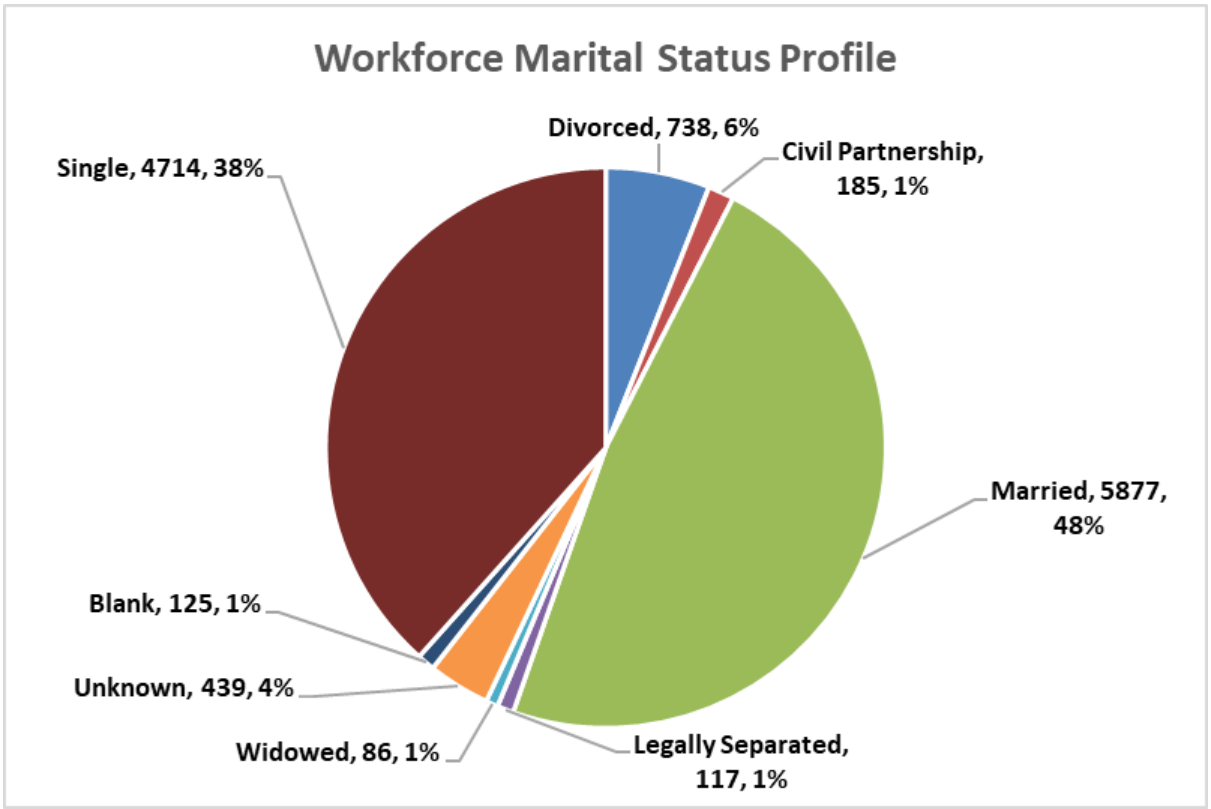

Workforce Religious Profile
Atheism, 2086, 17%
Jainism, 1, 0%
Judaism, 12, 0%
Sikhism, 16, 0%
Buddhism, 94, 1%
I do not wish to disclose my religion/belief, 2491, 20%
Unspecified, 1137, 9%
Other, 821, 7%
Christianity, 5094, 42%
Islam, 352, 3%
Hinduism, 177, 1%


Workforce Age Profile
61-65, 855, 7%
21-25, 992, 8%
56-60, 1281, 11%
26-30, 1523, 12%
66-70, 167, 1%
>=71 Years, 56, 1%
<=20 Years, 154, 1%
51-55, 1360, 11%
31-35, 1795, 15%
46-50, 1252, 10%
41-45, 1392, 11%
36-40, 1454, 12%


Workforce Sexual Orientation Profile
Not stated (person asked but declined to provide a response), 1992, 16%
Unspecified, 1093, 9%
Gay or Lesbian, 198, 2%
Bisexual, 178, 1%
Undecided, 19, 0%
Other sexual orientation not listed, 14, 0%
Heterosexual or Straight, 8787, 72%


Workforce Ethnic Group Profile
Blank, 227, 2%
BME, 1814, 15%
Not Stated, 388, 3%
White, 9852, 80%


Workforce Disability Profile
Prefer Not To Answer, 5, 0%
Yes, 456, 4%
Not Declared, 1941, 18%
No, 8201, 78%


Workforce Marital Status Profile
Divorced, 738, 6%
Civil Partnership, 185, 1%
Single, 4714, 38%
Married, 5877, 48%
Blank, 125, 1%
Unknown, 439, 4%
Widowed, 86, 1%
Legally Separated, 117, 1%

Ethnic Origin	Headcount	Origin vs Total (%)
Any Other Ethnic Group	170	1.38%
Asian British	9	0.07%
Asian Mixed	3	0.02%
Asian or Asian British - Any other Asian background	266	2.17%
Asian or Asian British - Bangladeshi	23	0.19%
Asian or Asian British - Indian	448	3.65%
Asian or Asian British - Pakistani	63	0.51%
Asian Sinhalese	2	0.02%
Asian Sri Lankan	2	0.02%
Asian Unspecified	3	0.02%
Black British	3	0.02%
Black Mixed	1	0.01%
Black Nigerian	14	0.11%
Black or Black British - African	466	3.79%
Black or Black British - Any other Black background	22	0.18%
Black or Black British - Caribbean	29	0.24%
Black Unspecified	1	0.01%
Chinese	64	0.52%
Filipino	50	0.41%
Malaysian	2	0.02%
Mixed - Any other mixed background	22	0.18%
Mixed - Asian & Chinese	2	0.02%
Mixed - Black & White	1	0.01%
Mixed - Other/Unspecified	20	0.16%
Mixed - White & Asian	51	0.42%
Mixed - White & Black African	53	0.43%
Mixed - White & Black Caribbean	20	0.16%
Not Stated	388	3.16%
Other Specified	4	0.03%
Unspecified	227	1.85%
White - Any other White background	359	2.92%
White - British	8718	70.99%
White - Irish	68	0.55%
White Cypriot (non specific)	1	0.01%
White English	366	2.98%
White Greek	5	0.04%
White Italian	2	0.02%
White Mixed	3	0.02%
White Northern Irish	8	0.07%
White Other European	73	0.59%
White Other Ex-Yugoslav	2	0.02%

