York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 27th November
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 23 October 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	**21**	10:15
8.	**Quality Committee Report** To receive the November meeting summary report.	Chair of the Quality Committee	Report	**67**	10:30

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Resources Committee Report** To receive the November meeting summary report.	Chair of the Resources Committee	Report	69	10:40
10.	**Trust Priorities Report (TPR)** October 2024 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services • Finance	 Chief Operating Officer Chief Nurse Director of Workforce & OD Chief Digital Information Officer Finance Director	Report	71 74 114 133 144 150	10:50
	Break 11:50				
11.	**Maternity and Neonatal Reports (including CQC Section 31 Update)** To consider the report and approve the section 31 update.	Chief Nurse	Report	163	12:05
12.	**CQC Compliance and Journey to Excellence Update Report** To consider the report.	Chief Nurse	Report	175	12:20
Governance					
13.	**Premises Assurance Model (PAM)** To approve the report.	YTHFM Director of Resources	Report	180	12:35
14.	**Group Health & Safety Policy** To approve the Policy.	Chief Nurse	Report	192	12:45

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:50
16.	**Time and Date of next meeting** The next meeting held in public will be on 29 January 2025 at 9am at York Hospital.				
17.	**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.				
18.	**Close**				1:00

Minutes
Board of Directors Meeting (Public)
23 October 2024

Minutes of the Public Board of Directors meeting held on Wednesday 23 October 2024 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.30am and concluded at 12.50pm.

Members present:

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

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
- Mr James Hawkins, Chief Digital and Information Officer

Corporate Directors
- Mrs Lucy Brown, Director of Communications
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:
- Ms Paula Gardner, Insights Programme
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 11)
- Ms Lydia Harris, Head of Research and Innovation (For Item 17)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Ms Ros Shaw, Public Governor
- Ms Julie Southwell, Staff Governor *(via Teams)*
- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

There were no apologies for absence.

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 25 September 2024

The Board approved the minutes of the meeting held on 25 September 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 16 *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.*
The paper would be presented to the Private Board meeting that afternoon and the action was closed.

BoD Pub 17 *Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.*
BoD Pub 18 *Statistical Process Control (SPC) chart to be added to the TPR for non-elective admissions data.*
Mr Hawkins advised that the charts would be added to the TPR for the November Board meeting. In the interim, a paper with the requested supplementary data had been made available to the Board.

BoD Pub 20 *Present a paper to the Resources Committee which would provide further detail on follow-up partial bookings for outpatients.*
A paper had been presented to the Resources Committee and the action was therefore closed.

BoD Pub 22 *Review use of the terms "baseline" and "target" in the TPR.*
Mr Hawkins advised that metrics had been shared with Executive colleagues for review of the terms used.

BoD Pub 26 *Include in the TPR unvalidated data on operations cancelled on or after the day of admission.*
This would be included in the next version of the TPR to be presented to the Board in November.

BoD Pub 27 *Ensure sub-divided data on attendances in ED is added to TPR.*
BoD Pub 28 *Provide further information to the Board on the categorisation of patients arriving at ED by ambulance.*
Mr Hawkins advised that this data was included in the supplementary paper made available to the Board.

Ms Hansen advised that the inclusion of this data was part of the overall work on the TPR. She planned to work with teams involved in providing the data to consider each metric. Mr Barkley noted that the Board needed the ED data broken down by site.
The actions were deferred to the next meeting.

BoD Pub 29 *Provide further information on the deadlines for work to improve collection of ethnicity data.*
Ms Hansen advised that an issue with the collection of ethnicity data had been identified, as the form sent to patients was not included as part of digital appointment invitations. The Operations and DIS teams were working together to resolve this issue. The action was closed.

BoD Pub 30 *Investigate anomaly in TPR re: target rate for Trust's Duty of Candour.*
Mrs Parkes advised that the metrics in the TPR reflected the previous policy which had three stages. Two new metrics would be included in the next TPR which would better reflect Duty of Candour reporting. The action was closed.

BoD Pub 31 *Ensure that metric relating to Serious Incidents was removed from the TPR.*
This metric had been deleted and the action was closed.

BoD Pub 32 *Check figure for antepartum stillbirths in August.*
Mrs Parkes advised that there had been one still birth in August. A late termination of pregnancy had been included in the figure in error. The action was closed.

