York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 25th September 2024
Time: 10:00am – 1:00pm
Venue: PGME Discussion Room, Scarborough 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	-	10:00
2.	**Apologies for Absence** To receive any apologies for absence.	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 31 July 2024** To be agreed as an accurate record.	Chair	Report	**5**	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	**16**	
6.	**Chair's Report** To receive the report.	Chair	Report	**17**	10:05
7.	**Chief Executive's Report** To receive the report.	Chief Executive	Report	**20**	10:15
8.	**Quality Committee Report** To receive the September meeting summary report.	Chair of the Quality Committee	Report	**69**	10:30

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Resources Committee Report** To receive the September meeting summary report.	Chair of the Resources Committee	Report	71	10:40
10.	**Audit Committee Report** To receive the September meeting summary report.	Chair of the Audit Committee	Report	73	10:50
11.	**Trust Priorities Report (TPR)** August 2024-25 Trust Priorities Report Performance Summary:		Report	75	10:55
	• Operational Activity and Performance	Chief Operating Officer		78	
	• Quality & Safety	Chief Nurse		119	
	• Workforce	Director of Workforce & OD		141	
	• Digital and Information Services	Chief Digital Information Officer		152	
	• Finance	Finance Director		158	
Break 11:35					
12.	**Freedom to Speak Up Annual Report** To consider the report.	Freedom to Speak Up Guardian	Report	171	11:45
13.	**Maternity and Neonatal Reports (including CQC Section 31 Update)** To consider the report.	Chief Nurse	Report	191	12:00
14.	**CQC Compliance Update Report** To consider the report.	Chief Nurse	Report	203	12:10

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Responsible Officer Annual Report** To consider the report.	Medical Director	Report	**209**	12:20
16.	**Medical Education and Training Self-Assessment Report** To approve the report.	Medical Director	Report	**214**	12:25
Governance					
17.	**Vascular Imaging Unit Equipment Suites** To approve the business case.	Finance Director	Report	**252**	12:30
18.	**Premises Assurance Model (PAM) Report** To approve the report.	YTHFM Managing Director	Report	To follow	12:40
19.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:55
20.	**Time and Date of next meeting** The next meeting held in public will be on 23 October 2024 at 9am at York Hospital.				
21.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
22.	**Close**				1:00

Minutes
Board of Directors Meeting (Public)
31 July 2024

Minutes of the Public Board of Directors meeting held on Wednesday 31 July 2024 in the Boardroom, Trust HQ, York Hospital. The meeting commenced at 9.30am and concluded at 12.55pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Mrs Jenny McAleese
- Mrs Lynne Mellor
- Prof. Matt Morgan
- Ms Helen Grantham (Associate)

Executive Directors
- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Ms Claire Hansen, Chief Operating Officer
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse & Maternity Safety Champion
- Miss Polly McMeekin, Director of Workforce and Organisational Development

Corporate Directors
- Mrs Lucy Brown, Director of Communications

In Attendance:
- Ms Paula Gardner, Insight Programme
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)
- Mr Steve Lawrie, Deputy Chief Digital and Information Officer *deputising for* Mr James Hawkins, Chief Digital and Information Officer
-

Observers:
- Ms Rachel Hammond, NHS England Graduate Management Trainee
- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting and introduced Ms Gardner.

2 Apologies for absence

Apologies for absence were received from:

Dr Stephen Holmberg, Non-Executive Director
Mr James Hawkins, Chief Digital and Information Officer
Mr Mike Taylor, Associate Director of Corporate Governance

3 Declaration of Interests

There were no declarations of interest to note.

4 Minutes of the meeting held on 26 June 2024

The Board approved the minutes of the meeting held on 26 June 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. The following updates were provided:

BoD Pub 23 – *Share relevant connections with established clinical activities to support portfolio research delivery.*
Dr Stone advised that this should be presented to the Board as part of the Research Strategy. The target due date was amended to November.

BoD 06 – *Investigate and address incomplete data on pathways with an ethnicity code.*
Mr Lawrie advised that, following discussion with the Business Intelligence team, it was clear that the data was incomplete as it was not being captured at source. Ms Hansen added that the question regarding ethnicity had previously been removed from the inpatient admission form which had impacted data collection. The question had now been reinstated.
It was agreed that the action could be closed.

BoD 07 – *Provide further information about children and young people on community waiting lists.*
A report had been submitted for the meeting under Item 5.1 and the action was therefore closed.

BoD 09 – *Prepare brief paper summarising the implications of the Trust adopting the York Poverty Truth Commission Charter.*
A summary of the implications had been included in the Chief Executive's report presented at the meeting in June and the action was therefore closed.

BoD 10 – *Remove the metric on "waits over 78 weeks".*
This action was carried forward.

BoD 11 – *Investigate whether children and young people waiting for Speech and Language Therapy can be categorised in a way which attracts specific funding.*
Mr Bertram advised that there was potential for further funding which he had discussed with Care Group senior leaders. A modelling exercise was being undertaken and a Business Case would be presented to the Executive Committee.
It was agreed that the action could be closed.

BoD 12 – *Add phasing information to the next Finance report, and a year-end forecast based on trends to date and other known factors.*
Mr Bertram explained that phasing information had not been included in the Month 3 Finance, as it depended on the outcome of ongoing discussions with the ICB, but it would be included the Month 4 forecast. Mr Bertram provided further background, noting that there was more work to be done on forecasting.
The action due date was amended to the next meeting in September.

BoD 13 – *Check whether the total number of Emergency Care attendances recorded in the Acute Flow Scorecard includes those for the Urgent Treatment Centres (UTC).*
Ms Hansen advised that attendances at Bridlington UTC had been removed from "other types" of attendances but not from the overall total. This would be amended for next month's Trust Priorities Report. The action was therefore closed.

BoD 14 – *Investigate the reason for the delays in the purchase of IT equipment as a factor impacting performance in diagnostic activity.*
Ms Hansen advised that this issue had been resolved and the IT equipment had been purchased. The action was therefore closed.

BoD 15 – *Send statistics on deaths from strokes to Mr Barkley*
Dr Stone was collating this information for Mr Barkley and the action was therefore closed.

5.1 Children and Young People Community Waiting List

Ms Hansen set out the context for the paper which detailed the current position in respect of waiting lists for community services for children and young people, and the workstreams now in place to address wait times. A new Children and Young People's Board, chaired by Dr Stone, had been established and changes in reporting had been requested which would provide better visibility of those waiting for treatment. Ms Hansen noted that the Business Case referenced by Mr Bertram under Item 5 would support the Speech and Language Therapy (SALT) Service in reducing its waiting list, and extra sessions were planned to address the backlog.

Mr Dillon advised that the Resources Committee had also discussed this issue. The most significant challenge was capacity in the face of increasing demand for SALT. Mr Dillon asked how this might be addressed. Ms Hansen outlined a number of different strategies, including job plans for Allied Health Professionals, resource from the Business Case noted previously, group therapy sessions and work with other organisations outside community services. Mrs Parkes added that there were opportunities to use the existing capacity differently. Further discussion followed and questions were raised about waiting list harms and the timescale of the planned initiatives. Ms Hansen agreed to bring back a paper in September with a timescale for initiatives to reduce waiting lists, which would include details of numbers of first out-patient appointments each month compared to the number of referrals. Dr Stone confirmed that the waiting lists had been validated.

Action: Ms Hansen

Mr Barkley underlined the importance of reducing the length of time that children and young people were waiting for treatment. Ms Hansen confirmed that a whole system approach was also being discussed.

6 Chair's Report

The Board received the report.

Mrs McAleese queried whether there were any plans to increase the space for the Pathology Service, as Mr Barkley's report indicated that the current accommodation limited the service. Mr Bertram agreed that the space was a limiting factor and, as a result, some samples were being sent externally for processing but there was no resource currently to review the accommodation. Dr Stone noted that there was also a workforce issue as it was difficult to recruit pathologists.

7 Chief Executive's Report

The Board received the report.

Mr Morritt began by highlighting the ongoing operational pressures in Urgent and Emergency Care which reflected a national picture. The newly introduced Optimal Care System was having a positive impact, and performance overall was improving, albeit not consistently month on month. The Trust's data had been negatively affected by the removal of emergency attendances at Bridlington Hospital.

Mr Morritt referred to the latest pay award offer made by the new government to junior doctors which seemed to have been received positively. However, the potential GP ballot for industrial action was very concerning.

Mr Morritt reported that the new approach to Staff Brief was working well, with good engagement. A first senior leadership forum had taken place, and this had also been a successful event.

In response to a question, Miss McMeekin reported that the salary uplift of 5.5% recommended for NHS staff would be backdated to 1 April although the payment date had not yet been confirmed. She reminded Board members that they had taken the decision to award a 2% uplift to the lowest paid staff in advance of the pay award agreement. Mr Bertram advised that a 2% increase had been assumed in the budget and discussions were already underway to determine how the difference would be funded. It was noted that the delay in the agreement and payment of the annual uplift was a matter of concern for many staff. Mr Bertram advised that the Trust had no autonomy to action increases earlier, as a national payroll system was used.

Miss McMeekin provided a brief update on the BMA's published "rate card" guide for NHS consultants in England, which set out how much they should charge their employers for non-contractual work. She advised that the Trust had resisted paying these high rates.

In response to a question, Mr Morritt advised that attendance at the recent senior leadership forum had not been mandated but there had been an expectation that relevant staff would attend. There had been good representation from a range of areas and staff roles. Ms Brown reported that good numbers of staff joined the Staff Brief online session, and a similar number watched the session at a later date. Those engaging were from a range of roles.

8 Quality Committee Report

Dr Boyd briefed the Board on the key areas discussed at the meeting of the Quality Committee on 23 July. She highlighted the following:

- there was a risk that improvement work in Maternity and Neonatal Services would be stalled due to lack of capacity, and it was proving challenging to continue to motivate staff whilst decisions about investment were awaited;
- the Committee had discussed the risks of patient harm arising from delays to ambulance handover in the Emergency Departments; Committee members were provided with some assurance by the creation of an Urgent and Emergency Care Board, to be chaired by the Chief Nurse;
- the Senior Leadership Team of the Surgery Care Group had shared concerns around the care of medical outliers, and particularly the lack of clarity around the responsibilities of junior doctors; Care Group leaders had shared information about work they had undertaken to resolve these issues, which would be disseminated to other Care Groups; however, the Committee had requested further assurance and had discussed how visibility of this issue might be improved.

Mr Barkley noted the increase in reports of violent and aggressive behaviour towards staff which had been flagged in the escalation report. Mrs Parkes explained that there had been work to raise awareness of the issue and as a result there were higher levels of reporting. The themes, however, were different. Staff training was being implemented and this had supported staff in keeping themselves safe. A policy was also progressing through governance routes for approval by the Executive Committee.

9 Resources Committee Report

Mr Dillon provided the report from the meeting of the Resources Committee on 16 July. The Committee had discussed Urgent and Emergency Care performance and the financial position:

- the Trust was adrift of plan by £2m in Month 3;
- there was some positive news in the reduction of bank and agency staff spend, and significant efficiencies of £1.3m this financial year from the e-rostering programme;
- the Cost Improvement Programme had delivered £14m of savings in the first three months in the financial year, £13m of which were recurrent.

Mr Dillon reported that the Committee had also received an excellent presentation on cancer care and had been assured of good progress, and the plans in place to continue this improvement.

Mrs Parkes noted that the reduction in agency and bank staff costs had resulted in improved care for patients from staff in substantive roles.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley praised the improvements in the metrics on the Cancer scorecard.

Mr Barkley noted that the reduction in the number of patients waiting more than 12 hours for treatment in the Emergency Departments (ED) was encouraging. He commented that Statistical Process Control (SPC) charts for emergency care attendance and Type 1 attendances would be valuable additions to the TPR.

Action: Mr Hawkins

Mrs Mellor asked whether EDs were still experiencing a large number of type 4 patients arriving. Ms Hansen confirmed that this was still the case, but Yorkshire Ambulance Service (YAS) crews were soon to be provided with a revised list of options for type 4 patients which would be more appropriate than conveyance to ED.

Ms Hansen was asked for an estimation of the timescale for improvements to UEC performance. She advised that a two-year improvement plan was in place, and she was confident that the actions would be successful. The pace of implementation needed to be accelerated but it was important to balance this against the need to consider staff wellbeing. The Trust was being supported by regional teams. Mrs Parkes added that she and Dr Stone worked closely with Ms Hansen on UEC performance; progress had been made in changing the culture of ownership of UEC issues across other areas which was encouraging.

Mrs McAleese queried why the Emergency Care Standard data for Type 1 patients, the most seriously ill, was lower than for all patient groups. Ms Hansen explained that this was due to a combination of factors, including lack of beds. There was discussion about the number of referrals to the Same Day Emergency Care (SDEC) service which Ms Hansen advised should increase now that the new Optimal Care Service (OCS) was in place although the SDEC service was limited by capacity.

Mr Barkley asked for an SPC chart to be added to the TPR for non-elective admissions data. Mr Lawrie would ensure that this was added.

Action: Mr Hawkins

A query was raised about the accuracy of the data relating to senior reviews of patients on admission by clinicians. Ms Hansen responded that this was a work in progress; the accuracy would continue to improve.

In response to a question, Mr Bertram provided clarification that £1.2m of funding from the Cancer Alliance was confirmed and a further £250k had been bid from NHS England's cancer performance recovery fund.

Mrs McAleese queried how the Trust maintained services during peak holiday periods. Executive directors explained that annual leave was managed as part of operational planning and the e-rostering system supported with this; there were some decreases in operational activity during peak holiday periods, but these would only impact on additional work.

With reference to a query about health inequalities impacting on Referrals to Treatment, Ms Hansen advised that the Health Inequalities team was reviewing which metrics to report and how these should be benchmarked. Mr Barkley noted that the data demonstrated that the level of deprivation index did not impact on the treatment received.

It was noted that the data on operations cancelled on or after the day of admission seemed to refer to March. Mr Lawrie would investigate this anomaly.

Action: Mr Hawkins

Ms Hansen agreed to bring a paper to the Resources Committee which would provide further detail on follow-up partial bookings for outpatients.

Action: Ms Hansen

Mr Lawrie was asked to update the Board by email on the implementation date for the new automated process which would ensure that Patient Initiated Follow Ups (PIFU) were correctly added to the PIFU list.

Action: Mr Lawrie

It was agreed that the use of the terms “baseline” and “target” in the TPR should be reviewed as it was not always clear which one applied. Mr Lawrie would follow this up with his team.

Action: Mr Lawrie

A question was raised about virtual ward patients. Ms Hansen explained that the Trust accommodated as many patients as possible in the virtual ward, supported by specialties. There were no specific targets to meet. All virtual ward beds were currently being used.

Quality and Safety

Mr Barkley queried the reasons for the reported closures of the maternity unit at York Hospital. Mrs Parkes responded that the maternity unit was only closed if there were insufficient midwives and for a few hours at most. Closure was authorised by the Director of Midwifery or another Executive Director. Mrs Parkes explained that the home birth service could only be offered if trained midwives were available. The increased trend for free births was noted.

Workforce

The Board noted the encouragingly low vacancy rate for Healthcare Support Workers.

Miss McMeekin provided a brief update on the recently opened Mutually Agreed Resignation Scheme (MARS) and advised that the line manager development programme had been launched.

Digital and Information Services

In response to a question, Mr Lawrie reported that the recent CrowdStrike outage had fortunately had minimal impact on the Trust’s services.

It was agreed that information on the development of the new Electronic Patient Record (EPR) should be included in the TPR.

Action: Mr Hawkins

Finance

Mr Bertram reported that, at the end of Quarter 1, the Trust was £2m adrift of its financial plan. He referred to a graph in the TPR which represented the profile of the financial plan and advised that the growth of the deficit was forecast to slow down through Quarter 3 and then to remain flat through January and February. Income from the ICB was expected in March 2025 which was represented by an upturn in the trajectory.

Mr Bertram outlined the best and worst case scenarios for the forecast deficit. In terms of variances to the plan, there was currently a £2m shortfall in the efficiency plan and cost pressures from high-cost drugs and devices. There was no additional funding in the system for new high-cost drugs, but a working group had been established, through which information would be shared and resource for new drugs discussed. Recently approved new drugs would cost the Trust £250k.

Mr Bertram noted that medical agency costs were more than had been assumed but nursing agency costs had been significantly reduced.

Mr Bertram highlighted that the Elective Recovery Fund was currently at 118% of its 2019/20 benchmark; the Fund was forecasted to provide £4.5m of income over the financial year which would be crucial to the Trust's budget management plan.

In terms of the Cost Improvement Programme, Mr Bertram reported that £14m of savings had been delivered against the aim of £53m, and plans were in place for a further £30m, leaving a gap of £9m. Mr Bertram cautioned that £18m of possible savings were considered medium or high risk in terms of delivery. Other teams were working on risks to quality of care of cost saving schemes. Mr Bertram highlighted the progress made: £3m of savings had been delivered in Month 3. However, the Cost Improvement Programme was beginning to lose pace and Mr Bertram expected difficult discussions with the ICB regarding the financial plan.

Mrs Mellor asked whether the efficiencies in procurement referred to by the director of the procurement collaborative at a recent meeting of the Resources Committee would be realised. Mr Bertram responded that efficiencies had been identified and programme of work with Care Groups was underway. The potential savings were already included in the plan but there was a possibility that they might be exceeded.

11 Staff Survey Improvement Action Plan

Miss McMeekin presented the Staff Survey Improvement Action Plan which had previously been presented to the Resources Committee and the Executive Committee. Miss McMeeken advised that the action plan had been co-created by the Change Makers. The action plan presented was aimed at corporate areas of the workforce, and other areas would review the plan to ensure that it was bespoke for their workforce. Miss McMeekin invited comments and questions, noting that the team were already reacting to comments made at the Resources Committee meeting to make the targets more measurable.

There was discussion about the importance of digital access for all staff in recording their views via the staff surveys, as some staff roles did not have access on a day-to-day basis. Mr Bertram assured Board members that this was a current focus as paper pay slips would soon be discontinued, and all payslips issued through the NHS England payroll system would be electronic.

Ms Grantham asked if the Change Makers would continue to be involved once the programme had finished. Miss McMeekin confirmed that they would; she hoped to grow the number of Change Makers as their contribution to communicating the Trust's plans was proving invaluable.

Mrs Parkes challenged as to whether the target for improving the scores for a compassionate and inclusive culture was sufficiently ambitious given the two-year programme of improvement. It was agreed that consideration would be given to revising the target.

Mr Barkley queried the role of the People Promise manager. Miss McMeekin explained that this was a nationally approved role focussed on retention which was funded by NHS England for 12 months. A midwife from the Trust was currently in post and her work was aligned to the Our Voice Our Future programme.

Mr Barkley noted the action *address staff feedback that 'nothing changes'* and suggested that staff should be asked to be more specific about the changes they wanted to see. Miss

McMeekin explained that the survey system redacted some details such as personal information from the free text comments; the key point was to encourage completion rates.

12 Annual Inpatient Staffing Review

Mrs Parkes presented the paper, noting that the review aligned with the established requirements of the National Quality Board (NQB, 2016) and the NHS Improvement (NHSI 2018) Workforce Safeguards to ensure that the Board was cited on the assessed and recommended nurse staffing workforce required to care for inpatients. The review had taken into account quality metrics, professional judgement and the staff required to meet the needs of patients. Mrs Parkes advised that the Board would receive the Inpatient Staffing Review twice a year, one of which would be in-depth. Staffing reviews for all other nursing areas would also be completed.

Mrs Parkes advised that ward staff were using the Safer Nursing Care Tool Audit which was becoming embedded but further assurance was needed on the accuracy of the data provided. Teams were prone to requesting higher level staffing levels than acuity or bed levels required. The staffing review would need to be completed several times to refine the outcomes. Mrs Parkes highlighted the opportunities for the role of a nursing associate and drew attention to plans for a deeper dive into nurse staffing in acute assessment units, respiratory and stroke areas.

Professor Morgan asked how Mrs Parkes would know when the data collated was sufficiently reliable for an accurate Whole Time Equivalent (WTE) to be determined. Mrs Parkes responded that there were a number of factors to be taken into account and nurse staffing in some areas was mandated. The Safer Nursing Care Tool needed to be used consistently as this would provide most helpful data.

Mrs McAleese asked how the Board could be assured that staffing levels were appropriate. Mrs Parkes responded that the data in the report did not necessarily reflect the quality of care, which was not lacking. She was confident that all services were safe.

Ms Charge asked about the reference to an approximate number of beds. Ms Hansen responded that the number was approximate due to a number of unplanned areas being currently open.

Mrs Parkes observed that, despite the constraints on investment, there were opportunities to better use resources. Mr Bertram cautioned that there would be difficult choices, due to the pressure to implement the Cost Improvement Programme and to reduce the run rate. Mrs Parkes confirmed that work was already in progress to re-align the nursing workforce.

The Board received the Nurse Staffing Inpatient report and noted the need for further nursing data assurance and analysis.

13 Annual Complaints Report

Mrs Parkes presented the report and agreed with Mr Barkley that it should include input from the Patient Liaison and Access Service (PALS), and other patient experience areas such as concerns. She suggested that a Patient Experience report would fulfil this remit in future, although the themes arising from these areas mirrored those of complaints.

Mr Barkley noted good practice shared by the Medicine Care Group in the report: matrons were introducing themselves to families on the ward at visiting times so that any concerns

could be raised informally. Mrs Parkes confirmed that this practice would be encouraged in other Care Groups.

Board members agreed that including comments and recommendations made at Committee level on the report cover sheet was useful, and further strengthened the governance process.

Mr Barkley drew attention to complaints to the Surgery Care Group from patients who were not clear about their ongoing treatment plans as the letter from the clinician to the GP had not been copied to them. Dr Stone noted that the letter should be addressed to the patient, with a copy to the GP. It was agreed that this should be Trust practice. Dr Stone to follow this up with Care Group Directors.

Action: Dr Stone

14 CQC Compliance Update Report including Journey to Excellence

Mrs Parkes presented the report.

Mr Barkley asked if all the CQC actions could be completed by the end of the calendar year. He expressed confidence in the rigorous process in place for agreeing the closure of actions but was unsure about the practice of agreeing multiple extensions. Mrs Parkes responded that there was an ongoing process to agree with the CQC that some actions could be moved within the remit of programme boards, thus becoming "business as usual". A position statement was in the process of being drafted. Mrs Parkes thought that the actions could be completed by the end of December that were not those that necessitate continuous attention as part of the remit of programme boards such as achieving UEC standards.

15 Maternity and Neonatal Reports (including CQC Section 31 Update)

Mrs Parkes presented the reports. She began by reporting that there had been one neonatal death in May, which was being reviewed under the normal processes. There had also sadly been one death of a mother visiting the area, nine weeks after giving birth; Mrs Parkes provided further details.

Mrs Parkes highlighted the month on month reduction in Post Partum Haemorrhages over 1500mls and commented that this now seemed to be a sustained trend.

Mrs Parkes drew attention to the details in the report which set out the potential impact of continued underinvestment on the implementation of service's improvement plan. Work continued to identify other options to resource staffing. In response to a question, Mrs Parkes updated the Board on work on the maternity theatres and confirmed that theatre practitioners had been appointed.

The Board approved the Section 31 Update.

16 Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance - Quarterly Action Plan Update

Ms Hansen presented the report which had also been presented to the Resources Committee.

The Board noted the progress against the actions.

17 Board Assurance Framework Q1 Report

Board members were in agreement that the new format for the Board Assurance Framework was helpful. There was some discussion on the ratings for particular risks and it was noted that the risks themselves would be reviewed once the new Trust strategy was approved.

The Board approved the Quarter 1 2024/25 Board Assurance Framework.

18 Fit & Proper Persons Test Annual Report

The Board noted the assurance provided in compliance with the NHS England Fit and Proper Person Test Framework for Board members.

Some amendments were suggested to the register.

Action: Mr Taylor

19 Questions from the public received in advance of the meeting

There were no questions from the public received in advance of the meeting.

20 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 September 2024 at 10.00am at Scarborough 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. Update 31.07.24: Dr Stone advised that this should be presented to the Board as part of the Research Strategy; the target date was therefore moved to November.	Jul 24 (from Feb 24) Nov 24 (from Jul 24)	Amber
BoD Pub 10	22-May-24	11	Trust Priorities Report	Remove the metric on "waits over 78 weeks"	Chief Digital & Information Officer	Update 31.07.24: this action was carried forward.	Sep 24 (from Jul 24)	Amber
BoD Pub 12	22-May-24	11	Trust Priorities Report	Add phasing information to the next Finance report, and a year-end forecast based on trends to date and other known factors	Finance Director	Update 31.07.24: Mr Bertram explained that phasing information had not been included in the Month 3 Finance, as it depended on the outcome of ongoing discussions with the ICB, but it would be included the Month 4 forecast. Mr Bertram provided further background, noting that there was more work to be done on forecasting. The action due date was amended to the next meeting in September.	Sep 24 (from Jul 24)	Amber
BoD Pub 16	31-Jul-24	5.1	Children and Young People Community Waiting List	Present paper with a timescale for initiatives to reduce waiting lists, which would include details of numbers of first out-patient appointments each month compared to the number of referrals.	Chief Operating Officer		Oct-24	Green
BoD Pub 17	31-Jul-24	10	Trust Priorities Report	Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.	Chief Digital and Information Officer		Sep-24	Green
BoD Pub 18	31-Jul-24	10	Trust Priorities Report	Statistical Process Control (SPC) chart to be added to the TPR for– non-elective admissions data.	Chief Digital and Information Officer		Sep-24	Green
BoD Pub 19	31-Jul-24	10	Trust Priorities Report	Investigate anomaly in data on operations cancelled on or after the day of admission.	Chief Digital and Information Officer		Sep-24	Green
BoD Pub 20	31-Jul-24	10	Trust Priorities Report	Present a paper to the Resources Committee which would provide further detail on follow-up partial bookings for outpatients.	Chief Operating Officer		Oct-24	Green
BoD Pub 21	31-Jul-24	10	Trust Priorities Report	Update the Board by email on the implementation date for the new automated process which would ensure that Patient Initiated Follow Ups (PIFU) were correctly added to the PIFU list.	Deputy Chief Digital and Information Officer		Sep-24	Green
BoD Pub 22	31-Jul-24	10	Trust Priorities Report	Review use of the terms "baseline" and "target" in the TPR.	Deputy Chief Digital and Information Officer		Sep-24	Green
BoD Pub 23	31-Jul-24	10	Trust Priorities Report	Include information on the development of the new Electronic Patient Record (EPR) in the TPR.	Chief Digital and Information Officer		Sep-24	Green
BoD Pub 24	31-Jul-24	13	Annual Complaints Report	Dr Stone to ensure that Care Groups are advised of Trust practice re: letters from clinicians detailing ongoing treatment plans.	Medical Director		Sep-24	Green
BoD Pub 25	31-Jul-24	18	Fit & Proper Persons Test Annual Report	Make amendments to Fit & Proper Persons report as discussed.	Associate Director of Corporate Governance		Sep-24	Green

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 September 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 Objectives

- ☒ Timely, responsive, accessible care
- ☒ Great place to work, learn and thrive
- ☒ Work together with partners
- ☒ Research, innovation and transformation
- ☒ Deliver healthcare today without compromising the health of future generations
- ☒ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

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	25 September 2024	

Chair's Report to the Board – September 2024

1. During the past two months I have had several one to one meetings with Directors including a Care Group Director, and our Lead Governor.

2. I spent a morning having an excellent pre-arranged visit to several of the Facilities Services at York Hospital. The enthusiasm and commitment were very evident.

3. I visited the Sterile Services Department at York Hospital and the Easingwold Renal Dialysis Unit. It was very worthwhile listening to the concerns and suggestions for improvement of colleagues who work in those services.

4. I had a pre-arranged visit to the Materials Management service to better understand how the service works, where I met several colleagues who work in the Procurement service who gave me an informative briefing, including learning about the significant "Scan for Safety" project that they are leading on behalf of the Trust.

5. I spoke and answered questions at the penultimate session of the Leadership Development programme that the Trust commissioned for BME colleagues. Earlier this month I attended the final session to listen to the participants present the improvement project they had worked on as part of their leadership skills development. It was an inspiring and humbling morning. Not only were the projects really significant but crucially each participant had previously commented that the Programme had led each person to increase their self-confidence, which is such a brilliant outcome. I am so pleased that the Trust commissioned the programme acting on the advice of Virginia Golding, Head of Equality, Diversity and Inclusion.

6. With Melanie Liley, I met with members of Bridlington Health Forum last month to explain the statistics about the location of out-patient attendances by residents of the Bridlington catchment area. It was a very constructive meeting, and three specialties were agreed to review their present pattern of out-patient clinics to determine if it is practical to have more located at Bridlington Hospital. Once this has work has been completed, a further three specialties were identified for the "phase 2".

7. I met with the Chair of the Friends of York Hospital, who raised a couple of concerns with me which I will follow-up with the relevant Director/s.

8. I chaired the September meeting of the Council of Governors which took place in Bridlington North Library. Several Councillors and members of Bridlington Health Forum attended. I thought it was a good, positive meeting, although attendance of Governors was a bit low, but I suspect that this also reflects the fact that we have quite a few vacant governor positions. I have also attended two meetings of the Membership Development Group.

9. With virtually all members of the Board, I attended the Trust Board workshop to which more than 35 senior clinical and managerial colleagues were invited to develop the basis for the Trust's Annual Plan for 2025/26. I believe the day achieved its principal aim of agreeing the framework for Directorates to develop their plans, and crucially there was a high level of engagement and rich discussions taking place. I look forward to the next development day including Clinical Directors in January to pull together Directorates' plans and help the Board to understand how the Board can support Directorates to achieve their plans.

Martin Barkley

Report to:	Board of Directors
Date of Meeting:	25 September 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 Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

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This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

For the Board of Directors to note the 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**

Chief Executive's Report

1. Report of the Independent Investigation of the NHS in England published

As has been widely reported, Lord Darzi's report was published on 12 September. Lord Ara Darzi was asked to undertake a rapid independent investigation into the state of the NHS in England, assessing access, quality and the overall performance of the health system. The report will inform the Government's ten-year plan to reform the health service, which will be led by the Department of Health and Social Care.

In summary, these are the key findings described in the report:

- The nation's health has worsened, with a significant rise in people suffering from multiple long-term conditions.
- Waiting times, for both elective and emergency care, have increased dramatically.
- Cancer mortality rates are higher than other comparable countries, and there was no improvement in diagnosing cancer at earlier stages between 2013 and 2021.
- The Health and Social Care Act of 2012 caused long-term harm to NHS management capacity and capability which can still be felt today.
- A disproportionate amount of the NHS budget is spent on hospitals, and not enough on community and out of hospital care.
- Productivity, particularly in hospitals, has not improved despite an increase in the workforce and a greater proportion of NHS funding.
- There has been a significant underinvestment in capital.
- The impact of the pandemic has been profound, particularly in children's services and mental health, but most notably in elective care.
- There is no appetite for major structural reform, but there is a need to do further work on the roles and responsibilities of the various organisations within the current structure (e.g. ICCs). He also comments on the need to reform the regulatory environment.

Although the report does not make specific policy recommendations as this was not the scope of the investigation, Lord Darzi sets out the major themes to be explored in the upcoming ten-year plan for the NHS. These are:

- Re-engage staff and re-empower patients
- Lock in the shift of care closer to home by hardwiring financial flows
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation's prosperity
- Reform to make the structure deliver.

The Government has said that an honest assessment of the state of the NHS today is the first step towards improving performance and restoring public trust.

In response to Lord Darzi's assessment, Secretary of State for Health and Social Care Wes Streeting has described the need for three 'big shifts' in how the NHS provides care to achieve a sustainable future. These are:

- Hospital to community

- Treatment to prevention
- Analogue to digital

The findings of the report reflect what many of us working in the NHS already know to be the case, and we recognise Lord Darzi's view that it will take a number of years to turn the current position around.

Our own strategic planning and that of our wider system will need to respond to the ten-year plan once it is in place, and I will keep the Board up to date with this as further detail emerges.

You can read the report in full here: Independent investigation of the NHS in England - GOV.UK (www.gov.uk)

2. Industrial action

Further talks between the BMA and the Government have taken place in a bid to bring the junior doctors' industrial action to an end. A revised offer of 22% was made, which was put to a vote of members and accepted.

Meanwhile, the BMA's GP Committee balloted its GP contractor/partner members in England who voted in favour of strike action. The BMA is encouraging participating practices to take part in action at scale, and this began on 1 August. Unlike with the industrial action carried out by other staff groups, no defined timeframe for the action has been announced, with the suggestion that it may continue in some form for an extended period.

Whilst this clearly has the potential to cause considerable system-wide impact, to date we have not seen a significant effect on our acute and emergency services, although we are keeping this under close review.

3. No Excuse for Abuse

Anyone who has visited our sites in recent weeks will hopefully have seen our No Excuse for Abuse campaign, which launched in August.

Most of our patients and visitors are kind and appreciative of the care they receive, but there is a minority who are not.

We pride ourselves on continually striving to create a culture of belonging and to improve our awareness and appreciation of equality, diversity and inclusion. Our values and expected behaviours from colleagues, patients and visitors mean that we do not and will not tolerate racism, discrimination or abuse at any time, and we are committed to taking the most appropriate and serious measures if such actions are apparent. This includes incidences where this takes place between colleagues.

This is particularly timely given the recent protests and incidences of unrest that occurred up and down the country. Whilst we fortunately did not experience this in the communities we serve, we know that this was a cause of worry and anxiety for many staff, particularly given the racist nature of some of these acts.

The campaign gives a clear message that such behaviours and actions are not tolerated, as well as signposting staff to where they can access support if they experience this at work.

It is important that we all work together to create a workplace where everyone is welcome.

4. JAG accreditation

Following a rigorous assessment process we have been awarded accreditation by the Royal College of Physician's Joint Advisory Group on GI Endoscopy (JAG).

JAG accreditation is awarded to endoscopy services which can demonstrate they meet best practice standards.

The accreditation is for five years, subject to successful completion of an annual review, and covers all sites where we carry out endoscopy i.e. Bridlington, Scarborough and York.

In their accreditation report, the JAG was extremely complimentary about the service, describing evidence of 'high quality clinical leadership and engagement between teams' and how the 'harmonising of the excellent practices between sites will provide a high quality of care to all patients and training for all the workforce.'

This is fantastic news for our endoscopy services. Carrying out the action needed to achieve this accreditation has required a significant effort from the team, supported by many others in the trust, so well done and thank you to everyone involved.

5. Raising Awareness of Organ Donation

Organ donation week takes place from 23-29 September.

Currently there are around 7,500 people waiting for an organ transplant across the UK on the transplant waiting list, and three people die every day whilst awaiting an organ transplant.

One organ transplant doesn't just save a person's life, it gives them an opportunity to live a new one and turns their health around significantly, for example being free from requiring dialysis three times a week.

Only 1 in 100 deaths present the opportunity to be an organ donor, however, one organ donor can save up to nine lives.

Within the Trust our teams are using the week to raise awareness, not just amongst clinical staff in helping donation to take place wherever possible, but also for all of us to think about organ donation and to ensure our loved ones are aware of our wishes.

6. 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 our values of kindness, openness, and excellence through their actions. It is fantastic to see the nominations coming in every month in such high numbers, and I know that staff are always appreciative when someone takes the time to nominate them. August's nominees are in **Appendix 1**.

Date: 25 September 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

August 2024

Emma Sargent, Community Fundraiser | **York** | **Nominated by colleague**

I would like to nominate Emma in recognition of her exceptional execution of the recent Scarborough Urgent and Emergency Care Centre preview event for Y&S Hospital Charity.

This event was held to thank major supporters following the completion of our Scarborough UEC Appeal and ran seamlessly thanks to Emma's meticulous planning. Emma dealt with complex timings to ensure that we could tour the maximum number of donors efficiently throughout the morning. She planned every element of the morning in detail. Working closely with the Capital Planning team was instrumental to the success of the event. The donors were blown away with the tours, the new build, and the information they were given.

Emma's attention to detail extended to every aspect of the event, including working with the Post Grad team, organising catering, and providing topline information to help Martin Barkley and Simon Morritt with their speeches. The briefing packs prepared by Emma received high praise from both directors and donors. The level of detail included in these packs, particularly the invitee bios, were exceptional and contributed significantly to the positive feedback we received. This event was the largest of its kind the Charity has ever run, and its success is a direct result of Emma's hard work and dedication.

It is important to note that managing this event was above and beyond Emma's day job as Community Fundraiser. Her willingness to take on this additional responsibility demonstrates her commitment to driving higher standards in Y&S HC and showcased her organisational skills.

Emma has set the benchmark for future events for Y&S Hospitals Charity. As such her dedication and professionalism deserve to be celebrated.

Angela MacManus, Healthcare Assistant **York** **Nominated by colleague**

I would like to nominate Angela for a Star Award as she is a kind, friendly and reliable member of the team. She is always happy to help and is flexible; often moving around between clinics to help wherever she is most needed. She also very regularly stays after her shift or works extra shifts to help the clinic and the patients. She is dependable - you know if you are working with Angela then she will always work her very best and she is a great team player. She is also very knowledgeable and happy to share her knowledge and experience with other members of the team.

Well done Angela - you are a star!

Katie Smallwood, Administration Assistant **York** **Nominated by colleague**

Katie has been my go-to person to help me on my return to work following a car accident. She has been so helpful in all my car parking problems - she has helped me navigate the new car parking process and has always been kind, professional and responsive in all my queries. She has helped me as I have currently got reduced mobility and is always super organised and helpful. She has suggested ways to help, assisted me in doing this and even applied for temporary blue badge for me.

I cannot thank her enough.

Cara Hayes, Midwife Statutory Mandatory training | **Scarborough** | **Nominated by colleague**

Cara is extremely dedicated and committed in teaching the most important and common obstetric emergencies we come across in the labour ward. She is passionate about what she does and make sure the all the participants get the necessary training. One particular incident is when she demonstrated how to manage a postpartum haemorrhage of a patient delivering the baby in a birthing pool. She demonstrated it in a way the participants can get an experience almost similar to actual situation. Thank you very much.

Kirsten Power, Healthcare Assistant | **York** | **Nominated by colleague**

We had a vulnerable Parkinson's patient who had got confused about his appointment date and time and had come a few times during the week for his appointment. On his appointment day he arrived several hours early, and it was dreadful weather. He didn't have money for a taxi, and we were concerned about him walking home over the bridge at the back of the hospital, so we kept him in the department. Kirsten got him a drink and a hot meal, and after his appointment organised Age UK to transport him home and who would do a welfare check on the patient in a few days. Nothing is too much trouble and Kirsten always goes above and beyond to ensure patients are well cared for when in the department.

Oscar Lenoard, Pharmacist | **York** | **Nominated by colleague**

Nothing is too much trouble for Oscar; he greets everyone with a smile. He is caring and kind and always goes the extra mile to get meds done - so the patient can be discharged. He will go far with his attitude to life and everyone around him.

Andy Ainsworth, Biomedical Scientist **Scarborough** **Nominated by colleague**

A microbiology sample was received just as Andy was due to go home for the day, but he very kindly stayed beyond his time to perform the relevant tests - something he didn't have to do. Theatres had said the patient was in considerable pain, so by staying late - Andy would've saved time waiting for an on-call technician and managed to get a result for the patient sooner (hopefully helping their situation).

Andy is always very helpful and considerate. This example is just one of many in which Andy's dedication would've made a difference to patient care and the workload of other colleagues within the lab and across the hospital. Thank you, Andy.

Tracey Cleminson, Playworker **Scarborough** **Nominated by colleague**

Tracey helped me to distract a young child who was autistic, while I sutured the back of his head. She was calm, friendly, warm, and so professional in her approach. She enabled me to close a wound on the back of the child's head without causing more distress to him and reducing the pressure on me, in my work. She has such a calming influence, interacting with the mum and child to gain their confidence.

Thank you so much, I am sure I will utilise your skills again soon.

Oli Arikchenin, Consultant Hepatologist | **York** | **Nominated by colleague**

Dr Oli was looking after my father who was undergoing investigations for some unusual cystic lesions incidentally detected on an ultrasound. My dad was a radiological challenging case with no test really providing a lot of clues, so his information was sent to Leeds to be discussed at the MDT. The diagnosis that Leeds came back with did not sit right for Dr Oli as he had never seen a patient clinically presenting like my dad, with that diagnosis in his very experienced career.

Dr Oli contested the diagnosis with Leeds and suggested a second biopsy, which Leeds did then agree to. During the consultation with Dr Oli, he was very sincere, and my dad found him easy to talk with. Dr Oli very kindly provided me with contact details so I could get in touch with him direct if we had questions/queries. He maybe regrets doing that now as I did get in touch with him! But he most certainly did not have to do this, and he went above and beyond, and it really meant a lot to me and my dad.

As it turns out the second biopsy was more successful, and the pathologists at York were confident the original diagnosis from Leeds was incorrect. This has later been confirmed with a specialist nuclear medicine scan. My dad's care has now moved over to Leeds, but Dr Oli has since been in touch just to check in and see how my dad is doing - for a busy consultant with many patients again something I never expected but very kind and we will never forget.

If Dr Oli had not contested the original diagnosis, my dad would be receiving palliative care for the wrong type of cancer.

Thank you, we are lucky to have you at York Hospital.

Jenna Tucker, AHP Senior Operational Manager **York** **Nominated by colleague**

As senior AHP manager for Children's Therapy Services, Jenna goes over and above every day to ensure that the services she oversees are as safe and as high quality as they can be, allowing delivery of impactful interventions that really make a difference to the lives of our children and families. Jenna's passion and enthusiasm is infective allowing her to lead in the true sense of the word and take the teams on the journey with her. Jenna's positivity and energy for service improvement allow her to rise to challenge with maturity and sensitivity.

Jenna is well-respected and her compassionate leadership style together with the offer of unconditional support are overt strengths and the glue that holds the teams together.

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

Karen provides a wig fitting service for patients receiving chemotherapy. A patient recently saw Karen for a wig and emailed me, as Karen's manager, following her appointment:

"I went to Scarborough hospital on Saturday to see Karen, as she has returned to work. She called me, ordered in some wig options and went in on her day off to accommodate me. What an absolute star. She went above and beyond and treated me with care, compassion and smiles. I'm so very grateful to her and now have a decent wig to tide me over."

MSK medical secretaries	**Community**	**Nominated by colleague**

Due to unforeseen circumstances, the medical secretaries were faced with a routine letter back-log over 1,000 and dating back three months. The medical secretaries have worked extremely hard to bring this backlog down and we are now working within normal parameters for both urgent and routine letters.

During this period, the team managers have been working closely with the medical secretaries to mitigate the circumstances. The medical secretary team have embraced change enthusiastically and pulled together to overcome many hurdles. They have shown kindness and compassion to their colleagues during some difficult transitions. They have shown real dedication to their work and have done their best to ensure quality patient letters are completed in a timely manner. The team deserve recognition for their hard work, which has enabled the wider ESP team to deliver high standards of patient care.

Tracey-Jo Taylor, Cleaning and Catering Operative	**Bridlington**	**Nominated by colleague**

Tracey-Jo went above and beyond to help when we had some maintenance work on Bridlington Main Theatre. The works had overrun, and Tracey-Jo kept herself available at short notice to come in and clean up after ensuring the theatre would be spotless. Tracey-Jo deserves to have some recognition in the hard work, flexibility and friendly approach she showed when we needed help. Thank you, Tracey-Jo.

Lesley Gargan, Catering Operative	**York**	**Nominated by colleague**

Lesley has gone over and above to help the team out when we have been so short staff. Lesley helps to help with training new staff. Lesley is trustworthy and reliable member. Also, she has stepped up and run a shift. Just would like to say a big thank you to her.

Reena Tweedle, Extended Scope Practitioner **York** **Nominated by patient**

I saw Reena when attending as a patient. I felt not just listened to, but heard, she showed a genuine interest in my condition, and it was evident that she wanted to find a constructive way forward for me. She was proactive in her actions and demonstrated her Trust values at every point of our interaction.

Ann Ward, Medical Secretary **York** **Nominated by colleague (1) and colleague (2)**

(1) I work in Laboratory Medicine, and part of my role is to telephone out abnormal results to GP surgeries and consultant secretaries. Some days we have difficulty getting hold of secretaries and we have to try numerous times to get hold of them. Every time I telephone Ann who works for an oncology consultant, she always takes the results even if it is not the consultant she works directly with. Ann never passes the book onto somebody else; she just agrees to take them every time. Quite often we have to call different people because some are not willing to take the results of somebody else. She is a star in my eyes - and makes my job much easier. She is a pleasure to speak with.

(2) I am part of a team that telephone to notify people of abnormal blood test results. Ann is so helpful; she will always take results even if they are not for her consultant and will pass them on to the relevant individual. We are a very busy team and need to pass these results on and it is not always possible to get through, but we know that if Ann is at work, she will take them! Ann is a credit to her team.

Kym Brown, Advanced Specialist Nurse | **York** | **Nominated by patient**

I have been a patient of Kym's for several years and recently I have been struggling with my medication. Kym has gone above and beyond to help me and make sure I know what I am meant to be taking. I do not know what I would do without her. She is always really kind and goes out of her way to help me. I really appreciate it.

Julie Fahey, Nursing Band 6 | **York** | **Nominated by colleague**

Julie is a fabulous member of the team. She goes above and beyond her role and always helps colleagues with any issues they have no matter what she is doing, whether that is triaging over the phone, doing bloods, or taking on extra biometries. She is super skilled and supportive. Julie is fabulous colleague and she needs to know how great she is!

Selby Community Therapy Team **Selby** **Nominated by colleague**

I want to share some wonderful feedback from an occupational therapy (OT) student on completion of a recent placement with Selby Community Therapy Team (SCTT):

“I have had the best experience of my first placement and really appreciate all the support and guidance that everyone within the community teams at Selby have provided. Especially, Siân, Lizzie and Megan. I couldn’t have wished for better OTs to provide mentorship and share their experience as practitioners. The team have been so welcoming and I have felt like a valued team member throughout the past five weeks. I have achieved all my learning outcomes, which was made possible by the flexible and varied opportunities that the team have provided. Completing initial assessments, contributing to interventions, and writing up notes has ensured I have a clear understanding of the scope of service that CTT provide.”

Thank you all for supporting her on this placement; she has obviously had a great informative experience at the very start of her training and OT career - forming the building blocks of our future workforce.

Heather Griffiths, Scrub Practitioner | **Scarborough** | **Nominated by colleague**

Heather always turns up to work with a smile, despite the pressures. This weekend, Heather had changed her shifts at short notice to accommodate sickness within her team and stayed well beyond the end of her shift on the Sunday to ensure that a patient was able to have their operation. Without Heather being willing to stay, the patient would have had their surgery postponed for the day.

Heather did this on her own volition, with no complaints and without needing to be asked. Not only this, but she did it with her usual smile and good-natured, positive, can-do attitude. Although I am sure she would argue she is just "doing her job", I feel that she has gone above and beyond to live the Trust values. She not only ensured that the patient received the excellent care and surgery they needed, but also showed kindness to and supported the staff. Heather is always a delight to work with and she should take pride in her work and in her contribution to the team. Well done, Heather, and thank you.

Children's Therapy Services Team **Scarborough** **Nominated by colleague**

This nomination is in recognition of the commitment and dedication shown by the team towards new registrants joining the service, including providing a process of compassionate onboarding and induction, truly modelling the Trust values. The team provide formative support, being cognisant of learning styles and learning needs, recognise opportunities for further development, and support to maximise potential. This could mean additional or extended bespoke experiences and opportunities being provided over and above the expectation. The team have delivered on the programmes with sensitivity and kindness. It is heart-warming to observe their inclusive approach, attention to detail. and wrap around holistic support for probationary staff.

An international recruit gave the following feedback: "I feel fortunate to be a part of children's therapy team as each member of the team is kind, open to conversations, and are excellent at what they do. My manager and clinical supervisor and management supervisor made sure to provide support in clinical areas and health and wellbeing. Reflecting on my journey from internationally educated physiotherapist to band 5 physiotherapist, it was a rollercoaster ride, but this transition seemed a little easier because of the support I received. Thank you so much to the entire crew!"

AHP Special Educational Needs and Disability Champions	**York**	**Nominated by colleague**

There was a recent Special Educational Needs and Disability (SEND) inspection involving the York Children's Therapy Team. This was a short notice, high-pressured inspection, requiring last minute attendance at meetings and the collation of thorough and detailed chronology pertaining to children selected for scrutiny. Despite a very busy day jobs, the SEND Champions, particularly Team Manager Emilie Meynell, went over and above to provide high quality and complete information for the inspectors. The initial preliminary soft feedback from inspectors described good engagement and recognised the hard work from the providers. Champions in the true sense of the word!

Bronte Unit and Blood Transfusion Specialists	**Scarborough**	**Nominated by relative**

My Dad is receiving regular blood transfusions and recently he has had reactions during transfusion. The Bronte team have all been amazing, particularly Philippa and Carly. The rest of the team have also been brilliant, including Jenny who does not even usually work on that ward. Their care, kindness, and compassion, not only for Dad, but also for me, make the NHS what it is. A huge thank you from both of us.

The blood transfusion specialist, specifically Jordan and Tina, are working hard to understand what unusual situation is causing Dad's current problem. They are efficient, kind, and tenacious, and really care about finding the answer. Another huge thank you from us both.

Ward 26 **York** **Nominated by relative**

My father-in-law was on Ward 26. He unfortunately had to spend his 90th birthday in the hospital, but, unknown to us, the staff had all gone in the morning to sang happy birthday and give him a handmade gift and a lovely cake. The staff are just wonderful and they went above and beyond for him. He was eventually transferred to a different ward, but when he came home, he visited Ward 26 so say goodbye. The staff gave him lots of hugs and wished him all the best. We were all in tears. Thank you, Ward 26, for your care and support, we will never forget it.