White Polish	67	0.55%
White Scottish	15	0.12%
White Serbian	2	0.02%
White Turkish	3	0.02%
White Unspecified	157	1.28%
White Welsh	3	0.02%
Grand Total	**12281**	**100.00%**

Care Group Area vs Employee Gender	Headcount of Gender	Percentage of Gender
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Female	1742	14.18%
Male	502	4.09%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Female	49	0.40%
Male	9	0.07%
419 CG Chief Nurse Team	**121**	**0.99%**
Female	87	0.71%
Male	34	0.28%
419 CG Corporate Services	**32**	**0.26%**
Female	24	0.20%
Male	8	0.07%
419 CG Digital Information Services Group	**253**	**2.06%**
Female	132	1.07%
Male	121	0.99%
419 CG Family Health Care Group	**954**	**7.77%**
Female	898	7.31%
Male	56	0.46%
419 CG Finance Group	**224**	**1.82%**
Female	137	1.12%
Male	87	0.71%
419 CG Medical Governance Group	**62**	**0.50%**
Female	46	0.37%
Male	16	0.13%
419 CG Medicine	**3068**	**24.98%**
Female	2478	20.18%
Male	590	4.80%
419 CG Operations Management Group	**237**	**1.93%**
Female	211	1.72%
Male	26	0.21%

419 CG Surgery	**1936**	**15.76%**
Female	1457	11.86%
Male	479	3.90%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Female	1340	10.91%
Male	436	3.55%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Female	741	6.03%
Male	575	4.68%
Grand Total	**12281**	**100.00%**

Care Group Area vs Religion	Headcount of Religious Belief	Percentage of Religious Belief
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Atheism	436	3.55%
Buddhism	14	0.11%
Christianity	896	7.30%
Hinduism	24	0.20%
I do not wish to disclose my religion/belief	393	3.20%
Islam	55	0.45%
Judaism	4	0.03%
Other	159	1.29%
Sikhism	4	0.03%
Unspecified	259	2.11%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Atheism	14	0.11%
Buddhism	1	0.01%
Christianity	25	0.20%
I do not wish to disclose my religion/belief	11	0.09%
Other	3	0.02%
Unspecified	4	0.03%
419 CG Chief Nurse Team	**121**	**0.99%**
Atheism	19	0.15%
Buddhism	1	0.01%
Christianity	66	0.54%
Hinduism	1	0.01%
I do not wish to disclose my religion/belief	23	0.19%

Other	7	0.06%
Unspecified	4	0.03%
419 CG Corporate Services	**32**	**0.26%**
Atheism	4	0.03%
Christianity	14	0.11%
I do not wish to disclose my religion/belief	6	0.05%
Other	1	0.01%
Unspecified	7	0.06%
419 CG Digital Information Services Group	**253**	**2.06%**
Atheism	61	0.50%
Buddhism	1	0.01%
Christianity	94	0.77%
Hinduism	1	0.01%
I do not wish to disclose my religion/belief	33	0.27%
Islam	1	0.01%
Judaism	1	0.01%
Other	12	0.10%
Unspecified	49	0.40%
419 CG Family Health Care Group	**954**	**7.77%**
Atheism	196	1.60%
Buddhism	4	0.03%
Christianity	390	3.18%
Hinduism	9	0.07%
I do not wish to disclose my religion/belief	161	1.31%
Islam	23	0.19%
Other	71	0.58%
Sikhism	2	0.02%
Unspecified	98	0.80%
419 CG Finance Group	**224**	**1.82%**
Atheism	45	0.37%
Christianity	92	0.75%
I do not wish to disclose my religion/belief	36	0.29%
Islam	8	0.07%
Other	15	0.12%
Sikhism	1	0.01%
Unspecified	27	0.22%
419 CG Medical Governance Group	**62**	**0.50%**
Atheism	14	0.11%
Buddhism	2	0.02%
Christianity	26	0.21%
I do not wish to disclose my religion/belief	11	0.09%
Islam	3	0.02%

Other	2	0.02%
Unspecified	4	0.03%
419 CG Medicine	**3068**	**24.98%**
Atheism	441	3.59%
Buddhism	38	0.31%
Christianity	1425	11.60%
Hinduism	69	0.56%
I do not wish to disclose my religion/belief	539	4.39%
Islam	113	0.92%
Judaism	4	0.03%
Other	192	1.56%
Sikhism	3	0.02%
Unspecified	244	1.99%
419 CG Operations Management Group	**237**	**1.93%**
Atheism	43	0.35%
Buddhism	1	0.01%
Christianity	107	0.87%
I do not wish to disclose my religion/belief	48	0.39%
Other	21	0.17%
Unspecified	17	0.14%
419 CG Surgery	**1936**	**15.76%**
Atheism	331	2.70%
Buddhism	9	0.07%
Christianity	781	6.36%
Hinduism	43	0.35%
I do not wish to disclose my religion/belief	369	3.00%
Islam	66	0.54%
Other	107	0.87%
Sikhism	2	0.02%
Unspecified	228	1.86%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Atheism	318	2.59%
Buddhism	20	0.16%
Christianity	636	5.18%
Hinduism	24	0.20%
I do not wish to disclose my religion/belief	384	3.13%
Islam	69	0.56%
Jainism	1	0.01%
Judaism	3	0.02%
Other	141	1.15%
Sikhism	4	0.03%
Unspecified	176	1.43%

419 LLP CG Estates & Facilities	**1316**	**10.72%**
Atheism	164	1.34%
Buddhism	3	0.02%
Christianity	542	4.41%
Hinduism	6	0.05%
I do not wish to disclose my religion/belief	477	3.88%
Islam	14	0.11%
Other	90	0.73%
Unspecified	20	0.16%
Grand Total	**12281**	**100.00%**

Care Group Area vs Age	Headcount of Age	Percentage of Age
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
<=20 Years	12	0.10%
>=71 Years	10	0.08%
21-25	147	1.20%
26-30	237	1.93%
31-35	289	2.35%
36-40	309	2.52%
41-45	298	2.43%
46-50	248	2.02%
51-55	270	2.20%
56-60	242	1.97%
61-65	161	1.31%
66-70	21	0.17%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
26-30	7	0.06%
31-35	3	0.02%
36-40	9	0.07%
41-45	12	0.10%
46-50	6	0.05%
51-55	5	0.04%
56-60	10	0.08%
61-65	3	0.02%
66-70	3	0.02%
419 CG Chief Nurse Team	**121**	**0.99%**
>=71 Years	2	0.02%
21-25	1	0.01%
26-30	5	0.04%

