York and Scarborough Teaching Hospitals
NHS Foundation Trust

# Board of Directors – Public

Wednesday 22nd May 2024
Time: 9:30am – 12:30pm
Venue: Boardroom, 2nd Floor Admin Block, York Hospital

York and Scarborough Teaching Hospitals
NHS Foundation Trust

# Board of Directors Public Agenda

| Item | Subject | Lead | Report/ Verbal | Page No | Time |
|---|---|---|---|---|---|
| **1.** | **Welcome and Introductions** | Chair | Verbal | - | 9:30 |
| **2.** | **Apologies for Absence**<br><br>To receive any apologies for absence. | Chair | Verbal | - | |
| **3.** | **Declarations of Interest**<br><br>To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda. | Chair | Verbal | - | |
| **4.** | **Minutes of the meeting held on 24 April 2024**<br><br>To be agreed as an accurate record. | Chair | Report | **5** | |
| **5.** | **Matters Arising / Action Log**<br><br>To discuss any matters or actions arising from the minutes or action log. | Chair | Report | **15** | |
| **6.** | **Chair's Report**<br><br>To receive the report. | Chair | Report | **16** | 9:35 |
| **7.** | **Chief Executive's Report**<br><br>To receive the report. | Chief Executive | Report | **18** | 9:40 |
| **8.** | **Quality Committee Report**<br><br>To receive the May meeting summary report. | Chair of the Quality Committee | Verbal | - | 10:00 |

| Item | Subject | Lead | Report/ Verbal | Page No | Time |
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| **9.** | **Resources Committee Report**<br><br>To receive the May meeting summary report. | Chair of the Resources Committee | Verbal | - | 10:10 |
| **10.** | **Group Audit Committee Report** | Chair of the Group Audit Committee | Verbal | - | 10:20 |
| **11.** | **Trust Priorities Report (TPR)**<br><br>April 2023-24 Trust Priorities Report Performance Summary:<br><br>• Operational Activity and Performance<br>• Quality & Safety<br>• Workforce<br>• Digital and Information Services<br>• Finance | <br><br><br>Chief Operating Officer<br>Interim Chief Nurse<br>Director of Workforce & OD<br>Chief Digital Information Officer<br>Finance Director | Report | <br><br><br>61<br>95<br>120<br>131<br>137 | 10:30 |
| **Break 11.20** | | | | | |
| **12.** | **CQC Compliance Update Report**<br><br>To consider the report. | Interim Chief Nurse | Report | 148 | 11:30 |
| **13.**<br><br>13.1<br><br>13.2 | **Maternity and Neonatal Reports**<br><br>To consider the reports:<br><br>• Maternity and Neonatal Quality & Safety Update<br>• CQC Section 31 Update | Interim Chief Nurse | Report | <br><br>158<br><br>164 | 11:40 |

| Item | Subject | Lead | Report/ Verbal | Page No | Time |
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| **14.** | **Research and Development Annual Report**<br><br>To consider the report. | Medical Director | Report | **172** | 11:50 |
| **15.** | **WRES and WDES Annual Reports**<br><br>To approve the reports. | Director of Workforce and OD | Report | **178** | 12:05 |
| **16.** | **Cancer and Elective Care Tier Review Update**<br><br>For information. | Chief Operating Officer | Report | **194** | 12.20 |
| Governance | | | | | |
| **17.** | **Questions from the public received in advance of the meeting** | Chair | Verbal | - | 12:25 |
| **18.** | **Time and Date of next meeting**<br><br>The next meeting held in public will be on 26 June 2024 at 10.00am at Scarborough Hospital. | | | | |
| **19.** | **Exclusion of the Press and Public**<br>'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. | | | | |
| **20.** | **Close** | | | | 12:30 |

# Minutes
# Board of Directors Meeting (Public)
# 24 April 2024

Minutes of the Public Board of Directors meeting held on Wednesday 24 April 2024 in the Blue Room, Scarborough Hospital. The meeting commenced at 10.00am and concluded at 12.12pm.

## Members present:

### Non-executive Directors
- Mr Martin Barkley (Chair)
- Mr Jim Dillon
- Dr Stephen Holmberg
- Prof. Matt Morgan

### Executive Directors
- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Deputy Chief Executive/Finance Director
- Ms Claire Hansen, Chief Operating Officer
- Mrs Dawn Parkes, Interim Chief Nurse & Maternity Safety Champion
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Dr Karen Stone, Medical Director
- Mr James Hawkins, Chief Digital Information Officer
- Mr Steven Bannister, Managing Director of York Teaching Hospitals Facilities Management LLP (YTHFM)

### Corporate Directors
- Mrs Lucy Brown, Director of Communications

## In Attendance:
- Ms Sascha Wells-Munro, Director of Midwifery (for Item 12 Maternity Reports)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

## Observers:
- Ms Abbi Denyer, Staff Governor *(via Teams)*
- Ms Linda Wild, Public Governor (East Coast) *(via Teams)*
- Two members of the public

## 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

## 2 Apologies for absence

Apologies for absence were received from:
- Mrs Lynne Mellor, Non-Executive Director
- Mrs Jenny McAleese, Non-Executive Director

- Dr Lorraine Boyd, Non-Executive Director

## 3 Declaration of Interests

There were no declarations of interest to note.

## 4 Minutes of the meeting held on 27 March 2024

The Board approved the minutes of the meeting held on 27 March 2024 as an accurate record of the meeting.

## 5 Matters arising/Action Log

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

**BoD Pub 20** - *Diagnostic Capacity and Demand update to be presented to the Board.* Ms Hansen reported that an update had been presented to the Resources Committee at its meeting on 16 April. At the Committee's request, further detail on timelines and outcomes would be added and a further update would be presented at the end of Quarter 1. Any escalations to the Board from the update would be considered under the relevant item at future meetings. The action was therefore closed.

**BoD Pub 21** *Freedom of Information response times*. It was noted that response times had improved and 90% were now within the deadline. Care Groups were asked to report on FOI request responses through Care Group Performance meetings and were held to account on response times. The Trust was now responding in line with legislation, and it was agreed that the action point could be closed.

**BoD Pub 25** *CQC new inspection regime – presentation to be delivered to the Board to understand the impact on the Trust*. A presentation was delivered at the Board seminar held on 17 April 2024. This action was therefore closed.

**BoD Pub 30** *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.* Ms Hansen advised that a proposal had been presented to the Executive Committee regarding the process of identifying waiting list harms; this was to be refined. The new Clinical Harms Group met fortnightly: Ms Hansen outlined the focus of the group and undertook to provide a draft proposal to the Quality Committee in May. The deadline for the action was therefore amended.

**BoD Pub 31** *Theatre staffing, retention and sickness rates.* Ms Hansen reported that a paper had been presented to the Resources Committee at its meeting in April. This action was therefore closed.

**BoD Pub 32** *Quarterly Update on the progress of the Emergency Preparedness, Resilience and Response action plan.* This report was included on the agenda and in the Board's workplan. The action was therefore closed.

**BoD Pub 39** *Online briefing for the Board with Chair of the Lucy Letby independent investigation.* Mr Barkley advised that this was scheduled for the Board development seminar on 17 July 2024 and the action was therefore closed.

**BoD Pub 40** *Write to Professor Turvill on behalf of the Board to congratulate him on the research grant.* Mr Morritt had completed this action.

**BoD Pub 41** *Provide further written clarification about the metrics used in the Cancer Scorecard.* This report had been included with the papers for the meeting and the action was therefore closed.

**BoD Pub 42** *Provide update to the Board on Datix reporting levels.* Mrs Parkes advised that this work was ongoing and proposed presenting a report to the Quality Committee in May. The due date for the action was therefore amended.

**BoD Pub 43** *Ensure accuracy of data in TPR relating to total nursing, medical and dental temporary staffing requests.* Miss McMeekin advised that revised metrics would be used from the May version of the TPR onwards; these would show temporary staffing and vacancy rates. The action was therefore closed.

**BoD Pub 45** *Add information about initial target dates for actions to the CQC Compliance Update report.* Mrs Parkes advised that these would be added for the next report.

**BoD Pub 46** *Clarify the time period covered by the Equality, Diversity and Inclusion (EDI) Annual Report.* Miss McMeekin had clarified this in an email to the Board and the action was therefore closed.

**BoD Pub 47** *Ensure that the EDI Annual Report and Public Section Equality Duty Objectives were submitted for publication on time and then updated as agreed.* Miss McMeekin had reported on this action in an email to the Board and the action was therefore closed.

**BoD Pub 48** *Ensure that the EDI Annual Report and Public Section Equality Duty Objectives were considered by the Resources Committee by February 2025 at the latest.* Miss McMeekin and Mr Taylor agreed that the reports would be presented to Committees and then to the Board for review at least a month before submission, and the relevant workplans would reflect this. The action was therefore closed.

## 6 Chair's Report

Mr Barkley referred to his written report. He advised that Helen Grantham, new Associate Non-Executive Director, would begin her onboarding programme on 2 May. She had been invited to join the Group Audit and Resources Committees. New Non-Executive Director, Julie Charge, would begin her onboarding programme on 6 June.

Mr Barkley also reported that Paula Gardner would be attending the meetings of the Board, and possible Board Committees from July through the GatenbySanderson Insight Programme, for six months in order to gain experience of NHS Boards.

## 7 Chief Executive's Report

Mr Morritt highlighted the following key areas from his report:

- the priorities and planning guidance document for 2024/25 had been released at the end of March; the guidance was much as expected and would inform the 2024/25 financial plan;
- the Trust had met the financial target required by NHS England at the end of the 2023/24 financial year, with support from the ICB;
- steady improvements had been made in performance against key operational standards, and trajectories for both Referral to Treatment (RTT) and the 62 day cancer standard had been exceeded; plans were in place to drive progress towards meeting the Emergency Care Standard;

- whilst consultants had accepted the recent pay award offer, there was still no meaningful progress towards a similar resolution with junior doctors and the impact of industrial action on the elective care programme could not be underestimated;
- the Integrated Urgent Care Service, of which the Trust was the prime provider, had been launched on 1 April;
- a new Scarborough Coastal Health and Care Research Collaborative (SHARC) had been launched in partnership with York St John University and other local bodies to benefit residents on the Yorkshire coast;
- news of Star Award nominations.

In response to a question, it was confirmed that the Trust had responsibility for Urgent Treatment Centres and would work with partners to deliver this service.

## 8 Quality Committee Report

Dr Holmberg noted first that the Quality Committee had been evolving: there was now a programme of Care Group reporting which provided a better oversight of other areas of the Trust. The work of the Patient Safety and Clinical Effectiveness and Patient Experience Sub-Committees also fed into the Committee's agenda. Dr Holmberg was content with the progress being made in clinical governance.

Dr Holmberg briefed the Board on key discussion points from the meeting of the Quality Committee on 16 April. The Committee had received a presentation from the Medicine Care Group. Care Group leaders reported issues around dialysis capacity, which was a regional problem, and a shortfall in consultant capacity in the respiratory service at Scarborough. The Committee had reviewed the latest Sentinel Stroke National Audit Programme (SSNAP) scores which had been impacted by issues around the delayed refurbishment of the Stroke ward and Speech Therapy capacity. The Committee had been assured that outcomes of stroke patients from the East Coast were similar to those of patients inland, as the ambulance delivery procedure was well-embedded. Thrombolysis data would continue to be monitored.

Dr Holmberg reported that the meeting had also focussed on the changes proposed to Urgent and Emergency Care, and the Committee had sought assurance that those leading change understood the issues and were working collaboratively to resolve them effectively. There had been challenge to Executive Directors around the timescales for the project and the capacity for change management. Dr Holmberg cautioned that the change to the model of acute care was a complex process requiring a collaborative approach at senior levels of leadership.

Dr Holmberg also highlighted the following:

- progress in maternity services was evident but there were still issues around funding for staffing, and assurance around scanning capacity and theatre utilisation;
- progress against CQC actions was noted and the Committee received a report on the Journey to Excellence programme, the latter demonstrated progress against targets, but the Committee asked for assurance that progress was sustainable.

The following risks were discussed:

- issues with the Badgernet system, particularly for staff working in the community;
- issues arising from the staff TUPE process in the Malton Urgent Treatment Centre;
- the risk associated with NOTIFY of alerts going to closed accounts and potentially being lost;
- knee prosthesis used on the East Coast was subject to an alert and patient recall; the scale of the problem was unknown at this stage.

Mr Hawkins acknowledged that there needed to be improvements in the IT process of managing staff joining and leaving the organisation and to the Badgernet system. In the latter case, he was collaborating with Ms Wells-Munro, Director of Midwifery, to access funding as this was a regional issue.

Dr Holmberg was thanked for his report.

## 9 Resources Committee Report

Mr Dillon briefed the Board on the key discussion points from the meeting of the Resources Committee on 16 April:

- the Committee had discussed issues around patients with no criteria to reside and had received assurance of plans in place to improve;
- for the Faster Diagnosis Standard, the Trust still performed poorly albeit improvement was being seen in some specialties;
- the financial position had been a focus in the meeting, particularly the efficiency programme planned for 2024/25; a framework was in place to deliver efficiencies, but the scale of the targets was a cause for concern;
- there had been a surge in attendance at Emergency Departments (EDs) in both Scarborough and York, particularly of Type 1 attendees; this was reflected nationally and added pressure to a system already managing a high level of patients with no criteria to reside.

Mr Barkley advised that he had spoken with Mrs Mellor about the meeting and noted that Ms Hansen's Deputy Chief Operating Officer (COO) was already working on diagnostic improvement plans. Ms Hansen added that plans for Urgent and Emergency Care and plans for elective plans were embedded; the Deputy COO was working to develop the diagnostic plan to the same level. Draft trajectories had been shared with the CQC at the meeting on 23 April. Ms Hansen commented that further consideration would be given to how to bring the programmes together and where best the reports should be presented. Ms Hansen, Mrs Parkes and Dr Stone were asked to make recommendations at the next Board meeting.

**Action: Ms Hansen/Mrs Parkes/Dr Stone**

Ms Hansen reported that a paper on theatre staffing had been presented to the Resources Committee and she confirmed that the issues raised previously had been mitigated such that theatre staffing was no longer a concern.

Mr Dillon recorded his appreciation on behalf of the Committee for the Finance team's work in achieving the budget outcome for 2023/24.

## 10 Trust Priorities Report (TPR)

### Operational Activity and Performance

Board members reviewed the TPR, and questions were invited.

A query was raised about the data for 12 hour trolley waits in EDs. Mr Hawkins would investigate.

**Action: Mr Hawkins**

It was noted that future versions of the ED data would differentiate the categories of patients arriving at EDs. It was confirmed that a new strategy for Urgent and Emergency Care had been presented to the Resources Committee on 16 April and approved by the

Executive Committee on 17 April. Ms Hansen agreed to circulate the proposal for information.

**Action: Ms Hansen**

Mr Barkley highlighted the slippage in the completion date for the new ED at Scarborough. Mr Bannister explained that the delays had been caused by the difficulties in the supply chain, specifically in electrical contractors. Ms Hansen advised that there would be a period of handover once the build was complete, before it was ready to be operational. She expected this latter date to be in October.

In response to a question about the 62 day target for waits for Cancer first treatment, Ms Hansen explained that the Trust needed to improve its performance against the Faster Diagnosis Standard and key to this were the community diagnostic centres' additional capacity. The new Associate Medical Director of Cancer would bring further details to the Resources Committee. Dr Holmberg suggested that there could be a focus on cancer treatment delays in terms of clinical harms. Dr Stone responded that the Cancer Group was reviewing clinical harms and working with clinicians to implement changes in pathways.

Board members discussed the need for the Trust to report data for the "Cancer two week wait" as this was no longer a national operational standard. Ms Hansen assured the Board that detailed information on cancer waits was collated and it was noted that it was the responsibility of the Cancer Alliance to communicate changes in national reporting standards to GPs. Dr Stone added that effective tracking was already in place in terms of the Faster Diagnosis Standard and the reasons why it was not met. It was therefore agreed to remove the data on "Cancer two week waits" from the TPR.

**Action: Mr Hawkins**

Mr Barkley congratulated the team on achieving the target in relation to patients waiting 63 days or more after referral.

Ms Hansen agreed to supply more detailed information on patients waiting more than 63 days for referral to treatment, by length of wait and specialty, to the Quality Committee on a quarterly basis.

**Action Ms Hansen**

Dr Holmberg raised a query about performance in the Rapid Access Chest Pain Clinic for patients seen within 14 days of referral. Ms Hansen responded that this was a result of capacity and demand issues in cardiology, which were being addressed. Dr Holmberg sought assurance about patient pathways in cardiology. Ms Hansen agreed that there were opportunities to streamline processes. A deep dive of cardiology services would be completed and presented to the Quality Committee, as part of a specialty programme of work.

Mr Barkley commented that the reduction in the number of patients waiting for treatment was positive. He noted that the data on pathways with an ethnicity code was so incomplete as to be of no value. Mr Hawkins agreed and noted that this would be followed up.

**Action: Mr Hawkins**

Mr Barkley noted that good progress had been made in reducing wait times for children and young people but the number on the waiting list was still significant. Ms Hansen advised that the main area for long waits was for Ear, Nose and Throat treatment. A range

of societal factors and the lack of NHS dentists was also impacting on waiting times for maxillofacial treatment. Areas with long wait times would be reviewed by the new Children's Board.

Mrs Parkes noted that the number of children or young people waiting more than 12 hours in EDs should ideally be zero; as it was not, her team were reviewing processes to ensure that wait times for children and young people were kept to a minimum. Dr Stone confirmed that there was a Child Assessment Unit at York; Ms Hansen advised that this would be part of the model of acute care. Mr Barkley requested further information about children and young people on community waiting lists.

**Action: Ms Hansen**

### Quality and Safety

Mrs Parkes advised that a programme of work on cannula care had been launched to reduce the level of MSSA bacteraemias.

### Maternity

Dr Stone queried the data on mothers in Scarborough smoking at 36 weeks, which did not fit with the other data on smoking. She would follow this up with the Director of Midwifery, Ms Wells-Munro.

### Workforce

It was noted that the internationally recruited audiologist recently appointed at Ripon Community Hospital was a Trust employee as the Trust supplied Ear, Nose and Throat services to Harrogate and District Foundation Trust.

### Digital and Information Services

Mr Barkley questioned why a telephony issue relating to call queue systems had taken over two weeks to resolve. Mr Hawkins acknowledged that this was unacceptable; he explained that the telephony system had suffered from a lack of investment and there were issues in support for older systems. There were insufficient funds to invest in a new system, but the Trust would be investigating alternative platforms to provide a more robust service. Mr Hawkins would provide an update in due course.

**Action: Mr Hawkins**

### Finance

Mr Bertram advised that the Trust's final accounts would show a deficit of £15.7m; however, this would be offset by technical adjustments made by NHS England of £15.8m, leaving a year-end surplus of £97k. He highlighted the following:

- the contribution of £11.5m from the Elective Recovery Fund which was an excellent outcome;
- capital expenditure in March had been significant; the Trust had slightly exceeded its annual capital expenditure limit but extra funding from the ICB's capital budget had been secured;
- the cash position was artificially healthy due to capital drawdown at year end.

Mr Bertram summarised that the adjusted final position of a £97k surplus was hugely positive.

*The meeting was adjourned for ten minutes at 11.28am, resuming at 11.40am.*

## 11 CQC Compliance Update Report

Mrs Parkes presented the report, noting that the Journey to Excellence process continued to provide oversight of progress against CQC actions. Two further actions had been approved for closure and seven were considered complete with closure awaiting approval. for consideration. Eleven actions had extended deadlines; the initial target dates would be added to the next report.

In response to a question about Section 7 of the report, Mrs Parkes explained that the CQC's Chief Executive's blog covered the new regulatory approach and feedback received on its implementation. It was particularly informative about assessment of services currently rated inadequate or requiring improvement.

## 13 Emergency Preparedness, Resilience and Response (EPRR) Action Plan Update

*This item was taken next.*

Ms Hansen presented the report, noting that it would be presented to the Board quarterly to provide assurance. She highlighted that actions rated red in the action plan were, in the main, not yet due. There were no questions or comments.

## 14 3rd MRI York Hospital Business Case

Mr Bertram presented the business case and explained that the new MRI scanner would bring further capacity for in-house services. Funding for the project had been secured through a bid and he fully recommended the business case for approval. There were no new risks arising from the project: it would deliver quality improvement without further investment. Mr Bertram provided information about the capacity of the scanner, explaining that its use would inform the replacement of the two existing MRI scanners. He confirmed that a site for the new scanner had been identified and agreed. There was a brief discussion on the capacity of the new scanner and how this would meet the current demand.

**The Board approved the Business Case for a third MRI scanner at York Hospital.**

## 15 2024/25 Board Work Plan

It was noted that the workforce reports discussed above would be added to the workplan and Miss McMeekin requested changes to the dates for presentation of the Equality Diversity and Inclusion Annual Report, and the Staff Survey Annual Report.

It was agreed that a Complaints report should be presented to the Board on a bi-annual, rather than annual basis, in May and October.

Professor Morgan questioned whether there should be reports to the Board on other areas of education, alongside Medical. Mr Barkley responded that one of the Board Seminars would have the sole topic of education and training to help the Board fully understand how these activities are organised and carried out in the Trust.

**Subject to the amendments discussed, the Board approved the workplan.**

## 12 Maternity and Neonatal Reports

### Maternity and Neonatal Quality and Safety Update

Ms Wells-Munro joined the meeting and presented the report. She highlighted the following:

- rates of Primary Postpartum Haemorrhage (PPH) over 1500mls had decreased from 4.4% to 3.9% in February which was evidence that the work around this was having an impact; the Trust was working with the Local Maternity and Neonatal System (LMNS) to improve the position further;
- unexpected admissions to the neonatal unit had remained the same from January to February 2024 but Ms Wells-Munro was confident that numbers would decrease as funding had been secured to drive improvements.
- the LMNS report included in the papers recognised the improvement and good practice in the service; all recommendations were articulated in the improvement plan.

The Board noted the improvement in the dashboard data and the positive comments in the LMNS report. Mr Barkley informed Ms Wells-Munro that issues with the Badgernet system had been discussed earlier in the meeting and he would raise them personally at a forthcoming meeting with the ICB.

### CQC Section 31 Update

It was noted that the report had been reviewed by the Quality Committee and was recommended for approval. Dr Holmberg highlighted the improved assurance for the Board through this process; the Committee also had clarity on areas for improvement. Mrs Parkes added that the CQC recognised the improvement in maternity services, and the Trust would no longer be an outlier in its metrics.

Ms Wells-Munro reported that the engagement event in Malton had been very positive. Helpful feedback had been provided by the teams and it was clear that staff engagement and morale had improved. The information from the event would be collated and shared with the Board. More staff at Bands 5 and 6 would be supported to attend the next event. Mrs Parkes observed that the strategies implemented by Ms Wells-Munro in maternity services to engage staff could be used in other areas.

**The Board approved the Section 31 Update.**

Ms Wells-Munro was thanked for her reports, and she left the meeting.

## 16 Q4 Board Assurance Framework (BAF)

Mr Barkley advised that a Board development seminar had been set aside to update the Board Assurance Framework in the light of Trust's new strategy which be approved by the Board in September. The BAF would continue to be updated operationally as appropriate.

**The Board approved the Board Assurance Framework.**

## 17 Questions from the public

A question had been received which expressed concern about the decision of the Trust to support the training course *Maximising Your Leadership Potential* which was exclusively for Black, Asian and Minority Ethnic (BAME) staff. Mr Barkley reminded Board members that, in approving the course, they had discussed this potential objection.

The Board continued to fully support the course on the basis that:

- equality did not mean that everyone was treated the same;
- there were a number of leadership and management courses which all staff could access;
- the *Maximising Your Leadership Potential* course was funded by a charity to provide specific additional opportunities for BAME staff;

- the provision of the course supported the Trust in meeting the NHS Workforce Race Equality Standard (WRES) and its Public Sector Equality Duty objectives.

Executive Directors reported that the course had been very well-received by BAME colleagues and had been oversubscribed.

It was agreed that the Chair would write a detailed response to the question explaining the Board's rationale for unanimously supporting the development programme.

**Action: Mr Barkley**

## 18 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 22 May 2024 at 9.30am at York Hospital.

| 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 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. | Jul-24 | Amber |
| **BoD Pub 30** | 29 November 2023 | 99 23/24 | Quality and Safety Assurance Committee | Waiting List Harms Task and finish Group proposal for a process of identifying and monitoring patients on waiting lists to be presented to Ms Hansen and to the Quality Committee. | Chief Operating Officer | 31.01.24 Update - Ms Hansen reported that the waiting time harms task and finish group was set up in Oct 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 Exec Committee 7 Feb 2024 for discussion and engagement with care groups and deputies before it is socialised further.<br>28.02.24 update- Mrs Hinton described a proposal report had been presented to the Exec Committee on 7 Feb 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 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.<br>Update 24.04.24: Ms Hansen advised that a proposal had been presented to the Exec Committee regarding the process of identifying of waiting list harms; this was to be refined. The new Clinical Harms Group met fortnightly: Ms Hansen undertook to provide a draft proposal to the Quality Committee in May. The deadline for the action was therefore amended. | May-24 | Amber |
| **BoD Pub 42** | 27 March 2024 | 153 23/24 | TPR - Quality and Safety | Provide update to the Board on Datix reporting levels | Interim Chief Nurse | 24.04.24 : Mrs Parkes advised that this work was ongoing and proposed presenting a report to the Quality Committee in May. The due date for the action was therefore amended. | May-24 | Amber |
| **BoD Pub 44** | 27 March 2024 | 154 23/24 | Staff Survey Report | Develop action plan from Staff Survey to be brought to the Resources Committee | Director of Workforce and OD | | May-24 | Green |
| **BoD Pub 45** | 27 March 2024 | 156 23/24 | CQC Compliance Update Report | Add information about initial target dates for actions to the report | Interim Chief Nurse | 24.04.24: Mrs Parkes advised that these would be added for the next report. | May-24 | Amber |
| **BoD Pub 01** | 24-Apr-24 | 9 | Resources Committee Report | Make recommendations to the Board on how plans for diagnostic improvement, Urgent and Emergency Care, and elective care programmes could be brought together and where best to present the reports. | Chief Operating Officer/Interim Chief Nurse/Medical Director | | May-24 | Green |
| **BoD Pub 02** | 24-Apr-24 | 10 | Trust Priorities Report | Investigate data for 12 hour trolley waits in ED. | Chief Digital Information Officer | | May-24 | Green |
| **BoD Pub 03** | 24-Apr-24 | 10 | Trust Priorities Report | Circulate new strategy for Urgent and Emergency Care, as presented to the Resources Committee in April | Chief Operating Officer | | May-24 | Green |
| **BoD Pub 04** | 24-Apr-24 | 10 | Trust Priorities Report | Remove the data on “Cancer two week waits” from the TPR. | Chief Digital Information Officer | | May-24 | Green |
| **BoD Pub 05** | 24-Apr-24 | 10 | Trust Priorities Report | Supply more detailed information on patients waiting more than 63 days for referral to treatment, by length of wait and specialty, to the Quality Committee on a quarterly basis. | Chief Operating Officer | | May-24 | Green |
| **BoD Pub 06** | 24-Apr-24 | 10 | Trust Priorities Report | Investigate and address incomplete data on pathways with an ethnicity code. | Chief Digital Information Officer | | May-24 | Green |
| **BoD Pub 07** | 24-Apr-24 | 10 | Trust Priorities Report | Provide further information about children and young people on community waiting lists. | Chief Operating Officer | | May-24 | Green |
| **BoD Pub 08** | 24-Apr-24 | 10 | Trust Priorities Report | Provide an update on possible alternative platforms for the telephony service. | Chief Digital Information Officer | | Jun-24 | Green |
| **BoD Pub 09** | 24-Apr-24 | 17 | Questions from the public | Write a detailed response to the question explaining the Board’s rationale for unanimously supporting the leadership development programme exclusively for BAME staff. | Chair | | May-24 | Green |

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| **Report to:** | Board of Directors |
| **Date of Meeting:** | 22 May 2024 |
| **Subject:** | Chair's Report |
| **Director Sponsor:** | Martin Barkley, Chair |
| **Author:** | Martin Barkley, Chair |

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

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

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

**Summary of Report and Key Points to highlight:**

To provide an update to the Board of Directors from the Chair on recent visits and meetings.

**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 | 22 May 2024 | |

**Chair's Report to the Board – May 2024**

1. Later in the afternoon after our April Board meeting and visits (I visited one ward and the SDEC at Scarborough General Hospital with James Hawkins), Simon Morritt and I had our monthly briefing meeting with the Trust's Council of Governors. The purpose of these meetings is to share information with the Governors about what the Board had discussed/decided and take any questions about what we have said or indeed about anything else. I estimate that a third of the governors joined the meeting using MS Teams. The briefings and opportunity to "touch base" between the quarterly meetings of the Council of Governors seems to be appreciated, making them worthwhile.
2. I attended a further meeting of the Council of Governors Membership Committee where we agreed next steps in updating our leaflet and arrangements to publicise the opportunity to become a Member of the Trust.
3. I chaired a meeting to discuss and agree the detailed arrangements for our first Members Constituency meeting being held in Selby on Friday 7th June 2024.
4. With the Executive Directors I attended a meeting with NHSE and ICB to review the Trust's position in Segment 3. The meeting was constructive and I believe that the Trust will remain in Segment 3 but official confirmation is awaited.
5. I attended an excellent 2nd Maternity and Neo-Natal Engagement Day. Lorraine Boyd, lead NED for our maternity services also attended and was able to stay all day (regrettably I was not able to stay as I had to get back to Trust HQ to attend the meeting with NHSE referred to above). But I did have the privilege of giving the introductory talk. The meeting was attended by circa 120 colleagues and stakeholders.
6. I chaired the meeting of the HNY Acute Providers Committee in Common, which we hosted at York Hospital.
7. The Chief Executive and I attended an extraordinary meeting of Provider Chairs and CEs with the ICB, the main purpose of which was to review the end of year financial positive achievement, and receive a detailed briefing about the very challenging financial requirements for the 2024/25 financial year.
8. I chaired my second meeting of the Trust's Charitable Funds Committee, at which we received a detailed briefing of the financial expenditure and income for the year 2023/24 which was very positive.
9. I spent a morning with the York Community Midwifery Team Manager Petra Mullen who introduced me to the team members who were at base in both the Selby base and a base in a Childrens Centre in York. It gave me a valuable insight and understanding of their work, as well as the opportunity to respond to their questions and for to thank them for all that they do. I have made arrangements to visit the Teams at Scarborough and Malton.
10. My last engagement before starting a week's holiday, was chairing the joint Board/Council of Governors workshop "Local services for Local People". I thought the workshop went really well thanks to the contributions everyone made who attended the workshop, and the excellent preparatory work undertaken by James Hawkin's Business Intelligence Team, none more so than Gary Hardcastle who also explained everything so clearly at the workshop. It was a pity that not more Governors were able to attend. I have therefore agreed to further discuss the information that had been circulated in advance with Governors at the next meeting of the Council of Governors when I am sure that more Governors will be in attendance. The information which shows the numbers and where patients from each main locality access out-patient and diagnostic services will be of help to informing future decisions about deployment of resources and possibly administration arrangements.

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|---|---|
| **Report to:** | Board of Directors |
| **Date of Meeting:** | 22 May 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<br>☒ Quality and Safety<br>☒ Elective Recovery<br>☒ Acute Flow | ☒ Quality Standards<br>☒ Workforce<br>☒ Safety Standards<br>☒ Financial<br>☒ Performance Targets<br>☒ DIS Service Standards<br>☒ 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: Operational performance update, NHS Oversight Framework segmentation, Progress with Community Diagnostic Centres, Scarborough Urgent and Emergency Care Centre update, New Mayor elected for the York and North Yorkshire Combined Authority, Adopting the York Poverty Truth Commission Charter, HYMS Teaching Awards success and Star Award nominations.

**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 | 22 May 2024 | |

## Chief Executive's Report

### 1. Operational performance update

In my report last month I noted the steady improvements we are making with our performance against key operational standards, particularly with elective recovery.

I am pleased to share that we have received formal notice from NHS England that we are no longer in the tiering process for elective care, and that we have been moved from tier 1 to tier 2 for cancer, moving us from national to regional NHS England oversight. This is effectively an acknowledgement from NHS England that we have made positive progress on reducing our waiting times for planned care, and on the 62 day and faster diagnostic standards for cancer.

Our acute and emergency services remain under significant pressure, with a particularly busy period in April that is showing no real signs of reducing. This pattern of high demand has been replicated elsewhere, with NHS Chief Executive Amanda Pritchard confirming in her recent leadership update that there were more A&E attendances in April than in any of the peak winter months, and attendances and emergency admissions around 10% higher than last year.

### 2. NHS Oversight Framework segmentation

We have now received formal confirmation from NHS England on the outcome of our recent segmentation review and following last month's Board to Board attended by our Executive Team and representatives from NHS England and Humber and North Yorkshire Integrated Care Board.

We remain in segment 3 under the NHS Oversight Framework.

### 3. Progress with Community Diagnostic Centres

The Community Diagnostic Centre (CDC) in York is now open. The CDC programme is a national programme of £2.3 billion capital investment in diagnostic transformation, to help speed up the detection of many serious illnesses, meaning patients can start their treatment and recovery much sooner.

Located at Askham Bar Community Care Centre, the York CDC will play a vital role in speeding up diagnosis for illnesses, such as cancer and heart disease, and help to reduce waiting times for patients by offering a range of diagnostic tests, checks and scans including MRIs, CTs and ultrasounds.

Provided in partnership with Nimbuscare, once fully operational around 70,000 additional diagnostic appointments will be available to patients, including a planned 9,000 CT and MRI scans in the first year.

This follows on from the establishment of the Community Diagnostic Centre (CDC) 'spoke' in Selby, which is connected to the CDC 'hub' that is being built in Scarborough.

In Selby we have been delivering CT and MRI since last October via mobile assets that are part of a Humber and North Yorkshire programme and we have also been delivering blood taking, ultrasound and X-ray as part of the CDC Programme.

Having these new facilities and the capacity to conduct so many additional tests will be incredibly beneficial to the health of people across the area, as it will help us to detect and treat serious conditions such as cancer, heart disease, and respiratory conditions.

It will also help free up clinicians' time to further reduce waiting lists.

## 4. Scarborough Urgent and Emergency Care Centre update

Planning is continuing at pace for the opening of the new UECC in Scarborough. Detailed work is underway to familiarise teams with their new departments, and the logistics for the transfer of patients, staff and equipment are being worked up and tested to ensure the move goes as smoothly and safely as possible.

The moves are planned to take place over three weeks from 16 September to 4 October 2024. In the run up to this, there will be opportunities for tours of the new facility for those who have not yet had the chance to see inside.

This is the biggest capital investment this Trust has ever delivered and is the result of years of hard work and dedicated effort from many teams and individuals. It is therefore incredibly exciting to be within touching distance of it opening its doors.

On this note, congratulations to our Capital Projects Team who were bronze award winners at this year's Considerate Constructors Scheme Awards. It was a joint win for our Trust team and our construction partners, IHP, for their work on the £47m build at Scarborough Hospital.

These prestigious awards recognise the efforts constructors have made to be the most considerate neighbours, and those projects that respect the public, the workforce, and the environment. Well-deserved recognition for all.

## 5. New Mayor elected for the York and North Yorkshire Combined Authority

As you may have seen reported in the media, the first Mayor of the York and North Yorkshire Combined Authority was elected earlier this month. As Mayor, David Skaith will lead the Combined Authority, which has been created by City of York Council and North Yorkshire Council.

The Mayor and Combined Authority have powers and responsibilities devolved to them by central government. These include:

- Responsibility for a 30-year Mayoral Investment Fund and the powers to borrow against funds.
- Full devolution of the Adult Education Budget.
- Powers to improve the supply and quality of housing and secure the development of land or infrastructure.
- Powers and funds to improve transport through a consolidated, devolved, multi-year transport settlement.

- Responsibilities for community safety and the powers to appoint a Deputy Mayor to carry out many of the duties currently held by the Police, Fire and Crime Commissioner.

We look forward to seeking opportunities to work with the Mayor and the Combined Authority in finding solutions to some of the shared challenges we face in York and North and North Yorkshire.

## 6. Adopting the York Poverty Truth Commission Charter

The York Poverty Truth Commission was established in March 2023.

A Poverty Truth Commission begins by putting those with direct experience of poverty first, asking them to share their knowledge about what is truly needed to make change.

It acts as a vital link between those with experience and decision makers in the area, building real relationships and real trust with a view to influencing change.

Phase 3 of the York Poverty Truth Commission process is now underway, and began with a successful Celebration and Next Steps event on 24 April 2024, which saw the launch of the Commission's Charter for Organisational Standards.

The four standards outlined in the charter are:

1. We listen.
2. We are understanding.
3. We are respectful and friendly.
4. We are responsive, honest and care about getting you the right support.

As one of the initial civic commissioners of the York Poverty Trust Commission, I am recommending to the Board that we publicly pledge to adopt and integrate this Charter into our working practises.

I am sure Board colleagues will agree that these standards and the aims of the commission are aligned not only to our Trust values but also with our growing focus on reducing health inequalities and improving access for everyone we serve.

You can read the full document [here].

## 7. HYMS Teaching Awards success

It was a great night for our staff at the Hull York Medical School Teaching Excellence awards last month, with five winners and a further 30 nominations from amongst our teams.

The nominees and winners are all chosen by students, acknowledging those who have inspired, supported, and had a positive impact on their lives and education from NHS trusts and primary and community care.

Congratulations to the following for their well-deserved wins, including comments from their nominators:

- **Dr Jessica Hebron** (Medicine Phase I and Medicine with a Gateway Year Tutor of Excellence Award), ‘an outstanding teacher and a role model’, with a ‘wonderful manner when speaking to patients.’
- **Dr Gary Kitching** (Medicine Phase I and Medicine with a Gateway Year Tutor of Excellence Award) who ‘facilitates collaborative work’, finding ‘imaginative ways of explaining things to students.’
- **Ottilia Buch** (Nursing and Allied Health Professions Award) who has ‘a really holistic approach to Medicine’, with ‘an amazingly positive attitude and kindness towards students.’
- **Dr Ruwani Rupesinghe** (Medicine Phase II and III Tutor of Excellence Award) who is a ‘patient and caring individual’ and ‘an incredible teacher who actively tested students’ knowledge to ensure key concepts were understood.’
- **The Scarborough SLO Team** (Administrative Support Award) who created an ‘extremely friendly atmosphere’ while ‘encouraging all students to get the most out of their experience on placement.’

Well done and congratulations to all nominees.

## 8. 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.

May’s nominees are in Appendix 1.

**Date:** 22 May 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust


# May 2024

**Samira Giwa, Sister** **Scarborough** **Nominated by colleague (1) and colleague (2)**

(1) Sam is a hard-working nurse, upholding Trust's and profession's values, and always keeps the patient at the centre of care. Various family members have asked me to convey their thanks to her for the care their relative receives. She is a good team player. She also goes out of her way to ensure families are kept informed.

(2) Sam cared for one of my frail, elderly, and confused inpatients exceptionally well recently. The patient had delirium and was agitated, confused, aggressive, and distressed on the ward. Despite overseeing a pressured shift, Sam took time to listen to the patient, calm them, and distract them, visibly reassuring them and reducing their distress and anxiety.

Sam is a standout colleague in other ways, often going the extra mile to care for this vulnerable inpatient group. She has recognised improvements which can be made to reduce infection risk in the ward environment and taken steps to minimise risk harm to patients. She consistently advocates for her patients, and this is impressive. I am always glad when she oversees looking after the patients under my care.

**Kirsty Thomas, Clinic Manager** **Scarborough** **Nominated by colleague**

Kirsty is always extremely helpful when staff approach her with queries and is also polite and caring when in contact with patients. She always goes above and beyond to support colleagues and patients alike. I have found her support so helpful over the last few months and she is always there to support me in a variety of situations.

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| **Medical Deployment** | **Scarborough** | **Nominated by colleague** |

The entire team, Nikki, Neezla, Chelsea, Charley, Helen, Olalla, Kelly, and Poppy have been wonderful to me over a difficult year. They have been a source of strength and support in work and outside of work. I want them to know it has not gone unnoticed.

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| **Ariyana Reddy, Trainee Clinical Psychologist** | **York** | **Nominated by colleague** |

Ariyana has been an asset to our team since she first started with us. She has consistently been a kind, approachable, and warm addition to our team and has made a lasting impact. She has put 100% into everything she has done, and it has shown. She provides a safe space for her patients, and her demeanour has made her well liked amongst both her patients, their families, and her colleagues.

Ariyana has made such a big impact on our team in such a short space of time. She has been a warm, positive, and supportive presence during her time on placement with us. We have really valued her enthusiasm and dedication to her role and the work she has completed. She has demonstrated diligence, kindness, and understanding to her patients and their families. Ariyana has been an asset to our team and deserves a star award nomination. Ariyana has created such a positive outcome and really lifts the mood of the psychology office. The children really value the safe space and support that she provides to them, and she has become a valued member of our team.

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| **CT Scan Booking Team** | **York** | **Nominated by colleagues** |

I would like to nominate the team that book the CT scans for our patients This team is no doubt exceptionally busy and under a lot of pressure. They have always been so helpful, always respond to our emails straight away, and always help with our requests wherever possible. This makes a huge impact on the information we can feed back to patients.

Often, waiting for a CT scan can be an incredibly anxious time for the patient, and having an idea on waiting times or getting it scheduled can relieve a lot of that stress. It can also make our job, as co-ordinators so much easier. The team understand the stress on the patients, care about the patient and, consequently, offer an exceptional service to our team. Even at very stressful and busy times, I never worry about having to contact this team, they will always be nice and do their best to help. I know that the whole of the breast care nursing team and co-ordinators feel the same way. So, thank you.

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| **Lloyd Ward Team** | **Bridlington** | **Nominated by patient** |

I had an operation under the care of Lloyd Ward and Mr Philips at Bridlington Hospital. The whole team were caring and professional. The surgical team introduced themselves prior to the operation. Everyone made me feel relaxed and cared for before and after the surgery. The ward ran like clockwork with efficiency and warmth. I was in theatre by 10am and home for 5pm with all the aftercare advice I needed. Thank you, Lloyd Ward.

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| **Ward 34** | **York** | **Nominated by patient** |

I was admitted to Ward 34. This was a scary experience for me and a strange situation to find myself in. Despite facing various challenges, I felt cared for by the clinical team. A huge thank you especially to Don Sumilang who was the nurse on duty with night team. He is a kind, patient, and an all-round lovely man, who went above and beyond for all the patients he was looking after. A huge thank you to all the great staff on Ward 34.