Amber Mitchell, Deputy Sister **Scarborough** **Nominated by colleague**

During a night shift in ED, I was looking after a patient who had a problem with their stoma. The patient had a specific colostomy bag that we did not hold in ED and required specialist input to source this so we could safely discharge her to her nursing home. It was the middle of the night and I made a call to Amber to ask about the stock on Maple Ward of specialist stoma bags. Amber was incredibly helpful and gave up her time. Despite looking after unwell patients on Maple Ward, she come down to ED with multiple different bags and even removed, cleaned, and replaced the patient's colostomy bag herself.

I was so grateful for her help, and throughout she was incredibly kind and compassionate. The patient was then promptly returned to her nursing home and was also very grateful for the care she had received.

Nuclear Medicine Team **York** **Nominated by colleague**

The nuclear medicine department is having its gamma camera replaced with a SPECT-CT machine and the whole department is also having a long overdue refurbish. Due to the length of the replacement scheme and the building works involved, this has meant the closure of the nuclear medicine department for a period of four to five months, leaving us without a nuclear medicine service during this time.

To avoid disruption to patients, particularly those on cancer pathways, urgent scans are being done at Leeds until we reopen. To support this, all the nuclear medicine radiographers have been going to work at St James Hospital Nuclear Medicine department on a rota, to support their staffing requirements and enabling York patients to be scanned there whilst we are closed. The Nuclear Medicine Team have embraced this change and the system is working well. A positive from this experience is that we are working with scanners similar to the one coming into York, which is giving us valuable experience in anticipation of restarting the service at York and providing patients with the best scanning technology available.

We are also maintaining the sentinel node localisation service and thyrotoxic therapy service at the York site during this downtime. This has meant different systems of work as we have been moved out of nuclear medicine during the replacement scheme. The scanning admin team and PACS team within radiology have also had to absorb extra workload during this period and have been brilliant.

I am nominating my team because I am so proud of them all and their commitment to our patients, ensuring we continue to provide the best service we can, during a very challenging time. I look forward to seeing the new nuclear medicine department flourish when it opens in November.

Medicine Clinical Governance Team **York** **Nominated by colleague**

The Medicine Clinical Governance Team formed as part of the care group restructure. Earlier this year we had two very separate clinical governance teams (Care Group 1 and Care Group 2) and were asked, as part of the restructure, to merge the two teams into one care group wide team. How they achieved this was in their control. Both teams took the "bull by the horns" and "ran with it" and I am so proud to see where we are as one team in such a short space of time.

Every member of the team has embraced the change; working and supporting each other with pure enthusiasm and positivity. Looking at how they can learn from each other and joining forces to merge what is working well has been inspiring. I want to acknowledge and thank them all. It is genuinely a pleasure and honour to be part of such an awesome, dedicated, and compassionate team who is always looking to improve and do they best they possibly can. Each team member demonstrates the Trust values every day.

Amy Mercer, Occupational Therapist | **York** | **Nominated by colleague**

Amy gave an example of effectively utilising the RATS team when she assisted with discharging a patient by supporting a rapid assessment and treatment planning. This included a mobility assessment, working closely with the EPIC to safely assess and discharge, working with Selby Hospital to refer for rehab and to get them admitted before their cut off time, working closely with the ambulance crew and co-ordinator so that they could support a return journey out, and working closely with other doctors in the department to ensure EPMA complete and any other outstanding medical tasks.

This was a true representation of how the RATS team should be utilised in the ED department. Working seamlessly with the MDT to rapidly assess, treat, and discharge a patient to the appropriate environment where possible. It was excellent work and Amy is a credit to the team. I was proud to work with Amy on this and achieve a great result.

Anna Hawthorne, Sister, and Wendy Billsborough, Advanced Nurse Specialist | **York** | **Nominated by colleague**

Anna and Wendy have successfully spearheaded a reception triage pathway for coil fits. They created a triage criteria, video, and FAQs for the website to allow patients who would like a coil to be directly booked and gain all the necessary information through the video prior to the fit. Prior to this pathway being implemented all patients would have a phone call with a nurse prior to their coil fit appointment. This change has proven to be convenient to patients and has saved an average of 133 appointments per month, which equates to 66.5 hours nursing hours which has been re-allocated to face-to-face clinics. Congratulations Anna and Wendy on your achievement. You are both really valued members of our team and bring innovation to the service.

Joshua O'Loughlin, Catering Operative	**York**	**Nominated by colleagues**

Joshua started as a volunteer and has now been given a part-time contract. He is an asset and goes above and beyond as needed, even starting early when he saw a colleague struggling.

Abigail Griffiths, Senior Physiotherapist	**York**	**Nominated by colleague**

Working in ED, our team assesses patients in a timely manner to avoid unnecessary hospital admissions, and ensures patients have appropriate follow-up and support in the community when they return home. One evening we received a referral from the triage nurse for an elderly patient who was with an ambulance crew. They had not yet been admitted into ED, but the nurse asked Abbie and me if we could proactively assess this patient and identify a way to avoid them having a long, unnecessary wait in ED, as they did not need to be admitted to an acute hospital. We assessed the patient and identified they were appropriate for a community rehabilitation bed; however, a senior doctor review and ECG were required prior to going there. They also requested they were admitted before 8pm, as this was their cut off time, so we had one hour to arrange the doctor review and transport.

Through liaising with the multi-disciplinary team including the nurse in charge, doctor in charge, and Yorkshire Ambulance Service team leader in ED, we got everything in place to appropriately transfer this lady to an inpatient rehabilitation bed in a timely manner. Abbie demonstrated a fantastic and positive 'can-do' attitude in this situation and overcame barriers by using positive communication and partnership when working with our multidisciplinary team colleagues in ED. As well as being person-centred throughout and ensuring the patient in question had the best possible outcome and patient journey, this also reduced pressures on ED and inpatient wards at York Hospital.

Michaela Cullen, Medical Education Simulation and Technology Team Leader	**Scarborough**	**Nominated by colleague (1) and colleague (2)**

(1) Michaela is one of the true unsung heroes of the NHS. Often working in the background and going under the radar, her contribution to medical education and clinical skills teaching cannot be overstated enough. She is a very modest, but vitally important part of the medical education team and many courses, in-situ sims, and teaching sessions would not function without her. She is always willing and determined to answer "yes" to everything ever asked of her and prides herself on overcoming a new simulation challenge. In Michaela's eyes, there is not anything that cannot be achieved when it comes to simulation. The impact this has is incredibly profound, touching the training and development of countless numbers of clinical staff and indirectly contributing to the excellent care we all strive to deliver to our patients.

More recently Michaela has, almost single handedly, pulled together a gruelling two-week programme of simulation designed to test the new Urgent and Emergency care facility at Scarborough Hospital. This has required dedication, monumental organisational skills, and the bringing together of multiple specialties and multi-disciplinary teams' members to ensure that this state-of-the-art facility is put through its paces and is ready to start treating the next generation of patients. This quiet, unassuming, and dedicated work in the background will having a lasting impact on the care that we as health teams will deliver to our local community. Michaela's contribution to this has been more than vital in making this possible and is something she should be congratulated for, recognised for, and, above all, proud of. Healthcare heroes come in all varieties and Michaela and her role is one of the hidden ones. Well done, Michaela.

(2) I am nominating Michaela for her significant commitment to the delivery of four weeks of simulation testing of the new UECC build

in Scarborough. She has worked tirelessly to facilitate these sessions, checking new clinical pathways, and putting patient safety at the core of our move into the new build. She has faced challenges but has motivated and organised groups of senior colleagues from various care groups to ensure all the testing has been completed as planned. Throughout all of this she has remained positive and lived the Trust values.

Sue Bullamore, Ward Clerk	**Scarborough**	**Nominated by colleague**

For over a year, Sue has been the only substantive ward clerk covering Rainbow Ward. Sue has worked tirelessly to provide a seamless admin service to her ward colleagues, working flexibly when we've needed, and going above and beyond to ensure as little disruption to the ward and service as possible. She even changed her annual leave to help us!

Sue is a pivotal member of Rainbow ward, who everyone relies on and finds it hard to live without when she's not there. Sue consistently works hard and is an asset to the team. I would like Sue to know how much she is appreciated by all and take this opportunity to celebrate everything she does, day in, day out. Thank you for everything, Sue, for your patience, and for being my star!

Rosemary Beavors, Helen Lilliford and Andrea Thompson, Domestic Assistants	**Selby**	**Nominated by colleague**

I would like to nominate Rosemary, Helen and Andrea for going above and beyond in their duties. Recently, there has been several times when our domestic team have faced the unpleasant task of dealing with highly infected areas of the public toilets within the hospital. In a professional manner, they have dealt with their work with a speedy and efficient approach. They have remained diplomatic during this difficult time, which demonstrates our Trust values of kindness and excellence. I feel these ladies should be recognised and appreciated for all their hard work.

Equipment Library Team, Tissue Viability Team, and Infection Prevention and Control Team	**Scarborough**	**Nominated by colleague**

Thank you to the staff who helped with conducting the Trust-wide mattress audit on top of doing their day jobs. This included staff from the Equipment Library, Tissue Viability, and Infection Prevention and Control. Also, thank you to the staff in the ward areas for helping getting patients out and ensuring beds were ready for the audit.

Tabitha Kennedy, Healthcare Assistant	**York**	**Nominated by, relative**

During a night shift, I witnessed Tabitha deal with all patients in ED with professionalism and empathy. It was incredibly busy, but this did not stop Tabitha making time to speak with patients and carers with understanding and getting them the care they needed. Her manner was incredible for someone so young, I have nothing but admiration for her, she is an absolute asset to the hospital.

Sneha Joseph, Staff Nurse	**Scarborough**	**Nominated by colleague**

Sneha continually provides the highest quality patient care. I recently worked a shift with her where she was looking after an unusually high number of patients. Not only was she able to provide the high quality nursing care that she continually provides, but she also spent a huge amount of time providing high quality personal care along with her healthcare assistant. Not only this, but she was able to manage a ward of 34 beds without the help from senior staff.

Morgan Christie, Epilepsy Specialist Nurse **York** **Nominated by colleague**

New to the neurology department, Morgan has embraced her new role, always thinking ahead of current situations or looking for potential for situations to change. She has a friendly smile and is eager to help others. The friends and family cards are true testament to Morgans work. She is described as "friendly" and they say, "I felt listened to and given time to respond" and "helped me with another problem not relating to my appointment". What a great start to a career. She is an asset to the neurology department.

Hayley Scott, Student Midwife **York** **Nominated by relative**

Hayley was excellent when she cared for my fiancé during her labour. For the full 13 hours of her shift, she ensured the best for my fiancé, my child, and me. She spoke to us professionally, actively listened, showed interest in us, and reassured us during a very difficult time. She made sure my partner remained calm and as stress free as possible. She went above and beyond, always putting others above herself. Hayley is going to do great in her future career as a midwife and we wish her the best of luck. She is a credit to the team, hospital, and Trust.

Paediatrics ED, Ward 17, and Ward 18 **York** **Nominated by relative**

Our son is a frequent visitor to paediatric ED and wards 18 and 17 for over two years since he was a baby. On every occasion he has been in hospital, the staff, including the doctors, nurses, healthcare assistants, and play team, take excellent care of him and us. He is always assessed quickly and given the treatment he needs as soon as possible. The whole team always do the best they possibly can for him. As a family we are so grateful for everything the staff do for him and for our family. Thank you to every one of you.

Louise Bowman, Nursery Nurse | **York** | **Nominated by colleague**

Due to short staffing within the Community Team, the children's sleep study/overnight saturation monitoring service has had to start a waiting list. Louise has prioritised the sleep study work and has completed many sleep studies each week to ensure that the waiting list remains small and any children requiring urgent sleep studies are completed as a priority. Louise has demonstrated responsiveness, compassion towards children and families on the waiting list, and has gone above and beyond her role to ensure that this service continues to run.

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

Until recently, SDEC was based adjacent to our unit, the Women's Unit. Over the years, our colleagues at SDEC have been extremely supportive of us. Our unit is supposed to close at 7.30pm, but sometimes if we have to wait with our patients for beds to become available, we cannot close on time. In several situations like this, SDEC came to our rescue and accepted our patients until they were able to find a suitable ward for the patients. This meant the patients had a more comfortable place to wait and that we did not finish too late.

SDEC colleagues have also been generous with sharing their resources and time. When we have situations where it is difficult to cannulate patient or draw blood, colleagues from SDEC would help us. They would also help us with clinical tasks that we do not do often. They have recently moved locations and we are missing them all, especially their good humour and support. We wish everyone on the team all the best and give a special mention to Caroline, Queenie, Mike, Phil, Josh, Kinga, and Wendy. Thank you so much for your help over the years!

Rachel Daniel, AHP Team Manager **Scarborough** **Nominated by colleague**

The Medicine care group has recently undergone significant change and had a huge restructure of management. There have been newly created management posts and other vacant posts, leading to gaps in delivery and support for staff on the ground.

Rachel has stepped in and worked tirelessly to ensure staff wellbeing is supported and that no one is at detriment due to the changes. Rachel has gone above and beyond to support staff at York and Bridlington hospitals, as well as her own teams in Scarborough, leading on an AHP e-roster for the care group and being paramount in developing the raw data spreadsheets for quality reporting in AHP. Rachel has supported all the newly appointed managers and provided endless training to ensure that the medicine care group team members are on track.

Without Rachel, we would not be we are at in terms of the governance and assurance in the team manager posts. Rachel is not one to ever seek recognition and quietly works hard, ensuring everyone is supported. I want to say thank you. Her values make her a hardworking and caring manager, as well as a fantastic colleague. I want her to get the recognition she so deserves.

Yemisi Onigbinde, Deputy Sister **Scarborough** **Nominated by colleague**

During a shift on Cherry ward, I was caring for a bay of patients who needed a lot of assistance with personal care. Yemisi (Tina) took the time out of her already busy schedule to support me in helping these patients. I know as a Deputy Sister of a ward, Tina's workload will already be very high and her time on the ward performing personal care can be very limited, but I really appreciated the help and support Tina showed towards me, putting the patients' needs first. Tina showed all the Trust values and continues to do so every day in her work. Tina is such a hard worker and an asset to the Trust. Well done, Tina!

Ward 14	**York**	**Nominated by colleague**

I am a student nurse and have recently returned from a leave of absence, so was anxious to be going back into a clinical setting. The Ward 14 staff were warm and welcoming and helped me to feel comfortable within their team. The quality of care I observed from each team member was always the best possible, making sure each patient felt confident in their care and comfortable with asking questions. Where possible they made the effort to put forward learning opportunities to boost my knowledge and confidence within the care setting.

On one night shift, a patient became septic very quickly, and how calmly and efficiently the nursing staff went about making sure the best care was given and the correct professionals were informed is something that will stick with me through my career. I hope in the future that I will be as good of a teacher and as supportive of my own students as they were with me.

Sarah Crofford, Deputy Sister	**White Cross Court**	**Nominated by colleague**

As part of her work for the Frailty Virtual Ward, Sarah has been involved for caring for a vulnerable individual. She has gone above and beyond in her role for this patient. She recognised that this individual was struggling at home and independently went out to buy them food and co-ordinated them having access to hot food and a fridge.

Sarah has built a high level of trust with this patient and has been an invaluable point of contact for them to enable them to improve their quality of life, regularly reviewing them in her own time. She has liaised with several other services to build a strong support system for them going forward in their life. Thank you for demonstrating such a wonderful human touch with this individual!

Ward 29	**York**	**Nominated by relative**

I would like to nominate all the staff on Ward 29 (previously known as Ward 24) and thank them for the care they gave my mum who sadly passed away in their care. I would for looking after me and my family during the time we were with mum on the ward. Their care and dedication were astounding and made my mum's last days and our last days with mum comfortable. Their care and consideration are second to none and I cannot thank them or praise them enough.

Lynda Robson, Play Specialist	**York**	**Nominated by colleague**

When my son was admitted to the paediatric ward, he was so poorly, had internal bleeding, and we thought we were going to lose him. Lynda looked after my son and me very well and was an absolute God send for the way she picked me up after I broke down. She went out of her way to make us as comfortable as we could be and played with and talked to my son when he needed distraction and support.

Lynda then helped us once again when my daughter was admitted to the day unit for surgery. My daughter was terrified about needles and the anaesthetic, but Lynda looked after my her so well. Lynda is a true angel and she is very good at her job. She is very professional while being a friend, supporting families with real empathy. The love for her job shines through and Lynda is an absolute credit to York Hospital. She makes sure each patient and family member are well looked after and the kids are well entertained with toys and films. Please give this wonderful lady the recognition she deserves. You are so lucky to have such a wonderful, kind-hearted lady working for you.

Tanya Oldroyd, Staff Nurse	**Scarborough**	**Nominated by patient**

Tanya cared for me when I was admitted as a day case for a cataract operation. Tanya was very efficient and reassuring as I was quite nervous about having the procedure, particularly about needing to have the procedure explained in detail to me. Tanya explained everything in detail and was so reassuring. She stayed with me throughout the whole procedure and provided excellent care. Tanya deserves to be recognised as the excellent nurse she is and she deserves a Star Award.

Willow Eye Unit	**Scarborough**	**Nominated by patient**

Willow Eye Unit is an excellent department. All the staff are efficient and professional, while still being friendly and warm. This ward is an excellent department and a credit to Scarborough Hospital. All the staff are exceptional and knowledgeable. Thank you for providing such an outstanding service.

Andrew Walker, Security Supervisor, and Andy Davis, Security Officer	**Scarborough**	**Nominated by colleague**

During a critical moment when an ambulance encountered mechanical issues and could not start, both Andy Davis and Andy Walker stepped up without hesitation. Their quick thinking and proactive actions were vital in ensuring that the ambulance and its crew could continue their essential work. Understanding the critical role that ambulances play in our NHS, both Andys immediately attempted to push-start the vehicle. When this initial effort did not succeed, they swiftly moved to the next solution, jump-starting the ambulance from another vehicle. Their determination and resourcefulness ultimately got the ambulance back on the road, allowing the medical team to continue their life-saving duties without further delay.

The actions of Andy Davis and Andy Walker ensured that the vital service of the ambulance was not interrupted, exemplifying the true spirit of dedication and teamwork. Their above and beyond efforts are a testament to their commitment to the welfare of our community and the seamless operation of our healthcare services.

Monika Jaworska, Healthcare Assistant	**York**	**Nominated by colleague**

I am nominating Monika for helping the therapy team support a patient who was having a difficult time coming to terms with the result of their surgery. After Monika's involvement, the patient’s outlook on their future had improved greatly and enabled us to help them progress in their therapy and significantly improved their motivation. I would just like to thank Monica for her involvement, it was greatly appreciated by the therapy team on the ward and by the patient themselves.

Sammy-Jo Bartley, Trainee Urgent Care Practitioner **Selby** **Nominated by relative**

Shortly after our arrival at Selby UTC, Sammy saw us and quickly identified the problem. She contacted the necessary people and an hour later my daughter had the correct medication and her essential treatment was promptly commenced. Sammy did much more than was expected from a triage nurse, going above and beyond, and getting things done! Thank you!

Ellie Pickin, Nursing Associate **Scarborough** **Nominated by colleague**

I am nominating Ellie as, although she has not worked with us for long, she has developed rapport with every member of the team. She is an absolute pleasure to work with and shines out from the rest. Ellie, no matter how busy she is, always puts patients at the forefront of her care and will always listen and attend to their every need. She is a star and an attribute to the team. I am very appreciative of Ellie as she takes feedback and information from all MDT members and is very quick to act upon it. Her genuine passion shines through.

Rachael Gilliver, Staff Nurse **York** **Nominated by colleague**

A patient attended ED and reported to me how Rachael had gone above and beyond during their attendance. They said it was obvious Rachael cared about her patients and nothing was too much for her. She ensured they were updated throughout this attendance and they were listened to and cared for greatly. They wanted me to ensure it was known to others how much they appreciated Rachael's care and how lovely she is!

Rachael is always kind to staff and patients, always has the time to listen, and is always there to comfort others when needed. Rachael is a highly valued member of our team - we are very lucky to have her!

David Sugden, IT Service Desk Analyst	**Scarborough**	**Nominated by colleague**

Important files that were supposed to be sent out that day after a full week of inputting data got corrupted. I dropped into IT and explained the urgency to Dave. He showed the upmost compassion and a real 'call to arms'. He came to my office and worked on resolving the issue and retrieving the files. How he delayed his other work to pick this up whilst showing kindness, understanding, and reassurance, showed empathy and role modelled the Trust values. Thank you, Dave!

Patricia McCready, Orthoptic and Optical Service Manager	**York**	**Nominated by relative**

Patricia has supported my son, who has special educational needs, for five years on a six-weekly basis. Over this time, she has always been hugely professional, compassionate, and kind towards me and my son. Patricia found ways to connect with my son, keep him focused on task, and lower his anxiety around the eye clinic appointments. Patricia was consistent in her approach and gentle and sensitive towards my son's needs. She always took the time to explain my son's eye condition to me in a clear and understandable manner.

Patricia almost feels like family now and we are sad saying goodbye to her as my son has been successfully discharged after many years of support. We are utterly grateful for Patricia's unwavering support and would like her hard work to be formally recognised.

Andrew Gooby, Domestic Services Supervisor | **Malton** | **Nominated by colleague**

A patient was found on a nearby street by a member of the public in a state of delirium and brought to Malton Hospital for medical attention. With no medical training and with no one around to provide immediate attention, Andy stayed with the patient, keeping them calm and safe and speaking to them to prevent them going unconscious until medical attention could be found.

This was far above and beyond his role, and although he was slightly shaken, Andy remained calm and professional for the duration and did what he could for the patient. When the ambulance arrived, he was advised by the ambulance crew that if the patient had been left on their own, they could have easily passed away. Andy rightly deserves recognition for his efforts that day as the potential outcome could have been very serious.

Roisin Woulfe, Imaging Support Assistant, and Gozie Adionye, Radiographer Specialist | **York** | **Nominated by patient**

I had an MRI scan and Roisin and Gozie were both fantastic. Roisin took the time to clearly explain the process and made sure I was comfortable with everything. Gozie was very helpful and attentive while preparing me for the scan. Both are an absolute credit to the team!

Kelly Williams, Cleaning and Catering Operative | **Malton** | **Nominated by colleague**

Kelly told me she could smell burning in a bay and showed me a phone charger she had removed that had melted on a patient's bed. It had melted and burned a hole through the patient's counterpane and burnt the top and bottom sheets. If it had not been for Kelly's quick thinking, I am sure the sheets would have caught fire. Well done, Kelly, you are an absolute star!

Helena Davis, Phlebotomist | **York** | **Nominated by relative**

Helena was fantastic with my son when he attended for his annual blood tests. She took the time to explain to him what she was doing in a simple, kind, compassionate, and, above all, fun way that made the whole experience for him so much better than it has been in the past. My son has regular hospital visits and can be apprehensive about invasive tests or treatments, but Helena made this the best experience it could be for him; so much so his personal feedback was "She rocks and has cool hair!". He was also thrilled to be able to take "Ellie the Elephant" (the tourniquet) home with him and loved Helena's artwork on his plaster afterwards.

As both a healthcare professional and parent, I see both sides of this experience and recognise when staff have gone that extra mile for the patient, as Helena did in this case. Thank you from us. you should be rightly proud of the care you provide.

Erin Jones, Staff Nurse	**York**	**Nominated by patient**

Erin was a compassionate and caring nurse in my time of need after a car accident. She took the time to get to know me and my partner and was compassionate to the situation we were in. She ensured I felt safe and calm despite the traumatic event that I had just been through. Erin's caring, person-centred, and kind manner made all the difference, and I will be forever grateful for the service I received.

Single Point of Access team	**Community**	**Nominated by patient**

After I was injured at work, I was seconded to the SPA team who have made me feel very welcome, supported me, encouraged me, and taught me so much. The team are extremely hard working, have a positive attitude, make a huge difference to the local community and wider team they support, and go above and beyond daily. This team are a pleasure to know, and I am lucky to have been part of the team and work alongside such compassionate and helpful people who work above the Trust values. The role of SPA needs a very special team and the Trust are lucky to have such a dedicated and highly professional team.

G2 midwives, healthcare assistants, and maternity support workers	**York**	**Nominated by colleague**

I would like to give a shout-out to the midwives, healthcare assistants, and maternity support workers who worked on G2 during a challenging shift earlier in August. This shift was quite challenging due to the acuity and high-risk patients that day, but every time I came onto the ward, I could see the amazing teamwork between you all throughout the whole day, as well as everyone keeping each other's spirits up. You are all amazing and you should be proud of the work you all do!

David Johnson, Medical Education Receptionist | **York** | **Nominated by colleague**

I have been asked by the trainers from the charity Matthew's Hub (who are providing training at the Trust) to nominate David for a Star Award. Not only has he been amazingly helpful regarding room bookings, but he has also gone above and beyond, helping with any technical issues and being exceptionally friendly and welcoming.

Nick Griffiths, Security Officer | **Scarborough** | **Nominated by colleague**

I am nominating Nick Griffiths for going above and beyond. We got a request from Car Parking and ID office to come help them with someone. Nick went down, sat them down at a table in RVS, and bought them a drink and something to eat.

Kristen Maull and Emma Robinson, Advanced Clinical Practitioners | **Scarborough** | **Nominated by colleague**

Emma and Kristen always go above and beyond, and it is always such a delight to work with them both. The support they give to oncology patients admitted with complications of their treatment or cancer is second to none. They are both so diligent in developing the service we provide. They always strive to deliver the best standard of care, and, through exceptional clinical assessment skills, they have the ability to manage complex acute oncology patients.

It can be a rather challenging role and they are so empathetic towards the patient. Often, in times of sadness if a patient's disease progresses, they initiate advanced care planning conversations. This has such a positive impact on the patient's journey by achieving their wishes and focusing on what is important to the patient. In addition, they are a great support to the chemotherapy team. They both are truly deserving of this award!

Nadezhda Hristova, Consultant	**Scarborough**	**Nominated by colleague**

An elderly patient with two types of cancer became very unwell with cardiology complaint unrelated to their cancer. Dr Hristova thoroughly investigated the case notes, and, after examining the patient, was quick to realise this patient had an extremely good performance status despite their age. Dr Hristova was on call that week and she gathered as much information from different specialities to ensure this patient's case wasn't declined by Cardiothoracic team as she knew the cardiology complaint could be offered a lifesaving intervention. She ensured the patient's condition whilst awaiting transfer was stabilised, facilitating pleural drainage, optimising cardiac drugs.

Some may say that is part of her role. I cannot tell you how much she fought for this patient to get the cardiac intervention they deserved. Dr Hristova always strives to deliver the best standard of care. The difficulty with this case was that all the specialists were based in other surrounding hospitals, and it was through sheer determination she gathered specialist opinions in order for the cardiothoracic to accept his case. It could have been so easy to give up and assume that they would not be offered treatment. She is a fantastic role model to her cardiology team and is very inspiring!

Ellie Mosey, Deputy Sister	**York**	**Nominated by colleague**

Ellie has been continuously kind, caring and professional, exceeding expectations and taking any opportunity to teach me. Ellie has demonstrated compassionate care in every interaction, which has inspired and guided me on my journey as a student. As a teacher, Ellie has gone above and beyond to impart her knowledge and expertise to me as a student. She has taken the time to explain complex concepts, answer my questions, and provide feedback to help me grow and develop my skills Ellies patience and encouragement has given me a sense of confidence and competence that has been invaluable in my learning as a student nurse.

Stacey Tipper, Healthcare Assistant, Ruth Matthewson, Nursing Associate, and Annmarie Baldwin, Staff Nurse	**Scarborough**	**Nominated by patient**

I had such a fear about hospitals, but they reassured me and made me feel at ease.

Eye Clinic volunteers	**York**	**Nominated by colleague**

The Eye Clinic volunteers are an integral part of the ophthalmology team, and their work is invaluable in keeping our patient journeys as smooth as possible in a busy environment. Bob, Lisa, and the team always arrive with a smile and go above and beyond to support the team and the patients. They are reliable, hardworking, calm, and brilliant. Our department would not operate in the way that it does without them, and they deserve to be recognised for their amazing work.

Over the years they have worked to create an environment that is welcoming to patients, putting them at ease with their kind and empathetic nature, as well as their high standards of organisation. Thank you volunteer team and keep up the great work!

Moira Midgley, Healthcare Assistant	**Malton**	**Nominated by colleague**

Moira has used the time in between patient clinics at Malton Urology to identify patients who either frequently do not attend or are at risk of missing their appointments for various reasons, such as those who may not have seen their mail or text message notifications. Moira then calls these patients who often did not realise they even had an appointment in the first place.

In doing this Moira has also helped identify many patients who no longer required the appointment that they had been booked for. By using her initiative to carry out this simple yet effective task, Moira has saved the trust an estimated £30,000 in missed appointment costs over the first six months of 2024 so far!

Nichola Greenwood, Workforce Development & Governance Manager	**York**	**Nominated by colleague**

Nichola secured funding for two posts through NHS England to employ a Legacy Nurse mentor at York Hospital who supports nurses working in social care and a nurse to support managers also in social care. I have loved this role and have felt utterly supported by Nichola. As a very small team we have experienced some challenges this year which have resulted in a closer working relationship where we are able to support each other.

Nichola has been an amazing manager, and I cannot thank her enough. The positive impact we have had as a team on those we have supported has been amazing and the wider impact raising awareness of how the NHS needs to value and support our social care colleagues has been a privilege to be involved with.

Naomi Carne, Principal Clinical Scientist **York** **Nominated by colleague**

Naomi noticed a difficult to spot documentation error in a patient's record. Investigating this error was outside of Naomi's role, but without her diligence the error might never have been discovered and rectified. Naomi not only identified the original mistake, but she also discovered how to correct this and appropriately flagged this with another department to fix to ensure that care was delivered appropriately. Naomi deserves to be recognised for going above and beyond her own responsibilities to put patients first.

Charlotte Whitaker, Healthcare Assistant **York** **Nominated by colleague**

I work on Ward 16 and have observed Charlie at work as a Healthcare Assistant. She is hardworking and insightful and takes initiative. No task is too much for her to assist with and she is friendly and cares for her patients deeply. She is a great team player and is very helpful. I am proud to have her as a member of the team and would be if I had her taking care of me if I was unwell. She deserves this recognition, and I am happy to be nominating her for a Star Award.

Acute Medical Unit **York** **Nominated by colleague**

Feedback from a family whose daughter has been recently cared for on AMU:

"Our family wish to thank the nurses, healthcare assistants, cleaners, kitchen staff, and doctors for the care and attention they gave to our daughter. She was very poorly when admitted and everyone contributed to her stay being as good as it can be. The man who filled her jug and gave her tea, the healthcare assistants who made her laugh, the nurses who unfailingly answered her call bell, the doctors kept on checking they were on track and pursued her infection until they got her treatment spot on. The staff were all caring, kind, warm, and professional, and the whole ward had a feel of calm professionalism that we deeply valued. We cannot thank you enough."

Dean Pritchard, Surgical Care Practitioner **York** **Nominated by colleague**

Dean is a valued member of the skin cancer team and goes above and beyond to assist in the cancer pathways for patients he is involved with, such as covering the consultants when they are on annual leave. Patients frequently provide excellent positive feedback about his outstanding bedside and caring manner and professionalism. Nothing is ever too much trouble for Dean as he is approachable, hardworking, and a pleasure to call our colleague. Keep up the good work, Dean, and well done on this deserved recognition from the skin cancer clinical nurse specialist team.

Julie Swan, Medical Education Induction Co-ordinator	**York**	**Nominated by colleague**

Julie led and coordinated a new way of welcoming and inducting new junior doctors to the Trust. August induction is our biggest induction and changeover of doctors in training and Julie was tasked with combining all the induction onto one hospital site rather than being split between York and Scarborough as it previously has been. This was a huge logistical exercise to coordinate the movement of staff and elements of induction across the York Hospital site and implement a new way of doing things.

Julie's organisation skills, communication with the many teams involved, and hard work leading up to and on the day were a huge factor in making it a success for doctors joining the Trust. The day was very successful and positive feedback has been received from those who attended. Julie and the team are reviewing how it went so it can be even better next time.

Jenny Hammond, Catering Supervisor	**York**	**Nominated by colleague**

Jenny is a familiar face to the customers of Ellerby's and has always been a friendly face behind the counters. Recently she has stepped into the role of Supervisor and has excelled! She has taken on jobs outside of her comfort zone, learning new skills and building her confidence. She has made a noticeable difference to the running of the department with a keen eye for attention to detail and her enthusiasm is contagious, encouraging the staff to work together as a team whilst dealing with the many challenges of a public-facing busy environment.

Jenny recently acted quickly and confidently when a system failed, ensuring that patients in ED were offered a hot meal during their lengthy wait. She demonstrates the Trust values to staff and customers and always with a smile. Jenny is a great asset to the team and the Ellerby's customer experience.

Claire Sturdy, Catering Supervisor | **York** | **Nominated by colleague**

Claire has worked in the catering department for many years and is now a supervisor in the acute patient team ensuring that patients are offered meals that are well cooked, presented, and tailored to individual needs. Her knowledge and experience are invaluable to the running of the fast-paced and challenging department.

Recently Claire reacted very quickly when a system failed, potentially leaving patients unfed; but her quick thinking and ability to draw a team together ensured those who had already spent many hours in ED got a hot meal. This was on top of working with staff from wards, drawing up rotas, escalating enquiries, and being supportive to upset staff. She is an asset to the entire department and her contribution is invaluable!

Ward 11 | **York** | **Nominated by patient**

Despite Ward 11 being a very busy ward, the staff do all they can to make you feel cared for and supported, and nothing is too much for them. Their compassion and care truly make all the difference. I arrived quite poorly and with their many kindnesses, I feel ready to take the next step in my recovery. Thank you everyone for everything, it is so appreciated.

Abigail Ebbitt, Deputy Sister | **York** | **Nominated by colleague**

An elderly patient collapsed in the main hospital corridor. As Abi was walking by on her lunch break, she immediately offered assistance. She attempted to raise the patient to a chair and then, after discussing with the patient's wife, she quickly realised that the patient was not his normal self and needed a medical review. She organised a hoist for the patient to get off the floor and onto a bed, then organised for him to go to ED where he would be appropriately assessed and treated.

In general, Abi is an excellent, friendly, and approachable nurse. She is always happy to help with any situation. This specific scenario highlights the compassion and high-quality care which she regularly demonstrates.

Kath Smith, Operational Support Manager | **York** | **Nominated by colleague**

Kath has been promoted and is working in a new specialty. Kath took the initiative due to her previous experience to lead and change the way in which junior doctors are inducted into Ophthalmology across all our hospital sites. Kath went the extra mile to ensure that key areas were covered and that clinical teams, admin teams, and the wider MDT were a part of this process. This gave our new junior doctors a more rounded and useful induction to the Trust and the service. Feedback has been shared by the teams who stated it was the best induction that department has ever conducted. Kath truly lived the Trust values by supporting the next generation of doctors who may become our next ophthalmology consultants.

Item 8

Committee Report

Report from:	Quality Committee
Date of meeting:	17th September 2024
Chair:	Steve Holmberg

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

ALERT
Maternity – In-month rise in PPH at Scarborough. Investigation suggests a random rise in patient acuity but no lapses in care **ED Coding –** Backlog has caused concern previously and has been identified as on-going patient safety risk both with regard to safeguarding and interface with primary care services
ASSURE
Quality – Committee heard on a number of issues how responsibility and accountability regarding patient safety are being delegated to Care Groups but that there are mechanisms of support from Executive Directors to guide required change for success

ADVISE
CSCG – Ophthalmology: Patient safety risks associated with previous appointment issues have now been closed. Concern remains around possible on-going harms related to capacity-demand mis-match and long waits. Plans include 'repatriation' of low risk work into community with arrangements in place for the protection of associated training opportunities IPC: While CG remains above trajectory for HAIs, Committee was assured about new focus in CG with dedicated IPC meetings. On-going project to standardise de-colonisation protocols for patients requiring immunosuppressive therapy Complaints: Increasing numbers being received most relating to delays. Focussed work on staff attitudes in radiology supported by CN team Gastroenterology: Endoscopy has now received JAG accreditation Lloyds Pharmacy: Risks associated with transfer of management are being addressed **Complex Needs –** Committee was pleased that funding had been received from ICB for Autism leads but concerned that this is currently non-recurrent
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
Maternity – Committee received update that shows overall sustainable improvement in service quality that are to be commended. Papers included detailed analysis of implications of staff funding shortfall that will impact on future improvement. Committee will continue to monitor based on safety and quality risks as they arise. Committee was also concerned about risk of staff demotivation in event that staffing improvements cannot be supported

Mortuary – Committee heard that a number of unauthorised access entries had occurred. There was assurance that these were not 'malicious' and that new protocols should prevent these events moving forward

Ovarian Torsion – Identified as a significant risk in acute management pathways. Work was on-going to align care protocols between surgical and gynaecological teams

Committee Report

Report from:	Resources Committee
Date of meeting:	17 September 2024
Chair:	Lynne Mellor

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

ALERT
• **Operations:** The Committee discussed and raised concerns with the Urgent and Emergency care position given Ambulance arrivals yet again are rising including the numbers of most acute patients in categories 1&2 with a 14% increase in comparison to August last year. (Some assurance given in ambulance handover over time with a seven-minute average improvement compared to July). ECS trajectory of 69.4% not met with a performance of 65.8%. • **Workforce**: The Committee again discussed the risks of industrial action with a focus on the result from the ballot of the Unite Union members (employed in Microbiology services, York hospital and Blood Sciences, Scarborough hospital), which closed on 9 Sept and balloted in favour of action short of strike and strike. The Committee discussed what plans the Trust has in place to mitigate the risk to patients and services and was assured emergency planning work is underway, alongside negotiations between the Trust and Union.
ASSURE
• **Operations:** The Committee welcomed the news that the YAS and Primary care plans are now visible to the Trust which will help support discussions and plans particular for UCIP. The Committee would welcome a view of Major and Minor key performance indicators for UCIP. • The Committee discussed discharge plans those patients who have No Criteria to reside numbers have risen i.e. 1065 lost bed days re NCTR equivalent to 35 (27 in July) bedded ward occupied every day in August. From the deep dive into discharge, some assurance has been given that the overall year on year position has improved with plans in place to work within the Trust and externally to improve. The Committee asked for clarity on targets, milestones and risks associated with the Discharge improvement group plans. • The Committee discussed the Cancer position e.g. several specialities still failing to hit the 75% FDS trajectory with some assurance given that improvement plans are in place and the 28-day Faster Diagnosis standard for July saw an improvement to 71.3% (above trajectory). The Committee welcomed the funding of circa £1.7M from Cancer Alliance and NHS to assist in cancer improvement schemes such as additional treatment and diagnostic capacity. The Committee applauded the JAG accreditation of excellence for all 3 endoscopy units in September 2024. • The Committee welcomed the news that the RTT65 position for the Trust is improving with 53 patients waiting over 65 weeks at the end of August – aiming to reach zero by end of September. It noted the risk of 25 patients, if untreated will breach the position (big reduction in numbers from 197 previously at risk), and was given some assurance that plans are in place to mitigate the risk in neurology including pathway changes. • Diagnostics - the Committee welcomed the improvements being seen in several specialities including Echocardiography (78% improvement in Trust ECHO performance in August, was 23% in April 24) where the backlog is being cleared with the help of the CDC. • **Finance**: The Committee was assured that the cash position for the Trust is likely to improve as NHSE are expected to provide the ICB with £50M in funding, of which £17M will be given to the Trust - earlier than planned – the Trust hopes to receive confirmation by the end of September. The Committee also welcomed the news that the Trust has received £9.5M Elective income, as part of Elective Recovery Fund.

- The Committee noted the committed £20M CIP benefit in month 5 and noted the high-risk plans of £9.7M. The Committee discussed the schemes at high risk wondered if they could be accelerated for delivery (e.g. using the ICB Summit to help).
- The Committee welcomed the deep dive on procurement from Edd James, ICS Director of Procurement. The Committee noted the good work since Edd last attended the Committee particularly in the identification of a further £4.6M full year savings (circa £1M in year) for the Trust. The Committee noted the opportunity of further significant savings and asked if any further quick wins could be identified to support the Trust's CIP. The Committee welcomed the good news that some of the ICB procurement activity had been recognised with an award. Lessons learnt were discussed with issues still arising in IT and HR, the Committee asked for a progress update in the next quarter.
- **Nursing and Midwifery:** The Committee noted the continued positive improvements to the nursing workforce including better grip and control e.g. e-rostering, nurse vacancies are at their lowest in 7 years and noted that care hours per patient data is now more accurate e.g. circa 90% of clinical areas are matching care hours per patient data which is great for patients and will help further with staffing reviews.
- **Workforce:** The Committee welcomed the news that the Trust had overachieved on its HCSW vacancy rate at 3.6%. It also noted the E-rostering update, and welcomed the news that level 4 is expected to be achieved for nursing by December 24. The Committee noted the great teamwork across the Trust to make this work and noted the significant audit assurance.

ADVISE

- **Operations:** The Committee noted that the Trust would like its partners to move faster to deliver the discharge activities as the plan is at risk with deliverables being impacted by December 2024 (the Committee has asked for an understanding of key areas at risk as part of the discharge executive summary report). The Committee noted the Adult Community Waiting List report.
- **Finance:** The Committee noted an adjusted deficit position of £16.4M, £0.7M adrift of plan. The Committee noted the pending ICB summit where Grant Thornton will discuss 6 key themes to support cost controls/improvements, and how Trusts might respond.
- **Medicine:** the Committee noted the NHSE WTE Self-Assessment report.
- **YTHFM:** The Committee welcomed YTHFM and sustainability report and welcomed the news that the Bridlington site sustainability improvements and the Trust's green plan were attracting external interest.
- **Digital:** The Committee noted the report.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risk discussed with each report, no additions to current registers.

Audit Committee: Items Escalated to the Board

The Audit Committee met on 10 September 2024. It was very much a routine meeting, along with our annual review of the arrangements in place with respect to our Freedom to Speak Up Guardian.

The meeting was quorate. In accordance with the plan for an Executive to attend each meeting by rotation, Dawn Parks attended in order to provide assurance in relation to limited assurance internal audit reports for which she is sponsor, BAF risks under her responsibility and any outstanding actions resulting from internal audits.

Prior to the formal meeting, the Non-Executive Director members of the Committee held a private meeting with Internal Audit. There was nothing new of concern they wished to draw to our attention and we spent most of our time together exploring how we could improve the organisation's performance in relation to outstanding recommendations! I had also had an email exchange with External Audit, who confirmed there was nothing they wished to raise.

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

Items for Assurance

Internal Audit

Although it is early in the year, Internal Audit are on track with their plans and envisage being able to complete all their work by the year-end.

Freedom to Speak up Guardian Arrangements

Having provided us with a comprehensive paper, Stef Greenwood attended our meeting and we had a very useful discussion.

We obtained assurance that we have good arrangements in place, with Stef working 30 hours a week and being dedicated to the role.

Having said that, there are four issues of concern we would like to escalate as follows:

- Currently there are no cover arrangements in place for when Stef is not at work;
- There is a sense that lessons are learned from Speak-ups but the organisation would benefit if a more formal process were in place;
- There are still cases where people who speak up suffer detriment;
- Stef needs access to regular supervision from outside the organisation.

Items for Information

Actions Resulting from Internal Audit Report Recommendations

Thanks to Martin and Leeds Beckett University, we have agreed to strengthen the governance in this area by stipulating that the date for delivery of high and moderate actions can only be extended once.

In addition to this, we have asked that Mike and Executive colleagues review the reporting process around outstanding actions to ensure that there is only one system in place and that Audit Committee gets an up-to-date picture in the report that is considers.

Resources Committee

When we considered how the Committees were working, there was a sense that Resources Committee is under a lot of time pressure and suggested they might consider extending the meeting by thirty minutes if needed.

External Audit

Forvis Mazars are in the final year of what has been a five-year contract (three years plus two further years). The external audit market for NHS Trusts is very challenging and there have been examples of Trusts not being able to appoint. Full open tender processes are time-consuming and expensive, both for the Trust and potential audit partners and may not even attract any interest.

We agreed that we should undertake an expression of interest process to test out market interest and then carry out a mini tender if necessary. This is the process we are going to recommend to the Council of Governors, as the appointment of External Audit is their responsibility.

Jenny McAleese
Chair of the Audit Committee
September 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 11

TRUST PRIORITIES REPORT

September 2024

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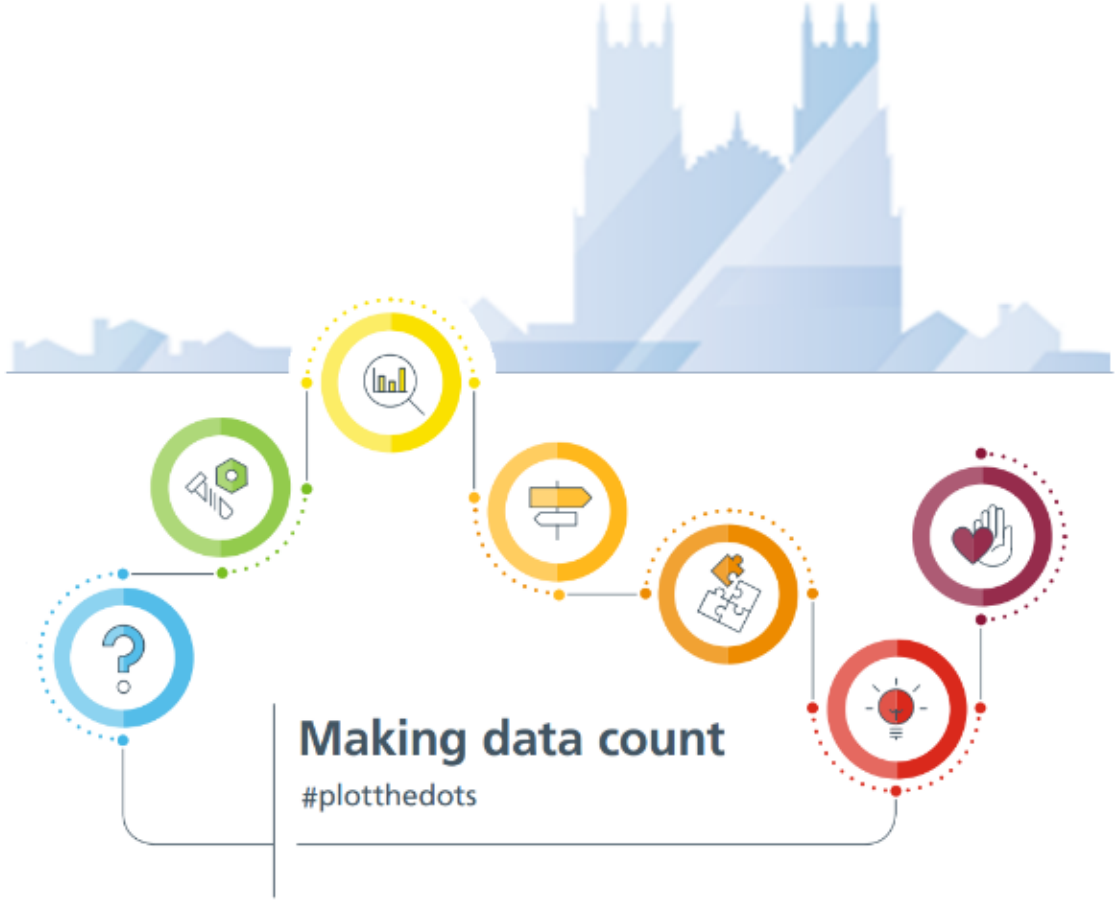
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust



Executive Summary

Priority Metrics

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-08	H	F	66%	Target	69.6%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-08		F	7.5%	Target	15.6%
ED - Emergency Care Standard (Trust level)	2024-08	L	?	69.4%	Target	65.8%
ED - Median Time to Initial Assessment (Minutes)	2024-08	L	?	18	Target	4
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-08		F	10%	Target	19.6%
Cancer - Faster Diagnosis Standard	2024-07	H	?	70%	Target	71.3%
Cancer - 62 Day First Definitive Treatment Standard	2024-07	H	?	64.1%	Target	72%
RTT - Total Waiting List	2024-08	L	F	45647	Target	45680
RTT - Waits over 78 weeks for incomplete pathways	2024-08	L	F	0	Target	0
RTT - Waits over 65 weeks for Incomplete Pathways	2024-08	L	F	12	Target	53

Executive Summary:

The August 2024 Emergency Care Standard (ECS) position was 65.8%, against the trajectory of 69.4%. This now reflects the ECS with the Bridlington activity removed as per the national guidance. Median wait time to initial assessment in ED has improved from 5 minutes in July 2024 to 4 minutes in August 2024.

Please note; in line with national reporting deadlines cancer reporting runs one month behind. The Cancer performance figures for July 2024 saw an improvement in the 28-day Faster Diagnosis standard (FDS) to 71.3% (compared to 67.9% in June 2024). This was above the trajectory submitted to NHSE for the end of July 2024 (70%). 62 Day waits for first treatment July 2024 performance was 72%, which remains static from the June 2024 position. 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 78-week waiters at the end of August 2024.

At the end of August 2024, the Trust had 53 RTT patients waiting over sixty-five weeks above the end of month trajectory of 12. The Trust is working to achieve the national ambition to have zero RTT65 week waits by the end of September 2024. There are currently 197 patients who if not treated will breach sixty-five weeks by the end of September 2024 (a reduction of 417 on the end of July 2024 position; 614).

OPERATIONAL ACTIVITY AND PERFORMANCE

September 2024

Operational Activity and Performance

Acute Narrative

Headlines:

The August 2024 Emergency Care Standard (ECS) position was 65.8%, against the trajectory of 69.4%. This now reflects the ECS with the Bridlington activity removed as per the national guidance. Median wait time to initial assessment in ED improved from 5 minutes in July 2024 to 4 minutes in August 2024.

The Trust did not achieve the August 2024 average ambulance handover time target of 33 minutes and 39 seconds with performance of 39 minutes and 50 seconds, compared to 47 minutes and 8 seconds in July 2024, over a seven-minute improvement. Average ambulance handover time is calculated by taking the total combined handover times divided by the number of ambulances that attended the Trust's Emergency Departments.