31-35	12	0.10%
36-40	11	0.09%
41-45	15	0.12%
46-50	19	0.15%
51-55	23	0.19%
56-60	21	0.17%
61-65	11	0.09%
66-70	1	0.01%
419 CG Corporate Services	**32**	**0.26%**
26-30	2	0.02%
31-35	4	0.03%
36-40	3	0.02%
41-45	4	0.03%
46-50	4	0.03%
51-55	6	0.05%
56-60	8	0.07%
61-65	1	0.01%
419 CG Digital Information Services Group	**253**	**2.06%**
>=71 Years	1	0.01%
21-25	8	0.07%
26-30	24	0.20%
31-35	35	0.28%
36-40	30	0.24%
41-45	28	0.23%
46-50	29	0.24%
51-55	42	0.34%
56-60	29	0.24%
61-65	25	0.20%
66-70	2	0.02%
419 CG Family Health Care Group	**954**	**7.77%**
<=20 Years	2	0.02%
21-25	86	0.70%
26-30	119	0.97%
31-35	148	1.21%
36-40	148	1.21%
41-45	128	1.04%
46-50	91	0.74%
51-55	92	0.75%
56-60	90	0.73%
61-65	43	0.35%
66-70	7	0.06%
419 CG Finance Group	**224**	**1.82%**

21-25	11	0.09%
26-30	12	0.10%
31-35	31	0.25%
36-40	19	0.15%
41-45	27	0.22%
46-50	26	0.21%
51-55	41	0.33%
56-60	35	0.28%
61-65	20	0.16%
66-70	2	0.02%
419 CG Medical Governance Group	**62**	**0.50%**
21-25	10	0.08%
26-30	18	0.15%
31-35	8	0.07%
36-40	7	0.06%
41-45	2	0.02%
46-50	8	0.07%
51-55	5	0.04%
56-60	3	0.02%
61-65	1	0.01%
419 CG Medicine	**3068**	**24.98%**
<=20 Years	35	0.28%
>=71 Years	11	0.09%
21-25	297	2.42%
26-30	440	3.58%
31-35	503	4.10%
36-40	347	2.83%
41-45	336	2.74%
46-50	335	2.73%
51-55	320	2.61%
56-60	250	2.04%
61-65	164	1.34%
66-70	30	0.24%
419 CG Operations Management Group	**237**	**1.93%**
<=20 Years	1	0.01%
>=71 Years	1	0.01%
21-25	9	0.07%
26-30	21	0.17%
31-35	29	0.24%
36-40	26	0.21%
41-45	21	0.17%
46-50	23	0.19%

51-55	39	0.32%
56-60	45	0.37%
61-65	21	0.17%
66-70	1	0.01%
419 CG Surgery	**1936**	**15.76%**
<=20 Years	19	0.15%
>=71 Years	5	0.04%
21-25	164	1.34%
26-30	255	2.08%
31-35	285	2.32%
36-40	207	1.69%
41-45	223	1.82%
46-50	214	1.74%
51-55	219	1.78%
56-60	200	1.63%
61-65	125	1.02%
66-70	20	0.16%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
<=20 Years	58	0.47%
>=71 Years	12	0.10%
21-25	191	1.56%
26-30	297	2.42%
31-35	330	2.69%
36-40	191	1.56%
41-45	154	1.25%
46-50	121	0.99%
51-55	132	1.07%
56-60	132	1.07%
61-65	119	0.97%
66-70	39	0.32%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
<=20 Years	27	0.22%
>=71 Years	14	0.11%
21-25	68	0.55%
26-30	86	0.70%
31-35	118	0.96%
36-40	147	1.20%
41-45	144	1.17%
46-50	128	1.04%
51-55	166	1.35%
56-60	216	1.76%
61-65	161	1.31%

66-70	41	0.33%
Grand Total	**12281**	**100.00%**

Care Group Area vs Sexual Orientation	Headcount of Sexual Orientation	Percentage of Sexual Orientation
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Bisexual	35	0.28%
Gay or Lesbian	49	0.40%
Heterosexual or Straight	1585	12.91%
Not stated (person asked but declined to provide a response)	315	2.56%
Other sexual orientation not listed	3	0.02%
Undecided	7	0.06%
Unspecified	250	2.04%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Bisexual	2	0.02%
Gay or Lesbian	2	0.02%
Heterosexual or Straight	45	0.37%
Not stated (person asked but declined to provide a response)	5	0.04%
Unspecified	4	0.03%
419 CG Chief Nurse Team	**121**	**0.99%**
Gay or Lesbian	5	0.04%
Heterosexual or Straight	100	0.81%
Not stated (person asked but declined to provide a response)	12	0.10%
Unspecified	4	0.03%
419 CG Corporate Services	**32**	**0.26%**
Heterosexual or Straight	21	0.17%
Not stated (person asked but declined to provide a response)	4	0.03%
Unspecified	7	0.06%
419 CG Digital Information Services Group	**253**	**2.06%**
Bisexual	6	0.05%
Gay or Lesbian	7	0.06%
Heterosexual or Straight	173	1.41%
Not stated (person asked but declined to provide a response)	19	0.15%
Unspecified	48	0.39%

419 CG Family Health Care Group	**954**	**7.77%**
Bisexual	13	0.11%
Gay or Lesbian	10	0.08%
Heterosexual or Straight	702	5.72%
Not stated (person asked but declined to provide a response)	132	1.07%
Undecided	1	0.01%
Unspecified	96	0.78%
419 CG Finance Group	**224**	**1.82%**
Bisexual	2	0.02%
Gay or Lesbian	3	0.02%
Heterosexual or Straight	166	1.35%
Not stated (person asked but declined to provide a response)	24	0.20%
Other sexual orientation not listed	2	0.02%
Unspecified	27	0.22%
419 CG Medical Governance Group	**62**	**0.50%**
Bisexual	4	0.03%
Gay or Lesbian	2	0.02%
Heterosexual or Straight	45	0.37%
Not stated (person asked but declined to provide a response)	8	0.07%
Unspecified	3	0.02%
419 CG Medicine	**3068**	**24.98%**
Bisexual	42	0.34%
Gay or Lesbian	48	0.39%
Heterosexual or Straight	2310	18.81%
Not stated (person asked but declined to provide a response)	433	3.53%
Other sexual orientation not listed	3	0.02%
Undecided	4	0.03%
Unspecified	228	1.86%
419 CG Operations Management Group	**237**	**1.93%**
Bisexual	2	0.02%
Gay or Lesbian	5	0.04%
Heterosexual or Straight	184	1.50%
Not stated (person asked but declined to provide a response)	30	0.24%
Unspecified	16	0.13%
419 CG Surgery	**1936**	**15.76%**
Bisexual	16	0.13%
Gay or Lesbian	22	0.18%
Heterosexual or Straight	1328	10.81%