BoD Pub 33 *Communicate the reduced IT Service Desk capacity flagged in the report to staff via the Staff Bulletin.*
This had been completed.

BoD Pub 34 *Discuss learning points from the junior doctor induction programme with Dr Stone.*
Learning points had been discussed and IT induction for junior doctors had been extended to two hours. The action was closed.

BoD Pub 35 *Progress discussions about cover for the FTSU Guardian.*
Mr Morritt advised that he had agreed with Miss McMeekin to train an individual to cover for the Freedom to Speak Up Guardian in the event of a lengthy absence. The action was closed.

6 Chair's Report

The Board received the report.

Mr Barkley advised that three individuals had been shortlisted for interview, due to take place in November, for the Non-Executive Director position which would be left vacant when Mrs Mellor completed her term of office on 31 December 2024.

7 Chief Executive's Report

The Board received the report.

Mr Morritt referred first to the "We Need to Talk" initiative launched by the Humber and North Yorkshire NHS to engage with the public on the future of the NHS in the region.

Routes to engage were being shared with staff. Mr Morritt noted that the initiative coincided with national discussions around the future of the NHS.

Mr Morritt advised that industrial action by Scarborough, Hull and York Pathology Service (SHYPS) staff continued; negotiations mediated by ACAS were taking place to resolve the dispute and effective cover was in place during the periods of industrial action. Mr Morritt reminded the Board of the continuing industrial action by GPs which was beginning to impact Trust services; the situation was being monitored. Mr Barkley thanked Executive colleagues for the establishment of a temporary phlebotomy service at Malton Hospital, as local primary care providers had withdrawn their offer as part of the industrial action.

Mr Morritt also highlighted the scheduled opening at the end of November of the new Urgent and Emergency Care Centre at Scarborough and the rise of the Hull York Medical School (HYMS) to fifth in the 2025 Guardian University Guide Rankings.

The Board recorded its thanks to Melanie Liley, Chief of Allied Health Professionals, who was due to retire from the Trust at the end of October.

The Star Award nominations were noted, and Mr Barkley drew out some for particular mention.

8 Quality Committee Report

Dr Holmberg briefed the Board on the key discussion points from the meeting of the Quality Committee on 15 October. Senior leaders from the Family Health Care Group had presented to the Committee and had highlighted the pressure on community services, with district nurses seeing their workload double in some cases. Work was in train to reconfigure workloads to ensure that the service was sustainable. The Committee heard that waiting times for the gynaecology service were challenging and about the improvement work being undertaken in this area and also to address long waiting times for children attending Emergency Departments. Staffing issues in the gastroenterology service at Scarborough Hospital were also escalated to the Committee.

Dr Holmberg commented that the Committee was increasingly assured that governance processes at Care Group level were beginning to have traction as they were now underpinned by a robust framework. Improvements should be sustainable as a structure for accountability was now in place.

In response to Mr Barkley's question, Dr Stone expressed confidence in the Trust's ability to recruit to clinical vacancies in the gynaecology service.

Dr Boyd noted that an increasing workload in community services was likely to be a result of more timely discharge of patients from hospital, and therefore a reallocation of resources might be required. Ms Hansen agreed and noted that the transfer of Community Services from the Medicine to the Family Health Care Group would support a review of the area, which would take around six to nine months. The Place Director and the ICB were collaborating with the Trust to review contracts.

9 Resources Committee Report

Mrs Mellor summarised the key discussion points from the meeting of the Resources Committee on 15 October. The Committee had noted that, whilst plans were in place to improve Urgent and Emergency Care (UEC) performance, these were still not having a

consistent impact. The Committee had applauded the efforts of the Trust to reduce the use of agency staff. The importance of the annual staff survey, and of encouraging staff to complete it, had been highlighted.

Mrs Mellor reported that the Committee had welcomed a new Medical Workforce report which evidenced the improved control now in place on, for example, completion of appraisals.

The Committee had noted that the contract for the new Electronic Patient Record had now been signed and offered congratulations to all involved.

Mrs Parkes reported that a new continuous flow model pilot had begun which should help to improve patient flow throughout the hospitals. Every effort had been made to ensure that the model was implemented smoothly.