Factors impacting performance:

- From the end of June 2024, the Trust ceased to report Bridlington activity as part of our SitRep, this is estimated to have had a 3-percentage point negative impact on overall ECS performance.
- Ambulances arrivals at our Emergency Departments continue to rise (August 2024 average of 149 per day against the August 2023 average of 127, a rise of 18%). The acuity of ambulance arrivals has also increased. The two most acute categories (1&2) once again saw a rise from a daily average of 103 in August 2023 to a daily average of 118 in August 2024 putting significant pressure on our EDs (14% increase).
- Demand increasing for beds, the daily average admissions via ED in August 2024 was 148 patients compared to 139 in August 2023, a rise of 7%.
- Number of patients who have LoS 21+ days reduced compared to the end of July 2024.
- SDEC attendance numbers remain above the baseline.
- 1,065 lost bed days in August 2024 due to patients with No Criteria To Reside (NCTR). This level equates to a 35 bedded ward being occupied for every day of August.
- Demand and acuity.
- Workforce challenges.
- Timing of Ward Rounds and Senior Review.
- Community capacity in particular social provision.
- Infection Prevention Control (IPC) outbreaks.

Actions:

Please see following pages for details.

Summary MATRIX 1

Acute Flow

MATRIX KEY

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

ASSURANCE

VARIATION

	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT	* % of SDEC admissions transferred to downstream acute wards	* ED - A&E attendances – Other type attendances * ED - Median Time to Initial Assessment (Minutes) * Number of SDEC attendances * Number of RAFA attendances (York Only)	* ED - Proportion of all attendances having an initial assessment within 15 mins
COMMON CAUSE / NATURAL VARIATION		* ED - Total waiting 12+ hours - Actual number of all Type 1 attendances * ED - Emergency Care Attendances * Percentage of SDEC attendances transferred from ED * Percentage of SDEC attendances transferred from GP * % ED attendances streamed to SDEC Within 60 mins * Number of attendances at SAU (York & Scarborough) * ED - Ambulance average handover time (number of seconds)	* ED - Proportion of all attendances seen by a Doctor within 60 mins * ED - Total waiting 12+ hours - Proportion of all Type 1 attendances * ED - 12 hour trolley waits * ED - Emergency Care Standard (Type 1 level) * ED - Proportion of Ambulance handovers waiting > 30 mins * ED - Proportion of Ambulance handovers waiting > 60 mins
SPECIAL CAUSE CONCERN		* ED - Emergency Care Standard (Trust level) * ED - A&E attendances – Type 1 * ED - Number of ambulance arrivals	* ED - Proportion of Ambulance handovers within 15 mins

Acute Flow (1)

Scorecard

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

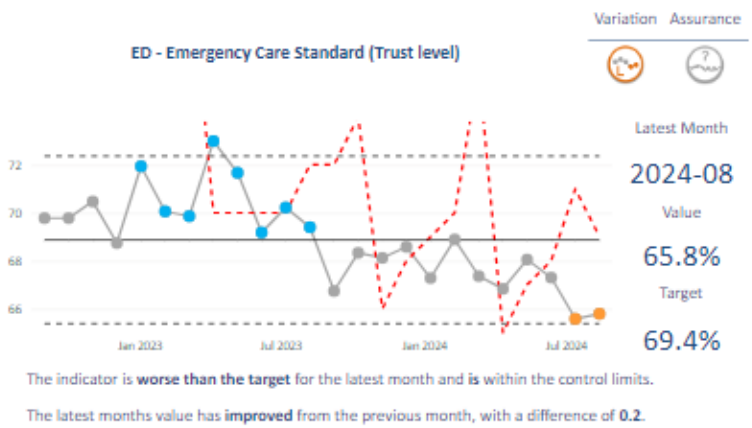
Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-08	H	F	66%	Target	69.6%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2024-08		F	55%	Target	29.2%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-08		F	7.5%	Target	15.6%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2024-08		?	2012.1	Baseline	1604
ED - 12 hour trolley waits	2024-08		F	0	Target	388
ED - Emergency Care Attendances	2024-08		?	19765.7	Baseline	17411
ED - Emergency Care Standard (Trust level)	2024-08	L	?	69.4%	Target	65.8%
ED - A&E attendances – Type 1	2024-08	H	?	10425	Target	10260
ED - Emergency Care Standard (Type 1 level)	2024-08		F	51.2%	Target	44.1%
ED - A&E attendances – Other type attendances	2024-08	L	?	7382	Target	7151
ED - Median Time to Initial Assessment (Minutes)	2024-08	L	?	18	Target	4

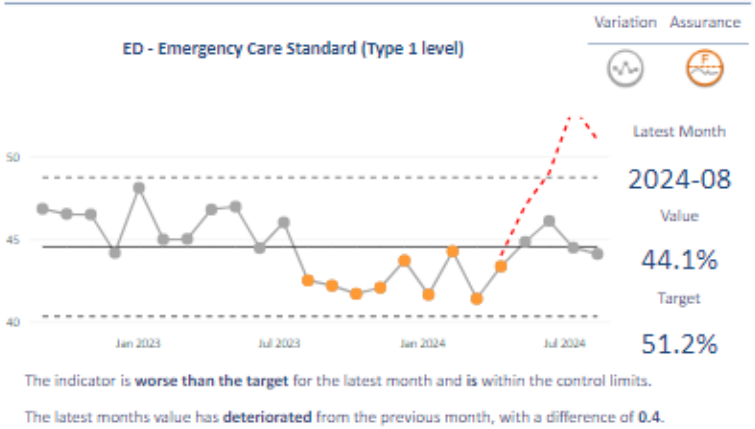
Executive Owner: Claire Hansen

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.





Actions:

- The Optimal Care Service (OCS) refers to the Minor Illness and Minor Injury capability at York and Scarborough sites. On the 3rd of July we launched a new Operating Policy with the intention of boosting capability for Minors patients. Work is now underway to review compliance with and impact of this policy, and to plan how we can maximise utilisation of the OCS pathways.

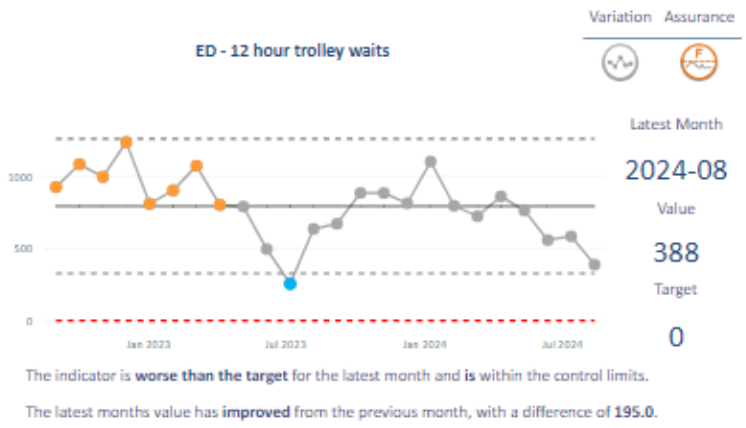
- At York there is additional ringfenced minor illness capacity most days from 8am-6pm – please note, this is not additional workforce but a shift of some substantive Majors resource to support non-Majors patients. Lessons learnt sessions and clinical audits suggest that dedicated Healthcare Assistant resource is required to maximise the number of patients who can be safely diverted away from ED Majors. This is not possible every day. The focus for the month ahead must be on ensuring the pre-existing Minor Illness service (provided by a GP) is used to full capacity and that more non-Majors patients are sent to the ringfenced additional non-Majors capacity when safe to do so.

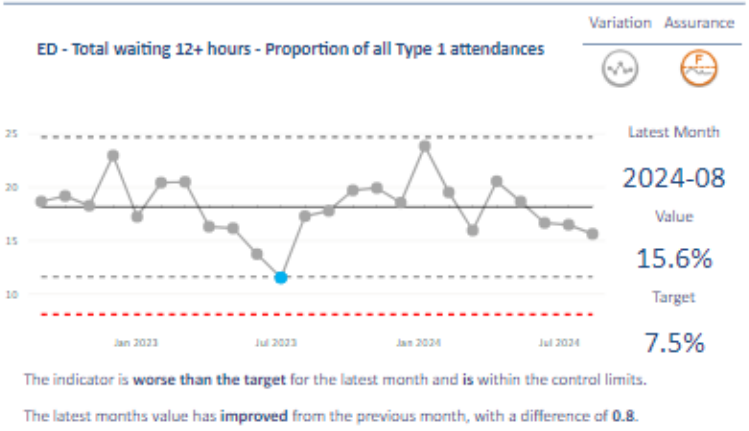
- At Scarborough, the opportunity to move resource around is limited due to workforce constraints. Senior clinical staff at Scarborough are engaged to improve the effectiveness of the pathway. The Corporate Operations Team is involved in this piece of work.

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.





Actions:

- Soft breaches/4-hour Breach validation: new SOP has been approved and embedded to validate breaches. This will be a focus in weekly Executive led UEC performance meeting.
- Planning for the integrated assessment units (IAU) is underway, which will result in an improved same day and short stay provision for patients via increased assessment capacity. A task and finish group is established with workstreams and named leads. The group will report into the Unscheduled Care Improvement Programmes (UCIP) Board.
- The implementation of Flow Coordinators in our Emergency Departments has been identified as a priority immediate action. The medicine care group Operations Managers are fulfilling the duties of this role on a rota basis, with a workforce/finance review underway to identify any available opportunities to recruit substantively.

Acute Flow (2)

Scorecard

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

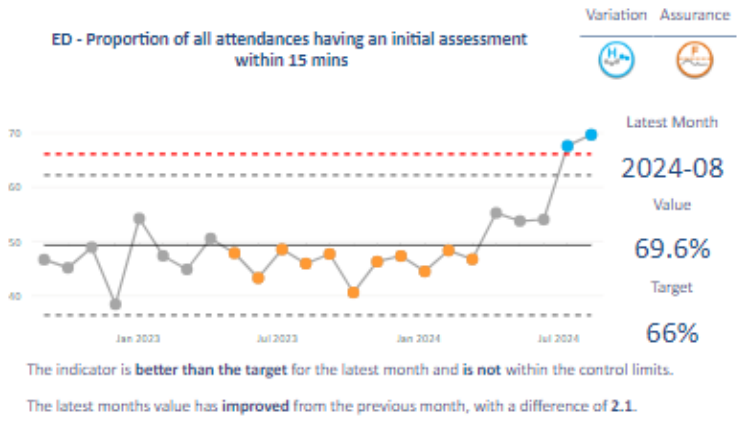
Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Number of SDEC attendances	2024-08	H	?	2369.1	Baseline	2240
Percentage of SDEC attendances transferred from ED	2024-08		?	65%	Baseline	64.7%
Percentage of SDEC attendances transferred from GP	2024-08		?	23.3%	Baseline	23.5%
% ED attendances streamed to SDEC Within 60 mins	2024-08		?	42.2%	Baseline	52.3%
% of SDEC admissions transferred to downstream acute wards	2024-08	L	P	20%	Target	13.3%
Number of RAFA attendances (York Only)	2024-08	H	?	128.5	Baseline	126
Number of attendances at SAU (York & Scarborough)	2024-08		?	836.9	Baseline	838
ED - Proportion of Ambulance handovers within 15 mins	2024-08	L	F	65%	Target	23.8%
ED - Proportion of Ambulance handovers waiting > 30 mins	2024-08		F	5%	Target	45.6%
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-08		F	10%	Target	19.6%
ED - Number of ambulance arrivals	2024-08	H	?	4241.9	Baseline	4604
ED - Ambulance average handover time (number of seconds)	2024-08		?	2019	Target	2388

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

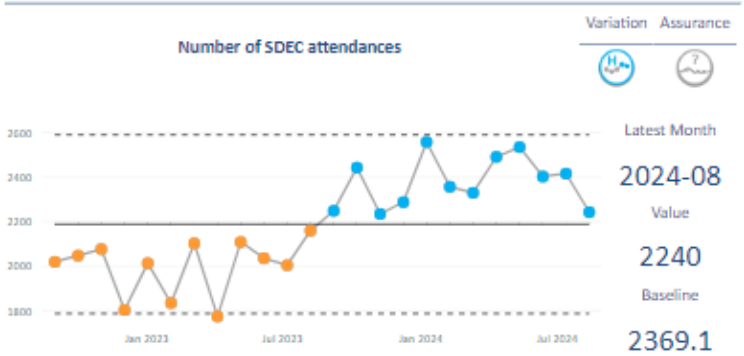
Rationale: SPC1: To monitor waiting times in A&E. Patients should be assessed promptly by within 15 minutes of arrival based on chief complaint or suspected diagnosis and acuity. **SPC2:** SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.

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



The indicator is **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 **2.1**.



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 **173.0**.

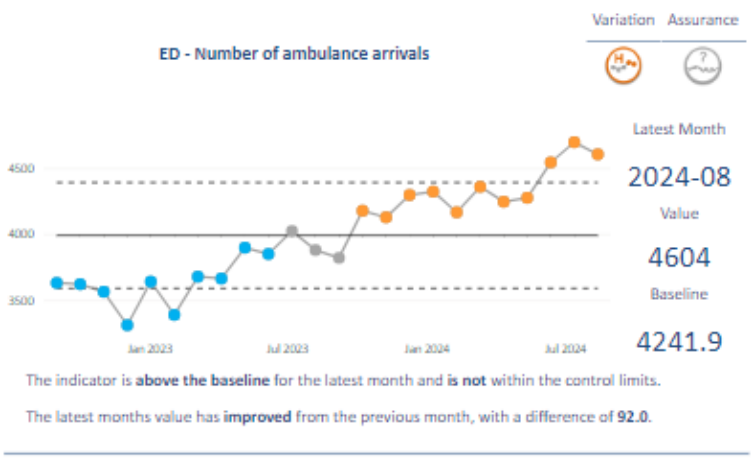
Actions:

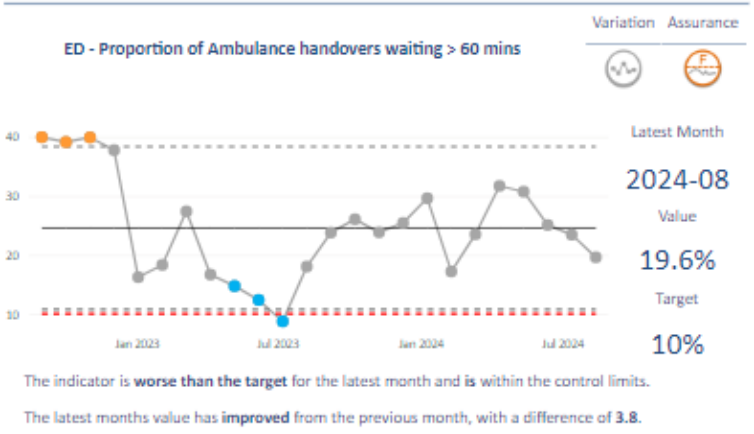
- Time to initial assessment for both admitted patients and non-admitted patients continues to be markedly improved through July and August 2024.
- Regarding Same Day Emergency Care (SDEC), both the number of attendances and the appropriateness of them will be key considerations for our Integrated Assessment Unit plans. Currently we know that many of our SDEC attendances are in fact next-day / bring-back attendances which are not truly SDEC. By developing appropriate clinical pathways for next-day emergency care (elective/outpatients) it will allow more genuine SDEC to be delivered.

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.





Actions:

- Improvements in ambulance handover times and operational time lost to handovers resulted from focussed efforts by the operational teams at both York and Scarborough.
- Reverse cohorting needs to occur routinely and will do utilising the Unplanned Spaces SOP.
- The Continuous Flow SOP will also ensure decanting of ED and capacity to handover quicker.
- A handover nurse and flow co-ordinator role in the department will also focus efforts to handover and manage flow through the ED. Emergency Medicine has been supported by 15 nurses from elsewhere across the Trust to support with ambulance handovers.
- The Community Improvement Group (CIG), chaired by Deputy Chief Operating Officer, brings together system partners to develop and review ED avoidance pathways and alternatives to ED including:
    - 2hr Urgent Community Response
    - Frailty Crisis Hub
    - Virtual Wards
    - CAT 3 and CAT 5 clinical triage
    - Single Hub model
    - Urgent Treatment Centres

Summary MATRIX 2

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 zero day length of stay non-elective admitted patients	
COMMON CAUSE / NATURAL VARIATION	* Community bed occupancy/availability	* Patients with Senior Review completed at 23:59 * Of those overnight general and acute beds open, percentage occupied	* Patients receiving clinical Post Take within 14 hours of admission * Inpatients - Proportion of patients discharged before 5pm * Inpatients - Percentage of adult G&A beds occupied by patients not meeting the criteria to reside * Inpatients - Super Stranded Patients, 21+ LoS (Adult)
SPECIAL CAUSE CONCERN	* Number of non-elective admissions	* Inpatients - Lost bed days for patients with no criteria to reside * Overnight general and acute beds open	

Acute Flow (3)

Scorecard

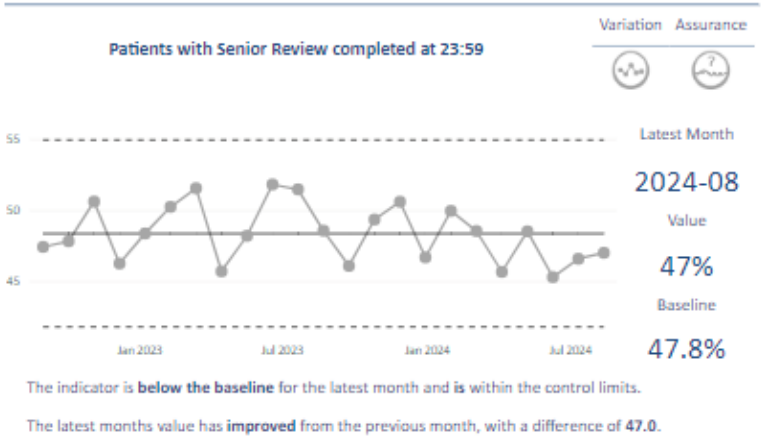
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Patients receiving clinical Post Take within 14 hours of admission	2024-08		F	90%	Target	77.5%
Patients with Senior Review completed at 23:59	2024-08		?	47.8%	Baseline	47%
Inpatients - Proportion of patients discharged before 5pm	2024-08		F	70%	Target	63.1%
Inpatients - Lost bed days for patients with no criteria to reside	2024-08	H	?	1013.1	Baseline	1065
Inpatients - Percentage of adult G&A beds occupied by patients not meeting the criteria to reside	2024-08		F	13.9%	Target	18.1%
Number of non-elective admissions	2024-08	H	P	6909	Target	5820
Number of zero day length of stay non-elective admitted patients	2024-08	H	?	2077	Target	2153
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2024-08		F	118	Target	142
Overnight general and acute beds open	2024-08	L	?	838	Target	826
Of those overnight general and acute beds open, percentage occupied	2024-08		?	92%	Target	92.1%
Community bed occupancy/availability	2024-08		P	100%	Target	89.2%

Executive Owner: Karen Stone

Operational Lead: Abolfazl Abdi

Rationale: Patient safety.
Target: **SPC1:** 90% of patients receiving clinical Post Take within 14 hours of admission. **SPC2:** No target.



Actions:

- The Trust is planning to strategically move towards real-time post take. This means patients will receive a senior review by a physician in real-time within the operating hours of an Integrated Assessment Unit.
- The new additions to the acute medicine team (at York) will strengthen our daily senior review of patients.
- We are refreshing and relaunching our Internal Professional Standards. When launched, upheld and embedded these standards should support improved post-take and senior daily review compliance and recording. These have been discussed with and supported by regional clinical leads, and will cover:
    - •ED
    - •Assessment Units
    - •Short Stay Wards
    - •Internal Flow (Admitted Spaces)

Wherever possible the standards will be measurable. These are undergoing development throughout September/October.

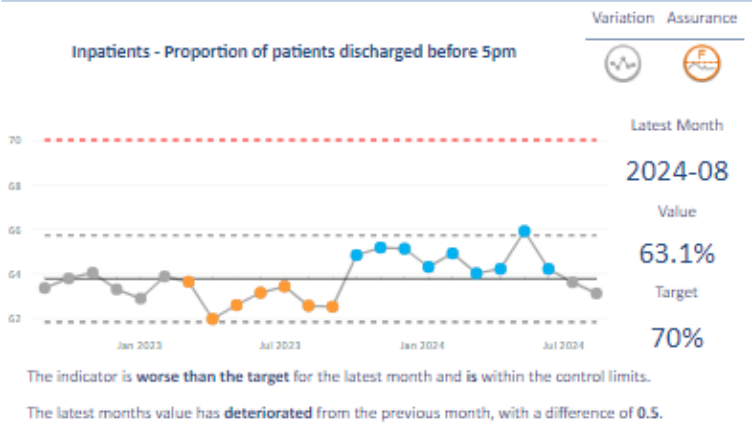
KPIs – Operational Activity and Performance

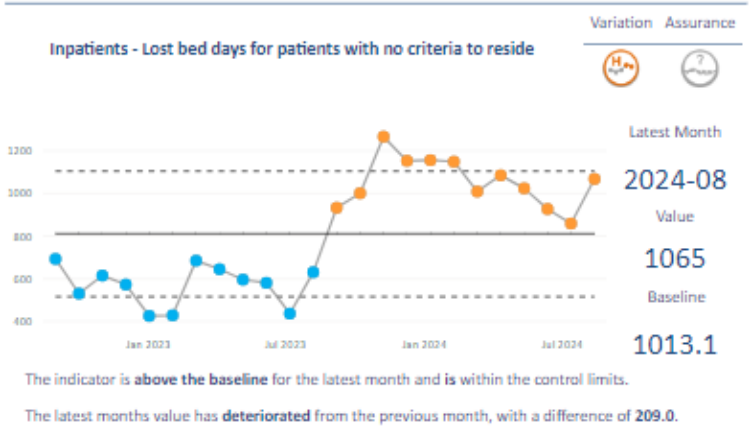
Acute Flow (6)

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

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





Actions:

- The Discharge Improvement Group supports improvement both in-hospital and across community partners. The group leads the coordination and completion of tasks to achieve alignment with the national discharge policy.
- 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 by December 2024. Operational implementation group now established and technical work progressing well.
- Work is underway, led by an elderly care consultant and senior allied health professional, to improve the timeliness and effectiveness of board rounds on some key wards (AMU York and Beech, Scarborough). A 'what good looks like' has been created using best practice. As part of this work there will be a focus on clinical teams entering estimated dates of discharge for all patients; these dates can help teams to plan for discharge earlier in a patient's stay and can expedite discharges.

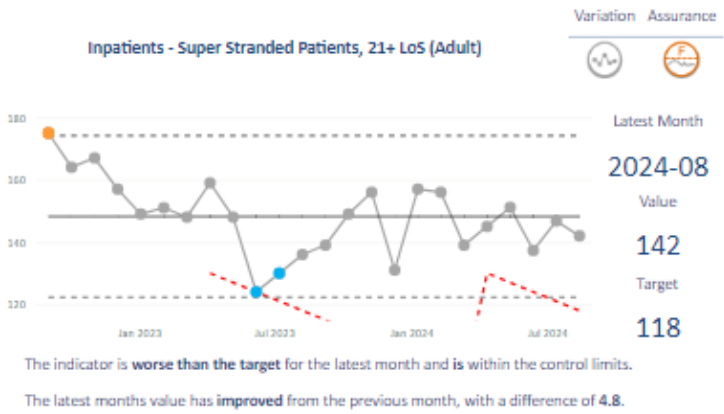
KPIs – Operational Activity and Performance

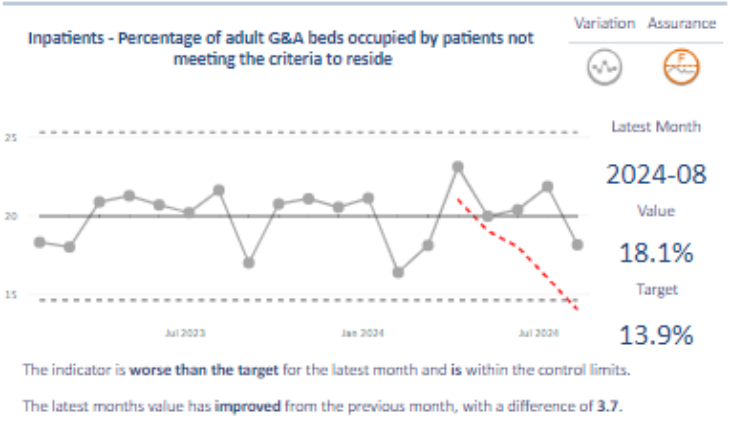
Acute Flow (7)

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).





Actions:

- The discharge improvement project (part of UCIP) is underway and will support improvements to NCTR occupancy rates.
- A joint piece of work is currently underway with Place partners to calculate the impact of some of the improvements that are planned, so that we can better understand how the gap between current performance and trajectory will be closed.

Operational Activity and Performance

Cancer Narrative

Headlines (please note; in line with national reporting deadlines cancer reporting runs one month behind):

The Cancer performance figures for July 2024 saw an improvement in the 28-day Faster Diagnosis standard (FDS) to 71.3% (compared to 67.9% in June 2024). This was above the trajectory submitted to NHSE for the end of July 2024 (70%).

62 Day waits for first treatment performance was 72% in July 2024, unchanged from the June 2024 position.

The Trust, 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.

Factors impacting performance:

- July 2024 saw 2,865 total referrals across all cancer sites in the trust.
- The following cancer sites exceeded 75% FDS in July: Breast, Head and Neck, Skin, NSS and Upper GI. Colorectal and Lung achieved the internal trajectory but did not achieve FDS. Urology and Gynaecology remain below FDS and internal trajectory, with recovery plans around additional WLI's and insourcing to recover the position.
- The following cancer sites exceeded 70% 62-day performance in July: Breast, Haematology, Head, Skin and Upper GI. All other sites except for Gynaecology surpassed internal trajectories but did not achieve the national 62-day target.
- 31-day treatment standard was at 99% across all sites.
- Diagnostic turnaround times remain challenged in CT reporting and pathology sample reporting. Recovery plans are in place and utilisation of cancer alliance and NHSE performance recovery funding has been received by the Trust.
- The proportion of patients waiting over 104+ days continues to equate to 1% of the PTL size. Colorectal and Urology remain the areas with the highest volume of patients past 62 days with/without a decision to treat but are yet to be treated or removed from the PTL.
- Positively, Endoscopy has received a JAG accreditation of excellence for all three endoscopy units during September 2024.

Actions:

Please see following pages for details.

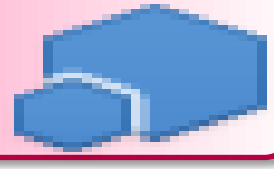
Summary MATRIX
CANCER

MATRIX KEY

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

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

CANCER
Scorecard



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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Cancer - Faster Diagnosis Standard	2024-07	H	?	70%	Target	71.3%
Cancer - 62 Day First Definitive Treatment Standard	2024-07	H	?	64.1%	Target	72%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-08	L	?	143	Target	196
% of patients waiting 63 or more days after referral from cancer PTL	2024-08	L	?	12%	Target	9.3%
Cancer 31 day wait from diagnosis to first treatment	2024-07		?	96%	Target	99%
Total Cancer PTL size	2024-08	L	?	2544.6	Baseline	2047
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	2024-08		F	80%	Target	69.6%

KPIs – Operational Activity and Performance

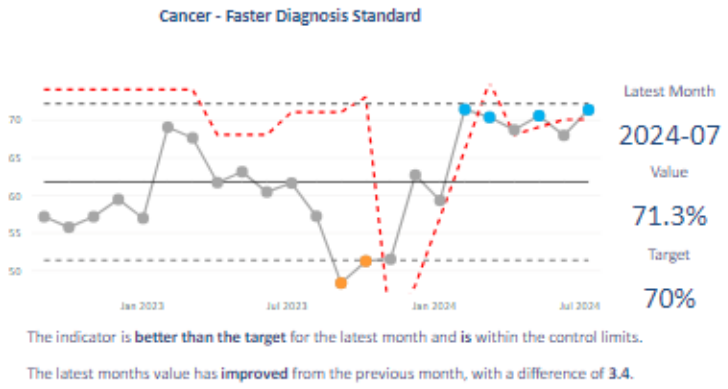
Cancer (1)

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

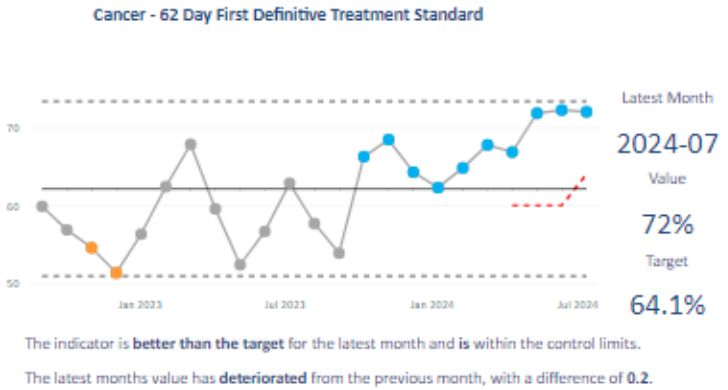
Rationale: SPC1: Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **SPC2:** National focus for 2024/25 is to improve performance against the headline 62-day standard**.** Rationale to be inserted by Corporate Ops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

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



The indicator is **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 **3.4**.



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**.

Actions:

- Cancer site operational teams are reviewing winter plans to maintain capacity.
- Received SLA of circa £1.4 million 2024-25 system development funding (SDF) via cancer alliance. Implementation of funded schemes commenced. Further funding bid as part of NHSE national cancer performance recovery fund (£344k allocated to the trust from regional funding) also approved which supports additional treatment and diagnostic capacity, and majority of schemes commenced.
- Urology improvement workshop scheduled for October 2024.

Operational Activity and Performance

Referral to Treatment (RTT) Narrative

Headlines:

There were zero RTT 78-week waiters at the end of August 2024.

At the end of August 2024, the Trust had 53 RTT patients waiting over sixty-five weeks above the end of month trajectory of 12. The Trust is working to achieve the national ambition to have zero RTT65 week waits by the end of September 2024. There are currently 197 patients who if not treated will breach sixty-five weeks by the end of September 2024 (a reduction of 417 on the end of July 2024 position; 614).

Factors impacting performance:

- The Trust's RTT Waiting list position continues to be in line with the trajectory submitted to NHSE as part of the 2024/25, 45,680 against the trajectory of 45,647.
- The NHS Constitution established that patients "have the right to access certain services commissioned by NHS bodies within maximum waiting times". The RTT standard is a key performance standard indicating how trusts are delivering on a patient's right to receive treatment within 18 weeks of being referred to a consultant-led service. The proportion of the waiting list **waiting under 18 weeks** is in line with last month with 55.9% at the end of August 2024 compared to 56% at the end of July 2024. The target for this metric is 92% which was last achieved nationally in February 2016.
- The Trust maintained the position of having zero RTT78 week waits at the end of August 2024 and had 53 patients waiting 65 weeks or more, above the trajectory of 12 submitted as part of the 2024/25 Activity Plan.
- The Trust delivered the trajectory for RTT52 weeks; 1,319 against the trajectory of 1,556. RTT52 week waits reduced by 113 compared to the end of July 2024 (1,432).
- Delivery of the 2024/25 elective recovery plan. Initial analysis shows that at the end of August 2024 the Trust is ahead of the 2024/25 activity plan with a provisional performance of 102% of the Weighted Value Trust Activity Plan submitted to NHSE. From a financial point of view this equates to a provisional performance of 111% against the submitted plan, this is linked to the monetary value of the case mix that has been seen year to date.

Actions:

Please see following pages for details.

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		* Proportion of most deprived quintile pathways on RTT PTL (S056a)	* RTT - Total Waiting List * RTT - Waits over 78 weeks for incomplete pathways * RTT - Waits over 65 weeks for Incomplete Pathways * RTT - Waits over 52 weeks for Incomplete Pathways * RTT - Proportion of incomplete pathways waiting less than 18 weeks * RTT - Mean Week Waiting Time - Incomplete Pathways
COMMON CAUSE / NATURAL VARIATION		* Proportion of BAME pathways on RTT PTL (S056a)	
SPECIAL CAUSE CONCERN	* Proportion of pathways with an ethnicity code on RTT PTL (S058a)		

Referral to Treatment (RTT)
Scorecard

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
RTT - Total Waiting List	2024-08	L	F	45647	Target	45680
RTT - Waits over 78 weeks for incomplete pathways	2024-08	L	F	0	Target	0
RTT - Waits over 65 weeks for Incomplete Pathways	2024-08	L	F	12	Target	53
RTT - Waits over 52 weeks for Incomplete Pathways	2024-08	L	F	1556	Target	1319
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-08	H	F	92%	Target	55.9%
RTT - Mean Week Waiting Time - Incomplete Pathways	2024-08	L	F	9	Target	18.5
Proportion of BAME pathways on RTT PTL (S056a)	2024-08		?	1.7%	Baseline	1.7%
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2024-08	H	?	12.1%	Baseline	12.5%
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2024-08	L	P	66.9%	Baseline	66.1%

KPIs – Operational Activity and Performance

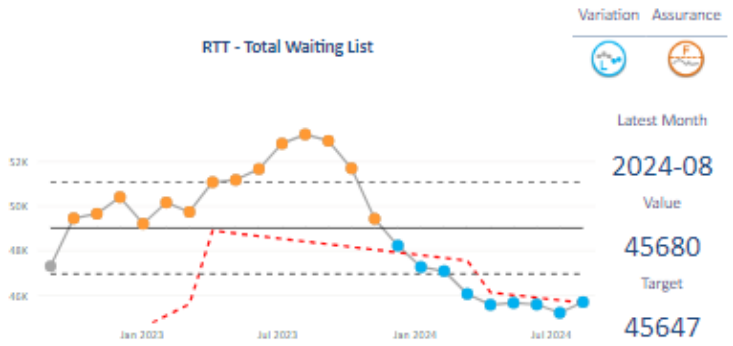
Referral to Treatment RTT (1)

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:** No target.



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

The latest months value has **deteriorated** from the previous month, with a difference of **483.0**.

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

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

Actions:

- Implementation project for a new Power business intelligence (BI) RTT patient tracklog list (PTL) tool for Operational Managers is in its final stages with training commenced and go live planned for the end of September 2024.
- The Trust's RTT Waiting List continues to have a high data quality RTT PTL Confidence Rating of 99.8% 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.
- 2024/25 Elective Recovery plan continues with the following workstreams:
  - Outpatient improvement.
  - Theatre improvement.
  - Diagnostic improvement.
  - Cancer.
  - Children and Young People.
  - Productivity and Efficiency.
  - Health inequalities.

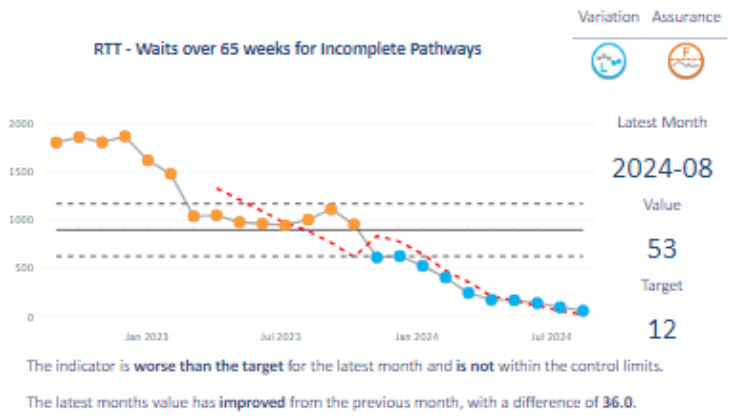
KPIs – Operational Activity and Performance

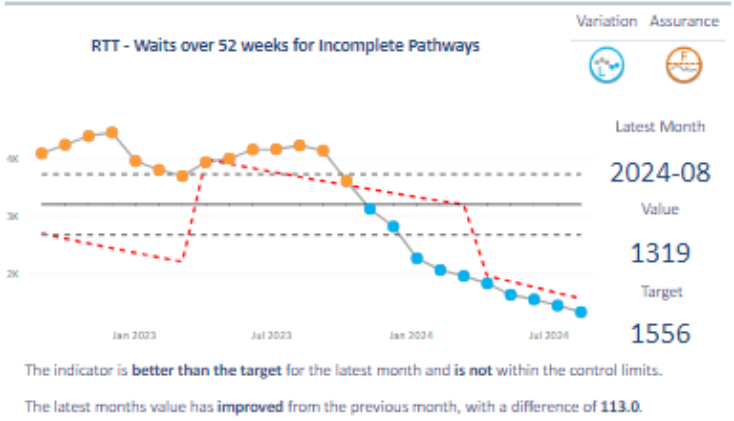
Referral to Treatment RTT (2)

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: SPC2:** 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.





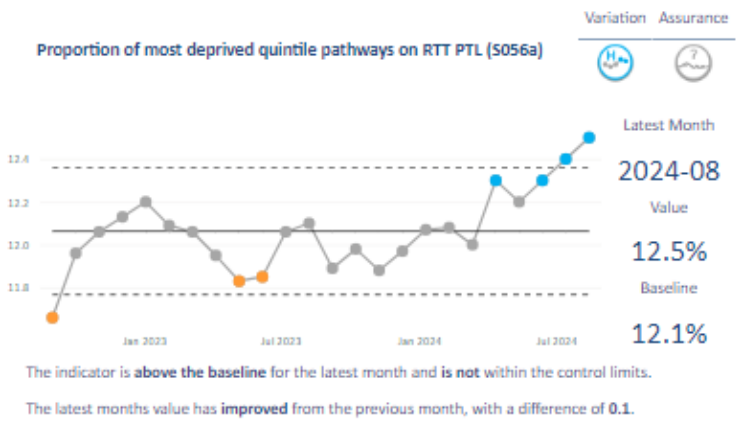
Actions:

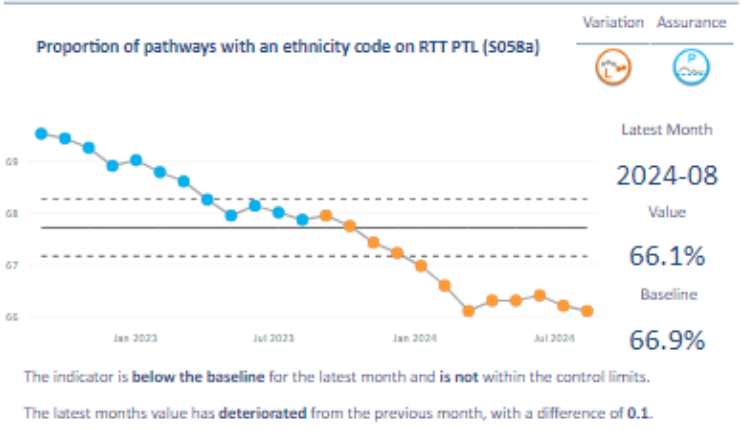
- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 and RTT65 weeks.
- Chief Operating Officer led review meetings are in place for specialties with RTT65 'risks' for the end of September 2024.
- The Trust's activity plan is aligned to our 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, that were submitted to the national team on the 2nd of May 2024. To achieve this trajectory our Care Groups will need to make a collective net monthly reduction of between 80 to 110 patients per month throughout 2024-25. This was achieved in August 2024.
- Exploring mutual aid and independent sector capacity for Neurology.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

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





Health Inequalities

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.

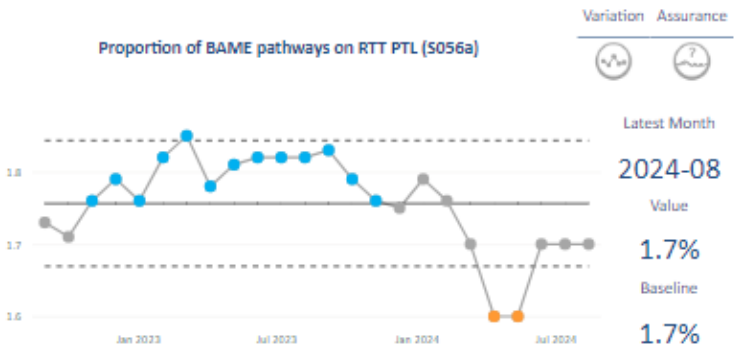
Actions:

- A review of the health inequalities metrics for the TPR are being reviewed in September 2024.
- The Elective Health Inequalities continues to focus on following priorities:
  - Learning Disabilities
  - Children and Young People
  - Carers
  - Waiting well and prehabilitation
  - DNA project
- A Health Inequalities Leadership Fellow commenced in post at the beginning of August on a 12-month secondment and will support the prioritisation of work to refocus effort and to support the profile, education and enthusiasm of the importance of health inequalities within the Trust.
- An Eight-week surgical learning disability pathway was launched in the Trust in August 2024.
- The Children and Young People group will focus on access waiting times, dental access and speech and language waiting times.
- The DNA project is aiming to reduce the DNA rates from areas of highest deprivation – key actions include the review of the DNA data set and deprivation index.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

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



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Health Inequalities

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

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: **August 2024**

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	19	5590	12.52%	8.88%
2	19	6185	13.86%	13.59%
3	19	9396	21.05%	20.94%
4	18	9829	22.02%	20.68%
5	18	13638	30.55%	35.90%
Unknown	18	1034		
Total	**19**	**45672**		

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: **August 2024**

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	19	29881	98.27%	94.34%
Black, Black British, Caribbean or African	15	62	0.20%	0.94%
Mixed or multiple ethnic groups	18	118	0.39%	1.26%
Asian or Asian British	18	239	0.79%	2.97%
Other ethnic group	18	108	0.36%	0.49%
Unknown	18	12197		
Not Stated	19	3067		
Total	**18**	**45672**		

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 * Electives (based on Activity v Plan)	* Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)
COMMON CAUSE / NATURAL VARIATION	* Outpatient procedures * Percentage of elective admissions which are day case	* Outpatients: Follow Up Attendances (Activity vs Plan) * 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*	* Outpatients - Proportion of appointments delivered virtually (S017a) * Outpatients: 1st Attendances (Activity vs Plan)
SPECIAL CAUSE CONCERN		* Day Cases (based on Activity v Plan)	* Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks) * Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)

Outpatients & Elective Care
Scorecard

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Outpatients - Proportion of appointments delivered virtually (S017a)	2024-08		F	25%	Target	21%
Outpatients - DNA rates	2024-08	L	?	5%	Target	4.5%
Outpatients: 1st Attendances (Activity vs Plan)	2024-08		F	19057	Target	16380
Outpatients: Follow Up Attendances (Activity vs Plan)	2024-08		?	46130	Target	40682
Outpatient procedures	2024-08		P	7953	Target	12116
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2024-08	H	F	0	Target	28045
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2024-08	H	F	4.4%	Target	3.5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2024-08	L	F	99%	Target	12.8%
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*	2024-06		?	0	Target	14
Day Cases (based on Activity v Plan)	2024-08	H	?	6706	Target	7577
Electives (based on Activity v Plan)	2024-08	H	?	593	Target	699
Percentage of elective admissions which are day case	2024-08		P	85%	Target	91.6%

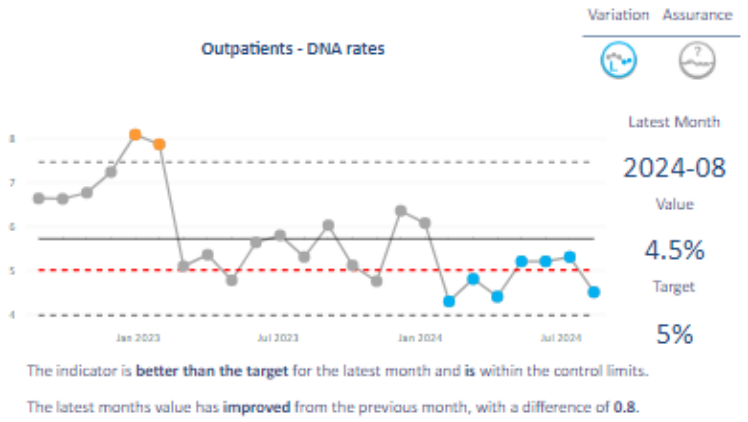
KPIs – Operational Activity and Performance

Outpatients (1)

Executive Owner: Claire Hansen

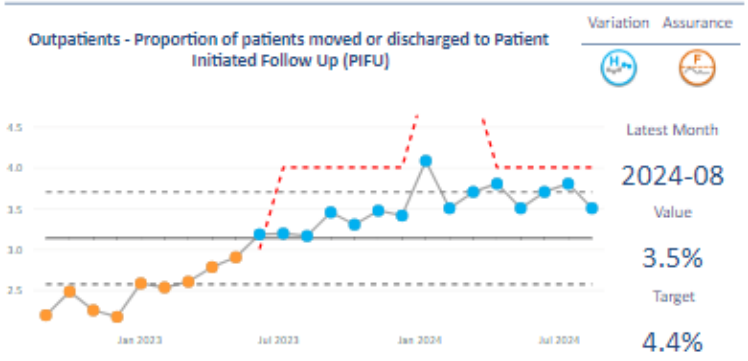
Operational Lead: Kim Hinton

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 **0.8**.



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 **0.3**.

Factors impacting performance:

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

Actions:

- Review of call handling solutions to ensure we have capability to respond to additional patient contacts is underway. Scoping of requirements completed and market review underway.
- Development of PIFU pathways across specialities as part of elective recovery plan and further faster workstream.
- Demand and capacity for rapid access chest pain clinic has been undertaken and reconfiguration of clinics being considered to provide additional capacity.
- Outpatient Procedure Code (OPCS) project is ongoing to improve outpatient procedure coding, and the Trust delivered the NHSE planning priority of 46% of first and outpatient procedures as a proportion of outpatient in August 2024 with performance of 46.3%.
- Review of referral for expert input roll out being undertaken in September 2024.

Operational Activity and Performance
Diagnostics Narrative

Headlines:
The August 2024 Diagnostic target position for patients waiting less than six weeks at month end was 68.5%, against the trajectory of 72.3%. The Trust saw month on month improvement from the end of July 2024 in the following:

- MRI.
- Non-obstetric Ultrasound.
- Barium Enema.
- DEXA Scans.
- Echocardiography.
- Sleep Studies.
- Flexi-Sigmoidoscopy.

Factors impacting performance:

- Complexity of CDC programme delivery and delay to activity go live for a range of tests.
- Workforce challenges across most imaging modalities and consequence of higher banding for CDC mobile so seeing increased attrition of staff.
- Acute and cancer demand for CT and MRI.
- Aging equipment (MRI at York and SGH, CT3 at York).
- Development of non-consultant workforce.
- Age-extension of bowel cancer screening programme demand.
- Increase in outsourced work leading to longer reporting times due to lack of in-house reporting capacity.

Actions:

Please page below.

Summary MATRIX
Diagnostics

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

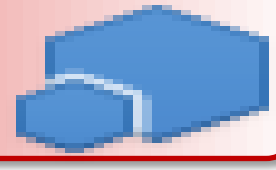
ASSURANCE

VARIATION

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

DIAGNOSTICS – National Target: 95%

Scorecard



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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Diagnostics - Proportion of patients waiting <6 weeks from referral	2024-08	H	F	72.3%	Target	69.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2024-08	H	?	69%	Target	82.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2024-08	L	?	73.6%	Target	56.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2024-08		F	85.4%	Target	74.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2024-08	L	?	81.4%	Target	76.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2024-08	H	F	71%	Target	69.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2024-08	L	F	87.1%	Target	51.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2024-08	H	?	38.6%	Target	83.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2024-08		?	95.7%	Target	87.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2024-08	H	F	95.2%	Target	85.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2024-08	L	?	41.5%	Target	23.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2024-08	H	F	54.8%	Target	72.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2024-08	H	?	42.8%	Target	68.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2024-08		?	81.3%	Target	62.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2024-08		?	76.1%	Target	72%

KPIs – Operational Activity and Performance

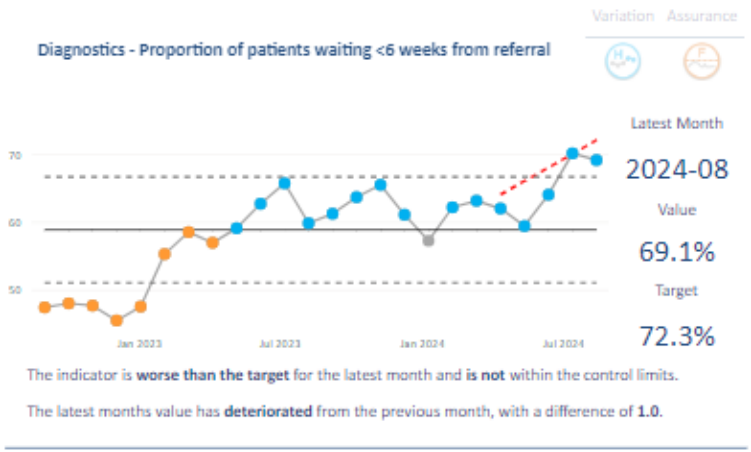
Diagnostics (1)

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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Actions:

- All services now operational at Askham Bar CDC (CT, MRI, DEXA scans, Cardiorespiratory and Phlebotomy).
- Selby CDC rooms planned to go live week commencing the 9th of September with booked sessions.
- ECHO at York improvement continues linked to the additional 45 extra patients per week delivered through the CDC, it is planned that the York backlog will be cleared by the end of September 2024. Improvement plans for Scarborough are being developed. Trust ECHO performance has improved from 23% in April 2024 to 78% in August 2024.
- Urodynamics recovery plan to deliver recovery by Q2 2024/25 was impacted by national issues with equipment during July and August that resulted in reduced capacity. These issues appear to have been rectified and the service is again working towards recovering the position.
- Endoscopy insourcing continues with additional 10 lists per week. They are currently ahead of the improvement trajectory. JAG accreditation achieved for all three units in September 2024.
- HNY Diagnostic board presented productive partner report which indicates further area for productivity improvements. Meetings to identify productivity opportunities across HNY scheduled for August 2024.