Not stated (person asked but declined to provide a response)	344	2.80%
Other sexual orientation not listed	1	0.01%
Undecided	3	0.02%
Unspecified	222	1.81%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Bisexual	45	0.37%
Gay or Lesbian	28	0.23%
Heterosexual or Straight	1244	10.13%
Not stated (person asked but declined to provide a response)	282	2.30%
Other sexual orientation not listed	4	0.03%
Undecided	2	0.02%
Unspecified	171	1.39%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Bisexual	11	0.09%
Gay or Lesbian	17	0.14%
Heterosexual or Straight	884	7.20%
Not stated (person asked but declined to provide a response)	384	3.13%
Other sexual orientation not listed	1	0.01%
Undecided	2	0.02%
Unspecified	17	0.14%
Grand Total	**12281**	**100.00%**

Care Group Area vs Disability	Headcount of Disability	Percentage of Disability
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
No	1693	13.79%
Not Declared	99	0.81%
Unspecified	366	2.98%
Yes	86	0.70%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
No	49	0.40%
Unspecified	6	0.05%
Yes	3	0.02%
419 CG Chief Nurse Team	**121**	**0.99%**
No	100	0.81%
Not Declared	2	0.02%

Unspecified	10	0.08%
Yes	9	0.07%
419 CG Corporate Services	**32**	**0.26%**
No	22	0.18%
Unspecified	9	0.07%
Yes	1	0.01%
419 CG Digital Information Services Group	**253**	**2.06%**
No	175	1.42%
Not Declared	3	0.02%
Unspecified	57	0.46%
Yes	18	0.15%
419 CG Family Health Care Group	**954**	**7.77%**
No	753	6.13%
Not Declared	15	0.12%
Unspecified	143	1.16%
Yes	43	0.35%
419 CG Finance Group	**224**	**1.82%**
No	170	1.38%
Unspecified	42	0.34%
Yes	12	0.10%
419 CG Medical Governance Group	**62**	**0.50%**
No	52	0.42%
Not Declared	3	0.02%
Unspecified	6	0.05%
Yes	1	0.01%
419 CG Medicine	**3068**	**24.98%**
No	2503	20.38%
Not Declared	91	0.74%
Prefer Not To Answer	1	0.01%
Unspecified	371	3.02%
Yes	102	0.83%
419 CG Operations Management Group	**237**	**1.93%**
No	194	1.58%
Not Declared	7	0.06%
Prefer Not To Answer	1	0.01%
Unspecified	28	0.23%
Yes	7	0.06%
419 CG Surgery	**1936**	**15.76%**
No	1521	12.38%
Not Declared	36	0.29%
Prefer Not To Answer	2	0.02%
Unspecified	313	2.55%

Yes	64	0.52%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
No	1435	11.68%
Not Declared	30	0.24%
Prefer Not To Answer	2	0.02%
Unspecified	233	1.90%
Yes	76	0.62%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
No	1203	9.80%
Not Declared	36	0.29%
Prefer Not To Answer	2	0.02%
Unspecified	29	0.24%
Yes	46	0.37%
Grand Total	**12281**	**100.00%**

Care Group Area vs Ethnic Group	Headcount of Ethnic Group	Percentage of Ethnic Group
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Blank	31	0.25%
BME	243	1.98%
Not Stated	56	0.46%
White	1914	15.59%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Blank	2	0.02%
BME	3	0.02%
Not Stated	1	0.01%
White	52	0.42%
419 CG Chief Nurse Team	**121**	**0.99%**
BME	6	0.05%
Not Stated	2	0.02%
White	113	0.92%
419 CG Corporate Services	**32**	**0.26%**
BME	1	0.01%
Not Stated	1	0.01%
White	30	0.24%
419 CG Digital Information Services Group	**253**	**2.06%**
Blank	1	0.01%
BME	14	0.11%

Not Stated	4	0.03%
White	234	1.91%
419 CG Family Health Care Group	**954**	**7.77%**
Blank	7	0.06%
BME	84	0.68%
Not Stated	13	0.11%
White	850	6.92%
419 CG Finance Group	**224**	**1.82%**
BME	14	0.11%
Not Stated	3	0.02%
White	207	1.69%
419 CG Medical Governance Group	**62**	**0.50%**
Blank	2	0.02%
BME	10	0.08%
Not Stated	2	0.02%
White	48	0.39%
419 CG Medicine	**3068**	**24.98%**
Blank	64	0.52%
BME	712	5.80%
Not Stated	82	0.67%
White	2210	18.00%
419 CG Operations Management Group	**237**	**1.93%**
Blank	1	0.01%
BME	4	0.03%
Not Stated	3	0.02%
White	229	1.86%
419 CG Surgery	**1936**	**15.76%**
Blank	26	0.21%
BME	356	2.90%
Not Stated	96	0.78%
White	1458	11.87%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Blank	69	0.56%
BME	291	2.37%
Not Stated	79	0.64%
White	1337	10.89%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Blank	24	0.20%
BME	76	0.62%
Not Stated	46	0.37%
White	1170	9.53%

Grand Total	12281	100.00%

Care Group Area vs Marital Status	Headcount of Marital Status	Percentage of Marital Status
419 CG Cancer Specialist & Clinical Support Services Group	**2244**	**18.27%**
Civil Partnership	32	0.26%
Divorced	128	1.04%
Legally Separated	20	0.16%
Married	1124	9.15%
Single	835	6.80%
Unknown	77	0.63%
Widowed	16	0.13%
Blank	12	0.10%
419 CG Chairman & Chief Executives Office Group	**58**	**0.47%**
Divorced	3	0.02%
Married	42	0.34%
Single	13	0.11%
419 CG Chief Nurse Team	**121**	**0.99%**
Civil Partnership	1	0.01%
Divorced	9	0.07%
Legally Separated	2	0.02%
Married	80	0.65%
Single	24	0.20%
Unknown	4	0.03%
Widowed	1	0.01%
419 CG Corporate Services	**32**	**0.26%**
Divorced	3	0.02%
Married	20	0.16%
Single	7	0.06%
Unknown	2	0.02%
419 CG Digital Information Services Group	**253**	**2.06%**
Civil Partnership	2	0.02%
Divorced	12	0.10%
Legally Separated	3	0.02%
Married	135	1.10%
Single	95	0.77%
Unknown	4	0.03%
Widowed	1	0.01%
Blank	1	0.01%
419 CG Family Health Care Group	**954**	**7.77%**