**Adele White, Staff Nurse** **Scarborough** **Nominated by colleague**

Adele recently cared for a child who required surgery, but the theatre gown was too large. Adele used her initiative and independently contacted the Pyjama Fairies to source more appropriately sized gowns for the children. Adele has been able to secure an order for up to 100 theatre gowns and theatre pyjamas, free of charge for the children's ward. Adele is an outstanding nurse who demonstrates every day her compassion and kindness. Her work with the Pyjama Fairies is just another brilliant example of her dedication to patient care and experience. Thank you, Adele for all your hard work, it does not go unnoticed.

**Ward 35 Healthcare Support Workers** **York** **Nominated by colleague**

I have supported Ward 35 with staffing for the last month. It is an incredibly busy ward and very physically demanding. During my time there, I witnessed the HCSWs work together as a team, supporting each other, whilst showing excellent care to their patients. Despite stresses and strains, they work with a smile on their faces and give 100%. They help to make the ward a happy and friendly place to work. The HCSWs on Ward 35 live our Trust values every day.

**Jennie Jackson, Healthcare Assistant** **York** **Nominated by colleague**

Ward 32 is a heavy and busy ward, despite this, Jennie works with kindness and compassion, quietly getting on without a fuss. She is a steadying hand on the ward, and I know that when she is on new staff members will be well supported. She has recently taken on the role of ward buddy for new staff and was chosen for her kindness and patience. Despite the stresses of the workload, Jennie also picks up extra shifts to support staffing. Jennie is an excellent example of someone who upholds our Trust's values.

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| **Emergency Department Team, Amy Lazenby, Deputy Sister, Greg Purssord, Consultant, and Benjamin Holmes, Speciality Registrar** | **Scarborough** | **Nominated by relative** |

We arrived on holiday in Scarborough, and, within 15 minutes of arriving, my daughter sustained an injury on the beach. My daughter has Down Syndrome and any planned hospital stay, or visit, is stressful enough, so an unplanned one could have been horrendous. However, the team in Scarborough ED were simply fantastic. They gave her the space and time she needed and the information in an easy-to-understand way. Most importantly built a lovely rapport with her which made a stressful visit quite easy.

The nurse in minor injuries was called Amy, and she was beyond brilliant. We will forever be grateful to her for making sure that my daughter was happy and settled throughout her stay in ED and for helping us out when she became distressed during x ray. A huge thank you to Ben, the orthopaedic surgeon, who operated on my daughter and for his amazing communication with my daughter. Finally, a huge thank you to Greg. the anaesthetist. He was fantastic, reassuring us the whole way. He also made special allowances for us as parents by allowing us both be there as he put our daughter under sedation in theatres and immediately upon her return from theatre when they woke her up. He even made sure we were first on the list for theatre the next day as he was aware my daughter would not understand being kept nil by mouth and lengthy waiting. We believe this made the biggest difference to her feeling settled and relaxed after a traumatic incident.

The hospital visit was made all the easier by the fantastic care we received at Scarborough Hospital, and we want to share our sincere thanks to the fantastic team there. I am so impressed with how they cared for a child with a learning disability. This was the best example of amazing patient care for someone like my daughter who needs that bit of extra time and support. Well done Scarborough and most importantly thank you to Amy, Greg, and Ben.

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| **Lois Bennett, Labour Ward Coordinator** | **York** | **Nominated by colleague (on behalf of a relative)** |

A relative came to the PALS office this morning to nominate a midwife named Lois Bennett for a Star Award. This is due to the 'above & beyond' empathy and brilliant care she provided to his partner in the time surrounding the birth of their newborn around six weeks ago.

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| **Sarah Collis, Specialist Theatre Nurse** | **York** | **Nominated by colleague** |

Sarah dedicates herself in an important role that does not receive the acknowledgement or the recognition it deserves. Sarah displays the Trust ethos of kindness, openness, and excellence, then goes further demonstrating resilience, compassion, and empathy. Sarah is highly motivated, and she displays a strong work ethic. She has a high level of attention to detail regardless of the task, she sets high standards for herself, and she is not afraid to stand up and support her colleagues when difficult situations arise.

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| **Rainbow Ward** | **Scarborough** | **Nominated by colleague (1) and visitor (2)** |

(1) A young patient with a rare genetic condition was admitted to the ward. Her mum was unable to stay with her, so the ward ensured she was kept busy with arts and crafts and was made to feel special. To ensure the patient's basic needs were being met, they would take the patient outside into the garden, took her around the hospital as they ran errands, and ensured she left the cubicle and spent time in the playroom with other children. The hairdresser also came to the ward to do her hair and she had music therapy provided by an outside service.

When discharge was arranged, the staff all ensured they said goodbye to her on their last shift before she left. The staff made a huge difference to the patient's stay; ensuring that she was not lonely, all her needs were being met, and she had regular contact with her mum.

(2) The staff on Rainbow Ward are amazing - the care they give is outstanding, they make you feel like family when your there, they are all very happy and loving.

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| **Same Day Emergency Care Team** | **York** | **Nominated by colleague** |

I started my job at York Hospital in February 2023, and from the moment I joined this team - I was made to feel welcome and valued. I consider every one of these amazing colleagues an asset to York Hospital. This department has suffered numerous setbacks, and through it all, they have never sacrificed patient safety and have strived for excellence. Through Emma Pavis's leadership, this department goes above and beyond every single day to ensure all patients receive the best care.

**Luke Addison, Clerical Officer** | **York** | **Nominated by colleague**

I would like to thank Luke from the uniform department at York hospital. Since he has taken on this role, he has made it a lot easier for community teams to get new starters kitted out in a timely manner. He responds to all my emails quickly and efficiently, and on behalf of all the DN Admin teams we are grateful for his hard work.

**Jayne Mills, Specialist Orthoptist** | **Scarborough** | **Nominated by relative**

Jayne has seen my son a few times in clinic, and she has always shown him kindness and had so much patience with him. As a parent, she has always explained everything to me as well as my child and has always answered all our questions. She is an amazing person.

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| **Dawn Lowery, Admin & Clerical Band 2, Rebecca Smart, Receptionist, and Paul Sorat, Phlebotomist** | **Selby** | **Nominated by relative** |

I brought my son for a blood test which had been requested as my son is a cancer patient. He is very poorly and unable to sit on a chair or in his wheelchair for long periods. When we arrived both Dawn and Rebecca were at the desk. I had called a week before and asked if I could book an appointment so we didn't have a long wait, but I was advised that while they could not book an appointment, if we turned up, they would do their best to get my son seen as fast as they can. Once we got to the desk and explained who we were, they showed nothing but kindness and their caring nature towards us. My son needed water and before we could blink, he had a cup of water. He was also cold, so he was offered a blanket to warm him up which was so thoughtful.

We were asked to sit on a waiting area seat and almost immediately we were told we could go through to have the blood taken. One of the ladies had gone to ask if he could be seen straight away and Paul had agreed to see my son straight away. He was so lovely, kind, and respectful, and very soothing nature. Within approximately five minutes of us arriving, the blood was taken, and we were leaving. It was outstanding service from all three kind, caring, considerate, respectful, and helpful people that went above and beyond to help us. They are all a credit to the hospital, and we are so thankful for the experience from start to finish.

**Paul Williams, Catering Operative** **York** **Nominated by colleague**

I was helping a distressed patient who was walking around the main corridor and wanted to leave the hospital. I knew the Ellerby's was a safer place than outside, and I needed to get the patient settled. The patient was upset and agreed to go for a snack. The lunchtime queue was long, and I needed help fast as the patient was upset, distressed, and a falls risk. I went to the front of the queue and Paul saw I needed help and listened to me. Even though he was busy in the middle of lunch, he stopped what he was doing to help the patient. He was kind and caring, and he realised it was an urgent request. I explained a distressed patient just needed chips and a pudding. I promised to retrospectively provide him a voucher from the department. He trusted me, listened despite being busy, acted quickly whilst being very kind, did not question me, and helped the patient. The patient was immediately given come chips. Having the chips helped her engage in eating her sandwich.

The situation was helped so much by Paul Williams and the patient was able to stay in the same place eating so, after a very calm 20 minutes, patient transport easily found us. Without Paul Williams's quick help and willingness to help a patient, things would have been very different. The patient was a falls and absconder risk, and he saved the situation. It also affirmed how everyone who works in Ellerby's is kind, caring, and generous. It was a safe place to go with the patient, which I knew from the kindness consistently shown by the team. Thank you, Paul, for trusting me and for acting fast. The patient was kept safe because of your help.

**Intensive Care Unit York** **Nominated by relative**

My daughter was admitted to ICU, and the whole team were wonderful in the most awful of times. They were kind and caring and showed so much warmth and empathy. They took the time to get to know my daughter, including the music she liked, and made us as family and her friends so welcome. Nothing was too much trouble. Even though my daughter was unresponsive, she was shown such care and kindness, and given dignity.

Dr Tom and the nurse, Olivia, then supported my decision to move my daughter to Martin House for end-of-life care. They went with us and made her comfortable. The listened to me all the way through and made it all happen. Sadly, my daughter passed on after she was transferred, but with her family with her. I will never forget what a wonderful team she had on the ICU. They were always there to answer any questions and let us spend as much time as possible with her, including allowing her to have many visitors. This includes the lovely receptionists too who regularly checked in with us. We were all looked after, and I felt very supported throughout. The care from the whole of the team really shines through. At our darkest points they were there to bring such kindness and understanding. I will never forget how wonderful they were and are.

**Gifty Otoo, Midwife York** **Nominated by colleague**

I would like to nominate my preceptor, Gifty Otoo. Gifty has been with us a year as an international midwife, and during that time she has learnt many new skills to increase her practice. Gifty puts her whole self and heart into everything she does. She has continued to study and take every opportunity offered to her and is one of only two international midwives to complete the Florence Nightingale leadership course. She does everything with a smile, lots of love, and an absolute willingness to learn. I am incredibly proud of Gifty, and she truly embodies the Trust values in both her work and her personality.

**Gifty Otoo, Midwife, Liberty Perez, Midwife, Jhoan Priela, Midwife, Kimberley-Rose Fernandez, Midwife, Rebecca Comensoli and Midwife, Omolola Atobatele, Midwife**

**York**

**Nominated by colleague**

I would like to nominate all our international midwives.: Liberty Perez, Jhoan Priela, Kimberley-Rose Fernandez, Gifty Otoo, Rebecca Comensoli, and Omolola (Lola) Atobatele. It is not easy to leave your home country and your family and come to work and stay in another country with a different culture and practice. It is not easy bringing your skills and experience to a place that does not always recognise that you have not had the same equipment, guidelines, or approaches.

These courageous women have joined our workforce at one of its most challenging times and put their heart and soul into adapting and caring, and giving respectful, safe, and exemplary care to all the families they have been involved with. At the same time, they have had to get used to our weather, customs, and coping with being a long way from everyone they love. They must keep going, even when it is hard.

I would like to thank them for their dedication and give them the respect that they show every day they are here. They have been with the Trust for a little over a year and I would like to show them what an honour and a privilege it is to call them colleagues, and how pleased I am that they have joined us.

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

Katie was working the night shift in the busy ED waiting room, looking after a variety of patients with multiple health problems. A patient attended who had learning difficulties and had become distressed and agitated. Katie was incredibly patient and kind with him, reassuring him when he needed it and giving him space when he needed it. She helped him to calm down and supported him to communicate his needs and wants. Katie is a humble member of staff who regularly shows great kindness to individual patients, especially those who are struggling. I am sure this makes their visit to ED a little bit easier.

**Marianne Jordan, Sister** | **Nelsons Court** | **Nominated by colleague**

Marianne has recently completed a six-month matron secondment during which time she has supported me (the substantive Matron) in the senior management of the community inpatient units at Nelsons Court, Selby, and St. Monica's. During this secondment, Marianne has also proactively participated in supporting our community units at Nelsons Court whilst the Medical Elective Suite (MES) was recently relocated to Nelsons Court. She has done this with positivity, motivation, and determination. She has demonstrated the Trust's values and behaviours during a time of upheaval and ongoing building works, whilst ensuring the safety of her patients remained the key priority keeping disruption managed and to a minimum.

Due to her clear and compassionate leadership, the nursing team at Nelsons Court Ward 1 have continued to deliver excellent and consistent care to their patients ensuring they receive excellent standards of care throughout their inpatient rehabilitation stay. This is reflected in the positive feedback the ward continues to receive via its friends and family questionnaires. Marianne is the epitome of the Trust's vision, and her length of service at the Trust is evident from her knowledge and understanding of the organisation and its key priorities in delivering excellent patient care. She is an excellent ambassador for the Trust.

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| **Emergency Department Team** | **Scarborough** | **Nominated by colleague** |

The ED team Scarborough have faced many difficult challenges, but this team have always pulled together to help new staff and patients. They are an exceptional team who all go above and beyond with their patience, care, communication, and thoughtfulness to all. Patients always come before the team. I am proud to be part of the ED team.

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| **Sarah Katsarelis, Medical Secretary** | **York** | **Nominated by relative** |

Sarah was so kind when I called to enquire about advice about a change of medication recommended by the GP for my elderly and completely deaf father. She listened carefully and did appropriate confidentiality checks very kindly and with great patience. She provided initial reassurance that I was not being a nuisance and that she would get an answer to my questions and concerns and call me back.

Sarah rang back only on hour later with clear information answering all my questions and providing reassurance. You may feel that this is quite a simple matter, and that Sarah was just doing her job, but she did it efficiently effectively and great compassion.

**Medona Fernandez, Staff Nurse** **York** **Nominated by colleague**

Medona is the one of the most wonderful individuals I have ever had the pleasure of meeting. She is a source of many people's happiness and always manages to smile even when times get hard. She does not give herself enough credit for how great she is, and she will often shy away from compliments. Patients always recognise her when they meet and are overjoyed to know she is giving them the treatment, as she is always patient and gentle with all she treats. Eye injections can be the most difficult and fear-inducing days for many patients, but she always manages to provide comfort and calm to all in the room.

I know that if we have a really hard day ahead, but I am working alongside her, then I have someone who will listen and help no matter how she feels. She does not see how much she is needed and how much positivity she has brought to the department, colleagues, and patients alike. I want to nominate Medona for a Star Award because she truly deserves it. Medona, keep smiling and being brilliant because you have brought light into even some of the hardest and lowest days.

**Lucy Kendall, Healthcare Assistant** **York** **Nominated by colleague**

Lucy has been a continuous source of joy in the department, with a brilliant sense of humour and a desire to make everyone else feel better, she is a breath of fresh air. She is a strong and dependable member of the team and is adored by all patients she comes across. Lucy will go above and beyond to make sure patients have a pleasant experience and never fails to be kind to anyone she sees. Lucy deserves a nomination for a Star Award for bringing staff morale up and putting everyone else first, a truly brilliant member of the team.

**Ophthalmology Team** | **Community Stadium** | **Nominated by colleague**

The ophthalmology team based in the community stadium are an essential and critical team for the public. They are focused on treatments for conditions affecting the central part of vision caused by damage to the macula which is the leading cause of sight loss in the UK. The team's work is vital for preventing many members of the public from going completely blind. The team also embodies dedication, resilience, and compassion. Their commitment to patient care goes beyond the call of duty, as they tirelessly strive for excellence despite the challenges of soaring patient numbers and increases in workload. Their unwavering positivity uplifts both patients and colleagues alike, creating an atmosphere of hope and support.

The team regularly goes the extra mile for patients, from supporting them walking around the department and running around providing tea and coffee, to never failing to make the patient relaxed and comforted during these stress inducing injections into their eyes, holding patients' hands, and listening to their emotional and physical needs. It is always evident that the patient comes first despite how busy the team can be, never shying away from overtime and extra clinics needed to keep up with such high demand. This team's selflessness and dedication make them truly deserving of recognition.

**Rhys Evans, F1** **York** **Nominated by colleague**

I have seldom come across a more compassionate, dedicated, and friendly individual than I have in Rhys. Regardless of the situation, staffing numbers, or his own workload, there is never anything Rhys would not do for his patients. If I had to pick someone that encompasses the Trust values, I would pick Rhys. No matter what the situation is, whether it's going above and beyond in facilitating a patient's medical plan, assisting in patient care when there has been nursing shortages, or having an uncanny knack to know when someone just needs a cup of tea and an ear to listen to regardless of what time of day it is.

Every shift, Rhys always puts others before him and his persistent upbeat nature during sometimes testing times, is very admirable. As one of the kindest people I have met, I could not picture anyone more deserving to be recognised for what he does.

**Lia Grainger, Deputy Sister** | **York** | **Nominated by colleague**

I was admitted to York Hospital with Sepsis Pneumonia. This was the second time this had occurred. After an assessment I was put on a substantial course of antibiotics and fluids almost totally IV administered. By late evening I started to experience serious breathing difficulty and called out for help. At this point I was feeling very anxious. A nurse ran for help and subsequently critical care nurse Lia arrived on the ward, immediately and calmly taking control of the situation. By this time, I was making noises like a wounded animal just trying to breath. Lia calmed me down and continued to reassure me for approximately two hours, while at the same time doing all she could to keep me alive. As I had been through this before I knew to ask for a catheter, which Lia immediately ran to get and rapidly attached.

The noise and activity had attracted a large audience both inside the room and in the corridor outside. Throughout this time Leah continued to perform regardless of the audience, constantly reassuring me whispering things such as “Don't worry, I won't leave you” or “If you need me, I'm within earshot.” At this time, I remember saying to Leah that I was not sure if I could continue the physical effort require to breathe. Though she had no answer to my comment, her physical presence was enough to keep me going. Eventually, I began to recover, and a CPAP was applied. Throughout this Leah performed her duties non-stop, without a doubt saving my life in the process. She never gave up on me even though I was physically exhausted and could easily have given up myself. She was brilliant that night and thoroughly deserves this award. Eventually I was transferred to the coronary unit. Unfortunately, I never got a chance to thank Leah for saving my life with her dedicated efforts.

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| **Amy Ellerby, Breast Team Associate Practitioner and Coordinator, Gemma Barlow, Surgical Care Practitioner, and Doly Baby, Macmillan Development Clinical Nurse Specialist** | **York** | **Nominated by patient** |

I have recently had treatment at the Magnolia Centre for stage one breast cancer. Those who really stood out to me were Amy Ellerby, Gemma Barlow, and Doly Baby. Amy was the first point of call and went above and beyond the call of duty on more than one occasion. Once when I arrived at the unit there was a delay, so Amy very kindly made me a hot drink, had a little chat with me, and explained why they were running over. Another time when I was in discomfort, Amy managed to get help and got an appointment for me. Amy is my first point of call and will always come back with an answer.

Dolly looked after me after my mastectomy, explaining about my tubes and swelling that occurs and helped me look at my wound when all the dressings were removed, giving me reassurance. Gemma was the main nurse treating me when the treatment started to expand my breast. I visited Gemma every two weeks. Her kindness and empathy are what the Trust is all about. We built up a repour and this has made the first journey manageable and helped me come to terms with my next lot of treatment.

**Library Team** **York** **Nominated by colleague**

I recently completed a master's module. I have not written an essay in many years and when I discovered exactly what was required of me, I looked to the library team for help. These unsung heroes have supported me all the way and deserve some recognition.

Kathryn Aylward on several occasions helped me through the thick fog of critical analysis and statistical analysis, systematic reviews, and cohort studies. The rest of the team have replied to my emails in minutes, supplied my requested books by the next day, and been my go-to support. They may not save lives, but they have saved mine and I am sure lots of other members of staff could say the same thing. They may or may not win the award but whatever the outcome they have my sincere thank you.

**Annabel Newey, Staff Benefits Coordinator** | **York** | **Nominated by colleague**

Unfortunately, as it sometimes is with social media, the Staff Benefits Facebook page was hacked. Annabel worked tirelessly to resolve this situation. This was not a simple task as Facebook were less than forth coming and Annabel tried every trick in the book to get them to remove the unsuitable posts that the hacker was posting, whilst trying to get control of the page back. There were many steps in this process that took time and patience to deal with. Annabel ensured that the team was informed every step which enabled me to, with confidence, keep the management team up to date.

Annabel used all the resources the Trust had to offer, including liaising with the counter fraud team, the information governance team and the SNS cyber team. These teams were helpful, sharing their knowledge and experience whilst been very supportive. She spent more than 48 hours dealing with this issue whilst also ensuring that her day-to-day work never slacked. The content of the posts the hacker uploaded where particularly difficult to deal with at times, but Annabel took this in her stride.

This was over and above for Annabel and shows her tenacity and commitment to the team and the Trust. Her primary objective was to ensure that this did not impact the Trust in any negative way. Annabel has since used this experience to complete further guidance for the team using the current social media policy to ensure that the team is as well prepared as possible if this happens again, as well as doing everything possible to prevent it happening again.

**Antonia Moore, Discharge Liaison Nurse** **York** **Nominated by colleague**

I would like to nominate Antonia for her care and compassion shown towards a patient who was having a fast-track discharge as they wished to return home for their end-of-life care. Due to their complex needs, it was not going to be easy, and finding carers who could meet their needs was challenging. Antonia never gave up hope that they would get home.

Antonia, in her determination, gave them hope that it would and could happen. She met with them daily to give them updates so they knew where things were up to. Even if there were no updates, she went to see them, ensuring they and their family had that contact and knew that someone was advocating and working on their behalf. Antonia spent many hours chasing and escalating and kept in regular communication with the fast-track team. She looked at all options and alternatives and even rang care agencies herself to source the care. Eventually, Antonia contacted a care agency who were able to meet the patient's needs and could facilitate discharge. She liaised with the agency to ensure their discharge was completed and finally they were able to be where they had wanted to be.

Even when going home seemed an impossible task, Antonia helped make the patient's stay in hospital a little more bearable by ensuring they had little extras they liked. Thanks to Antonia's tireless efforts, determination, and constantly delivering the Trust values, the patient passed away just where they wanted to be.

**Deborah Dennison, Bereavement support midwife** **York** **Nominated by colleague**

Debbie has recently started her extended role as a bereavement support midwife and she has gone above and beyond in her role with supporting a very vulnerable mother, who sadly experienced a stillbirth. The patient did not have a support network of family or friends in area where she lived, and English was not her first language. Debbie has worked as her advocate in coordinating care and facilitating ongoing support through various charities and agencies, as well as supporting her through the funeral.

The mother, with the additional support around her, has begun to build up a local support system; she now attends a gym and a local church, is starting swim lessons, meeting other families for coffee, and doing crafting activities. She is hoping to get a job soon so that she can create her own income. None of these things would be possible without the extensive support and friendship Debbie has given her.

Well done, Debbie.

**Poppy Penston, Staff Nurse** **York** **Nominated by patient**

Poppy was always smiling, and I feel she could complete any part of her job as a nurse and smash it. Whether it is checking my blood pressure or measuring my heart rate or chatting with me or playing Uno. She has a way to make you feel safe even when nothing else will.

**Angela Hoole, Associate Clinical Educator/Theatre Healthcare Support Worker** | **York** | **Nominated by colleague**

Over the past few months, we recently had some new maternity support Workers join the Trust. They all shared how supportive Angie has been when they have had the pleasure of having some bespoke Theatre training sessions with her during their supernumerary time. They said she is knowledgeable, approachable and that they have learnt so much from her in such a short space of time.

We are very lucky in to have her in this role, thank you Angie.

**Charlotte Copson, Clinical Skills Midwife** | **York** | **Nominated by colleague**

I would like to nominate Charlotte for a Star Award for her continued dedication and support to our preceptorship midwives. Charlotte supports them with their clinical skills on shift in the unit and then goes above and beyond carrying out bespoke teaching sessions on their Preceptorship Days.

I cannot thank her enough and we are very lucky to have her in this role.

**Dr Laura Munro, Consultant** **York** **Nominated by relative**

I would like to nominate Dr Laura Munro who I know goes above and beyond in her care of my dad. From the start of his interaction with Dr Munro Dad has received compassionate care to suit his situation. My dad has advanced multiple sclerosis and short-term memory problems. His blood disorder means he needs regular blood tests and follow up appointments. Going to hospital appointments is very stressful for him, it takes several hours to get ready, needs hospital transport and a full day additional carer to accompany him. Liaising closely with us his family and dad, Dr Munro has been prepared to modify his 'patient pathway' to best suit his needs. Repeat blood tests have been arranged in the community and follow up appointments have been by telephone - removing hugely stressful hospital visits, saving hospital transport journeys, and saving Dad having to spend additional money on care.

Dr Munro has provided us with emergency contact numbers in case something occurs in between appointments that we are worried about - for example one day he had excessive bleeding, we were able to contact her team and get advice within a few hours as to whether this was a hospital concern or if General Practice was more appropriate. Again, this enabled us to use the most appropriate resources to get help saving multiple agencies and ourselves time and money. Dr Munro really listened to us when we explained that although dad seems to know what he is talking about, he does in fact have marked memory issues. To counter this, she gets an update from me as to the facts of his symptoms etc. but then always telephones Dad to talk to him too to make sure he is included in all conversations about his disease/treatment.

Dr Munro demonstrates exceptional patient centred care, and I am extremely grateful for her understanding the complexity of his medical and social situation and making this haematological condition manageable for all of us. He has multiple co-morbidities and is in contact with many hospital services. Our experience with this team is without doubt the best. Dr Munro has a very common-sense approach to this situation which is a breath of fresh air. Thank you, Dr Munro - I hope our nomination is successful as Dad and you deserve to be recognised as a Star.

**Andrew Pearce, Outpatients Administration Supervisor** | **York** | **Nominated by colleague**

Andrew assisted with setting up the skin cancer clinics in the maxillofacial department and spent time explaining the processes to enable collaborative working and improving patients' experiences. Andrew is extremely helpful, approachable, prompt with his work and an asset to the NHS, Maxillofacial department and now the skin cancer team. Andrew this has been recognised by all your skin cancer colleagues, well done.

**Andy Robinson, Nursing & AHP Lead (Ophthalmology)** | **York** | **Nominated by colleague**

Andy is always very positive, who tries to spread that positivity to all staff working under him. Very compassionate to the patients as well as to the staff. He is always approachable and is a manager who listens to any concern staff has. He is a true leader and an inspiration to others.

**Lynsey Thomas, Chemotherapy Deputy Sister** | **York** | **Nominated by colleague**

Lynsey has helped transform the chemotherapy department staff room. In her own time, she has planned, shopped, and painted to transform the staff room into much improved and pleasant area for our hardworking staff to enjoy their breaks. Lynsey applied to charitable funds and used money donated to the staff over the years to fund a new radio, coat hooks, table and chairs, kettle, and sandwich toaster. The staff room now even has a feature wall...

I and all the staff are grateful to Lynsey for her hard work and dedication in making the staff room transformation happen - thank you.

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| **Dr Matthew Harbottle Specialty Doctor in Oral and Maxillofacial Surgery** | **York** | **Nominated by patient** |

I had been having problems with my skin and presented to SAU. Dr Harbottle was on call and came in and was very kind, and answered all my questions and provided a plan of what to do next. He booked me into his clinic, again providing excellent care, and got a biopsy organised for me, all in the space of a week. I felt listened to and cared about in all my appointments, it is so appreciated as it has been a very difficult time not knowing what is going on. Dr Harbottle went the extra mile and has made the whole situation a lot easier, I have not had to chase up appointments or make my voice heard. He really cares and has real interest and enthusiasm in his subject.

In addition, all the team that I saw were excellent. I have never had such good care, they all were understanding, caring and went the extra mile.

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| **Dr Mohammed Ilyas, Consultant** | **Bridlington** | **Nominated by patient** |

Dr Ilyas has been extremely caring and thorough throughout. Thank you for communicating in great detail and ensuring all the necessary steps were taken to diagnose/provide treatment, while still ensuring I understood everything and felt happy with the received care.

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| **Eleanor Wilson, District Nurse** | **Community** | **Nominated by colleague** |

Since Ellie started with our team and took over the caseload of patients in which I work for she has been nothing but a role model. I have been away at university studying to get my nursing degree via the apprenticeship route. I have now passed and back working for the incredible team. I could not have asked for a better line manager than Ellie who has supported me while I was at university and especially now coming back teaching me new skills and for the support, she has given me. She has helped me build my confidence within myself. Ellie is a staff member who I greatly look up to and just want to thank her deeply and make her recognised for all the help and support she has given me. I am now seven months in my new role as a staff nurse and I really could not have done this without her.

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| **Ophthalmology Day Surgery Unit** | **York** | **Nominated by relative** |

Thank you to lovely staff on the eye day surgery unit, they took fantastic care of my mum. She said that the staff were amazing and cheery, and made her feel at ease. They were very attentive and made sure she was OK before, during, and after her procedure.

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| **Mya Moyser, Healthcare Assistant** | **York** | **Nominated by colleague** |

Mya was the only substantive member of the team on a busy day shift and really stepped up; mentoring supernumerary staff to organise care for all the patients and ensuring everyone was really supported. She did really well and should be very proud.

**Outpatients Team** **York** **Nominated by colleague**

I arrived in OPD prior to a neurodivergent patient's appointment. Claire had already thoroughly read the patient's hospital passport and identified the priority need for a quiet, low stimulus area for the patient to wait in. Sharon and Claire temporarily rearranged the department to meet this need and ensure equitable access to the department by addressing this patient's need for reasonable adjustments. Another staff member also proactively provided reasonable adjustments for observations.

**Helen Harrison, Haemophilia Specialist Nurse** **York** **Nominated by relative**

Helen has gone above and beyond in supporting members of my family. She has been instrumental in making sure that my baby grandson has received all the appropriate care needed and has stayed in contact throughout. She has even chased departments and care givers from other Trusts to ensure he is safe and well. She is an absolute star and one in a million. You are very lucky to have her. I hope the Trust appreciates her as much as we do.

**Day Surgery Unit Team** **York** **Nominated by patient**

I nominate everyone who cared for me during my appointment. They were all fantastic and made me feel so comfortable and happy to be in their presence, even though I was there for a surgical procedure. I most definitely appreciated the care and attention received. I am not a nervous sort when it comes to attending for surgery, but I would say to anyone who was worried and nervous, "Do not fear the team at York Hospital, they will make every effort to help you feel comfortable".

**Indira Chikomoni, Staff Nurse** | **York** | **Nominated by patient**

I have never spent the night in hospital and when I arrived, terrified and in pain, Indira was the most calming and caring person I have ever met. I was scared and alone yet through the three nights I spent, despite how busy she was, no request was ever too much. She always showed up with a compassionate and calm tone which everyone in my bay commented on. I truly do believe she is an exemplary nurse, and I could not have wished for kinder, more patient-centred care. Thank you to Indira and all the team in ward 26.

**Sarah McDarby, Deputy Sister** | **York** | **Nominated by colleague**

I have been an international nurse working for the Trust for the past 19 months. Sarah is one of the deputy sisters on my ward. Her kindness, love, attention to detail, support, teaching, patience, and concern for me during the early days of the supernumerary period is everything a foreigner could ask for to make them feel welcome and part of the team. I have learnt so much over these months from Sarah. She has helped with my confidence and is open to answering all my "silly" questions. For every challenge I have had to face, I can hear her voice in my head saying, "I believe, in you, you can do it". Words cannot express how honoured I am to have her as a member of our team. She deserves all the stars, and I am happy to be nominating her.

**Faye Allen, Staff Nurse** | **Scarborough** | **Nominated by colleague**

I started in the trust earlier in the year as a healthcare assistant. Since starting I have felt nothing but supported and valued by Faye. She is constantly looking out for the team and supporting in any way she can. Nothing is ever too much trouble, and she is always striving to do her best for her team and the patients. Faye consistently remains calm and compassionate during high pressure situations and is always on hand to hear about concerns. I feel very lucky to work with such a fantastic nurse and always feel supported when I am on shift with her.

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|---|---|---|
| **Ward 17** | **York** | **Nominated by colleagues (1) and relative (2)** |

(1) A young person had been on Ward 17 for a prolonged stay, during which time their mental health had deteriorated causing them to have episodes of distress, along with verbal and sometimes physical outbursts. We want to nominate the team for their amazing ability to behave professionally and have the courage to support the patient throughout their stay. The staff on Ward 17 continued to care for the patient with kindness and remained calm despite them not usually dealing with such behaviour on the children's ward.

The staff went above and beyond in looking after this patient, showing compassion, and understanding to overcome the difficulties that caring for a young person with a complex mental health condition on a children's ward caused. It is appreciated.

(2) My little boy has recently been in York Hospital to have an appendectomy, and we were blown away with the care we received as a family. Everyone we encountered was patient, kind, and caring towards us all. Nothing was too much trouble, and they really took the time to ensure our little one was calm and understood what was happening to him.

I would like to give a special mention to Charlotte from the play team who went above and beyond for our little boy, I truly cannot thank her enough, she is an exceptional individual!

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| **Urmila Rai, Staff Nurse** | **York** | **Nominated by colleague** |

I want to nominate this kind, compassionate and caring colleague. She is always happy and helpful. She demonstrates all core values of Trust; no work is too much for Urmila. She is always ready to assist other nurses in patient care. She is very hard working, skilful, and a good team player. Urmila is always there, never impatient, and always has a smile and encouraging words. She deserves a star award.

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| **Endoscopy Bookings Team** | **York** | **Nominated by colleague** |

The team showed compassion by taking additional time late on a Friday afternoon to ensure a diabetic patient left stranded in the endoscopy department was able to get home after their procedure, resolving the transportation issues and providing help and reassurance to somebody in need. To go above and beyond at the end of a long week really shows the excellent care that the entire team demonstrates daily, they are a credit to the department and the Trust.

Specifically, Sheila Viola and Callum McManus should be very proud of their actions to help in this instance, and it is just one of the many acts of kindness I have seen from the team, who are constantly ensuring patients are well prepared for what can be a daunting and invasive visit to the hospital.

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| **Charlotte Taylor, Play Leader** | **York** | **Nominated by relative** |

My little girl had an accident and needed some stitches under general anaesthetic. She was very nervous until we met Charlotte. She made my little girl feel so special, took lots of time to explain everything to her in a language she understood, let her give medicine to a doll, and let her try out the anaesthetic mask on the ward so it wasn't a new scary thing when she had it in theatre. On the way to theatre, Charlotte blew bubbles for my little girl to pop and played games with her while all the staff were getting ready for her to have the anaesthetic. My daughter was not scared at all because of the amazing efforts Charlotte made and she said she loved being at the hospital.

While my daughter was in theatre, Charlotte made me a cuppa and gave me fantastic emotional support, it had been a very long 25 hours and I really needed the support. At discharge, my little girl did not want to leave without giving a massive hug to her new friend, and she said she was sad to leave when we were in the car park. All children's departments need a Charlotte! She is worth her weight in gold and made a very scary experience enjoyable for my little one. Thank you so much!

**Jade Poulter, Theatre Practitioner** | **York** | **Nominated by colleague**

Jade has exceptional ability to support new staff within the maternity theatres and guide them in caring for obstetric patients with grace and expertise. Her dedication to advocating for her patients, especially when she has concerns, is truly commendable. Additionally, Jade's infectious enthusiasm and bubbly and bright smile creates a warm welcoming atmosphere for everyone around her. I am incredibly thankful to work alongside her!

**Sheryl Astle, Cleaning and Catering Operative** | **Scarborough** | **Nominated by colleague**

Cheryl is a positive and proactive member of the facilities cleaning team. She has a very positive attitude and I have seen her help visitors and patients on numerous occasions. She is diligent, hardworking, and committed, always working with a smile on her face and taking time to talk to colleagues and visitors alike. She sets high standards and is a credit to the team. She is highly recommended for a Star Award nomination.

**Kasia Lech, Housekeeper** | **York** | **Nominated by colleagues**

Every day Kasia goes above and beyond in supporting staff, family, and children on ward 17, as well as keeping up with her own role. Kasia knows everything and can always find an answer to questions. She is just amazing.

**Roz Cochrane, Data Team Lead** | **York** | **Nominated by colleague**

Roz is our Data Team lead. There had been unprecedented sickness within one of the Data Teams, with a deadline for inputting quarterly data rapidly approaching. Roz, even though she was signed off work, rallied the remainder of the team. She logged on herself to input as much data as possible to enable the team to hit the required amount of data to be able to produce a report, which was very touch and go up until the lockdown date.

We are very grateful for her dedication to do this as this was not the usual dataset that she worked on, and she worked the weekend before the lockdown date to get as much information on as possible.

**Endocrinology Outpatients Team** | **York** | **Nominated by colleague**

I am nominating the endocrinology outpatients team, from the receptionists and continuing through the department. The staff have been exceptionally responsive to reasonable adjustment requests for autistic patients who have required reasonable adjustments to ensure that their appointments have gone as well as possible.

**Michelle Croft, Housekeeper** | **Scarborough** | **Nominated by colleague**

Michelle has only been in her role for a few months and is still getting to grips with all that comes with the role. I unfortunately had an accident which resulted in myself being off for four weeks. Michelle went above and beyond to keep both Cherry and Chestnut wards stocked of everything to keep the wards running smoothly, which is not easy, despite only being in her role for a few months and still finding her feet. I wanted to nominate her to say a massive thank you as I know how hard our role is.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 11

# TRUST PRIORITIES REPORT

May 2024

# Table of Contents

York and Scarborough Teaching Hospitals NHS Foundation Trust



# Executive Summary
## Priority Metrics

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| ED - Proportion of Ambulance handovers waiting > 60 mins | 2024-04 | | | 10% | 31.7% |
| ED - Proportion of all attendances having an initial assessment within 15 mins | 2024-04 | | | 66% | 55.2% |
| ED - Total waiting 12+ hours - Proportion of all Type 1 attendances | 2024-04 | | | 7.5% | 20.5% |
| ED - Emergency Care Standard (Trust level) | 2024-04 | | | 65.4% | 66.8% |
| ED - Median Time to Initial Assessment (Minutes) | 2024-04 | | | 18 | 10 |
| Cancer - Faster Diagnosis Standard | 2024-03 | | | 75% | 70.3% |
| Cancer - 62 Day First Definitive Treatment Standard | 2024-03 | | | 60.1% | 67.8% |
| RTT - Total Waiting List | 2024-04 | | | 46107 | 45556 |
| RTT - Waits over 104 weeks for incomplete pathways | 2024-04 | | | 0 | 0 |
| RTT - Waits over 78 weeks for incomplete pathways | 2024-04 | | | 0 | 0 |
| RTT - Waits over 65 weeks for Incomplete Pathways | 2024-04 | | | 206 | 167 |

**Executive Summary:**

The April 2024 Emergency Care Standard (ECS) position was 66.8%, against the trajectory of 65.4%. Median wait time to initial assessment in ED improved from fifteen minutes in March 2024 to ten minutes in April 2024.

Please note; in line with national reporting deadlines cancer reporting runs one month behind. The Cancer performance figures for March 2024 saw an improvement in the 28-day Faster Diagnosis standard (FDS) to 70.3% (compared to 59.3% in February 2024). This was behind of the trajectory submitted to NHSE for the end of March 2024 (75%). 62 Day waits for first treatment performance improved from 64.8% (February 2024) to 67.8% for March 2024 (this metric was not a national priority for 2023/24). The Trust has, as part of the 2024 Operational Planning, submitted trajectories to achieve the national ambition of 77% for FDS and 70% for 62 Day waits for first treatment by March 2025.

There were zero RTT 104-week and zero RTT 78-week waiters at the end of April 2024.

At the end of April 2024, the Trust had 167 RTT patients waiting over sixty-five weeks, thirty-nine ahead of the end of month trajectory of 206. This is a decrease of seventy-one on the end of March 2024 position (238). The Trust has submitted a trajectory to achieve the national ambition to have zero RTT65 week waits by the end of September 2024. There are currently 4,090 patients who if not treated will breach 65 weeks by the end of September 2024.

NHS England has confirmed the Elective Recovery Tier process will continue in 2024/25. A review of Trust's Tier status has taken place nationally, because of the progress made over the last 12 months the Trust has been stepped down from Tier 1 for Cancer to Tier 2 for Cancer and Diagnostics and will no longer be subject to the Tiering process for elective care. Quarterly reviews, as per 2022/23 and 2023/24 will take place throughout 2024/25. This means the Trust will be subject to regular review of whether change is warranted to either move up or down Tiers or if the Trust could be stepped down from the Tiering process altogether. This will be dependent on the operational plans for 2024/25 and resulting delivery of those plans throughout the year.