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 * 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	* Children & Young Persons: ED - Emergency Care Standard (Type 1 only)
SPECIAL CAUSE CONCERN			

Children & Young Persons
Scorecard

Executive Owner: Claire Hansen

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Children & Young Persons: ED - Patients waiting over 12 hours in department	2024-08			0	Target	8
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2024-08		F	95%	Target	84.9%
Children & Young Persons: RTT - Total Waiting List	2024-08	L		3933.2	Baseline	3868
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-08	H	F	92%	Target	68.1%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways	2024-08	L	F	0	Target	15

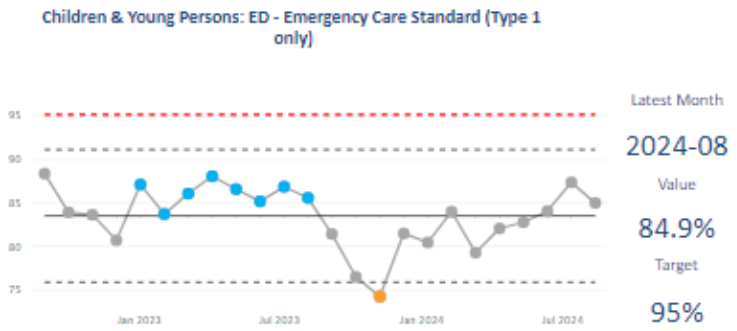
KPIs – Operational Activity and Performance

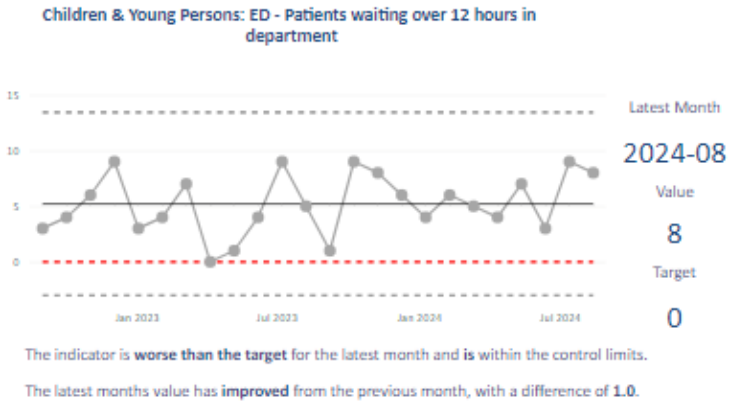
Children & Young Persons (1)

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 paediatric attendances across both of our Emergency Departments (EDs). Compared to August 2023 (55 attendances), the Trust saw an average of 17 more paediatric attendances per day throughout the month of August 2024, a rise of 31%.

- A number of children and young people waiting longer than 12 hours in the department were aged 16-17 years old and are being managed through an adult pathway with patient requiring admission having their wait impacted by the wait for an adult ward.

Actions:

- Scoping improvement actions for children and young people with Family Health Care Group.

KPIs – Operational Activity and Performance

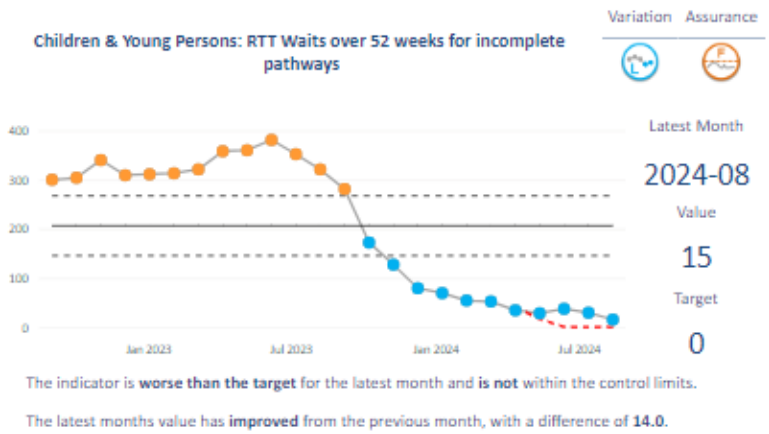
Children & Young Persons (2)

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 did not deliver the trajectory for RTT52 weeks wait for patients aged under eighteen with 15 against a revised internal trajectory of 10. The Trust is seeking to deliver zero CYP patients waiting over 52 weeks by the end of September 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. review the current trajectory and identify further opportunities with all specialties to achieve 52 weeks and beyond, meeting planned in September.

- Children and Young People are a workstream within the 2024/25 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.

- Strategy development to be commenced from September 2024.

Summary MATRIX
Community

MATRIX KEY

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

ASSURANCE

VARIATION

	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT		* Percentage of Virtual Ward beds occupied * Total Urgent Community Response (UCR) referrals * 2-hour Urgent Community Response (UCR) care Referrals * Number of York CRT Contacts	* Number of open Virtual Ward beds * Number of CYP (0-17 years) on community waiting lists per system
COMMON CAUSE / NATURAL VARIATION	* 2-hour Urgent Community Response (UCR) Compliancy % * Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	* Number of Adults (18+ years) on community waiting lists per system * Number of District Nursing Contacts * Number of Selby CRT Contacts * Referrals to District Nursing Team	
SPECIAL CAUSE CONCERN		* Community Response Team (CRT) Referrals	

COMMUNITY
Scorecard

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Number of open Virtual Ward beds	2024-08	H	F	33	Target	33
Percentage of Virtual Ward beds occupied	2024-08	H	?	80%	Target	72.7%
Community Response Team (CRT) Referrals	2024-08	H	?	459.9	Baseline	477
Total Urgent Community Response (UCR) referrals	2024-08	H	?	299.2	Baseline	466
2-hour Urgent Community Response (UCR) care Referrals	2024-08	H	?	96.5	Baseline	122
2-hour Urgent Community Response (UCR) Compliancy %	2024-08		P	70%	Target	98.4%
Number of Adults (18+ years) on community waiting lists per system	2024-08		?	787.4	Baseline	857
Number of CYP (0-17 years) on community waiting lists per system	2024-08	L	F	726	Baseline	1805
Number of District Nursing Contacts	2024-08		?	21119.6	Baseline	21354
Number of Selby CRT Contacts	2024-08		?	2799.5	Baseline	2483
Number of York CRT Contacts	2024-08	L	?	4670.9	Baseline	4395
Referrals to District Nursing Team	2024-08		?	2266.9	Baseline	2132
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2024-08		P	1056	Target	792

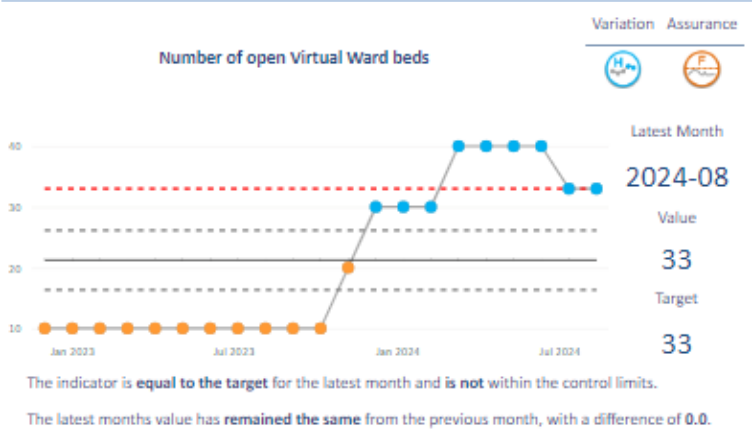
KPIs – Operational Activity and Performance

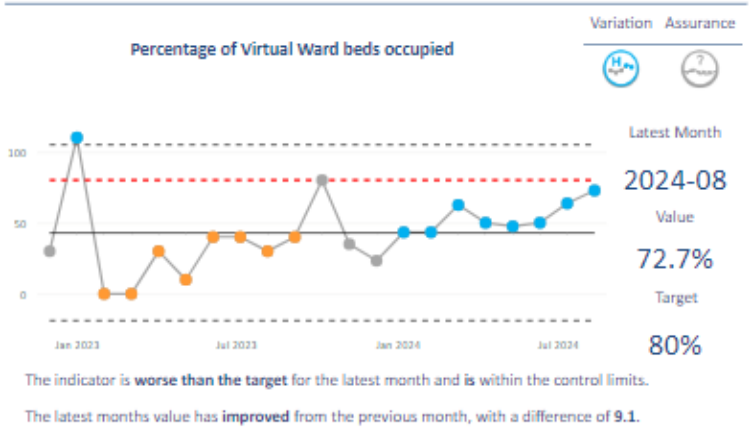
Community (1)

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

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





Factors impacting performance:

- Workforce challenges.
- Acute pressures.

Actions:

- The ambition for virtual ward utilisation rate is 80% at the last report to the ICB our utilisation rate for August 2024 was 73%, a significant improvement on the 50% occupancy seen across each month of quarter one 2024/25.
- Having a more stable workforce over the past quarter has had a positive impact on the Frailty Virtual Ward (York) enabling more sharing of responsibilities rather than working in silos. It has now been agreed and approved that the seconded workforce (generic support workers and occupational therapist) will be extended to May 2025 which should help maintain higher levels of appropriate utilisation of the Frailty Virtual Ward (York).
- The York Frailty virtual ward is now technology-enabled through the system Inhealthcare which we procured with externally awarded funds at the end of last financial year. The team is exploring more opportunities for the use of remote monitoring and wearable devices.
- Our Heart Failure virtual ward team is building a technology-enabled pathway which will be operational in the coming months. The Heart Failure team remains keen to expand its remit and support an in-reach service into Emergency Departments, however this would require additional investment and as such further consideration is required.

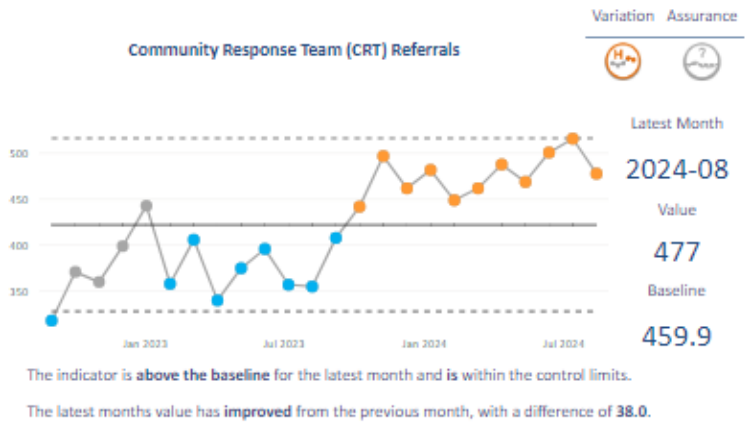
KPIs – Operational Activity and Performance

Community (2)

Executive Owner: Claire Hansen

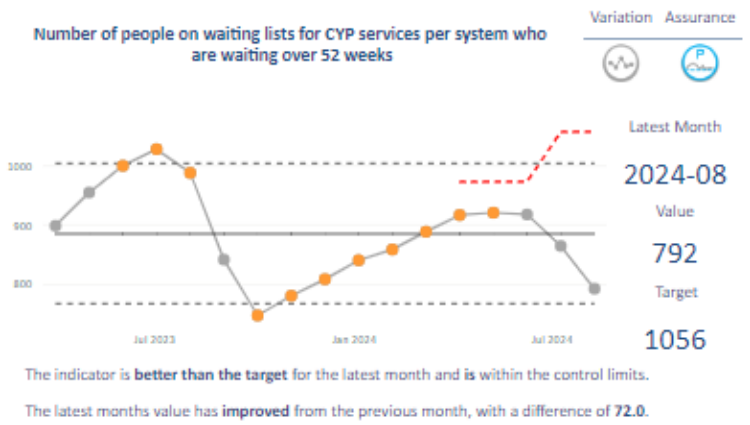
Operational Lead: Abolfazl Abdi

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 **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 **38.0**.



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

The latest months value has **improved** from the previous month, with a difference of **72.0**.

Factors impacting performance:

- **SPC1:** Referrals to Community Response Teams remain above the average control. The continued development of the Frailty Crisis Hub will likely have further impact on referrals with the YAS pathway developments.
- **SPC2:** The number of Children and Young People waiting over 52 weeks or more fell for the third consecutive month, down from 864 at the end of July 2024 to 792 at the end of August 2024.

Actions:

- **SPC1:** There is ongoing conversations with the South Hambleton and Ryedale and Selby Primary Care Networks re the UCR model and creating better integration with primary care to ensure better equity of service.
- **SPC1:** Additional therapy resource has been funded by NYCC place to support step down beds and IPU flow in the Selby area only.
- **SPC1:** Continue to monitor the demand and capacity of both the Selby and the York teams.
- **SPC2:** Community Children and Young People Speech and Language Therapy have a detailed improvement plan including the implementation of a Request for Helpline Service, re-triage of long waiters, development of training and resources and group interventions.
- **SPC2:** Community Children and Young People Occupational Therapy service are implementing a 'let's make sense together' project with several support resources for children with sensory needs which equates to 50% of longest waiters.

QUALITY AND SAFETY

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

Quality & Safety
Scorecard (1)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Total Number of Trust Onset MSSA Bacteraemias	2024-08			5	Target	8
Total Number of Trust Onset MRSA Bacteraemias	2024-08			0	Target	0
Total Number of Trust Onset C. difficile Infections	2024-08			10	Target	14
Total Number of Trust Onset E. coli Bacteraemias	2024-08			13	Target	18
Total Number of Trust Onset Klebsiella Bacteraemias	2024-08			4	Target	2
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2024-08			2	Target	3
Inpatient Acquired Pressure Ulcers	2024-08			139	Baseline	148
Pressure Ulcers per thousand Bed Days	2024-08			4	Baseline	4.5
All Patient Falls	2024-08			249	Baseline	226
Patient Falls per thousand Bed Days	2024-08			9	Target	7.3
Medication incidents per thousand bed days	2024-08			5	Baseline	4.6

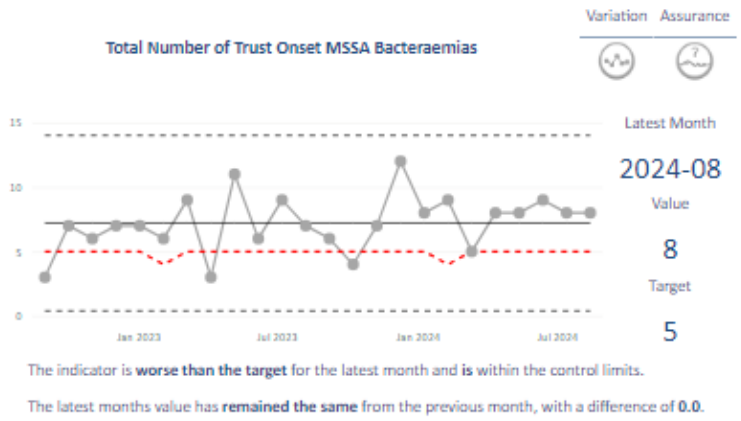
KPIs – Quality & Safety

Q&S (1)

Executive Owner: Dawn Parkes

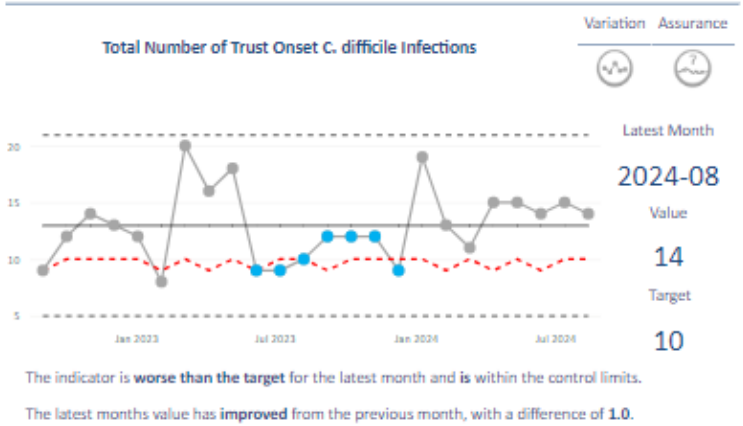
Operational Lead: Sue Peckitt

Rationale: To drive reduction in avoidable health care associated infection, facilitate patient safety and improve patient outcomes
Target: National thresholds for 2024/25 have now been received, they are a 5% reduction on the 2023/24 year end position.



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

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



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

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

Factors impacting performance:

- MSSA bacteraemia breached the internally set target of 5 cases with 8 cases recorded in July, 5 cases attributed to Medicine Care Group, 3 attributed to Surgery Care Group. 75% of the cases are attributed to York Hospital and 25% of the cases are attributed to Scarborough Hospital. The Trust is 13 cases over the year- to date target.
- The Trust has recorded 3 MRSA Bacteraemia cases for 2024/25 against a zero target, no cases were recorded in July
- 15 Trust attributed Clostridioides difficile cases against a trajectory of 10. Of the 15 cases 47% were attributed to York Hospital, 40% attributed to Scarborough Hospital, 13% attributed to community hospital sites. The Trust is 11 cases over the year to date target.
- Selby inpatient unit was closed for 9 days in July due to an outbreak of Norovirus
- Ward 39 was closed for 6 days in July due to an outbreak of Norovirus
- Ward 35 and Ward 37 have both had beds closed in July due to Covid-19

Actions:

- All MSSA bacteraemia undergo a review using a PSIRF approach, learning identified improvement needed with hand hygiene compliance, IV cannula documentation, ANTT compliance.
- The Haematology/Oncology clinic at York has the highest cumulative number of cases with 4 cases attributed to them. Following a meeting to review the cases in haematology/oncology, the MSSA/MRSA screening and decolonisation SOP is to be revised.
- Internal audit of Cannula Management Action plan The report identified 1 major and 6 moderate recommendations which are currently being addressed. The final actions have been evidenced for closure with the audit department.
- Clostridioides difficile cases are reviewed using PSIRF approach, learning identified including delay in appropriate specimen collection before commencement of antibiotics, delay in escalation/ communication with microbiologist, and completion of Bristol Stool Chat. Learning being addressed via the Care Group.
- Working with Care Groups to introduce Care Group Infection Prevention and Control Groups from September. Term of reference have been drafted and presented to IPSAG for approval.

Quality & Safety
Scorecard (2)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Patient Safety Incidents per thousand Bed Days	2024-08			48	Baseline	38.9
Harmful Incidents per thousand bed days	2024-08			17	Baseline	14
Percentage of Patient Safety Incidents with Moderate or Above Harm	2024-08			3%	Baseline	5.6%
Trust Duty of Candour (Stage 1)	2024-08			93%	Baseline	85.2%
Trust Duty of Candour (Stage 2)	2024-08			92%	Baseline	78.7%
Trust Duty of Candour (Stage 3)	2024-08			91%	Baseline	92.5%
Number of Serious Incidents Reported	2024-08			7	Baseline	1
Total Number of Never Events Reported	2024-08			0	Target	0
In-Hospital Deaths	2024-08			199	Baseline	178
Quarterly SHMI	2024-03			100	Target	98.3
Monthly SHMI	2024-04			100	Target	91.7
Quarterly HSMR	2024-03			100	Target	112.6
Monthly HSMR	2024-05			100	Target	105.3

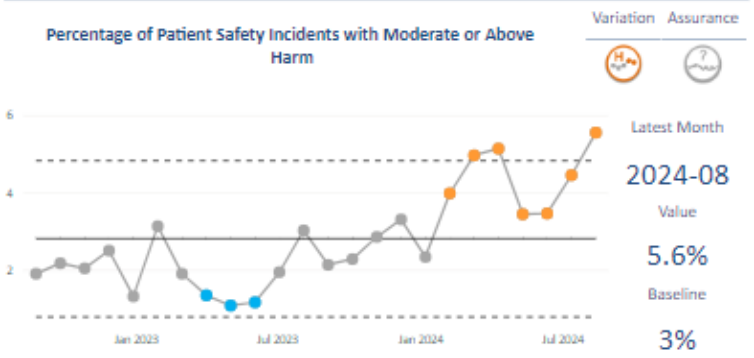
Executive Owner: Adele Coulthard

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 **0.5**.



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 **1.2**.

Factors impacting performance:

Duty Of Candor:

Duty of Candor is monitored via datix dashboards. However, the process is overseen by each individual care group. It is the care groups responsibility to report on this information via other reporting avenues.
The patient safety team are unable to influence if the care groups send letters when reasonably practical.

It should be noted that this data only shows two stages of duty of Candor. Which reflects the new policy however we still have the old stages of duty of Candor running concurrently.

Moderate Harm:

The Bench marking target is based on last years out turn. The harms should be benched marked against providers of a similar size and service.

Having a base line target for the level of harm the organisation we tolerate can be detrimental. The level of harm is subjective decided by clinical staff. This decision making can differ between members of staff and is not an exact science.

The number of moderate harm incident can also be affected by the number of incidents that are yet to be investigated. Until the investigation is complete the level of harm may not be determined. The trust current has over 2000 incidents where the investigation has either not commenced or has not been finalised.

This means that there could be incidents with an incorrect level of harm assigned to them.

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	
COMMON CAUSE / NATURAL VARIATION	* Friends and Family Test - Trust Inpatient Recommend % * Friends and Family Test - Trust Maternity Recommend %	* Needlestick Injury or Sharps Incident * Staff Slips, Trips and Falls * RIDDOR * Antepartum Stillbirths * Early neonatal deaths (0-7 days) * PPH > 1.5L as % of all women - York * PPH > 1.5L as % of all women - Scarborough * Obstetrics and Gynaecology: Serious Incidents	* Friends and Family Test - Trust ED Recommend %
SPECIAL CAUSE CONCERN		* Trust Complaints * Obstetrics and Gynaecology: Moderate Incidents	

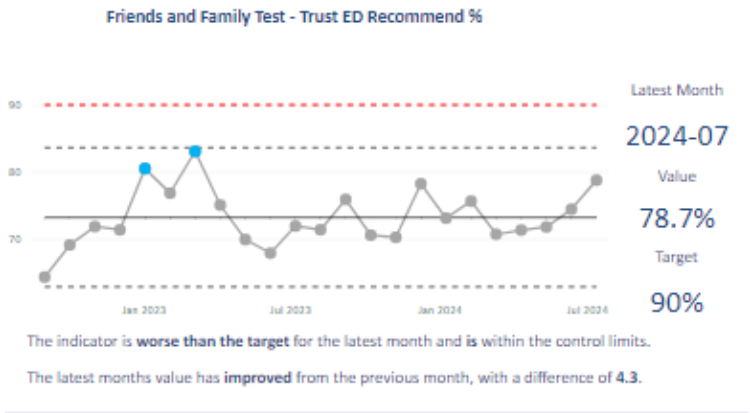
Quality & Safety
Scorecard (3)

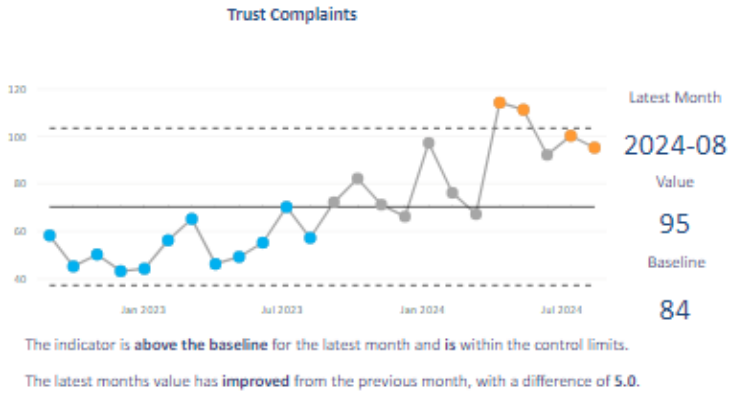
Executive Owner: Dawn Parkes **Operational Lead:** Tara Filby/ Sacha Wells-Munro

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Friends and Family Test - Trust ED Recommend %	2024-07		F	90%	Target	78.7%
Friends and Family Test - Trust Inpatient Recommend %	2024-07		P	90%	Target	94.6%
Friends and Family Test - Trust Maternity Recommend %	2024-07		P	90%	Target	99.2%
Trust Complaints	2024-08	H		84	Baseline	95
Needlestick Injury or Sharps Incident	2024-08			17	Baseline	17
Staff Slips, Trips and Falls	2024-08			5	Baseline	3
RIDDOR	2024-08			2	Baseline	0
Antepartum Stillbirths	2024-07			0.6	Baseline	2
Intrapartum Stillbirths	2024-07	L		0	Baseline	0
Early neonatal deaths (0-7 days)	2024-07			1	Baseline	0
PPH > 1.5L as % of all women - York	2024-07			4.8%	Baseline	2.5%
PPH > 1.5L as % of all women - Scarborough	2024-07			2.3%	Baseline	6.1%
Obstetrics and Gynaecology: Serious Incidents	2024-08			0.1	Baseline	0
Obstetrics and Gynaecology: Moderate Incidents	2024-08	H		11.6	Baseline	28

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

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





Factors impacting performance: The number of new complaints remains high and is almost three times the average pre pandemic. In the month of May, 12% new complaints related to the Emergency Department at York Hospital. Unsurprisingly the majority of complaints relate to delayed treatment across services but complaints about staff attitude and poor communication also remain high.
As at 04/06/24 194 complaints remain open, of which 57 are overdue and 28 due in the next 10 days.

Actions: the majority of complaints within the Emergency Department at York Hospital are themed around long waits, with some featuring lack of access to food and drink. The Launch of the OCS in July is streaming a high proportion of patients away from ED, the effect of this is the waiting times reducing and hopefully this will really help to reduce complaints and concerns. Staff are allocated to the waiting room to ensure drinks and light refreshment are offered safely. Catering staff have met with the ED Matron and hot meals are also provided to patients being cared for in cubicles where appropriate at lunchtime and in the evening. Drinks stations are available near the waiting room and majors cubicles for ease of access.

In terms of the numbers open and overdue, because of the increased number of complaints, it means Investigating Officers have multiple complaints to handle and coupled with the operational demand are struggling to meet deadlines- the governance team are trying to provide as much support as possible and in medicine specifically the formal response times remain at 71% in target timeframe. In terms of PALS very poor performance at 41%, the medicine care group are actively pursuing ways of changing concern management, reviewing the allocation of the concerns and working in collaboration with the Patient Experience Team.

The Head of Patient Experience is working with the Head of Nursing for Urgent and Emergency Care to explore how to promote increased uptake of FFT within the Emergency Departments, including the potential use of volunteers.

MATERNITY

September 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 * L/W Co-ordinator supernumerary % - Scarborough	
COMMON CAUSE / NATURAL VARIATION	* Bookings - Scarborough	* Bookings ≥13 weeks (exc transfers etc.) - Scarborough * Births - Scarborough * No. of women delivered - Scarborough * Women affected by suspension - Scarborough * Maternity Unit Closure - Scarborough * SCBU at capacity - Scarborough * SCBU at capacity of intensive care cots - Scarborough * SCBU no of babies affected - Scarborough * 1 to 1 care in Labour - Scarborough	* Bookings <10 weeks - Scarborough * Planned homebirths - Scarborough * Homebirth service suspended - Scarborough * Anaesthetic cover on L/W - Scarborough
SPECIAL CAUSE CONCERN			

Maternity Scarborough
Scorecard (1)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Bookings - Scarborough	2024-07		P	169	Target	127
Bookings <10 weeks - Scarborough	2024-07		F	90%	Target	74.8%
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2024-07		?	10%	Target	2.4%
Births - Scarborough	2024-07		?	113	Target	96
No. of women delivered - Scarborough	2024-07		?	112	Target	96
Planned homebirths - Scarborough	2024-07		F	2.1%	Target	0%
Homebirth service suspended - Scarborough	2024-06		F	3	Target	24
Women affected by suspension - Scarborough	2024-06		?	0	Target	0
Community midwife called in to unit - Scarborough	2024-06	L	?	3	Target	0
Maternity Unit Closure - Scarborough	2024-07		?	0	Target	2
SCBU at capacity - Scarborough	2024-06		?	1.3	Baseline	2
SCBU at capacity of intensive care cots - Scarborough	2024-06		?	4.5	Baseline	2
SCBU no of babies affected - Scarborough	2024-06		?	0	Target	0
1 to 1 care in Labour - Scarborough	2024-07		?	100%	Target	98.9%
L/W Co-ordinator supernumerary % - Scarborough	2024-07	H	?	100%	Target	96.7%
Anaesthetic cover on L/W - Scarborough	2024-07		F	10	Target	5

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	* Assisted Vaginal Births - Scarborough * Intrapartum Stillbirths - Scarborough	* Normal Births - Scarborough * C/S Births - Scarborough * Elective caesarean - Scarborough * Emergency caesarean - Scarborough * Induction of labour - Scarborough * HDU on L/W - Scarborough * BBA - Scarborough * Neonatal Death - Scarborough * Cold babies - Scarborough * Preterm birth rate <37 weeks - Scarborough * Preterm birth rate <34 weeks - Scarborough * Preterm birth rate <28 weeks - Scarborough	
SPECIAL CAUSE CONCERN		* Antepartum Stillbirth - Scarborough	

Maternity Scarborough
Scorecard (2)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Normal Births - Scarborough	2024-07			57%	Target	61.4%
Assisted Vaginal Births - Scarborough	2024-07		P	12.4%	Target	7.3%
C/S Births - Scarborough	2024-07			40.9%	Baseline	31.3%
Elective caesarean - Scarborough	2024-07			19.3%	Baseline	16.6%
Emergency caesarean - Scarborough	2024-07			21.6%	Baseline	14.6%
Induction of labour - Scarborough	2024-07			42.7%	Baseline	42.7%
HDU on L/W - Scarborough	2024-07			5	Target	3
BBA - Scarborough	2024-07			2	Target	1
HSIB cases - Scarborough	2024-07	L		0	Target	0
Neonatal Death - Scarborough	2024-07			0	Target	0
Antepartum Stillbirth - Scarborough	2024-07	H		0	Target	2
Intrapartum Stillbirths - Scarborough	2024-07		P	0	Target	0
Cold babies - Scarborough	2024-06			1	Target	2
Preterm birth rate <37 weeks - Scarborough	2024-07			6%	Target	3.1%
Preterm birth rate <34 weeks - Scarborough	2024-07			1%	Target	1%
Preterm birth rate <28 weeks - Scarborough	2024-07			0.5%	Target	2.1%

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

Maternity Scarborough
Scorecard (3)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Low birthweight rate at term (2.2kg) - Scarborough	2024-07			0%	Target	0%
Breastfeeding Initiation rate - Scarborough	2024-07	H		75%	Target	78.7%
Breastfeeding rate at discharge - Scarborough	2024-07			65%	Target	56%
Smoking at booking - Scarborough	2024-07			6%	Target	19.7%
Smoking at 36 weeks - Scarborough	2024-06			6%	Target	1.1%
Smoking at time of delivery - Scarborough	2024-07			6%	Target	12.2%
Carbon monoxide monitoring at booking - Scarborough	2024-07			95%	Target	81.9%
Carbon monoxide monitoring at 36 weeks - Scarborough	2024-07	H	F	95%	Target	70%
SI's - Scarborough	2023-10			0	Target	1
PPH > 1.5L as % of all women - Scarborough	2024-07			2.3%	Baseline	6.1%
Shoulder Dystocia - Scarborough	2024-07			2	Target	1
3rd/4th Degree Tear - normal births - Scarborough	2024-07			2.8%	Target	2.1%
3rd/4th Degree Tear - assisted birth - Scarborough	2024-07	L	P	6.1%	Target	1%
Informal Complaints - Scarborough	2024-07			0	Target	0
Formal Complaints - Scarborough	2024-07			0	Target	0

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

Maternity York
Scorecard (1)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Bookings - York	2024-07			295	Target	277
Bookings <10 weeks - York	2024-07			90%	Target	74.7%
Bookings ≥13 weeks (exc transfers etc.) - York	2024-07		P	10%	Target	4%
Births - York	2024-07			245	Target	246
No. of women delivered - York	2024-07			242	Target	242
Planned homebirths - York	2024-07		F	2.1%	Target	0.8%
Homebirth service suspended - York	2024-07		F	3	Target	22
Women affected by suspension - York	2024-07			0	Target	4
Community midwife called in to unit - York	2024-07	L		3	Target	0
Maternity Unit Closure - York	2024-07	L		0	Target	0
SCBU at capacity - York	2024-06			0.4	Baseline	0
SCBU at capacity of intensive care cots - York	2024-06			20.2	Baseline	16
SCBU no of babies affected - York	2024-06			0	Target	0
1 to 1 care in Labour - York	2024-07			100%	Target	98.9%
L/W Co-ordinator supernumerary % - York	2024-07	H		100%	Target	98.4%
Anaesthetic cover on L/W - York	2024-07		P	10	Target	10

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 * Intrapartum Stillbirths - York * Cold babies - York	
COMMON CAUSE / NATURAL VARIATION		* Normal Births - York * Assisted Vaginal Births - York * C/S Births - York * Elective caesarean - York * Emergency caesarean - York * BBA - York * Neonatal Death - York * Antepartum Stillbirth - York * Preterm birth rate <37 weeks - York * Preterm birth rate <34 weeks - York * Preterm birth rate <28 weeks - York	
SPECIAL CAUSE CONCERN		* Induction of labour - York	

Maternity York
Scorecard (2)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Normal Births - York	2024-07			57%	Target	53.3%
Assisted Vaginal Births - York	2024-07			12.4%	Target	11.8%
C/S Births - York	2024-07			36.1%	Baseline	34%
Elective caesarean - York	2024-07			14.5%	Baseline	11.8%
Emergency caesarean - York	2024-07			21.7%	Baseline	23.2%
Induction of labour - York	2024-07	H		46%	Baseline	48.8%
HDU on L/W - York	2023-10			5	Target	8
BBA - York	2024-07			2	Target	2
HSIB cases - York	2024-07	L		0	Target	0
Neonatal Death - York	2024-07			0	Target	0
Antepartum Stillbirth - York	2024-07			0	Target	0
Intrapartum Stillbirths - York	2024-07	L		0	Target	0
Cold babies - York	2024-06	L		1	Target	0
Preterm birth rate <37 weeks - York	2024-07			6%	Target	6.9%
Preterm birth rate <34 weeks - York	2024-07			2%	Target	2%
Preterm birth rate <28 weeks - York	2024-07			0.5%	Target	0%

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

Maternity York
Scorecard (3)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Low birthweight rate at term (2.2kg) - York	2024-07			0%	Target	0%
Breastfeeding Initiation rate - York	2024-07	H		75%	Target	88.6%
Breastfeeding rate at discharge - York	2024-07	H		65%	Target	72.8%
Smoking at booking - York	2024-07			6%	Target	7.6%
Smoking at 36 weeks - York	2024-07			6%	Target	1.9%
Smoking at time of delivery - York	2024-07			6%	Target	3.3%
Carbon monoxide monitoring at booking - York	2024-07			95%	Target	92.1%
Carbon monoxide monitoring at 36 weeks - York	2024-07	H	F	95%	Target	71.6%
SI's - York	2023-10			0	Target	2
PPH > 1.5L as % of all women - York	2024-07			4.8%	Baseline	2.5%
Shoulder Dystocia - York	2024-07			2	Target	3
3rd/4th Degree Tear - normal births - York	2024-07			2.8%	Target	0.4%
3rd/4th Degree Tear - assisted birth - York	2024-07		P	6.1%	Target	0.4%
Informal Complaints - York	2024-07			0	Target	1
Formal Complaints - York	2024-07			0	Target	6

WORKFORCE

September 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) * Medical and dental vacancy rate * AHP vacancy rate * Overall stat/mand training compliance * Overall corporate induction compliance * A4C staff stat/mand training compliance * A4C staff corporate induction compliance	* Annual absence rate * HCSW vacancy rate * Medical & dental staff stat/mand training compliance * Medical & dental staff corporate induction compliance
COMMON CAUSE / NATURAL VARIATION		* Monthly sickness absence * Overall vacancy rate * Midwifery vacancy rate * Registered Nursing vacancy rate * Total Agency Whole Time Equivalent Filled * Total Bank Whole Time Equivalent Filled * Appraisal Activity	
SPECIAL CAUSE CONCERN			

Workforce
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

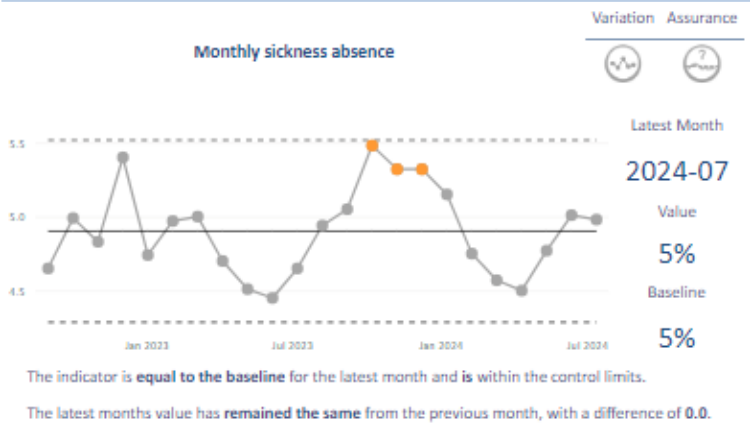
Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

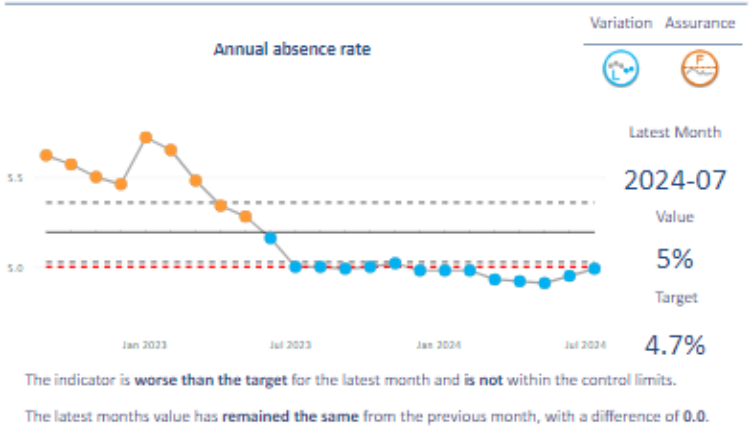
Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Monthly sickness absence	2024-07			5%	Baseline	5%
Annual absence rate	2024-07			4.7%	Target	5%
12 month rolling turnover rate Trust (FTE)	2024-08			10%	Target	8.4%
Overall vacancy rate	2024-08			6%	Target	6.4%
HCSW vacancy rate	2024-08			5%	Target	3.6%
Midwifery vacancy rate	2024-08			0%	Target	-2.6%
Medical and dental vacancy rate	2024-08			6%	Target	7.5%
Registered Nursing vacancy rate	2024-08			5%	Target	7.2%
AHP vacancy rate	2024-08			8.5%	Target	6.9%
Total Agency Whole Time Equivalent Filled	2024-07			151	Target	143.9
Total Bank Whole Time Equivalent Filled	2024-07			557	Target	673.3
OVERALL: Percentage of rosters approved six weeks before start date	2024-07			100%	Target	22.1%
NURSING & MIDWIFERY: Planned versus delivered hours (net hours) per Whole Time Equivalent	2024-07			29086.3	Target	-2096.8
NURSING & MIDWIFERY: Percentage of actual clinical unavailability versus percentage of budgeted clinical unavailability (headroom)	2024-07			22%	Target	32%

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

Rationale: Reduce absence resulting in greater workforce availability.
Target: 4.7%





Factors impacting performance and actions:
In July we saw 449.28 FTE lost to sickness which is an increase of 9 FTE from June. Nearly a ¼ of our sickness episodes in July were lost to stress/ anxiety (105.84 FTE) whilst musculoskeletal problems saw 52.21 FTE lost in the period.

The Mutually Agreed Resignation Scheme (MARS) application window has now closed and the applications internally reviewed. Of the 86 applications received 13 have been internally agreed by the Executive Panel and they have now been sent to NHSE for their approval.

The Influenza vaccination campaign will begin on 30th September. There will be on-site Occupational Health clinics throughout the month of October at both York and Scarborough Hospitals, and over 100 peer vaccinators working across the Care Groups, to make vaccination as accessible as possible for all staff. Dates are being finalised for Bridlington Hospital and the smaller sites, and the clinic dates for all sites will be shared through internal communications later in the month.

KPIs – Workforce

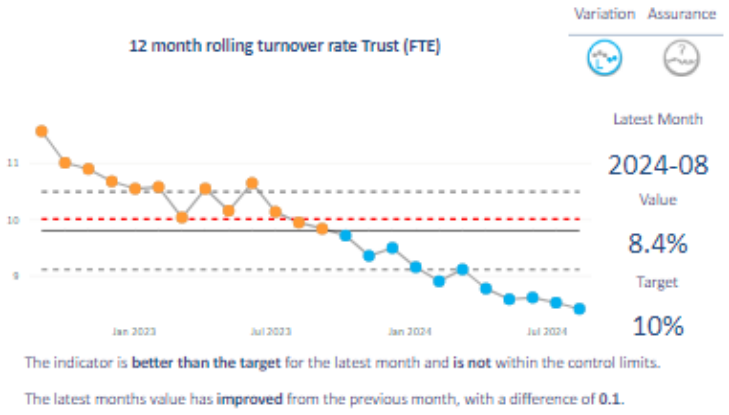
Workforce (2)

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

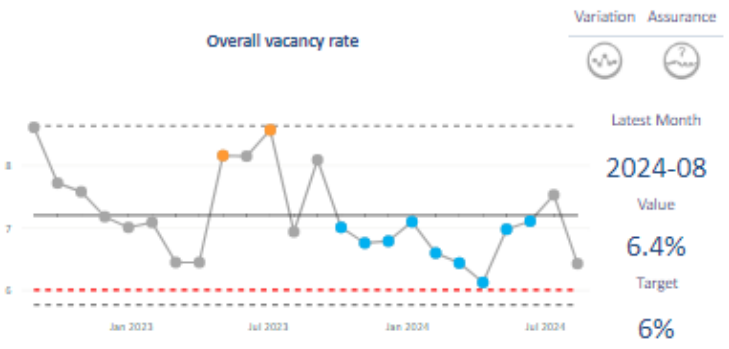
Rationale: Reduce turnover resulting in greater workforce availability.

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 **0.1**.



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

The latest months value has **improved** from the previous month, with a difference of **1.1**.

Factors impacting performance and actions:

The Trust launched the Wagestream financial wellbeing app for staff on 2 September. The app will be available to staff on monthly pay, providing features such as enabling staff to track their shifts, salary and expenses in real time, choose when to get paid a percentage of the wages already earned, save directly from salary and provide useful information to support financial confidence. Webinars and site visits have been offered to staff to increase awareness of the new app and promote its benefits.

The Trust launched an accelerated pay scheme in August for internationally recruited nurses. Staff who have been employed with the Trust for two years and have reached the mid-point of the pay band, can provide details of their previous experience working as a registered nurse and where this meets the criteria, individuals will be accelerated to the top of the pay band. The Trust has written to its internationally recruited nurses who may be eligible, to advise them of the scheme and how to share any previous experience.

The most recent cohort of international nursing recruits undertook their OCSE exams in August, achieving a 90% first time pass rate. The next cohort of internationally recruited nurses will arrive in February 2025, completing the Trust's target of 45 nurses recruited in the year.

The Trust held its annual Cultural Awareness Celebration Event in Scarborough on 7 September, with many staff joining the Olympics on the Beach! Despite the weather, the event was a great success and a wonderful opportunity for staff and their families to come together.

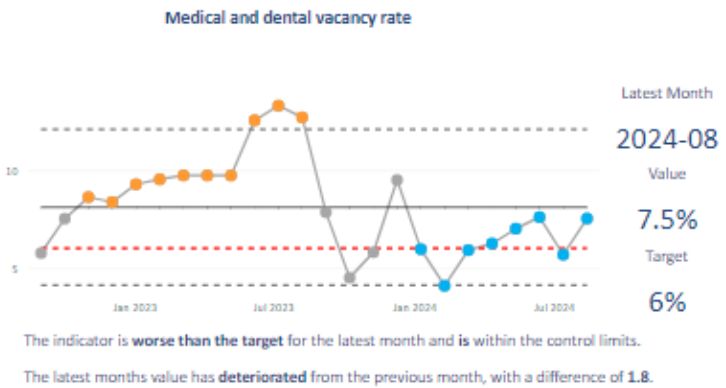
There are currently 14.89 WTE registered nurses undertaking pre-employment checks with the Trust, and a further 9.75 WTE nurses ready to commence with start dates booked in.

The Trust has allocated 96 pre-registered nurses (91.44 WTE) and has start dates booked in for 82 of those applicants, ready to commence in the coming weeks.

Executive Owner: Polly McMeekin

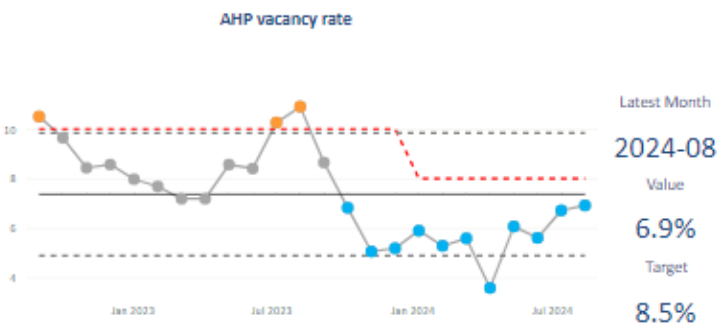
Operational Lead: Lydia Larcum

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 **1.8**.



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:

The vacancy position for medical and dental staff is skewed this month due to doctor's changeover in August and the data available.

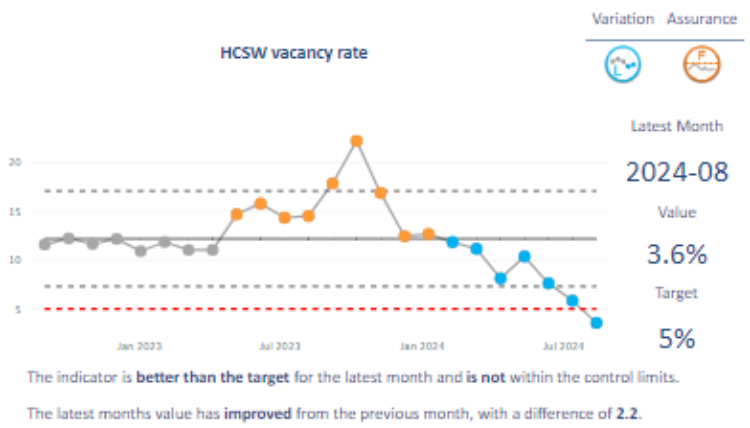
The Trust welcomed 45 medical staff into the organisation as part of September changeover. There were delayed starts for 2 Trust Grade doctors due to a visa issue and non-attendance at induction which are being actioned. There are 9 vacant posts relating to September changeover, offers have been made to cover 3 of the vacancies in Paediatrics and recruitment is underway for 4 vacancies in Obs and Gynae. 2 vacancies for dental trainees are not service impacting and as such locum cover is not being sourced.

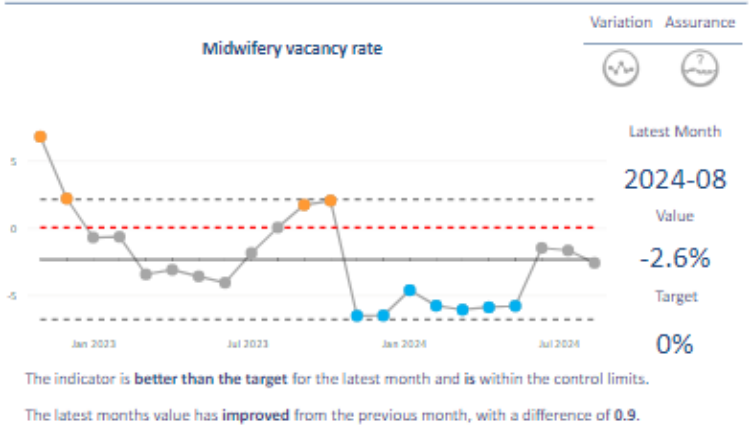
Outside August changeover, the Trust welcomed 13 new medical staff into posts, including two hard to fill consultant posts for Cardiology and Acute Medicine, with permanent, substantive appointments made to both. Separately, recruitment in August generated 11 offers for posts, with 3 offers made for consultant positions in Care of the Elderly, Rheumatology and Paediatrics.

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%





Factors impacting performance and actions:

The Trust has surpassed its target to achieve 5% vacancy position for HCSWs by August 2024, recording a vacancy position of 3.6% for the month.

There are currently 16.21 WTE Healthcare Support Workers undertaking pre-employment checks with the Trust, with an additional 14 HCSWs (11.64 WTE) allocated places on the upcoming HCSW Academy dates.

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 further increase of Nursing Associates from July to August, going from 58 to 61 headcount and 53.81 WTE to 56.81 WTE.

Workforce Table

Workforce (5)

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								
May-24	2493.09	97.12	114.05	285.48	74.31	141.88	82.12	12.82
Jun-24	2523.56	129.80	111.75	284.75	43.20	146.52	82.37	-12.66
Jul-24	2550.07	144.91	116.36	294.81	33.54	160.51	74.78	-25.98
HCA								
May-24	1267.98	131.11	54.55	283.18	97.51	229.48	0.00	43.82
Jun-24	1261.78	95.90	57.42	270.94	117.62	224.72	0.00	71.40
Jul-24	1255.81	73.33	59.39	263.31	130.59	220.96	0.00	88.24
M&D								
May-24	1024.33	71.81	45.34	153.66	36.51	88.33	45.69	16.87
Jun-24	1027.69	78.09	45.20	188.94	65.65	98.76	60.05	35.52
Jul-24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Factors impacting performance and actions:

Due to the transition from Patchwork to BankStaff+, it has not been possible to report the medical and dental temporary staffing position for July in this month's report.