Civil Partnership	12	0.10%
Divorced	54	0.44%
Legally Separated	5	0.04%
Married	498	4.06%
Single	352	2.87%
Unknown	26	0.21%
Widowed	3	0.02%
Blank	4	0.03%
419 CG Finance Group	**224**	**1.82%**
Divorced	22	0.18%
Legally Separated	2	0.02%
Married	117	0.95%
Single	74	0.60%
Unknown	6	0.05%
Widowed	3	0.02%
419 CG Medical Governance Group	**62**	**0.50%**
Civil Partnership	1	0.01%
Divorced	1	0.01%
Married	21	0.17%
Single	35	0.28%
Unknown	2	0.02%
Blank	2	0.02%
419 CG Medicine	**3068**	**24.98%**
Civil Partnership	40	0.33%
Divorced	185	1.51%
Legally Separated	23	0.19%
Married	1499	12.21%
Single	1185	9.65%
Unknown	88	0.72%
Widowed	21	0.17%
Blank	27	0.22%
419 CG Operations Management Group	**237**	**1.93%**
Civil Partnership	4	0.03%
Divorced	27	0.22%
Legally Separated	4	0.03%
Married	121	0.99%
Single	66	0.54%
Unknown	13	0.11%
Widowed	2	0.02%
419 CG Surgery	**1936**	**15.76%**
Civil Partnership	15	0.12%
Divorced	93	0.76%
Legally Separated	18	0.15%
Married	983	8.00%
Single	719	5.85%

Unknown	80	0.65%
Widowed	7	0.06%
Blank	21	0.17%
419 CG Workforce and Organisational Development group	**1776**	**14.46%**
Civil Partnership	23	0.19%
Divorced	102	0.83%
Legally Separated	15	0.12%
Married	699	5.69%
Single	823	6.70%
Unknown	71	0.58%
Widowed	15	0.12%
Blank	28	0.23%
419 LLP CG Estates & Facilities	**1316**	**10.72%**
Civil Partnership	55	0.45%
Divorced	99	0.81%
Legally Separated	25	0.20%
Married	538	4.38%
Single	486	3.96%
Unknown	66	0.54%
Widowed	17	0.14%
Blank	30	0.24%
Grand Total	**12281**	**100.00%**

NHS
York Teaching Hospital
Facilities Management

Report to:	Board of Directors
Date of Meeting:	27th March 2024
Subject:	YTHFM H&S Policy
Director Sponsor:	Penny Gilyard, Director of Resources Andrew Bertram, Director of Finance
Author:	Norman Elliott, Deputy Head of Safety

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

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

Trust Priorities	**YTHFM Board Assurance Framework**
☐ Our People ☒ Quality and Safety ☐ Elective Recovery ☐ Acute Flow	☐ People ☒ Quality & Safety ☐ Financial ☐ Growth ☐ Sustainability ☐ Partnerships

Summary of Report and Key Points to highlight:

The YTHFM Health & Safety Policy has been reviewed in line with its annual governance arrangements and is presented to Board of Directors for approval. The Policy has been approved by Management Group, it is a Reserved Matter and requires final approval by the Trust Board of Directors.

The main changes are as set out on the front page of the policy. The Policy is presented in the new policy format and highlights the change in Executive Director on the front page and for accountabilities and responsibilities includes the Estates Compliance Manager at section 4.7.

Recommendation:

The Board of Directors is asked to approve the Policy.

Report History

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

(Insert "not applicable" if the paper has not been seen elsewhere)

Meeting	Date	Outcome/Recommendation
Operational Mgmnt Group	23rd February 2023	Assurance
Management Group	27th February 2024	Approved
EPAM	5th March 2024	Assurance

York Teaching Hospital Facilities Management

Reference:

Health and Safety Policy

Version: 3 Draft

Summary	This policy sets out the health and safety responsibilities and arrangements for York Teaching Hospital Facilities Management LLP	
Keywords	Policy, Health & Safety	
Target audience	All YTHFM staff, contractors, sub-contractors, visitors, volunteers, and others employed in delivering a service to YTHFM. (This includes contractors/suppliers providing demonstrations and trials)	
Date issued	1st April 2024	
Approved & Ratified by	YTHFM Management Group Y&STHNHSFT Board of Directors	**Date of meeting:** **TBC** **TBC**
Next review date	1st April 2025	
Author	Norman Elliott (Health & Safety Manager and Training Lead) Penny Gilyard (Director of Resources)	
Executive Director	Dawn Parkes – Chief Nurse	

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
1st Sep 2018	Brian Golding	1.0	All	Development and update of policy
1st Apr 2022	Penny Gilyard & Norman Elliott	1.4	All	Updated to current arrangements
10th Jan 2023	Norman Elliott & Penny Gilyard	2.0	All	Policy transferred to new policy format including new sections 10 & 13 along with some minor grammatical changes, a new acting chair, and an update to the responsibilities of the Director of Property and Asset Management.
2nd Jan 2024	Norman Elliott	3.0	All	Change in Executive Director and annual review 4.7 changed to Estates Compliance Manager

Reviewers/Contributors

Name	Position	Version Reviewed & Date
Brian Golding	Director of Estates	1.1 22nd Aug 2019
John Dickinson	Assistant Head of Estates Operations	1.2 17th Nov 2020
Penny Gilyard	Director of Resources	1.3 22nd Feb 2021
Penny Gilyard	Director of Resources	1.4 1st Apr 2022
Norman Elliott & Penny Gilyard	Health and Safety manager Director of Resources	2.0 10th Jan 2023
Norman Elliott	Deputy Head of safety	3 2nd Jan 2024

Contents

1. Policy Statement

1.1 York Teaching Hospital Facilities Management LLP[1] (YTHFM) recognises its responsibilities in ensuring the health, safety, and wellbeing of all our employees, customers[2], contractors, volunteers and visitors and is committed to ensuring the highest standards of health, safety and welfare in all aspects of the business.

1.2 YTHFM accepts responsibility as an employer, for the duties placed upon it by the Health and Safety at Work etc. Act 1974 and other related legislation. YTHFM recognises by doing so it provides, not just legal and financial assurance, but a moral obligation as the right thing to do which is viewed as critical to our continued success.

1.3 YTHFM operates a systematic approach to the identification of hazards and the management of risk within its operations, in line with York and Scarborough Teaching Hospitals NHS Foundation Trust Policy (Y&STHNHSFT), in supporting wider Trust and NHS overall strategy.