# OPERATIONAL ACTIVITY AND PERFORMANCE

May 2024

# Summary MATRIX

## Acute Flow

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Number of SDEC attendances<br>* Overnight general and acute beds open | * Inpatients - Proportion of patients discharged before 5pm |
| COMMON CAUSE / NATURAL VARIATION | | * ED - Median Time to Initial Assessment (Minutes)<br>* Percentage of SDEC attendances transferred from ED<br>* Percentage of SDEC attendances transferred from GP<br>* Number of RAFA attendances (York Only)<br>* Number of attendances at SAU (York & Scarborough)<br>* Inpatients - Super Stranded Patients, 21+ LoS (Adult)<br>* Of those overnight general and acute beds open, percentage occupied | * ED - Proportion of Ambulance handovers waiting > 30 mins<br>* ED - Proportion of Ambulance handovers waiting > 60 mins<br>* ED - Proportion of all attendances having an initial assessment within 15 mins<br>* ED - Proportion of all attendances seen by a Doctor within 60 mins<br>* ED - Total waiting 12+ hours - Proportion of all Type 1 attendances<br>* ED - 12 hour trolley waits |
| SPECIAL CAUSE CONCERN | * ED - Emergency Care Standard (Trust level) | * ED - Number of ambulance arrivals<br>* ED - Total waiting 12+ hours - Actual number of all Type 1 attendances<br>* ED - Emergency Care Attendances<br>* ED - A&E attendances – Type 1<br>* ED - Emergency Care Standard (Type 1 level)<br>* Inpatients - Lost bed days for patients with no criteria to reside | * ED - Proportion of Ambulance handovers within 15 mins |

# Acute Flow (1)
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Abolfazl Abdi

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| ED - Proportion of all attendances having an initial assessment within 15 mins | 2024-04 | | F | 66% | 55.2% |
| ED - Proportion of all attendances seen by a Doctor within 60 mins | 2024-04 | | F | 55% | 24.7% |
| ED - Total waiting 12+ hours - Proportion of all Type 1 attendances | 2024-04 | | F | 7.5% | 20.5% |
| ED - Total waiting 12+ hours - Actual number of all Type 1 attendances | 2024-04 | H | ? | 1805.5 | 2274 |
| ED - 12 hour trolley waits | 2024-04 | | F | 0 | 859 |
| ED - Emergency Care Attendances | 2024-04 | H | ? | 19774.4 | 19983 |
| ED - Emergency Care Standard (Trust level) | 2024-04 | L | P | 65.4% | 66.8% |
| ED - A&E attendances – Type 1 | 2024-04 | H | ? | 10089 | 11129 |
| ED - Emergency Care Standard (Type 1 level) | 2024-04 | L | ? | 44.5% | 43.3% |
| ED - Median Time to Initial Assessment (Minutes) | 2024-04 | | ? | 18 | 10 |
| Number of SDEC attendances | 2024-04 | H | ? | 2208.1 | 2468 |
| Percentage of SDEC attendances transferred from ED | 2024-04 | | ? | 64.6% | 65.5% |
| Percentage of SDEC attendances transferred from GP | 2024-04 | | ? | 22.6% | 24.5% |
| Number of RAFA attendances (York Only) | 2024-04 | | ? | 103.9 | 141 |
| Number of attendances at SAU (York & Scarborough) | 2024-04 | | ? | 817.2 | 842 |

**Reporting Month: April 2024**

# KPIs – Operational Activity and Performance

## Acute Flow (1)

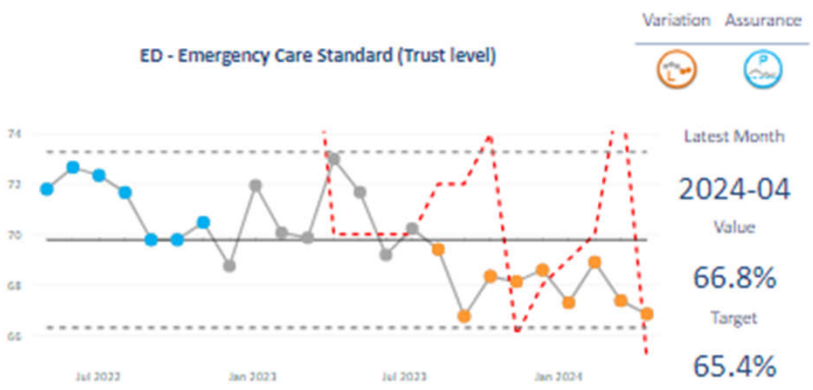
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

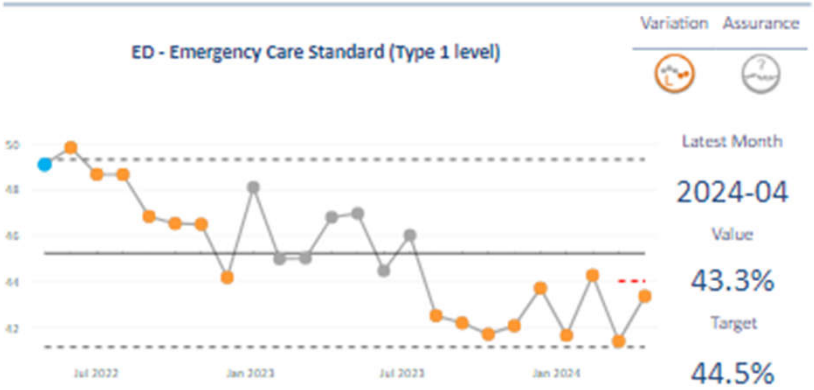
**Rationale:** To monitor waiting times in A&E and Urgent Care Centres.

**Target:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025.




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 **0.6**.




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

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

**Factors impacting performance:**

- The Trust achieved the 2024/25 improvement trajectory of 65.4% for the Emergency Care Standard with performance of 66.8%.
- Increased attendances across both of our Emergency Departments (EDs) compared to April 2023, The Trust saw an average of 65 more attendance per day throughout the month of April 2024, a rise of 21%. Ambulances also up (April 2024 average of 143 per day against the April 2023 average of 124, a rise of 15%). The acuity of ambulance arrivals has also increased. The two most acute categories (1&2) saw a rise from a daily average of 100 in April 2023 to a daily average of 115 in April 2024 putting significant pressure on our EDs.
- Increase in long stay (21+ LoS) leading to bed delays.
- 1,082 lost bed days due to patients with No Criteria To Reside (NCTR). This level equates to a thirty-five bedded ward being occupied for every day of April.

**Actions:**

The Trust is transforming its front-door model at both Emergency Departments with changes starting in July 2024. While these changes have been fully scoped and planned over the last two months, there has been no improvement / progress in the position. However, the Programme Team and the Care Group team are united in their ambition for the Optimal Care Service and the benefits this approach will bring from late Summer.

- A new standard operating procedure will outline the requirement for a senior decision maker to be present at our front doors, carrying out robust streaming away from ED (Majors) for anyone who does not meet set clinical criteria.
- A new ringfenced service, the Optimal Care Service, will help these patients. There will be ringfenced staff and space for patients with a minor illness or minor injury, run by a multidisciplinary team of skilled practitioners.
- One of the principles of the Optimal Care Service will be 'no inappropriate and over-investigation'. This principle will be enabled by that senior decision on arrival, giving confidence that these patients can be safely and effectively treated by this service. Other organisations where this model exists have found that almost all patients in their equivalent service are seen within 4 hours and >90% within 2 hours. This is an aim for York and Scarborough.
- A task and finish group has been established, and the focus on finalising the clinical standard operating procedure and producing a rota that will allow the ringfenced model to work. The ambition is for the changes to be cost-neutral; a full business case will be prepared if this is not possible.

# KPIs – Operational Activity and Performance

## Acute Flow (2)

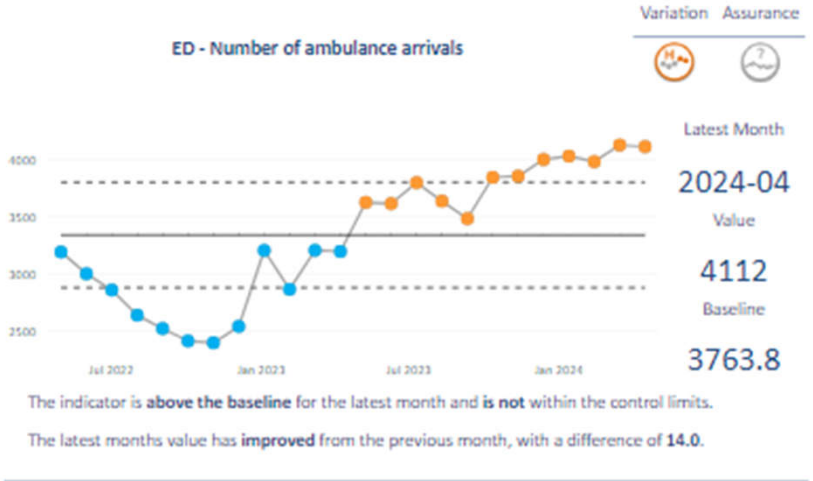
York and Scarborough Teaching Hospitals NHS Foundation Trust

## Executive Owner: Claire Hansen

## Operational Lead: Abolfazl Abdi

**Rationale: SPC1:** To monitor Ambulance demand in A&E. **SPC2:** Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.

**Target: SPC1:** No target. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. Less than 10% should wait over 60 minutes to handover.




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 **14.0**.


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 **8.2**.

**Factors impacting performance**:

- Increased attendances across both of our Emergency Departments (EDs) compared to April 2023, The Trust saw an average of 65 more attendance per day throughout the month of April 2024, a rise of 21%. Ambulances arrivals have increases; April 2024 average of 143 per day against the April 2023 average of 124, a rise of 15%. The acuity of ambulance arrivals has also increased. The two most acute ambulance categories (1&2) saw a rise from a daily average of 100 in April 2023 to a daily average of 115 in April 2024 putting significant pressure on our EDs. The Trust did not achieve the average ambulance handover time of 32 minutes and 48 seconds in April 2024 with performance of 57 minutes and 26 seconds. Average ambulance handover time is calculated by taking the total combined handover times divided by the number of ambulance that attended the Trust's EDs.

**Actions**:

- The introduction of the Optimal Care Service (see previous slide) will support ambulance handovers.
- Alongside that work, the Deputy Chief Operating Officer is working closely with colleagues at YAS to consider CAT3 and CAT5 triage, to ensure that people are only conveyed to hospital when required.

At Scarborough:

- Reviewing a refresh of the RPIW work alongside YAS relative to a shift leader/ ambulance co-ordinator.
- Monthly Operational management meeting with YAS now operational.
- Care in the back of ambulance SOP in-situ.

At York:

- 'Pit stop' – We now have RAT cubicle 6 & 7 being used as Pit Stop. This enables the team to stream and start the first treatment for all patients attending via ambulances, making it significantly safer for all ambulance patients.
- Ambulance steering group set up to discuss learning and issues relating to delayed ambulance handovers. This is a great platform to set those standards and improve Comms between Trust and YAS.
- Strengthening the staffing model with dedicated doctor for the ambulance cohort, meaning patients reviewed and treatment plan made sooner. Split of Consultant on each shift, with one consultant providing senior review to RATS and Resus cubicles and the second consultant (EPIC) to have oversight on Majors.
- The trial of progress chaser was a success, and we need to consider how to embed this longer-term.

# Acute Flow (2)
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Abolfazl Abdi

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| ED - Proportion of Ambulance handovers within 15 mins | 2024-04 | L | F | 65% | 21.4% |
| ED - Proportion of Ambulance handovers waiting > 30 mins | 2024-04 | | F | 5% | 53.4% |
| ED - Proportion of Ambulance handovers waiting > 60 mins | 2024-04 | | F | 10% | 31.7% |
| ED - Number of ambulance arrivals | 2024-04 | H | ? | 3763.8 | 4112 |
| Inpatients - Proportion of patients discharged before 5pm | 2024-04 | H | F | 70% | 64.2% |
| Inpatients - Super Stranded Patients, 21+ LoS (Adult) | 2024-04 | | ? | 130 | 145 |
| Inpatients - Lost bed days for patients with no criteria to reside | 2024-04 | H | ? | 876.8 | 1082 |
| Overnight general and acute beds open | 2024-04 | H | ? | 838 | 899 |
| Of those overnight general and acute beds open, percentage occupied | 2024-04 | | ? | 92% | 93.2% |

# KPIs – Operational Activity and Performance

## Acute Flow (3)

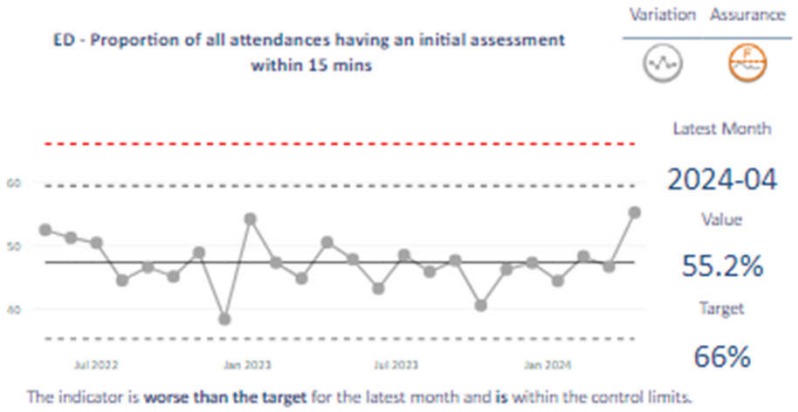
York and Scarborough Teaching Hospitals NHS Foundation Trust

## Executive Owner: Claire Hansen

## Operational Lead: Abolfazl Abdi

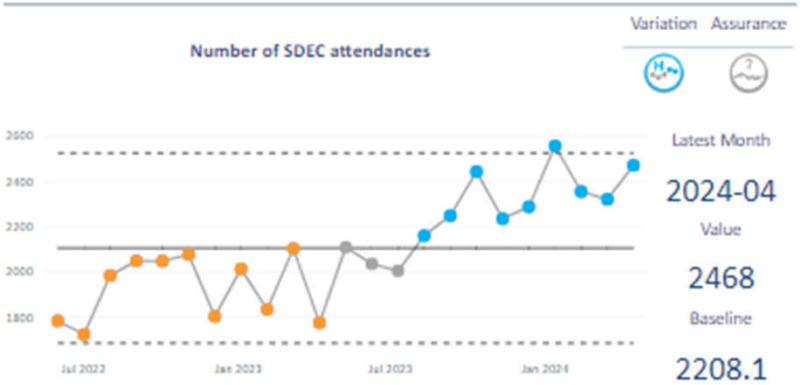
**Rationale: SPC1:** To monitor waiting times in A&E. Patients should be assessed promptly by within 15 minutes of arrival based on chief complaint or suspected diagnosis and acuity. **SPC2:** SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.

**Target: SPC1:** 66% assessed within 15 mins. **SPC2:** No target.




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

The latest months value has **improved** from the previous month, with a difference of **8.6**.




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 **150.0**.

**Factors impacting performance:**

- Increased attendances across both of our Emergency Departments (EDs) compared to April 2023, The Trust saw an average of 65 more attendance per day throughout the month of April 2024, a rise of 21%. Ambulances also up (April 2024 average of 143 per day against the April 2023 average of 124, a rise of 15%). The acuity of ambulance arrivals has also increased. The two most acute categories (1&2) saw a rise from a daily average of 100 in April 2023 to a daily average of 115 in April 2024 putting significant pressure on our EDs.
- Demand increasing for beds, the daily average admissions via ED in April 2024 was 157 patients compared to 127 in April 2023. A rise of 24%.
- Increase in long stay (21+ LoS) leading to bed delays
- 1,082 lost bed days due to patients with No Criteria To Reside (NCTR).
- SDEC attendance numbers continue to stay above the baseline

**Actions**:

- A plan is being developed to improve departmental flow, partly through the development of an 'Ambulance pit-stop +' model. This would mean dedicated cubicle capacity to support specifically with ambulance handover. This should facilitate improved triage times, ambulance handover times and patient experience.
- Planning for the integrated assessment units (IAU) is underway, which will result in an improved same day and short stay provision for patients.
- To achieve IAUs we need acute physicians; recruitment is live, and we have received expressions of interest.
- IAU will use 'predicted length of stay' and 'criteria for admission' tools, to make sure patients get to the place which is best set up to complete their care episode without unnecessary moves. For example, patients with a medical condition which we are confident can be treated that same day will be seen in the IAU as SDEC.

Breakdown of adult admissions to assessment areas in April 24:

| PERIOD SITE | Medical SDEC | Emergency Assessment Unit | Surgical Assessment Unit | Rapid Access Frailty |
|---|---|---|---|---|
| Apr-24 York | 781 | 0 | 707 | 142 |
| Apr-24 Scarborough | 0 | 699 | 135 | 0 |

# KPIs – Operational Activity and Performance

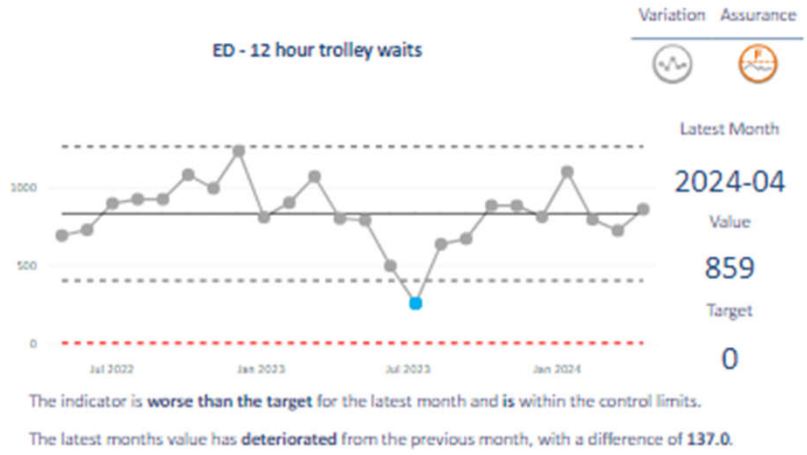
## Acute Flow (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale:** To monitor long waits in A&E.
**Target: SPC1:** Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 7.5% of patients should wait more than 12 hours.





**Factors impacting performance:**

- Increase in long stay (21+ LoS) leading to bed delays
- 1,082 lost bed days due to patients with No Criteria To Reside (NCTR).

**Actions**:

- Alongside the actions outlined about changes to our front-door clinical model, work is underway to transform the timeliness and quality of our discharges. This will improve flow.

- An existing Discharge Improvement Group has been refreshed in April 2024. In conjunction with system partners the group are working to ensure that the focus is across Urgent and Emergency Care (UEC) pathways from both acute and community perspectives and to ensure pace around transformation work. The group will be chaired by the Deputy Chief Operating Officer. More information about the work of this group is outlined in the following slides.

- Clinical leadership being agreed and already in place for Cell 2 and 3.
    - Cell 2 focuses on processes which link acute and community provision, including trusted joint assessment.
    - Cell 3 ensures that our local authority and community processes are supported to improve the timeliness of provision of packages of care.

# KPIs – Operational Activity and Performance

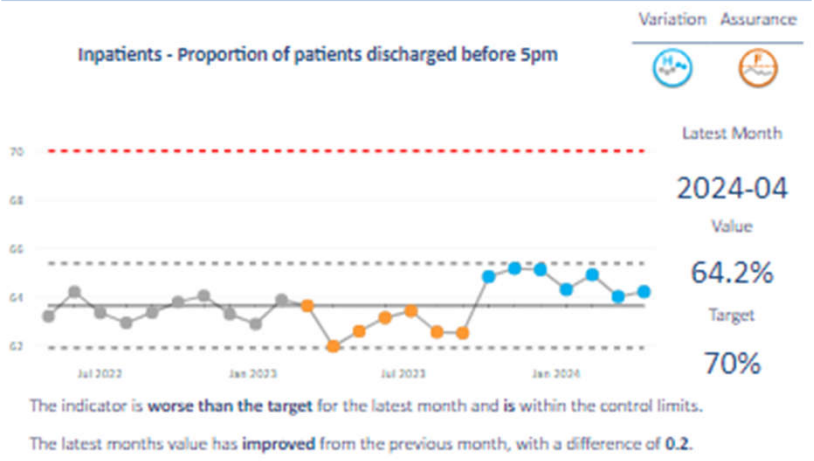
## Acute Flow (5)

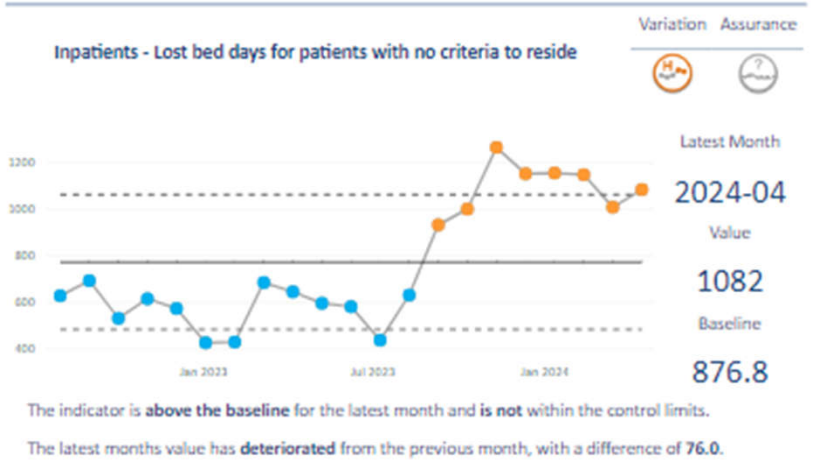
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale:** Understand flow in the acute bed base.
**Target:** Internal target of 70%.




**Factors impacting performance:**

- Demand and acuity.
- Timing of Ward Rounds and Senior Review.
- Community capacity in particular social provision.
- Infection Prevention Control (IPC) outbreaks.
- Workforce challenges.

**Actions:**

- As per the previous slide, the work of the Discharge Improvement Group will support improvement in this area.
- Work relating to improving discharges is split into three areas, known as Cells. Each cell now has an assigned clinical lead. The purpose of the group is to lead the coordination and completion of tasks to achieve alignment with the national discharge policy.
    - Cell 1 relates to hospital processes such as effective board rounds, clinical management plans and the adoption of criteria-led discharges. This should specifically support proportion of discharges before 5pm.
- Adoption of the OPTICA application which is a digital discharge management tool that is integrated with all other partner's systems, so all partners can see the status of a patient and can allocate actions to progress discharge. Implementation is being scoped and likely to be delivered in Q3 of 2024/25.

# KPIs – Operational Activity and Performance

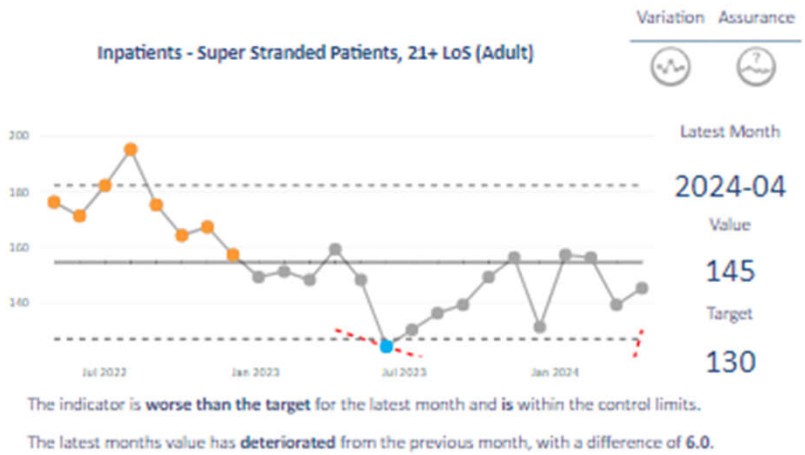
## Acute Flow (6)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale:** Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore which are unavailable due to discharge issues.
**Target:** Less than 15% as per activity plan (March 2025).

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**Factors impacting performance:**

- Demand increasing for beds, the daily average admissions via ED in April 2024 was 157 patients compared to 127 in April 2023. A rise of 24%.
- Increase in long stay (21+ LoS) leading to bed delays.
- 1,082 lost bed days due to patients with No Criteria To Reside (NCTR).

**Actions**:

- As per the previous slides, a discharge programme is underway and will support improvements to NCTR occupancy rates.
    - Cell 2 focuses on processes which link acute and community provision, including trusted joint assessment.
    - Cell 3 ensures that our local authority and community processes are supported to improve the timeliness of provision of packages of care.
- The actions undertaken by these cells specifically, which include community and local authority partners, seek to deliver a reduction in the number of medically optimised patients in our bed base and improve flow, enabling patients in ED who need admission to access the acute bed they need.
- Adoption of OPTICA (see previous slide).

# Summary MATRIX

## CANCER

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL<br>* % of patients waiting 63 or more days after referral from cancer PTL<br>* Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result | |
| COMMON CAUSE / NATURAL VARIATION | | * Cancer - 62 Day First Definitive Treatment Standard<br>* Cancer 31 day wait from diagnosis to first treatment<br>* Total Cancer PTL size | * Cancer - Faster Diagnosis Standard |
| SPECIAL CAUSE CONCERN | | | |

# CANCER
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Kim Hinton

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Cancer - Faster Diagnosis Standard | 2024-03 | | F | 75% | 70.3% |
| Cancer - 62 Day First Definitive Treatment Standard | 2024-03 | | ? | 60.1% | 67.8% |
| Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL | 2024-04 | L | ? | 143 | 149 |
| % of patients waiting 63 or more days after referral from cancer PTL | 2024-04 | L | ? | 12% | 6.9% |
| Cancer 31 day wait from diagnosis to first treatment | 2024-03 | | ? | 96% | 98.5% |
| Total Cancer PTL size | 2024-04 | | ? | 2628.4 | 2175 |
| Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result | 2024-04 | H | ? | 80% | 71.2% |

# KPIs – Operational Activity and Performance

## Cancer (1)

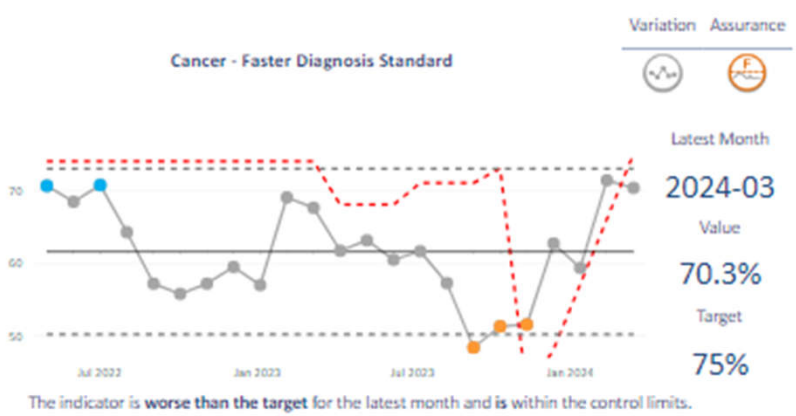
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

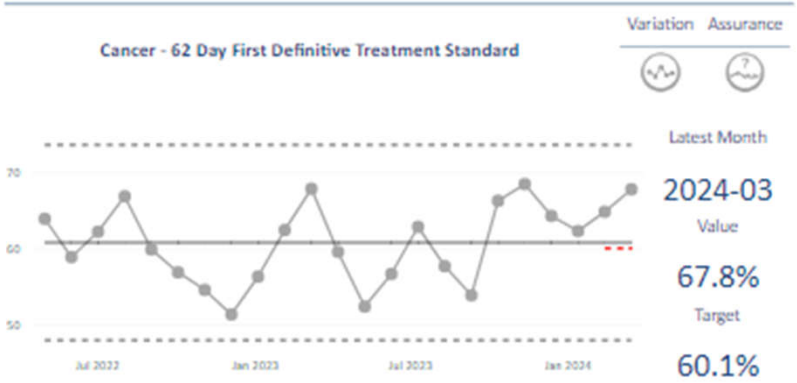
**Rationale: SPC1:** Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **SPC2:** National focus for 2024/25 is to improve performance against the headline 62-day standard**.** Rationale to be inserted by Corporate Ops Teams.

**Target: SPC1:** 77% by March 2024. **SPC2:** 70% by March 2025.




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 **1.1**.




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 **3.0**.

**Factors impacting performance**:

- March 2024 performance achieved long wait trajectory at 143 patients waiting 62+ days with/without a decision to treat, but who are yet to be treated or removed from the PTL after urgent cancer referral. April 2024 performance was very close to maintaining this position at 149 patients. The proportion of patients waiting over 104+ days now represents 1% of the PTL size.
- Referral demand ; January & February 2024 had the highest monthly cumulative referral volume (2,848 and 2,847 referrals respectively) since June 2023. Comparing December 2023 to February 2024, Gynaecology and Colorectal each saw a 23% increase and Head and Neck saw a 43% increase. Contributing factors include seasonal variation and national awareness campaign.
- The following cancer sites exceeded 75% FDS in March: Breast, Head and Neck, Lung & Non-Site Specific. Upper GI was at 74.5%, which was at 15.8% in September 2023 and Skin has improved to 70.3% against a September position of 24.8%, both sites representing a month-on-month improvement trajectory.
- Diagnostic turnaround times remain challenged in CT reporting and pathology sample reporting. Recovery plans are in place. Seasonal variation including patient choice around appointment attendance at Easter holidays impact this position.

**Actions**:

- Use of pathway IST analyser to review cancer site pathways against Best Practice Timed Pathways (BPTP) to achieve FDS. Specific improvement workstream set up to support Urology and mapping underway with Skin and Head and Neck to review streamlining opportunities.
- Cancer sites who have experienced increase in demand are reviewing capacity and implementing additional clinics.
- Progressing plans for c. £2million 2024-2025 system development funding (SDF) via cancer alliance, including schemes that directly impacting performance by providing additional capacity and those directly impacting patient experience and treatment.
- BI development of IPT dashboard to give improved visibility of patient moves and timescales, due to be available on SIGNAL during May 2024. This is anticipated to aid planning for actions around site specific improvements for 62-day performance.

**Reporting Month: April 2024**

# Summary MATRIX

## Referral to Treatment (RTT)

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * RTT - Waits over 104 weeks for incomplete pathways<br>* Proportion of most deprived quintile pathways on RTT PTL (S056a) | * RTT - Total Waiting List<br>* RTT - Waits over 78 weeks for incomplete pathways<br>* RTT - Waits over 65 weeks for Incomplete Pathways<br>* RTT - Waits over 52 weeks for Incomplete Pathways<br>* RTT - Mean Week Waiting Time - Incomplete Pathways |
| COMMON CAUSE / NATURAL VARIATION | | | * RTT - Proportion of incomplete pathways waiting less than 18 weeks |
| SPECIAL CAUSE CONCERN | * Proportion of pathways with an ethnicity code on RTT PTL (S058a) | * Proportion of BAME pathways on RTT PTL (S056a) | |

# Referral to Treatment (RTT)
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Kim Hinton

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| RTT - Total Waiting List | 2024-04 | L | F | 46107 | 45556 |
| RTT - Waits over 104 weeks for incomplete pathways | 2024-04 | L | ? | 0 | 0 |
| RTT - Waits over 78 weeks for incomplete pathways | 2024-04 | L | F | 0 | 0 |
| RTT - Waits over 65 weeks for Incomplete Pathways | 2024-04 | L | F | 206 | 167 |
| RTT - Waits over 52 weeks for Incomplete Pathways | 2024-04 | L | F | 1946 | 1818 |
| RTT - Proportion of incomplete pathways waiting less than 18 weeks | 2024-04 | ~ | F | 92% | 53.2% |
| RTT - Mean Week Waiting Time - Incomplete Pathways | 2024-04 | L | F | 9 | 19.7 |
| Proportion of BAME pathways on RTT PTL (S056a) | 2024-04 | L | ? | 1.8% | 1.6% |
| Proportion of most deprived quintile pathways on RTT PTL (S056a) | 2024-04 | H | ? | 12% | 12.3% |
| Proportion of pathways with an ethnicity code on RTT PTL (S058a) | 2024-04 | L | P | 67.5% | 66.3% |

**Reporting Month: April 2024**

# KPIs – Operational Activity and Performance

## Referral to Treatment RTT (1)

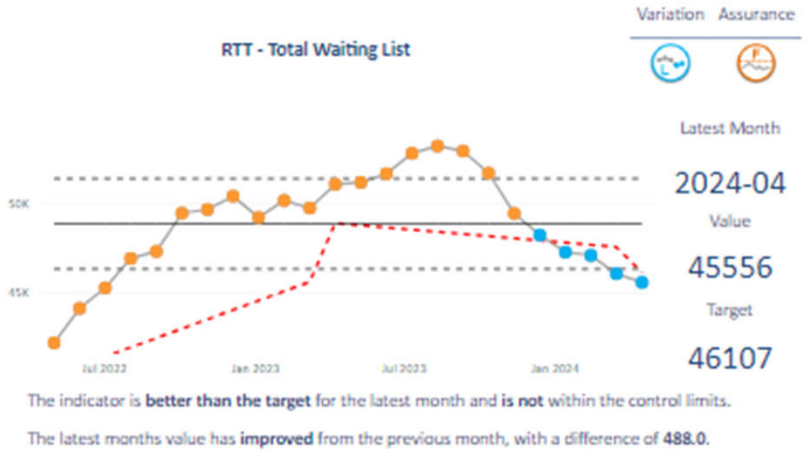
York and Scarborough Teaching Hospitals NHS Foundation Trust

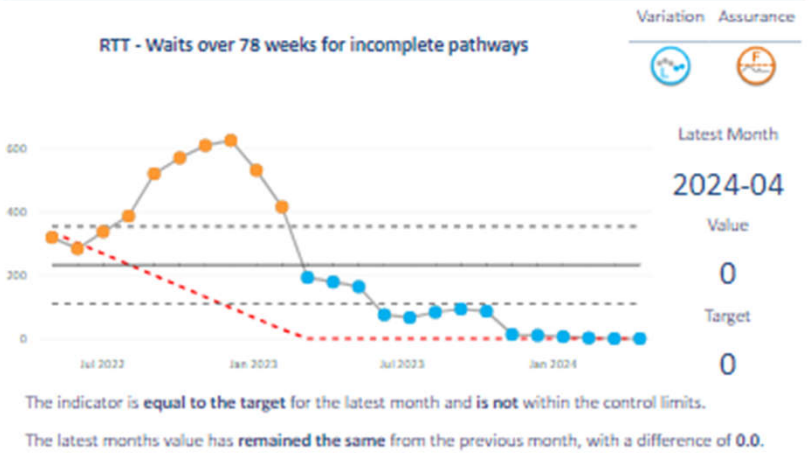
**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

**Rationale: SPC1:** To measure the size of the Referral to Treatment (RTT) incomplete pathways waiting list. **SPC2:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.

**Target: SPC1:** Aim to have less than 44,663 patients waiting by March 2025 as per activity plan. **SPC2:** Zero patients.




**Factors impacting performance**:

- The Trust's RTT Waiting list position continues to improve with a reduction seen for an eighth consecutive month. Reducing by 14% compared to the position at the end of August 2023 (45,556 at the end of April 2024 compared to 53,190 at the end of August 2023). The proportion of the waiting list waiting under 18 weeks improved from 51.1% at the end of March 2024 to 53.2% at the end of April 2024.
- Cardiology has seen an increase in wait time for diagnostics (ECHO).
- The Trust maintained the position of having zero RTT78 week waits at the end of April 2024.

**Actions**:

- Implementation of new Power business intelligence (BI) RTT patient tracklog list (PTL) tool for Operational Managers has commenced.
- ECHO at York had completed demand and capacity and forecast that with additional 45 extra patients per week delivered through the CDC, the backlog will be cleared in 13 weeks by the end of July 2024.
- The Trust's RTT Waiting List has a data quality RTT PTL Confidence Rating of 99.6% as awarded by the LUNA National data quality (DQ) RTT Benchmarking tool. The Trust is in the top 25 Trusts in the country for this metric and signals that our RTT waiting list is 'clean', accurate and the patients are legitimate waiters.
- The Trust is part of cohort 2 of the national Further Faster Programme, several specialties perform well against the key metrics including the did not attend (DNA) rate, pre-referral triage and advice and guidance. Next steps are to focus on further patient initiated follow up (PIFU) roll out, Rapid Expert Input (REI) roll out, clinic slot utilisation and new to follow up ratios.
- 24/25 Elective Recovery plan has been developed with Trust and Place colleagues and includes the following workstreams:
    - Outpatient improvement.
    - Theatre improvement.
    - Diagnostic improvement.
    - Cancer.
    - Children and Young People.
    - Productivity and Efficiency.
    - Health inequalities.

# KPIs – Operational Activity and Performance

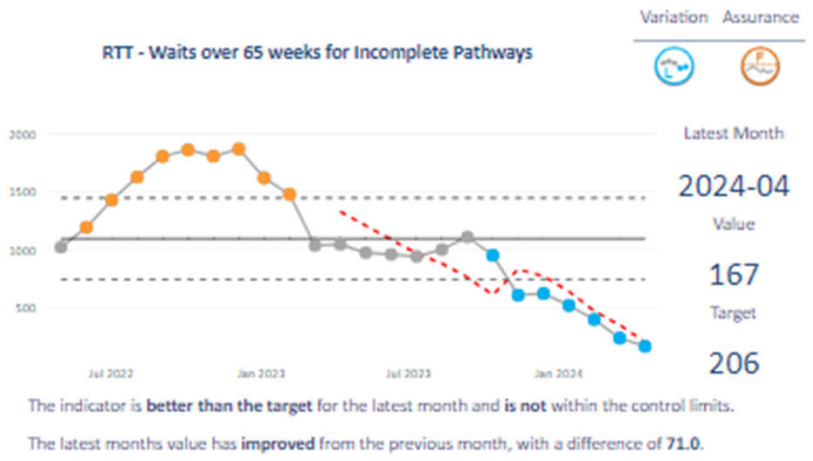
## Referral to Treatment RTT (2)

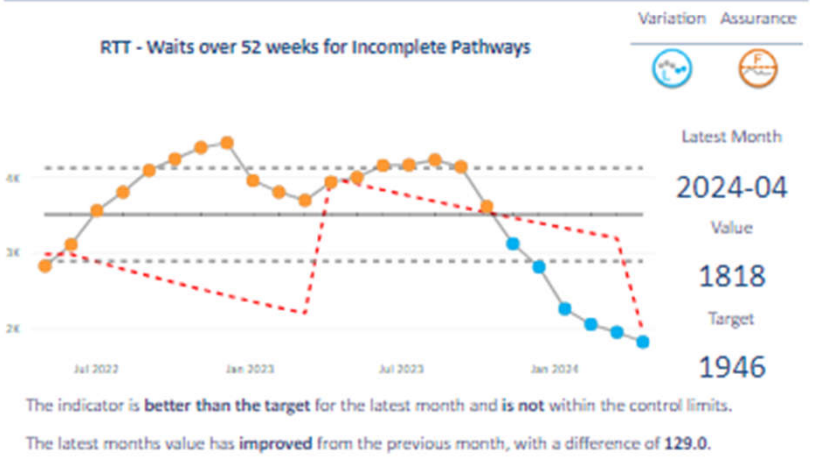
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

**Rationale:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients. **Target: SPC1:** Aim to have 0 patients waiting more than 65 weeks by September 2024. **SPC2:** Aim to have less than 923 patients waiting more than 52 weeks by March 2025 as per activity plan.




**Factors impacting performance**:

- The Trust delivered the trajectories for both RTT52 and RTT65 weeks submitted as part of the 2024/25 Activity Plan.
- RTT52 week waits reduced by 128 compared to the end of March 2024 (1,946) with RTT65 waits reducing by 61 over the same timeframe.
- The Trust stopped over 9,300 RTT clocks in April 2024, the highest monthly total in the last two years.

**Actions**:

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 and RTT65 weeks.
- The Trust's activity plan that is aligned to improvement trajectories; delivering zero RTT65 week waits by the end of September 2024 and an improvement to no more than 923 RTT52 week waits by the end of March 2025, was submitted to the national team on the 2nd of May 2024. To achieve this trajectory our Care Groups will make a collective net monthly reduction of between 90 to 110 patients per month throughout 2024-25.
- Delivery of the 2024/25 elective recovery plan.

# KPIs – Operational Activity and Performance

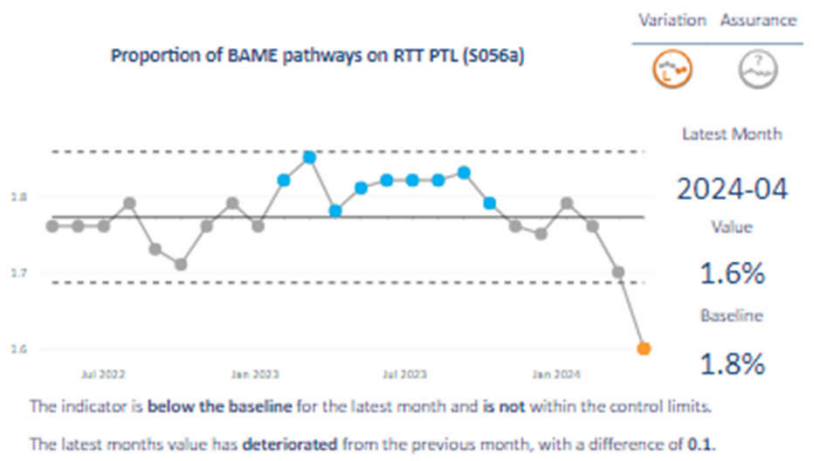
## Referral to Treatment RTT (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

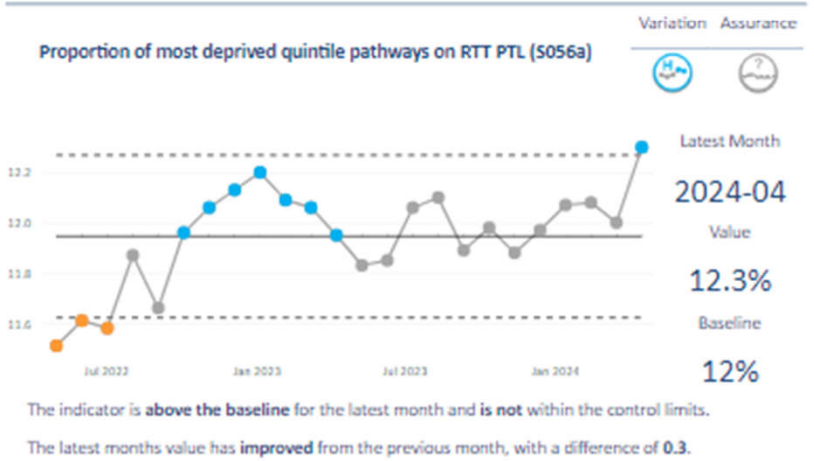
**Operational Lead:** Kim Hinton

**Rationale:** To identify any health inequalities.
**Target:** No target.




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 **0.1**.




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 **0.3**.

**Factors impacting performance**:

- Removal of the question regarding ethnicity from the inpatient admission form has impacted performance.
- Consistency of outpatient reception staff asking patients at the point of booking in.

**Actions**:

- Elective Health inequalities group established, reporting into elective recovery board and Trust Health Inequalities Steering Group.
- 8-week surgical pathway for patients with learning disabilities on an elective waiting list task and finish group established and piloting new pathway in May 2024 with SOP and full implementation to be signed off in June 2024. Baseline position for median waiting time is 17.5 weeks.
- Q2 2024/25 focus will be a review of DNAs and correlation with deprivation index.

# KPIs – Operational Activity and Performance

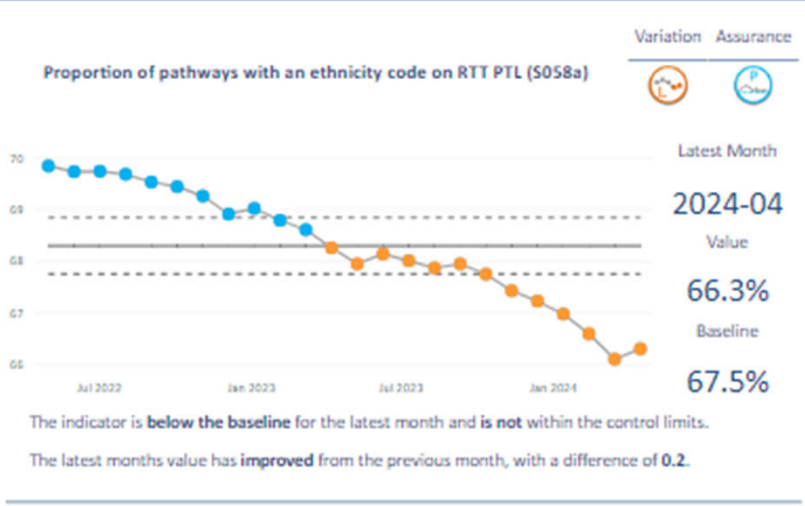
## Referral to Treatment RTT (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

**Rationale:** To identify any health inequalities.
**Target:** No target.

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**Factors impacting performance**:

- Removal of the question regarding ethnicity from the inpatient admission form has impacted performance.
- Consistency of outpatient reception staff asking patients at the point of booking in.