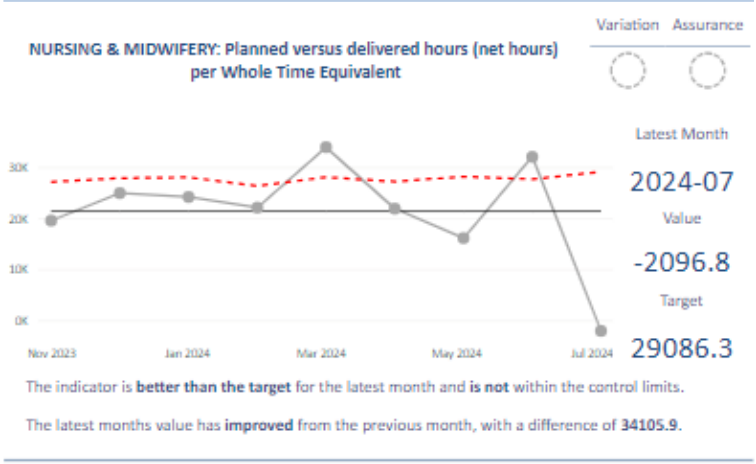
The Nursing eRostering Assurance Group continues to monitor KPIs and ensure temporary staffing use is being managed effectively. The group is driving efficiencies within temporary staffing usage, with key areas of focus including reducing day shift times for bank and agency, removing bank incentives and ensuring nights and weekends are rostered effectively, to reduce requirements for bank and agency at these peak times. To support this, the Trust is promoting the newly updated Rostering Policy through drop-in sessions, to help educate nursing staff on rostering best practice. The group is working to identify ward areas with reduced vacancy and sickness rates etc, where routine agency use can be 'switched off'. A small number of areas have been identified initially to trial turning off agency use and will be monitored each month.

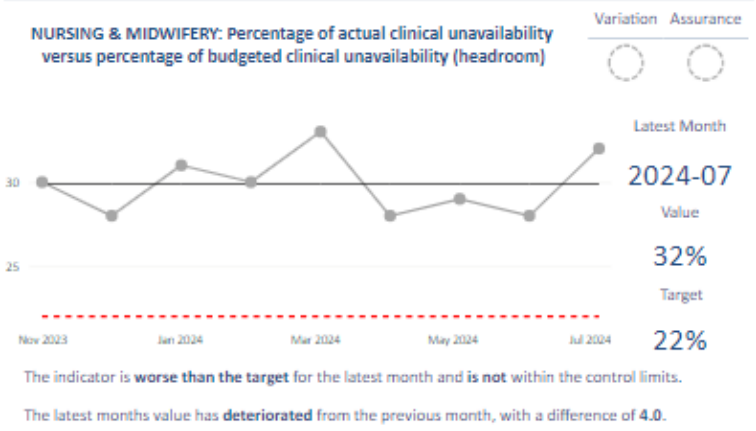
At the end of August, the Trust ended its most expensive agency booking for a Consultant in Care of the Elderly, with an average weekly cost to the organisation of £11.5k. Two other high-cost agency bookings came to an end as well, with one having been in post for over 15 months.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

Rationale: Ensure maximum availability of workforce through effective rostering, supporting reduction in temporary staffing reliance.
Target: Net hours fewer than 12.5 hours per person. Clinical Unavailability within budgeted headroom.





Factors impacting performance and actions:

The initial scope of the eRostering Improvement Project is nursing in-patient ward areas, whereas the metrics reported include all nursing and midwifery rosters and may present a more variable position until the improvement work expands.

In-patient ward areas KPIs:

Our latest data shows 86% of rosters were published on time (up from 75% for the previous roster period). Only 8 wards were not approved on time, 5 within Children's, 2 within Medicine and 1 within Surgery. The aim is to publish 100% of rosters with at least 6 weeks notice. The Nursing eRostering Assurance Group is exploring increasing the publication lead time to 8 weeks in advance, with longer term aspirations to publish up to 12 weeks in advance. Publishing rosters with increased notice has been demonstrated to improve the work life balance of staff.

The net hours position for in-patient areas was 4,903 hours owed to the organisation for the last full roster period worked. This was an increase from the previous month of 3,528 but still well within the policy allowance. While the aim is to be as close as possible to a net hours balance of 0, it is important not to lose sight that a balance could mask problems at either end of the scale. To mitigate this, the eRostering Assurance Group has started to report on the number of staff who owe more or are owed more than 12.5 hours within a roster period, to ensure any instances of staff working outside policy are managed appropriately. From the latest roster period reported, 278 staff were identified as being outside policy, with 188 owing more than 12.5 hours to the Trust and 90 being owed more than 12.5 hours by the Trust. Delays in processing contract change forms have been identified as a barrier to reporting net hours accurately. As part of the Payroll Improvement Work that the Trust has recently commenced with Deloittes, the organisation has supported plans to review this issue, with a view to make the contract change process quicker, ensuring rosters more accurately reflect the current position.

The eRostering Improvement Project continues within the Trust. 100% of the nursing workforce have now been implemented onto eRostering, with implementations continuing to be prioritised for clinical staff. Positively, a recent audit report found that 'significant assurance' had been provided in relation to eRostering processes in the Trust, noting the high level of governance oversight of the roster creation process, supported by wider discussion of KPI trends and root causes at the roster assurance meetings led by the Chief Nurse. The report noted there is a strong interest in long term roster improvement from senior managers at the Trust.

Workforce
Scorecard (2)

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Overall stat/mand training compliance	2024-07	H	?	87%	Target	87%
Overall corporate induction compliance	2024-07	H	?	95%	Target	96%
A4C staff stat/mand training compliance	2024-07	H	?	87%	Target	88%
A4C staff corporate induction compliance	2024-07	H	?	95%	Target	96%
Medical & dental staff stat/mand training compliance	2024-07	H	F	87%	Target	78%
Medical & dental staff corporate induction compliance	2024-07	H	F	95%	Target	94%
Appraisal Activity	2024-08		?	31.3%	Target	25.3%
Staff engagement staff survey score	2024-08			6.9	Target	6.4
Staff morale staff survey score	2024-08			5.9	Target	5.5
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data omitted for Q3)	2024-07			33.7%	Baseline	37.8%
Percentage recommending the Trust as a place to receive treatment (quarterly - data taken from PULSE, Staff Survey data omitted for Q3)	2024-07			35.2%	Baseline	39.9%

Executive Owner: Polly McMeekin **Operational Lead:** Will Thornton & Gail Dunning

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

Factors impacting performance and actions:

Compliance with corporate induction has maintained at 96%, while mandatory training compliance has reduced to 87% at the start of August. There was formerly a pattern whereby training compliance rates would dip significantly during the summer linked to the movement of junior doctors; however, the system of moving training records from other organisations with people when they transfer from one NHS employer to another has reduced the impact from workforce churn. The NHS in England is seeking to optimise this system with the introduction of the NHS Digital Staff Passport in 2025-26, which will ensure more consistent transfer of these records.

September sees an annual peak in apprenticeship enrolments linked to the start of a new academic year. Within the Trust, 56 staff are being welcomed onto 20 programmes, ranging from nursing, to healthcare science, to finance. This will take the number of our people live on an apprenticeship programme to over 300, with a further 334 having completed an apprenticeship with the Trust since the Apprenticeship Reforms were implemented in 2017. The Trust is waiting to see if there will be new funding available in 2025-26 to support an increase in apprenticeship enrolments following the fourth postponement of an announcement planned by NHS England.

The Trust's governance of apprenticeships was recently the subject of an Internal Audit. The review, which looked at compliance with the Education and Skills Funding Agency 137-page funding rules document, provided a rating of 'significant assurance', and contained one action rated 'moderate priority' related to consistent storage of tripartite learning agreements.

DIGITAL AND INFORMATION SERVICES

September 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* * Total number of calls abandoned * Number of information security incidents reported and investigated	
SPECIAL CAUSE CONCERN		* Total number of calls to Service Desk * Number of Patient Subject Access Requests (SARs)	

Digital & Information Services (DIS)
Scorecard

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

Metric Name	Month	Variation	Assurance	Target / Baseline Value	Target / Baseline	Value
Number of P1 incidents*	2024-08			0	Target	3
Total number of calls to Service Desk	2024-08			3500	Target	7761
Total number of calls abandoned	2024-08			500	Target	1826
Number of information security incidents reported and investigated	2024-08			39	Baseline	24
Number of Patient Subject Access Requests (SARs)	2024-08			407	Baseline	613
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2024-08			100%	Target	100%
Number of Freedom Of Information requests (FOIs) received (quarterly)	2024-08			104.1	Baseline	71
Percentage of Freedom Of Information requests (FOIs) responded to within 20 working days (quarterly)	2024-06			100%	Target	88%

Digital & Information Services (DIS)

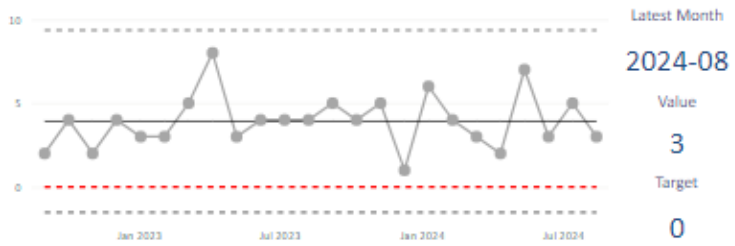
DIS (1)

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

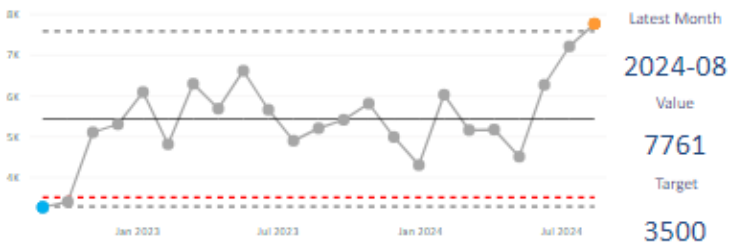
Number of P1 incidents*



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

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

Total number of calls to Service Desk



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

The latest months value has **deteriorated** from the previous month, with a difference of **557.0**.

Factors impacting performance:

3x P1 incidents occurred
2/8 - Network disruption at SGH and some other locations, caused by NYNET changes (20 mins disruption)
10/8 - Pathology results feed to CPD - failed at 5pm, detected at 8pm and escalated to 3rd party support. Resolved by removing a corrupt message by 9pm
24/8 - CPD authentication error affecting small number of users around 0800 for a short period on Saturday morning.

Actions:

Total and abandoned calls both up in August.
Increases are due to Doctors August rotation and related support requests, as well as effects of reduced Service Desk capacity due to a combination of planned and unplanned absences. Recruitment is underway to fill vacancies.

157 tickets are directly related to training issues in 2 weeks following induction.

We are investigating feedback from users that there was not enough training time and some users don't feel prepared to use the system. Concerns have been raised that the revised approach to wider training meaning that the reduced training time is leading to increased service desk calls and therefore abandoned calls.

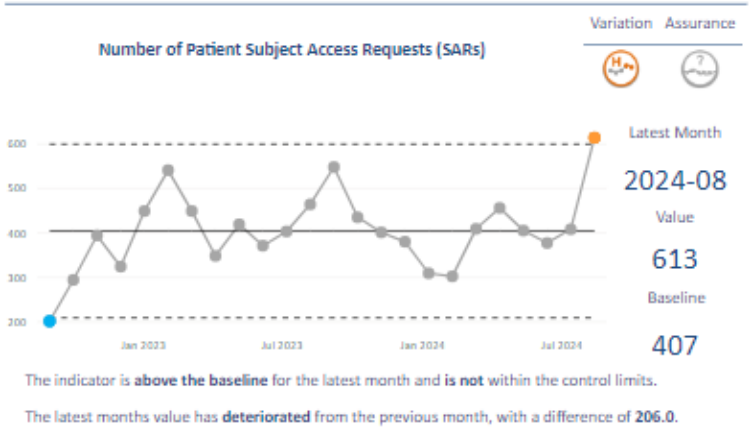
Digital & Information Services (DIS)

DIS (2)

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 2023, due to an audit undertaken which led to an increase of reporting of misfiled information.

More recently, there has been a reduction in IG incidents, it is unclear if this is due to less incidents or less reporting. Targeted communications regarding frequently seen incidents have been in the staff bulletin over the last 2 months. There has been a significant decrease in reported incidents – this was discussed with the datix team and there has been an overall drop in reporting.

Actions: Continue targeted communication to continue this trend.

Number of information security incidents reported and investigated

Factors impacting performance:

This month saw an increase in SARs. There has been a significant increase in SARs, we believe this is due to a request for maternity records because a Tiktok video which has been widely shared showed and encouraged people to access their records.

Actions:

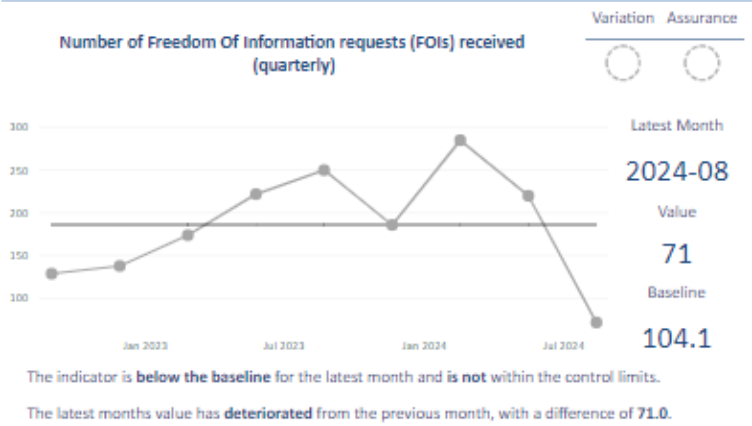
The teams processes are being reviewed by the IG manager, this may impact on timeliness of responses later in the calendar year.

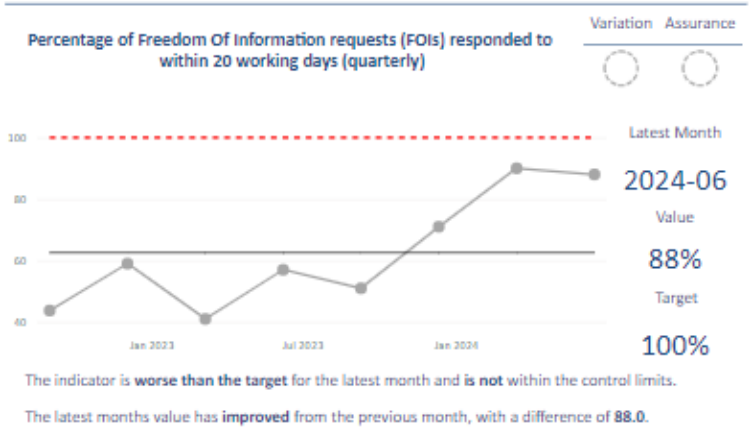
Digital & Information Services (DIS)
DIS (3)

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

FoI requests have decreased but reasons for the decline of requests is not yet fully understood.

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. We are seeing that only specific requests are being delayed before release which is bringing the percentage down. This is due to staff not fully understanding exemption policy.

FINANCE

September 2024

- The Trust has resubmitted its Operational Financial Plan to NHSE on 12 June 2024, which presented an adjusted I&E deficit of £16.6m as per the table opposite.
- The Trust's I&E deficit forms part of a wider HNY ICB I&E deficit plan of £50.0m.
- The Trust's actual operational I&E deficit is £33.7m, 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 (6.4%), more of which is discussed under cost improvement programme 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	79,591
Integrated Care Boards	589,043
Other including Local Authorities, PPI, etc.	7,142
	675,776
Other Operating Income	
R&D, Education & Training, SHYPS, etc.	76,547
Total Income	**752,323**
EXPENDITURE	
Gross Operating Expenditure	-827,158
Less: CIP	53,266
Total Expenditure	**-773,891**
OPERATING SURPLUS/ (DEFICIT)	**-21,568**
Finance Costs (Interest Receivable/Payable, PDC Dividend)	-12,152
SURPLUS/ (DEFICIT) FOR THE YEAR	**-33,720**
ADJUSTED FINANCIAL PERFORMANCE	
Add Back	
I&E Impairments	16,734
Remove capital donations/grants net I&E impact	435
ADJUSTED FINANCIAL SURPLUS/(DEFICIT)	**-16,551**

Summary Dashboard and Income & Expenditure

Finance (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£0m	-£0.7m	↓	Deteriorating
Forecast Outturn I&E Variance to Plan	£0.0m	£0.0m	-	Static
Core CIP Delivery Variance to Plan (£20.0m Target)	-£0.2m	£0.7m	↑	Improving
Corporate CIP Delivery Variance to Plan (£33.3m Target)	-£2.8m	-£2.5m	↑	Improving
Variance to Agency Cap	£1.0m Above	£0.6m Above	↑	Improving
Month End Cash Position	£3.9m ahead of plan	£1,0m behind plan	↓	Deteriorating
Capital Programme Variance to Plan	£0.4m ahead of plan	£1.9m ahead of plan	↑	Improving

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	706,177	299,162	299,647	485	722,654
Other Income	70,182	29,328	30,929	1,601	78,933
Total Income	776,359	328,490	330,576	2,086	801,587
Pay Expenditure	-509,609	-218,486	-220,540	-2,054	-521,532
Drugs	-68,162	-28,704	-32,245	-3,540	-76,222
Supplies & Services	-85,194	-35,416	-38,403	-2,987	-85,582
Other Expenditure	-167,925	-58,432	-52,206	6,225	-142,843
Outstanding CIP	33,035	1,777	0	-1,777	0
Total Expenditure	-797,854	-339,262	-343,394	-4,132	-826,179
Operating Surplus/(Deficit)	-21,496	-10,772	-12,818	-2,046	-24,592
Other Finance Costs	-12,225	-5,117	-3,861	1,256	-9,128
Surplus/(Deficit)	-33,720	-15,889	-16,679	-790	-33,720
NHSE Normalisation Adj	17169	182	247	65	17169
Adjusted Surplus/(Deficit)	-16,551	-15,707	-16,432	-725	-16,551

The I&E table confirms an actual adjusted deficit of £16.4m against a planned deficit of £15.7m for August (Month 5). The pressure to balance has remained for month 5 for the whole ICB. This is linked with the Financial Tier Rating (Current rating for the ICB is 3+), which means potential intervention and special measures for the system.

As a Trust, we are £0.7m adverse to plan, this is the impact of industrial action as we have no longer assumed support. There is currently £3.8m of risk linked to additional ERF income and stocking up evidence (smoothed spend).

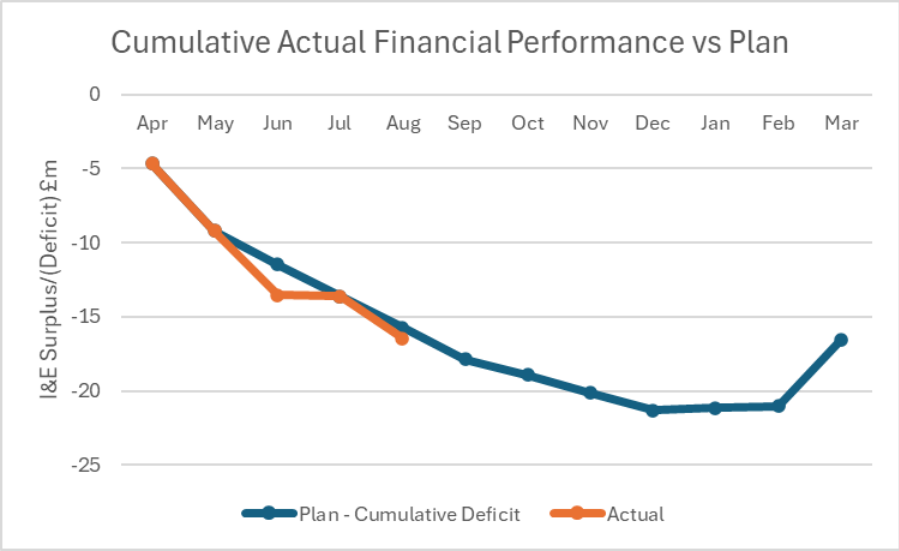
Key Subjective Variances: Trust
Finance (3)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	985	Primarily linked to the usage of high-cost drugs and devices being slightly ahead of plan, for which income is earned on a pass-through basis and matched by expenditure; ERF ahead of plan.	No mitigation or action required.
ICB Income	-354	ERF continues to over recover. Plan updated to incorporate assumed additional income	No mitigation or action required.
Employee Expenses	-2,054	Agency, bank and WLI spending is ahead of plan to cover medical vacancies and deliver increased elective activity.	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	-3,540	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, plus out of tariff drugs & devices costs covered by NHSE contracts for which additional income is earned.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust.
Clinical Supplies & Services	-2,987	Increased spending linked to increased elective activity for which additional ERF income is expected to compensate. Also includes overspending on pathology direct access and devices, which was previously covered by a variable tariff, but is now included in the block contract with the ICB.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust.
CIP	-1,777	The Core Programme is £0.7m ahead of plan and the Corporate Programme £2.5m behind plan at M5	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group.
Other Costs	6,225	Primarily linked to increased spending on insourcing / outsourcing services particularly within diagnostic services, and within SHYPS and the contract with Ramsey mainly linked to increased elective activity for which additional income through ERF is expected to compensate. Some other smaller adverse variances to be investigated. Plan updated to incorporate increased expenditure in relation to ERF overtrade. Plan in other offset against drugs / CSS and employee expenses.	Investigation of other variances not linked to increased elective activity.

Cumulative Actual Financial Performance vs Plan

Finance (4)



On the 12th June the Trust resubmitted it's plans which aligned M1 & M2 to actual expenditure and assumed, in M12, the £4.2m the Trust expects to receive as a proportion of the £24m identified to reduce the overall ICB deficit from £74m to £50m, thereby improving the planned cumulative deficit from £21m in February to £16.5m in March.

M3 showed an adverse variance to plan of £2m. At M4 there was intense pressure to balance to plan for the Whole ICB. This pressure has remined for M5. This is linked with the Financial Tier Rating (Current rating for the ICB is 3+), which means potential intervention and special measures for the system.

As a Trust, we are £0.7m adverse to plan, this is the impact of industrial action as we have no longer assumed support. There is currently £3.8m of risk linked to additional ERF income and stocking up evidence (smoothed spend).

Scenario	Plan £'000	Forecast £'000	Variance £'000
Likely Case	-16,551	-23,191	-6,640
Best Case	-16,551	-16,551	0
Worst Case	-16,551	-35,940	-19,389

Likely Case
The likely case forecast is a deficit of £6.6m against a planned deficit of £16.5m. This forecast assumes the issue around High Cost Drugs (HCD) and Direct Access Pathology (DA Pathology) are partly resolved (50%). It assumes however that strike costs (£0.7m) are not supported and assumes the current £5.6m planning gap in the CIP programme is not resolved.

Best Case
The best case forecast assumes we will hit our planned deficit of £16.5m, this is not without risk and includes high level assumptions around the flow of the £4.2m required as our share for the whole system to meet a deficit position of £50m, plus assumptions around working closely with the ICB to address the overspends on HCD and DA Pathology. This also assumes full delivery of our CIP programme.

Worst Case
The worst case forecast is a deficit of £35.9m against the planned deficit of £16.5m. This forecast assumes no resolution with the ICB in respect of HCD & DA Pathology and assumes further slippage in efficiency delivery.

Cumulative Actual Financial Performance vs Plan

Finance (5)

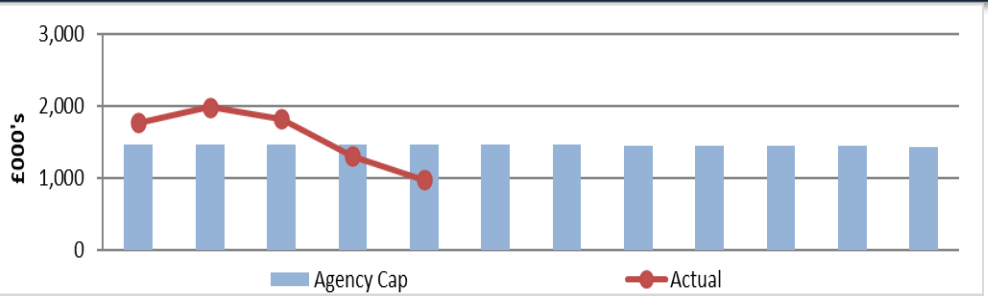
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Year to Date 2024/25 Care Group Financial Position							
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	Key Drivers of YTD Adjusted Variance
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	204,294	83,225	86,755	-3,530	86,011	-744	Overspend driven by Outsourcing of Cell Path and Radiology Reporting and within Tariff Drug Spend, offset by Vacancies and CIP Delivery.
Family Health Care Group	79,313	32,801	34,235	-1,434	33,457	-778	£0.9m relates to the premium cost of covering medical vacancies, £0.5m Midwifery overspend, £0.4m Community Nursing overspend, £0.4m non-pay underspend, £0.3m overachieved CIP.
Medicine	178,824	74,973	80,810	-5,837	75,894	-4,916	£3.7m relates to the premium cost of covering medical vacancies, £1.6m drug overspend, £0.3m unachieved CIP.
Surgery	149,810	59,118	65,440	-6,321	63,845	-1,595	Overspend mainly relates to Junior Doctor's pay costs over budget - £1.4m (driven by premium cost to cover vacancies as well as having rotas over substantive budgets). Other cost pressure relates to the theatre capacity gap reduced by non-recurrent vacancy savings .
TOTAL	612,241	250,118	267,240	-17,122	259,207	-8,033	

Full Year 2024/25 Care Group Forecast Financial Position						
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	Key Drivers of Forecast Variance
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	204,294	206,850	-920	205,930	-1,636	Improved run rate position mainly due to review of Radiology Outsourcing (£0.25m) and other Mitigating actions already complete.
Family Health Care Group	79,313	82,402	-382	82,020	-2,707	£1.8m relates to the premium cost of covering medical vacancies, £1.1m Midwifery overspend, £1.1m Community Nursing overspend, £0.6m non-pay underspend, £0.2m overachieved CIP.
Medicine	178,824	193,053	-219	192,833	-14,009	£8.8m relates to the premium cost of covering medical vacancies, £3.7m drug overspend and £3.2m CIP planning gap.
Surgery	149,810	156,875	-781	156,094	-6,284	£3.4m over-spend on Junior Doctors mainly related to premium cost of covering medical vacancies (£0.8m Agency; £0.5m WLIs, £2.1m Med Bank Pay); £2.5m Theatre capacity gap; £0.2m unachieved CIP & £0.3m CSS over-spend due to non-elective activity over plan (3%)
TOTAL	612,241	639,180	-2,302	636,877	-24,636	

Agency, Workforce, Elective Recovery Fund

Finance (6)



	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,529.07	2,375.85	153.22	55,679	56,547	-868
Scientific, Therapeutic and Technical	1,260.17	1,189.39	70.78	27,498	27,679	-181
Support To Clinical Staff	1,896.10	1,720.05	176.05	25,632	26,276	-644
Medical and Dental	1,051.72	1150.52	-98.8	55,752	63,790	-8,038
Non-Medical - Non-Clinical	3,170.68	2,847.40	323.28	45,863	45,355	509
Reserves				7,232	0	7,232
Other				830	894	-64
TOTAL	9,907.74	9,283.21	624.53	218,486	220,540	-2,054

Commissioner	24-25 Target % vs 19/20	ERF Confirmed Targets Weighted Value at 24/25 prices	ERF Month 5 Phase (Av %)	Activity to Month 5 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Humber and North Yorks	104.00%	£128,452,102	£53,097,946	£62,074,796	£8,976,849	121.6%
West Yorkshire	103.00%	£1,347,881	£557,170	£506,170	-£51,000	93.6%
Cumbria and North East	115.00%	£170,165	£70,341	£105,869	£35,528	173.1%
South Yorkshire	121.00%	£150,189	£62,083	£66,402	£4,318	129.4%
Other ICBs - LVA / NCA	-				*£0*	-
All ICBs	***104.02%***	***£130,120,337***	***£53,787,541***	***£62,753,236***	***£8,965,696***	**121.4%**
NHSE Specialist Commissioning	113.38%	£4,514,034	£1,865,956	£2,082,852	£216,896	126.6%
Other NHSE	104.13%	£287,288	£118,756	£112,853	-£5,903	98.9%
All Commissioners Total	**104.31%**	**£134,921,659**	**£55,772,252**	**£64,948,941**	**£9,176,689**	**121.5%**

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 August expenditure on agency staffing was £0.6m ahead of plan (M4 £1m ahead of plan).

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.

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

Elective Recovery Fund

To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the indications are that activity is up against plan and potentially presents a £9.2m surplus for the period.

With both ICB activity and NHSE Specialist Commissioned ahead of plan.

Cost Improvement Programme
Finance (7)

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 - August Position

	Full Year CIP Target	August Position			Full Year Position		Planning Position		Planning Risk		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Programme	33,326	6,918	4,422	2,497	10,357	22,969	25,595	7,730	12,207	4,171	9,217
	33,326	**6,918**	**4,422**	**2,497**	**10,357**	**22,969**	**25,595**	**7,730**	**12,207**	**4,171**	**9,217**
Core Programme											
Medicine	4,152	840	505	335	903	3,248	1,551	2,600	1,501	0	50
Surgery	4,120	833	806	27	1,445	2,675	3,942	178	3,225	717	0
CSCS	6,290	1,270	1,932	-662	4,429	1,860	5,433	857	5,131	215	87
Family Health	1,797	363	691	-328	1,173	624	2,140	-343	2,140	0	0
CEO	104	21	17	4	41	63	41	63	41	0	0
Chief Nurses Team	207	42	12	30	28	179	126	81	126	0	0
Finance	382	77	193	-116	225	157	225	157	225	0	0
Medical Governance	23	5	5	-1	13	10	58	-36	58	0	0
Ops Management	233	47	125	-78	227	6	232	1	232	0	0
DIS	427	86	172	-86	413	13	490	-64	490	0	0
Workforce & OD	361	73	38	35	92	270	334	27	141	194	0
YTHFM LLP	1,840	372	250	122	886	955	1,481	360	974	82	424
Central	0	0	0	0	0	0	5,904	-5,904	5,887	18	0
	19,936	**4,029**	**4,747**	**-718**	**9,875**	**10,062**	**21,959**	**-2,022**	**20,172**	**1,225**	**561**
Total Programme	**53,262**	**10,947**	**9,168**	**1,779**	**20,232**	**33,030**	**47,554**	**5,708**	**32,379**	**5,396**	**9,778**

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 22 schemes which, following an initial risk assessment, give planned savings of £25.6m towards the £33.3m target.

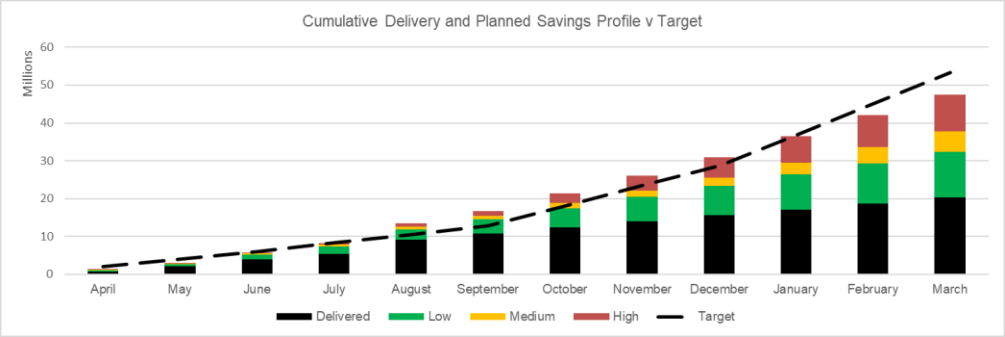
In August £10.4m of the target was delivered in full year terms, £7.4m of which are recurrent savings. The YTD position shows delivery of £4.4m against target of £6.9m, £2.5m behind plan.

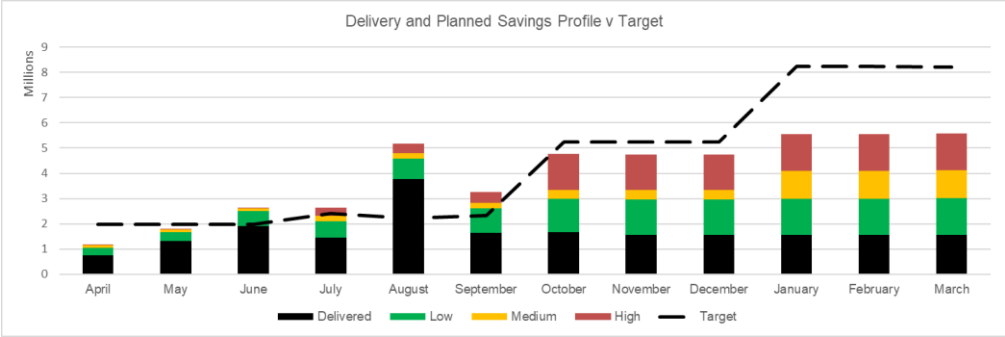
Core Efficiency Programme

The core efficiency programme currently has plans totalling £22m towards the required £20m target.

In August £9.9m of the target was delivered in full year terms £6.1m of which was recurrent. The YTD position shows delivery of £4.7m against target of £4m, £0.7m ahead plan.

Cost Improvement Programme (2)
Finance (8)





Efficiency Programme - High Risk Plans Summary

CG/Directorate	CIP Scheme	Planned Saving	Comments (Reason for High Risk, who looking at and efforts to de-risk)
		£000	
Corporate	Review of Community Bed Model of Care	2,625	Family Health CG working on PID, scheme yet to be worked up hence High risk to delivery.
Corporate	Further NCTR Bed Reduction	2,250	High risk as dependant on closing wards. COO completed QIA. System discussion is on-going.
Corporate	Confirm York ED and Community Unit Establishments	1,856	Medicine CG working on PID, scheme yet to be worked up hence High risk to delivery.
Corporate	Full Corporate Review of all Agency Medical	1,125	Work currently under way within Workforce team, oversight by MD. High risk due to possible duplication with other schemes and potential time needed to take action.
Corporate	Review remaining covid funded posts where funding has been removed	1,125	QIA completed by COO Team and currently under review by Exec Team.
Corporate	Car Parking Income	236	High risk pending discussion with Legal team by Finance Team.
YTHFM	Various YTHFM Schemes including Upgrade to Vee belt drives £148k, Bed linen change frequency £139k.	424	YTHFM management team to review risk status.
CSCS	Various SHYPS Schemes	87	CSCS Management team to review risk status.
Medicine	Single Improvement Programme	50	Historic scheme being assessed by Medicine CG to see if still a valid scheme.
		9,778	

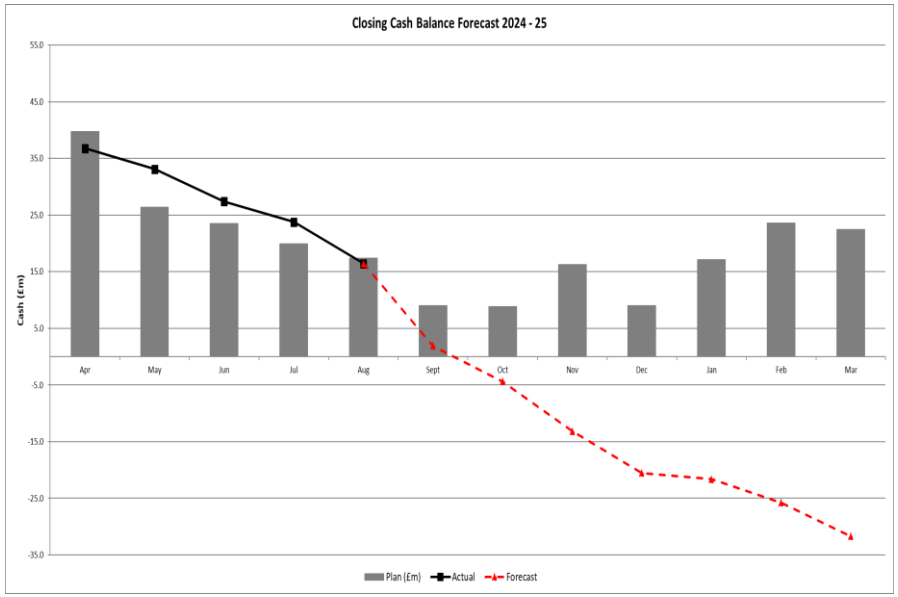
Current Cash Position
Finance (9)

York and Scarborough Teaching Hospitals NHS Foundation Trust

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 £22.4m at the end of March 2025, with the planned I&E deficit being a key driver in the reduced balance. The cash balance for August was £1m 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	39,790	26,407	23,541	19,964	17,437	9,006	8,886	16,306	9,059	17,101	23,624	22,454
Actual	36,793	33,128	27,407	23,821	16,460							



The cash forecast graph illustrates the cash position based on the actual cash balance at the end of August at £16.5m against a plan balance of £17.5m.

The red dotted line on the graph opposite illustrates the Trusts current forecast cash trajectory based on current cash run rates.

Based on the forecast cashflow the Trust will be applying in September for cash support to start in October.

Please note the current cashflow forecast does not include the recently announced pay awards. The cash required to fund these is expected to flow from the ICS.

Current Capital Position and Better Payment Practice Code (BPPC)

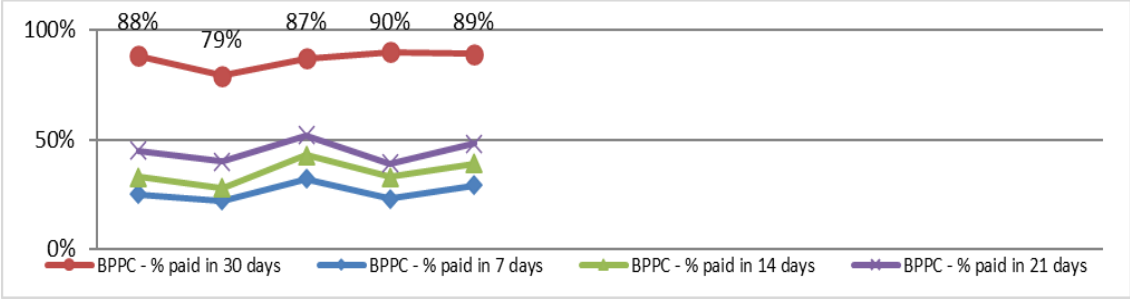
Finance (10)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Capital Plan 2024-25 £000s	Capital FOT 2024-25 £000s	M5 Planned Spend £000s	M5 Actual Spend £000s	Variance to Plan £000s	Variance to FOT £000s
51,870	54,520	7,256	9,155	1,899	0

For 2024/25 the main schemes are the completion of SGH UECC and SGH CDC, the commencement of the construction phase of VIU / PACU and the start of the implementation of the EPR scheme.

The capital programme at month 5 is £1.9m ahead plan. The variance is due to several schemes running ahead of the plan phasing including backlog maintenance, York Spec CT, DIS including EPR and medical equipment purchases.



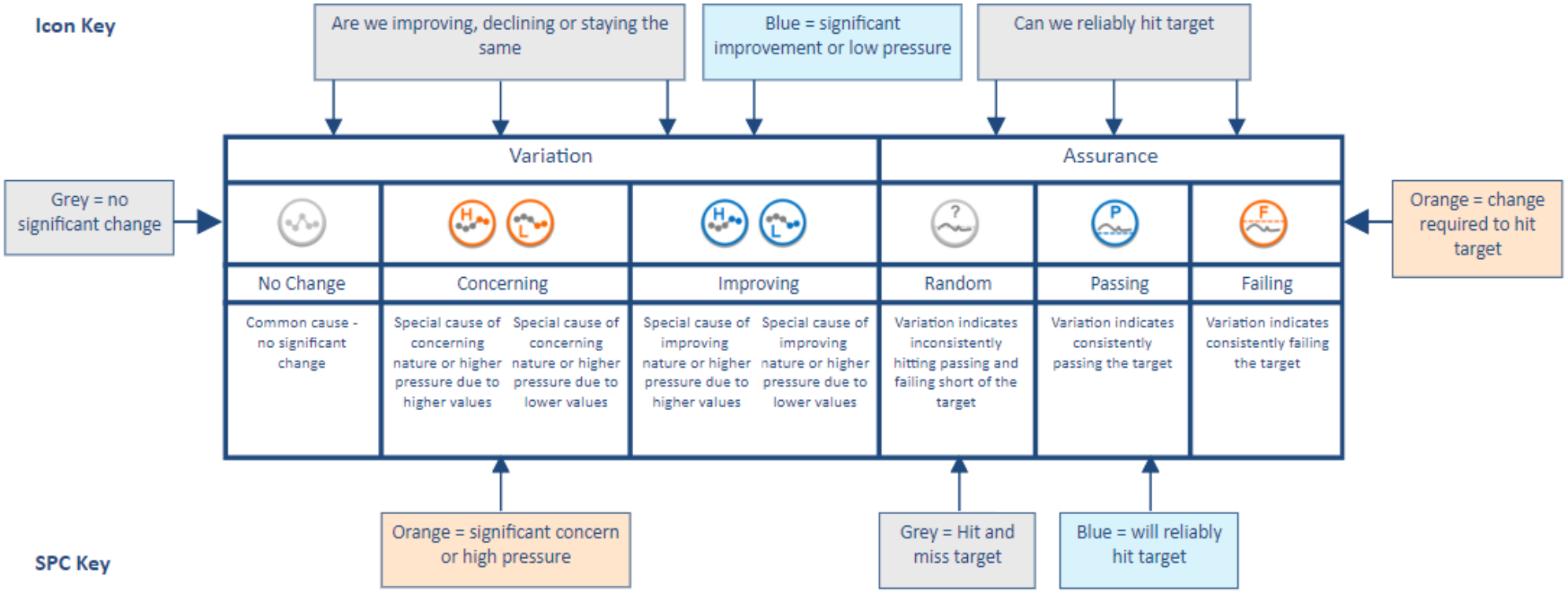
Better Payment Practice Code

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.

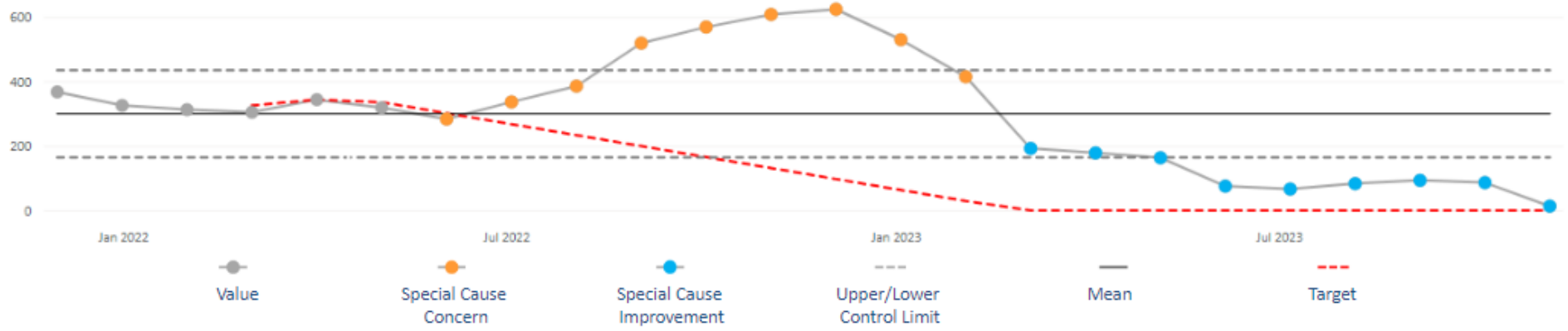
The table illustrates that in August the Trust managed to pay 89% of its suppliers within 30 days.

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 are near the upper or lower control limit. The target can be either static or moving.

Icon Descriptions

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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 09 2024
Subject:	Freedom to Speak Up
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Stefanie Greenwood, Freedom to Speak Up Guardian

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

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

Trust Objectives	Board Assurance Framework
☒ Timely, responsive, accessible care	☒ Quality Standards
☒ Great place to work, learn and thrive	☒ Workforce
☐ Work together with partners	☒ Safety Standards
☐ Research, innovation and transformation	☐ Financial
☐ Deliver healthcare today without compromising the health of future generations	☐ Performance Targets
☐ Effective governance and sound finance	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The Board of Directors are asked to note and consider:

- The continuous increase demand for the FTSUG in relation to speak up cases (reactive), culture improvement (proactive) and governance/ assurance.
- Additional FTSU resource.
- FTSU cover when the guardian is absent.
- FTSU and Fairness Champion governance framework. Which committees should FTSU feed into to ensure that:
    - The trust is aware of recurrent themes.
    - The trust is tackling these recurrent themes.
    - The trust is learning from FTSU cases.

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

Freedom to Speak Up Annual Report

1. Introduction and Background

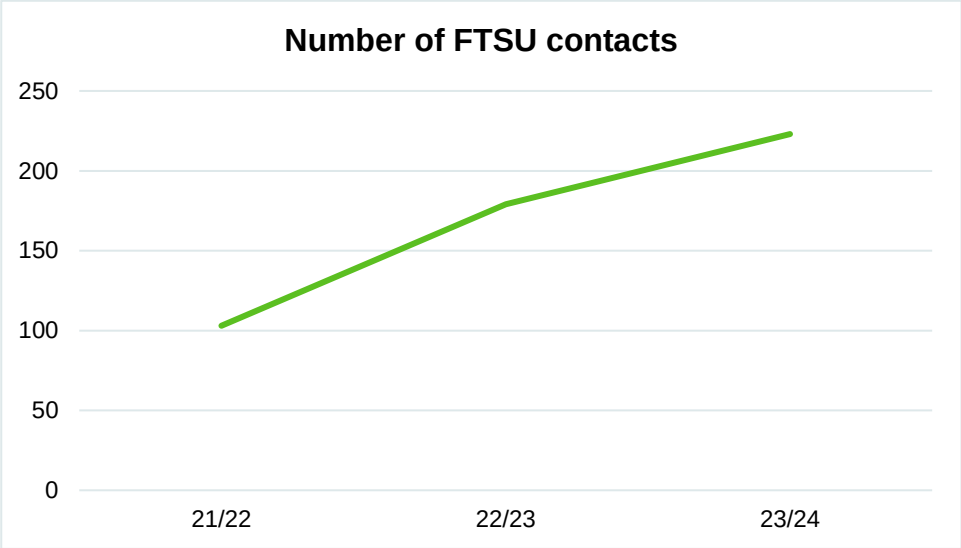
The purpose of this report is to provide an annual update to the Board of Directors on Freedom to Speak Up (FTSU) processes and activities between September 2023- August 2024.

The Freedom to Speak Up Guardian (FTSUG) acts in a genuine impartial and independent capacity, providing confidential support and guidance on speaking up to all workers, either working for the Trust or on the Trust's premises. The guardian for the Trust was appointed in February 2020 via an open and competitive recruitment process and is contracted to 0.8 WTE.

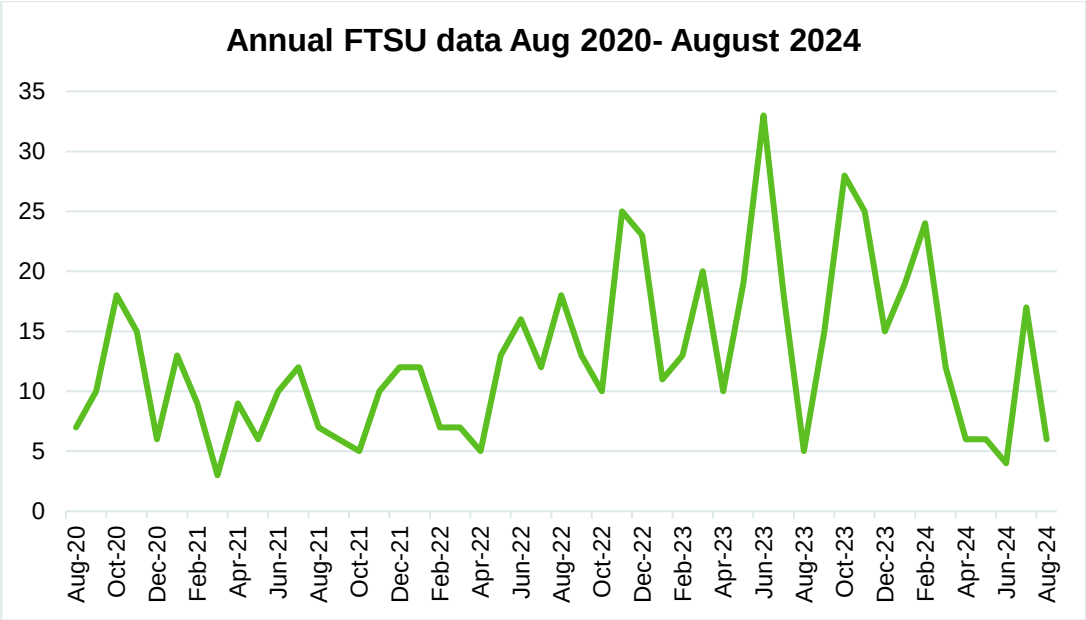
This is the fourth annual FTSU report produced by the Trust's Freedom to Speak Up Guardian (FTSUG), providing an update on the FTSU agenda.