Mr Barkley expressed concern that, for the first month this year, UEC performance data had worsened, especially the number of patients waiting more than 12 hours on a trolley. He proposed that the Board undertake a deep dive in order to understand the issues beneath the data. The number of complaints received was also concerning and Mr Barkley requested a detailed analysis of the complaints received in September which Mrs Parkes agreed to provide to him. Ms Hansen welcomed the opportunity to work with Non-Executive Directors to explain the detail of the improvement plans in place and the challenges which still needed to be addressed. Dr Holmberg observed that the safety of patients was the key issue for the Quality Committee, and he had planned a visit to the Emergency Department with Ms Hansen. Dr Boyd noted that the service provided needed to be matched to the acuity of patients, but this was not clear in the data.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

A query was raised about the median time to initial assessment in Emergency Departments. Ms Hansen explained that this related to processes in Emergency Departments to triage and stream patients, and the recording of this activity. A pack describing the patient journey had been provided by regional colleagues and could be referred to as part of a deep dive into acute flow. Ms Hansen set out the key areas which impacted on patient flow: ambulance handover time, the Emergency Care Standard, trolley waits, patients with No Criteria to Reside, and patient length of stay over 21 days. Patients were not currently being streamed efficiently but this should improve as the capacity of assessment areas was increased.

There was robust debate as to the level of detail in the TPR required by the Board and how the data should be interpreted, in particular the lack of clarity in the use of the terms “target” and “baseline”, and the use of monthly targets in the TPR which were most useful at an operational level, whereas the Board needed to see the trajectory towards annual targets. Mr Hawkins noted that the value of the document for the Board was in raising questions and promoting discussion. Ms Hansen explained that she was very clear on the trajectories for key metrics and would work through the TPR line by line with the Digital and Information Services team. Mr Barkley proposed that a focused dashboard of the ten most important metrics that indicate progress directly or indirectly to achieving the Trust’s ambition of “ providing an excellent patient experience every time” be developed once the new Trust strategy had been approved.

Mr Barkley highlighted that the Trust was the most improved in England in relation to the cancer 62 day standard. Ms Hansen paid tribute to the exceptional leadership which had delivered this outcome.

Mr Barkley also noted the improving Referral To Treatment position and the excellent progress against the elective recovery plan. Ms Hansen observed that the Trust had consistently and successfully balanced elective work against the demands of unplanned care. This balance must be maintained as the increase in elective work would also reduce the number of patients needing urgent care.

A query was raised about the waiting time to access the rapid access chest pain clinic. Ms Hansen responded that this had been raised with the cardiology team. She would report back to the Board.

Action: Ms Hansen

Dr Holmberg noted that some metrics for patients waiting to access diagnostic services had reduced significantly and asked how this been achieved. Ms Hansen advised that it resulted from increased productivity and efficiency and, in some cases, upgrades to outdated equipment. Staff had been prepared to work extra hours to address waiting lists. The reduction in waiting times was dependent on outsourcing and further waiting lists initiatives to be sustainable. Dr Boyd asked if outsourcing could be replaced by in-house services in the long term. Ms Hansen explained that this would not be possible for all services where the Trust did not have the estate or the finances to support expansion. The Community Diagnostic Centres represented a good strategic direction for Trust.

Quality and Safety

Referring to the factors impacting infection prevention and control performance, Mr Barkley asked why an increase in the number of Covid-19 cases was impacting on operational flow. Mrs Parkes advised that the largest ward in York Hospital was used for patients at high risk from Covid-19. There were also not sufficient siderooms in other wards to isolate patients with Covid-19.

Mrs Parkes advised that a paper would be presented to the Quality Committee detailing actions being taken to address Health Care Associated Infections.

Mrs Parkes undertook to ensure that the narrative in the section on complaints to the Trust was updated for the next meeting and to provide the Quality Committee with more detailed information about complaints.

Action: Mrs Parkes

Workforce

Miss McMeekin reported that the Health Care Support Worker vacancy rate had increased as a result of the addition of 12 Whole Time Equivalent posts, and due to a number of Health Care Support Workers qualifying as Nursing Associates.