**Actions**:

- Review inpatient admission form to undertake an impact assessment for adding back in. It is planned that any change to this form will be in place by Q2 2024/25 having gone through the administration central decision-making governance process.
- Professional Lead for Patient Access has developed a laminated sheet for all outpatient receptions to provide patients with information on why we collect this information.

# Health Inequalities

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Melanie Liley

## RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: **April 2024**

| IMD Quintile | Average RTT Weeks Waiting | Number of Clocks | Proportion on RTT PTL* | Trust Catchment |
|---|---|---|---|---|
| 1 | 19 | 5509 | 12.39% | 8.88% |
| 2 | 20 | 6223 | 14.00% | 13.59% |
| 3 | 20 | 9388 | 21.12% | 20.94% |
| 4 | 20 | 9744 | 21.92% | 20.68% |
| 5 | 19 | 13594 | 30.58% | 35.90% |
| Unknown | 21 | 997 | | |
| **Total** | **20** | **45455** | | |

## 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: **April 2024**

| Ethnic Group | Average RTT Weeks Waiting | Number of Clocks | Proportion on RTT PTL* | Trust Catchment |
|---|---|---|---|---|
| White | 20 | 29783 | 98.41% | 94.34% |
| Black, Black British, Caribbean or African | 18 | 49 | 0.16% | 0.94% |
| Mixed or multiple ethnic groups | 19 | 113 | 0.37% | 1.26% |
| Asian or Asian British | 19 | 223 | 0.74% | 2.97% |
| Other ethnic group | 23 | 97 | 0.32% | 0.49% |
| Unknown | 20 | 12111 | | |
| Not Stated | 20 | 3079 | | |
| **Total** | **20** | **45455** | | |

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

# Summary MATRIX

## Outpatients & Elective

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Outpatients - DNA rates<br>* Day Cases (based on Activity v Plan) | * Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU) |
| COMMON CAUSE / NATURAL VARIATION | | * Outpatients: Follow Up Attendances<br>* 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*<br>* Electives (based on Activity v Plan) | * Outpatients - Proportion of appointments delivered virtually (S017a)<br>* Outpatients: 1st Attendances |
| SPECIAL CAUSE CONCERN | | | * Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)<br>* Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received) |

# Outpatients & Elective Care
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Kim Hinton

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Outpatients - Proportion of appointments delivered virtually (S017a) | 2024-04 | | F | 25% | 21.3% |
| Outpatients - DNA rates | 2024-04 | L | ? | 5% | 4.4% |
| Outpatients: 1st Attendances | 2024-04 | | F | 17031 | 12807 |
| Outpatients: Follow Up Attendances | 2024-04 | | ? | 41793 | 37224 |
| Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks) | 2024-04 | H | F | 0 | 26617 |
| Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU) | 2024-04 | H | F | 3.9% | 3.8% |
| Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received) | 2024-04 | L | F | 99% | 16.4% |
| 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* | 2024-03 | | ? | 0 | 11 |
| Day Cases (based on Activity v Plan) | 2024-04 | L | ? | 6364 | 7407 |
| Electives (based on Activity v Plan) | 2024-04 | | ? | 534 | 594 |

# KPIs – Operational Activity and Performance

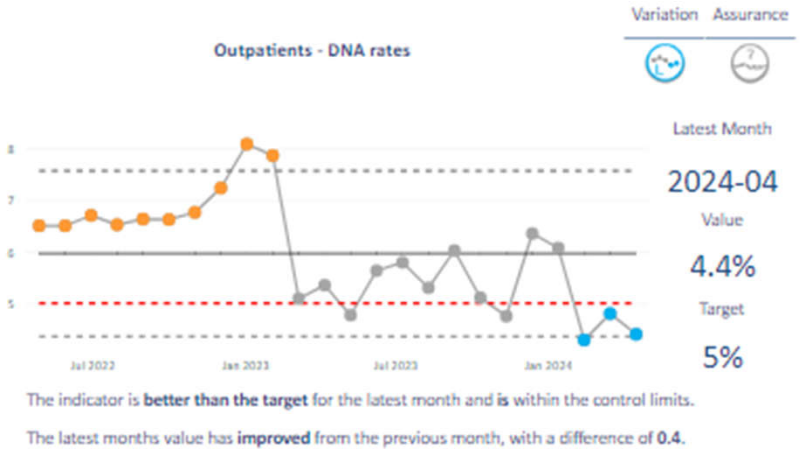
## Outpatients (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

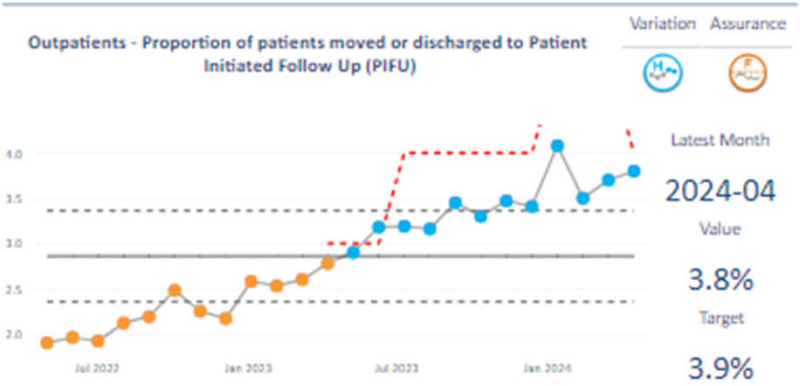
**Operational Lead:** Kim Hinton

**Rationale: SPC1:** Need to reduce instances where people miss their outpatient appointments ('did not attends' or 'DNAs') to improve patient experience, free up capacity to treat long-waiting patients and support the delivery of the NHS's plan for tackling the elective care backlog. **SPC2:** Helps empower patients to manage their own condition and plays a key role in enabling shared decision making and supported self-management in line with the personalised care agenda.
**Target: SPC1:** Internal target of less than 5%. **SPC2:** Above 5% by March 2025.




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

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




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

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

**Factors impacting performance**:

- Outpatient bi-directional text messaging positively impacting DNA rates.
- PIFU roll out is paused awaiting an automated solution to add patients to PIFU list and lack of call handling capacity.

**Actions**:

- DIS Development team developing an automated process to ensure PIFU patients are correctly added to PIFU list. Go live timeframe to be confirmed by DIS.
- Review of call handling solutions to ensure we have capability to respond to additional patient contacts.
- Development of PIFU pathways across specialities as part of elective recovery plan and further faster workstream.
- Elective bi-directional text messaging has just been implemented with evaluation of impact to be undertaken.

# Summary MATRIX
## Diagnostics

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy | * Diagnostics - Proportion of patients waiting <6 weeks from referral<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies |
| COMMON CAUSE / NATURAL VARIATION | | * Diagnostics - Proportion of patients waiting <6 weeks from referral - CT<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy | * Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan |
| SPECIAL CAUSE CONCERN | * Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy | * Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography<br>* Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics | |

# DIAGNOSTICS – 95%

## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Kim Hinton

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Diagnostics - Proportion of patients waiting <6 weeks from referral | 2024-04 | H | F | 64.5% | 62% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI | 2024-04 | H | ? | 59.8% | 65.8% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - CT | 2024-04 | ? | ? | 67.1% | 57.3% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound | 2024-04 | ? | F | 80.9% | 69% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema | 2024-04 | ? | ? | 73.4% | 70.4% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan | 2024-04 | ? | F | 62% | 41.7% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology | 2024-04 | ? | ? | 82.5% | 56.2% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography | 2024-04 | L | ? | 21.8% | 23.1% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral | 2024-04 | ? | ? | 97.8% | 98.8% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies | 2024-04 | H | F | 96.7% | 96.2% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics | 2024-04 | L | ? | 22% | 22.7% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy | 2024-04 | H | ? | 44.4% | 75.4% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy | 2024-04 | H | ? | 33% | 59% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy | 2024-04 | ? | ? | 72% | 72.3% |
| Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy | 2024-04 | L | P | 71% | 79.8% |

**Reporting Month: April 2024**

# KPIs – Operational Activity and Performance

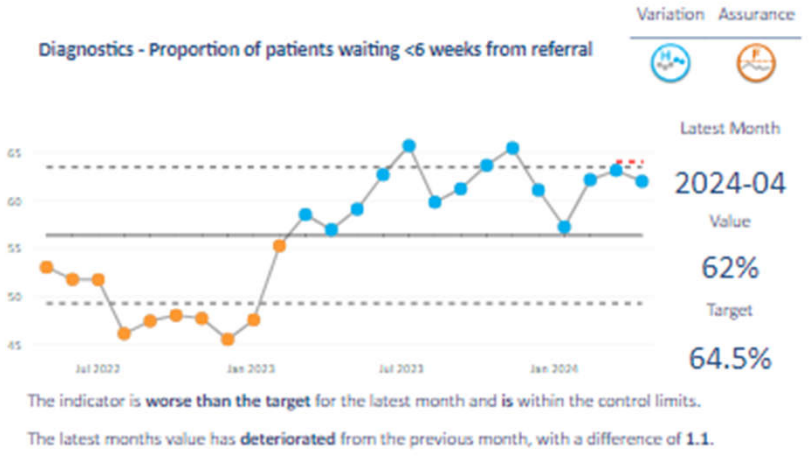
## Diagnostics (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

**Rationale:** Maximise diagnostic activity focused on patients of highest clinical priority.
**Target:** Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.

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**Factors impacting performance**:

- Workforce challenges across imaging and cardiorespiratory services.
- Increase in acute demand for imaging impacting on available elective capacity.
- DEXA scans performance deteriorated due to gap between cessation of activity at Nuffield York and commencement of activity at Askham Bar CDC.

**Actions**:

- Go live of Askham Bar CDC activity during April 2024 and onboarding of all services by end of May 2024 (CT, MRI, DEXA scans, Cardiorespiratory and Phlebotomy).
- Go live of new Selby CDC activity during June 2024 (NOUS and Cardiorespiratory).
- 3rd MRI scanner at York received external funding approval and business case approved at Executive Committee. Installation expected in 2024/25.
- ECHO at York had completed demand and capacity and forecast that with additional 45 extra patients per week delivered through the CDC, the backlog will be cleared by the end of July 2024. Improvement plans for Scarborough being developed.
- Demand and Capacity work for all DM01 diagnostics tests being completed during Q1 2024/25 as part of elective recovery plan.
- Urodynamics have developed a recovery plan to deliver by Q2 2024/25 including additional extra contractual activity attracting ERF through the outpatient procedure tariff.
- Endoscopy insourcing continues with additional 10 lists per week to end of Q2 2024/25. They are currently ahead of the improvement trajectory.

# Summary MATRIX
## Children & Young Persons

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Children & Young Persons: RTT - Total Waiting List | * Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks<br>* Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways |
| COMMON CAUSE / NATURAL VARIATION | | * Children & Young Persons: ED - Patients waiting over 12 hours in department | |
| SPECIAL CAUSE CONCERN | | | * Children & Young Persons: ED - Emergency Care Standard (Type 1 only) |

# Children & Young Persons
## Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi (Acute)/Kim Hinton (Elective)

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Children & Young Persons: ED - Patients waiting over 12 hours in department | 2024-04 | | | 0 | 4 |
| Children & Young Persons: ED - Emergency Care Standard (Type 1 only) | 2024-04 | | | 95% | 82% |
| Children & Young Persons: RTT - Total Waiting List | 2024-04 | | | 4294.2 | 3616 |
| Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks | 2024-04 | | | 92% | 68.6% |
| Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways | 2024-04 | | | 41 | 34 |

**Reporting Month: April 2024**

# KPIs – Operational Activity and Performance

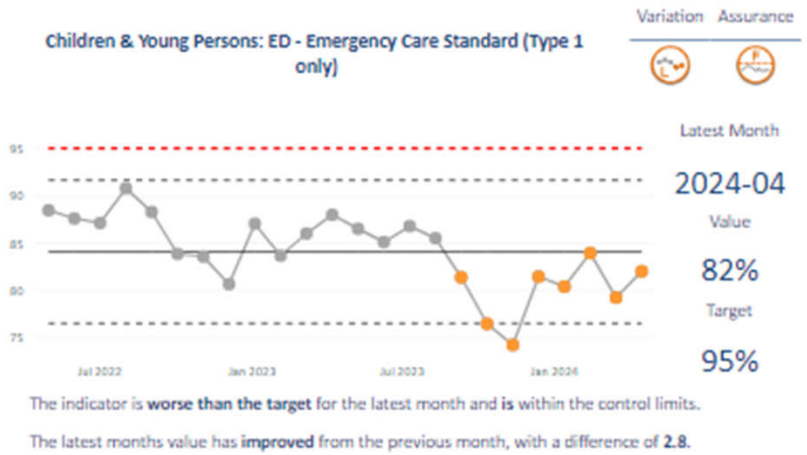
## Children & Young Persons (1)

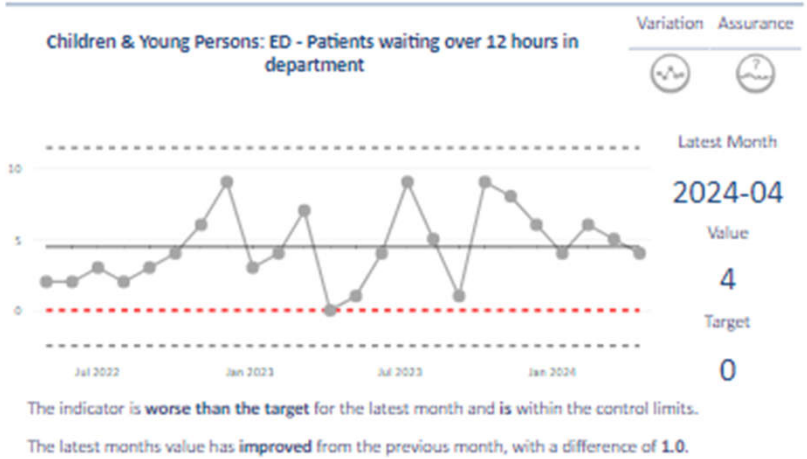
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale: SPC1:** To monitor waiting times in A&E. **SPC2:** To monitor long waits in A&E.
**Target: SPC1:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025.
**SPC2:** No paediatric patients should wait more than 12 hours.




**Factors impacting performance**:

- Increased attendances across both of our Emergency Departments (EDs) compared to April 2023, The Trust saw an average of 65 more attendance per day throughout the month of April 2024, a rise of 21%. Ambulances also up (April 2024 average of 143 per day against the April 2023 average of 124, a rise of 15%). The acuity of ambulance arrivals has also increased. The two most acute categories (1&2) saw a rise from a daily average of 100 in April 2023 to a daily average of 115 in April 2024 putting significant pressure on our EDs.

- The children and young people waiting longer than 12 hours in the department are all aged 17 years old and are being managed through an adult pathway with admission to an adult ward resulting in delays.

**Actions**:

- Scoping improvement actions for children and young people with family health care group.

**Reporting Month: April 2024**

# KPIs – Operational Activity and Performance

## Children & Young Persons (2)

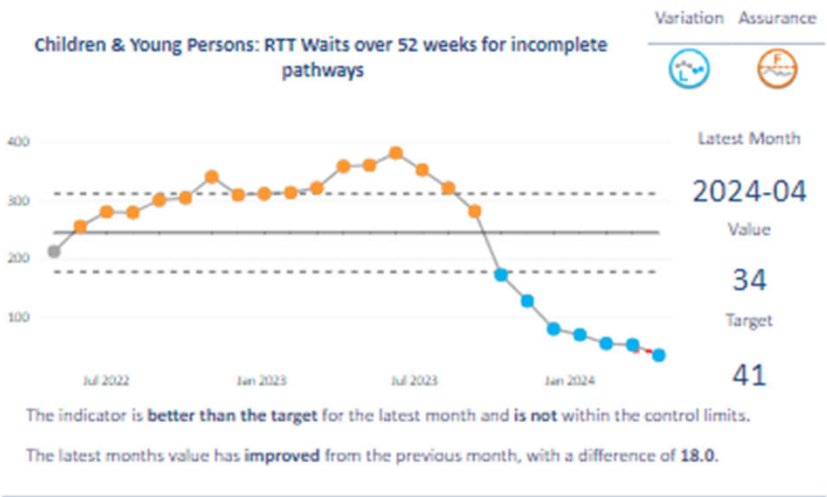
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Kim Hinton

**Rationale:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.

**Target:** Aim to have 0 patients waiting more than 52 weeks by July 2024 (internal target).

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**Factors impacting performance**:

- The Trust delivered the trajectory for RTT52 weeks wait for patients aged under eighteen submitted as part of the 2024/25 Activity Plan by having less than forty-one patients waiting at the end of April 2024.

**Actions**:

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 weeks wait for patients aged under eighteen.
- The Trust's activity plan that is aligned to improvement trajectories; delivering zero RTT52 week waits by the end of June 2024 was submitted to the national team on the 2nd of May 2024.
- Children and Young People are a workstream within the 24/25 elective recovery plan with a focus on the following improvements:
    - Increase outpatient capacity at Scarborough through the Scarborough right sizing priorities.
    - Strategy for day case surgery for children.
    - Going further for children waiting times for surgery
    - Stabilise community waiting lists.

# Summary MATRIX
## Community

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

**ASSURANCE**

**VARIATION**

| | PASS | HIT or MISS | FAIL |
|---|---|---|---|
| **SPECIAL CAUSE IMPROVEMENT** | | * Number of Adults (18+ years) on community waiting lists per system | * Virtual Ward Capacity<br>* Number of CYP (0-17 years) on community waiting lists per system |
| **COMMON CAUSE / NATURAL VARIATION** | * 2-hour Urgent Community Response (UCR) Compliancy % | * 2-hour Urgent Community Response (UCR) care Referrals<br>* % of End of Life Patients Dying in Preferred Place of Death<br>* Number of District Nursing Contacts<br>* Number of York CRT Contacts<br>* Referrals to District Nursing Team | |
| **SPECIAL CAUSE CONCERN** | | * Number of Selby CRT Contacts<br>* Number of people on waiting lists for CYP services per system who are waiting over 52 weeks | |

# COMMUNITY
## Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Claire Hansen **Operational Lead:** Abolfazl Abdi

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| 2-hour Urgent Community Response (UCR) care Referrals | 2024-04 | | | 82.3 | 101 |
| 2-hour Urgent Community Response (UCR) Compliancy % | 2024-04 | | P | 70% | 94.1% |
| Number of Adults (18+ years) on community waiting lists per system | 2024-04 | L | | 811.5 | 748 |
| % of End of Life Patients Dying in Preferred Place of Death | 2024-04 | | | 74.7% | 81.5% |
| Number of District Nursing Contacts | 2024-04 | | | 21101.6 | 21517 |
| Number of Selby CRT Contacts | 2024-04 | H | | 2601.9 | 3346 |
| Number of York CRT Contacts | 2024-04 | | | 4813 | 4602 |
| Referrals to District Nursing Team | 2024-04 | | | 2205.4 | 2277 |
| Virtual Ward Capacity | 2024-04 | H | F | 33 | 40 |
| Number of CYP (0-17 years) on community waiting lists per system | 2024-04 | L | F | 726 | 2023 |
| Number of people on waiting lists for CYP services per system who are waiting over 52 weeks | 2024-04 | H | | 972 | 916 |

# KPIs – Operational Activity and Performance
## Community (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale:** To monitor demand on Community services.
**Target:** No Target.



**Factors impacting performance**:

- District Nursing referrals saw a small increase in April to 2277 and remains above average. Referrals in the 12 months to April 2024 averaged at around 2240 a month compared with the previous 12 months where referrals averaged at around 2070 a month.
- There is an increase in the Heart Failure waiting list this is a result of significant sickness in the team which has impacted clinic capacity and the availability of prescribing with in the rapid assess team to support the IV service.
- Selby Community Response Team (CRT) contacts saw a big increase moving above the upper control level (and to the highest level in the last 2 years).

**Actions**:

- Setting up a task and finish group to review the referrals from primary care and see if there is any improvements and reduction can be made with district nursing service.
- Workforce mitigations to support the heart failure team are being explored.
- The Selby team have had additional funding from the NYCC place to support the discharge intermediate care beds so this why we have seen an increase in activity.

# KPIs – Operational Activity and Performance
## Community (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Claire Hansen

**Operational Lead:** Abolfazl Abdi

**Rationale:** To monitor demand on Community services.
**Target: SPC1:** No target. **SPC2:** no more than 1,056 by end of March 2025 as per activity planning submission.


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 **194.0**.


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

The latest months value has **deteriorated** from the previous month, with a difference of **28.0**.

**Factors impacting performance**:

- **SPC1:** Referrals to York CRT increased in April to 245 referrals remaining above the average and There were 134 initial referrals made to York UCR in March. Combined this moves to the upper control limit.

- **SPC2:** Continuing increase in demand and static funded current capacity resulting in increasing waiting times.

**Actions**:

- **SPC2:** Community paediatrics waiting lists includes; speech and language, occupational therapy, autism and sleep. Options appraisal being undertaken to identify improvement opportunities to be completed in Q1 24/25.

# QUALITY AND SAFETY

May 2024

# Summary MATRIX 1 of 2

## Quality and Safety

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Inpatient Acquired Pressure Ulcers<br>* Medication incidents per thousand bed days<br>* Patient Safety Incidents per thousand Bed Days<br>* Harmful Incidents per thousand bed days<br>* Trust Duty of Candour (Stage 1)<br>* Trust Duty of Candour (Stage 2)<br>* Number of Serious Incidents Reported | |
| COMMON CAUSE / NATURAL VARIATION | | * Total Number of Trust Onset MSSA Bacteraemias<br>* Total Number of Trust Onset MRSA Bacteraemias<br>* Total Number of Trust Onset C. difficile Infections<br>* Total Number of Trust Onset E. coli Bacteraemias<br>* Total Number of Trust Onset Klebsiella Bacteraemias<br>* Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias<br>* Pressure Ulcers per thousand Bed Days<br>* All Patient Falls<br>* Patient Falls per thousand Bed Days<br>* Trust Duty of Candour (Stage 3)<br>* Total Number of Never Events Reported<br>* In-Hospital Deaths<br>* Monthly SHMI<br>* Monthly HSMR | |
| SPECIAL CAUSE CONCERN | | * Percentage of Patient Safety Incidents with Moderate or Above Harm | |

# Quality & Safety
## Scorecard (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sue Peckitt

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Total Number of Trust Onset MSSA Bacteraemias | 2024-04 | | | 5 | 8 |
| Total Number of Trust Onset MRSA Bacteraemias | 2024-04 | | | 0 | 1 |
| Total Number of Trust Onset C. difficile Infections | 2024-04 | | | 10 | 15 |
| Total Number of Trust Onset E. coli Bacteraemias | 2024-04 | | | 15 | 16 |
| Total Number of Trust Onset Klebsiella Bacteraemias | 2024-04 | | | 6 | 2 |
| Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias | 2024-04 | | | 1 | 0 |
| Inpatient Acquired Pressure Ulcers | 2024-04 | | | 147 | 152 |
| Pressure Ulcers per thousand Bed Days | 2024-04 | | | 4 | 4.4 |
| All Patient Falls | 2024-04 | | | 255 | 232 |
| Patient Falls per thousand Bed Days | 2024-04 | | | 9 | 7.9 |
| Medication incidents per thousand bed days | 2024-04 | | | 6 | 5.6 |

**Reporting Month: April 2024**

# KPIs – Quality & Safety

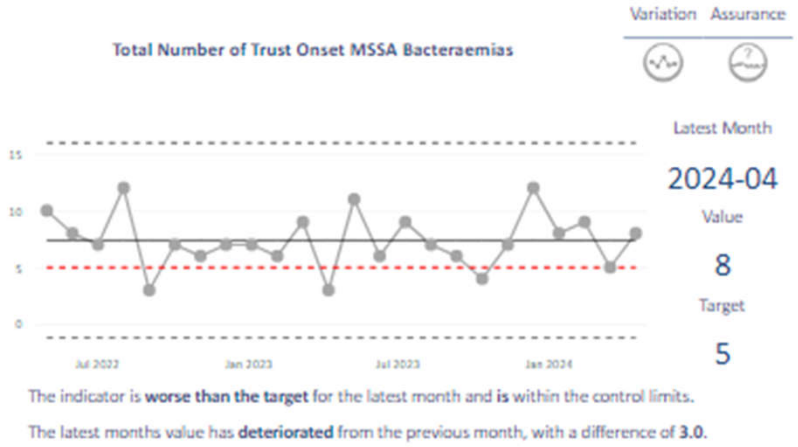
## Q&S (1)

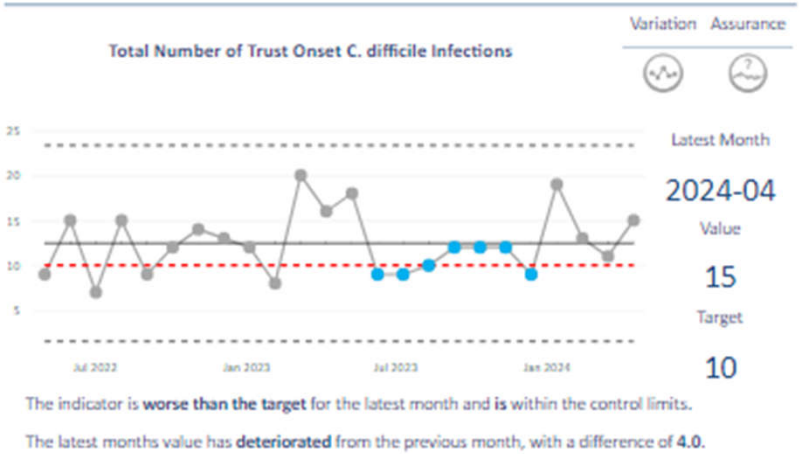
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Dawn Parkes

**Operational Lead:** Sue Peckitt

**Rationale: To drive reduction in avoidable health care associated infection, facilitate patient safety and improve patient outcomes**
**Target:** National targets for 2024/25 not yet set, working on 2023/24 threshold – 1 for all mandatory surveillance organisms.




**Factors impacting performance**:

- MSSA bacteraemia breached the internally set target of 5 cases with 8 cases recorded, 4 cases attributed to York Hospital, 4 attributed to Scarborough Hospital
- 1 MRSA bacteraemia reported in April against a zero target. This was attributed to Scarborough Hospital
- Clostridioides difficile breached the monthly target in April by 5 cases. Of the 15 cases 9 were attributed to York Hospital, 3 attributed to Scarborough Hospital, 3 attributed to community sites . This has deteriorated on last month's performance.

**Actions**:

- A post infection review of the MRSA case has identified learning in relation to timely skin decolonisation treatment, inappropriate antimicrobial prescribing, lack of skin integrity reviews and not seeking Tissue Viability advice. These are being addressed via the Care Group
- All MSSA bacteraemia undergo a review using a PSIRF approach, learning identified improvement needed with hand hygiene compliance, IV cannula documentation, ANTT compliance
- Internal audit of Cannula Management Action plan in progress which addresses ANTT and IV cannula documentation, peripheral intravenous cannula devices guideline has been updated and approved via IPSAG, to be uploaded on staff room.
- Clostridioides difficile cases are reviewed using PSIRF approach, learning identified inappropriate antibiotic prescribing, delay in isolation, need for improved communication during handover and with Microbiology regarding treatment advice, improvements required for Hand Hygiene, commode cleanliness and completion of Bristol Stool Chat. Learning being addressed via the Care Group.
- Working with Care Group ACN's to develop 5 high impact IPC actions which will be delivered and measured within the care groups. These will be in place by 1st June 2024

# Quality & Safety
## Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Adele Coulthard **Operational Lead:** Dan Palmer

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Patient Safety Incidents per thousand Bed Days | 2024-04 | L | ? | 52 | 47.3 |
| Harmful Incidents per thousand bed days | 2024-04 | L | ? | 18 | 16.7 |
| Percentage of Patient Safety Incidents with Moderate or Above Harm | 2024-04 | H | ? | 3% | 5.5% |
| Trust Duty of Candour (Stage 1) | 2024-04 | H | ? | 93% | 93% |
| Trust Duty of Candour (Stage 2) | 2024-04 | H | ? | 91% | 91.7% |
| Trust Duty of Candour (Stage 3) | 2024-04 | | ? | 91% | 91.5% |
| Number of Serious Incidents Reported | 2024-04 | L | ? | 10 | 1 |
| Total Number of Never Events Reported | 2024-04 | | ? | 0 | 0 |
| In-Hospital Deaths | 2024-04 | | ? | 199 | 193 |
| Quarterly SHMI | 2023-09 | | | 100 | 96.3 |
| Monthly SHMI | 2024-01 | | ? | 100 | 90.6 |
| Quarterly HSMR | 2023-12 | | | 100 | 108.2 |
| Monthly HSMR | 2024-02 | | ? | 100 | 108.7 |

**Reporting Month: April 2024**

# KPIs – Quality & Safety

## Q&S (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Adele Coulthard

**Operational Lead:** Dan Palmer

**Rationale:** Rationale to be inserted by leads
**Target:** Target to be inserted by leads


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 **0.9**.


The indicator is **above 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 **0.1**.

**Factors impacting performance**:

With the move to DCIQ, there have been issues with the new system bedding into business as usual. These issues are known about and are addressed through regular discussions with the system provider and with staff using the system. The previous figures show that even with concerns being raised across the organisation, the completion of incidents has not dropped as a result and has been consistent for 8 months.

- The numbers of reported incidents remain within levels of normal variation.
- There is ongoing work on improving the Datix reporting form to make this easier for staff to complete and load.
- Use of the system is constantly monitored and any operational issues are discussed with the system provider.

**Actions**:

In response to this the Patient Safety team is in the process of reducing the fields in the form by removing categories. The categories were reviewed as to how much they were used and the usefulness of being able to pull off the data within these categories. Those underutilised categories, or those that can be included in other categories were removed.

Previously there were 196 subcategories and initial figures identified that 73 of these will be removed which will a be 37% reduction in the Datix reporting form that will be loaded. This work will be completed by the close of May 2024. Once this has been completed, there will be a communication drive within the organisation to share these changes and attempt to rebuild faith in DCIQ system.

A report has been submitted with further information around why these charges are essential relating to the performance of our network infrastructure.

# Summary MATRIX 2 of 2

## Quality and Safety

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Intrapartum Stillbirths | * Discharges by 5pm |
| COMMON CAUSE / NATURAL VARIATION | * Friends and Family Test - Trust Inpatient Recommend %<br>* Friends and Family Test - Trust Maternity Recommend % | * Needlestick Injury or Sharps Incident<br>* Staff Slips, Trips and Falls<br>* RIDDOR<br>* Antepartum Stillbirths<br>* PPH > 1.5L as % of all women - York<br>* PPH > 1.5L as % of all women - Scarborough<br>* Senior Review | * Friends and Family Test - Trust ED Recommend %<br>* 14 Hour Post Take |
| SPECIAL CAUSE CONCERN | | * Trust Complaints<br>* Early neonatal deaths (0-7 days)<br>* Obstetrics and Gynaecology: Serious Incidents<br>* Obstetrics and Gynaecology: Moderate Incidents | |

# Quality & Safety
## Scorecard (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Tara Filby

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Friends and Family Test - Trust ED Recommend % | 2024-03 | | F | 90% | 70.6% |
| Friends and Family Test - Trust Inpatient Recommend % | 2024-03 | | P | 90% | 93.9% |
| Friends and Family Test - Trust Maternity Recommend % | 2024-03 | | P | 90% | 100% |
| Trust Complaints | 2024-04 | H | ? | 67 | 114 |
| Needlestick Injury or Sharps Incident | 2024-04 | | ? | 14 | 17 |
| Staff Slips, Trips and Falls | 2024-04 | | ? | 4 | 3 |
| RIDDOR | 2024-04 | | ? | 2 | 0 |

# KPIs – Quality & Safety

## Q&S (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

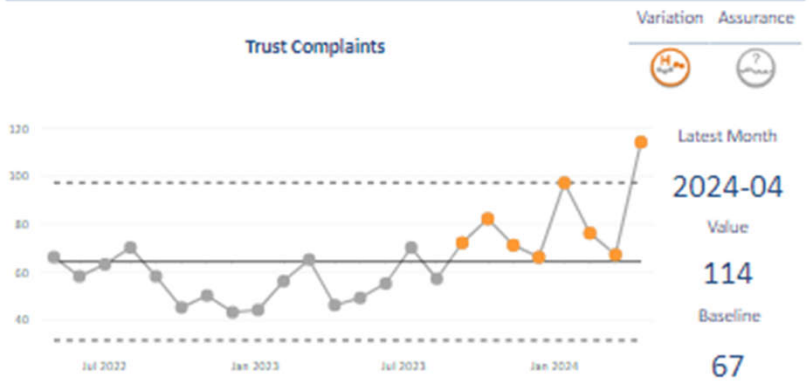
**Executive Owner:** Dawn Parkes

**Operational Lead:** Tara Filby

**Rationale:** Rationale to be inserted by XXXXXX.
**Target:** Target to be inserted by XXXXXX.


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 **5.0**.




The indicator is **above 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 **47.0**.

**Factors impacting performance**: In the month of April, we observed a deterioration in performance in relation to patient experience in the Emergency Departments as tracked via the Friends & Family Test recommendation metric. The Trust also received a significant increased number of formal complaints in the month, approximately 75% of these relating to care within the Medicine Care Group. There were no new trends identified in relation to specific wards or departments however ongoing themes were identified in relation to inadequate communication and long waiting times.

**Actions**: Operational Teams continue to work to improve operational flow and reduce waiting times for patients in ED and for those waiting for a bed. The Discharge Improvement Group has been refreshed under the leadership of the Deputy COO and escalation beds continue to be utilised in accordance with the Care in Unplanned Spaces SOP.

The Chief Nurse has met with the Associate Chief Nurses and the Head of Patient Experience & Involvement to identify mechanisms to improve the complaints management process as well as to promote a range of initiatives that will aim to promote effective communication. The Complaints Policy and Procedure has been revised accordingly and supported by the Patient Experience Sub-Committee; this will now be presented to the Executive Committee for formal approval.

A workshop with internal and external stakeholders has been facilitated in the last month to agree key priorities for the coming year. Communication and accessible information were identified as key themes that will be taken forward for Trust-wide improvement action.

Medicine Care group have piloted a new role of Family Liaison Officer, to increase accessibility to a dedicated post to support effective communication with patients and families. This has evaluated well and one post has been funded substantively for the Scarborough site. The leadership team will be reviewing how this could be rolled out across other sites.

# Quality & Safety
## Scorecard (4)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes/Karen Stone **Operational Lead:**

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Antepartum Stillbirths | 2024-03 | | | 0.7 | 0 |
| Intrapartum Stillbirths | 2024-03 | L | | 0 | 0 |
| Early neonatal deaths (0-7 days) | 2024-03 | H | | 0.5 | 3 |
| PPH > 1.5L as % of all women - York | 2024-03 | | | 4.7% | 5.2% |
| PPH > 1.5L as % of all women - Scarborough | 2024-03 | | | 2.4% | 2.7% |
| Obstetrics and Gynaecology: Serious Incidents | 2024-04 | H | | 0 | 1 |
| Obstetrics and Gynaecology: Moderate Incidents | 2024-04 | H | | 8.9 | 16 |
| 14 Hour Post Take | 2024-04 | | F | 90% | 77.1% |
| Senior Review | 2024-04 | | | 48.5% | 48.5% |
| Discharges by 5pm | 2024-04 | H | F | 70% | 64.2% |

# KPIs – Quality & Safety

## Q&S (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

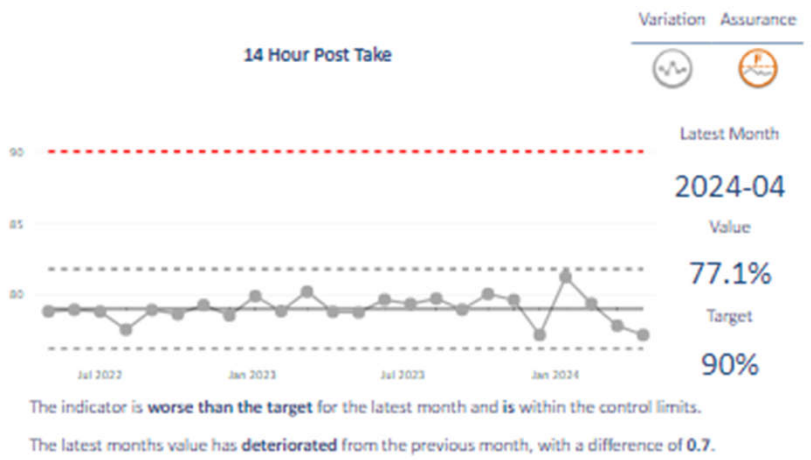
**Executive Owner:** Karen Stone

**Operational Lead:**

**Rationale:** Rationale to be inserted by Operational Lead
**Target:** Target to be inserted by Operational Lead

**Factors impacting performance**: Narrative to be inserted by Operational Lead.

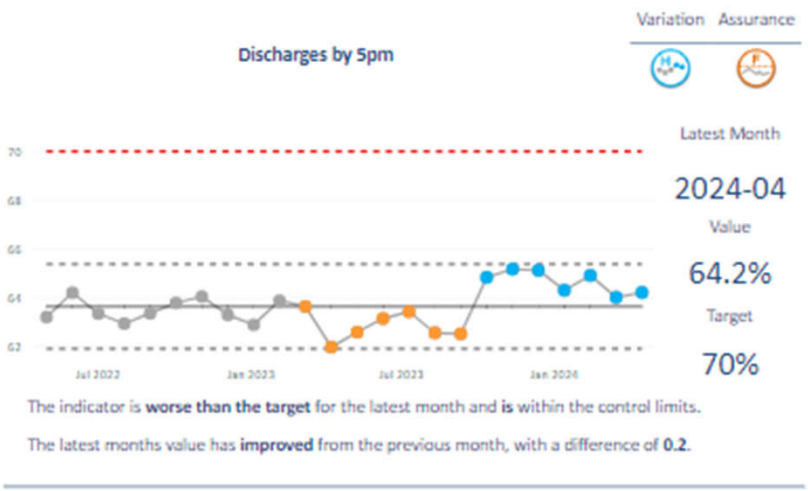
**Actions**:. Narrative to be inserted by Operational Lead




**Executive Owner:** Karen Stone

**Operational Lead:**

**Rationale:** Rationale to be inserted by Operational Lead
**Target:** Target to be inserted by Operational Lead

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**Factors impacting performance**: Narrative to be inserted by Operational Lead.