1.4 YTHFM will ensure statutory compliance is maintained as a minimum standard and strive for continual improvement by:

- Meeting all relevant legal requirements relevant to safety by ensuring health and safety management is integral to YTHFM activities.
- As reasonably practicable adoption of best practice in all aspects of safety at work.
- Adequately control health and safety risk arising from work activities.
- Consult with employees and their representatives on health and safety matters.
- Provide and safely maintain plant and equipment.
- Ensure the safe use, handling and storage of identified hazardous substances.
- Provide as appropriate, suitable information, instruction, training and supervision of employees, contractors, sub-contractors, (including those who carry out product/service/equipment demonstrations on site) and others who may be affected by work activities.
- Seek to prevent occurrences of work-related accidents or ill-health.
- Maintenance of safe and healthy working conditions.
- Cooperate with others involved in work activities to help ensure the health, safety and welfare of all concerned.
- Implement a 'No Blame Culture' to move forward positively.
- Follow appropriate procurement policies to ensure that only competent contractors and suppliers are engaged by YTHFM.
- Strive to continually improve health, safety and welfare performance, taking a proactive approach to health & safety and the provision of adequate resources to achieve this.
- Monitor, audit and review YTHFM safety policy and procedures at regular and prescribed intervals.

1.5 This policy statement will be reviewed annually as part of the management review process and communicated to all employees.

Steven Bannister

Managing Director
York Teaching Hospital
Facilities Management LLP

Date:

Graham Lamb

Acting Chair- Management Group
York Teaching Hospital
Facilities Management LLP

Date:

[1] A Limited Liability Partnership and wholly owned subsidiary of York and Scarborough Teaching Hospital NHS Foundation Trust.
[2] Customers include patients and service users in healthcare settings.

2. Introduction

2.1 YTHFM provides high quality Estates and Facilities Management (including but not limited to maintenance, Capital planning, engineering, security, cleaning, grounds, catering, and energy) services, primarily to Y&STHNHSFT and our clients in the UK. Our aim is to deliver a proactive, positive, and inclusive working environment to meet our vision of excellence in health, safety and welfare to our employees and others who may be affected by our work activities. We will ensure our responsibilities for health and safety are clearly understood and communicated and provide an environment that values and encourages the highest standards of safety performance and service.

3. Scope

3.1 This health and safety policy applies to all employees of YTHFM, contractors, sub-contractors, visitors, volunteers, and others employed in delivering a service to YTHFM. This includes those who carry out product/service/equipment demonstrations and trials on site.

4. Accountabilities and Responsibilities

4.1 The Management Group (YTHFM)

The Management Group are responsible for setting the strategic direction, policies, and objectives for health & safety. The Management Group will ensure this is discharged through a delegated structure, ensuring the necessary support and resources are made available to allow for effective implementation of this policy.

4.2 Managing Director YTHFM

The Managing Director holds ultimate responsibility for the adherence to health and safety legislation within YTHFM and is accountable for the establishment and adherence of health and safety policies and procedures within the organisation. In the event of the Managing Director's absence, a Management Group nominated Director will take up these responsibilities.

4.3 Directors and Heads of Service YTHFM

Directors and Heads of Service are to have active involvement in the management of health and safety in their areas of control and collective responsibility for health, safety, and welfare in the organisation. They are responsible for the safety of their staff, the activities in their charge and provide leadership by example by proactively promoting a positive attitude and safety culture. The Director of Property & Asset Management has responsibility for ensuring the Control of Contractors Policy and Procedure and safe systems of work are in place and being adhered to within YTHFM in compliance with current legislation, regulations, and good practice.

4.4 Managers and Supervisors YTHFM

Managers and Supervisors are responsible for the impact of the overall health, safety and risk in their departments relating to staff, patients, contractors, and visitors. It is their responsibility to ensure health, safety and risk is effectively managed in their areas of control. They are expected to promote a high degree of health and safety awareness amongst all their teams and work in collaboration with, Heads of Service and Directors in the development of health & safety policies and procedures.

4.5 Head of Safety & Security (Y&STHNHSFT)

The Trust's Head of Safety and Security oversees the provision of competent advice as required to assist in developing, implementing, and maintaining measures to comply with relevant statute, YTHFM policy, Y&STHNHSFT and NHS policy and strategy. Y&STHNHSFT will ensure that the appropriate support and resource is allocated to YTHFM for relevant

health and safety management.

4.6 **Y&STHNHSFT Health and Safety Manager**

The Health and Safety Manager is appointed to provide competent advice and, as required, to assist in developing, implementing, and maintaining measures to comply with relevant statute, YTHFM and wider Y&STHNHSFT and NHS policy and strategy.

4.7 **YTHFM Estates Compliance Manager**

Is to provide support and operational information to ensure compliance with YTHFM policy and procedures, by ensuring relevant inspections and audits are undertaken across YTHFM LLP as prescribed by company policy and procedures.

4.8 **Specialist / Competent Advisors YTHFM**

YTHFM has in place, appointed / responsible specific topic experts. This expertise will be supported by a Competency Training Matrix, which will assist those individuals with carrying out their fiduciary duty of YTHFM Health and Safety obligations in the roles. This will be continuously reviewed to consider legislation and industry best practice. These Specialist / Competent advisors will provide YTHFM with unbiased and balanced advice in their field of specialism, supported by the training they have undertaken.

4.9 **Employee Safety Representatives**

YTHFM promotes active involvement and encourages appointed Trade Union employee safety representatives to represent their members on health and safety issues. Employee safety representatives are to be involved in discussions regarding employee health, safety and welfare issues as required by statute.

4.10 **All YTHFM Employees[3]**

All employees, including work experience, agency, and temporary staff within YTHFM are required to accept responsibility for carrying out and adhering to the health and safety polices of the organisation. All employees are to comply with their duties set out in the Health and Safety at Work etc. Act 1974 by taking reasonable care for themselves and others who may be affected by their acts or omissions. Employees are accountable to their line managers and assist towards making YTHFM a safe and healthy organisation in which to work. In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Disciplinary Policy and Procedure.

4.11 Employees are to inform YTHFM management of any potential shortcomings in employer's protection arrangements at the earliest opportunity using the appropriate medium to engage with YTHFM.

4.12 **Contractors, Consultants and Visitors Responsibilities**

Any person who is not directly employed by YTHFM but is undertaking work on its behalf, must not act in a manner that is prejudicial to the safety of others whilst conducting their work and to observe YTHFM health and safety policy and procedures. No contractor (this includes product/service/equipment demonstrations and trials) is to work on the client's premises unless they follow the Control of Contractors policy, and the correct type of method statement and/or risk assessment has been completed and agreed by the relevant manager as per the Control of Contractors policy. If work to be undertaken is particularly hazardous, this must not commence until the appropriate permit to work is obtained from the appropriate relevant source/manager.