2. Freedom to Speak Up Activity 2023/24

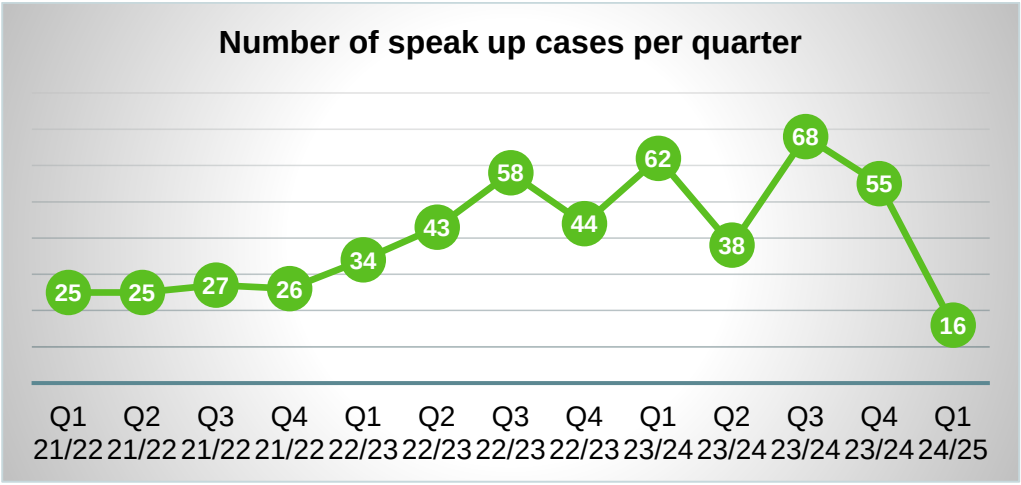
The number of staff contacting the FTSUG has generally been increasing each quarter since the guardian commenced in post in August 2020.



The chart below shows the number of speak up cases per month for the period that the guardian has been in post (August 2020 to August 2024):



The chart below shows the number of speak up cases raised with the FTSUG per quarter:



Between Q2 22/23 and Q4 23/24, there has been an average of 53 speak up cases being brought to the guardian per quarter, compared to an average of 27 cases between Q1 21/22 and Q1 22/23.

The increase in speak up cases to the guardian is positive as it shows that staff are becoming increasingly aware of the role, trust the confidential manner of the role, and essentially speaking up. However, it could suggest that local routes of resolution and escalation are either not being used, or are not working effectively, resulting in staff seeking support from the guardian.

The guardian was on unexpected long- term leave been April and July 2024, which can account for the sharp decrease in speak up cases (16) in Q1 24/25.

An automatic response was set up on the guardian's mailbox directing staff to either the Fairness Champion mailbox, the FTSU policy and other important contacts. This has had an impact on the number of cases for this time period and there is no way to ascertain whether staff who may have wanted to raise concerns with the guardian at this time did so by other routes.

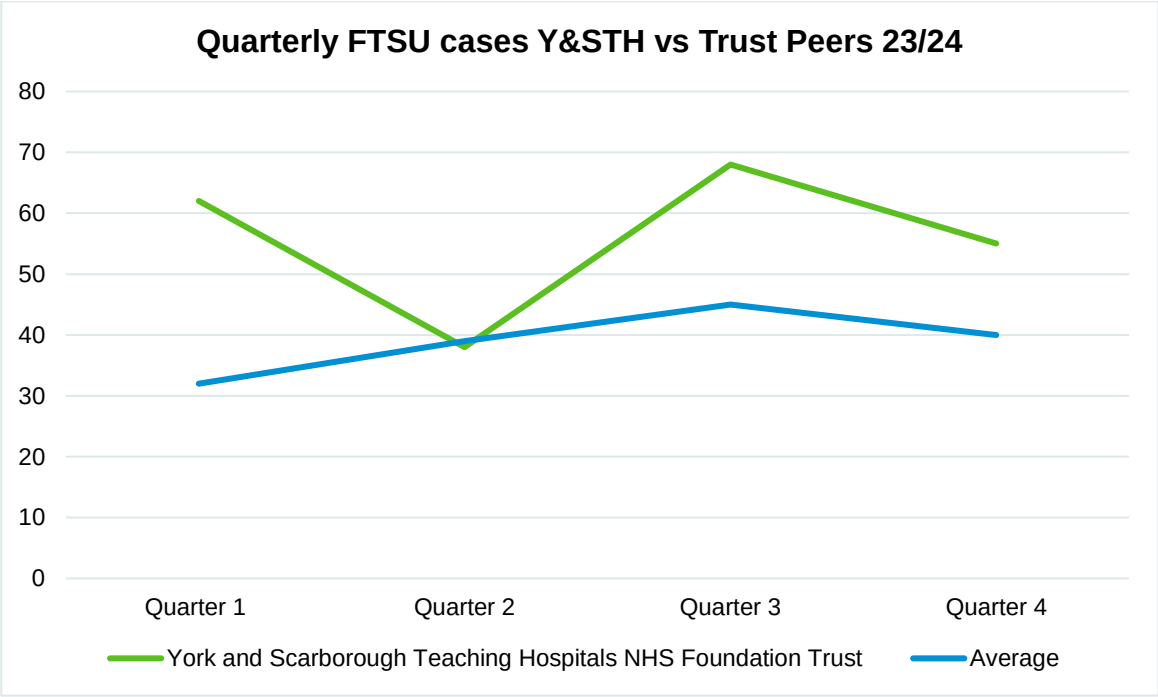
The lack of guardian cover when the current guardian is on leave poses a risk to the Trust in terms of speaking up arrangements. The Fairness Champions mitigate some of this risk however they cannot handle cases and can only signpost.

Trust data vs Regional Peers

The below chart shows the number of staff contacting the guardian (FTSU cases) compared to the total average of our peers in Yorkshire and the North East region.

The number of staff contacting the FTSG at the Trust is considerably higher compared to that of its peers (on average).

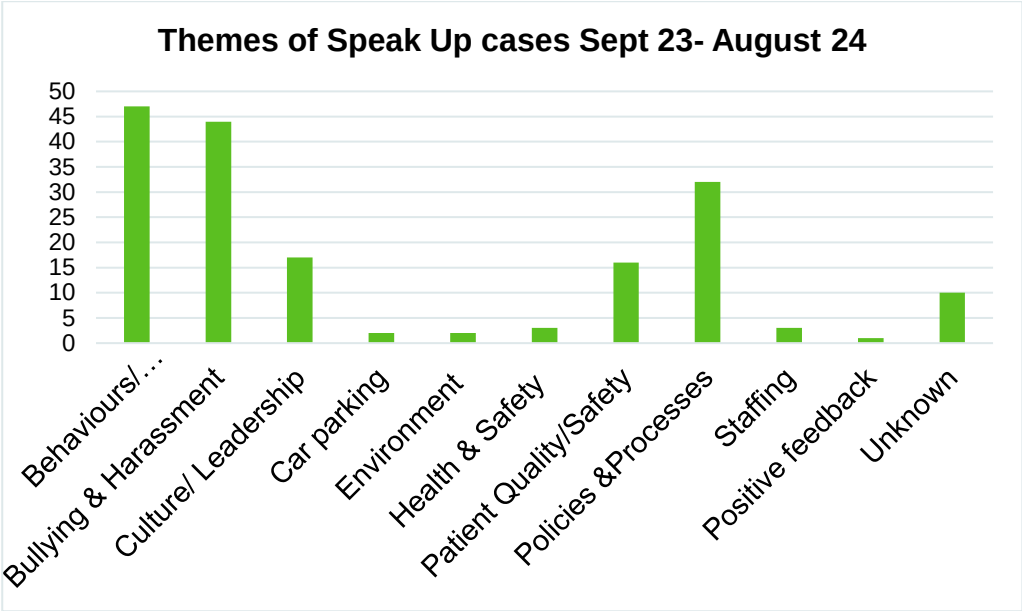
**Peer organisations are categorised by size of organisation and NHS Trust/ Foundation Trust status as per NGO data collection.*



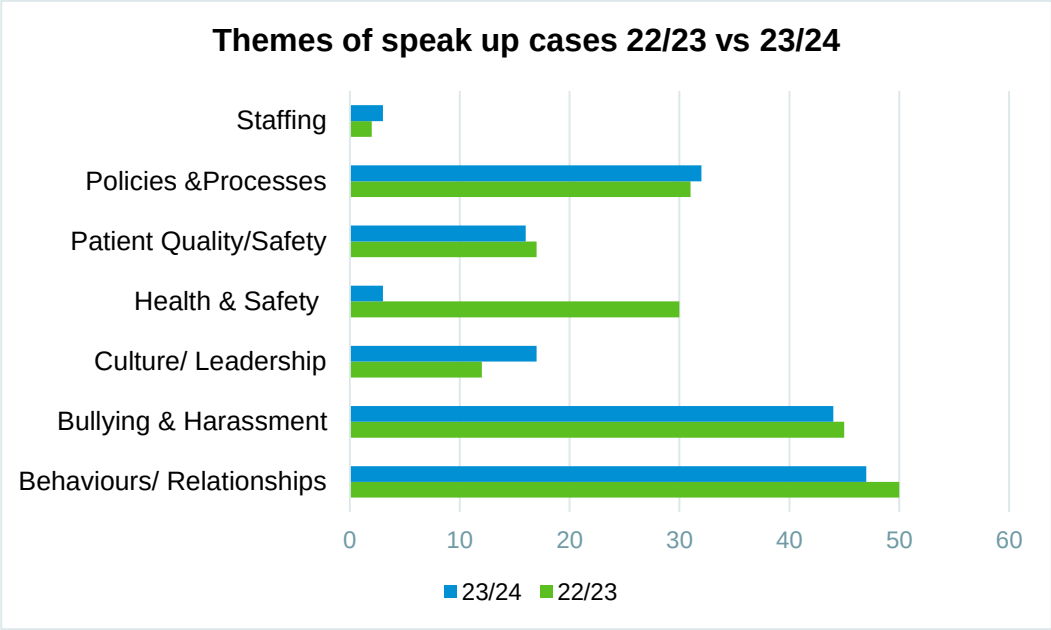
3. Themes of FTSU cases

The main themes of cses being brought to the guardian are around inappropriate behaviours, poor relationships, bullying and harassment. Year on year this is around half of all concerns being raised.

This chart shows the themes of all speak up cases from September 2023- August 2024:



The next chart shows the themes of cases compared to the previous year:



Please note:

- 51% of speak up cases between September 2023- August 2024 are around inappropriate relationships, bullying and harassment, compared to 47.5% between September 2022- August 2023. (Increase)
- 9% of speak up cases between September 2023- August 2024 are around patient safety/ quality of care, compared to 8.5% between September 2022- August 2023, therefore proportionately, there has been an increase in concerns being raised around patient safety. (Increase)
- 10% of speak up cases between September 2023- August 2024 are around culture within teams and poor leadership, compared to 6% between September 2022- August 2023. (Increase)
- There has been a significant decrease in concerns being raised by staff about staff's health, safety and/ or wellbeing (15% 23/24 vs 2% 23/24). (Decrease).

In July 2023 the Trust re-launched “Our Voice Our Future”, which incorporates NHS England’s Culture and Leadership Programme. The programme is a four stage continuous framework improvement model to help develop a compassionate and inclusive culture through collective leadership.

The guardian is part of the Transformation Team, as both programmes (FTSU and Our Voice Our Future) are about improving culture in order to improve staff and patient safety and overall outcomes.

This could partly account for the increase in speaking up cases around inappropriate behaviour, bullying and culture as the Change Makers have been speaking to staff as part of the discovery phase, and part of their signposting includes FTSU and Fairness Champions.

The guardian continues to do a lot of work with various staff groups, and general promotional work to ensure staff are aware of FTSU, the guardian and the Fairness Champions.

4. Who is speaking up?

Please see the chart below which shows the professional groups speaking up to the guardian between September 2023 and August 2024:

Administrative and Clerical staff continue to raise the biggest proportion of speak up cases (31%), which is similar to that of the previous year (30%). Nationally, this professional group accounted for the second largest portion of cases (21.3% raised with a FTSUG). The Trust is seeing more cases being raised by this professional group compared to nationally.

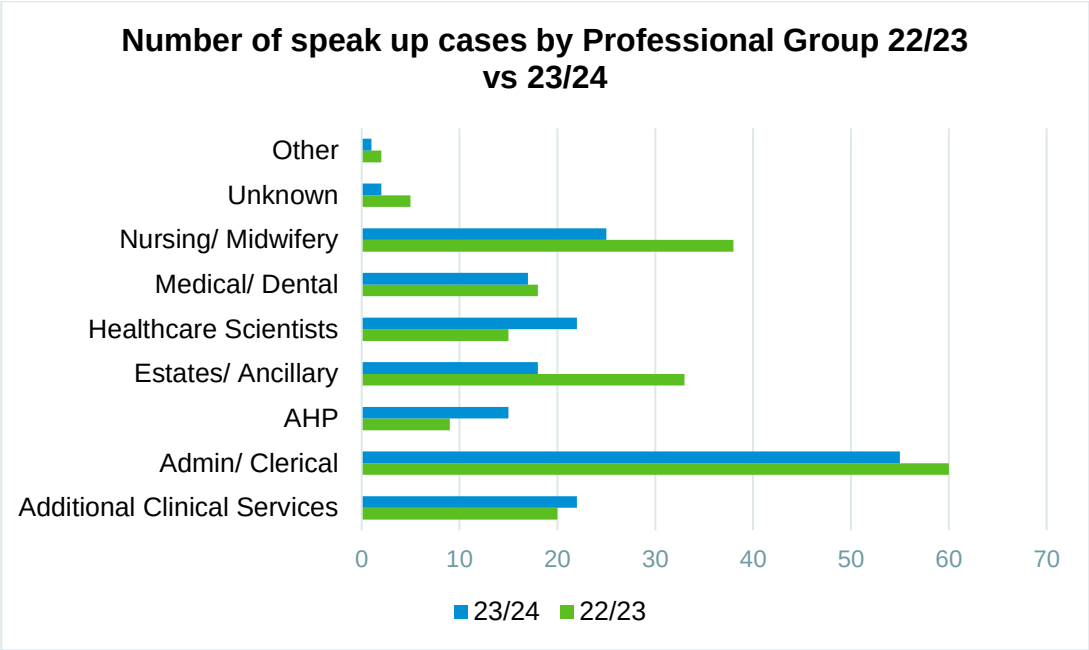
Registered Nurses and Midwives account for 14% of the speak up cases between September 2023 and August 2024, which is lower than the number of cases brought to guardians by this professional group nationally (28.3%). Data from ESR shows that Registered Nurses and Midwives account for 25% of the workforce.

Around 10% of the speak up cases are by Medical and Dental workers, compared to 6.1% nationally. This group represents 9.5% of the Trust’s workforce. It is positive that we are

seeing a higher number of speak up cases from this professional group as it is reflects the awareness of FTSU within this staff group. The NHS Staff Survey 2023 highlighted that medics confidence in speaking up has deteriorated, particularly around raising clinical practice concerns, which is reflected in the data.

Potential barriers include (not exhaustive):

Potential barrier	**Proposed solution**
Blame culture	Reinforce open honest culture with continual engagement. Just Culture.
Fear (Fear of damaging career/ career limitation. Fear of bullying and harassment/ being targeted).	Culture improvement work (OVOF). Highlight that staff can access FTSU anonymously or confidentially. Create a place of trust. Work around detriment to be implemented.
Repercussions	Ongoing training around speaking up, with a focus on line managers/ supervisors about the role they play in listening to and handling concerns. Publicise the roles and routes available for reporting. Emphasis should be on the message and not the messenger.
Negative experience	Staff, especially managers/ supervisors to see the information as positive and give feedback.
No change	Managers acknowledging when someone has raised a concern. Feedback needed on what has been changed as a result.
Unpopular	Highlight that staff can access FTSU anonymously
Reporting routes	Ongoing communication about all routes available to raise concerns including anonymous routes.
Confidentiality	Anonymous routes can be used
Remit	Publicity about FTSU, the FTSUG and Fairness Champions. More visibility across Trust.
Confidence	Creating openness and reassurance that improvements are welcomed.
Perception	Speaking up is about anything that gets in the way of doing a good job.
Old boys club	Call people out and explain this is not tolerated
Stigma	Create an open culture
Lack of objectivity	Direct person to another route, Freedom to Speak Up Guardian, union or external routes
Senior staff	Reminding everyone that the Freedom to Speak Up role is there to support all staff.



Compared to last year the Trust has seen:

- An increase in speak up cases by “Additional Clinical Services” workers (20 in 22/23 to 22 in 23/24).
- A decrease in speak up cases by Admin and Clerical workers (60 in 22/23 to 55 in 23/24).
- An increase in speak up cases by AHPs (9 in 22/23 to 15 in 23/24).
- A decrease in speak up cases by workers within the “Estates and Ancillary” category (33 in 22/23 to 18 in 23/24).
- An increase in speak up cases by Healthcare Scientists (staff within Scarborough, Hull, York, Pathology Services (15 in 22/23 to 22 in 23/24).
- A slight decrease by Medics and Dental (18 in 22/23 and 17 in 23/24).
- A decrease in speak up cases from Nurses and Midwives (38 in 22/23 to 25 in 23/24).

The guardian endeavours to attend a number of more clinically focused forums in order to engage with clinical staff, such as:

- LNC
- Junior Doctor Form
- Junior Doctor teaching sessions
- Clinical Governance sessions
- Junior Doctor Information Fairs
- New Starter Fairs.
- Quality and Safety Meeting
- SAS doctor annual conference

However, guardian capacity continues to be a challenge.

The Chief Executive attends Corporate Induction and talks about the importance of FTSU and talks about the guardian to all new starters.

5. Engagement

One of the key activities of the guardian is to increase visibility to promote Freedom to Speak Up channels for staff and promote the Fairness Champions. The guardian does this through a variety of different routes and communication channels to try and increase the reach of FTSU.

In order to reach a wide variety of staff groups, and hard to reach groups (staff from marginalised groups, students, volunteers, shift workers etc) the guardian has utilised many forms of communication.

The guardian continues to disseminate posters, postcards and wallet sized cards to promote both the FTSUG and the Fairness Champions, and their contact details.

Electronic promotion continues throughout the year via:

- Staff Matters
- Chief Executive's Week Ahead
- Screensavers
- Updated information on Staff Room re FTSU and Fairness Champions

The guardian regularly attends:

- Staff Benefit Fairs (York, Scarborough, Bridlington, Malton and Selby).
- Team meetings.
- JNCC.
- Nurse Preceptorships.
- HCA Inductions.
- Information stalls across different hospital sites.
- Walking the wards.
- National "Speak Up Month" in October.

For October Speak Up Month, the FTSUG and the Health and Wellbeing Lead will be offering tea trolley walkrounds to wards/ departments on all Trust sites, including in the Community, to ensure staff are aware of FTSU, the guardian, the Fairness Champions and all the various forms of wellbeing support available to them. This outreach approach has been especially welcomed by those who work in hard-to-reach areas, such as Emergency Departments, ICU, Theatres and Maternity; areas that are predominantly patient focused such as wards and other clinical areas, as staff do not get the time or headspace to read email communications.

This approach was piloted last year within Maternity areas across York and Scarborough. We received lots of positive feedback with staff appreciating the gesture and getting to find out about FTSU and the Wellbeing support available. We found that this personable approach enabled a more trusting environment, which facilitated more open and honest conversations.

The guardian does not currently attend International Nurse inductions due to time constraints, however on the back of the "Too Hot To Handle Report" 27aa99_4d4e620e6889408d926dad142839c0f3.pdf (usrfiles.com), the racially aggravated protests, riots and unrest over the summer, and the absence of this group speaking up, it is of upmost importance that these staff understand why we need them to speak up, how they can speak up, and the support available to them, both internally and externally.

We know that there are a multitude of barriers that stops this group from speaking up and seeking support.

Barriers include:

- Not understanding NHS systems and processes.
- Their culture.
- Fear of losing their visa/ sponsorship.
- Fear of losing their job.
- Fear of damaging career prospects.
- Fear of being labelled a “troublemaker”.

The guardian is working closely the Equality, Diversity and Inclusion Lead and the Race Equality Network and Race Equality Network Chair to attempt to address these barriers, to ensure that staff know how to raise concerns and what support is available to them.

With more FTSU resource there could be a greater presence at various professional group orientated inductions, teaching sessions, clinical governance sessions etc.

6. Triangulation of concerns and data

Since the last annual FTSU report, on the back of the Letby case, a triangulation meeting has been formed named “Joining the Dots”, chaired by the Director of Workforce. The guardian attends this to feed in any thematic data that may be helpful in identifying any hotspots. No confidential or identifiable data is disclosed.

The guardian has built strong working relationships with senior care group managers, and various teams such as Workforce and Organisational Development, the Patient Safety team, Safeguarding, the Wellbeing Team, the Staff Psychology Team, and Staff Networks, to help resolve cases, facilitate learning, feed in thematic data and work towards lasting culture change.

The guardian meets the Executive Directors and the Non- Executive Director responsible for FTSU on a regular basis to ensure they have appropriate oversight of any current themes being raised through FTSU. No identifiable data is disclosed.

7. Fairness Champion Network

The guardian has refreshed and revised the current Fairness Champion (FC) network so that their roles and responsibilities are aligned with the NGO’s guidelines. New FCs have been recruited and the first cohort received their training face to face at Malton on 31 July 2024. The second cohort of training is being planned. There are now approximately 40 FCs in total, covering the main hospital sites including out in the community. This will make such a difference in ensuring that our community staff have access to alternative speaking up routes, immediate support and guidance and receiving up to date communications around FTSU.

Further work is required to strengthen the governance around this network, ensuring these staff, who volunteer to do this role, have sufficient peer support and supervision to protect their own health and wellbeing.

8. Freedom to Speak Up Policy

As part of the NHS’s Our People Promise, NHS England and the National Guardian’s Office have published a new and updated national Freedom to Speak Up Policy. It focuses on the importance of inclusive and consistent speaking up arrangements and driving learning through listening.

The Trust has adopted this new policy on an interim basis until November 2024, whilst it is negotiated in collaboration and partnership with the JNCC and LNC. This has been agreed to ensure that all staff groups feel comfortable and protected by the policy.

9. FTSU Self Reflection and Planning Tool

The FTSU reflection and planning tool self- assessment was completed and approved by the Board of Directors in February 2024. This reflection tool, in conjunction with the NHS Freedom to Speak Up guide, is designed to help senior leaders develop a speaking up culture whereby leaders and managers encourage all workers to speak up, and that there is learning and improvement from the concerns being spoken up about.

A Freedom to Speak Up action plan has been drawn up on the back of the reflection and planning tool (Appendix A).

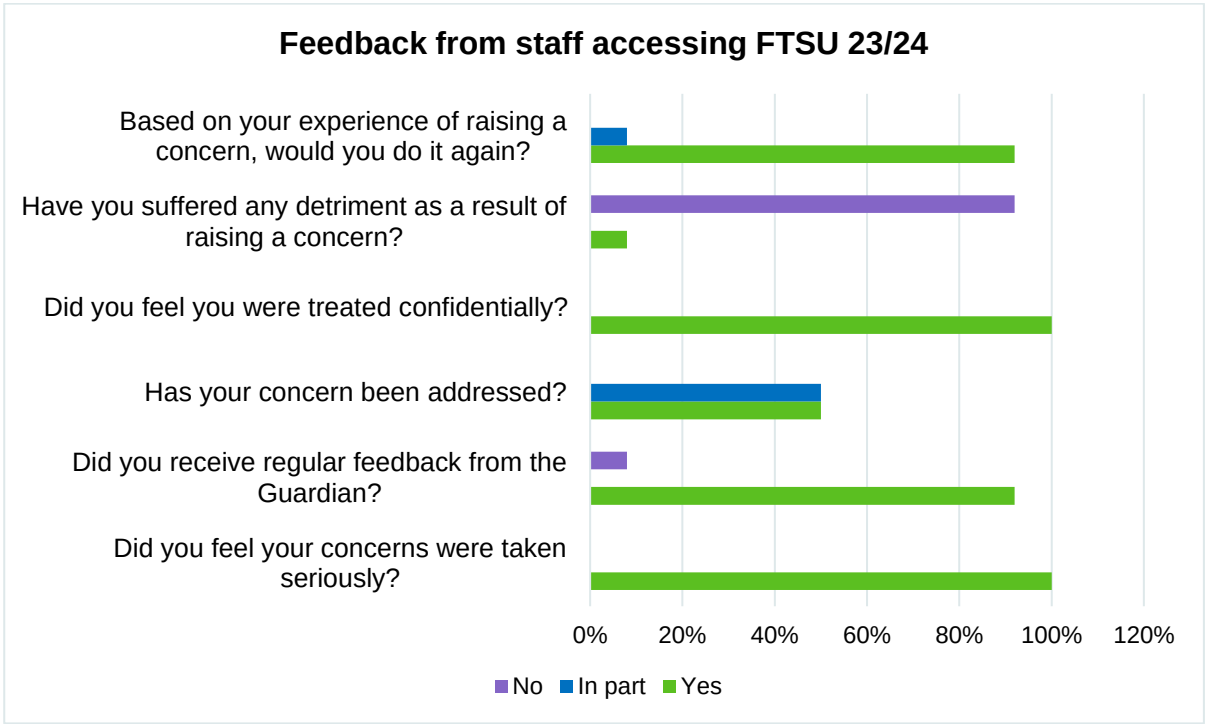
10. Freedom to Speak Up Roadmap

A local FTSU process on a page (Appendix B) has been created to sit alongside the new policy to help make it easier for staff to understand what they can speak up about, who they can speak up to and how they can speak up. This is to be rolled out as part of the FTSU Communication Plan.

11. Feedback regarding the FTSU process

A FTSU case is only closed once the guardian is assured that it has been adequately addressed or investigated if appropriate. On the back of the FTSU reflection and planning tool, FTSU feedback forms are now split into two (Form A and Form B). Form A is given out at the beginning of the process to ascertain the person's experience with the guardian. Form B is then sent out at 12 months after first FTSU contact to understand the person's experience of the process overall.

The chart below shows the feedback results prior to the change in process:



Please note that:

- 100% of staff that responded felt they were taken seriously by the guardian.
- 100% of staff that responded felt they were treated confidentially.
- 92% of staff that responded said that based on their experience, they would raise a concern again (8%= 1 person) said they were unsure.
- 8% (1 person) felt they suffered a detriment as a result for raising a concern.

Extracts from feedback:

- “Felt able to express concerns safely and effectively but also in confidence.”
- “If I ever needed to raise a concern again, I would definitely feel comfortable in contacting again. The response was very quick and the problem got resolved really quickly – so thank you very much.”
- “It was nice to have someone without a vested interest listen to my concerns and advise on working towards a solution.”
- “I felt that Stef listened to me without judgement and address whatever she could in a very timely manner. I was a little apprehensive before speaking with Stef as I did not want to make my situations worse than they already were. I still felt worried that after speaking with her about what the consequences it would bring. However, so far, I have been spoken to by two of the relevant people involved and told they would look into the issues.”
- “The freedom to speak up guardian was a confidential space where I could raise my concerns freely, and without judgement. Not only were my concerns heard, and looked into, but there was also an agreed action plan for my own wellbeing. The freedom to speak up guardian was a very good listener, and they did not rush the conversation. It was apparent that the guardian is living by the Trust values, and have a genuine interest in making sure that our workplace is inclusive, and people treated fairly. I am very grateful for the freedom to speak up guardian.”
- “Professional- listened to my concerns with empathy. Keep up the good work.”

12. Local work to support culture improvement

The guardian is involved in a number of workstreams and steering groups to support the Trust’s cultural improvement work.

12.1 Schwartz Rounds

The FTSUG is a member of the Schwartz Round Steering Group. Schwartz Rounds are a structured forum which provide healthcare staff with a safe space to discuss the emotional and social aspects of their role. The rounds help staff feel more supported in their jobs, understand one another’s job roles and their challenges, reduce hierarchies and overall promote a more open and compassionate culture.

12.2 Support for staff following death of a colleague steering group

Following NHS Employers guidance, the guardian has been asked to be a member of this steering group to ensure staff can access timely and relevant support following a death that impacts a team. This is in its infancy.

12.3 People Promise

The guardian is having regular meetings with the People Promise Manager to see how we can work together to achieve lasting outcomes that improve the working environment and overall culture for staff.

12.4 Listening Exercises

“We Listen” is one of our Organisational Behaviours and we can only do this by engaging with staff in a meaningful way.

One of the key components of developing an open, honest and compassionate culture is to remove the barriers to people speaking up. Barriers to speaking up include apathy and fear of reprisal. Listening exercises can provide staff with the opportunity to be heard.

As the guardian is independent, impartial and confidential, the role is uniquely positioned to provide listening exercises for staff groups/ teams who may be experiencing sensitive issues or highly confidential matters.

Listening exercises enable staff to discuss any concerns they may have in confidence, and also find out where they can access support both internally and externally.

The guardian has been approached to conduct impartial and confidential listening exercises for four separate teams in different areas.

12.5 Anti- Racism Steering Group

On the back of the Trust Library incident, and the racially motivated riots over the summer of 2024, the guardian contributed to the production of the “Support for colleagues following racial incidents” document. The guardian also held information stalls and walked the wards across the two main hospital sites, talking to staff about how to raise concerns and the support available to them. The guardian has been working with the Health and Wellbeing Lead and the Equality, Diversity and Inclusion Lead and Project Officer on supporting this agenda. This has led to the guardian being invited to be apart of this group.

12.6 EDI Workstream

The guardian is part of this workstream to support the Trust in achieving a more inclusive environment for its staff and patients. By making our Trust a more fair, just and inclusive place to work will improve outcomes for both patients and staff.

12.7 Our Voice Our Future Transformation Team

As detailed in section 3.

13. Regional updates

The FTSUG attends regional and national FTSU meetings which provides an opportunity to receive updates from the National Guardian’s Office and NHS England, share best practice and support. The FTSUG also meets with the guardians from Hull University Teaching Hospitals, Northern Lincolnshire and Goole Foundation Trust, and other guardians from the local region, offering a buddying up system.

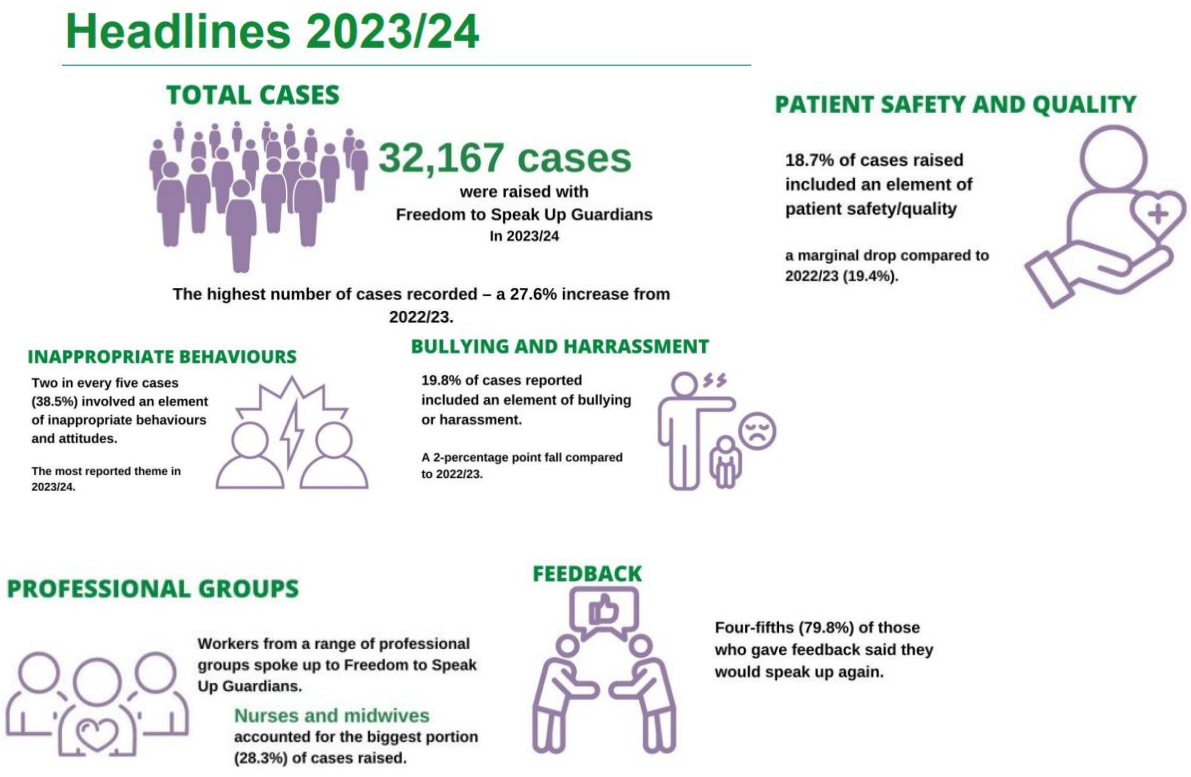
The guardian has strong working and supportive relationships with several guardians in the region and nationally.

The guardian attended the National Guardian's Office annual conference in Birmingham in March 2024 which was a good opportunity to hear from professionals who provide whistleblowing routes within the BBC and banking establishments, as well forming working relationships.

14. National updates

- The guardian and the Non- Executive Director for FTSU has worked with the NGO to contribute to the production of a film to help Non- Executives and Trustees understand their remit, promote their role and foster positive working relationships in order to improve Speak Up, Listen Up and Follow Up cultures across the health system.

- The latest National Guardian's Office Annual Report (22/23) has been published:



- The National Guardian has refreshed and launched the Freedom to Speak Up strategy in July 2024. "It has set out six strategic goals to achieve the FTSU vision, improving existing services as well as making some changes to drive further change."

- The Health Services Safety Investigation Body (HSSIB) conducted an investigation to identify the challenges temporary workers (bank, agency, locum) face that may hinder their ability to deliver safe patient care.

  The investigation found that the culture of an organisation affects temporary staff's ability to raise concerns. The NHS Race and Health Observatory told the

investigation that workers for ethnic minority backgrounds are less likely to speak up due to the many barriers that exist for them.

HSSIB recommended that the NGO work with relevant stakeholders to identify the barriers that prevent temporary workers from raising concerns and develop mechanisms to address those barriers. This will contribute to patient safety improvements without fear of reprisal.

- Martha's Rule- The Patient Safety Commissioner has recommended to the Secretary of State that FTSUGs have a key role to play in the implementation of Martha's Rule. Martha's Rule is a patient safety initiative in the NHS that gives patients, families, carers and staff the right to request a rapid review from a critical care outreach team if they have concerns about a patient's condition.

- The NGO are conducting a Speak up Review into the speaking up experiences of overseas- trained workers. The guardian has supported this by contributing to focus groups and encouraging staff to engage in the review in order to shed light on this group's experiences share learning.

15. Recommendations

The Board of Directors are asked to note and consider:

- The continuous increase demand for the FTSUG in relation to speak up cases (reactive), culture improvement (proactive) and governance/ assurance.
- Additional FTSU resource.
- FTSU cover when the guardian is absent.
- FTSU and Fairness Champion governance framework. Which committees should FTSU feed into to ensure that:
    - The trust is aware of recurrent themes.
    - The trust is tackling these recurrent themes.
    - The trust is learning from FTSU cases.

Date: 17 09 2024

Freedom to Speak Up Improvement Plan

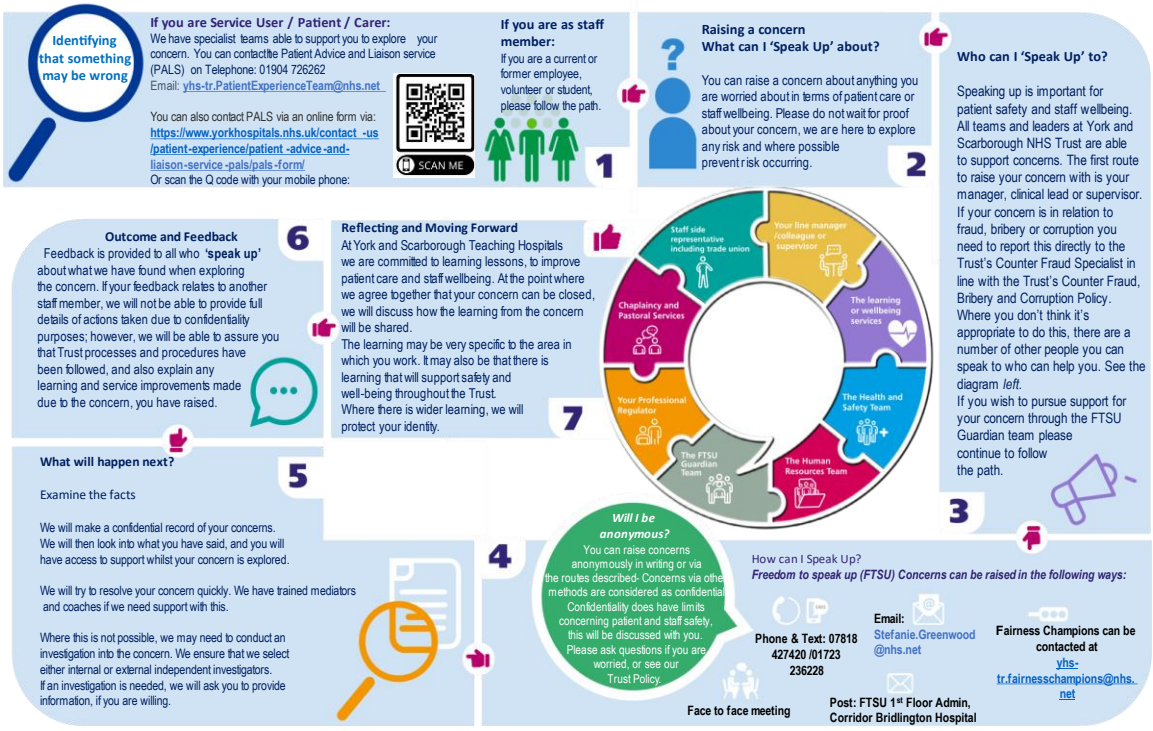
Development areas to address	Target date	Comment / Update	Action owner
Expand and develop the Fairness Champion network	Completed	Completed. Fairness Champion network increased from 16 to 38 across the different sites. 1st all day training session completed 31st July. 20/38 FCs trained. 2nd training ?Oct 2024	FTSUG
Consider triangulation meetings with Chair, CEO & SID to ensure confidential concerns raised by FTSUG are acted upon.	March 2024	FTSUG to discuss with CEO at next 1:1 2.10.24	CEO/ FTSUG
Further work required to communicate the importance of speaking up and that detriment will not be accepted or tolerated at Y&STH.	March 2024	Need communication plan. Stef to meet Emma/ Lucy to discuss how this is woven into the staff comms plan. Embed in the Line Manager training which is in development. Stef to also build into FTSU policy	FTSUG/ DOC
Processes to establish how to identify potential detriment	April 2024	Stef to add into the FTU policy that any reported detriment would be referred to DDoW to be investigated.	FTSUG
Regular communication required about the new policy and where to find it. Easy access to the policy.	April 2024	Comms has happened and more will take place with version 2 of the policy.	FTSUG/ DOC
Development of FTSU Communication Plan	March 2024	Stef to arrange to meet with Comms (EC/LB)	FTSUG/DOC
Regular communication about HEE's Speak Up elearning.	March 2024	Comms plan	FTSUG/DOC
Ensure speaking up is a fundamental part of the OVOF work, ensuring that speaking up arrangements / culture is clear / explicit with involvement of the FTSUG. This is alongside how Just Culture and Compassionate Leadership approaches are married together and should be used in a symbolic way as a leader.	June 2025	Ongoing work around this. FTSUG included in all of the OVOF developments. FTSUG to have a catch up with HER&E 14/08/2024	FTSUG/ HER&E

Proactively tackling arising issue/ concerns (part of triangulation group)	Complete and ongoing	Joining the Dots group established in January 2024. Review effectiveness.	DOWOD
To articulate areas of good practice in the annual report to prompt discussion at Board and learning for relevant teams.	September 2024	FTSUG to include in next annual Board report	FTSUG
Gap analysis to be conducted using NGO case reviews	Discussion needed- Dependent on FTSU capacity	To be included in the quarterly Resources	FTSUG
Review the self- reflection and planning tool from at least two other Trusts. Identify any best practice applicable to Y&STH and incorporate to a FTSU improvement plan.	Completed	Completed.SG has reviewed Hull and Sheffield's plans and the actions in this document pick up on their best practice.	FTSUG
Trust to look at implementing the NGO's Starting Out, Stepping Down (nationalguardian.org.uk) guidance	April 2024	In Progress	FTSUG
More focused work required with our international staff and staff from different cultural groups	Completed and ongoing	SG links in with clinical educators and PNAs. SG to speak to Tony Moffat in Ginni's absence. SG to link in with REN. SG to attend next REN meeting SG provided/ providing joint promotional work with REN chair	FTSUG
More focused work required with clinical teams on wards	Completed and ongoing	Increased FC will help with this. FTSUG regularly conducts FTSU stalls, and walksrounds wards. FTSUG completed SGH wards 8/8/24. FTSUG also attends team meetings. Tea trolley walkrounds being carried out in conjunction with H&W Lead over Speak Up Month (Oct 24) SG attending Op Directorate Meeting COO 2/10	FTSUG
Guardian to invite feedback from workers 12 months after the closure of concern.	Completed and ongoing	Started. Devised feedback form A (as soon as met with), and form B (12 months after).	FTSUG
Review the new national policy template and include reference to the process available if a staff member feels subject to detriment.	April 2024	Will be included in version 2 of the policy when it is reviewed.	FTSUG
Evaluation required to further develop. This Board self-reflection and planning tool will inform the improvement plan and freedom to speak up policy for the Trust.	On-going	Ongoing.	CEO
Regularly review the freedom to speak up policy and improvement plan and report on progress updates to the Trust Board on a regular basis.	Annually	Yes and the more frequent sub-board reports should help with this.	FTSUG
Line Management and Leadership Development Training	2025	To be included	DOWOD

Consider where FTSU feedback can feed into to drive improvement	On-going	FTSUG raised at Audit Committee 10/9/24. To be discussed by AC.	CEO
Ensure continuous monitoring and compliance of national guidance when providing FTSU reports to Board		Will be part of new reporting schedule	FTSUG
Determine whether the national speak up training should be mandated for all staff	Complete	Agreed at Board Development session on Speaking up 21/02/24 this would not overcome our barriers and for it not to be mandated. It's covered in the face to face induction from the CEO.	DOWOD
Establish forum to triangulate concerns being raised informally	Complete	Established January 2024	DOWOD
Incorporate the importance of speaking up in the new line manager training	May 2024	To be included in the LM training – LL to talk to GD SG discussed with GD in August- SG to attend line manager training and give feedback on content re to raising concerns/ FTSU .	DDOW
Ensure all the Fairness Champions are trained and supported to undertake the full remit of their roles	May 2024	1st Cohort trained 31/7/24. 2nd cohort training to be organized finance dependent	FTSUG
Speaking up policy to be ratified by the unions in February 2024 and will be published on the intranet	Completed	Going to LNC on 7th March	FTSUG
Consideration to be given to action learning sets for managers to explore speaking up scenarios / issues	May 2024 Completed July 2024	SG to meet with GD given changing priorities of OD. SG met with GD- SG attending Line Manager training on 16/9 and will give feedback around raising concerns/ FTSU	FTSUG
FTSUG to attend Board bi-annually	March 2024	To be done as part of bi annual – LL to check with PM re frequency.	CEO / Chair
FTSUG to keep up to date with training	Ongoing	FTSUG is up to date with FTSU training with NGO	FTSUG
Consider seeking feedback (similar to FTSU feedback) from staff who speak up through HR process	May 2024	LL to pick up with JF.	HER&E

Freedom to Speak Up

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust



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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Trust Board
Date of Meeting:	25 September 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes, Chief Nurse (Maternity Safety Champion)
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical Lead for Family Health

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 July 2024.

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

Report History
The Quality Committee

Meeting	Date	Outcome/Recommendation
Quality Committee	17/07/24	1/ To note the progress with the safety actions and improvement work in maternity and neonatal services. 2/ To formally receive and approve the CQC Section 31 monthly report.

Report to Trust Board

The maternity and neonatal services continue to 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 July 2024 there was one stillbirth at 28 weeks gestation, this meets the criteria for reporting to MBRRACE-UK and will be reviewed using the National Perinatal Mortality review tool.

There has been an increase in the % of postpartum haemorrhage over 1500mls to 3.5% (12 cases) from the previous month of 2.6 % (9 cases). This remains above the national target of 2.9% per 1000 births. The Quality Improvement project continues to look at all cases and identify any new themes and actions to be addressed, these will be added to the Maternity Annual Forward Audit Plan with quartely reporting of the results and improvements through the Maternity Directorate Meeting and Maternity Assurance Group. There are four areas of focus as detailed below.

Blood loss measurement:
Observational feedback indicates staff measuring soiled linen and other matter.
Blood transfusion and Hb per-post post rates not indicative of number of reported PPH prevalence.
Practice development team and labour ward coordinators have led practice sessions on "How to" weigh blood loss with a practical approach.
Maternity theatre team instrumental in recording loss in line with other disciplines.
Improving Badgernet documentation

Cord clamping:
Evidence that oxytocic being was being delayed unnecessarily to facilitate optimal cord clamping.
Research shared regarding importance of administration of Oxytocin with delivery of the anterior shoulder / birth of infant

Optimising women during the antenatal period:
Work ongoing to develop Patient Group Directive (PGD) to enable easier access to iron supplementation during the antenatal period.
Oxytocin competency document underdevelopment in line with the updated clinical guidance

Roles and responsibilities:
Developing labour ward coordinators to adopt lead roles in response to obstetric emergencies.

It has also been identified delays to perineal suturing is a theme to blood loss post birth and suturing workshops for all midwives is being incorporated into the annual training requirements

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

Annex 2 provides the July 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)

There are 33 High Level Actions across the four workstreams within the Maternity and Neonatal Single Improvement Plan.

There are 204 Milestone Actions and 194 Project and Task Actions within the plan. Of the milestone actions 47 have been completed, 23 are off track of the initial delivery date and 7 of those are at risk of delivery due to capacity of the team and on-going recourses issues.

A 2nd assessment of the Maternity and Neonatal Single Maternity Improvement Plan has been undertaken to identify those improvements that can be progressed within existing resources and where support can be provided by Operational and Project management teams as well as other specialities and departments in the organisation. It also prioritises improvements in order of clinical quality and safety need. This will be presented in full to the Trust Board in October 2024 along with the outcomes of the actions agreed at the Trust Board in June 2024 in relation to the funding gap and additional investment required.
Despite the continued challenges to deliver against the plan significant improvements have been made across the service where there is the ability to do so.
These are listed below:

- Maternity and Neonatal Voices Partnership (MNVP) leads and volunteers are embedded and actively supporting pieces of improvement work. Recent appointments to the team include a dedicated neonatal lead and an engagement lead for Scarborough and East Coast areas. See appendix 3 for the MNVP leads structure.
- The service has moved from a paper patient record system to an electronic patient record system (BadgerNet), and all women have access to their maternity records via the electronic system.
- The service has moved from a paper ultrasound referral system to a digital referral and booking system in line with the rest of the trust, this provides greater oversight of scan capacity and allows scans to be booked in line with the Saving Babies Lives V3 recommendations.
- A Quality Improvement project for antenatal clinic has been completed and a new antenatal clinic template implemented, this means a consultant obstetrician is always available in clinic and will see their own women and birthing people on their caseload which provides consistency and continuity of care for women, birthing people, and families.
- The nationally recognised Birmingham Specific Obstetric Triage System (BSOTS) has been implemented on both sites. The triage system supports women and birthing people being assessed within the first 15 minutes and care prioritised on the potential clinical risk identified. See appendix 4 for the BSOTS compliance graph.
- The Midwifery workforce review and national workforce tool (birth rate plus) has been completed, both identifying a gap in workforce of 44 whole time equivalent midwives across the services.
- A baseline review of current patient information provision related to language and easy read supporting inclusion and accessibility has been completed. There are now QR codes that enable women to access patient information and advice leaflets in the top 10 languages and coproduction of the Integrated Care Board Local Maternity and Neonatal System (ICB LMNS) easy read guides which are currently going through the internal governance process before publication. See appendix 5 for the QR codes poster supporting service users to access patient information and advice leaflets in the top 10 languages.
- Work is underway to review the population and demographic data for the York and Scarborough geography which is being conducted with public health colleagues to better understand the needs of the population we serve. This is to ensure that the services we provide are equitable, inclusive and meet the needs of all women and birthing people, including our global majority.
- Collaborative process and pathway mapping sessions with service users have been completed for key improvement areas:
    - Postnatal discharge - discharge video developed
    - Induction of Labour - under review in collaboration with the ICB LMNS and Advancing Quality Alliance (AQA)
    - Debrief Services - birth afterthoughts services are under review in collaboration with the ICB LMNS
    - Infant Feeding Services (ensuring equity of access to specialist services)
    - Elective C-Section (ensuring capacity meets demand)

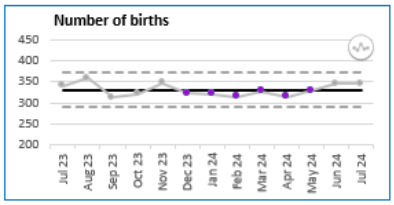
    - Bereavement Services (full review of clinical care pathway in line with national best practice standards)
- Weekly rapid Quality Improvement sessions ‘Hot Topics’ are embedded. The invite includes the entire maternity directorate and service users to co-produce improvement projects. All area’s identified for improvement are based on women’s and staff’s feedback and the standing agenda includes a patient story and reflection section
- A multidisciplinary team attend the Maternity and Neonatal Voice Partnership Quarterly Meetings
- Patient information ward boards have been reviewed and co-produced with service users. See appendix 6 for the re-designed ward boards - antenatal clinic example.
- A baseline review of all maternity and neonatal estates has been completed and a National maternity estates survey submitted to NHS England (April 2024)
- The process for reviewing stillbirth and neonatal death using the national Perinatal Mortality Review Tool (PMRT) has been reviewed to ensure timeframes are adhered to and families are involved in the review as required by MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) and the Maternity Incentive Scheme (MIS)
- A baseline assessment of nutrition and hydration provision has been completed.
- The Culture SCORE Survey has been undertaken in collaboration with NHS England and the Perinatal Culture Leadership Programme
- A thematic review of 49 Post-Partum Haemorrhage (PPH) cases has been undertaken which has informed the PPH Quality Improvement project with the aim of a sustained reduction of the PPH rate across the Trust. See appendix 7 for an overview of the Section 31 Quality and Safety metrics which includes PPH rates.
- The Maternity and Neonatal Fundamentals of Management HR training package has been developed and launched for staff with line management responsibilities.
- Following service user feedback refreshments and healthy snacks are now available whilst women and families wait in triage and outpatient areas.
- Collaborate working with the health and safety team across the trust has taken place to improve all elements of health and safety and infection prevention requirements.
- The latest MBRRACE-UK perinatal mortality report from 2022 reported that the York and Scarborough Teaching Hospitals NHS Foundation Trust perinatal mortality rate was 4.14 per 1000 total births, this rate is average when compared to similar sized hospitals.