**Actions**: Narrative to be inserted by Operational Lead

# MATERNITY

May 2024

# Summary MATRIX 1 of 3

## Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Community midwife called in to unit - Scarborough | |
| COMMON CAUSE / NATURAL VARIATION | | * Bookings - Scarborough<br>* Bookings ≥13 weeks (exc transfers etc.) - Scarborough<br>* Births - Scarborough<br>* No. of women delivered - Scarborough<br>* Women affected by suspension - Scarborough<br>* Maternity Unit Closure - Scarborough<br>* SCBU at capacity - Scarborough<br>* SCBU at capacity of intensive care cots - Scarborough<br>* 1 to 1 care in Labour - Scarborough<br>* L/W Co-ordinator supernumerary % - Scarborough | * Bookings <10 weeks - Scarborough<br>* Planned homebirths - Scarborough<br>* Homebirth service suspended - Scarborough<br>* Anaesthetic cover on L/W - Scarborough |
| SPECIAL CAUSE CONCERN | | * SCBU no of babies affected - Scarborough | |

# Maternity Scarborough
## Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Bookings - Scarborough | 2024-03 | | | 169 | 89 |
| Bookings <10 weeks - Scarborough | 2024-03 | | F | 90% | 74.2% |
| Bookings ≥13 weeks (exc transfers etc.) - Scarborough | 2024-03 | | | 10% | 6.7% |
| Births - Scarborough | 2024-03 | | | 113 | 113 |
| No. of women delivered - Scarborough | 2024-03 | | | 112 | 111 |
| Planned homebirths - Scarborough | 2024-03 | | F | 2.1% | 0% |
| Homebirth service suspended - Scarborough | 2024-03 | | F | 3 | 29 |
| Women affected by suspension - Scarborough | 2024-03 | | | 0 | 2 |
| Community midwife called in to unit - Scarborough | 2024-03 | L | | 3 | 0 |
| Maternity Unit Closure - Scarborough | 2024-03 | | | 0 | 2 |
| SCBU at capacity - Scarborough | 2024-03 | | | 0 | 0 |
| SCBU at capacity of intensive care cots - Scarborough | 2024-03 | | | 0 | 6 |
| SCBU no of babies affected - Scarborough | 2024-03 | H | | 0 | 1 |
| 1 to 1 care in Labour - Scarborough | 2024-03 | | | 100% | 99.1% |
| L/W Co-ordinator supernumerary % - Scarborough | 2024-03 | | | 100% | 94% |
| Anaesthetic cover on L/W - Scarborough | 2024-03 | | F | 10 | 5 |

**Reporting Month: April 2024**

# Summary MATRIX 2 of 3

## Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * HSIB cases - Scarborough | |
| COMMON CAUSE / NATURAL VARIATION | * Intrapartum Stillbirths - Scarborough | * Normal Births - Scarborough<br>* Assisted Vaginal Births - Scarborough<br>* C/S Births - Scarborough<br>* Elective caesarean - Scarborough<br>* Emergency caesarean - Scarborough<br>* Induction of labour - Scarborough<br>* HDU on L/W - Scarborough<br>* BBA - Scarborough<br>* Neonatal Death - Scarborough<br>* Antepartum Stillbirth - Scarborough<br>* Cold babies - Scarborough<br>* Preterm birth rate <37 weeks - Scarborough<br>* Preterm birth rate <34 weeks - Scarborough<br>* Preterm birth rate <28 weeks - Scarborough | |
| SPECIAL CAUSE CONCERN | | | |

# Maternity Scarborough
## Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Normal Births - Scarborough | 2024-03 | | | 57% | 52.2% |
| Assisted Vaginal Births - Scarborough | 2024-03 | | | 12.4% | 7.1% |
| C/S Births - Scarborough | 2024-03 | | | 41.1% | 40.7% |
| Elective caesarean - Scarborough | 2024-03 | | | 18.9% | 20.4% |
| Emergency caesarean - Scarborough | 2024-03 | | | 22.1% | 20.4% |
| Induction of labour - Scarborough | 2024-03 | | | 42.2% | 43.2% |
| HDU on L/W - Scarborough | 2024-03 | | | 5 | 3 |
| BBA - Scarborough | 2024-03 | | | 2 | 0 |
| HSIB cases - Scarborough | 2024-03 | L | | 0 | 0 |
| Neonatal Death - Scarborough | 2024-03 | | | 0 | 1 |
| Antepartum Stillbirth - Scarborough | 2024-03 | | | 0 | 0 |
| Intrapartum Stillbirths - Scarborough | 2024-03 | | P | 0 | 0 |
| Cold babies - Scarborough | 2024-03 | | | 1 | 2 |
| Preterm birth rate <37 weeks - Scarborough | 2024-03 | | | 6% | 6.2% |
| Preterm birth rate <34 weeks - Scarborough | 2024-03 | | | 1% | 0.8% |
| Preterm birth rate <28 weeks - Scarborough | 2024-03 | | | 0.5% | 0.8% |

**Reporting Month: April 2024**

# Summary MATRIX 3 of 3

## Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Breastfeeding Initiation rate - Scarborough<br>* 3rd/4th Degree Tear - assisted birth - Scarborough | |
| COMMON CAUSE / NATURAL VARIATION | | * Low birthweight rate at term (2.2kg) - Scarborough<br>* Breastfeeding rate at discharge - Scarborough<br>* Smoking at booking - Scarborough<br>* Smoking at 36 weeks - Scarborough<br>* Smoking at time of delivery - Scarborough<br>* Carbon monoxide monitoring at booking - Scarborough<br>* SI's - Scarborough<br>* PPH > 1.5L as % of all women - Scarborough<br>* Shoulder Dystocia - Scarborough<br>* 3rd/4th Degree Tear - normal births - Scarborough<br>* Informal Complaints - Scarborough<br>* Formal Complaints - Scarborough | * Carbon monoxide monitoring at 36 weeks - Scarborough |
| SPECIAL CAUSE CONCERN | | | |

# Maternity Scarborough
## Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Low birthweight rate at term (2.2kg) - Scarborough | 2024-03 | | | 0% | 1.8% |
| Breastfeeding Initiation rate - Scarborough | 2024-03 | H | | 75% | 79.6% |
| Breastfeeding rate at discharge - Scarborough | 2024-03 | | | 65% | 59.6% |
| Smoking at booking - Scarborough | 2024-03 | | | 6% | 13.5% |
| Smoking at 36 weeks - Scarborough | 2024-03 | | | 6% | 14.4% |
| Smoking at time of delivery - Scarborough | 2024-03 | | | 6% | 8.8% |
| Carbon monoxide monitoring at booking - Scarborough | 2024-03 | | | 95% | 80.9% |
| Carbon monoxide monitoring at 36 weeks - Scarborough | 2024-03 | | F | 95% | 66.7% |
| SI's - Scarborough | 2023-10 | | | 0 | 1 |
| PPH > 1.5L as % of all women - Scarborough | 2024-03 | | | 2.4% | 2.7% |
| Shoulder Dystocia - Scarborough | 2024-03 | | | 2 | 1 |
| 3rd/4th Degree Tear - normal births - Scarborough | 2024-03 | | | 2.8% | 0% |
| 3rd/4th Degree Tear - assisted birth - Scarborough | 2024-03 | L | | 6.1% | 0% |
| Informal Complaints - Scarborough | 2024-03 | | | 0 | 0 |
| Formal Complaints - Scarborough | 2024-03 | | | 0 | 1 |

**Reporting Month: April 2024**

# Summary MATRIX 1 of 3

## Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Community midwife called in to unit - York<br>* L/W Co-ordinator supernumerary % - York | |
| COMMON CAUSE / NATURAL VARIATION | * Bookings ≥13 weeks (exc transfers etc.) - York<br>* Anaesthetic cover on L/W - York | * Bookings - York<br>* Bookings <10 weeks - York<br>* Births - York<br>* No. of women delivered - York<br>* Women affected by suspension - York<br>* Maternity Unit Closure - York<br>* SCBU at capacity - York<br>* SCBU at capacity of intensive care cots - York<br>* SCBU no of babies affected - York | * Planned homebirths - York<br>* Homebirth service suspended - York |
| SPECIAL CAUSE CONCERN | | * 1 to 1 care in Labour - York | |

# Maternity York
## Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Bookings - York | 2024-03 | | | 295 | 280 |
| Bookings <10 weeks - York | 2024-03 | | | 90% | 81.4% |
| Bookings ≥13 weeks (exc transfers etc.) - York | 2024-03 | | P | 10% | 1.1% |
| Births - York | 2024-03 | | | 245 | 214 |
| No. of women delivered - York | 2024-03 | | | 242 | 212 |
| Planned homebirths - York | 2024-03 | | F | 2.1% | 1.4% |
| Homebirth service suspended - York | 2024-03 | | F | 3 | 17 |
| Women affected by suspension - York | 2024-03 | | | 0 | 3 |
| Community midwife called in to unit - York | 2024-03 | L | | 3 | 1 |
| Maternity Unit Closure - York | 2024-03 | | | 0 | 0 |
| SCBU at capacity - York | 2024-03 | | | 0 | 0 |
| SCBU at capacity of intensive care cots - York | 2024-03 | | | 0 | 28 |
| SCBU no of babies affected - York | 2024-03 | | | 0 | 3 |
| 1 to 1 care in Labour - York | 2024-03 | L | | 100% | 98.1% |
| L/W Co-ordinator supernumerary % - York | 2024-03 | H | | 100% | 100% |
| Anaesthetic cover on L/W - York | 2024-03 | | P | 10 | 10 |

**Reporting Month: April 2024**

# Summary MATRIX 2 of 3

## Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * HSIB cases - York<br>* Intrapartum Stillbirths - York<br>* Cold babies - York | |
| COMMON CAUSE / NATURAL VARIATION | | * Normal Births - York<br>* C/S Births - York<br>* Elective caesarean - York<br>* Emergency caesarean - York<br>* HDU on L/W - York<br>* BBA - York<br>* Antepartum Stillbirth - York<br>* Preterm birth rate <37 weeks - York<br>* Preterm birth rate <34 weeks - York<br>* Preterm birth rate <28 weeks - York | |
| SPECIAL CAUSE CONCERN | | * Assisted Vaginal Births - York<br>* Induction of labour - York<br>* Neonatal Death - York | |

# Maternity York
## Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Normal Births - York | 2024-03 | | ? | 57% | 53.7% |
| Assisted Vaginal Births - York | 2024-03 | H | ? | 12.4% | 21.9% |
| C/S Births - York | 2024-03 | | ? | 36.3% | 34.6% |
| Elective caesarean - York | 2024-03 | | ? | 15% | 16.8% |
| Emergency caesarean - York | 2024-03 | | ? | 21.3% | 17.8% |
| Induction of labour - York | 2024-03 | H | ? | 44.5% | 44.3% |
| HDU on L/W - York | 2023-10 | | ? | 5 | 8 |
| BBA - York | 2024-03 | | ? | 2 | 2 |
| HSIB cases - York | 2024-03 | L | ? | 0 | 0 |
| Neonatal Death - York | 2024-03 | H | ? | 0 | 2 |
| Antepartum Stillbirth - York | 2024-03 | | ? | 0 | 0 |
| Intrapartum Stillbirths - York | 2024-03 | L | ? | 0 | 0 |
| Cold babies - York | 2024-03 | L | ? | 1 | 1 |
| Preterm birth rate <37 weeks - York | 2024-03 | | ? | 6% | 8.9% |
| Preterm birth rate <34 weeks - York | 2024-03 | | ? | 2% | 2.8% |
| Preterm birth rate <28 weeks - York | 2024-03 | | ? | 0.5% | 0.9% |

**Reporting Month: April 2024**

# Summary MATRIX 3 of 3

## Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Breastfeeding Initiation rate - York<br>* Breastfeeding rate at discharge - York | * Carbon monoxide monitoring at 36 weeks - York |
| COMMON CAUSE / NATURAL VARIATION | | * Low birthweight rate at term (2.2kg) - York<br>* Smoking at booking - York<br>* Smoking at 36 weeks - York<br>* Smoking at time of delivery - York<br>* Carbon monoxide monitoring at booking - York<br>* SI's - York<br>* PPH > 1.5L as % of all women - York<br>* Shoulder Dystocia - York<br>* 3rd/4th Degree Tear - normal births - York<br>* 3rd/4th Degree Tear - assisted birth - York<br>* Informal Complaints - York<br>* Formal Complaints - York | |
| SPECIAL CAUSE CONCERN | | | |

# Maternity York
## Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Dawn Parkes **Operational Lead:** Sascha Wells-Munro

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Low birthweight rate at term (2.2kg) - York | 2024-03 | | | 0% | 0% |
| Breastfeeding Initiation rate - York | 2024-03 | H | | 75% | 84.6% |
| Breastfeeding rate at discharge - York | 2024-03 | H | | 65% | 71.1% |
| Smoking at booking - York | 2024-03 | | | 6% | 5.7% |
| Smoking at 36 weeks - York | 2024-03 | | | 6% | 7.7% |
| Smoking at time of delivery - York | 2024-03 | | | 6% | 6.1% |
| Carbon monoxide monitoring at booking - York | 2024-03 | | | 95% | 82.5% |
| Carbon monoxide monitoring at 36 weeks - York | 2024-03 | H | F | 95% | 69.1% |
| SI's - York | 2023-10 | | | 0 | 2 |
| PPH > 1.5L as % of all women - York | 2024-03 | | | 4.7% | 5.2% |
| Shoulder Dystocia - York | 2024-03 | | | 2 | 6 |
| 3rd/4th Degree Tear - normal births - York | 2024-03 | | | 2.8% | 0.5% |
| 3rd/4th Degree Tear - assisted birth - York | 2024-03 | | | 6.1% | 0% |
| Informal Complaints - York | 2024-03 | | | 0 | 2 |
| Formal Complaints - York | 2024-03 | | | 0 | 5 |

# WORKFORCE

May 2024

# Summary MATRIX

## Workforce

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * 12 month rolling turnover rate Trust (FTE)<br>* Overall vacancy rate<br>* Midwifery vacancy rate<br>* Registered Nursing vacancy rate<br>* AHP vacancy rate<br>* Overall stat/mand training compliance<br>* A4C staff stat/mand training compliance<br>* Appraisal Activity | * Annual absence rate<br>* RN vacancy rate in adult inpatient wards<br>* HCSW vacancy rate<br>* % unfilled nursing temporary staffing requests<br>* Medical & dental staff stat/mand training compliance<br>* Medical & dental staff corporate induction compliance |
| COMMON CAUSE / NATURAL VARIATION | | * Monthly sickness absence<br>* Medical and dental vacancy rate<br>* Total medical and dental temporary staffing requests (total hours requested)<br>* Overall corporate induction compliance<br>* A4C staff corporate induction compliance | * HCSW vacancy rate in adult inpatient wards<br>* Total nursing (registered and nursing support) temporary staffing requests (total hours requested)<br>* % unfilled medical & dental temporary staffing requests |
| SPECIAL CAUSE CONCERN | | | |

# Workforce
## Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Polly McMeekin **Operational Lead:** Lydia Larcum

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Monthly sickness absence | 2024-03 | | | 5% | 4.6% |
| Annual absence rate | 2024-03 | | | 4.7% | 4.9% |
| 12 month rolling turnover rate Trust (FTE) | 2024-04 | | | 10% | 8.7% |
| Overall vacancy rate | 2024-04 | | | 6% | 6.1% |
| HCSW vacancy rate in adult inpatient wards | 2024-03 | | | 1% | 12.8% |
| RN vacancy rate in adult inpatient wards | 2024-03 | | | 7.5% | 3% |
| HCSW vacancy rate | 2024-04 | | | 5% | 8.1% |
| Midwifery vacancy rate | 2024-04 | | | 0% | -5.9% |
| Medical and dental vacancy rate | 2024-04 | | | 6% | 6.3% |
| Registered Nursing vacancy rate | 2024-04 | | | 5% | 3.8% |
| AHP vacancy rate | 2024-04 | | | 8.5% | 3.6% |
| Total nursing (registered and nursing support) temporary staffing requests (total hours requested) | 2024-03 | | | 80400 | 114000 |
| % unfilled nursing temporary staffing requests | 2024-03 | | | 0% | 23% |
| Total medical and dental temporary staffing requests (total hours requested) | 2024-02 | | | 23600 | 28000 |
| % unfilled medical & dental temporary staffing requests | 2024-02 | | | 0% | 14.6% |

**Reporting Month: April 2024**

# KPIs – Workforce

## Workforce (1)

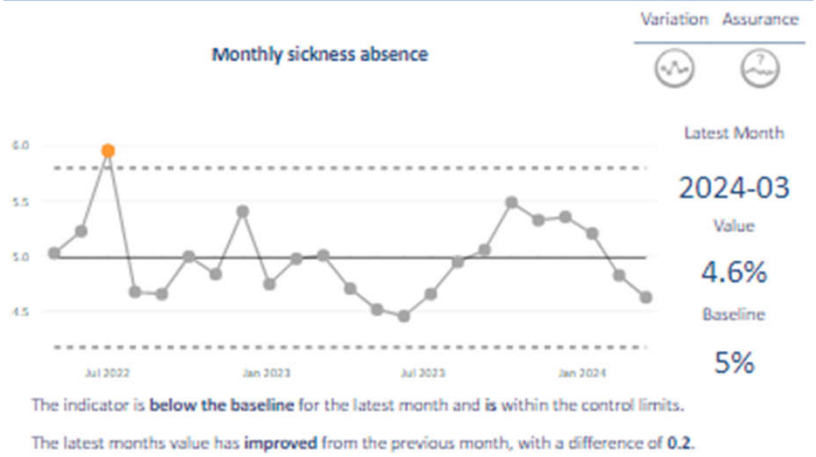
York and Scarborough Teaching Hospitals NHS Foundation Trust

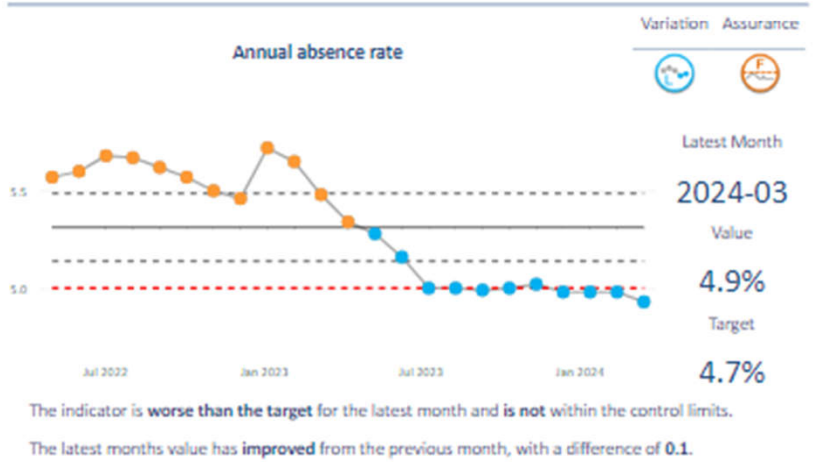
**Executive Owner:** Polly McMeekin

**Operational Lead:** Lydia Larcum

**Rationale:** Reduce absence resulting in greater workforce availability.

**Target: 4.7%**




**Factors impacting performance and actions**:

Last month we saw 412.8 WTE lost to sickness out of a total of 8935.13 leading to an absence rate of 4.62%.

The top 2 reasons for sickness in the month of March were: Stress/ Anxiety (100.05 WTE), Cold/Flu (40.21 WTE).

The Occupational Health Team have increased their appointments with Senior Occupational Health Nurses, with an additional 60 appointments available per month from the beginning of April. This should alleviate wait times for staff. In addition to this, from the end of July, there will be an additional 48 appointments per month with a Senior Nurse in training. Following staff feedback, an Occupational Health Advisor will be on site at York Hospital, on the first Tuesday of every month, to make it easier for staff to speak to them about their immunisations, get vaccinated, or ask them any questions that they have. Health Surveillance for staff based at York Hospital will now also be based on site, rather than at Clifton Moor.

Our Voice Our Future is continuing and the synthesis event, at the end of the discovery phase, will take place on 10th June. The Change Makers have been discussing 'quick wins' based on feedback from staff and patients with members of the Trust Board so that the impact of the programme can be felt within the two-year period. To date over 750 responses have been received as part of the informal feedback collection from staff members. Change Makers have also contributed ideas for the staff survey improvement plan.

# KPIs – Workforce

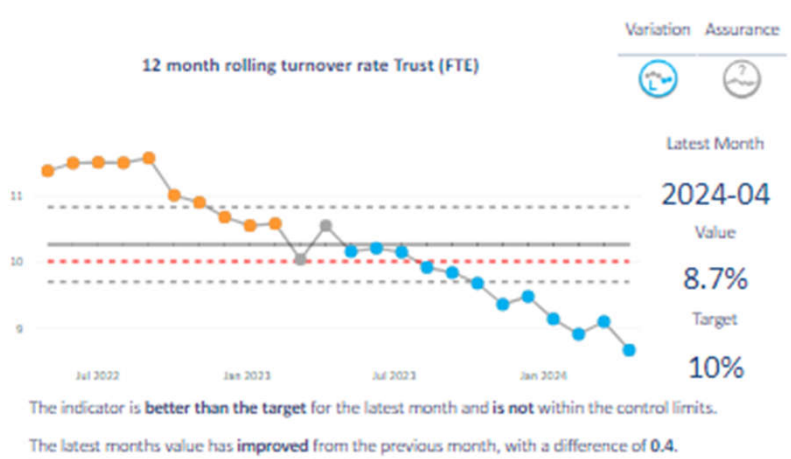
## Workforce (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin

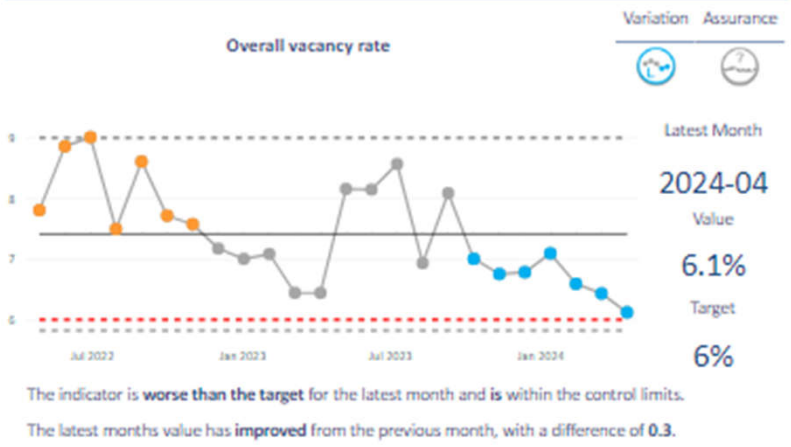
**Operational Lead:** Lydia Larcum

**Rationale:** Reduce turnover resulting in greater workforce availability.
**Target:** Turnover 10% Vacancy Rate 6%




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 **0.4**.




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

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

**Factors impacting performance and actions**:
As part of the Trust's Efficiency Programme the organisation has introduced an enhanced vacancy control process to ensure that all requests to fill non-clinical vacancies are closely monitored, with director approval required to progress recruitment, apart from several roles which have pre-existing approval to proceed.

Vacancy control should work in tandem with workforce planning. Following the operational workforce planning round, work has continued to review clinical staffing establishments in the Trust. Work across the nursing and midwifery staff group has focused on adult inpatient wards and maternity services. A review of the former was presented at Executive Committee in April 2024, while requirements for Maternity have been determined in preparation for a Business Case. A review of AHP establishments has been completed and will be presented shortly. Meanwhile, planning for Medical and Dental staff is being supported by the 24-25 Job Planning round (at the end of April, 57% of job plans had been completed against a target of 90%).

The next cohort of 12 international nurses is due to arrive in the Trust at the end of May, taking the total to 24 international nurses recruited. The Trust has committed to recruiting 55 international nurses in 2024/25.
The Trust recently approved a new scheme to recognise the prior experience of our internationally recruited nurses. This will enable internationally recruited nurses who have reached the mid-point increment of Band 5, having worked in the Trust as a registered nurse for two years, to be uplifted to the top of Band 5 at the start of their third year, dependent on their experience. The scheme will consider prior experience outside of the NHS, along with the two years in post. This approach considers the Trust's investment of circa £10,000 as part of the recruitment offer and recognises that the assimilation into the NHS takes on average 12 months, which is why the mid-point increment is used as the point for acceleration to the top of the Band.

There are currently 19.3 WTE registered nurses undertaking pre-employment checks with the Trust. The organisation continues to have a healthy student nurse pipeline, with 75.6 WTE pre-registered nurses allocated to date, ready to start in September once they qualify. 3 WTE pre-registered nurses are due to qualify and commence with the Trust this Spring. There are an additional 33 pre-registered nurses being processed who are awaiting allocation / interview outcomes.

# KPIs – Workforce

## Workforce (3)

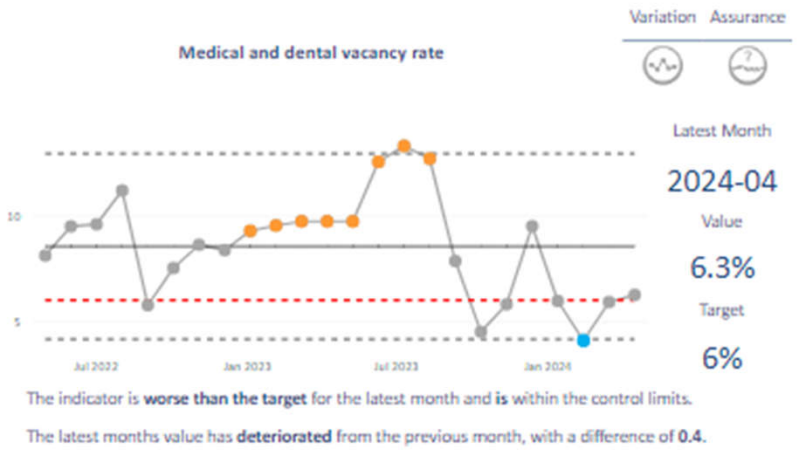
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin

**Operational Lead:** Lydia Larcum

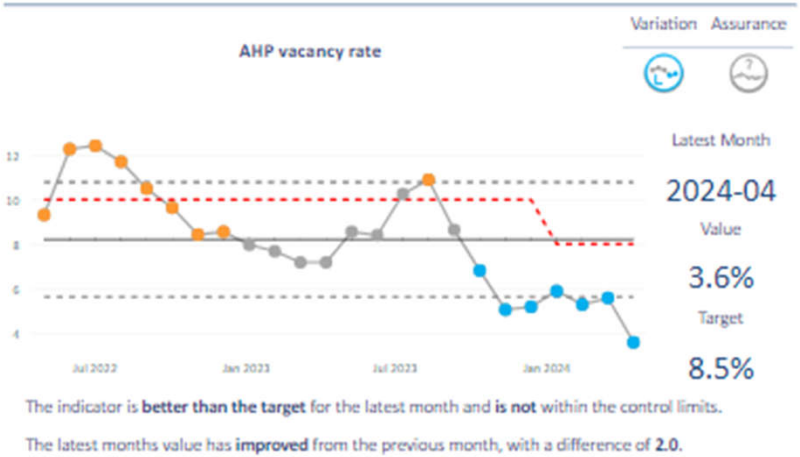
**Rationale:** Reduce vacancy factor resulting in greater workforce availability.

**Target:** M&D vacancy rate 6%, AHP vacancy rate 8.5%




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 **0.4**.




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 **2.0**.

**Factors impacting performance and actions**:

The Trust made 8 offers for medical posts in April, including 3 consultant posts for Medicine and Surgery, with candidates expected to commence in the Trust from July onwards. 10 new recruits commenced in post during April, including 5 Consultants, a number of which have filled hard to fill posts for the Trust in Gastro, Orthopaedics and Microbiology. A new starter in Obs and Gynae has enabled the removal of an agency locum who has been in post since 2016.

The Trust continues to target hard to fill posts through our existing recruitment pathways while exploring new international pipelines in conjunction with the ICB.

Fourteen recently appointed consultants are joining the Welcome to York & Scarborough New Senior Medics Development Programme which is delivered over 3 days commencing on 9th May 2024 at the Vanguard Stadium. The aim of the programme is to equip new consultants with a comprehensive understanding of their role within the Trust and to provide opportunities for networking and action learning. Programme themes for each day include The Role of Hospital Consultant, Thriving as a Professional and High Performing Teams and Individuals.

The Trust has had success recruiting to a number of hard to recruit AHP roles recently, including an MSK specialist, three Operating Department Practitioners including one for Maternity Theatres, and other key AHP roles.

# KPIs – Workforce

## Workforce (4)

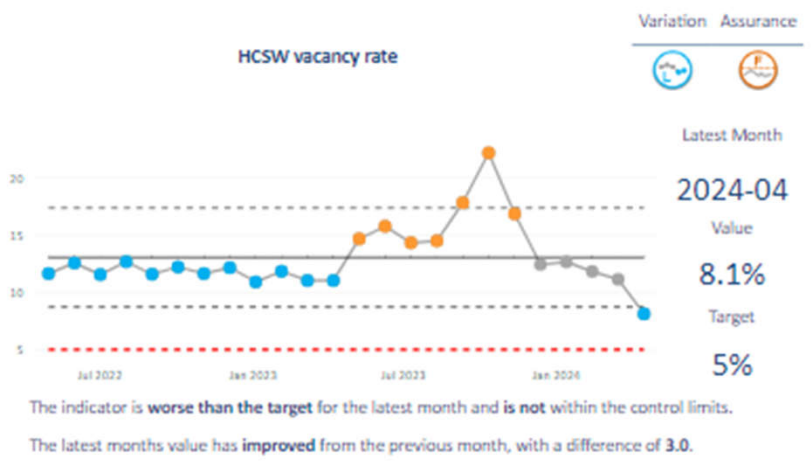
York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin

**Operational Lead:** Lydia Larcum

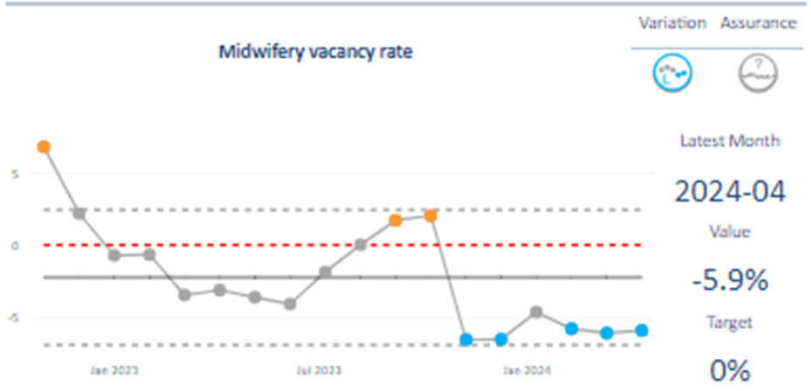
**Rationale:** Reduce vacancy factor resulting in greater workforce availability.

**Target:** HCSW vacancy rate 5%, Midwifery vacancy rate 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 **3.0**.




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

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

**Factors impacting performance and actions**:

There are 75 HCSWs currently undertaking pre-employment checks with the Trust, with a further 19 candidates offered posts at interviews held recently on 2nd May. In addition, 67 HCSWs have been allocated places on the next three Academies, with 40 of these due to attend the next session scheduled for 13th May. Applications continue to be high, with an additional 148 candidates shortlisted for interview and a further 41 applications waiting to be shortlisted. Time to hire data between January and March 2024, shows that the Trust has improved the time taken to process pre-employment checks for HCSWs, reducing this from 28.4 days to 20.6 days, enabling faster on-boarding of new recruits.

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 a slight decrease in terms of WTE in April compared to March. The WTE decreased from 51.53 to 51.36 although the headcount remains the same at 55.

The Trust has recently advertised for pre-registered midwives and has received a large number of applicants to date. Positively a lot of the applicants had attended the Trust's Maternity Open Day in March, demonstrating the importance of these events for recruitment. Encouragingly, the organisation has also received applications from students currently on placements from our local Higher Education Institution provider.

# KPIs – Workforce

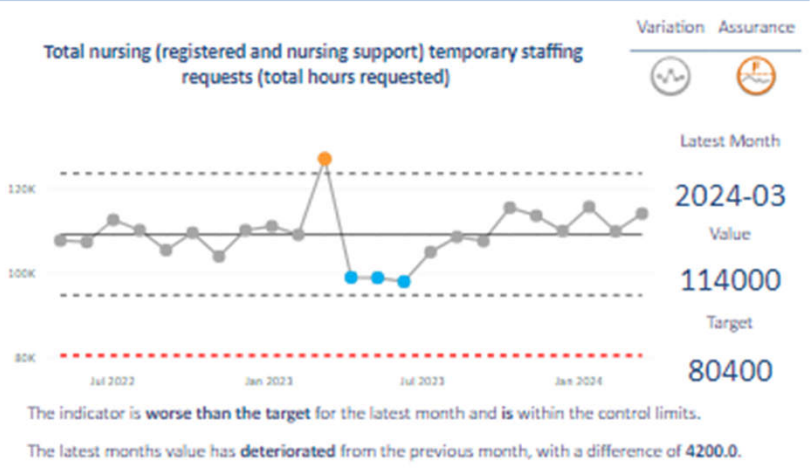
## Workforce (5)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin

**Operational Lead:** Lydia Larcum

**Rationale:** Reduction in use of temporary staffing.
**Target:** Nursing 80400, M&D 23600





**Factors impacting performance and actions**:

Winter bank incentives ended on 7th April 2024 as planned. The Allocation on Arrival (AOA) incentive remained within the original agreed allowance of 3,660 shifts for the Trust during the incentive period, with 3,602 shifts booked across HCSW, Nursing, Midwifery and AHPs.

As part of the Trust's Efficiency Programme and following a trial in February/March, plans to permanently reduce the length of day shifts for bank and agency have been progressed for inpatient areas, with registered nursing shifts to be set at 7 hours in length (including a 30-minute unpaid break) and HCSW shifts at 6 hours. The Trust has also successfully negotiated with several agency suppliers to reduce rates, enabling the organisations agency cascade (based on cost) to reduce from 4 to 3 tiers.

The organisation has achieved another key milestone by ending all non-clinical agency bookings in April.

Notice is being given to end 5 medical agency bookings in May, with work underway to move another 5 medical agency workers to bank contracts this month. The Trust is proactively working to move all medical agency bookings to direct engagement to reduce the cost for the Trust.

The eRostering Improvement programme is a key piece of work to support a reduction in temporary staffing. A Nursing eRostering efficiency group has started to monitor KPIs and ensure temporary staffing use is being managed effectively. Monthly Check and Challenge meetings are now underway for all ward-based nursing areas apart from Community to look at the next roster due for approval and review roster fairness, effectiveness, safety and unavailability. Improvements in time owing and allocation of unavailability have already been identified from the meetings.

# KPIs – Workforce

## Workforce (5 cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin **Operational Lead:** Lydia Larcum

| | WTE Funded Establishment | WTE Vacancy | WTE Sickness | WTE Temporary Staffing Requested | WTE Variance between Requested and Vacancy & Sickness | WTE Filled by Bank | WTE Filled by Agency | WTE Variance between Total Filled and Vacancy & Sickness |
|---|---|---|---|---|---|---|---|---|
| **Nursing** | | | | | | | | |
| Jan-24 | 2462.51 | 99.06 | 121.92 | 353 | 132.02 | 175.92 | 116.96 | 71.9 |
| Feb-24 | 2463.03 | 93.68 | 114.23 | 347.46 | 139.55 | 173.37 | 117.06 | 82.52 |
| Mar-24 | 2462.43 | 79.92 | 107.45 | 356.16 | 168.79 | 189.31 | 85.24 | 87.18 |
| **HCA** | | | | | | | | |
| Jan-24 | 1244.59 | 157.21 | 57.77 | 356.59 | 141.61 | 253.39 | 0 | 38.41 |
| Feb-24 | 1244.59 | 147.01 | 53.73 | 326.65 | 125.91 | 245.42 | 0 | 44.68 |
| Mar-24 | 1244.59 | 138.39 | 51.53 | 343.91 | 153.99 | 264.5 | 0 | 74.58 |
| **M&D** | | | | | | | | |
| Jan-24 | 1032.73 | 61.58 | 48.5 | 171.84 | 61.76 | 69.53 | 51.95 | 11.4 |
| Feb-24 | 1032.73 | 42.26 | 44.91 | 160.92 | 73.75 | 62.95 | 51.32 | 27.1 |
| Mar-24 | 1032.73 | 61.03 | 42.71 | 116.58 | 12.84 | 63.79 | 51.76 | 11.81 |

# Workforce
## Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

**Executive Owner:** Polly McMeekin **Operational Lead:** Will Thornton/ Lydia Larcum

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Overall stat/mand training compliance | 2024-04 | H | ? | 87% | 88% |
| Overall corporate induction compliance | 2024-04 | | ? | 95% | 95% |
| A4C staff stat/mand training compliance | 2024-04 | H | ? | 87% | 89% |
| A4C staff corporate induction compliance | 2024-04 | | ? | 95% | 95% |
| Medical & dental staff stat/mand training compliance | 2024-04 | H | F | 87% | 77% |
| Medical & dental staff corporate induction compliance | 2024-04 | H | F | 95% | 95% |
| Appraisal Activity | 2023-12 | H | ? | 0% | 92.3% |
| Staff engagement staff survey score | 2023 | | | 6.9 | 6.4 |
| Staff morale staff survey score | 2023 | | | 5.9 | 5.5 |

# KPIs – Workforce

## Workforce (6)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** Polly McMeekin

**Operational Lead:** Will Thornton

**Rationale:** Trained workforce delivering consistently safe care
**Target:** Mandatory Training 87% and Corporate Induction 95%



**Factors impacting performance and actions**:

In April, compliance for corporate induction and mandatory training has maintained at 95% and 88% respectively. Although below the 87% target, compliance with mandatory training for all Medical and Dental staff has improved by 2% since March 2024 to 78% (substantive Medical and Dental staff compliance (i.e. excluding Bank staff) has reached 80%).

At subject level, 13/25 programmes continue to achieve the 87% mandatory training compliance target. Most of the 12/25 subjects which are not at 87% have seen nominal movements (1-3%) in compliance rates between March and April: five have increased completion rates and four have deteriorated. Compliance amongst the 12 subjects ranges from 56% (Paediatric Advanced Life Support) to 85% (Information Governance, Manual Handling Practical). Both Adult Life Support (78%, 1% improvement from March) and Mental Capacity Act higher level training (75%, -1% deterioration from March) which form part of the Trust's CQC Improvement Action Plan remain below target.

Through analysis of the Trust's Workforce Race Equality Standard data, it was established that the Trust needed to improve access, experience and outcomes for its BME staff. This was also integral to the Trust's Equality Objectives. In April 2024, the Trust implemented the Maximising Your Leadership Potential BME Leadership development Programme, which was supported by the Trust's Board of Directors. Funding was obtained to support 25 members of staff to complete the six months programme. The course was oversubscribed so further funding was obtained for an additional nine places. The award-winning programme is being delivered by facilitators from Arden and Gem Central Support Unit and aims to support staff on their leadership journeys.

# DIGITAL AND INFORMATION SERVICES

May 2024

# Summary MATRIX

## Digital

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

| VARIATION | ASSURANCE: PASS | ASSURANCE: HIT or MISS | ASSURANCE: FAIL |
|---|---|---|---|
| SPECIAL CAUSE IMPROVEMENT | | * Percentage of Patient Subject Access Requests (SARs) processed within one calendar month | |
| COMMON CAUSE / NATURAL VARIATION | | * Number of P1 incidents*<br>* Total number of calls to Service Desk<br>* Total number of calls abandoned<br>* Number of information security incidents reported and investigated<br>* Number of Patient Subject Access Requests (SARs) | |
| SPECIAL CAUSE CONCERN | | | |

# Digital & Information Services (DIS)
## Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** James Hawkins **Operational Lead:** Steve Lawrie/Rebecca Bradley

| Metric Name | Month | Variation | Assurance | Target / Baseline | Value |
|---|---|---|---|---|---|
| Number of P1 incidents* | 2024-04 | | | 0 | 2 |
| Total number of calls to Service Desk | 2024-04 | | | 3500 | 5163 |
| Total number of calls abandoned | 2024-04 | | | 500 | 1275 |
| Number of information security incidents reported and investigated | 2024-04 | | | 43 | 45 |
| Number of Patient Subject Access Requests (SARs) | 2024-04 | | | 398 | 455 |
| Percentage of Patient Subject Access Requests (SARs) processed within one calendar month | 2024-04 | | | 100% | 100% |
| Number of Freedom Of Information requests (FOIs) received (quarterly) | 2024-03 | | | 78.3 | 284 |
| Percentage of Freedom Of Information requests (FOIs) responded to within 20 working days (quarterly) | 2024-03 | | | 100% | 90% |

**Reporting Month: April 2024**

# Digital & Information Services (DIS)

## DIS (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** James Hawkins

**Operational Lead:** Stuart Cassidy

**Rationale:** Reduction in P1 Incidents and Service Desk Calls are a proxy for better digital service
**Target:** 0 P1 Incidents  3500 Calls to Service Desk



**Factors impacting performance**:

2x P1 incidents occurred

16/4 Print issues affected users at York sites due to a fault with 1 of a pair of print servers. This was resolved within 1 hour of occurring

30/4 CPD users were unable to send letters to print. The underlying cause was a planned change to remove old version of Oracle software as part of CPD upgrade actions. This unexpectedly removed a file that was still in use for printing services. Restoring the file fixed the issue

Factors influencing telephone support demand:

- The IT Service Desk provides support for incidents (faults) and service requests (help/change/setup something). 28% of requests in last 30 days were incidents, whilst the remainder were requests to provide a service.
- Working days in period will affect telephone data
- Workforce changes within the organisation, such as doctor rotations, will affect demand as new staff require a range of services, or changes when staff move to new roles.
- Planned software changes, e.g. Windows 11 rollout, enforcing MFA
- Increasing complexity and volume of digital services provided to larger number of users, e.g. online payslips for all staff means computer accounts and e-mails now required for staff who otherwise don't use computers.

**Actions**:

Lesson learnt from CPD printing issue on 30/4 enabled the further decommissioning of the old Oracle software to be completed on other servers without repeating the incident.

Telephone demand management steps include promoting the use of Self Service using the 4Me platform. This can provide support information for staff 24/7, and provide alternate routes to raise a support request and get support.

Problem management reviews of common support incidents focus on fixing underlying causes, to minimise disruption and support demand.

# Digital & Information Services (DIS)

## DIS (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

**Executive Owner:** James Hawkins

**Operational Lead:** Rebecca Bradley

**Rationale:** Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate
**Target:** to identify and minimise incidents



Number of information security incidents reported and investigated

**Factors impacting performance**:

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.

**Actions**: Continue targeted communication to reduce this trend.

Number of information security incidents reported and investigated

**Factors impacting performance**:

The recent reduction trend in SARs continued through the Autumn.

**Actions**:

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.

# Digital & Information Services (DIS)

## DIS (3)

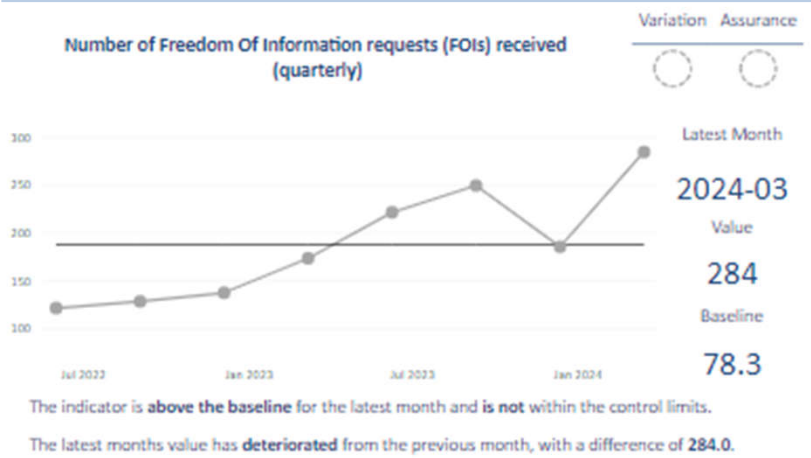
York and Scarborough Teaching Hospitals NHS Foundation Trust

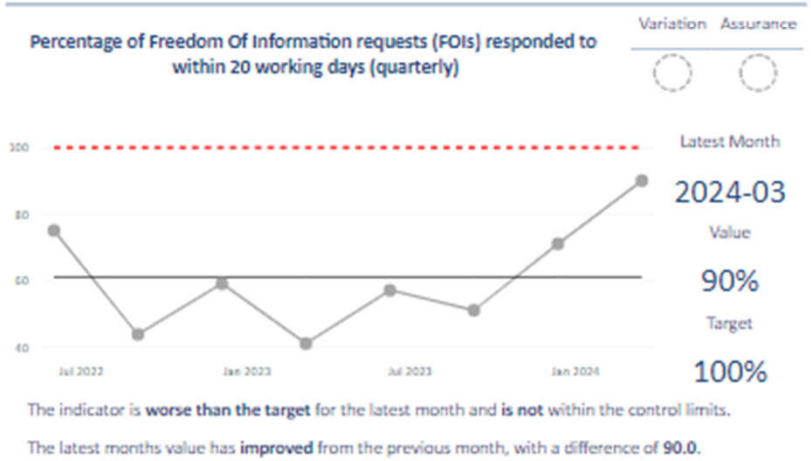
**Executive Owner:** James Hawkins

**Operational Lead:** Rebecca Bradley

**Rationale:** Ensuring the Trust responds to FOI in line with legislation

**Target:** FOIs responded to within 20 days




**Factors impacting performance**:.

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.

**Actions**:

Percentage of FOIs responded to within 20 working days

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

**Reporting Month: April 2024**

# FINANCE

May 2024

- The Trust submitted its Operational Financial Plan to NHSE on 2 May 2024, which presented an adjusted I&E deficit of £20.8m as per the table opposite.
- The Trust's I&E deficit forms part of a wider HNY ICB I&E deficit plan of £74.4m, which is still subject to scrutiny and debate with NHSE.
- The Trust's actual operational I&E deficit is £38m, but for the purposes of assessing financial performance NHSE allow certain technical adjustments to arrive at underlying financial performance. The most notable of these is the removal of impairments relating to the revaluation of capital assets.
- It should be noted that the Trust's projected deficit is after the planned delivery of a significant efficiency programme of £53.3m (7.2%), more of which is discussed below.
- The plan is designed to assist the Trust meet all the required performance targets in 2024/25.