[3] As defined in the Health and Safety at Work etc. Act 74, section 7 and Management of Health and Safety at Work Regulations 99, regulation 14

5. Policy Arrangements

5.1 This policy will be delivered by:

- Ensuring as a minimum, the requirements defined in this policy are met, and as a wholly owned subsidiary of Y&STHNHSFT following and complying with wider corporate Trust policy, procedures, and arrangements in place to ensure work activities are carried out safely.
- Ensuring compliance with all service level agreements with the Trust and meeting agreed key performance indicators.
- YTHFM has in place robust governance arrangements and structures to effectively manage business process including safety.
- Ensuring competent advice on related estates and facilities topics, appropriate arrangements are developed as required and are in place to fulfil YTHFM and Trust statutory duties and associated NHS guidance.
- Where YTHFM is required to carry out work activity, for customers other than the Trust, YTHFM shall, in consultation and conjunction with the Trust, develop our own specific or additional policy, procedure or arrangements that will ensure customers are provided with assurance of YTHFM safety credentials and that these arrangements are not in conflict with Trust policy.

6. Policy Distribution

6.1 This policy will be implemented throughout YTHFM and will be available via:

- The organisation's intranet
- Toolbox talks
- Notice boards
- Forms part of the agreed YTHFM induction training programme.

7. Main Policy References

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)4 .
- The Construction (Design Management) Regulations 2015

8. Training

8.1 The contents of this policy form part of the mandatory health & safety training delivered at induction and in refresher courses.

9. Equality Impact Assessment

9.1 A copy of the Equality Impact Assessment for this policy is at Appendix A.

10. Definitions

Term	Definition
Y&STHNHSFT	York and Scarborough Teaching Hospitals NHS Foundation Trust
YTHFM (LLP)	York Teaching Hospital Facilities Management LLP
EPAM	Executive Performance Assurance Meeting

11. Consultation and Approval Process

11.1 The list below details the consultation, and approval process. The Y&STHNHSFT Board of Directors is to finally approve this Policy as a reserved matter.

Group	Consultation, information, or approval
Y&STHNHSFT Board of Directors	Approval
YTHFM Management Group	Approval
YTHFM Senior Leadership team	Consultation
YTHFM Operational Management Group	Consultation
YTHFM Staff Side Safety representatives	Consultation
Group Health & Safety Committee	Information
Group JNCC	Information

12. Document Control including Archiving

12.1 The register and archiving arrangements for policies will be managed by the YTHFM.

13. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Key performance Indicators	YTHFM Operational Management Meeting	In line with the Master Service Agreement	Monthly	Via reporting on compliance and safety performance

14. Document review

14.1 The date of review is given on the front coversheet of this policy and noted in the footer of each page (this document is not controlled once printed; please ensure any printed copy is checked against Staff Room).

14.2 The policy will be reviewed on an annual basis or earlier if subject to legislative changes.

Equality Impact Assessment Tool **Appendix A**

Name of Policy:	**YTHFM Health and Safety Policy**

1.	**What are the intended outcomes of this work?** The policy sets out the process for the YTHFM for effective health and safety management across all sites.	
2	**Who will be affected?** All YTHFM staff, temporary staff, contractors, including subcontractors and those carrying out demonstrations, visitors, patients and public etc. to the Trust and other customers.	
3	**What evidence have you considered?** Legislative compliance and OH&S guidance.	
a	**Disability -** The policy is inclusive	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age.** - The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy is inclusive	
g	**Religion or Belief -** The policy is inclusive	
h	**Pregnancy and Maternity -** The policy is inclusive	
i	**Carers -** The policy is inclusive	
j	**Other Identified Groups** -The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to consultation?	See below
b.	How have you engaged stakeholders in constructing the policy	See below
c.	If so, how have you engaged stakeholders in constructing the policy	See below
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs. Engagement and involvement of the development of the policy has included relevant YTHFM staff and relevant Trust Lead for health and safety.	
5.	**Consultation Outcome** The policy references and meets the requirements of the Policy for the Development and Management of Policies and relevant legislation. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations Between Groups	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Penny Gilyard (Director Resources)	
	Date Assessment Completed 14th January 2024	
	Name of responsible Director (YTHFM) Penny Gilyard, Director of Resources.	

If you have identified a potential discriminatory impact of this procedural document, please advise the Director of Resources together with any suggestions as to the action required to avoid/reduce this impact.

NHS
York Teaching Hospital
Facilities Management

Report to:	Board of Directors
Date of Meeting:	27th March 2024
Subject:	Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions
Director Sponsor:	Penny Gilyard, Director of Resources Andrew Bertram, Finance Director
Author:	Penny Gilyard, Director of Resources Jackie Carter, Governance Manager

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

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

Trust Priorities	**YTHFM Board Assurance Framework**
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ People ☒ Quality & Safety ☒ Financial ☒ Growth ☒ Sustainability ☒ Partnerships

Summary of Report and Key Points to highlight:

The purpose of the report is to present to Board of Directors, YTHFM's Reservation of Powers and Scheme of Delegation and Standing Financial Instructions which have been reviewed in line with governance arrangements.

YTHFM reviews the corporate governance documents on an annual basis for recommendation for approval by Management Group. The Management Group approved the updated documents at its February meeting. The documents have been seen by Audit Committee and as they are a Reserved Matter will require final approval by the Board of Directors for the forthcoming financial year.

Since the report was produced further changes have come to light following a review of internal audit recommendations relating to stock management responsibility and these have been included in the Reservation of Powers and Scheme of Delegations report and will be reported through to Management Group and Audit Committee.

The full documents are available on request.

Recommendation:

The Board of Directors is asked to approve the documents.

Report History (Where the paper has previously been reported to date, if applicable) (Insert “not applicable” if the paper has not been seen elsewhere)		
Meeting	**Date**	**Outcome/Recommendation**
Management Group Audit Committee	27th February 2024 6th March 2024	Approved Approved

Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions

1. Reservation of powers and Scheme of Delegations

1.1 YTHFM's Reservation of powers and scheme of delegations have been revised as follows (additions are in bold and italic text):

General Area	Section and amendment
Page 21 – Condemming and Disposal	Delegated Matter – ***Stock Management*** Authority delegated to – ***Responsibility for stock management within Facilities Management -Director of Facilities Management*** ***Responsibility for YTHFM stores – Director of Property & Asset Management***

2. Standing Financial Instructions (SFIs)

2.1 YTHFM's SFIs have been revised as follows (additions are in bold and italic text):

Area	Section and amendment
Page 26 – Section 9, Non-pay expenditure	Section 9.2, Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services Section 9.2.6, (kkk) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health / NHS England. NHS England determined the threshold for this to be £50,000. (removal of, For 2017-18 and, NHS Improvement)
	Section 9.5, Tendering, Quotation and Contract Procedure Section 9.5.4, All invitations to tender should be **advertised**. **Enough bids should be received** to provide fair and adequate competition. In no case **should fewer** than three firms / individuals, having regard to their capacity to supply the goods, materials or undertake the service required **be received**. **Where fewer than 3 tenders are received then this should be recorded on the tender report form. Where only one tender is received, consideration should be given to re-advertising the opportunity and revising**

	the specification with the aim of inviting new bidders. (removal of, sent to a sufficient number of firms/individuals as appropriate) (removal of, less)
	Section 9.5, Tendering, Quotation and Contract Procedure Section 9.5.5, The firms/individuals invited to tender (and where appropriate quote) should be **recorded**. (removal of, as set out in the tendering procedures)

3. Recommendation

The Board of Directors is asked to approve the updated documents.