Recommendations to Trust Board

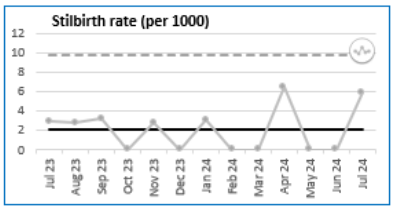
To note the contents of this report and agree the CQC section 31 submission in annex 2

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

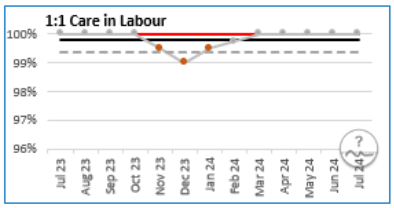
Latest month 01/07/24
Number of births 345
No significant change



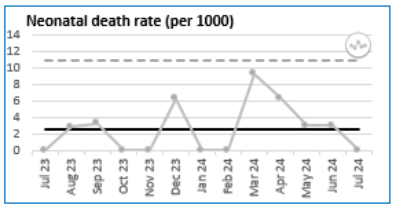
Latest month 01/07/24
Still birth rate/1000 5.9
No significant change



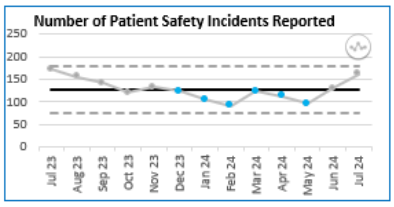
Latest month 01/07/24
1:1 Care in Labour 100%
No significant change



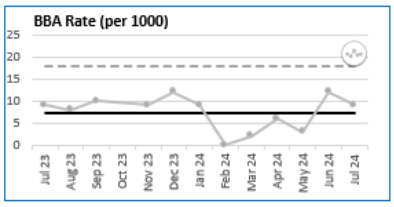
Latest month 01/07/24
Neonatal Death rate/1000 0.0
No significant change



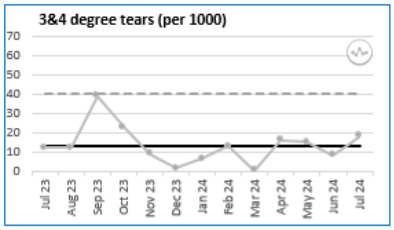
Latest month 01/07/24
Number of Patient Safety Incidents 161
No significant change



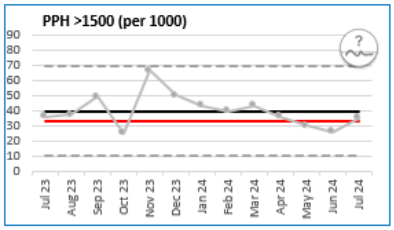
Latest month 01/07/24
BBA rate/1000 9.0
No significant change



Latest month 01/07/24
3&4 degree tears (per 1000) 18.0
No significant change



Latest month 01/07/24
PPH >1500 (per 1000) 35.0
No significant change



Annex 2

Report to:	Quality Committee
Date of Meeting:	17th September 2024
Subject:	CQC Section 31 Update
Director Sponsor:	Dawn Parkes - Chief Nurse
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical lead for Family Health

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

Report History

Meeting	Date	Outcome/Recommendation

CQC Section 31 Progress Update

Maternity Services at York and Scarborough NHS Teaching Hospitals 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

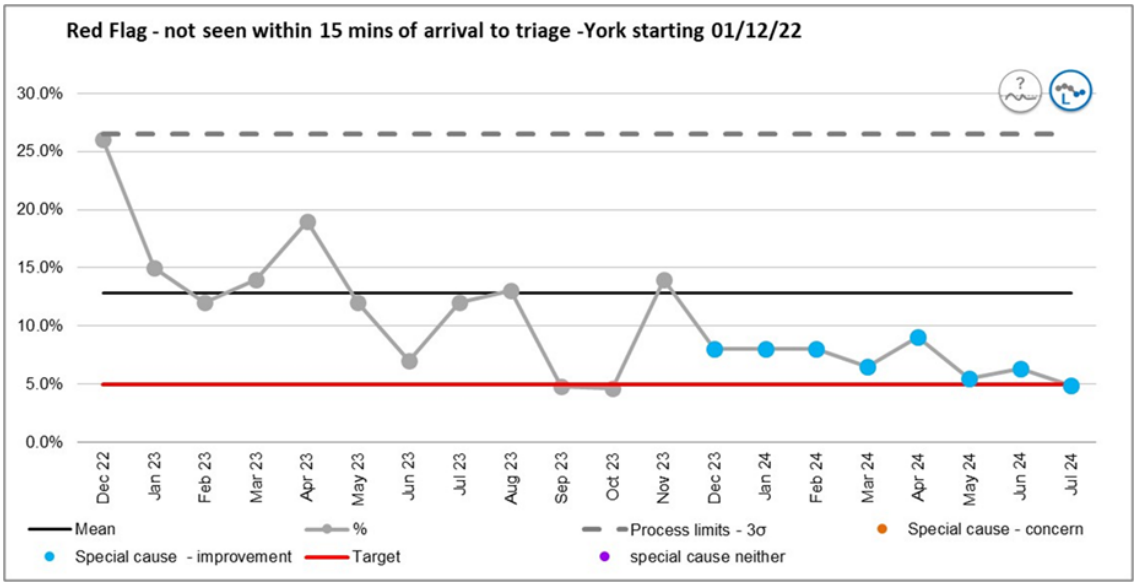
A.2.2 Fetal Monitoring Training

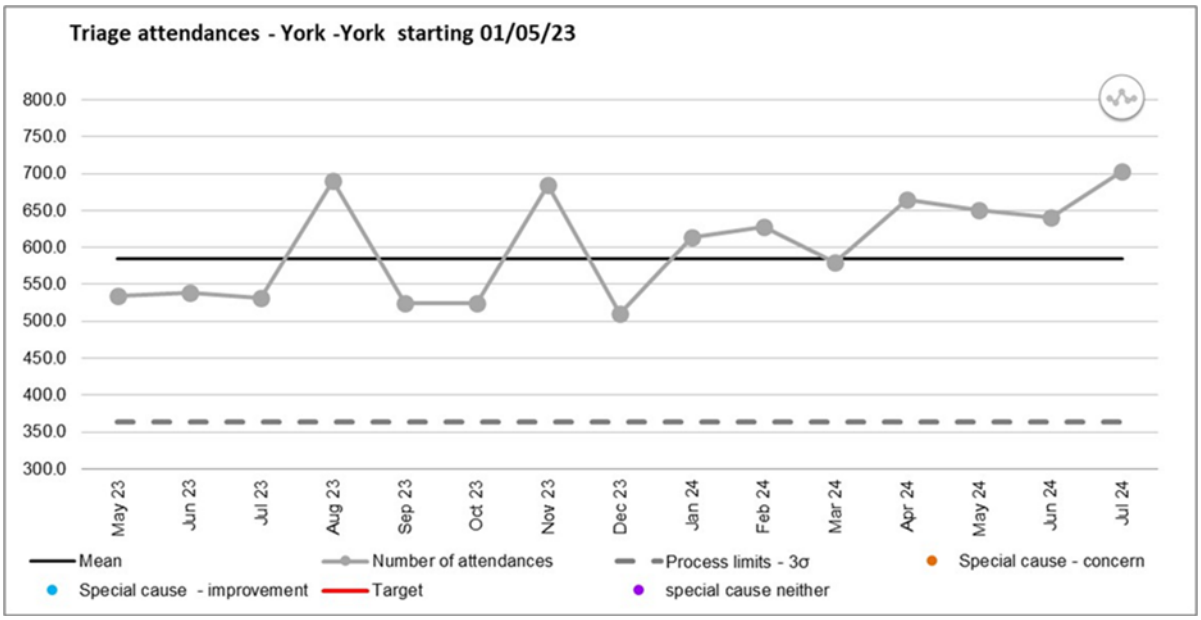
Current Fetal Monitoring compliance figures, by site, at the end of July 2024 are outlined below.

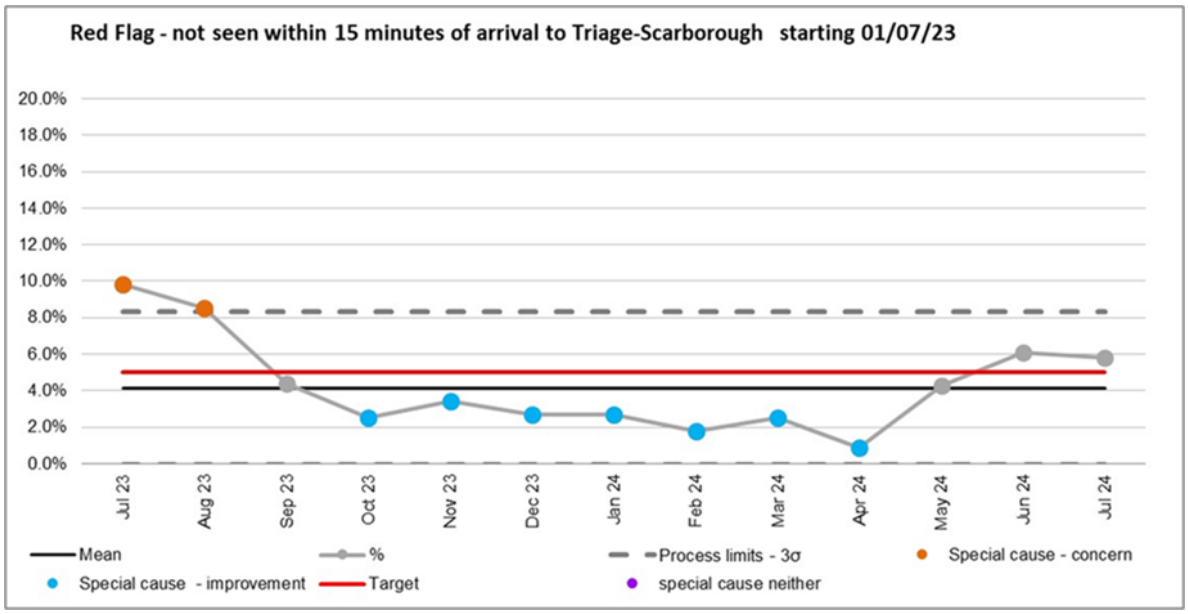
Staff Group	York	Scarborough
Midwives	97% (180/186)	94% (67/71)
Consultants	93% (14/15)	86% (6/7)
Obstetric medical staff	94% (15/16)	88% (7/8)

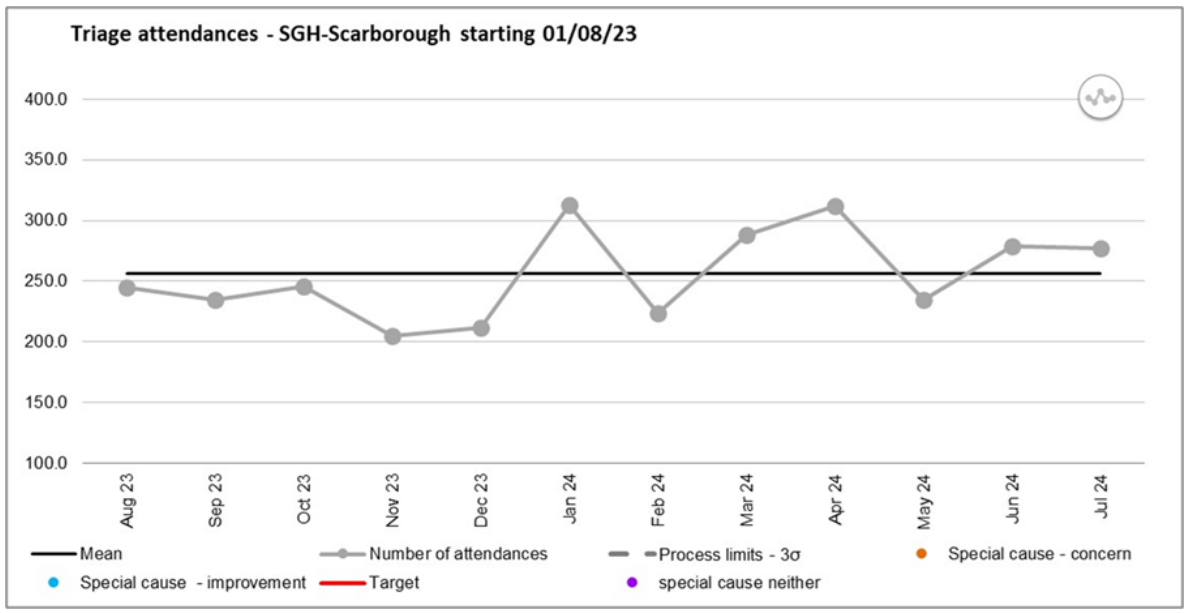
Training projections continue to show that compliance will remain above 85% for all staff groups into Q3 2024/25.

A.4 Assessment and Triage



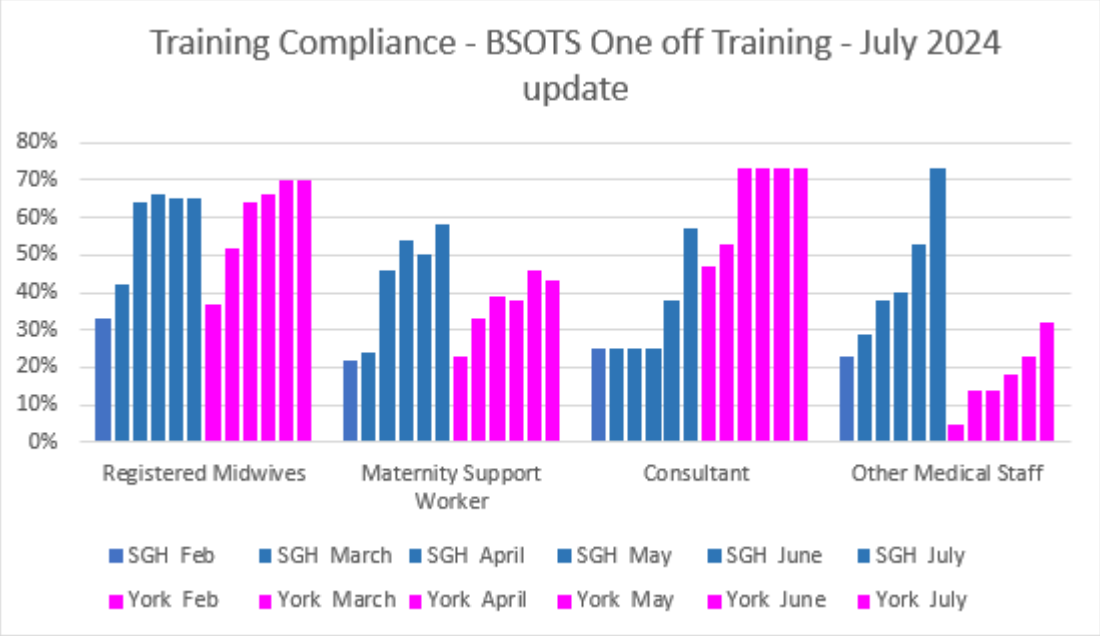

Triage attendances - York -York starting 01/05/23
800.0
750.0
700.0
650.0
600.0
550.0
500.0
450.0
400.0
350.0
300.0
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23
Jan 24
Feb 24
Mar 24
Apr 24
May 24
Jun 24
Jul 24
Mean
Number of attendances
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target
special cause neither


Red Flag - not seen within 15 minutes of arrival to Triage-Scarborough starting 01/07/23
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23
Jan 24
Feb 24
Mar 24
Apr 24
May 24
Jun 24
Jul 24
Mean
%
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target
special cause neither


Triage attendances - SGH-Scarborough starting 01/08/23
400.0
350.0
300.0
250.0
200.0
150.0
100.0
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23
Jan 24
Feb 24
Mar 24
Apr 24
May 24
Jun 24
Jul 24
Mean
Number of attendances
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target
special cause neither

Staffing and skill mix remain a challenge across the Scarborough site which has resulted in Triage being undertaken on Labour Ward. Following discussion and advice from Sara Kenyon Professor of Evidence Based Maternity Care and the MatNeo Safety ImprovementTeam, Quality Improvement has started in Antenatal Day Services, with an agreed plan to merge Antenatal Day Unit and Triage for 6 months until recruitment and training have taken place.

The Yorkshire Audit into Maternity Triage showed limited compliance with training and varied documentation on BadgerNet. Compliance to date demonstrated below and reported through the Maternity Assurance Group.



B. Governance and Oversight of Maternity Services

B.1 Post-Partum Haemorrhage (PPH)

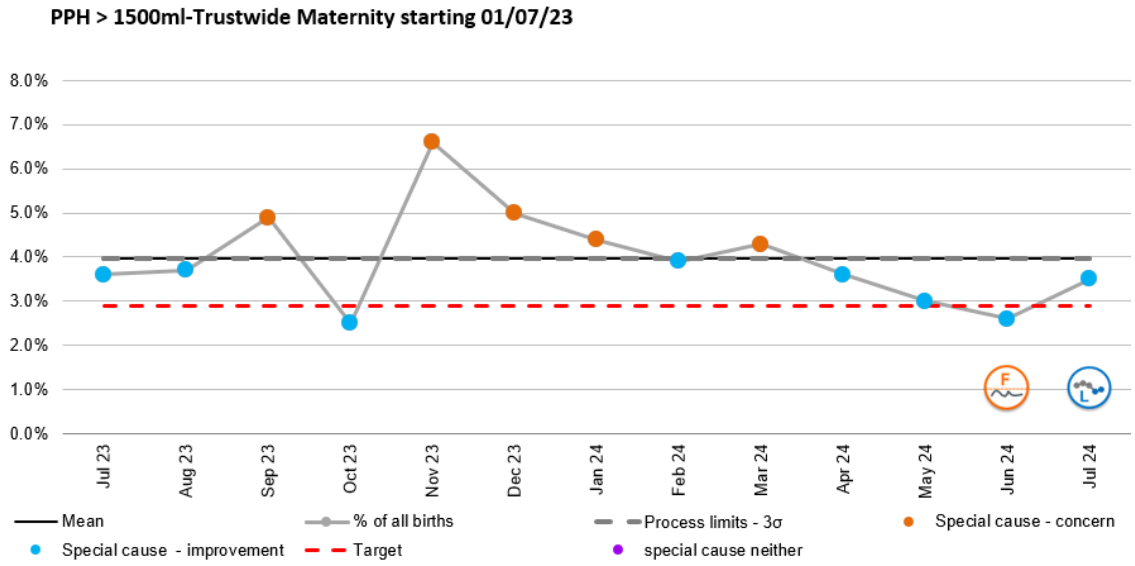
PPH over 1.5 litres

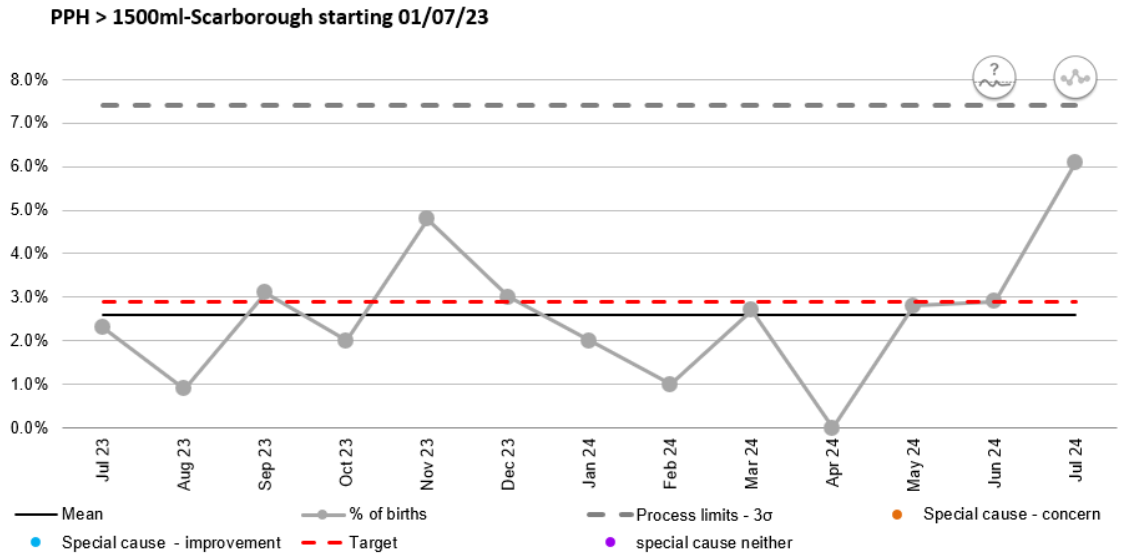
The reduction in the rate of post-partum haemorrhage (PPH) over 1500ml is a key priority for the maternity service. The PPH rate for July 2024 was 3.5% of all deliveries across both sites, there has been an increase in the rate at the Scarborough rate due to the complexities of some of the women who delivered in July 2024.

All PPHs are reviewed at the Maternity Case Review meeting, there have been no new themes identified in the reviews and the themes identified link to the ongoing improvement workstreams identified in the cluster review.

Blood Loss	Number in June 2024
1.5l – 1.9l	7 (range 1.5l – 1.9l)
2l – 2.4l	4 (range 2.2l - 2.3l)
> 2.5l	1 (2.7l)

The business information team have developed a dashboard with real time reporting which is accessible to all staff members which allows progress to be share with frontline teams.





Following the thematic review of 49 cases of PPH over 1500ML the QI project is focussed on the following four areas

Blood loss measurement:
Observational feedback indicates staff measuring soiled linen and other matter.
Blood transfusion and Hb per-post post rates not indicative of number of reported PPH prevalence.
Practice development team and labour ward coordinators have led practice sessions on "How to" weigh blood loss with a practical approach.
Maternity theatre team instrumental in recording loss in line with other disciplines.
Badgernet documentation

Cord clamping:
Evidence that oxytocic being was being delayed unnecessarily to facilitate optimal cord clamping

Research shared regarding importance of administration of Oxytocin with delivery of the anterior shoulder / birth of infant

Optimising women during the antenatal period:
Work ongoing to develop Patient Group Directive (PGD) to enable easier access to iron supplementation during the antenatal period.
Oxytocin competency document underdevelopment

Roles and responsibilities:
Developing labour ward coordinators to adopt lead roles in response to obstetric emergencies

B.2 Incident Reporting

There were 15 moderate harm incidents reported in July 2024.

Datix Number	Incident Category	Outcome/Learning/Actions	Outcome
21094 21035 20596 20319 20254 19951	PPH >1500ml	Cluster review completed, action and learning are being embedded	Key findings and recommendations of the review now embedded with the PPH QI (Quality Improvement) project and part of the MNSIP (Maternity and Neonatal Single Improvement Plan)
21218	Admission to ICU	Reviewed at the Maternity Case Review meeting	Learning identified and shared
21092 21065 20697 19924	3rd degree tear	To be included in the quarterly perineal tear audit	Learning from the audit shared with teams
20798	Transfer for cooling	Referred to MNSI but did not meet criteria	Local review undertaken
20569	Safeguarding issue	Under safeguarding processes	Processes have been updated
20358	IUD at 28 weeks	Notification to MBRRACE-UK	Learning identified and shared
20081	Weight loss after birth	Reviewed by the Infant Feeding teams	Learning identified and shared

B.4 Management of Risks

B.4.1.1 Project Updates York

The refurbishment work on the maternity theatres the the York site will be completed by 23 September 2024. Standards of cleanliness and environments are monitored in the weekly Tendable audits.

B.4.1.2 Project Updates Scarborough

A review of the use of HUGS tags at Scarborough has been undertaken and the timeframes implementation of the new X-TAG system has been escalated to the Executive Committee.

B.4.2 Scrub and Recovery Roles

Recruitment continues for the posts above and the current position is:

Scarborough:
Current vacancy rate for scrub practitioners is 0.98WTE

York:
Current vacancy rate for scrub practitioners is 1.76WTE

Recruitment is ongoing with interviews being conducted throughout the month of September 2024.

There is collaboration across maternity and surgery to review the national requirements of having two scrub nurses for each list, the potential benefits and risks in not meeting this standard that may release some staff funding back into maternity services to support recruitment of midwives as an alternative.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 September 2024
Subject:	CQC Update Report
Director Sponsor:	Dawn Parkes, Chief Nurse Adele Coulthard, Director of Quality, Improvement and Patient Safety
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 Objectives	**Board Assurance Framework**
☒ Timely, responsive, accessible care	☒ Quality Standards
☐ Great place to work, learn and thrive	☐ Workforce
☒ Work together with partners	☒ Safety Standards
☐ Research, innovation and transformation	☐ Financial
☐ Deliver healthcare today without compromising the health of future generations	☐ Performance Targets
☒ Effective governance and sound finance	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

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

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
Patient Safety and Clinical Effectiveness Sub-Committee	11 September 2024	*Presented and accepted.*
Quality Committee	17 September 2024	*Not presented at the time of submitting this paper.*

CQC Update Report

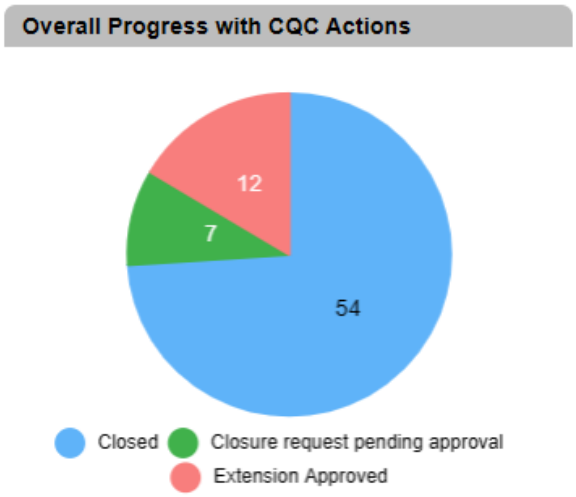
1. Progress Update

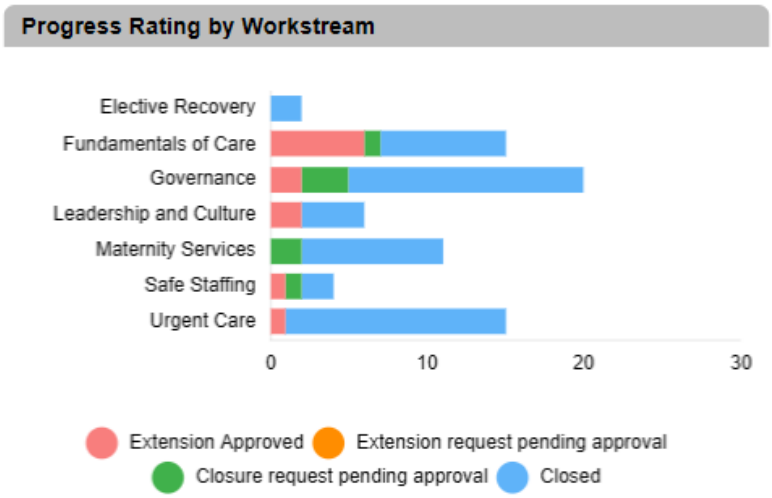
The CQC are due to visit Maternity Services at York Hospital on 9 September 2024. This is not an inspection, the CQC have been invited onsite by the Chief Nurse.

The CQC visited the York Hospital Emergency Department on Monday 29 July 2024. In attendance was the Deputy Director for the North Region, the Operations Manager, and two Assessors.
The monthly Engagement Meeting for July 2024 was held as part of this onsite visit.

Positive feedback on the Trust process for managing CQC actions was given. The CQC acknowledged the need to move on from reporting on the must and should do actions. A process was suggested to manage the ongoing work associated with the delivery of actions into business as usual monitored through the existing Trust governance mechanisms.

Following this, ten actions were closed at the Journey to Excellence meeting on 16 August 2024. Progress with the CQC Improvement Plan, as of 31 August 2024, can be seen in the charts below.





In August 2024, individual reports were produced for Directors containing all actions which were assigned to them as a Workstream Lead or as part of their portfolio. At the time of writing this update, feedback on the reports was being obtained - specifically on the data sources identified for supporting implementation / sustainability and the governance mechanisms for oversight of implementation / sustainability. Further reporting on this position will follow in October 2024.

2. Journey to Excellence Meetings

The agenda for the Journey to Excellence meeting has been updated to move the Trust beyond responding to the CQC Improvement Plan by:

- Ceasing general workstream updates. These will be replaced with assurance updates on themes from actions from within these workstreams.
- Overseeing progress with an internal well-led review in Q3 and an external well led assessment in Q4.
- Including preparations to support Care Group and Corporate Directorates deliver CQC standards within their business as usual processes. This will develop over the next 12 months using a phased approach of introduce, implement and impact.
- Incorporating an update on the NHSE Segmentation Review Process.

The focus of the meeting will evolve to oversee the outcomes from the Corporate and Care Group self-assessments against the CQC Quality Statements, including the Well Led domain. Progress with the internal Well Led assessment will be reported at Journey to Excellence from September 2024, in anticipation of an independent external assessment from January 2025.

3. Maternity Section 31 Submission

A monthly submission is made to the CQC providing an updated position on progressing in addressing the issues highlighted in the Section 31 notice. The submission is due on the 23rd of each month. The monthly section 31 maternity submission was last made on 22 August 2024.

The Chief Nurse invited the CQC to re-visit the Maternity Service with a view of assessing the progress made with the conditions of registration.

4. 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. 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.

5. CQC Cases / Enquiries

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

There have been three CQC cases received since the last report was written (31 July 2024) one concern regarding patient discharge and two regarding self-harm near misses.

At the time of writing, the Trust had 9 open cases / enquiries. The enquiry dashboard can be viewed in Appendix A.

6. CQC Updates

a. CQC Relationship Management

In August, the CQC wrote to all providers to tell them about a new approach which is being piloted from 16 September, initially in the NHS sector. In this pilot, the CQC will test new approaches to create more opportunities to build trusted relationships with local assessment teams, for example having a named provider oversight lead to offer a single point of contact. Pilot areas are being identified, and the CQC will contact individual trusts soon to share more details about how this will work and what they should expect. Click here for further reading.

6.2 Frequency of Assessments

Modelling on the CQC current ways of working shows that they are on track to deliver 5000 assessments by March 2025.

The CQC have focused on developing, testing and introducing the new ways of working that will facilitate the delivery of more quality assessments per year. The CQC had previously hoped to publish this detail in August 2024, but because of the work underway to increase the number of assessments they undertake and the work that is underway to improve how the new regulatory approach is used, this has been delayed.

6.3 Final part of the special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust published

Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber, Rt Hon Victoria Atkins MP, former Secretary of State for Health and Social Care, commissioned us to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT).

The review finds that there appear to have been a series of errors, omissions, and misjudgements in Valdo Calocane's care. Key among these were:

- Inconsistent approaches to risk assessment
- Poor care planning and engagement
- The decision to discharge Valdo Calocane back to his GP in September 2022.

The review also found that if the decision had been made to treat Valdo Calocane under section 3 of the Mental Health Act (MHA) 1983 on his fourth admission to hospital further options would have been available for his care and treatment in the community. Click here for further information.

6.4 CQC Adult Inpatient Survey

The CQC Adult Inpatient Survey was published on 21 August 2024. Click here for further information.

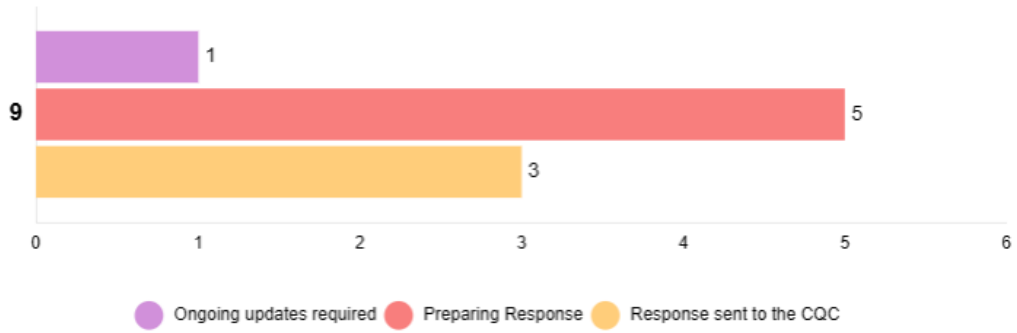
7. Recommendations

The Board of Directors is asked to:

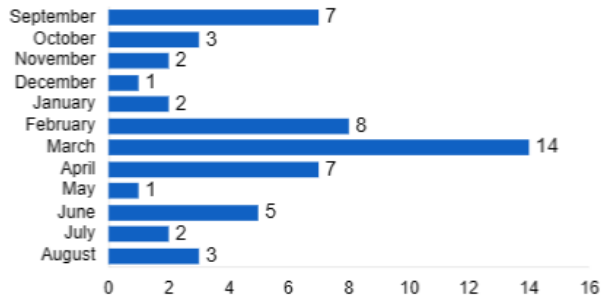
- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Appendix A
CQC Cases / Enquiries (1 September 2023 to 31 August 2024)

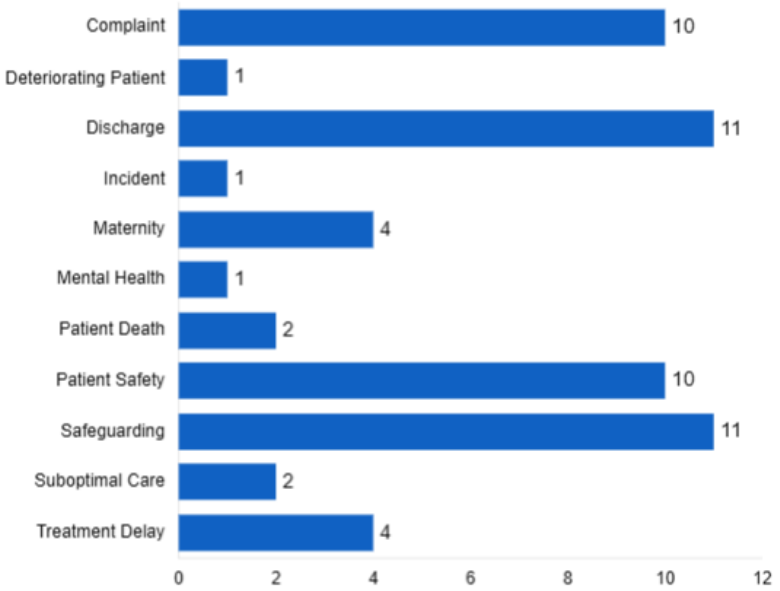
Number of Open CQC Enquiries / Cases



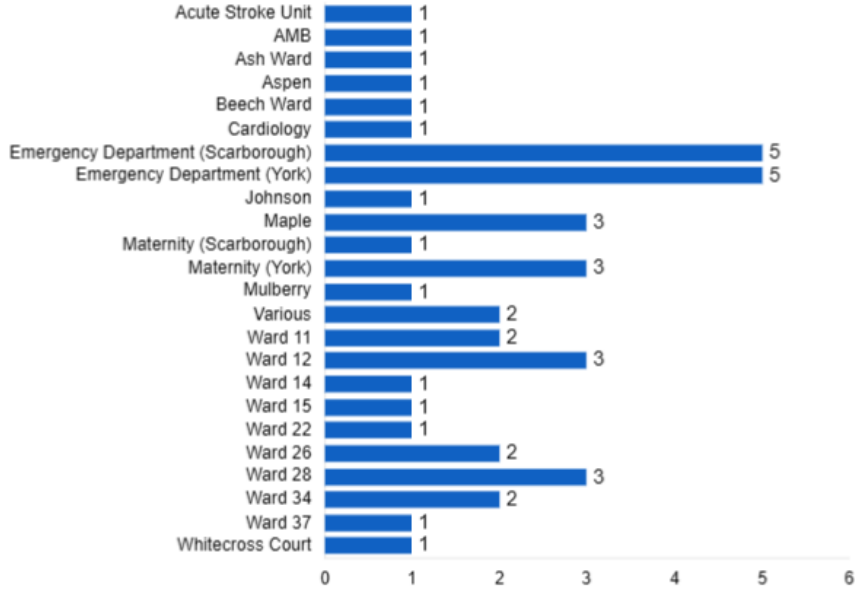
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Trust Board
Date of Meeting:	25 September 2024
Subject:	Annual Medical Appraisal and Revalidation Update
Director Sponsor:	Karen Stone, Medical Director and Reponsible Officer for York and Scarborough Teaching Hospitals NHS Foundation Trust, St Leonard's Hospice and St Catherine's Hospice Scarborough
Author:	Paul Whittle, Appraisal and Revalidation Specialist, Medical Directorate Rob Newton, Associate Director, Medical Directorate

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

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

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Summary and Recommendation

As a Designated Body, the Trust has responsibilities regarding appraisal, revalidation and professional standards of doctors in its employment. The Trust's Medical Director acts as the organisation's Responsible Officer for medical regulation. An increased focus on improving processes and systems in these areas has been put in place by the Responsible Officer. For the 2023/24 year the Trust achieved 90.2% compliance for medical appraisal.

Recommendation:

Trust Board is asked to:

- Note the information provided on medical appraisal and revalidation
- Note the ambitions and plans for improvement in in these areas
- Confirm commitment to supporting the progress of this work

Report Exempt from Public Disclosure

No ☒ Yes ☐

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

Report History

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

Meeting	Date	Outcome/Recommendation

Appraisal and Revalidation Update

1. Introduction and Background

Every licensed doctor who practises medicine must revalidate every five years and should have an annual appraisal. The General Medical Council's (GMC) aims for medical revalidation are that it:

- enables licensed doctors to demonstrate that they are up to date and fit to practice
- supports doctors in their professional development, contributes to improving patient safety and quality of care and sustains and improves public confidence in the medical profession
- facilitates the identification of the small proportion of doctors who are unable to remedy significant shortfalls in their standards of practice and remove them from the register of doctors

To achieve these aims, the GMC requires that all doctors identify the Designated Body (usually their employer) that monitors and assures their practice. York and Scarborough Teaching Hospitals NHS Foundation Trust is the Designated Body for over 700 doctors. The Trust's Medical Director also acts as Responsible Officer for doctors employed by St Leonard's Hospice, St Catherine's Hospice and Brainkind.

Designated Bodies have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations. It is expected that Boards oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations
- checking there are effective systems in place for monitoring the conduct and performance of their doctors.
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors and
- ensuring that appropriate pre-employment background checks are carried out to the required standard.

This report provides information about how these duties have been discharged and improvement actions for the next twelve months.

2. Medical Appraisal

2.1. Appraisal Process

Doctors are assigned an appraiser by the Appraisal and Revalidation Specialist. Appraisals can be completed in person or online. The record of appraisal and supporting documentation is held on an online system called PReP.

System-generated emails and formal reminder letters are sent at varying intervals to encourage completion of appraisal. Care Group management teams are provided with monthly appraisal completion data and this forms part of Care Group accountability reporting.

2.2. Appraisers

Dr Oliver Prince, Specialty Doctor (Anaesthetics) is the Trust's Medical Appraisal Lead. There are currently 78 active medical appraisers within the Trust. We estimate that 95 appraisers are needed in the Trust with time assigned in their job plans to facilitate timely appraisal for our doctors. The Trust has lost a considerable number of appraisers since the pandemic, due largely to retirements, and additional recruitment and utilisation of appraisers is required.

Appeals for new appraisers are being communicated to doctors across the Trust. Three training sessions for new appraisers are held each year regular update training is provided for existing appraisers.

2.3. Appraisal Completion Rates

	Number of appraisals	% of appraisals
Total number of doctors with a prescribed connection on PReP as at 31 March 2024	708	
Total number of appraisals undertaken between 1 April 2023 and 31 March 2024	638	90.2%
Total number of appraisals not undertaken between 1 April 2023 and 31 March 2024	70	9.8%
Total number of agreed exceptions	16	2.3%
Total number of not agreed exceptions	54	7.6%

These actions have improved the appraisal compliance rate from 75% in April 2022 and 87% in April 2023. The target set by NHS England is 90% and this is the first year since the Covid pandemic that the Trust has achieved this target. The aim for the Trust is to continue to improve appraisal compliance in 2024/25.

2.4. Improvement Plan

Objective	Action
1. Procurement of Appraisal System	• Procurement of new contract • Implementation of new system or improved utilisation of existing system
2. Increase the recruitment, retention and utilisation of appraisers	• Increase communication regarding appraiser recruitment and training • Review appraiser contributions in job planning withing specialties and care groups
3. Improve the timeliness and usefulness of appraisal for Locally Employed Doctors	• Implement adapted appraisal documentation for Locally Employed Doctors • Establish system for Educational Supervisors to complete appraisal with Locally Employed Doctors
4. Support the improvement in quality of appraisals	• Re-establish system of audits on input and output forms

3. Medical Revalidation

3.1. Revalidation Recommendations

Revalidation recommendations are reviewed weekly by the Deputy Medical Director (Professional Standards) and the Appraisal and Revalidation Specialist. Doctor's portfolios are reviewed as to whether they have sufficient evidence to be recommended for revalidation. Where they have sufficient evidence, a positive recommendation is made to the GMC.

If the doctor doesn't have sufficient evidence at the time of recommendation, then their recommendation may be deferred. On rare occasions, doctors do not engage with the appraisal process despite multiple interventions from the Medical Directorate Team. In these cases, a non-engagement notification is made to the GMC, which is a serious intervention and significant efforts are made to avoid.

For 2023/24 the deferment rate for the Trust was 11%, compared to a national average of 14%. Due to previous errors in GMC reporting systems, a year-on-year comparison of progress is not available. However, the deferment rate has been decreasing for each 6-month period between and March 2023 and September 2024.

The most common reason for deferment is a lack of patient and colleague feedback. There will be a change in the software used for this feedback in the coming year which should help to improve this.

4. Recruitment and Engagement Background Checks

All doctors employed by the Trust are subject to the NHS mandatory pre-employment recruitment checks prior to appointment, including locum doctors.

5. Maintaining High Professional Standards

A weekly meeting is in place, chaired by the Medical Director, which reviews doctors who require action by the GMC or the Trust internally for matters concerning conduct, capability and health. Action is taken in accordance with the Trust's disciplinary policies. Where relevant and appropriate, the Board is updated about cases through the Board's Reportable Issues Log.

6. Policy

The GMC publishes 'Good Medical Practice', which sets out the standards of patient care and professional behaviour expected of all doctors in the UK, across all specialties, career stages and sectors. These standards have been updated and updated guidance came into effect on 30 January 2024.

7. Recommendations

Trust Board is asked to:

- Note the information provided on medical appraisal and revalidation
- Note the ambitions and plans for improvement in in these areas
- Confirm commitment to supporting the progress of this work

Dr Karen Stone
Medical Director
Responsible Officer

Date: 13 September 2024

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 September 2024
Subject:	NHSEWTE Self Assessment Return 2023/2024
Director Sponsor:	Dr Karen Stone
Author:	Rachael Snelgrove, Head of Medical Education

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

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

Trust Objectives	**Board Assurance Framework**
☐ Timely, responsive, accessible care	☒ Quality Standards
☒ Great place to work, learn and thrive	☒ Workforce
☒ Work together with partners	☐ Safety Standards
☐ Research, innovation and transformation	☐ Financial
☐ Deliver healthcare today without compromising the health of future generations	☒ Performance Targets
☒ Effective governance and sound finance	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

This is the NHSE Workforce, Training and Education (WTE) Self-Assessment (SA) annual report 2023/4 for training and education encompassing all clinical training programmes (excl. Medical undergraduates). Board-level sign off is required prior to submission of the Self-Assessment.

The report identifies areas of continuous quality improvement alongside the identification of quality improvement potential.

We as providers are asked to submit this report indicating our assessment to whether the standards have been met or not against the three main sections:

- Section 1. Challenges within education and training.
- Section 2. Achievements within education and training.
- Section 3. Compliance with the obligations and key performance indicators of the NHS Education Funding Agreement.
- Section 4. Compliance with the quality, library, reporting concerns and patient safety training obligations and key performance indicators of the NHS Education Funding Agreement.
- Section 5. Your policies and processes in relation to Equality, Diversity and Inclusion.
- Sections 6 - 11. NHS England's Education Quality domains and standards
- Section 12. Sign off and submission

The Self-assessment identifies three main challenges and achievements across training and education throughout the past training year. Further information is provided about Quality, Equality, Diversity & Inclusion and Governance.

Recommendation:
Trust Board is asked to note and approve the contents of the Self-Assessment which is to be shared with NHS WTE.

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

NHS England Self-Assessment for Placement Providers 2024

1.

Introduction

The NHS England Self-Assessment (SA) for Placement Providers is a process by which providers carry out their own quality evaluation against a set of standards. Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most questions to provide comments to support your answer.

****This submission should be completed for the whole organisation. It's important that those responsible for each section feed into and contribute to the response.****

Sections of the Self-Assessment

Section 1: Provide details of (up to) 3 challenges within education and training that you would like to share with us.

Section 2: Provide details of (up to) 3 achievements or good practice within education and training that you would like to share with us.

Section 3: Confirm your compliance with the obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation.

Section 4: Confirm your compliance with the Quality, Library, Reporting Concerns, and Patient Safety training obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas feed into this section.

Section 5: Confirm your policies and processes in relation to Equality, Diversity and Inclusion. Should normally be completed by your placement provider EDI Lead.

Section 6 - 11: Self-assess your compliance against the Education Quality Framework and Standards. Each section must be completed once on behalf of the whole organisation. There are opportunities to share good practice examples. You are asked to confirm whether you meet the standard for all professions / learner groups or provide further details where you do not meet or partially meet the standard(s). Where you are reporting exceptions, you are asked to provide the professions impacted and a summary of the challenges you face in meeting the standard.

Section 12: Final sign-off.

2 – 9 Region and Provider Selection – Do Not Amend

- [ ] East of England
- [ ] London
- [ ] Midlands
- [x] North East and Yorkshire
- [ ] North West
- [ ] South East
- [ ] South West

10. Training profession selection

2. Please select from the list below those professional groups your organisation currently train, please select all those which apply. Please select only one option for each row.

	Yes we train in this professional group	N/A we do NOT train in this professional group
Advanced Practice	✓	
Allied Health Professionals	✓	
Dental	✓	
Dental Undergraduate		✓
Healthcare Science	✓	
Medical Associate Professions	✓	
Medicine Postgraduate	✓	
Medicine Undergraduate	✓	
Midwifery	✓	

	Yes we train in this professional group	N/A we do NOT train in this professional group
Nursing	✓	
Paramedicine		✓
Pharmacy	✓	
Psychological Professions		✓
Social Workers		✓

11. Section 1 - Provider challenges

This section asks you to provide details of (up to) 3 challenges within education and training that you would like to share with us. Please consider whether there are any challenges which impact your ability to meet the education quality framework standards. Please select the category which best describes the challenge you are facing, along with a brief description/narrative of the challenge

3. Example 1: Please choose the most appropriate category for your challenge.

Supervisors / Educators (investment)

Post Graduate Medical
Named supervision has proven to be challenging due to a number of key factors:

- Job planning
- Burn out
- Retire and return
- Expansion UG and PG training numbers
- Less Than Full Time (LTFT) slot-sharing requiring 2 supervisors
- Increase in non-recurrent training posts
- Financial constraints / funding transparency
- Trainer accreditation, specifically the volume of e-learning (eLFH) required to undertaken to become an accredited supervisor

4. Example 2: Please choose the most appropriate category for your challenge.

Placement Management / Capacity

Nursing

- Increasing placement capacity to meet student nurse learner numbers. This is very challenging; however, we are on track to meet our target.
- Meeting resistance from clinical areas due to volume of student nurses seeking placements.
- Awaiting confirmation of backfill monies to support RNDA (Registered Nurse Degree Apprentice) from NHSE, this has been delayed and has caused us to temporarily halt further RNDA training. This impacts on future long-term workforce planning and has reduced apprentice satisfaction in the Trust.
- Delay of live shared ARC Placement environment profile- (platform in the Region to allow us to share underutilised placements ARC database', which records and collates data regarding Nursing students and their professional placements) Going live in January 2025 at present, managed by NHS England.

5. Example 3: Please choose the most appropriate category for your challenge.

Other

AHP

Timely access to IT systems can be difficult. Different IT systems/ software within the Trust can lead to complicated processes.

Staffing levels are not optimal in some areas & service pressures high. Patient treatment and safe patient flow is a priority which means student teaching & practice educator development can't always be accommodated. This can be met with resistance from colleagues feeling there is no room to absorb more work.

Laboratory Medicine
A significant barrier we face is lack of funding through the training tariff. Unlike other healthcare placements we do not receive any funding to help cover associated costs.

Without adequate funding, we risk compromising the quality of training we can offer, leading to workforce shortages. This shortage could have long-term implications in our ability to maintain high standards of patient care & meet growing service demands and further exacerbating challenges in recruitment and retention.

12. Section 2 - Provider achievements and good practice

This section asks you to provide details of (up to) 3 achievements within education and training that you would like to share with us. Please select the category which

best describes the achievement you wish to share, along with a brief description/narrative

6. Example 1: Please choose the most appropriate category for your achievement.

Innovative Training / Course Development

Post Graduate Medical

Medical Education facilitated a two-week program of simulated training to stress test the new Urgent & Emergency Care Centre at Scarborough Hospital. A number of multiprofessional scenarios were created to test all clinical pathways and situations. The simulations ranged from the low to high fidelity including CBRN, Paediatrics & Lab Medicine with the use of special effects moulage, actors & external services such as Embrace. The simulations provided invaluable insight for improvements to be made before opening to the public.