**OPERATIONAL FINANCE PLAN 2024/25**
**SUMMARY INCOME & EXPENDITURE POSITION**

| | £000 |
|---|---|
| **INCOME** | |
| **Operating Income from Patient Care Activities** | |
| NHS England | 75,815 |
| Integrated Care Boards | 577,847 |
| Other including Local Authorities, PPI, etc. | 7,142 |
| | **660,804** |
| **Other Operating Income** | |
| R&D, Education & Training, SHYPS, etc. | 74,498 |
| **Total Income** | **735,302** |
| **EXPENDITURE** | |
| Gross Operating Expenditure | -814,420 |
| Less: CIP | 53,266 |
| **Total Expenditure** | **-761,154** |
| **OPERATING SURPLUS/ (DEFICIT)** | **-25,852** |
| Finance Costs (Interest Receivable/Payable, PDC Dividend) | -12,152 |
| **SURPLUS/ (DEFICIT) FOR THE YEAR** | **-38,004** |
| **ADJUSTED FINANCIAL PERFORMANCE** | |
| Add Back | |
| I&E Impairments | 16,734 |
| Remove capital donations/grants net I&E impact | 435 |
| **ADJUSTED FINANCIAL SURPLUS/(DEFICIT)** | **-20,835** |

# Summary Dashboard and Income & Expenditure

## Finance (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

| Key Indicator | Previous Month (YTD) | Current Month (YTD) | Trend | |
|---|---|---|---|---|
| I&E Variance to Plan | N/A | -£1.7m | N/A | N/A |
| Forecast Outturn I&E Variance to Plan | N/A | £0.0m | N/A | N/A |
| Core CIP Delivery Variance to Plan (£20.0m Target) | N/A | -£0.5m | N/A | N/A |
| Corporate CIP Delivery Variance to Plan (£33.3m Target) | N/A | -0.7m | N/A | N/A |
| Variance to Agency Cap | N/A | £0.3m Above | N/A | N/A |
| Month End Cash Position | N/A | £36.8m | N/A | N/A |
| Capital Programme Variance to Plan | N/A | £0.7m ahead of plan | N/A | N/A |

| | Plan | Plan YTD | Actual YTD | Variance |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| Clinical Income | 675,483 | 56,110 | 57,455 | 1,345 |
| Other Income | 72,352 | 6,159 | 6,135 | -25 |
| Total Income | 747,835 | 62,270 | 63,590 | 1,320 |
| | | | | |
| Pay Expenditure | -493,367 | -44,008 | -43,135 | 873 |
| Drugs | -66,047 | -5,504 | -6,646 | -1,142 |
| Supplies & Services | -78,474 | -6,545 | -8,390 | -1,845 |
| Other Expenditure | -179,984 | -9,365 | -9,281 | 84 |
| Outstanding CIP | 44,185 | 1,222 | 0 | -1,222 |
| Total Expenditure | -773,687 | -64,200 | -67,451 | -3,252 |
| | | | | |
| Operating Surplus/(Deficit) | -25,852 | -1,930 | -3,862 | -1,931 |
| Other Finance Costs | -12,152 | -1,013 | -856 | 157 |
| Surplus/(Deficit) | -38,004 | -2,943 | -4,717 | -1,774 |
| NHSE Normalisation Adj | 17169 | 37 | 50 | 13 |
| Adjusted Surplus/(Deficit) | -20,835 | -2,906 | -4,667 | -1,761 |

The I&E table confirms an actual adjusted deficit of £4.67m against a planned deficit of £2.91m for April (Month 1), leaving the Trust with an adverse variance to plan of £1.76m.

Whereas based on the position at month 1 mitigating actions will need to be applied, we are will continue to review and update our I&E forecast tool to assess our likely year end outcome, but at this early stage of the financial year the working assumption is that actions applied will be successful, so the forecast is that the Trust will deliver its plan. This position will be kept under review as we progress through the financial year.

# Corporate Overview of Key Drivers
## Finance (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

| Variance | Favourable/ (adverse) £000 | Commentary |
|---|---|---|
| ERF Funding Position | 767 | Elective activity is ahead of plan in April resulting in assessed ERF being ahead of plan. |
| CIP Deficit | ,-1.222 | Included within the reported position. See CIP section below. |
| Agency and Bank covering vacancies | -315 | Relates to covering vacancies The Chief Nurses and Operational teams are reviewing staff levels. |
| Other I&E variances | -332 | Various other miscellaneous variances |
| Drugs, devices, unbundled OP Radiology, and Pathology direct access | -621 | This issue emerged in 2023/24 and is still subject to a contract resolution with HNY ICB for 2024/25. 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. |

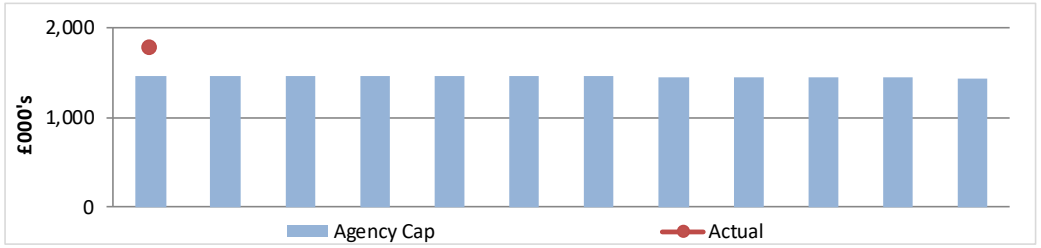
| Treatment area | £ | Drug or Device | Comments |
|---|---|---|---|
| **Drugs** | | | |
| Wet AMD | -144,317 | Aflibercept, Ranibizumab, Faricimab | |
| Crohn's Disease or Ulcerative Colitis (IBD) | -50,742 | Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol | |
| Rheumatoid Arthritis | -18,479 | Baricitinib, Abatacept, Tofacitinib | |
| Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis | -24,785 | Risankizumab, SECUKINUMAB | |
| Auto Immune, Rhumatoid Arthritis | 14,744 | Etanercept, adulimumab | |
| Other | -85,635 | | Following further analysis, the key driver for these increases in costs have been established as volume driven, with minimal price impact. |
| | -309,214 | | |
| **Devices** | | | |
| Sleep Apnoea | -73,497 | CPAP machines | |
| Diabetic Pumps | -133,432 | Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports | |
| Other | -5,898 | | |
| | -212,827 | | |
| **Unbundled Radiology** | -31,153 | | |
| **Pathology Direct Access** | -68,000 | | |
| | **-621,194** | | |

# Key Subjective Variances
## Finance (4)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

| Variance | Favourable/ (adverse) £000 | Main Driver(s) | Mitigations and Actions |
|---|---|---|---|
| **NHS England income** | -133 | Primarily usage of high-cost drugs and devices being slightly behind plan, for which income is earned on a pass-through basis and matched by expenditure. | No mitigation or action required. |
| **ICB Income** | 1,501 | Predominantly linked to (a) ERF being ahead of plan and (b) accrued additional allocation due from HNY ICB regarding the Integrated Urgent Care service, which is subject to an in-year contract variation. | Contract variation for the Integrated Urgent Care service to be completed. |
| **Other income** | -48 | Various small income variations | No mitigation or action required. |
| **Employee Expenses** | 873 | Agency, bank and WLI spending is ahead of plan to cover vacancies. This is more than offset by activity and cost pressures reserves yet to be fully deployed, and which will be partially delayed by the introduction of vacancy control measures. | To control agency spending within the cap into 2024/25. 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). Vacancy control measures now in place. |
| **Drug expenses** | -1,142 | Relates primarily 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. Also includes some early year restocking following running down stocks towards the end of the previous year to assist deliver financial target. | To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust. To monitor early year stocking up in terms of managing back to budget over the remainder of the year. |
| **Clinical Supplies & Services** | -1,845 | Increased spending linked to insourcing/ outsourcing costs and the delivery of cancer standards; and on integrated urgent care services. 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. | To investigate the key drivers for the increasing spend, and to develop actions in response. To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust. |
| **CIP** | -1,222 | CIP behind plan | Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group. |
| **Other Costs** | 293 | Various expenditure variations | Variances are being investigated from which ap[propriate actions will be instigated. |

# Agency, Workforce, Elective Recovery Fund
## Finance (5)




### Agency Controls

Controls around agency spending, which recommenced in 2023/24 have continued into 2024/25. The Trust's has assumed agency is capped at 3.7% of its overall pay spend in its plan. At the end of April expenditure on agency staffing was £0.3m ahead plan.

| | Establishment | | | Year to Date Expenditure | | |
|---|---|---|---|---|---|---|
| | Budget | Actual | Variance | Budget | Actual | Variance |
| | WTE | WTE | WTE | £0 | £0 | £0 |
| Registered Nurses | 2,443.82 | 2,370.59 | 73.23 | 10,961 | 10,889 | 71 |
| Scientific, Therapeutic and Technical | 1,229.19 | 1,189.01 | 40.18 | 5,402 | 5,404 | -1 |
| Support To Clinical Staff | 1,849.30 | 1,647.19 | 202.11 | 4,991 | 4,898 | 92 |
| Medical and Dental | 1,040.58 | 973.59 | 66.99 | 10,761 | 12,629 | -1,868 |
| Non-Medical - Non-Clinical | 3,047.41 | 2,848.37 | 199.04 | 9,285 | 9,136 | 149 |
| Reserves | | | | 2,443 | 0 | 2,443 |
| Other | | | | 166 | 178 | -13 |
| TOTAL | 9,610.30 | 9,028.75 | 581.55 | 44,007 | 43,134 | 873 |

### 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. The reserves relate to agreed but at this point undrawn activity and cost pressures, and nursing investments linked to the YCU, BCU , and IUC services.

The table illustrates that a key driver for the pay position (other than reserves) is spend against Medical and Dental staff, although establishment is under plan. The key driver for the residual adverse variance is agency cover for vacant posts across the Care Groups.

### ***Trust Performance Summary vs ERF Target Performance***

| Commissioner | 24-25 Target % vs 19/20 | ERF Indicative Targets Weighted Value at 24/25 prices | ERF Month 1 Phase (Av %) | Activity to Month 1 Actual | Variance - (Clawback Risk) | % Compliance Vs 19/20 |
|---|---|---|---|---|---|---|
| Humber and North Yorks | 105.60% | £128,404,371 | £10,529,158 | £11,352,585 | £823,426 | 113.9% |
| West Yorkshire | 103.00% | £1,325,995 | £108,732 | £96,503 | -£12,228 | 91.4% |
| Cumbria and North East | 115.00% | £166,760 | £13,674 | £14,436 | £761 | 121.4% |
| South Yorkshire | 118.00% | £149,186 | £12,233 | £8,052 | -£4,181 | 77.7% |
| *Other ICBs - LVA / NCA* | - | | | *£0* | *£0* | - |
| ***All ICBs*** | ***105.20%*** | ***£130,046,311*** | ***£10,663,798*** | ***£11,471,576*** | ***£807,778*** | **113.2%** |
| NHSE Specialist Commissioning | 112.00% | £4,608,170 | £377,870 | £331,121 | -£46,749 | 98.1% |
| Other NHSE | 104.00% | £278,855 | £22,866 | £28,743 | £5,877 | 130.7% |
| | | | | | £0 | |
| **All Commissioners Total** | **105.42%** | **£134,933,336** | **£11,064,534** | **£11,831,439** | **£766,906** | **112.7%** |

### 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 £0.8m surplus for the period.

ICB activity is ahead of the revised 105% target value for 2024/25, whereas NHSE Specialist Commissioned activity is behind plan.

# Cost Improvement Programme
## Finance (6)

York and Scarborough Teaching Hospitals NHS Foundation Trust

| The Trust' efficiency programme comprises the following: | |
|---|---|
| - Prior Year programme (non-recurrent) | £15.5m |
| - ICB Prior year Stretch Target (non-recurrent) | £8.5m |
| - New year base ask (1.1%) | £6.7m |
| - New year additional convergence ask | £5.0m |
| - New year covid reduction (testing) | £1.4m |
| - Further stretch target for 2024/25 | £16.2m |
| - TOTAL REQUIREMENT | £53.3m |

**2024/25 Cost Improvement Programme - April**

| | Full Year CIP Target | April Position | | | Planning Position | | Planning Risk | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Target | Delivery | Variance | Total Plans | Planning Gap | Low | Medium | High |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Corporate Programme | 33,313 | 1,238 | 565 | 672 | 24,200 | 9,113 | 8,134 | 2,159 | 13,907 |
| | **33,313** | **1,238** | **565** | **672** | **24,200** | **9,113** | **8,134** | **2,159** | **13,907** |
| **Core Programme** | | | | | | | | | |
| Medicine | 4,721 | 176 | 8 | 168 | 1,417 | 3,304 | 1,268 | 59 | 90 |
| Surgery | 4,120 | 153 | 56 | 97 | 2,200 | 1,920 | 1,405 | 795 | 0 |
| CSCS | 6,290 | 234 | 45 | 188 | 1,849 | 4,440 | 1,762 | 0 | 87 |
| Family Health | 1,227 | 46 | 35 | 11 | 1,177 | 51 | 599 | 577 | 0 |
| CEO | 104 | 4 | 0 | 4 | 0 | 104 | 0 | 0 | 0 |
| Chief Nurses Team | 207 | 8 | 2 | 6 | 117 | 91 | 117 | 0 | 0 |
| Finance | 382 | 14 | 3 | 11 | 37 | 345 | 37 | 0 | 0 |
| Medical Governance | 23 | 1 | 0 | 1 | 46 | -24 | 46 | 0 | 0 |
| Ops Management | 233 | 9 | 1 | 8 | 12 | 222 | 12 | 0 | 0 |
| DIS | 427 | 16 | 1 | 15 | 59 | 368 | 59 | 0 | 0 |
| Workforce & OD | 374 | 14 | 1 | 13 | 55 | 319 | 55 | 0 | 0 |
| YTHFM LLP | 1,840 | 68 | 42 | 27 | 1,814 | 27 | 668 | 244 | 902 |
| Central | 0 | 0 | 0 | 0 | 9,215 | -9,215 | 8,939 | 170 | 106 |
| | **19,949** | **741** | **192** | **550** | **17,998** | **1,952** | **14,969** | **1,845** | **1,184** |
| **Total Programme** | **53,262** | **1,979** | **757** | **1,222** | **42,197** | **11,065** | **23,102** | **4,004** | **15,091** |

### 2024/25 Efficiency Target

The 2024/25 efficiency target is £53.3m. This allocation of the target to the Care Groups, Directorates, and YTHFM has been based on variable percentage rates for different cost pools but capped at 3% in any one cost pool. This result is £20.0m (Core) of the target being directly allocated to Care Groups, Directorates, and YTHFM; with the remaining £33.3m (Corporate) held centrally with corporate plans being developed to meet this. The governance for the overall delivery of the target is through the Efficiency Delivery Group.

### Corporate Efficiency Programme

The Corporate efficiency programme currently consists of 26 schemes which, following an initial risk assessment, give planned savings of £24.2m towards the £33.3m target.

In April £6.8m of the target was delivered in full year terms, all of which are recurrent savings. The YTD position shows delivery of £0.6m against target of £1.2m, £0.7m behind plan.

### Core Efficiency Programme

The core efficiency programme currently has plans totalling £18m towards the required £20m target.

In April £2.3m of the target was delivered in full year terms, all of which are recurrent savings. The YTD position shows delivery of £0.2m against target of £0.7m, £0.5m behind plan.

# Current Cash Position

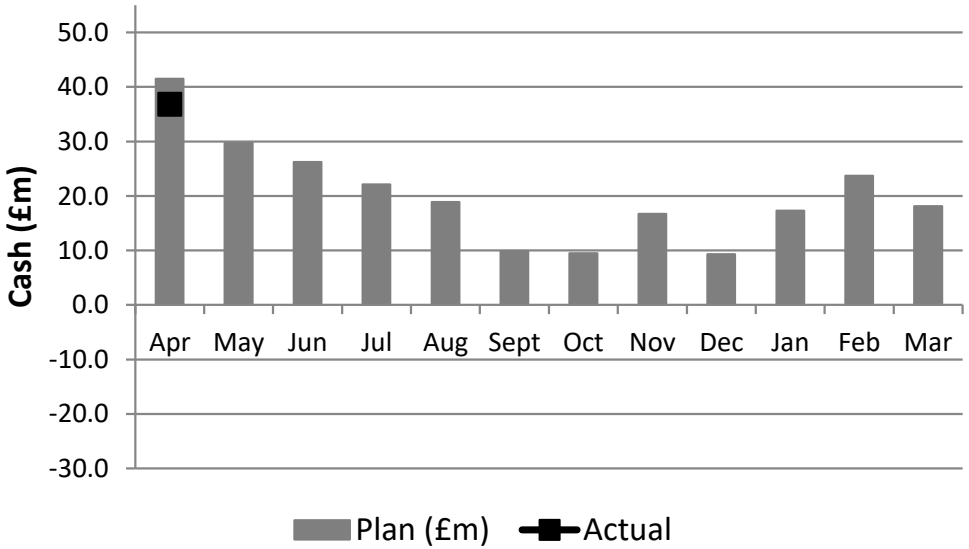
## Finance (7)

The Group's cash plan for 2024/25 is for the cash balance to reduce from £47.5m at the end of March 2024 to £18.2m at the end of March 2025, with the planned I&E deficit being a key driver in the reduced balance. The cash balance for April was £4.8m adverse to plan.

The table below summarises the planned and actual 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 | 41,551 | 29,774 | 26,258 | 22,134 | 19,012 | 10,024 | 9,551 | 16,777 | 9,341 | 17,295 | 23,752 | 18,170 |
| Actual | 36,793 | | | | | | | | | | | |

### Closing Cash Balance Forecast 2024 - 25




The cash forecast graph illustrates the cash position based on the actual cash balance at the end of April at £36.8m against a plan balance of £41.5m, the £4.8m variance is due to the reduction of capital creditors earlier than planned.

At this stage, we are not expecting a requirement for cash support in 2024/25, however this will be closely monitored alongside the delivery of the Trust's efficiency programme as any slippage will impact cash reserves and a cash support application may have to be made.

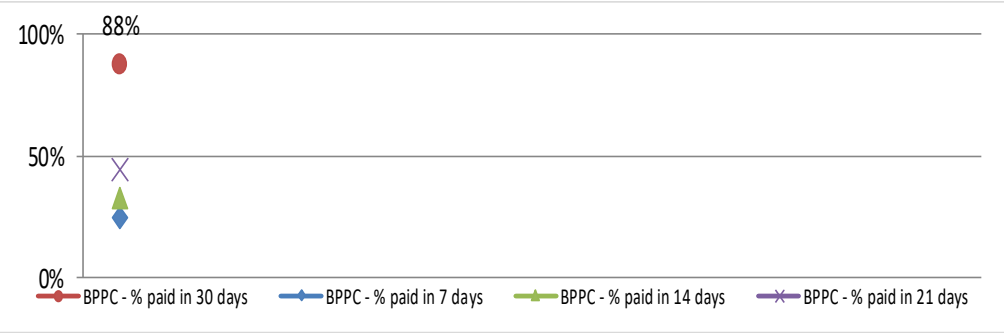
# Current Capital Position and Better Payment Practice Code (BPPC)

## Finance (8)

York and Scarborough Teaching Hospitals NHS Foundation Trust

| Capital Plan 2024-25 £000s | Capital FOT 2024-25 £000s | M1 Planned Spend £000s | M1 Actual Spend £000s | Variance to Plan £000s | Variance to FOT £000s |
|---|---|---|---|---|---|
| 49,740 | 49,740 | 600 | 1,298 | 698 | 0 |

The capital programme at month 1 is £0.7m ahead of plan. This is mainly due to orders which were expected to be delivered in 2023-24, being delivered 2024-25, for the Selby & Askham bar CDC scheme £250k, and £205k for SGH UECC. For 2024/25 the main schemes are the completion of SGH UECC and SGH CDC and the commencement of the construction phase of VIU / PACU plus the start of the implementation of the EPR scheme.



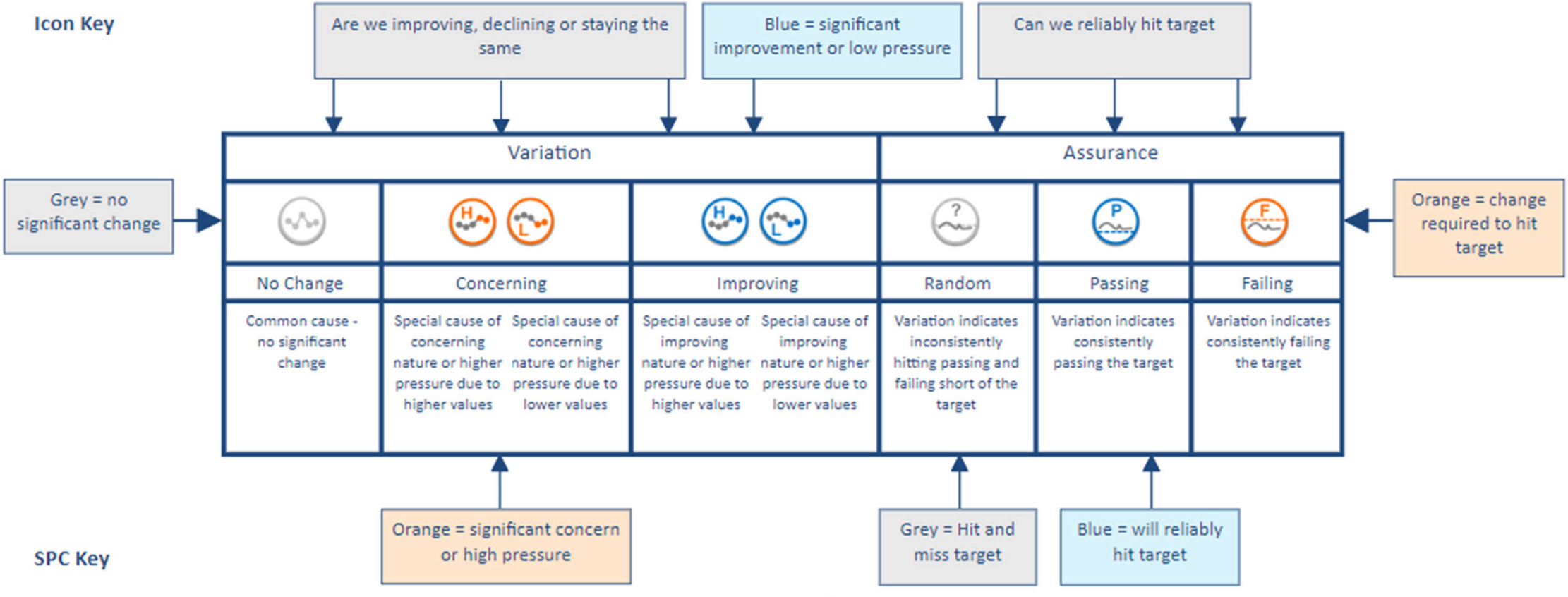

Better Payment Practice Code

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.

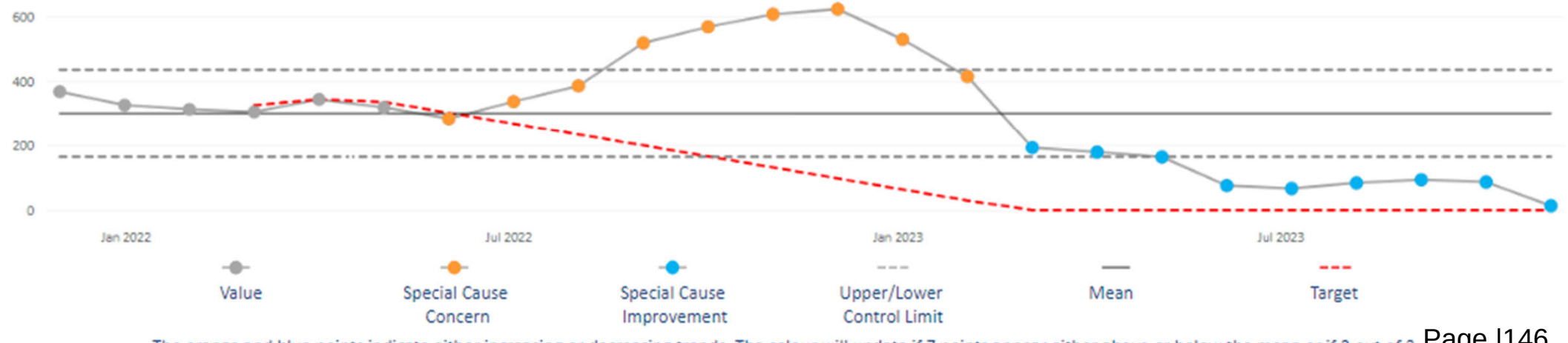
The table illustrates that in April the Trust managed to pay 88% of its suppliers within 30 days.

# Keys

## Icon Key




## 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

# 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.<br>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.<br>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

Item 12

| | |
|---|---|
| **Report to:** | Board of Directors |
| **Date of Meeting:** | 22 May 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 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:**

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 April 2024.

There are 20 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 | 8 May 2024 | *Presented and accepted* |
| Quality Committee | 21 May 2024 | *Not presented at the time of submitting this paper.* |

## 1. CQC Inspection Update

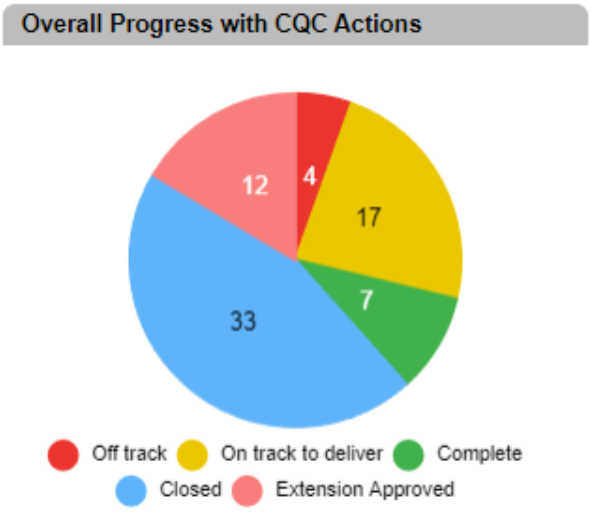
The Trust invited the CQC to visit the York Emergency Department and this was scheduled for 26 March 2024. The visit was cancelled by the CQC due to absence of a key member of the team and will be rearranged.

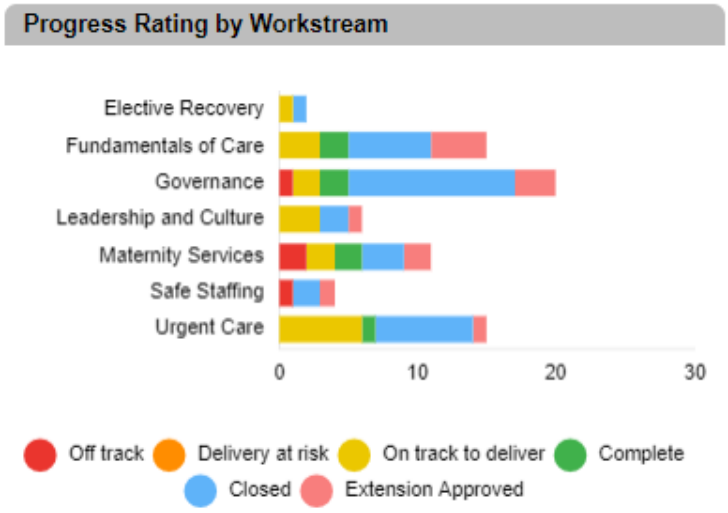
The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme: Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

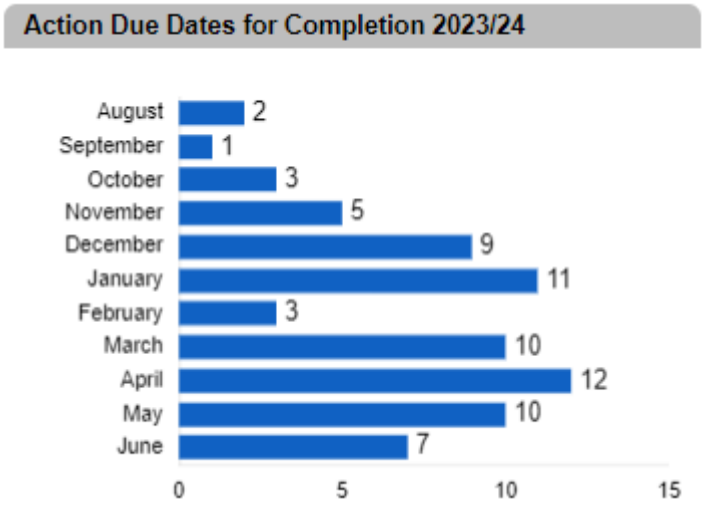
The workstreams are as follows:

- 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 30 April 2024, can be seen in the charts below:



## 2. Achievements

Since the last report was written, a further six actions have been approved for closure at the Journey to Excellence meetings (see below). A total of 33 actions have now been closed.

| Ref | Must / Should | Action |
|---|---|---|
| **6** | Must | The trust must ensure that structured case reviews are focused on the implementation of recommended actions and the actions are monitored, completed, and recorded. |
| **46** | Must | The trust must ensure that that care meets the needs of service users by improving referral to treatment times. |
| **48** | Must | The trust must ensure that there is sufficient space around patient beds, with oxygen and suction placed by every bed. |
| **51** | Must | The trust must ensure that in Medical Care at York, mixed sex breaches where men and women share the same area do not occur. |
| **53** | Should | The trust should ensure that cleaning records are completed for all clinical areas in Medical Care at York. |
| **54** | Should | The trust should ensure that equipment such as drip stands, and ceiling hoists were available on ward 23 at York. |

Eight 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:

- ✓ Procurement of the mortality module in Datix (DCIQ) which is now used to capture structured judgement case reviews and track the implementation of improvement actions.
- ✓ Referral to treatment times of over 78 weeks were eliminated in March 2024, and waits over 65 weeks has reduced in line with the trajectory. The plan is to have zero 65 week waits by September 2024.
- ✓ Double flow oxygen meters have been installed for all beds at York, Scarborough, and Bridlington Hospital sites. The double flow meters are also held in both equipment library stores should they be needed.

## 3. Actions Off Track and Extensions

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

There are 12 actions which have had extensions approved by the Executive Leads and through the Journey to Excellence meetings. These are included in **Appendix B.**

## 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 23 April 2024.

The Interim Chief Nurse has invited the CQC to re-visit the Maternity Service with a view of assessing the progress made with the conditions of registration. A date for the on-site visit is being arranged.

## 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 assessment, Mental Health triage, mental health care plan and Emergency Department comfort checks have been live in Scarborough ED since 6 February 2024. Since that date improvements have been made following feedback from the Scarborough team. The electronic assessment tool went live at York Emergency Department on 30 April 2024.
The Trust is looking to evidence that it now meets the conditions of registration placed on the Trust in January 2020 once the use of 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 from 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.

There have been five CQC cases received since the last report was written (29 March 2024).

- **One** case was raised from safeguarding concern which was already reported to the local authority, the report will be shared once complete.
- **One** case was linked to staff feedback on a ward and additional information on the ward has been requested.
- **Three** were linked to patient complaints.

At the time of writing, the Trust had 20 open cases / enquiries. The enquiry dashboard can be viewed in **Appendix C**.

## 7. CQC Updates

### a. New guidance: Assessing the well-led key question for NHS trusts

The CQC have now published full guidance to support their assessments of the well-led key question for NHS trusts. This has been developed in collaboration with NHS England.

The first trust-level assessments under the single assessment framework will be based on an assessment of the eight quality statements under the well-led key question. A session based on

this guidance, and the CQC revised assessment approach, was presented at the Board Development seminar on 17 April 2024.

For more information read the news story and full guidance

**b. Integrated care system assessments**

The Health and Care Act 2022 gives the CQC new responsibilities to assess whether integrated care systems (ICSs) are meeting the needs of their local populations. Under the legislation the methodology the CQC will use to conduct assessments is subject to government approval.

Following discussions with the Department of Health and Social Care (DHSC) there has been a a short delay to starting ICS assessments to allow for further refinements to the approach.

## 8. Engagement

The Trust continues to fully participate in the Integrated Quality Improvement Group that meets monthly with the ICB, NHS England and the CQC, to monitor our Journey to Excellence Plan and delivery against our Segmentation Criteria, with positive feedback.

The monthly engagement meetings between the Trust and CQC also continue again with positive feedback.

To also note that the Trust participated in the scheduled Board to Board meeting with NHS England, on 23rd April 2024, to review our performance against our segmentation criteria under the NHS Oversight Framework 2021/22. The recommended position is that we remain in Segment 3 of the framework, with mandated support. Final written confirmation of this position is due in the coming weeks.

## 9. 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 | Target Date to Complete | Current Position | Workstream Lead |
|---|---|---|---|---|
| 23 | The trust must ensure that in Maternity and Medical Care, all staff are aware of and consistently follow the trust policy to safely store medicines including controlled drugs and controlled substances hazardous to health (COSHH). The trust must also ensure adequate action is taken following audits which identify medication storage issues. | 29/03/24 | A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024. Input requested from Pharmacy and Health and Safety. | Dawn Parkes |
| 29 | The trust must ensure that there are sufficient allied healthcare professional, nursing, midwives and medical staff in Medical Care and Maternity to keep people safe. | 29/03/24 | A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024. | Dawn Parkes |
| 63 | The trust must ensure that in Maternity, fire risk assessments are up to date, thoroughly assessed and documented to meet best practice guidance. For example, they must ensure fire exits are clearly marked and have safe exit routes. They must ensure fire drills are completed regularly and audited. | 29/03/24 | A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024 | Karen Stone |
| 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. | 31/01/24 | A closure form has been drafted however further assurance and documentation has been requested regarding the risk management process. The closure form is scheduled for J2E 13 May 2024. | Karen Stone |

**Appendix B**
**CQC Actions – Target Date Extended**

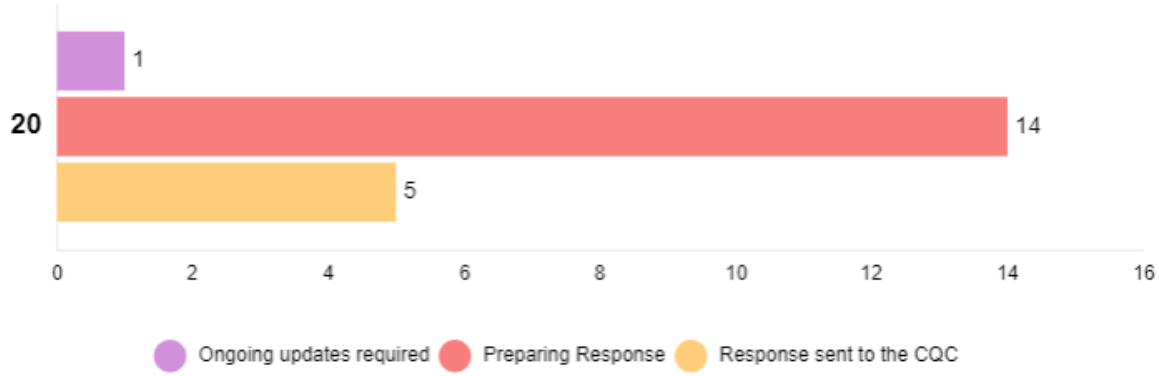
| Ref | Action | Target Date to Complete | Update | Workstream Lead |
|---|---|---|---|---|
| **3** | The trust must ensure that the guidance within all policies is up to date, accurate and relevant to the service. This includes, but is not limited to:<br>- The guidance within the workforce and equality diversity, and inclusion (EDI)<br>- Freedom to speak up<br>- Policies for transgender and non-binary people<br>- Unacceptable behaviours from patients<br>- Maternity Services | 31/05/24 | Original target date 29.12.23, extended 8.1.24 and 29.4.24<br>FTSU policy is in draft - this is the national policy but received comments at JNCC.<br>Trans and Gender Policy is to be presented at Executive Committee 1.5.24<br>The exclusion guidance within the Violence and Aggression Policy (reference as unacceptable behaviours) is under review by the Director of Quality, Improvement and Patient Safety. | Dawn Parkes |
| **4** | The trust must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but is not limited to, racism and discrimination. | 31/05/24 | Original target date 29.12.23<br>The exclusion guidance within the Violence and Aggression Policy (reference as unacceptable behaviours) is under review by the Director of Quality, Improvement and Patient Safety. | Polly McMeekin |
| **12** | The trust must ensure ongoing patient safety concerns such as falls, pressure ulcers and healthcare care acquired infections are addressed in a timely way and all possible actions are taken to address concerns. | 29/03/24 | Original target date 29.3.24<br>Part A of the form relating to fundamentals of care was approved for closure. Part B linked to IPC performance was not due to performance. IPC aspects of the action on the agenda for the next J2E meeting. | Dawn Parkes |
| **13** | The trust must ensure that complaints are responded to in a timely way, result in further investigation if indicated and where possible involve family in the investigation. | 28/06/24 | Original target date 30.4.24<br>Whilst we have seen improvement especially in the complaints outstanding over 50 days over the last few months, looking at the analysis, we cannot demonstrate that complaints responses have significantly improved over the fiscal year. The Patient Experience Team is meeting with the Interim Chief Nurse and the Associate Chief Nurses later this month to review the complaints position and bi-weekly meetings are commencing for the Interim Chief Nurse and ACMs to provide assurance that complaints responses will be completed in a timely manner. | Dawn Parkes |

| Ref | Action | Target Date to Complete | Update | Workstream Lead |
|---|---|---|---|---|
| 21 | The trust should ensure it meets the criteria for accessible information standard (AIS). | 28/06/24 | Original target date 31.1.24<br>Extension request approved on 18-03-24 due to CPD development work on new fields for capturing patient information relating to accessible information expected to be completed on 24 June 2024 | Dawn Parkes |
| 25 | The trust must ensure that all staff groups in Medical Care, Maternity and Urgent and Emergency Services complete designated mandatory training sessions. Including:<br>- Safeguarding, PREVENT, Adult Life Support and Advanced Life Support (MC York and Scarborough)<br>- Theatre recovery training, practical obstetric multi-professional training and saving babies lives version 2 (Mat York and Scarborough)<br>- ED Medical Staff, esp. Safeguarding, learning disabilities and dementia (Scarborough) | 28/06/24 | Original target date 31.1.24<br>For the areas and subjects listed, the Trust is on track to achieve the 85% compliance except in the following:<br>• Adult Life Support (MC York and Scarborough)<br>• Learning Disabilities and Dementia (ED Medical Scarborough)<br>• Saving Babies Lives version 2 (Mat York and Scarborough)<br>As a multi-stranded action, the subjects which are outstanding are all at different stages; but the one which will take longest to reach its target and then sustain compliance for three-months is Adult Life Support in Medicine (119 further completions needed + maintain existing level) – the requested deadline has been selected on that basis | 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. | 31/05/24 | Original target date 29.2.24<br>Assurance provided for the resus trolley checks in Medicine, but performance not at 100% in Maternity. Compliance checks are now being led by the Deputy Head of Midwifery | Dawn Parkes |
| 40 | The trust should ensure ED staff recognise or make reasonable adjustments to meet patient needs such as those with mental health issues or anxiety. ED staff must complete all sections of risk assessments for patients who show signs of mental ill health. They should consider revising this documentation's length to improve staff compliance | 28/06/24 | Original target date 29.12.23<br>The UEC electronic screening tool is in place at Scarborough ED and went live in York 30 April 2024. Dashboard to be produced to show compliance with the assessment and the care plans. | Claire Hansen |

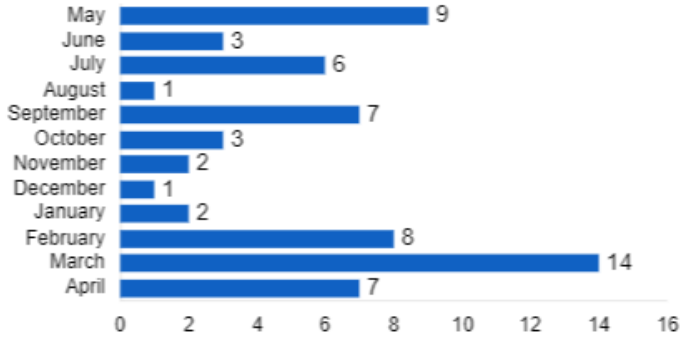
| Ref | Action | Target Date to Complete | Update | Workstream Lead |
|---|---|---|---|---|
| 55 | The trust should ensure that in Medical Care at York, patients have venous thromboembolism (VTE) checks and risk assessments are completed and documented within the current trust protocol within 14 hours. | 30/04/24 | Original target date 30.11.23<br>Trust compliance of VTE checks within 14 hours at approx. 50%. The VTE Committee has been asked to feedback to Medicines Optimisation Group for March around plans for mandating VTE within EPMA. Specifically, they have been asked:-<br>• Clear view of whether VTE risk assessments or risk assessments and prescribing (or reason for not prescribing) should be mandated .<br>• To engage with Care Group Clinical teams around whether there are any risks regarding mandating VTE risk assessments. Particularly in admission areas.<br>• Once this has been determined it will need to be scheduled within the DIS prioritisation process for action. | Dawn Parkes |
| 56 | The trust should ensure that patients on the acute stroke ward 23 received their daily 45 minutes of rehabilitation. | 31/05/24 | Original target date 31.01.24<br>The refurb of ward 23 has been delayed - rehab facilities are within the ward plans | Dawn Parkes |
| 71 | The service must implement an effective system to assess and monitor compliance to ensure the baby tagging process is adhered to in line with trust policy. | 28/06/24 | Original target date 31.1.24<br>X tag in place at York and Hugs at Scarborough. Incidents have been raised which include babies not having a tag in place. Daily assurance checks are being undertaken within maternity and will be added once compliance can be evidenced. | Karen Stone |
| 73 | The trust must ensure both Maternity theatres are serviced, maintained, and fit for purpose in line with best practice guidance. | 30/04/24 | Original target date 29.2.24<br>York Maternity Theatre renovation commenced 12.2.24. Both Maternity Theatres will undergo renovation, one at a time. Expected to be completed by the end of June 2024. | Karen Stone |

**Appendix C**
**CQC Cases / Enquiries (1 May 2023 to 30 April 2024)**

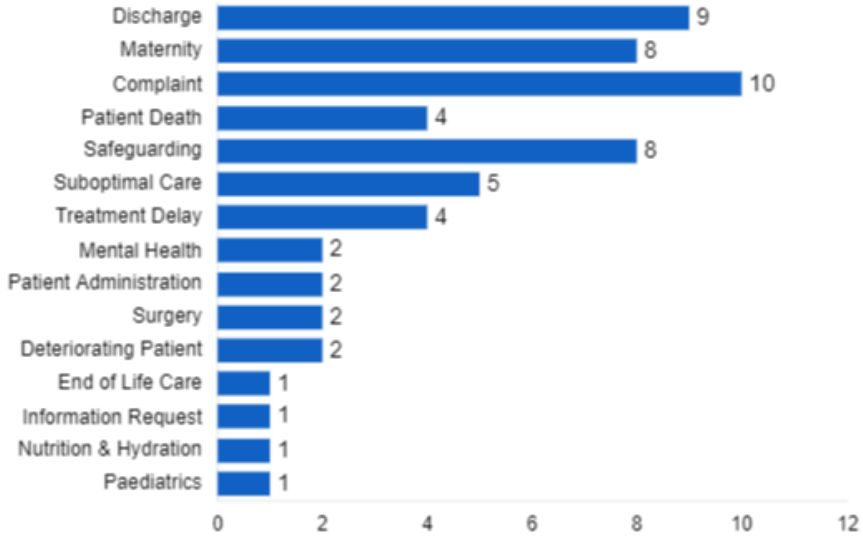
**Number of Open CQC Enquiries / Cases**



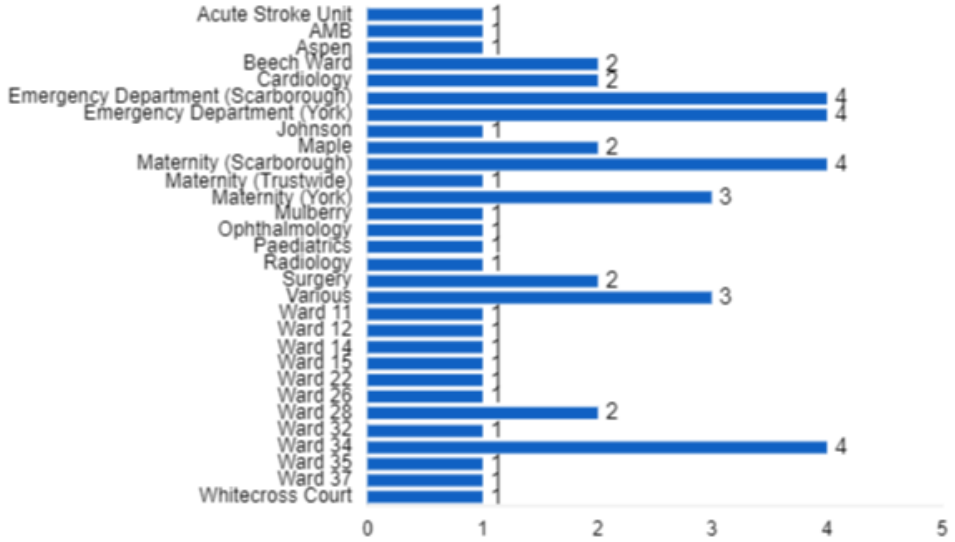

**Number of Enquiries Received**




**Number of CQC Enquiries by Theme**




**Number of CQC Enquiries by Ward / Dept**



| | |
|---|---|
| **Report to:** | Trust Board |
| **Date of Meeting:** | 22nd May 2024 |
| **Subject:** | Maternity Neonatal Safety Report |
| **Director Sponsor:** | Dawn Parkes Interim Executive Chief Nurse (Maternity Safety Champion) |
| **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 March 2024.