Date: 18th March 2024

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Modern Slavery Statement
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report and Key Points to highlight:
The Board is asked to approve the declaration and the agreed statement should be signed by the Chair and the Chief Executive and continue to be presented on the website.

Specifically, to note and discuss:
The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act. The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its

business. The statement must be approved by the Board of Directors and LLP Management Group.

The aim of the statement is to encourage transparency within organisations. There are potential consequences for organisations who fail to produce a slavery and human trafficking statement for a particular year. The statement has been prepared on a Group basis.

Recommendation:

The Board is invited to approve the Modern Slavery Act Statement for publication on the Trust's website and members should support the Trust to foster a culture in which modern slavery is not tolerated in any form.

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

Meeting	Date	Outcome/Recommendation

Modern Slavery and Human Trafficking Act 2015
Annual Statement 2024

York and Scarborough Teaching Hospitals NHS Foundation Trust and York Teaching Hospital Facilities Management LLP (the Group) offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

York Teaching Hospital NHS Foundation Trust and York Teaching Hospital Facilities Management LLP provide a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles. The annual turnover is approximately £0.6bn. We manage 8 hospital sites, over 1000 beds (including day-case beds) and have a workforce in excess of 10,000 staff working across our hospitals and in the community.

The Group has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. There are robust recruitment policies and processes in place, including conducting eligibility to work in the UK checks for all directly employed staff and agencies on approved frameworks.

There are a range of equal opportunities controls in place to protect staff such as a Freedom to Speak Up Guardian, Fairness Champions and a Raising Concerns and Whistleblowing Policy.

The Group has in place a Standards of Business Conduct Policy which covers the way in which the organisation and staff behave.

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPS code of professional conduct. The intranet includes a link to an ethical procurement training module which is available to all members of staff. Competency assessments are currently being developed for all bands in the department some of which will include requirements around modern slavery.

The top 50% of suppliers nationally affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain. The Group has written to its top suppliers requesting them to affirm their compliance with the legislation.

Modern Slavery is referenced in the Safeguarding Adults Policy and features as part of the safeguarding adults training following the changes in the Care Act. The Safeguarding Adults Staff intranet resource includes signposting to help and advice for patient's affected by Modern Slavery. In addition the safeguarding adults team have a delegated Modern Slavery Lead to ensure that all relevant national, regional and local context is embedded in processes in a timely manner. In the last year the Safeguarding Adults team have developed networking relationships with Trading Standards where concerns cans be raised with them without breaching patient confidentiality.

The Group has evaluated the principal risks related to slavery and human trafficking and identify them as:

- Reputational
- Lack of assurances from suppliers
- Lack of anti–slavery clauses in contracts
- Training staff to maintain the Group's position around anti-slavery and human trafficking.

Aim

The aim of this statement is to demonstrate the Group follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

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Martin Barkley
Chair

……
Simon Morritt
Chief Executive

1 April 2024

……
Graham Lamb
Interim Chair (YTHFM LLP)

……..
Steven Bannister
Managing Director (YTHFM LLP)

Report to:	Board of Directors
Date of Meeting:	27 March 2024
Subject:	Trust Constitution Amendments
Director Sponsor:	Martin Barkley, Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report and Key Points to highlight:

The purpose of the report is to highlight the amendments to the Trust's Constitution and to seek Board of Directors approval.

Specifically to note and discuss:

The amendments requested to the Trust's constitution following consideration and recommendation from the Constitution Review Group and approval from the Council of Governors.

Recommendation:

The Board of Directors is requested to approve the amendments to the Trust's Constitution.

Report History

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

Meeting	Date	Outcome/Recommendation
Constitution Review Group	12 November 2023	Recommended for Council of Governors approval
Council of Governors	14 March 2024	Approved

Trust Constitution Amendments

1. Proposed Constitution Amendments

The Trust's Constitution has been revised as follows (additions are in bold and italic text and removals in italic text):

Area	Section and Amendment
7. Membership	7.8.3 The staff constituency is divided into 3 groups ***as defined in Annex 1*** *Removal of constituency definitions and referenced instead to Annex 1.* 7.8.5 The minimum number of members for each staff group ***is defined in Annex 1*** Removal of: - *Scarborough & Bridlington staff group 200;* - *Community staff group 100; and* - *York staff group 200* To avoid duplicating text and ease of maintenance.
8. Council of Governors	8.15.5 The removal of the Chair or a Non-executive Director under paragraph 8.15.1(b) shall require the approval of three-quarters of the members of the Council of Governors. ***Any concerns about the performance of a NED or the Chair shall be handled per Annex 4, Appendix A.***
Annex 1 Trust Constituencies and Governors 3. Partnership Organisations	3.1 Local Authorities Local Government Removal of *3 governors shall be appointed.* ***1 North Yorkshire*** ***1 City of York*** ***1 Ryedale*** Clarifies and makes more explicit the local area appointed Governors.
Annex 4 Standing Orders for the Practice and Procedure of the Council of Governors	Definitions ***"ORAL EXPRESSION"*** ***shall mean (as per Robert's Rules of Order) that the Chair shall state the motion, ask for those in favour to say "aye" or "yes" and then ask for those against to say "nay" or "no".***

	To add a definition of Oral Expression.
Annex 4 Standing Orders	Title added to Annex ***Standing Orders*** ***Appraisals*** All Non-executive Directors including the Chair will undergo an annual appraisal, ***and other performance reviews as required. Where appropriate, mentoring and support shall be provided.*** Appraisals and ***performance reviews*** for the Non-executive Directors ***are*** carried out by the Chair, ***and*** the results reported to the Nominations/Remuneration Committee and a recommendation prepared for consideration by the full Council of Governors. Appraisals ***and performance reviews*** for the Chair ***are*** carried out by the Senior Independent Director and the Lead Governor. The results are reported to the Nominations/Remuneration Committee and the Board of Directors and a recommendation prepared for consideration by the full Council of Governors. Section proposed to be amended as shown.
Annex 5	Standing Orders of the Board of Directors – included in one document
Minor Amends	NED abbreviation and spelling errors

A copy of the amended constitution is available upon request.

2. Recommendation

The Board of Directors is asked to approve the amendments to the Trust's Constitution.