Lab Services

One of our key initiatives is the launch of Scarborough, Hull, York, Pathology Service (SHYPS) Training Academy in 09/2024. The academy is designed to centralise management of training for our student placements, thereby alleviating the training burden on individual departments, & ensuring students receive a uniform, high-quality educational experience.

There is a focus on developing & embedding training from Band 2 to Band 6. This includes mapping experiential training & development to evidence-based qualifications, ensuring that our staff gain the necessary skills & knowledge to progress in their careers.

7. Example 2: Please choose the most appropriate category for your achievement.

Quality - Improvement Initiatives

Nursing

The MYEPLG (Midlands and Yorkshire Practice learning group) and SSSA (Standards for student supervision and assessment) practice assessor and practice supervisor training package have been delayed, therefore we have collaborated with local Higher Education Institutes (HEIs) and developed our own robust new and more efficient training package for both practice assessor and supervisor and therefore have been able to

Innovative Training / Course Development

Increased our numbers of trained practice assessor and supervisors significantly in the trust compared with previous figures with the old style training.

We have achieved 89.9% of good evaluations from student feedback overall following placement in our trust. This means 9/10 students are happy with their experience and placement and feel supported. We send a student toolkit with useful information out prior to placement and have regular contact with our students and liaise regular with our HEIs. We hold face to face and online student drop in forums. For the 11% of evaluations categorised as below good standard, we personally review each one and collaborate with the HEI's and clinical areas to aid improvement.

8. Example 3: Please choose the most appropriate category for your achievement.

Other

Quality/Improvement - Placement feedback from AHP students' scores placements highly in quality(89%), experience(90%), behaviours & values (98%), recommends the Trust as a place for treatment(91%) & a place of work (88%). Placements with individual scores of <75% are reviewed and support provided to develop the area.

Student placement quality is reported to the AHP Board. Higher than National averages in the annual Education Training Survey (NETS) for AHPs in the Trust, demonstrating Clinical Educators are providing high quality education.

The Non-Registered 'Competency and Knowledge Framework' assures the support given to AHP learners from our assistants is accurate, evidence based and high quality, expanding the learning opportunities available to students.

Placement Expansion - PT, OT Dietetics and SLT have moved to a set capacity model this academic year to enable sustainable capacity increases across all professions and allows analysis of HEI usage, capacity across workforce.

Innovative Training – Increased uptake of apprenticeships across SLT, OT, PT, Radiography. Students attend Health-coaching training, peer supported guided reflection, development forums & can access our library of training

13. Section 3 - Contracting and the NHS Education Funding Agreement

This section asks you to confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the **NHS Education Funding Agreement (2024-27)**. This should be completed once on behalf of the whole organisation. Please select only one option for each row. There is an option to

provide additional comments to support your answer, this is restricted to 2000 characters.

9. Please confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the NHS Education Funding Agreement (EFA).
This should be completed once on behalf of the whole organisation.
Please select only one option for each row.

	Yes	No
There is board level engagement for education and training at this organisation.	✓	
The funding provided via the NHS Education Funding Agreement (EFA) to support and deliver education and training is used explicitly for this purpose.	✓	
We undertake activity in the NHS Education Funding Agreement which is being delivered through a third party provider.		✓
The Provider or its sub-contractor did not have any breaches to report in relation to the requirement of the NHS Education Finding Agreement (EFA)	✓	
We are compliant with all applicable requirements of the Data Protection Legislation and with the requirements of Schedule 5 of the NHE Education Funding Agreement.	✓	
The Provider did not have any health and safety breaches that involve a learner to report in the last 12 months.	✓	
The organisation facilitates a cross-system and collaborative approach, engaging the ICS for system learning.	✓	
We have collaborative relationships with our stakeholders (e.g. education providers) which provide robust mechanisms to deliver agreed services.	✓	

If 'yes', please add comments to support your answer; if 'no' please provide further detail:

The Trust has Board level Education and Training engagement in the Learning Education and Development (LEaD) committee, chaired by the Director of Workforce and Organisational Development.

Post Graduate Medical

Appropriate team members attend stakeholder meetings with NHSE/ Schools:

- Head of School/Director (HoS) of Medical Education meetings
- Deans Employer Engagement Forum (DEEF)
- Local Education Provider meetings (LEP)
- Regional Medical Education Manager meetings (MEMs)

- Foundation School Committee and Annual Conference
- Lead Employer/ Training Programme Director/ Head of School GP meetings.
- Foundation GP & Psychiatry bi- annual meetings

For Nursing regular meetings with education providers take place with the Practice Education Team monthly.

AHPs facilitate and advocate for collaborative cross-system approach working closely with AHP Faculty, AHP Council, Community of practice and other Integrated Care Board forums. Our AHP Professional Leads have good working relations with local Higher Education Institutes.

10. Please provide the name and email address of the board named individual responsible for education and training.

Name	Karen Stone
Email Address	Karen.stone14@nhs.net

11. Signature

✓ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

Vicky Mulvana-Tuohy, Deputy Chief AHP, Lead for AHP Professional Standards

v.mulvana-tuohy@nhs.net

Trudy Walker, Network Training Manager SHYPS
Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

14. Section 4 - Education Quality

This section asks you to confirm your compliance with the quality, library, reporting

concerns and patient safety training obligations and key performance indicators of the **NHS Education Funding Agreement (EFA)**. This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas are able to feed into this section.

12. Can you confirm as a provider that you...
Please select only one option for each row.

	Yes	No	N/A
We are aware of the requirements and process for an education quality intervention, including who is required to attend.	✓		
We are reporting and engaging with the requirements and process to escalate issues, in line with NHS England's education concerns process.	✓		
Have developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services.	✓		
Has the provider been actively promoting, to all learners, use of the national clinical decision support tool funded by NHS England?		✓	
Have a Freedom to Speak Up Guardian and they actively promote the process for raising concerns through them to their learners.	✓		
Have a Guardian of Safe Working (if postgraduate doctors in training are being trained), and they actively promote the process for raising concerns through them to their learners.	✓		
Are aware of the Safe Learning Environment Charter (SLEC)	✓		
Are actively implementing and embedding the SLEC multi-professionally.	✓		

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Aware of national 'clinical decision support tool' funded by NHS England and 'Safe Learning Environment Charter' will be addressed in the Pre-Registered education improvement plan for AHPs. In Post Graduate Medical the SLEC is being incorporated as a Quality measure in the Trusts Learning, Education and Development (LEaD) committee strategy.

For nursing, A gap analysis review has been conducted with the view to imbed SLEC.

13. As an organisation, have you been referred to a regulator for education and training concerns in the last 12 months (with or without conditions) (e.g., GMC, GDC, HCPC, NMC, etc)

Note: we are not seeking information about the referral of an individual learner.

- [x] **We have not** been referred to a regulator
- [ ] **We have** been referred to a regulator and the details are shared below.

If you have received conditions from a regulator please provide more details including the regulator, the profession involved and a brief description

14. Did you actively promote the National Education and Training Survey (NETS) to all healthcare learners?

- [x] Yes
- [ ] No

Please briefly describe your process for encouraging responses including your organisations response rate for the 2023 NETS.

Communication via email to all learners attending the Trust for educational placements/ rotations during the NETS response window to encourage all learners to complete the survey and outlining the importance of such feedback.

In addition, messages requesting and reminding learners to complete NETS sent via Learning Environment Managers and Team Managers during NETS completion window.

Professional AHP Leadership and Junior Doctor Forum promoted the benefits and necessity of the NETS feedback.

Encouragement to complete NETS was promoted on social media via Twitter/X, and physical posters in all Education centres.

15. Have you reviewed, at Board Level, and where appropriate, taken action on the outcome of the results of the National Education and Training Survey (NETS).

- [x] Yes
- [ ] No

Please provide a brief description of the action you have taken as a result; if 'no' please provide further details including your plans to use the NETS data for quality improvement activity in the future:

Results are discussed at the Learning, Education and Development (LEaD) committee, which reports to Resource Committee and chaired by the Workforce and OD Director.

16. 2024's NETS will be open from 1 October 2024 until 26 November 2024. How will your organisation increase their NETS response rate for 2024?

Collaborative working with HEIs, emails and reminders and protected time to complete the NETS during placement hours. Corporate communications to all educational forums and workforce to reinforce the importance of completion.

17. Patient Safety and the promotion of a Patient Safety culture is integral to the Education Quality Framework. Please provide the following information:

Name and email address of your Board representative for Patient Safety	Dr Karen Stone, Medical Director. Karen.Stone14@nhs.net
Name and email address of your non executive director representative for Patient Safety	Stephen Holmberg, NED Stephen.holmberg1@nhs.net
Name and email address of your Patient Safety Specialist/s	Daniel Palmer - daniel.palmer11@nhs.net
What percentage of your staff have completed the patient safety training for level 1 within the organisation (%)	84%

18. Signature

✓ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

Vicky Mulvana-Tuohy, Deputy Chief AHP, Lead for AHP Professional Standards

v.mulvana-tuohy@nhs.net

Trudy Walker, Network Training Manager SHYPS
Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

15. Section 5 - Equality, Diversity and Inclusion

This section asks about your policies and processes in relation to equality, diversity and inclusion and should normally be completed by your nominated EDI lead. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

19. Please confirm whether your organisation has an Equality, Diversity and Inclusion Lead (or equivalent):

- [x] Yes
- [ ] No

If 'yes' please add comments to support your answer sharing details of governance and links with education and training alongside the nominated name of your EDI lead for education and training; if 'no' please provide further detail

Virginia Golding, Head of EDI virginia.golding@nhs.net has strategic responsibility for the EDI portfolio covering workforce and patients, this is within the Workforce and Organisational Development Team.

Operational Patient EDI is the responsibility of the Patient Experience and Involvement Team, the Patient EDI Lead is Emily Douse. This is within the Nursing team.

EDI Governance:

- EDI Team
- Inclusion Forum
- EDI Workstream (members include Medical Education, Organisational Development and Workforce Planning and Development)

- Staff Networks

The Head of EDI reports to the Executive Director of Workforce and Organisational Development. EDI reports are presented to the Trust's Board of Directors and the Sub-Committees.

20. Please confirm that you liaise with your Equality, Diversity and Inclusion Lead (or equivalent) to...
Please select only one option for each row.

	Yes	No
Ensure reporting mechanisms and data collection take learners into account?	✓	
Implement reasonable adjustments for learners with a disability?	✓	
Ensure policies and procedures do not negatively impact learners who may have a protected characteristic(s)?	✓	
Ensure International Graduates (including International Medical Graduates) receive a specific induction into your organisation?	✓	
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	✓	
Ensure a policy is in place to manage Sexual Harassment in the Workplace?	✓	
Do you have initiatives to support reporting of sexual harassment?	✓	
Has your organisation signed up to the NHS England Sexual Safety in Healthcare - Organisational Charter?	✓	
Does your organisation have a designated sexual safety lead, such as a Domestic Abuse and Sexual Violence (DASV) lead?	✓	

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Policies and procedures are in place to support all staff and data collection is inclusive of all staff.

The Trust's lead for Sexual Safety is Vicki Mallows, Workforce Lead, Employee Relations Team.

21. How does your organisation manage sexual harassment reports?

The trust has a Civility, Respect and Resolution policy in place to support all staff in conjunction with usual escalation and support pathways.

22. Postgraduate Deans and their teams are keen to consider responses and initiatives and share good practice. Please share details on EDI initiatives that are specific to or have an impact on education and training in your organisation and the email address for someone we can contact to discuss this further.

The Trust delivers EDI specific training using external consultants, this is open to all staff. We have membership with the Employers Network for Equality and Inclusion. All staff have access to this. The EDI Team has a bi-monthly EDI Newsletter which shares information about learning opportunities.

23. For education and training, what are the main successes for EDI in your organisation?

The Trust prides itself on continually striving to create a culture of belonging and improving its appreciation and ability to promote equality, support diversity and embed inclusion. This is done through EDI being incorporated into everything we do across AHPs, inclusion of EDI speakers across AHP development and training forums as well as targeted Trust campaigns such as:

'See Me First' campaign to promote Equality, Diversity and Inclusivity through cultivating open, non-judgemental, and inclusive cultures that values Global Majority colleagues.

'No Excuse for Abuse' is a Trust campaign explicitly communicating that racism or any form of discrimination will not be tolerated. The Trust wants to reassure that it is committed to staff wellbeing and creating a safe, inclusive culture and work environment.

One a year the Trusts hosts a cultural day, rotating between York and Scarborough. This event is an opportunity for staff to get together to celebrate our rich, diverse staff culture.

The Trust offers and mandates several corporate EDI Training courses including inclusive recruitment and racism conversations.

Race Equality Network open to all to attend.

Introduction of International Medical Graduates Mentor programme from September for 2024 for Medical and Dental Staff within the organisation.

24. For education and training, what are the main challenges for EDI in your organisation?

Need for collaborative multiprofessional approach to maximise efficiency and effectiveness, standardise expectations and ensure good practice is shared with all professional groups.

25. Signature

☑ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

Vicky Mulvana-Tuohy, Deputy Chief AHP, Lead for AHP Professional Standards

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Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

16. Section 6 - Assurance Reporting: learning environment and culture

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer.

26. Thinking about the learning environment and culture of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

- Education boards designed by staff and students in the Practice Education Team (PET)
- Weekly student online forum via the PET and face to face sessions held
- Practice development days for our learners with protected learning time and education timetable provided-Clinical teaching fellow (Sarah Kelly yhs-tr.PracticeEducationTeam@nhs.net)
- New transition sessions delivered by PET at local Universities for 3rd year student nurses to prepare them for new role as qualified nurse.
- Utilising Trust skill mapping codes to meet proficiency targets.
- Feedback loop to AHP Board, LEaD, AHP Faculty
- Reframing of 4x pillars in roles and responsibilities- Education and Training pillar AHP

27. Quality Framework Domain 1 - Learning environment and culture Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
The learning environment is one in which education and training is valued and championed.	✓	
The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	✓	
The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.		
There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	✓	
Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	✓	
The environment is one that ensures the safety of all staff, including learners on placement.	✓	
All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	✓	

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
The environment is sensitive to both the diversity of learners and the population the organisation serves.	✓	
There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation.	✓	
There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	✓	
The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to knowledge and library specialists.		✓
The learning environment promotes multi-professional learning opportunities.	✓	
The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	✓	

28. Areas of exception

<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

☐ **All professions**	☐ **Site specific**	☐ Dental Postgraduate
☐ Dental Undergraduate	✓ Medicine Postgraduate	☐ Nursing
☐ Midwifery	✓ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice

☐ Psychological Professions ☐ Healthcare Science ☐ Medicine Undergraduate

☐ Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

Space is challenging on the York site. There are many learner groups all requiring access to the same training rooms. Space has been acquired off-site for Healthcare training but for on-site short teaching sessions, space is very limited.

29. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Off-site space is utilised for training such as York Community Stadium, but this is challenging for events such as lunchtime teaching sessions or sessions with multiple clinical speakers as the Stadium is a car journey away from the Hospital.

To mitigate some of these challenges we use MS Teams and virtual platforms deliver hybrid or virtual teaching sessions.

30. Signature

☑ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

Vicky Mulvana-Tuohy, Deputy Chief AHP, Lead for AHP Professional Standards

v.mulvana-tuohy@nhs.net

Trudy Walker, Network Training Manager SHYPS
Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

17. Section 7 - Assurance Reporting: educational governance and commitment to quality

For each standard, please confirm whether the you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer.

31. Thinking about the educational governance and commitment to quality of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you to would like share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

AHP Professional Lead Team and AHP Head of Education and Training support and demonstrate the importance and value of pre-registration practice based education promoting developments and good practice through various in Trust AHP forums such as PALF (Professional AHP Leadership Forum), Professional Development Forum and bespoke engagement/consultation and or training sessions.

Governance processes are operationalised/ overseen by the AHP Head of Education and Training and reported to AHP board and Learning Education and Development (LEaD) committee.

Junior Education Forum (JEF) established in conjunction with Junior Doctor Forum JDF) to allow safe space for learners to talk to the team regarding anything educational pastoral.

Learning, Education and Development (LEaD) committee established to bring together multi-professional learning and development, including Research, Mandatory training and Apprenticeships.

32. Quality Framework Domain 2 - Educational governance and commitment to quality
Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	✓	
There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	✓	
The governance arrangements promote fairness in education and training and challenge discrimination.	✓	
Education and training issues are fed into, considered and represented at the most senior level of decision making.	✓	
The provider can demonstrate how educational resources (including financial) are allocated and used.	✓	
Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.	✓	
There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	✓	
Consideration is given to the potential impact on education and training of service changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including WT&E and Education Providers).	✓	

33. Areas of exception
<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please

select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

- ☐ **All professions**
- ☐ **Site specific**
- ☐ Dental Postgraduate
- ☐ Dental Undergraduate
- ☐ Medicine Postgraduate
- ☐ Nursing
- ☐ Midwifery
- ☐ Allied Health Professionals
- ☐ Pharmacy
- ☐ Paramedicine
- ☐ Medical Associate Professions
- ☐ Advanced Practice
- ☐ Psychological Professions
- ☐ Healthcare Science
- ☐ Medicine Undergraduate
- ☐ Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

34. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

35. Signature

- ☑ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

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Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

18. Section 8 - Assurance Reporting: developing and supporting learners

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer.

36. Thinking about how you develop and support learners within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Nursing offer with our HEI partners a delivered session to welcome and introduce students to clinical placement with question-and-answer sessions. As follows:

- Monthly meetings with all our HEI providers to discuss student issues/progress.
- A skill mapping tool to help students gain proficiencies
- 'Walk abouts' - Academic assessors and Practice partners walk around the wards to support students and staff.
- Attend recruitment and information days at the HEIs to aid recruitment and student awareness
- Introduction of inbox/forum and Questionnaire surveys, we aim to ask our students how they want to best communicate with us

Post Graduate Senior Medical Education Team undertake ad-hoc shop floor visits to meet the learners in their clinical environments.

The introduction of the “Blossom room” at Scarborough Post Graduate Centre is a space for supervisors, trainers and faculty, including Medical Education, to meet in a non-clinical environment.

AHPs - Value the learner, see them as future colleagues and invest in them while they are supernumerary. Include them in all aspects of work life while they are with us.

Developing an opportunity for all AHP learners to spend a day (Spoke day) during their practice-based education in the area they would like to work in postgraduate to encourage our learners to become our future colleagues ensuring our workforce pipeline is adequate.

37. Quality Framework Domain 3 - Developing and supporting learners

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	✓	
The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	✓	

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	✓	
Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	✓	
Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	✓	
Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.	✓	
Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	✓	
Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	✓	
Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	✓	
Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	✓	
Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	✓	

38. Areas of exception
<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

- [ ] **All professions**
- [ ] **Site specific**
- [ ] Dental Undergraduate
- [ ] Dental Postgraduate
- [ ] Medicine Postgraduate
- [ ] Nursing
- [ ] Midwifery
- [ ] Allied Health Professionals
- [ ] Pharmacy
- [ ] Paramedicine
- [ ] Medical Associate Professions
- [ ] Advanced Practice
- [ ] Psychological Professions
- [ ] Healthcare Science
- [ ] Medicine Undergraduate
- [ ] Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

39. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

40. Signature

- [x] I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

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Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

19. Section 9 - Assurance reporting: developing and supporting supervisors

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer.

41. Thinking about how you develop and support supervisors within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

All learning groups - Managerial and clinical supervision training- radical candour, communication tools and training.

Post Graduate Medical - A number of Educational Supervisor Masterclass workshops have been delivered over the past year. With the aim to provide a refresher of good practice in Educational Supervision with hot topics such as SuppoRTT and Less Than Full Time, Importance of Induction and Neurodiversity. These sessions have been supported by the Psychology support and wellbeing team.

AHP - Developing the Learning Environment Manager (LEM) role to support quality assurance in their area using the NETS Question set throughout the year- completed by students on the PARE system at the end of every placement. Feedback analysis of all learning environments for each AHP, quality review processes in place and support agreed.

Nursing hold Pebble Pad information and guidance sessions and annual Practice Assessor updates for Practice Assessors and Practice Supervisors

42. Quality Framework Domain 4 - Developing and supporting supervisors

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	✓	
Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, WT&E).	✓	
Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	✓	
Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	✓	
Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	✓	
Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.		
Supervisors can easily access resources to support their physical and mental health and wellbeing.	✓	

43. Areas of exception

<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

- ☐ **All professions**
- ☐ **Site specific**
- ☐ Dental Undergraduate
- ☐ Dental Postgraduate
- ☐ Medicine Postgraduate
- ☐ Nursing
- ☐ Midwifery
- ☐ Allied Health Professionals
- ☐ Pharmacy
- ☐ Paramedicine
- ☐ Medical Associate Professions
- ☐ Advanced Practice
- ☐ Psychological Professions
- ☐ Healthcare Science
- ☐ Medicine Undergraduate
- ☐ Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

44. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

45. Thinking about the Educator Workforce Strategy, please confirm that your organisation

	Yes	No
Is aware of the Educator Workforce Strategy.	✓	
Ensures educators/supervisors undertake a skills gap / learning development needs analysis for this role.	✓	
Ensures educators/supervisors have formal development to undertake this role.	✓	
Considers the educator workforce in wider clinical workforce planning.	✓	

If ‘yes’ please add comments to support your answer; if ‘no’ please provide further detail:

N/A

46. Implementation of the Educator Workforce Strategy

- ☐ We have **fully implemented** the recommendations of the Educator Workforce Strategy.
- ☑ We have **partially implemented** the recommendations of the Educator Workforce Strategy.
- ☐ We have **not yet started** implementation of the recommendations of the Educator Workforce Strategy.

47. Signature

- ☑ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

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Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

20. Section 10 - Assurance reporting: delivering programmes and curricula

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer. .

48. Thinking about how you deliver programmes and curricula to support training within your organisation, we are keen to hear about

initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

SLAM – Scarborough Leadership and Management Course designed as a leadership course to learn about elements of working in the NHS as a consultant that are not taught or learnt in the clinical environment. Topics covered include Leadership in the NHS, Moral injury in a higher pressure environment, Interview skills and techniques for Consultant posts and financing within the NHS.

PACES Teaching – The College Tutor and Associated College Tutors for Medicine at York offered local bedside PACES teaching on a weekly basis and additional teachings based on past questions. This proved extremely successful, resulting in 3 out of 4 of our trainees passing MRCP PACES during this diet, with a 75% pass rate which is nearly double the national pass rate.

49. Quality Framework Domain 5 - Delivering programmes and curricula

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	✓	
Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	✓	
Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	✓	
Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	✓	

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	✓	
Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.		✓

50. Areas of exception
<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

☐ **All professions**	☐ **Site specific**	☐ Dental Postgraduate
☐ Dental Undergraduate	✓ Medicine Postgraduate	✓ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

Challenges are known within medical rosters to enable learners to have Self Development Time, and other non-scheduled activities to support their curriculum outcomes.

51. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

- Service provision
- Vacancy
- Less Than Full Time (LTFT) challenges
- Senior support

52. Signature

✓ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

21. Section 11 - Assurance reporting: developing a sustainable workforce

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer.

53. Thinking about developing a sustainable workforce within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Nursing

- Career clinics (Retention sister- Amanda Horrocks amanda.horrocks2@nhs.net)
- Health Care Support worker academy- Rob Purce- robert.purce1@nhs.net
- Retention steering group, Amanda Horrocks as above.

AHPs
A quality review of ESR data is underway, to improve ability to triangulate with multiple sources of workforce data and service aims and developments. AHP Lead for Workforce is using AHP pro workforce modelling and Calderdale framework for current workforce reviews to ensure we understand our baseline and supports us to recognise factors affecting future workforce needs.

Within Allied Health Professions colleagues have been offered career conversations and support accessing career pathways. There is a well-regarded Multiprofessional Preceptorship programme for new starters in the Trust. AHP Head of Education and Training reviewing the possibility of a 'Transition to Practice' programme to support pre registrants transitioning into post registered preceptors.

Post Graduate Medical Education
Locally Employed Doctor (LED) progression – General Surgery have introduced opportunities to progress internally as would a Core Surgical Trainee (CST) by creating a competency framework aligned to the CST curriculum to allow the LED to work or apply for ST3 equivalent jobs alongside having an Annual Review Competency Panel (ARCP) style appraisal to sign their training requirements off.

Emergency Medicine York have commenced a programme for ST1 equivalent Locally Employed Doctors undertaking a CESR style rotation enabling the doctor to develop with clinical and leadership skills alongside a named Supervisor.

54. Quality Framework Domain 6 - Developing a sustainable workforce Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	✓	
Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues	✓	
The provider engages in local workforce planning to ensure it supports the development of learners	✓	

	We meet the standard for all professions / learner groups we train	**We have exceptions to report** and provided narrative below
who have the skills, knowledge and behaviours to meet the changing needs of patients and service.		
Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	✓	

55. Areas of exception
<u>From the professional groups you train</u>, please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

☐ **All professions**	☐ **Site specific**	☐ Dental
☐ Dental Undergraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

56. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

57. Signature

☑ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Rachael Snelgrove, Head of Medical Education

Rachael.snelgrove@nhs.net

Vicky Mulvana-Tuohy, Deputy Chief AHP, Lead for AHP Professional Standards

v.mulvana-tuohy@nhs.net

Trudy Walker, Network Training Manager SHYPS
Trudy.walker1@nhs.net

Becky Rhodes, Practice Education Team Lead
Becky.rhodes1@nhs.net

22. Section 12 - Final Submission

Before completing your final submission please ensure you have:
1. Completed all questions within the Self-Assessment (including the free text sections)
2. Received Board level sign off for your submission

58. Board level sign-off (Premises, Learning Environment, Facilities, and Equipment)

☐ I confirm that our premises, learning environments, facilities and equipment are: suitable for the performance of the Services; accessible, safe and secure; comply with any applicable Health and Safety Legislation, any other Applicable Law, Guidance, appropriate risk management clinical guidance, good healthcare practice and the requirements of any relevant Regulator; and are sufficient to enable the Services to be provided at all times and, in all respects, in accordance with the NHS Education Funding Agreement.

59. Board level sign-off

☐ I confirm that the responses in this SA have been signed off at board level

Name, email address and role of Board representative for education and training

Dr Karen Stone, Medical Director York and Scarborough Teaching Hospital NHS FT

Karen.stone14@nhs.net

60. Please confirm the date that board level sign off was received:

*

61. Final Submission (please only tick this box when you ready to submit your self-assessment)

- [ ] I confirm that all sections of this self-assessment have been completed and that this is the final version for submission

23. Thank you for your time

Thank you for your time on the NHS England Self-Assessment for Placement Providers

You can continue to update this self-assessment using the link supplied to your by your regional NHS England WT&E education quality team.

Once you have completed all sections in full of this self-assessment please ensure that you complete section 12 final submission and tick the box Complete Submission. At which point your final response will be sent to your regional NHS England WT&E education quality team.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 September 2024
Subject:	Approval of BC – VIU Equipment Purchase for New Build Scheme
Director Sponsor:	Andrew Bertram, Finance Director
Author:	Lisa Shelbourn, General Manager

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

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

Trust Objectives	**Board Assurance Framework**
☒ Timely, responsive, accessible care	☐ Quality Standards
☐ Great place to work, learn and thrive	☐ Workforce
☐ Work together with partners	☐ Safety Standards
☐ Research, innovation and transformation	☒ Financial
☐ Deliver healthcare today without compromising the health of future generations	☐ Performance Targets
☒ Effective governance and sound finance	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

- BoD approval of BC to allow procurement of 2 x VIU lab suites which will be installed in the new VIU build

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**

APPENDIX Ai

Business Case Approvals

- Potential cases should be outlined at Annual Planning
- Business Case Completed (Revenue and/or Capital)
- Care Group Board - Revenue Approval <£50k
- CPMG - Capital Approval <£50k
- Chief Executive, usually through the Executive Committee (Revenue) / CPEG (Capital) - Approval £50k - £500k
- Executive Committee - Revenue & Capital Approval £500k - £1m
- Board of Directors - Revenue & Capital Approval >£1m
- CAP Board / ICB Review of all cases that impact / benefit the wider ICS
- Post Project Evaluation - 12 months after implementation

Stakeholder Considerations

YTHFM LLP	•Is accommodation required? •Is cleaning / maintenance of accomodation required? •Are porters / catering / laundry & linen required? •Is maintenance of medical equipment required?
Digital Information Services (DIS)	•Does the change require a system change? •Does the change require new digital functionality? •Does the change require a new digital solution? •Has the DIS Change Request Process been followed?
Care Groups	•Consider the impact of your business case on other Care Groups - have they been engaged where required? •Mandatory consultation for stakeholder groups is included in section 8 of the business case summary
Sustainability	•Does the business case impact on the Trust's sustainability programme?
Commissioners	•Where additional funding is required this should be discussed with commissioners (i.e the ICB)
Other Providers within the ICS	•Does the business case have an impact or provide a benefit to other provider organisations within the ICS?

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2024/25-66

2. Business Case Title

Purchase of 2 Replacement Vascular Imaging Unit Equipment Suites for New Build Scheme

3. Sponsorship, Management Responsibilities & Key Contact Point

The Business Case 'Owner' should be the appropriate Care Group or Corporate Director, or where appropriate an alternative lead Clinician nominated by the respective Care Group Director. The 'Author' will be the named manager supporting the owner of the Business Case, who will have responsibility for the development and writing of the Business Case, and will be the key contact point for enquiries.

3.1 Sponsorship Confirmation (where neither are the Owner or Author of the Business Case)

Care Group/ Corporate Director	**Name**	**Date of Agreement**
	Dr Mark Quinn	16/09/2024

Associate Chief Operating Officer	**Name**	**Date of Agreement**
	Karen Priestman	16/09/2024

3.2 Management Responsibilities & Key Contact Point

Business Case Owner:	Lisa Shelbourn, Radiology General Manager

Business Case Author:	Lisa Shelbourn
Contact Number:	01904 721281

STRATEGIC CASE

The purpose of the strategic section of the business case is to make the case for change and to demonstrate how it provides strategic fit.

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change.

The Vascular Imaging Unit (VIU) is a department within the Radiology Directorate, housed in a modular structure and situated at the South end of York hospital. It was opened in 2004 and it comprises of 2 interventional catheter laboratories, one used for interventional radiology and the other for cardiology.

In 2015/16 a business case (2015/16-115) was approved to support the build of an expanded VIU due to the rise in demand for both the interventional radiology and cardiology specialities. The new unit capital scheme is now under way and due to be completed in Q1 2025.

The life expectancy of interventional radiology/cardiac lab equipment is 7 years from installation; the original approved business case assumed the relocation of equipment from the 2 existing labs, plus the purchase of equipment for 2 new labs (making 4 labs in total).

Due to the length of time since the original business case approval and the planned date for the new unit opening, the existing equipment in VIU is now coming up to its end of life. Therefore, we are seeking business case approval to purchase 2 replacement pieces of equipment which will be installed at the same time as the installation of the 2 new lab units. All 4 labs will then have new equipment in place at the time of the new unit opening.

Discussions with the capital finance team have taken place and agreed the timescale and process for procuring the equipment in this business case and the original 2015/16-115 business case. Procuring new equipment for 2 labs, instead of relocating the old equipment into the new build, avoids a cost of £128,910 (cost to relocate existing old equipment to new build).

5. Capacity & Demand Analysis

Where a key issue raised concerns of the availability of sufficient capacity to meet anticipated demand on the service, it must be supported by a Capacity and Demand analysis to clearly demonstrate the gap in capacity, with the results presented below. Please refer to the Business Case guidance document for the guidance and access to the preferred capacity and demand model. If required, support in completing the model is available through the Corporate Operations team (contact Andrew Hurren on extension 5639).

n/a – replacement equipment to maintain current throughput of activity in VIU. BC 2015/16-115 provides the information relating to the growth in demand which justifies the increase in the number of labs from 2 to 4.

6. Alignment with the Trust's Strategic priorities

The Trust has identified four strategic priorities that ensure there is a focus for its emerging priorities and objectives, and assists in the communication to staff, patients and other stakeholders.

Indicate using the table below, to what extent the preferred option is aligned with these strategic priorities. It is expected that the preferred option will align with at least one of the strategic priorities.

Strategic Priority	Describe how the case is aligned to the Strategic Theme
Priority 1 – Our People	Upgraded VIU equipment with the latest software makes training and scanning easier and more efficient. This leads to better recruitment and retention
Priority 2 – Quality & Safety	Increased up time from newer equipment. Lower radiation doses to patients with newer equipment. Reduction in the likelihood of complaints or incidents relating to delayed diagnosis or cancellation of appointments
Priority 3 – Elective Recovery	
Priority 4 – Acute Flow	

7. Business Case Objectives

Setting robust spending or investment objectives is essential in making a coherent case for change; the case should identify SMART (Specific, Measurable, Achievable, Relevant, Time bound) to address one or more of the following generic drivers, see page 23 of the guidance for full description of drivers. List the business case objectives and the metrics and measures below:

Description of objective	Metric	Quantity Before	Quantity After
Provision of modern imaging equipment with up-to-date software	Average age of VIU equipment across York (years)	6.7 years	0 years
Maintenance of access to Cardiology and Interventional Radiology Capacity	Sessions per week provided	25 sessions	25 sessions
How will information be collected to demonstrate that the benefit has been achieved? <u>Equipment age</u> – from radiology equipment register data			

8. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the Business Case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above.

Where external stakeholder support is vital to the success of the Business Case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment. If the Business Case spans more than one Care Group or Directorate the expected/required close collaboration in such circumstances must be evidenced.

Examples of stakeholders include lead clinicians, support services (e.g. Digital Information Services (DIS), Capital Planning re: accommodation, YTHFM LLP re Estates & Facilities support services), Commissioners (e.g. HCV ICB, NHSE, etc.), patients & public, etc.

See page 24 of the guidance for a checklist of potential questions that should be considered when assessing stakeholder involvement.

A 'Not-Applicable' (N/A) response is not acceptable in this section of the case unless accompanied by the name of the relevant stakeholder that has confirmed there is no applicable involvement in the case.

Stakeholder	Confirmation of Stakeholder Support
Mandatory Consultation	
Radiology	Yes – author of case
Laboratory Medicine (SHYPS)	Yes – via CSCS care group consultation
Pharmacy	Yes – via CSCS care group consultation
AHP & Psychological Medicine	Yes – AHP professional lead feedback
Theatres, Anaesthetics and Critical Care	Yes – TIF 2 Bid and this case is intrinsically linked to the TIF 2 BC
Community Services	No impact
Digital Information Systems (DIS)	Yes – via capital programme digital lead linked to new VIU project
Sustainability	Yes – case sent to Graham Titchener
YTHFM LLP	Yes – project management and installation costs via capital team. Support for scheme to purchase new equipment approved via CPEG
Clinical Coding Team	Yes – via Care Group Consultation

ECONOMIC CASE

The purpose of the economic case is to identify the proposal that delivers the best value for money.

The economic case should identify the preferred option when measured against the issues identified in section 4 of the strategic case, how it closes the capacity gaps identified, how it meets the business case objectives outlined in section 7 and how it meets the Trust's strategic priorities.

9. Options Considered

List, and describe briefly below the alternative options considered to resolve the issue(s) presented in Section 4 above. This should just be a factual description of the option, without at this stage, any comments on the pros and cons of the option. The inclusion of alternative workforce and clinical models should be considered when generating the list of options. Option 1 should always be Business as Usual (BAU) as a comparison to the options considered

Description of Options Considered
Option 1: Relocate existing equipment into new unit then replace existing equipment at end of life in August 2025 (4 months after new unit is due to open)
Option 2: Replace VIU lab equipment with up to date equipment at time of opening new unit

10. Benefit and Cost Analysis

All identified options must be subject to a Benefit and Cost analysis, using the 'Investment Appraisal Scoring Sheet' (Appendix Aiii) and summarised below:

Summary Benefit Cost Analysis						
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Objectives Score	0	0	0	0	0	0
	£000	£000	£000	£000	£000	£000
Net Income & Expenditure	0	0	0	0	0	0
Net Present Value	0	0	0	0	0	0
Net Present Value Per Objective Point Scored (£000)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Overall Ranking (manually enter)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

11. The Preferred Option

Detail the preferred option together with the reasons for its selection over the other options. This must be supported with appropriate description and data in demonstrating how it will address the issue(s) described in Section 4 above.

The case for the preferred option should include how the option closes any capacity gaps identified in section 5, with the results of the closed gap after using the preferred capacity and demand model. This section should also confirm that the preferred option meets the business case objectives identified in section 7.

The preferred option should be cross referenced to key attributes identified in the Benefit and Cost Analysis in section 10.

<table>
<tr><td colspan="2">Confirm the preferred option</td></tr>
<tr><td colspan="2">Option 2 - Replace VIU lab equipment with up to date equipment at time of opening new unit</td></tr>
<tr><td colspan="2">Describe how the preferred option addresses any capacity gaps identified in section 5</td></tr>
<tr><td colspan="2">N/A – overall VIU new build business case addresses capacity gap; this BC is to replace and upgrade existing equipment</td></tr>
<tr><td colspan="2">Describe how the preferred option meets the Trust’s strategic priorities in section 6</td></tr>
<tr><td>Priority 1 – Our People</td><td>Upgraded VIU equipment with the latest software makes training and scanning easier and more efficient. This leads to better recruitment and retention</td></tr>
<tr><td>Priority 2 – Quality & Safety</td><td>Increased up time from newer equipment. Lower radiation doses to patients with newer equipment. Reduction in the likelihood of complaints or incidents relating to delayed diagnosis or cancellation of appointments</td></tr>
<tr><td colspan="2">Describe how the preferred option meets the Business Case Objectives identified in section 7</td></tr>
<tr><td colspan="2">Reduction in average age of equipment at the time of opening of new unit in 2025

Maintains access to current number of VIU sessions per week

Cost to relocate existing equipment avoided; cost to replace end of life equipment would be incurred after 4-6 months of opening new unit if old equipment relocated</td></tr>
</table>

Describe how the outcome of the IASS in section 10 supports the preferred option?
Siemens have quoted a cost of £128,910 to relocate the existing VIU equipment into the new build. This cost is avoided if new equipment is purchased ready for the opening of the new VIU.

12. Consultant, and other Non-Training Grade Doctor Impact

*(Only to be completed where the preferred option **increases** the level of Consultant / non-Training Grade input)*

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the Business Case.

	Before	After
Average number of PAs	n/a	n/a
On-call frequency (1 in)	n/a	n/a

Working Weeks v 41 Week Requirement		PA Commitment	
Before	**After**	**Before**	**After**

12.2 Job Plan Approval:

The Medical Director or Deputy, along with the Medical Workforce Manager must review all proposed Job Plans for new Consultant posts, as well as any Job Plans of existing Consultants where the proposed new post would have an impact on current working practices. The date that the Job Plans were approved must be provided below.

Date of Approval	n/a
Comments by either the Medical Director or Deputy, or the Medical Workforce Manager	

13. Accommodation

If the delivery of this Business Case is reliant on the Care Group or Directorate submitting the case being allocated additional space (e.g. to accommodate new staff or to expand its services) the availability of this additional space should be established prior to the submission of the Business Case for approval.

If assistance is required in assessing the space requirements / availability of space to support this Business Case then help is available from Tony Burns (01904) 721856 or tony.burns@york.nhs.uk).

Does the implementation of the Business Case require additional space to be found and allocated?	**Yes**	**No**
	x	
Has the space identified been confirmed available?	**Yes**	**No**
	x	
Have the costs associated with maintaining the space been included in the financial analysis?	**Yes**	**No**
		X – location of equipment included in costs associated with VIU new build scheme

Please tick

14. Benefits of the Preferred Option

The identification of the benefit(s) that are expected to arise from the Business Case is crucial to ensuring that a robust evaluation of the progress and delivery of the Business Case objectives is possible during any post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will arise from implementing the preferred option below. The benefits identified must be aligned to the business case objectives in section 7 and be tangible and capable of being evidenced through some form of measurement. The timings of when the benefits will materialise should be realistic.*

It is acknowledged that some benefits may not materialise until at least 6m, dependent on the purpose of the Business Case and, as the Guidance Manual indicates, in a small number of instances there may be a need to consider adjusting the timings of the reviews, dependent on the forecast timeframe for benefit delivery.

						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
Age of VIU equipment is replaced and upgraded within expected life of machinery. Ensures latest technology, lower radiation doses and efficient use of power.	Average age of VIU lab equipment	6 years 7 months	0 years	0 years	0 years	1 year
Consistent provision of VIU clinical sessions per week to meet demand. Downtime and lost capacity avoided by upgrading existing equipment	Number of VIU sessions provided per week	25	25	25	25	25
How will information be collected to demonstrate that the benefits have been achieved? Radiology equipment register. Soliton activity report.						

15. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

In light of the difficulties being experienced both locally and nationally in successfully recruiting across a broad range of staff groups, the author should pay particular attention to the risks associated with fully recruiting to any new posts identified in the business case, supported by current market intelligence. Such risks need to be considered in the context of the likelihood (and timeframe) of the need to use agency or locum staff incurring premium costs for the Trust.

*The likelihood of any additional costs of risk **after** mitigation should be acknowledged in this section, and its impact recognised in the financial assessment of the case.*

Identified Risk	Proposed Mitigation	Value of Risk £'000
n/a		

COMMERCIAL CASE

The commercial case should demonstrate that the preferred option has considered additional approval routes required for the purchase of equipment or that a viable procurement route has been identified where required.

16. Is there a requirement to apply for funding via the Medical Equipment Resources Group (MERG), linked to this Business Case?

If 'yes', the completed and approved MERG form must feature as an attachment to the Business Case document.

Yes	X – completed (ref 24-057)
No	

Please tick

If 'Yes' please state below what proportion of the overall Capital costs associated with the Business Case (see the Financial Pro-forma), relate specifically to equipment

Overall Capital Costs for the Business Case	
State the value of the Equipment within the above	

17. Is there a requirement to involve or liaise with the Procurement Department with regard to any aspects associated with this Business Case?

Yes	x
No	

Please tick

If 'Yes' please provide a brief summary to evidence the involvement and the outcome.

Tender process already completed with support from purchasing. Business case approval required to place order for the equipment which has been chosen via this competitive tender process.

FINANCE CASE

The finance case should demonstrate that the business case is affordable and the relevant source of funding is identified.

18. Financial Summary

18.1 Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the Care Group or Directorate as a result of this Business Case. The figures should summarise the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure (-ve)		-2,180	-2,180
Income (+ve)			0
Direct Operational Expenditure (-ve)			0
EBITDA	0	0	0
Other Expenditure (-ve)		-349	-349
I&E Surplus/ (Deficit)	0	-349	-349
Existing Provisions (+ve)	n/a		0
Net I&E Surplus/ (Deficit)	0	-349	-349
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure (-ve)	n/a		0

Supporting Financial Commentary:

This Capital expenditure relates to the Purchase of 2 Replacement Vascular Imaging Unit Equipment Suites for New Build Scheme,

The only revenue impact on this Business Case are the £349k Capital Costs

18.2 Estimated Impact on Run Rate

Summarise the impact on current monthly income and expenditure run rate as a result of this Business Case. The current run rate should reference the average monthly income and expenditure over the last six months. Demonstrate how the run rate will change as a result of this business case in full, and at 6 months and 12 months following approval of the case. Show income as positive figures and expenditure as negative.

	Current Run rate	Revised Run Rate	Change	Change at 6 months	Change at 12 months	Change in later years
	£000	£000	£000	£000	£000	£000
Income (+ve)						
Clinical Income			0			
Non Clinical Income			0			
Expenditure (-ve)						
Pay						
Non Pay						
Non Operational expenditure		-29	-29	-29	-29	-29
Total	0	-29	-29	-29	-29	-29

Run Rate Supporting Commentary:

The only impact on the trust run rate from this case would be the £29k per month Capital Charges.

MANAGEMENT CASE

The management case should demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the preferred option.

19. Delivery

Describe the process put in place for successful delivery of the preferred solution, this should include the management of any potential risks, delivery of benefits, recruitment timescales and budgetary changes.

The scheme will be managed with project management support with a full programme brief, risk and issue logs supported by a project delivery group meeting. Delivery of benefits, recruitment, budgets etc. will be monitored through Diagnostic Delivery Group and Care Group Board. Any escalation will be managed through Elective Recovery Board and PRIM

20. Post Implementation Review (PIR)

Provide a self-assessment of the risk score and summarise below to determine whether a PIR is required, this will be validated at the time of approval of the business case, by the approving authority, see section 20 of the business case guidance:

Self-assessment score	Level of Risk	Outcome
4 (2x2)	Low	No PIR required

21. Estimated Implementation Date

State the estimated implementation date. This will be used as the start point of the review period where the Business Case is selected for Post Implementation Review (PIR).

Estimated Implementation Date	**Mar 2025**

22. Date of Completion:

Note: This date should be kept current on each occasion that the documentation is refreshed/ updated.

The use of version control is recommended to aid the auditing and tracking of current documentation, particularly if the Case spans more than one Care Group or Directorate with multiple contributors. The 'Final' version must be clearly indicated as such.

Date	09/09/2024
Version No.	1

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**2024/25-66**
TITLE:	**Purchase of 2 Replacement Vascular Imaging Unit Equipment Suites for New Build Scheme**
OWNER:	**Lisa Shelbourn**
AUTHOR:	**Lisa Shelbourn**

Capital

		Total £'000	Planned Profile of Change 2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
Capital Investment	(-ve)	0				
Equipment	(-ve)	-2,180		-2,180		
Property Transactions (Leases)	(-ve)	0				

Capital Notes *(including reference to the funding source)* :

This Capital expenditure relates to the Purchase of 2 Replacement Vascular Imaging Unit Equipment Suites for New Build Scheme

Revenue

2024/25-66

		Total Change Current £'000	Revised £'000	Change £'000	WTE	Planned Profile of Change 2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
(a) Non-recurring set up costs	(-ve)								
(b) Recurring									
Income									
Income from Patient Care Activities:	(+ve)	0	0	0		0	0	0	0
Other Operating Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Operating Costs:									
Pay									
Medical	(-ve)								
Nursing	(-ve)			0					
Other (please list):									
Executive Board & Senior Managers	(-ve)			0					
Support Staff	(-ve)			0					
WLIs	(-ve)			0					
				0					
Total Pay Costs		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Purchase of Healthcare from NHS Bodies	(-ve)			0					
Purchase of Healthcare from non NHS Bodies	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Drugs	(-ve)			0					
Establishment	(-ve)			0					
Premises - (incl Business rates)	(-ve)			0					
Transport	(-ve)			0					
LLP Costs (Facilities Mgmt & Estates)	(-ve)			0					
Other (please list):									
	(-ve)			0					
	(-ve)			0					
Total Non Pay Costs		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)		-311	-311				-311	-311
Rate of Return	(-ve)		-38	-38				-38	-38
Lease Ammortisation	(-ve)			0					
Overall impact on I&E		**0**	**-349**	**-349**	**0.00**	**0**	**0**	**-349**	**-349**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-349**	**-349**		**0**	**0**	**-349**	**-349**
									+ favourable (-) adverse

Revenue Notes *(including reference to the funding source)* :

The only revenue impact on this Business Case are the £349k Capital Costs

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Lisa Shelbourn	Neil Barrett	
Dated	16.9.24	16.9.24	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2023/24	2024/25	2025/26	Later Years
Fixed Contract Element							
Non-elective admissions			0				
Outpatient Follow Ups			0				
A&E			0				
High Cost Drugs			0				
Other (please list):							
			0				
Variable Contract Element							
Elective Inpatients			0				
Elective Day Cases			0				
Outpatient First Attendances			0				
Outpatient Procedures			0				
High Cost Drugs			0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
Fixed Contract Element								
Non-elective admissions	(+ve)			0				
Outpatient Follow Ups	(+ve)			0				
A&E	(+ve)			0				
High Cost Drugs	(+ve)			0				
Community Services	(+ve)			0				
Other (please list):								
				0				
Variable								
Elective Inpatients	(+ve)			0				
Elective Day Cases	(+ve)			0				
Outpatient First Attendances	(+ve)			0				
Outpatient Procedures	(+ve)			0				
High Cost Drugs	(+ve)							
Other NHS Clinical Income								
	(+ve)			0				
	(+ve)			0				
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
Total Income from patient care activities		**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other (please list):								
	(+ve)							
	(+ve)			0				
Total other income		**0**	**0**	**0**	**0**	**0**	**0**	**0**

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change				Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000		6 months £'000	12 months £'000	Later Years £'000
Income								
Income from Patient Care Activities:	(+ve)			0				
Other Operating Income	(+ve)			0				
Total Income		**0**	**0**	**0**		**0**	**0**	**0**
Operating Costs:								
Pay								
Medical	(-ve)			0				
Nursing	(-ve)			0				
Other (please list):								
Executive Board & Senior Managers	(-ve)			0				
Support Staff	(-ve)			0				
WLIs	(-ve)			0				
				0				
Total Pay Costs		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**
Non-Pay								
Purchase of Healthcare from NHS Bodies	(-ve)			0				
Purchase of Healthcare from non NHS Bodies	(-ve)			0				
Clinical Supplies & Services	(-ve)			0				
General Supplies & Services	(-ve)			0				
Drugs	(-ve)			0				
Establishment	(-ve)			0				
Premises - (incl Business rates)	(-ve)			0				
Transport	(-ve)			0				
LLP Costs (Facilities Mgmt & Estates)	(-ve)			0				
Other (please list):								
	(-ve)			0				
	(-ve)			0				
Total Non Pay Costs		**0**	**0**	**0**		**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**
Depreciation	(-ve)		-26	-26		0	-26	-26
Rate of Return	(-ve)		-3	-3		0	-3	-3
Lease Ammortisation	(-ve)			0				
Overall impact on I&E		**0**	**-29**	**-29**	**0.00**	**0**	**-29**	**-29**
Less: Existing Provisions	(+ve)	**n/a**		**0**				
Net impact on I&E		**0**	**-29**	**-29**		**0**	**-29**	**-29**

Run rate notes:

The only impact on the trust run rate from this case would be the £29k per month Capital Charges.