**Recommendation:**
The Board is asked to receive the updates from the maternity and neonatal service for March 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 | 21/05/24 | 1/ To note the progress with the safety actions and improvement work in maternity and neonatal services.<br>2/ To formally receive and approve the CQC Section 31 monthly report. |

## Report to Trust Board

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In March 2024 there were no stillbirths. There were three reportable neonatal deaths in the service. After the initial review of all cases no immediate safety concerns in care were identified but two cases are subject to a patient safety investigation review to ensure all learning opportunities are identified and will be shared with the families once complete.

There has been an increase in born before arrival, (this is where a baby is born without an appropriate health care professional in attendance), the number equates to one case. A thematic review of the last 12 months of all cases is underway and will be reported once complete to ensure all appropriate learning is identified and any required actions are taken.

There has been a increase in the % of postpartum haemorrhage over 1500mls 3.9 % (12 cases) from the previous month to 4.3 % (14 cases). This remains above the national target of 2.9% per 1000 births. Actions taken to reduce the risk of PPH are:

- Timely administration of oxytocin
- Appropriate site for administration
- Review and train staff in the measurement of blood loss and ensure weighing of blood loss post birth, both in the delivery suite and theatre is underway.

The service is looking at the potential implementation of the Obs Cymru PPH pathway which includes three stages of care and

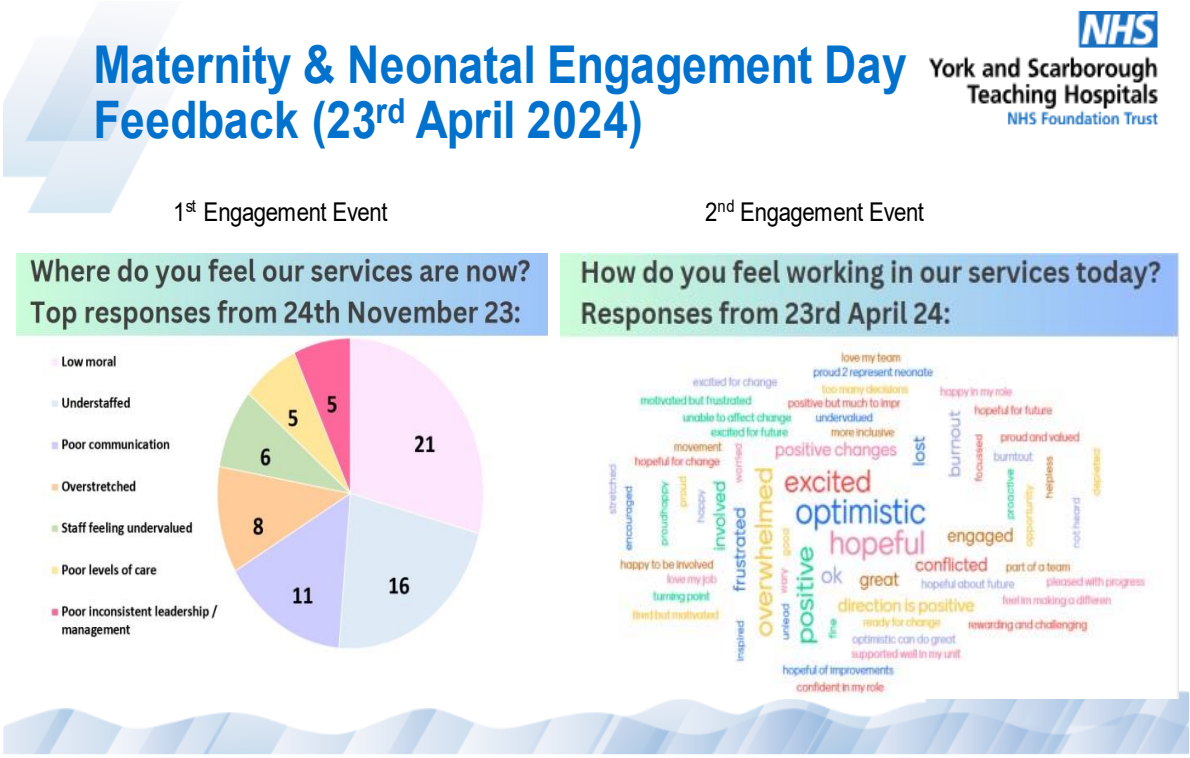
- Antenatal risk assessment
- Intrapartum risk assessment
- Measurement by weight of blood loss post birth
- Treatment pathway with point of care testing.

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

Annex 2 provides the March 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 was shared in its final form at the engagement event on the 23rd of April. All staff across the maternity and neonatal services were able to review the final workstreams and the contents of the high level and milestone actions and to adjust and comment to ensure all actions are relevant and achievable. All delegates were asked to make a commitment to the delivery of either specific actions or form part of a specific workstream to support delivery on the identified improvements and actions based on their area of interest, speciality, and expertise. The delegates were asked on arrival how they felt about the services now in comparison to the first event in November 2023. Figure 1 below shows the feedback.




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

Collaborative work with the Maternity and Neonatal Voice Partnership (MNVP) continues to ensure all women's voices are heard and inform service development and improvement. Key areas of feedback continues to be around partners being able to stay overnight and an always event project has been commenced to address this. It will be an extensive project that will be based on co-design and co-production with service users and the MDT workforce. Progress of this project will be monitored and reported through this workstream.

A task and finish group with the LMNS on Birth Afterthoughts/Reflections commenced in March with the aim of reviewing the current service provision, scoping ideas for collaborating and developing a standardised pathway which includes early triage and a self-referral form, as well as reviewing the Ask the Midwife provision This service is not specifically funded and is absorbed by all maternity services and as such the LMNS are looking how to address this as part of the group. Links have been made with the Southampton, Hampshire, Isle of White and Portsmouth known as the SHIP Collaborative who provide a centralised triage service based in the Ambulance control rooms supported by a midwife. This has significant benefit in ensuring women are able to attend the right service that meets their clinical needs but also reduces down unnecessary ambulance call outs. The work over the coming months will look at the opportunities to centralising and standardising all three of these services in such a way that supports women across the LMNS to get the right care in the right place and the best advice and support when they need it.

**Workstream 2: Growing and Retaining our Workforce.**

The culture score survey closed on the 24th of April, which enabled staff to complete the survey when they attend the engagement day, using IPads. The final return rate was 37% and the

breakdown can be seen in figure 2 below.

The next stage is to receive the final report with culture coaches from Kornferry supporting the care group to analyse the report in detail and work with team members form each area to identify the actions and solutions required to improve the experiences thy have in the areas they work in. Progress of this and the actions taken will be monitored and reported through this workstream

| Work Setting | Responses | Total Eligible Respondents | Response Rate |
|---|---|---|---|
| SGH-Community | 12 | 34 | 35% |
| SGH-Delivery Suite | 23 | 45 | 51% |
| SGH-Hawthorn Ward | 5 | 31 | 16% |
| SGH-Maternity Theatres | 4 | 13 | 31% |
| SGH-Operational/Admin | 5 | 8 | 63% |
| SGH-SCBU | 12 | 44 | 27% |
| SGH-Specialist/Sr MWs | 5 | 20 | 25% |
| SGH-Womens Unit/ANC | 5 | 35 | 14% |
| YK-ANC/Triage | 25 | 103 | 24% |
| YK-Community | 31 | 61 | 51% |
| YK-Del Suite/Labour Wd | 30 | 109 | 28% |
| YK-G2 | 20 | 61 | 33% |
| YK-Maternity Theatres | 10 | 22 | 45% |
| YK-NNU | 25 | 82 | 30% |
| YK-Operational/Admin | 18 | 18 | 100% |
| YK-Specialist/Sr MWs | 22 | 30 | 73% |
| All York and Scarborough Teaching Hospitals NHS FT Survey Work Settings | 266 | 716 | 37% |

The adverts for newly qualified midwives have generated over 30 applicants. Students that have trained within York and Scarborough will have a career conversation prior to appointment. External applicants will have a formal interview. This provides an opportunity to recruit to the existing vacancy gap in the current budgeted establishment but also to address the gap identified by the tabletop review and the Birthrate plus review that aligns with what has been submitted to the ICB in terms of the workforce gap, to meet minimum safe staffing levels across the service.
The Deputy Director of Midwifery post has been out to advert and due to the shortness of the time out only generated one viable applicant. This has been extended to the 20th May and will be interviewed in the early part of June 2024.

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

Thirty-eight Midwives and Obstetricians attended a face-to-face patient safety training session which covered implementation of the new Patient safety framework and all of its elements. This session reinforced the importance of incident reporting and a positive safety learning culture.

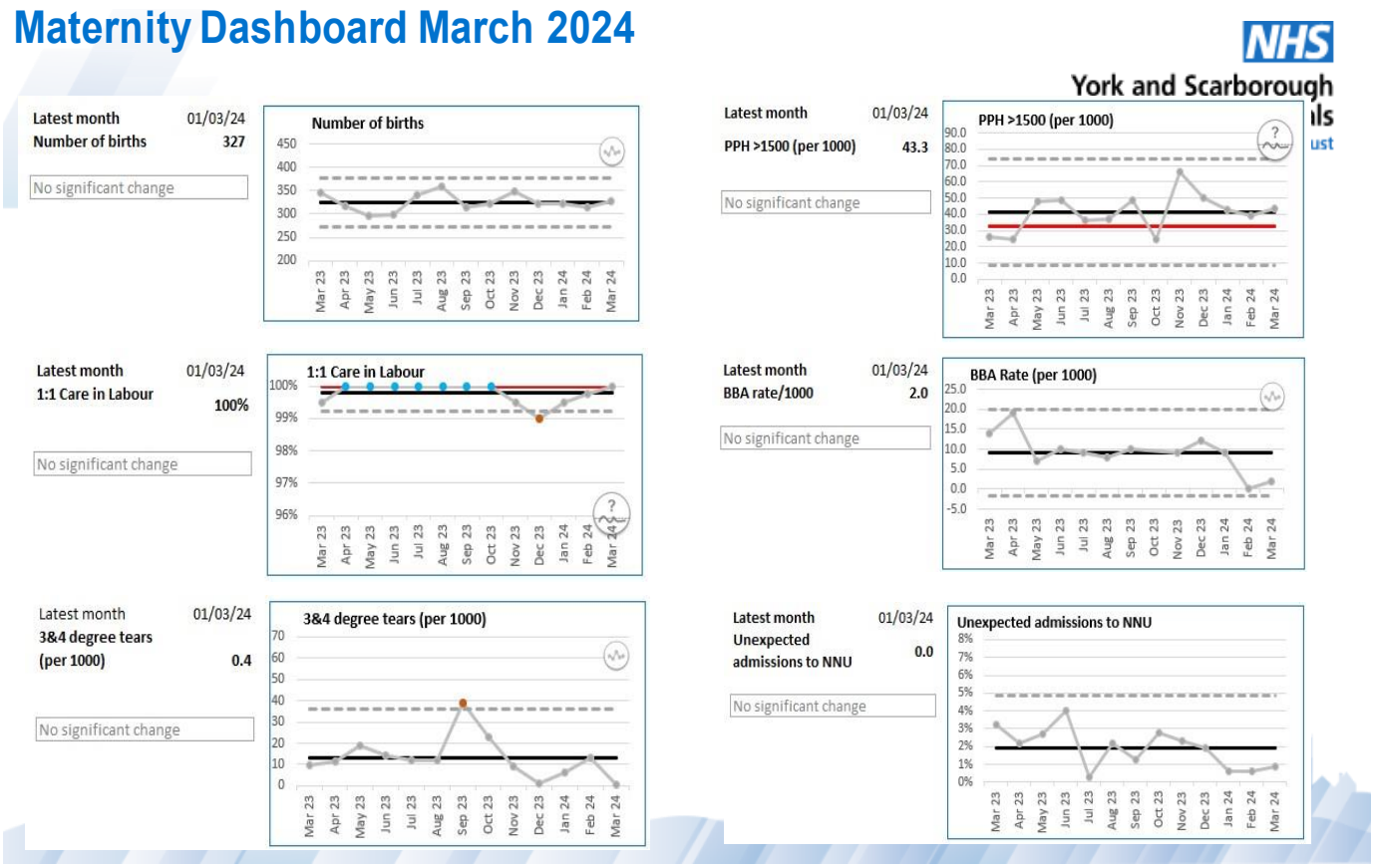
The three times weekly Maternity Case Review is well embedded and attended by the MDT. Immediate safety actions are identified, and learning shared in the weekly newsletter.
There are nine open Serious Incidents (SI) open for maternity services with 2 draft reports completed. Seven have commenced. Three reports were close in March and one case de-classified as an SI after review at SI panel.

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

The additional funding asks for maternity services is still under review and at the time of writing this report a meeting is planned for the 17th May to discuss the financial ask from all providers of maternity services across the LMNS/ICB. All services were asked to identify areas for efficiency and how this could be achieved across the wider footprint not just by each provider. There is an opportunity for the LMNS to centralise specialist posts in line with national recommendations which would standardise care for women but ensure better use of public money.

The delivery of the maternity and neonatal single improvement plan and ensuring the services across York and Scarborough meet best practice evidence-based standards is dependent on the additional funding over and above the current allocated budget.

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



| | |
|---|---|
| **Report to:** | Board of Directors |
| **Date of Meeting:** | 22nd May 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 May 2024 monthly submission to the CQC which provides assurance on progress and impact on outcomes in March 2024.

**Report History**

| Meeting | Date | Outcome/Recommendation |
|---|---|---|
| | | |

## 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 March 2024 are outlined below.

| Staff Group | York | Scarborough |
|---|---|---|
| **Midwives** | 95% (176/186) | 82% (60/73) |
| **Consultants** | 93% (14/15) | 75% (6/8) |
| **Obstetric medical staff** | 87% (13/15) | 69% (9/13) |

Two Scarborough Consultants have been booked onto training sessions during April 2024 which increase compliance to 100%. Six Scarborough Midwives are booked on sessions in April 2024 which will bring compliance to over 90%. Training compliance is overseen by the Maternity Assurance Group and the Clinical Lead for Education.

### 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.

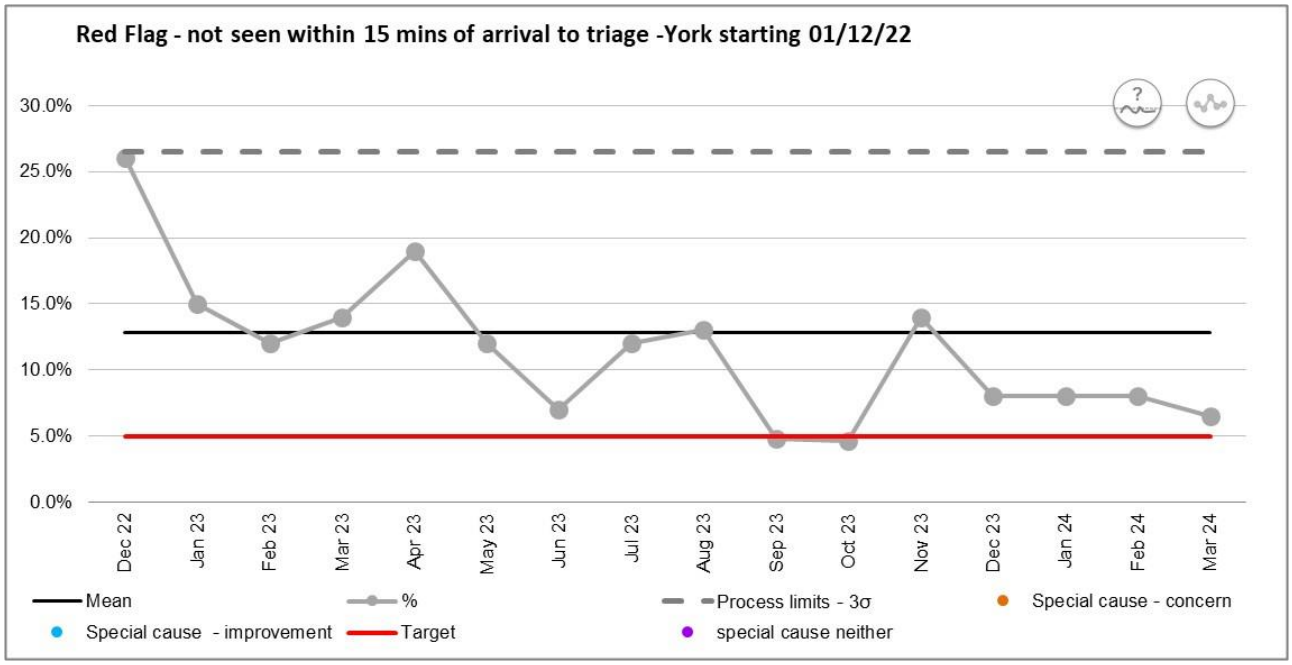
The Digital Midwife undertook an audit in April 2024 of where the antenatal risk assessment was not completed on BadgerNet. A total of 3408 antenatal contacts were made across both sites in March 2024, 29 contacts where a risk assessment was required did not have one completed, this is equivalent to 0.9% of all contacts. Individuals have been identified and further training provided.

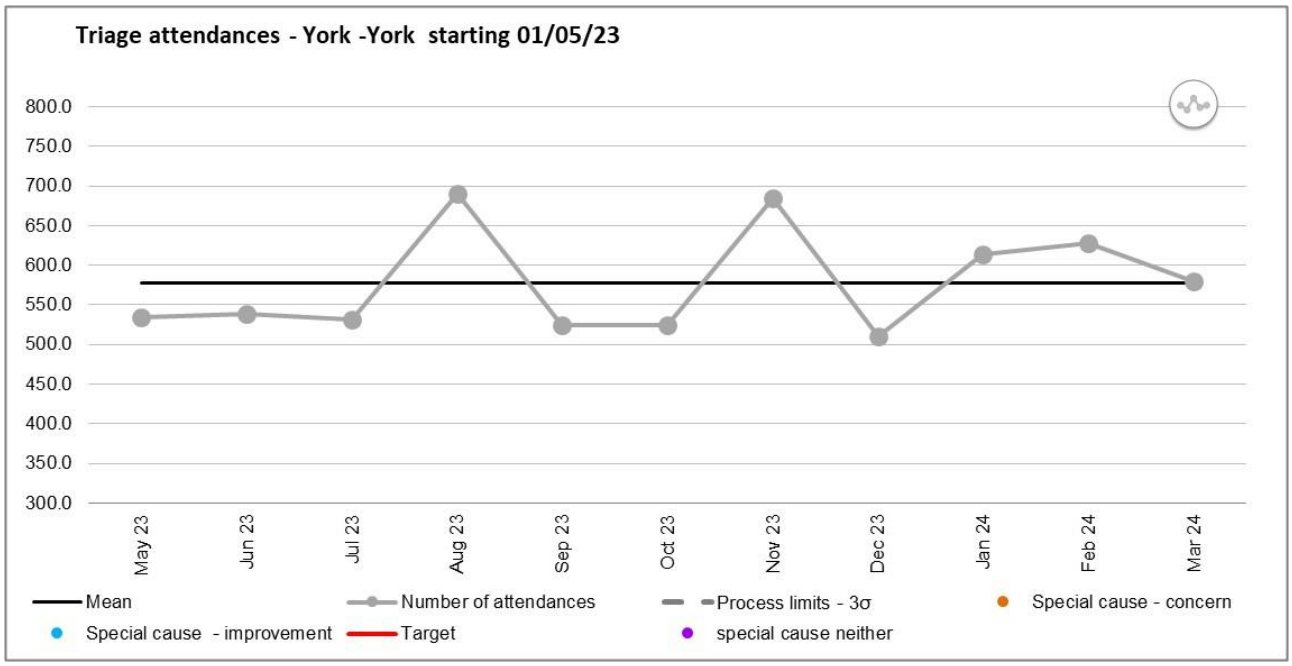
### A.4 Assessment and Triage

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.

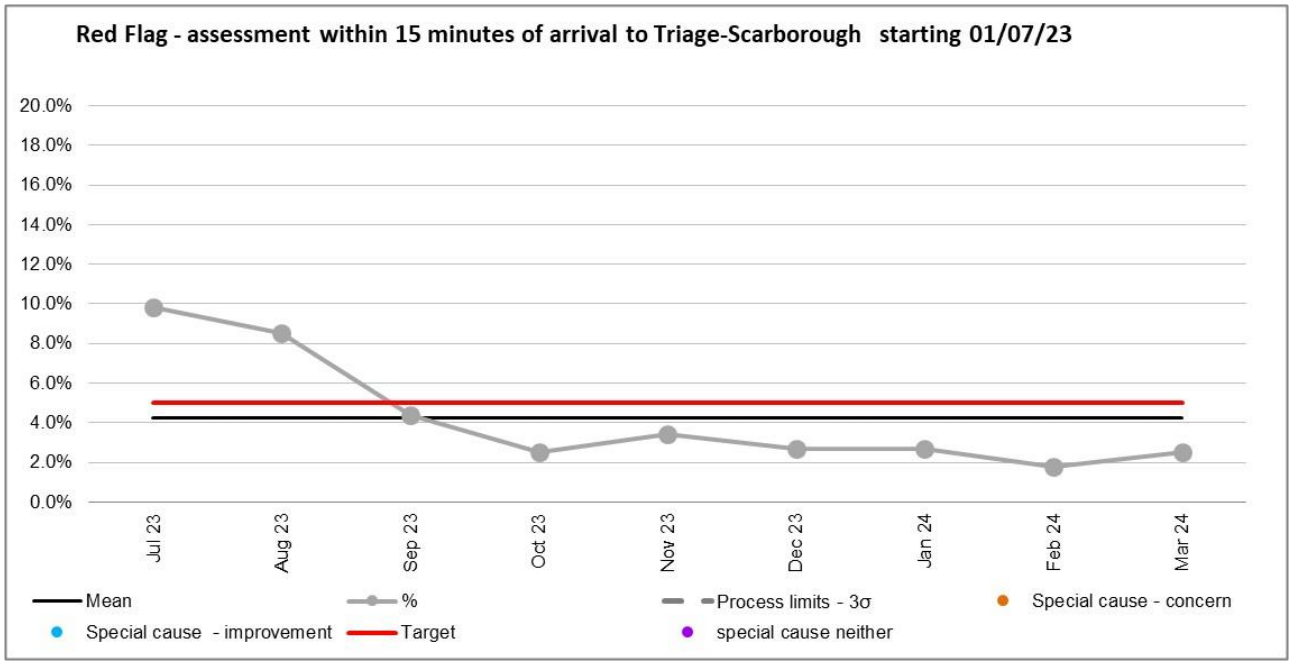
The introduction of BSOTS in January 2023 is demonstrating a steady reduction in the number of red flags reported which are outlined in the NICE safe midwifery staffing for maternity settings (2015). These will continue to be monitored as a key safety metric for our service in demonstrating safe staffing. This is observed through the compliance figures.

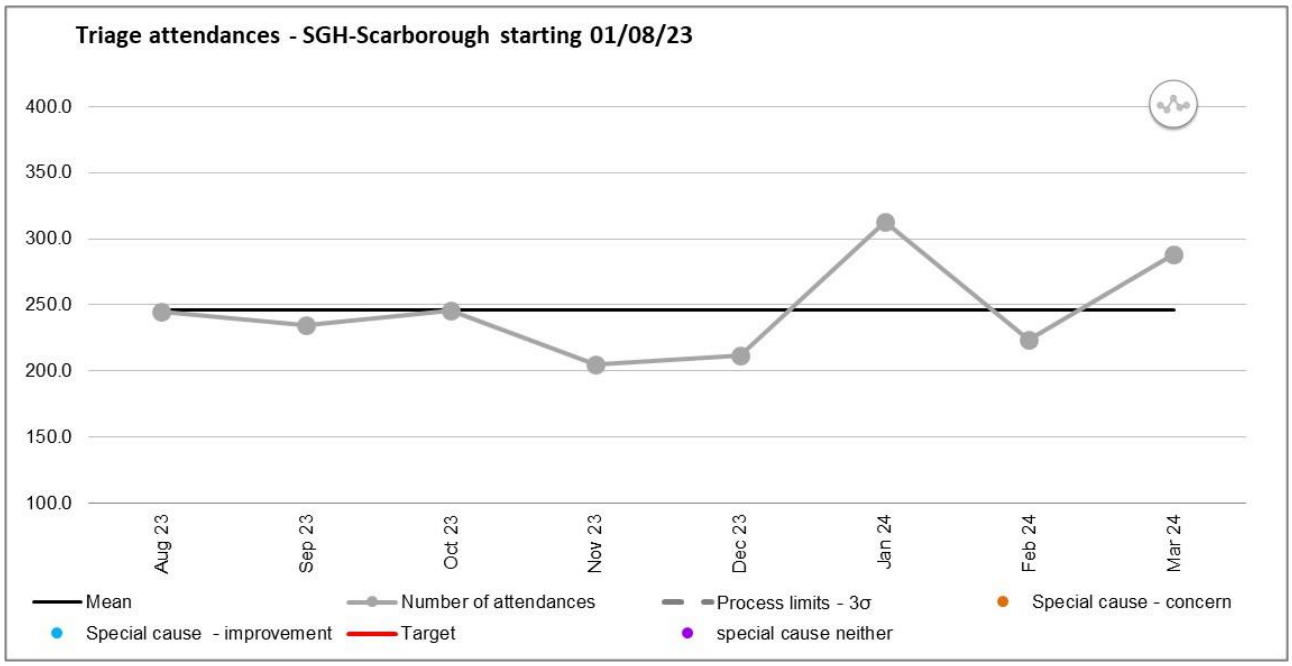
To date, a report has not yet been received to allow auditing and evidence of telephone triage. This has been escalated and an update will be given in the next report. The team continue to work with the MatNeo SIP looking at national metrics and reporting.




| DR Wait times | Overall % |
|---|---|
| < 1hour | 50.00% |
| > 1 hour | 26.70% |
| > 2 hours | 13.60% |
| > 3 hours | 6.10% |
| > 4 hours | 3.40% |
| Self-discharged due to extended wait time for review | 0 |



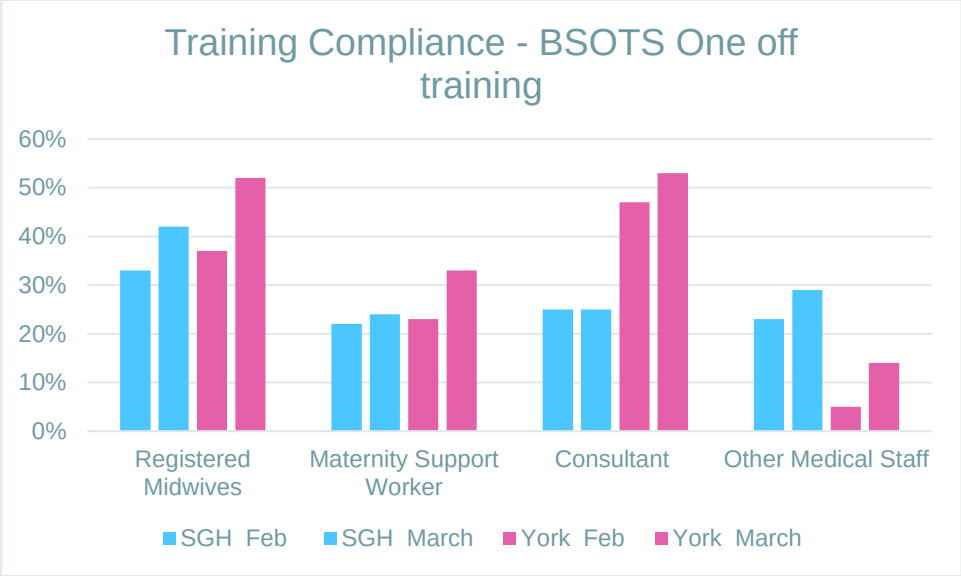




A dedicated triage area next to the maternity ward at Scarborough has been identified to support the full implementation of BSOTS. Recruitment has not been as successful as anticipated, however with the use of agency midwives has supported this rollout. The HCA/MSW vacancy has been filled and we anticipate our 5 new team members will commence in March 2024. Due to extensive vacancy on labour ward, all 5 team members are now working in inpateint areas.

In February 8% of RM shifts and 34% of MSW/HCA shifts were unfilled. Staffing remains a challenge across the whole unit which has resulted in Triage closing on numerous occasions. From March, the team were asked to complete a Datix for each closure to allow us to audit and review the impact of this. Data will be presented on the next report.

On auditing, 83% of delays in initial assessment >15 minutes were occasions when service users were seen in Labour ward instead of dedicated Triage. Training is underway

for Agency midwives to be able to undertake shifts in triage with the trust CPD and BSOTS mandatory training.




## B. Governance and Oversight of Maternity Services

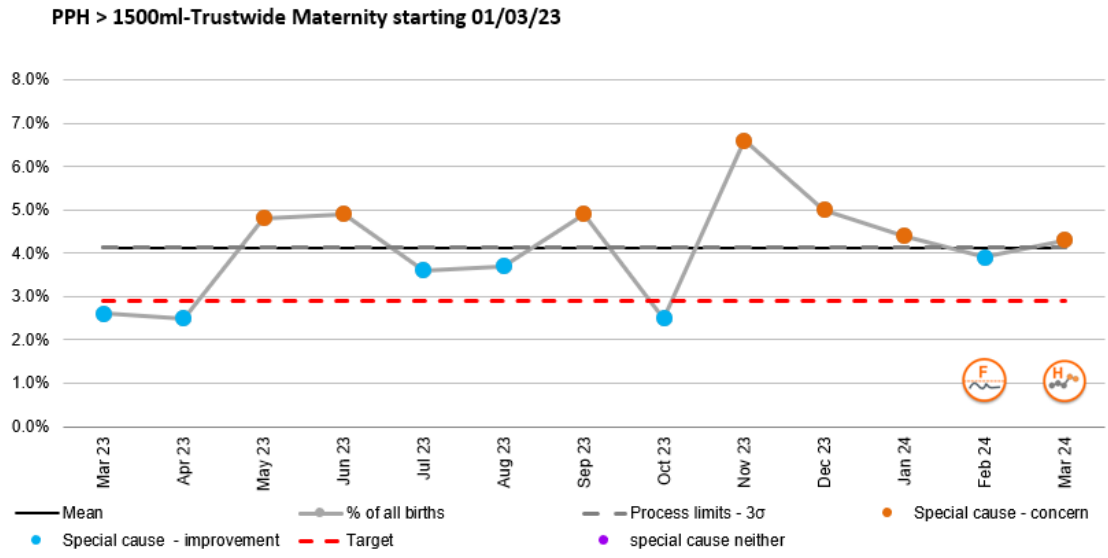
### B.1 Post-Partum Haemorrhage

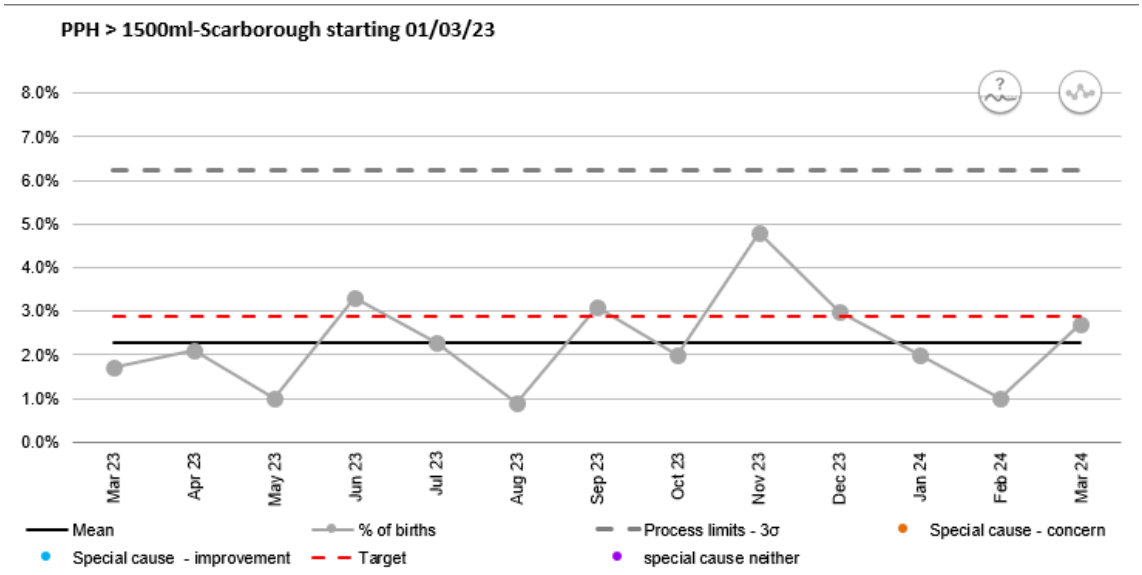
**PPH over 1.5 litres**

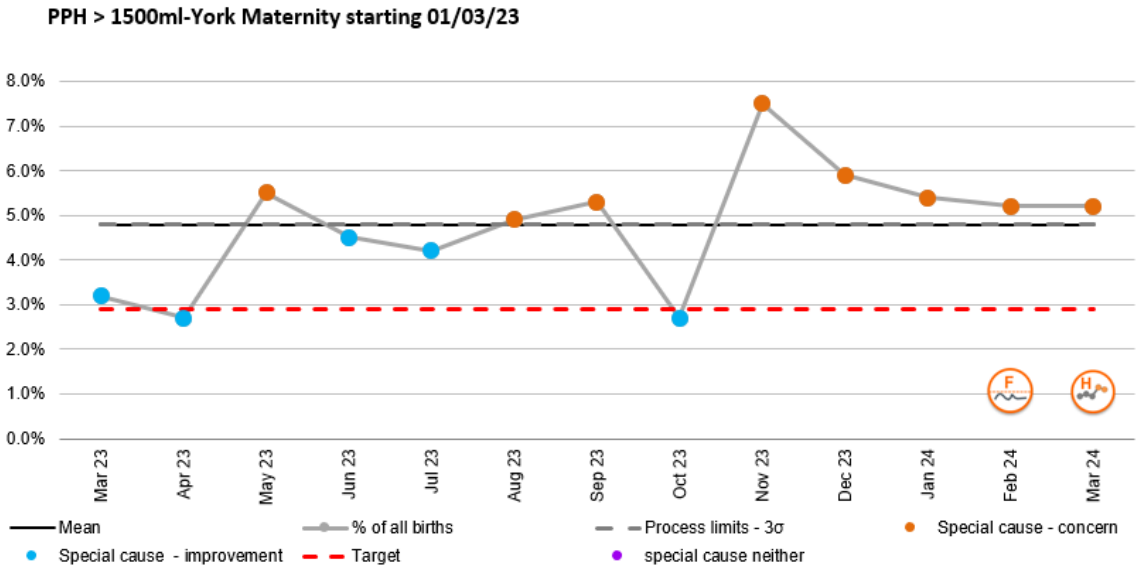
PPH is included as one of the key priority areas in the Trust Patient Safety Incident Review Plan launched in December 2023.

| Blood Loss | Number in March 2024 |
|---|---|
| **1.5l – 1.9l** | 11 (range 1.5l – 1.9l) |
| **2l – 2.4l** | 2 (range 2l – 2.3l) |
| **> 2.5l** | 1 (3.1l) |

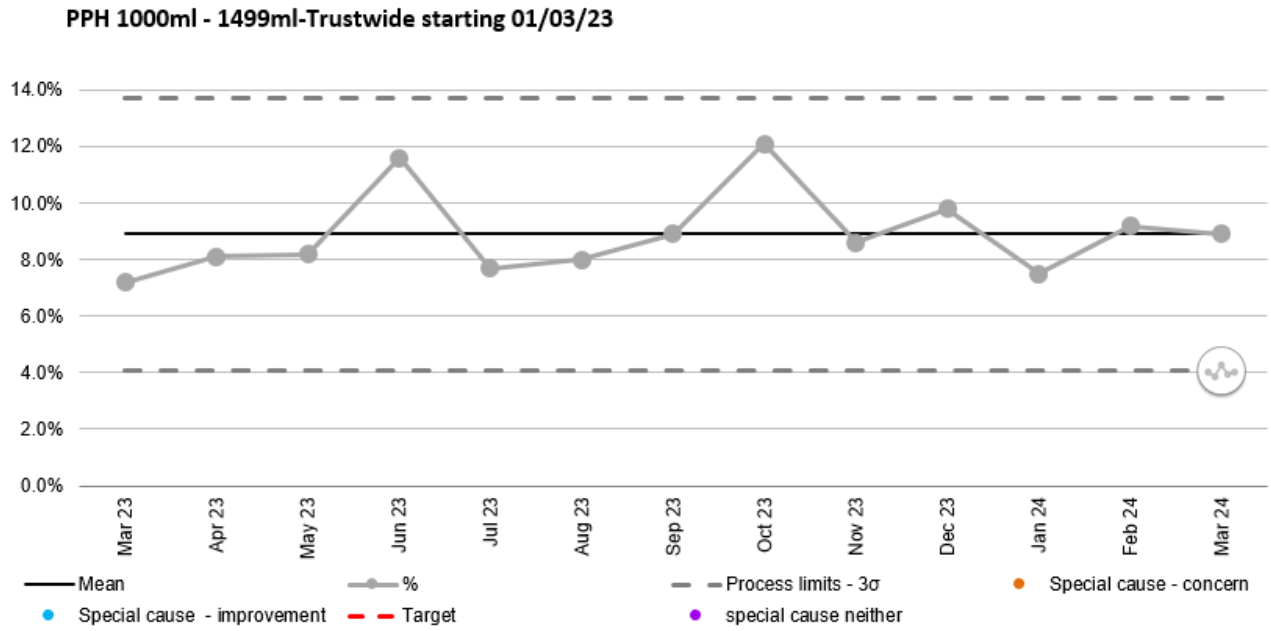
There has been a decrease in the PPH rate at both sites since a peak in November 2023. All PPH over 1.5 litres are reviewed at the Maternity Case Review meetings and a cluster review will be started in April 2024 which will inform the Quality Improvement project.






## PPH between 1000ml – 1499ml




The rate of PPH between 1000ml and 1499ml has decreased since October 2023. This rate is also monitored by the PPH Improvement Group.

## B.2 Incident Reporting

There were 16 moderate harm incidents reported in March 2024.

| Datix Number | Incident Category | Outcome/Learning/Actions | Outcome |
|---|---|---|---|
| 13188<br>13270<br>13669<br>14001<br>14212<br>14218<br>14220<br>14480<br>14530<br>14855<br>14907 | PPH >1500ml | Cluster review to be commenced in April 2024, this will inform QI project | Awaiting the outcome of the review to inform QI projects |
| 13347<br>13352 | Unexpected admission to SCBU | For review at ATAIN | Themes collated quarterly |
| 13348 | Injury to baby at delivery | Reviewed at the Maternity Case Review meeting | Apology offered to the family |

| | | | |
|---|---|---|---|
| 13565 | Neonatal Death | For review using the Perinatal Mortality Review Tool | Awaiting review |
| 14233 | Admission to ICU | Reviewed at the Maternity Case Review meeting | Learning identified and shared |

## 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 were expected to take 12 weeks has been extended by 3 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.

### 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

| | |
|---|---|
| **Report to:** | Board of Directors |
| **Date of Meeting:** | 22 May 2024 |
| **Subject:** | Annual Research & Development Update |
| **Director Sponsor:** | Dr Karen Stone, Medical Director |
| **Author:** | Lydia Harris, Head of Reseach and Development<br>Dr James Turvill, Clinical Director, Research and Development |

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

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

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

**Summary of Report and Key Points to highlight:**

2023-2024 has been a positive year for Research & Development. The Trust has recruited over 3000 patients to clinical trials, been successful in the first major NIHR grant for the Trust and achieved a global first recruit in a commercial clinical trial.

**Recommendation:**

The Board of Directors considers the Research and Development activity undertaken across the Trust and the opportunities as a new R&D Strategy is created.

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

No ☒ Yes ☐

**Report History**

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

| Meeting | Date | Outcome/Recommendation |
|---|---|---|
| N/A | N/A | N/A |

**Annual Research & Development Update**

## 1. Introduction and Background

The R&D Department is a department that facilitates and delivers research across all our Care Groups, on most of our sites, with research teams based in York, Scarborough, Laboratories and Pharmacy. The Trust typically has approximately 100 clinical trials (commercial and non-commercial) running at any one time and are tasked by our main funder, the National Institute of Health and Care Research, via the Yorkshire and Humber Clinical Research Network, to support around 3500 patients into clinical trials every year.

Research and Development brings various benefits to the Trust and wider NHS, through progressing advancements in clinical services, providing opportunities for patients to be involved in clinical studies, generating income, raising the profile (internal and external) of the Trust, supporting staff development and improving recruitment and retention.

This report is an update on the team's progress since April 2023 and provides assurance on progress against the R&D Strategy 2021-24.

## 2. Current Position/Issues

### 2.1. Trust Overview

- Yorkshire & Humber (Y&H) Clinical Research Network (CRN) consists of 22 partner organisations, of which we are one and we are expected to recruit at least 3500 patients a year into clinical trials. The CRN now solely monitor the Trust on Recruitment to Time and Target for open studies, so our Trust needs to ensure that 80% of its studies are on target to recruit the number of patients is confirmed it would recruit over the length of the study. In 2023/2024, 84% of our non-commercial trials were on target. For commercial trials, our RTT is currently 50% which is consistent with the national average for an NHS Trust (but below the NIHR target of 80%).

- Our National Rankings last year were as follows
    - Overall we were the 57th highest recruiting Trust, this is out of 242 Secondary Care Trusts
    - We were 7th highest recruiting Trust in Yorkshire & Humber
    - The highest ranking Specialities are:
        - 3rd Gastroenterology
        - 7th Public Health (Babi)
        - 7th Ophthalmology
    - In addition to this we are within the Top 50 nationally for the following Specialties.
        - 13th Cancer
        - 17th Health Services Research
        - 23rd Renal Disorders
        - 43rd Anaesthesia, Periop and Pain Management
    - This year we have recruited into all Specialties, so there isn't an NIHR area we don't have at least some sort of recruitment into.
    - And in terms of these Specialities these are our biggest regional achievements;
        - 1st Gastroenterology
        - 1st Ophthalmology

- 2nd Cancer
- 3rd Anaesthesia, Periop and Pain Management
- 3rd Renal Disorders

- 2023 to 2024 focuses on our continued success in grant submissions, across many disciplines. A total of 25 grants have been submitted and include 2 Internship applications, 2 Fellowships and 1 Patient and Public award. The total value of grants submitted amounted to £7,083,716.37 with £2,673,017.00 allocated to York and Scarborough Teaching Hospitals NHS Foundation Trust. We were successful in 9 awards to the value of £4,129,809.94 with £962,065.00 being awarded to the Trust. We await decision outcomes on 8 of the grant submissions with 2 at Stage 2 (final decision) review. This is testament to the Trust staff growth, progress and an inspiration in collaborating with colleagues both internal and external in writing and developing their ideas into formal research grant proposals.

- The Trust continues to grow its partnerships with university partners. The Trust has a strategic partnership with the University of York and strong collaborations with the Institute for Health and Care Improvement at York St John University, which has again funded joint research posts and PhD studentships to strengthen these research relationships.

## 2.2. Significant Research Output 2023/24

- The research highlight of 2023/24 for our Trust is that we have won our biggest research grant to date via Professor James Turvill's NIHR bid, winning just over £3.0Million to evaluate the colon capsule service across England, Scotland and Wales. This study will start in April 2024 and runs for three years and will see our Trust deliver a study of national importance across 30 sites.

- In December we opened the long-term Babi (Born and Bred in) York & Scarborough study; this study will see all mothers and babies born in York & Scarborough eligible to participate. In summary, this is a study that will capture a routine data from all babies born in our Trust (demographics, health conditions and maternal outcomes); this will later be joined up by wider linked data sources throughout the child's development (e.g., GP, social care, school records) and a very important study to be involved in. To date the Trust has recruited over 200 mums and babies into the study and have trained over 30 midwives to consent the mums, which will make a huge impact into our patient accruals over the coming years, as the study has no end date.

- A York paediatric registrar Raj Prakash has collaborated on an international neonatal research project looking at the introduction of a low-cost Continuous Positive Airway Pressure (CPAP) system which could be introduced low resource healthcare systems to treat respiratory distress syndrome in premature babies globally. There are many areas of the world where it is not possible to provide ventilation or CPAP and the mortality rate of babies born at moderate prematurity. This work was presented at the World Health Organisation in Geneva and it demonstrates how a trainee can see how links in York can quite quickly lead to research development to much wider international research.

- Our commercial research portfolio continues to grow and in 2023/2024 we gained a 1st Global recruit and a first European recruits to studies. Dr Keith McCullough, and our research team recruited the world's first participant to a study looking into a drug used to treat patients with ANCA-associated Vasculitis (AAV). The AvacoStar study

aims to further understand the identified and potential risks of avacopan, a drug sometimes given to those with AAV; a type of inflammation of the small blood vessels, most often affecting the kidneys and the lungs**.** Dr Andrew Proctor and the Cancer Research Team achieved the first UK and European recruit into the AstraZeneca study CAPITELLO-292. This study is looking at a novel treatment for patients with Advanced or Metastatic Breast cancer who have progressed beyond the point of surgery, and we hope can make a big difference for patients at our Trust.

## 2.3. Developing Research in Scarborough

- In October we held a workshop in Scarborough with stakeholders to discuss the establishment of the (currently called) Multiple Long Term Conditions Research Hub based at Scarborough hospital. There was active engagement from a wide variety of local stakeholder on how we should shape our research hub, discussing its new name, vision, objectives and aims. There will be a launch in 2024 of the new Scarborough Coastal Health and Care Research Collaborative (SHARC) based in Scarborough hospital. Our vision is to better address the health and care needs of our coastal populations through high quality collaborative research with community involvement.

- We have also been working hard with university colleagues and the community and volunteer sector in Scarborough to develop many research grants. We have funded a joint post (engagement officer) with SeeChange, an organisation linking VCSE organisations in Scarborough and we are working with them the community to discover what research is important to them.

- We have been successful is securing capital funding and Trust Charity funding to help convert a small space at Scarborough hospital to see our research patients. This is so important to us if we are to participate in commercial studies as currently, we really struggle to see them as we have no dedicated space clinical space in either York or Scarborough hospitals. We have also submitted a £1.5M bid to NBIHT to build a research centre to house SHARC on our Scarborough site.

## 2.4. Workforce – Recruitment and Staff Development

- Last summer we worked with the Trust Nurse Bank Team to continue developing our own Research Bank to incorporate opportunities for more staff. Until last year the bank was mainly staffed by registered nurses, however we have now opened up the bank to registered midwives, Allied Health Professionals and administrative staff. This has allowed us to increase our research delivery output and also provided a practical method for us to offer an insight into what NHS research looks like to staff who otherwise may not have had the opportunity to learn.

- We are working closely with all the academic institutions in the local area to provide educational sessions in which research careers and pathways are highlighted and discussed. Engaging with the pre-registered workforce enables us to promote innovative career roles, such as research nursing or becoming a healthcare researcher and developing research questions and ideas. Our team visit the universities and deliver sessions which are incorporated into relevant modules to support the curriculum whilst showcasing healthcare research as a career option.

- We work closely with the Preceptorship Team and provide research presentations to all Preceptorship students to help those with research interests to know where to

direct questions. We also ensure that we speak to the students about any previous research history they may have so we can help to talent scan and provide suitable support to staff who already have a research interest who are looking for how to further their intentions once in post.

- We have submitted an application to the participate in the NIHR Internship Programme which will enable two of our senior, research engaged managers to mentor students and highlight the varied career pathways available within healthcare research. We await the submission announcements but are hopeful we get an opportunity to showcase the benefits of research careers to both staff and patients.

## 3. Next Steps

Overall we are still making very good progress against our R&D strategy, in reality there are a few aspirations we will be unable to achieve, due to circumstances beyond our control.

The Research and Development department continues to work to the 2021-24 R&D Strategy. Delivery of the Strategy has faced challenges given the pressures during and after the pandemic but the majority of objectives have been achieved. The following objectives are no longer being progressed due to external factors:

- Create a York Institute for Bioanalytics
- Recruit Clinical Academic in Data Science
- Increase commercial research funding by 20%
- Ensure we are placed within top 30 in national NIHR recruitment league table

The objectives which continue to be progressed during 2024 are listed below:

- Secure support and finance for research training (MsCs, ACFs. PhD stipends, MsC Bench fees etc)
- Increase by 25% number of staff per Care Group trained in Good Clinical Practice (across all professional groups)
- Ensure research is part of Trust statutory and mandatory training available for all staff and students
- Increase by 10% number of staff per Care Group trained as PI's (across all professional groups)
- Ensure all JDs/interviews/appraisals systems embed research into their processes
- Recognise research time in ALL research active staff rotas
- Develop our capacity and capability by recruiting and retaining the best research active staff and students.
- Implement consultant research SPA matrix to be part of Trusts consultant job planning.
- To recognise research time in research active AHP and Nursing & Midwifery job plans
- Secure support and funding for locally funded ACFs
- Secure funds to support local innovation and research awards
- Appointment of 1 x clinical academic per Care Group

A new Research Strategy for 2025-2028 is currently being drafted and will be presented to Trust Board for discussion and approval by the end of 2024. This Strategy will include areas to continue to progress from the current Strategy, ambitions to expand and maximise potential for commercial and NIHR income, and consider research activities to

make best use of the Research Capacity Funding which the Trust will be in receipt of due to successful NIHR applications.

**Date:** 8th May 2024

| | |
|---|---|
| **Report to:** | The Trust's Board of Directors |
| **Date of Meeting:** | 22 May 2024 |
| **Subject:** | Workforce Disability Equality Standard (WDES) Annual Report |
| **Director Sponsor:** | Polly McMeekin, Director of Workforce and Organisational Development |
| **Author:** | Virginia Golding, Head of Equality, Diversity and Inclusion |

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

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

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

**Summary of Report and Key Points to highlight:**

This Workforce Disability Equality Standards (WDES) Annual Report is presented to the Trust's Board of Directors for approval and assurance to meet the NHS England (NHSE) WDES mandatory requirement. It sets out the Trust's 2024 WDES data.

- The reporting submission and publication date for the WDES data is 31 May 2024 and covers the period 1 April 2023-31 March 2024.
- The 2023-2025 action plan will be updated prior to submission and publication for 31 October 2024.
- The data for YTHFM is included in this report. This was not the case previously, therefore a comparison against last year is not possible. Focus should be on overall experiences.
- Metric 10 – York and Scarborough Teaching Hospitals Facilities Management's (YTHFM) Director's details are not recorded on the Electronic Staff Record (ESR,) therefore, they are not included in the data for this metric.
- NHSE produce an annual data summary report in the year following Trust's data submission. The 2023 WDES Data Analysis Report for NHS Trusts, received this year, has been referred to below to support a comparison. It also includes actions that may improve Disability equality. These will be co-designed through the Enable Staff Network and wider engagement.

- Disability equality had previously seen a two-year improvement. This year's data has deteriorated in certain areas, the inclusion of YTHFM might have had an impact but this is difficult to correlate. Continued focus on improving the experience of those who are Disabled and/or have long term health conditions is important.

The current WDES action plan covers a two-year period (2023-2025) instead of it being an annual action plan to address year on year changes. This provides the Trust with the opportunity to implement actions and review their impact. Staff engagement will continue to take place this year to update the action plan.

**Recommendation:**

The Trust's Board of Directors is asked to approve and be assured of the WDES data prior to submission and publication this Annual Report.

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

No ☒ Yes ☐

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

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

| Meeting | Date | Outcome/Recommendation |
|---|---|---|
| Resources Committee | 21 May 2021 | |

**NHS Workforce Disability Equality Standard Annual Report, 2024**

## 1. Introduction and Background

The Workforce Disability Equality Standard (WDES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust and York Teaching Hospitals Facilities Management (YTHFM) are required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of Disabled colleagues. The data is required to be submitted to NHS England (NHSE) by 31 May 2024. The Trust's 2023-2025 action plan will be updated through co-production, submitted to NHSE and published on the Trust's website by 31 October 2024.

The WDES covers 10 Metrics regarding the career progression and work experiences of Disabled colleagues. The data is collected for the period of 1 April 2023-31 March 2024 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as of 31 March 2024. The Staff Survey data is from the 2023 Staff Survey.

### Considerations

- The data for YTHFM is included in this report, therefore a yearly comparison will be difficult for 2024 given it has not previously been included. Focus should be on overall experiences.
- The 2023 WDES Data Analysis Report for NHS Trusts suggests actions that have had an impact on the metrics promotions. These will be discussed through engagement to co-produce the action plan.

### Current Position/Issues

### 2024 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

| Total Disabled Staff Headcount & Percentage (for 2024) | Total Non-Disabled Staff Headcount & Percentage (for 2024) | Total Trust Staff Headcount and Percentage (for 2024) | Total Headcount and Percentage of Staff Not Stated (for 2024) |
|---|---|---|---|
| 524, 4.23% | 10,070, 81.37% | 12,376 100% | 1,782, 14.40% |

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

| 2022 Total Disabled | 2023 Total Disabled | 2024 Total Disabled |
|---|---|---|
| **Non-clinical Disabled**<br>• Bands 1-4 = 4.5%<br>• **Bands 5-7 =** 4.7%<br>• **Bands 8a - 8b =** 5.5%<br>• **Bands 8c – 9 & VSM =** 3.6%<br>**Clinical**<br>• **Bands 1 - 4 =** 3.9%<br>• **Bands 5 - 7 =** 4.6%<br>• **Bands 8a – 8b =** 2.1%<br>• **Bands 8c – 9 & VSM =** 0%<br>• **M&D Consultants =** 0.7%<br>• **M&D Career Grades =** 2%<br>• **M&D Trainee Grades =** 2.2% | **Non-clinical Disabled**<br>• **Bands 1-4 =** 5.1%<br>• **Bands 5-7 =** 6.7%<br>• **Bands 8a - 8b =** 6%<br>• **Bands 8c – 9 & VSM =** 3.8%<br>**Clinical**<br>• **Bands 1 - 4 =** 4.9%<br>• **Bands 5 - 7 =** 4.7%<br>• **Bands 8a – 8b =** 2.4%<br>• **Bands 8c – 9 & VSM =** 0%<br>• **M&D Consultants =** 0.7%<br>• **M&D Career Grades =** 1.4%<br>• **M&D Trainee Grades=** 3.3% | **Non-clinical Disabled**<br>• **Bands 1-4 =** 5.1%<br>• **Bands 5-7 =** 4.7%<br>• **Bands 8a - 8b =** 4.6%<br>• **Bands 8c – 9 & VSM =** 1.9%<br>**Clinical**<br>• **Bands 1 - 4 =** 4.6%<br>• **Bands 5 - 7 =** 4.3%<br>• **Bands 8a – 8b =** 2.2%<br>• **Bands 8c – 9 & VSM =** 2.8%<br>• **M&D Consultants =** 1.50%<br>• **M&D Career Grades =** 1.65%<br>• **M&D Trainee Grades =** 2.35% |

Metric 1. A comprehensive yearly comparison is difficult to make due to this year's inclusion of YTHFM's data. The majority of YTHFM's workforce is within bands 1-4. They do not employ any Medical and Dental staff.

There are two factors that can potentially be attributed to the changes in Metric 1 data:

- A fluctuation in the number of staff employed.
- The number of staff sharing (declaring) their personal diversity information.

Nationally the overall declaration rate has increased from 3.1% in 2019 to 4.9% in 2023. This rate is 5.1% for North East and Yorkshire. There is a notable difference between those declaring via ESR (5.1%) and those via the Staff Survey (26.1%.) The population prevalence of disability for all ages is 27%. (2023 WDES Data Analysis Report for NHS Trusts.)

| Metric | Description | 2022 Total Disabled | 2023 Total Disabled | 2024 Total Disabled |
|---|---|---|---|---|
| **2** | **Relative likelihood of Non-Disabled staff being appointed from shortlisting compared to non-Disabled staff** | 1.87 of overall workforce | 0.26 of overall workforce  | 1.11 of overall workforce  |

Metric 2. The likelihood of 1 equals equity of opportunity, which means this metric has seen a slight negative increase for disabled staff as non-disabled staff are 0.11 times more likely to be appointed. The 'four-fifths' rule used means that relative likelihoods between 0.8 and1.25 suggest there is no significant difference between subgroups, which means

there is no major concern for the Trust unless this continues to deteriorate. This is also reflective of the national figure.

The Trust has ensured that its Recruitment and Selection training and Line Manager Toolkit includes guidance on inclusive recruitment/practices. We also have implemented two inclusive recruitment workshops for recruitment panels, delivered Conscious Inclusion workshops and have implemented two interview skills workshops. Inclusive recruitment was an Equality Objective for 2020-2024 and work continues in this area.

| Metric 3 | Description | 2021 Total Disabled | 2022 Total Disabled | 2023 Total Disabled |
|---|---|---|---|---|
| | **Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure** | 1.35 | 0.56  | 1.13  |

Metric 3. There has been a slight negative statistical increase in the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff. The likelihood of 1 equals equity of opportunity. The 'four-fifths' rule used means that relative likelihoods between 0.8 and 1.25 suggest there is no statistical difference between subgroups, which means there is no major concern for the Trust unless this continues to deteriorate. For example, if the data deteriorates above 1.25 there is more inequity and Disabled staff are more likely than non-disabled staff to enter the formal capability process.

This data is better than the national data which shows that Disabled staff are twice as likely to enter the formal capability process on the grounds of performance.

**Metric 4a. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months**

**Metric 4b. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months**

**Metric 4c. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months**

**Metric 4d. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months**

| Metric | 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|---|
| 4a | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** |
| | 31.20% | 23.21% | 27.21%  | 22.89% | 26.57%  | 21.86% |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4b | 19.44% | 9.43% | 15.80% | 9.22% | 16.06% | 10.88% |
| 4c | 28.80% | 17.77% | 25.08% | 16.35% | 28.12% | 17.98% |
| 4d | 45.00% | 41.62% | 47.87% | 44.64% | 55.53% | 48.39% |

**Metric 4a** has seen a positive decrease of 0.64% and remains below the Staff Survey benchmark group average for a second year. (30.35% in 2024.) The 2022 national figure is 26.0%.
**Metric 4b** has seen a slight negative increase of 0.26% and this year has increased above the Staff Survey benchmark group average of 15.87%. The 2022 national figure is 9.2%.
**Metric 4c** has seen a negative increase within the Trust and in comparison, to the Staff Survey benchmark group average of 25.86%. The 2022 national figure is 16.5%.
**Metric 4d** has seen a significant positive increase in reporting and this year is significantly above the Staff Survey benchmark group average of 50.44%. The 2022 national figure is 51.3%.

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

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** |
| 52.13% | 56.85% | 51.40% | 56.29% | 50.15% | 53.94% |

Metric 5 has seen a negative decrease of 1.25% in 2024 and this year is below the Staff Survey benchmark group average of 51.54%. The 2022 national figure is 52.1%.

**Metric 6. Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** |
| 26.95% | 18.93% | 24.38% | 18.62% | 27.57% | 20.30% |

Metric 6 has seen a negative increase of 3.19% and remains below the Staff Survey benchmark group average of 28.55%. The 2022 national figure is 27.7%.

**Metric 7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** |
| 30.62% | 39.63% | 31.50% ↓ | 39.10% | 30.62% ↓ | 38.53% |

Metric 7 has seen a negative decrease of 0.88% and is below the Staff Survey benchmark group average of 35.66%. The 2022 national figure is 35.2%.

**Metric 8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

| | 2023 (2022 Staff Survey) | 2024 (2023 Staff Survey) |
|---|---|---|
| | **Disabled** | **Disabled** |
| | 80.33% | 76.29% ↓ |

The 2024 Staff Survey report for Metric 8 only provides a two-year comparison.

Metric 8 has seen a significant negative decrease of 4.04% although the Trust's results remain above the Staff Survey benchmark group average for a second year. (73.38% in 2024.) The 2022 national figure is 73.4%.

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

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** | **Disabled** | **Non-Disabled** |
| 6.22 | 6.74 | 6.13 ↓ | 6.63 | 6.07 ↓ | 6.51 |

The staff engagement score has seen a very slight decline for the period of two years, it is below the organisation's average of 6.40%. The Trust's data is below the Staff Survey benchmark average of 6.46%. The 2022 national figure is 6.4%.

**Metric 9b – information about Disability engagement**

This metric requests qualitative information regarding the Trust's engagement work (statistical data is not required) and is inputted directly into the submission template. It will include actions implemented to progress disability equality.

| Metric | Description | 2022 Total Disabled | 2023 Total Disabled | 2024 Total Disabled |
|---|---|---|---|---|
| **10** | **Disabled Board Members** | 1 out of 16 board members | 1 out of 17 board members | 0 out of 16 board members |

| | | | | |
|---|---|---|---|---|
| | **Percentage difference between the organisations' Board voting membership and its overall workforce** | (6.25%) | (2%)  | (-4%)  |
| | **Voting Board Members** | 1  | 1  | 0  |
| | **Non-voting Members** | 0  | 0  | 0  |

Metric 10 has seen a decrease in the number of staff who identify as Disabled due to a reduction in Board members. This has created a negative percentage difference in comparison to the number of Disabled staff within the organisation. Nationally the disability declaration rate among Board members is now 5.7%, which is an increase of 1.1% since 2022 and 0.8% higher than it is for the overall workforce. The figures broken down for disability are:

- Voting Board members, 5.6%
- Non-voting Board members, 6.1%
- Executives, 5.4%
- Non-executives, 5.7%

**Please note: there are two Board members that are yet to update their equality monitoring information on ESR.**

## 1. Summary

Disability equality had previously seen a two-year improvement. This year's data has deteriorated in certain areas, but as previously mentioned, it is difficult to make a yearly comparison with the inclusion of YTHFM's data. Ongoing work to improve experiences will continue.

The majority of positive and negative fluctuations in experiences follows the national trend. (According to the 2023 WDES Data Analysis Report for NHS Trusts.) It is advised that the Trust focuses of the following:

- Continue to encourage all staff to share their personal diversity information as this will enable the organisation to know who is in its workforce and target interventions to support them. Approximately 1 in 5 people in the UK have a disability, approximately 81% of our workforce have stated that they are not Disabled so they need to be encouraged to update their information on ESR should they wish.
- Encourage all members of the Trust's Board of Directors to update their equality monitoring information.
- Focus on metric 5. Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
- Linking EDS 2022 Domain 2 Workforce Health and Wellbeing with Metric 4.
- Co-production of a Workplace (Reasonable) Adjustment Policy.

## 2. Next Steps

- Engage with staff in the updating of the 2023-2025 action plan to address the disparities.

- Report to the Resources Committee and the Trust's Board of Directors on the action plan for publication on the Trust's website by 31 October 2024.

**Date:** May 2024

| | |
|---|---|
| **Report to:** | The Trust's Board of Directors |
| **Date of Meeting:** | 22 May 2024 |
| **Subject:** | Workforce Race Equality Standard (WRES) Annual Report |
| **Director Sponsor:** | Polly McMeekin, Director of Workforce and Organisational Development |
| **Author:** | Virginia Golding, Head of Equality, Diversity and Inclusion |

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

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

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

**Summary of Report and Key Points to highlight:**

This Workforce Race Equality Standards (WRES) Annual Report is presented to the Trust's Board of Directors for approval and assurance to meet the NHS England (NHSE) WRES mandatory requirement. It sets out the Trust's 2024 WRES data.

- The reporting submission and publication date for the WRES data is 31 May 2024 and covers the period 1 April 2023-31 March 2024.
- The 2023-2025 action plan will be updated prior to submission and publication, 31 October 2024.
- There are no separate collections this year for the bank or medical WRES, therefore these groups are included in this analysis along with data for York Teaching Hospitals Facilities Management (YTHFM.) These are changes from the previous year which makes year on year comparisons difficult.
- Later this year the National team will produce data summary reports for the bank and medical WRES based on data submitted by Trusts last year. This will include recommendations and plans for the upcoming year. (This is not data collection.)
- Metric 9 – YTHFM Director's details are not recorded on the Electronic Staff Record (ESR), therefore, they are not included in the data for this metric.
- The majority of the metrics depict negative experiences.

- NHSE produce an annual data summary report in the year following Trust's data submissions. The 2023 WRES Data Analysis Report for NHS Trusts, received this year, has been referred to below for information. It also includes actions that may improve race equality. These will be co-designed through the Race Equality Network and wider staff engagement.

Although the 2024 data includes the groups stated above, the majority of the metrics have not seen positive statistical change. Work is on-going to improve racial equality within the Trust but this report establishes that the pace of change is slow. The NHS EDI Improvement Plan has introduced the implementation of EDI objectives for the Board, it is hoped that these objectives will filter down into teams and measures will be put in place to assess outcomes.

The current WRES action plan covers a two-year period (2023-2025) instead of it being an annual action plan to address year on year changes. This provides the Trust with the opportunity to implement actions and review their impact. Staff engagement will continue to take place this year to update the action plan.

**Recommendation:**

The Trust Board is asked to approve and be assured of the WRES data prior to submission and publication of this Annual Report.

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

No ☒ Yes ☐

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

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

| Meeting | Date | Outcome/Recommendation |
|---|---|---|
| Resources Committee | 21 May 2021 | |

# NHS Workforce Race Equality Standard Annual Report, 2024

## 1. Introduction and Background

The Workforce Race Equality Standard (WRES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust and York Teaching Hospitals Facilities Management (YTHFM) are required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of BME colleagues. The data is required to be submitted to NHS England (NHSE) by 31 May 2024. The Trust's 2023-2025 action plan will be updated through co-production, submitted to NHSE and published on the Trust's website by 31 October 2024.

The WRES covers 9 Metrics regarding the career progression and work experiences of BME colleagues. The data was collected for the period of 1 April 2023-31 March 2024 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as of 31 March 2024. The Staff Survey data is from the 2023 Staff Survey.

### Considerations

- The data for YTHFM is included in this report, therefore a yearly comparison will be difficult for 2024, given it has not previously been included. Focus should be on overall experiences.
- The 2023 WRES Data Analysis Report for NHS Trusts suggests actions that have had an impact on the metrics promotions. These will be discussed through engagement to co-produce the action plan.

## 2. Current Position/Issues

### 2024 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

| Total White Staff Headcount & Percentage (for 2024) | Total BME Staff Headcount & Percentage (for 2024) | Total Staff Trust Headcount and Percentage (for 2024) | Total Headcount and Percentage of Staff Not Stated (for 2024) |
|---|---|---|---|
| 9861, 79.68 % | 1,913, 15.46% | 12,376 (100%) | 602, 4.86% |

**Metric 1. Percentage of staff in each of the AfC Bands 1-9, VSM and medical and dental sub-groups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.**

| 2022<br>Total BME | 2023<br>Total BME | 2024<br>Total BME |
|---|---|---|
| **Nonclinical BME**<br>• Bands 1-4 = 3.31%<br>• Bands 5-7 = 0.98% | **Nonclinical BME**<br>• Bands 1-4 = 1.9%<br>• Bands 5-7 = 0.5% | **Nonclinical BME**<br>• Bands 1-4 = 0.99%<br>• Bands 5-7 = 0.27% |

| | | |
|---|---|---|
| • Bands 8-9 = 0.1%<br>• VSM = 0.03%<br><br>**Clinical**<br>• Bands 1-4 = 1.21%<br>• Bands 5-7 = 8.84%<br>• Bands 8-9 = 0.13%<br>• VSM = 0%<br>• Consultants = 1.81%<br>• Career Grades = **1.74%**<br>• M&D Trainees = 3.26% | • Bands 8-9 = 0.1%<br>• VSM = 0.01%<br><br>**Clinical**<br>• Bands 1-4 = 0.8%<br>• Bands 5-7 = 7.3%<br>• Bands 8-9 = 0.07%<br>• VSM = 0%<br>• Consultants = *<br>• Career Grades = *<br>• M&D Trainees = *<br><br>*Bank and medical WRES were extracted from the data in this year | • Bands 8-9 = 0.05%<br>• VSM = 0%<br><br>**Clinical**<br>• Bands 1-4 = 2.78%<br>• Bands 5-7 = 6.67%<br>• Bands 8-9 = 0.08%<br>• VSM = 0%<br>• Consultants = 1.04%<br>• Career Grades = 1.08%<br>• M&D Trainees = 2.47% |

Metric 1. The 2024 data shows that there has been an improvement in Clinical bands 1-4. As bank staff have been included in Clinical bands 5-7 the data shows there has not been an improvement, however we are aware that there has been an approximate increase of 400 BME staff in Clinical bands 1-5.

In March 2023, 26.4% of the workforce across NHS Trusts came from a BME background (380,108 people.) In the North East and Yorkshire region the percentage and number of BME staff is 15.8% with a 37,118 headcount. The Trust is just below this at 15.46%.

| Metric | Description | 2022 Total BME | 2023 Total BME | 2024 Total BME |
|---|---|---|---|---|
| **2** | **Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts** | 2.61 | 2.02 ↓ | 2.33 ↑ |

Metric 2. compares the relative likelihood of white colleagues being appointed from shortlisting compared to that of BME colleagues being appointed from shortlisting across all posts. The relative likelihood focuses on a figure of 1 being equity of opportunity. This year's figure does not show any positive statistical change. The level of inequality has slightly increased.

At 76% of NHS Trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting, an increase from 71% last year. There has been a progressive deterioration in the North East region with the likelihood being 2.01.

| Metric | Description | 2022 Total BME | 2023 Total BME | 2024 Total BME |
|---|---|---|---|---|
| 3 | **Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process** | 0.51 | 0.67 | 1.25 |

Metric 3. There has been a slight negative statistical increase in the relative likelihood of BME staff entering the disciplinary process compared to white staff. The likelihood of 1 equals equity of opportunity. The 'four-fifths' rule used means that relative likelihoods between 0.8 and 1.25 suggest there is no statistical difference between subgroups, which means there is no major concern for the Trust unless this continues to deteriorate. For example, if the data deteriorates above 1.25 there is more inequity and BME staff are more likely than white staff to enter the formal disciplinary process.

There has been a modest improvement nationally at 46% of NHS Trusts BME staff were over 1.25 times more likely than white staff to enter the formal disciplinary process, an improvement from 47% in 2022. The likelihood for the North East in 2023 is 0.94 which equates to equity of opportunity.

| Metric | Description | 2022 Total BME | 2023 Total BME | 2024 Total BME |
|---|---|---|---|---|
| 4 | **Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff** | 1.06 | 0<br>Data unavailable due to deletion of learning hub system | 0.57 |

Metric 4. This data shows that there is more likelihood of BME staff accessing non-mandatory training than white staff. This is more positive than the regional figure. For all regions, the indicator fell within the non-adverse range of 0.8-1.25, with the North East being 1.03 for 2023.

**Metric 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **BME** | **White** | **BME** | **White** | **BME** | **White** |
| 28% | 25% | 32.9% | 23.1% | 32.92% | 21.92% |

There has been a no statistical movement in experiences and the Trust's figure is still significantly high. This figure remains higher than the Staff Survey benchmark group average of 28.11%. The national figure in 2022 was 81% which has risen by 10% compared to 2021. The figure for North East and Yorkshire was 28.7% in 2022.

**Metric 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **BME** | **White** | **BME** | **White** | **BME** | **White** |
| 31.4% | 25.1% | 29.2% | 22.9% | 33.66% | 24.71% |

Metric 6 has seen a negative increase in the 2024 data, which is also higher than the Staff Survey benchmark group average of 26.20%. At 94% of Trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from staff in the last 12 months in 2022, this figure was 93% in 2021. It was 27.1% for North East and Yorkshire in 2022.

**Metric 7. Percentage believing that the Trust provides equal opportunities for career progression or promotion**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **BME** | **White** | **BME** | **White** | **BME** | **White** |
| 41.9% | 56.8% | 43.25% | 56.2% | 42.26% | 54.55% |

This metric saw a positive increase in 2023 but this year has decreased by 0.99%. The Staff Survey benchmark group average is 49.64% which is a positive increase of 2.64%. It is 47.5% for the North East and Yorkshire region.

**Metric 8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague**

| 2022 (2021 Staff Survey) | | 2023 (2022 Staff Survey) | | 2024 (2023 Staff Survey) | |
|---|---|---|---|---|---|
| **BME** | **White** | **BME** | **White** | **BME** | **White** |
| 20.3% | 6.1% | 19.8% | 6.1% | 22.08% | 7.46% |

Metric 8. This metric has seen a deterioration and is above the Staff Survey benchmark group average which is 16.17% an improvement on 17.33. The region's figure is 16.6%.

| Metric | Description | 2022 Total BME | 2023 Total BME | 2024 Total BME |
|---|---|---|---|---|
| **9** | **BME Board Members** | 1 | 1 | 0 |
| | **Percentage difference between the organisations' Board voting membership and its overall workforce** | 6.25% | -4.9% | -15.5% |
| | **Voting Board Members** | 0 | 0 | 0 |
| | **Non-voting Members** | 0 | 1 | 0 |

Metric 9 has seen no statistical improvement in the number of BME staff on the Trust's Board of Directors. Nationally, 15.6% of Board Members recorded their ethnicity as BME, compared to 26.4% of staff in NHS Trusts. In every region there was a lower percentage of BME Board members compared to the overall percentage of BME staff in the workforce. The North East and Yorkshire region saw an improvement in 2023 of the Executive Board Members representation (7.1%) compared to 2022 (5.8%.)

**Note: When using the data in the NHSE 2023 WRES Data Analysis Report for NHS Trusts to make comparisons, it refers to the North East for some metrics and North East and Yorkshire for others, therefore this language has been mirrored for consistency.**

## 1. Summary

Although the 2024 data includes the groups previously stated above, the majority of the metrics have not seen a positive statistical change. Work is on-going to improve racial equality within the Trust but this report establishes that the pace of change is slow.

The NHS EDI Improvement Plan has introduced the implementation of EDI objectives for the Board, it is hoped that these objectives will filter down into teams and measures will be put in place to assess outcomes. The EDI work that has already commenced will also support an improvement in racial equality.

## 2. Next Steps

- Engage with staff to update the 2023-2025 action plan to address the disparities.
- Report to the Resources Committee and the Trust's Board of Directors on the updated action plan for publication on the Trust's website and submission to NHSE by 31 October 2024.

**Date:** May 2024

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| **Report to:** | Trust Board |
| **Date of Meeting:** | 22 May 2024 |
| **Subject:** | Cancer and Elective Care Tier Review Update |
| **Director Sponsor:** | Claire Hansen, Chief Operating Officer |
| **Author:** | Andrew Hurren, Operational Planning and Performance Manager |

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

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

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

**Summary of Report and Key Points to highlight:**

NHS England has confirmed the Elective Recovery Tier process will continue in 2024/25. A review has taken place nationally. The Trust has stepped down from Tier 1 for Cancer to Tier 2 for Cancer and Diagnostics. Following the progress seen in 2023/24 the Trust will come out of the Tiering process for elective care.

**Recommendation:**

Trust Board notes the Trust's updated Cancer and Elective Care tier levels.

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

No ☐ Yes ☐

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

**Report History**

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

| Meeting | Date | Outcome/Recommendation |
|---|---|---|
| | | |

## 1. Introduction and Background

NHS England, as part of the second phase of the Elective Recovery Plan assessed Trusts in quarter 1 of 2022 and placed Trusts considered most "at risk" of missing recovery trajectories into "Tiers" for either Elective or Cancer performance, or both. The National Tiering process was intended to aid Trusts requiring further intervention and support with managing their cancer and elective backlogs and used a set criterion to determine how Trusts moved in and out of Tiering and whether they would be in Tier 1 or Tier 2, dependant on their distance from achieving recovery trajectories. A review using a prescribed criteria was then undertaken by NHS England on a quarterly basis thereafter.

The following table sets out the Trust's Tiering status from quarter 1 of 2022, along with outcomes of subsequent quarterly reviews:

| Provider | Quarter 1 2022 Tier Review Outcome | Tier review outcome undertaken during Quarter 3 of 2022 | Tier review outcome undertaken during Quarter 1 of 2023 |
|---|---|---|---|
| York & Scarborough | Tier 2 Cancer<br>Tier 2 Elective | Tier 1 Cancer<br>Tier 1 Elective | Tier 2 Cancer<br>Elective – no change |

Since its inception, the Tiering process has meant fortnightly meetings with Trust representatives, chaired by NHS England and with the introduction of system Tiering from quarter 3 2023/24 fortnightly meetings alternated between Trust Tier and System Tier meetings. These meetings involved representatives from the Integrated Care Board, Cancer Alliance and Collaborative of Acute Providers and focused on Cancer >62 day backlog and faster diagnosis standard (FDS) and for Elective Care long waits, in stages, focused on the number of patient waiting over 104, 78 and then 65 weeks to be seen or treated and the cohort of patients who would breach if untreated by the key milestones set by NHS England.

## 2. Tier Process 2024/25

NHS England has confirmed the Tier process will continue in 2024/25. A review has taken place nationally, using the following criteria (quantitative) alongside intelligence held about the system and its providers (qualitative):

Cancer

- The Faster Diagnosis Standard, providers performance at <70% using the maximum of the last three months of published performance information.
- The 62-day combined performance, providers at <60% using the maximum of the last three months of published performance information.

Elective:

- 78-week actuals, providers with any waits greater than 100.
- The 65ww cohort as a % of the total waiting list, providers with a proportion greater than 15%.

In recognition of diagnostic performance where a Trust is in a Tier for Cancer or Elective then where appropriate they will also be placed in a Tier for diagnostics.

- Diagnostics 6 week waits, providers performance at >15%
- Histopathology Turnaround Time, providers performance at <50%

The outcome of this review for Humber and North Yorkshire ICB and York and Scarborough Trust is as follows:

| Provider | Quarter 1 2024 Tier Review Outcome |
|---|---|
| Humber and North Yorkshire ICB | Tier 1 Cancer and Diagnostics<br>The ICB will come out of the Tiering process for elective care |
| York & Scarborough | This will be stepped down from Tier 1 for Cancer to Tier 2 for Cancer and Diagnostics<br>The Trust will come out of the Tiering process for elective care |

Please see Appendix 1 for a copy of the letter the Trust received from the Tiering team at the National Elective Recovery Programme confirming this change.

The outcome of this review means the continuation of fortnightly meetings alternated between Trust Tier and System Tier meetings. These meetings will be chaired by NHS England, other than the York and Scarborough Trust's meeting will, because of being in Tier 2, be Chaired by the ICB. The meetings will continue to involve Cancer Alliance and Collaborative of Acute Providers representatives and focus on intervention and support with managing cancer waiting times.

Quarterly reviews, as per 2022/23 and 2023/24 will take place throughout 2024/25. This means the System and the Trust will be subject to regular review of whether change is warranted to either move up or down Tiers or if the System/Trust could be stepped down from the Tiering process altogether. This will be dependent on the operational plans for 2024/25 and resulting delivery of those plans throughout the year.

## 3. Recommendation

That the Board notes the Trust's updated Cancer and Elective Care tier levels.

**Date:** 30th of April 2024.

To: Simon Morritt; Chief Executive
York & Scarborough Teaching Hospitals

Cc: Claire Hansen, Chief Operating Officer;
York & Scarborough Teaching Hospitals
Stephen Eames, Chief Executive;
Humber & North Yorkshire ICB
Leaf Mobbs, Director of Performance and
Improvement – North East and Yorkshire

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 April 2024

Dear Simon

In the 26 months since we published the Elective Recovery Plan, we have made huge strides in virtually eliminating 104 week waits, 78 week waits and reducing the 62-day cancer backlog in an extremely challenging operational context.

As we have moved into delivery of the next phase of our recovery plan, specifically the elimination of 65 week waits, we are building on what we have achieved so far and continuing to work together to ensure the best outcomes for our patients and our communities. A key pillar of our national oversight and support infrastructure is the tiering programme which is continuing into 2024/25 for both elective recovery and cancer. In addition, and to recognise the additional diagnostic performance requirements set out in the 2024/25 operational planning guidance, we will also be including diagnostic performance in elective and cancer tiering discussions where necessary and indicated below.

This letter confirms that following a review of elective and cancer performance, and a discussion with the regional team, **York & Scarborough Teaching Hospitals** will be in **Tier 2 for Cancer** and **Diagnostics** from the week commencing **29 April 2024.** We would like to thank you for the positive progress you have been able to make in relation to your **cancer** performance which is reflected in this updated tiering status.

The Trust does still remain within Tier 1 for Cancer as part of the Humber & North Yorkshire system in reflection of the risks to delivery for both the Trust individually as well as the overall system.

The move to Tier 2 will continue to involve regular (at least fortnightly) meetings to discuss delivery progress and any required support from the relevant parts of NHS England as well as agreeing the performance criteria for de-escalation from Tier 2 at the outset.

Performance progress for trusts in Tier 1 and Tier 2 is reviewed regularly between relevant National and Regional NHSE teams, including a formal review on a quarterly basis, the outcome of which is formally ratified at the sub-board Quality and Performance Committee of NHSE. In exceptional circumstances, changes to Tiering status can be made within quarters. Any changes to Tiering status, and therefore oversight and support, will be agreed between regional and national teams.

Please share this email with the Trust Board and relevant committees and do email england.nationalrecoverytiering@nhs.net should you have any questions.

Yours sincerely

Tiering team
**National Elective Recovery Programme**
England.nationalrecoverytiering@nhs.net