Mr Barkley referred to the section on factors impacting performance and queried what was preventing roster sign off. Mrs Parkes responded that further work was needed to identify the reasons, as almost all inpatient wards were now signing off nursing rosters at least six weeks in advance. Mrs McAleese agreed that this had been an area of good improvement and was valuable for staff in planning ahead. She asked if clinical staff were also being tracked via the eRoster. Miss McMeekin confirmed that this was tracked very closely, and more information could be included in future reports. Mrs Parkes advised that more

efficient eRostering practices were saving the Trust around £145k each month on nursing staff costs.

Digital and Information Services

Mr Barkley noted the excellent performance in responding to Freedom of Information Requests.

A query was raised about the number of calls to the IT service desk which had been abandoned. Mr Hawkins advised that further work was being undertaken to ensure that the figure was accurate.

Finance

Mr Bertram reported that the financial plan at Month 6 was showing as balanced, as the Trust had received £17m in income to offset the planned deficit. This was the Trust's share of the £50m paid by NHS England to the ICB to cover its agreed deficit plan. The requirement for £53m in efficiencies was still to be delivered and, as at the end of Month 6, the Trust was £1.3m adrift of plan, therefore broadly on track. Mr Bertram cautioned that the second half of the year would be more challenging as two thirds of the efficiency requirement was still to be delivered, which included a planning gap of £5.2m and high-risk plans of £9.8m. Nevertheless, the delivery of £23m in savings thus far represented excellent progress against the target, and was the highest amount ever delivered by the Trust at this point in the financial year.

Mr Bertram reported that an ICB summit had been held recently to discuss the delivery of the financial plan. It was expected that providers would be expected to comply with a number of actions to deliver further cost savings, particularly in the areas of discretionary spend and non-clinical vacancies. Mr Bertram advised that a full Quality Impact Assessment programme accompanied proposals for savings, of which the Efficiency Delivery Group had full oversight.

Finally, Mr Bertram advised that the cash position had been much improved by the £17m of income received from the ICB and £9.5m from the Elective Recovery Fund. Assuming the current level of expenditure was maintained, Mr Bertram did not envisage that an application for emergency cash would be required. He confirmed that an injection of income was still expected in March from the ICB, relating to unused allocations.

Dr Holmberg asked if the Elective Recovery Fund was likely to remain in place. Mr Bertram responded that his confidence in this had lessened, and he would continue to monitor carefully any outcomes of national discussions.

In response to a question, Mr Bertram confirmed that the cash payment in the first month of the financial year was usually paid promptly.

11 Maternity and Neonatal Report (including CQC Section 31 Update)

Ms Wells-Munro presented the report and highlighted the following:

- there had been two neonatal deaths in August; Ms Wells-Munro provided details of the processes which had been followed;
- there had been an increase in the percentage of Post-Partum Haemorrhages over 1500mls, although not in the number of cases; all incidents were reported as incidents of moderate harm and audits would be completed on each case;
- in terms of the single improvement plan, 58 of the 214 milestones had been completed but a number were off track;

- there had been a 37% response rate to the perinatal culture score survey and the results were shared with frontline teams with a view to developing actions; responses to the survey had raised concerns around improvement readiness, burnout and workload strain, safety climate and estate;
- the trajectory for the delivery of Saving Babies Lives Care Bundle V3 had been submitted and accepted by the Local Maternity and Neonatal System (LMNS); it detailed best endeavours to meet full compliance by March 2026 but further resource would be needed to deliver the improvements;
- a full review of the Maternity Incentive Scheme standards delivery progress had been undertaken and key evidence supporting compliance would be presented to the Quality Committee as well as the Trust board for approval, ready for submission in March 2025;
- the Service had responded to the thematic review undertaken by NHS Resolution into early notification cases.

Finally, Ms Wells-Munro highlighted the list of key achievements detailed in her report and was pleased to report that a Deputy Director of Midwifery had been appointed.

In response to a question, Ms Wells-Munro explained that the perinatal culture score survey was a national survey specifically for maternity service staff which needed a response rate of over 31% to be meaningful. She had discussed with appropriate colleagues the outcomes of the survey which could then feed into work being undertaken by Miss McMeekin's team on actions arising from other staff surveys.

Mrs Parkes reported that representatives of the Maternity Safety Support Programme and the LMNS had visited the Maternity Service in York. The visit had been positive: there had been recognition of the improvements made and of the capacity of current resource to deliver further improvements.

The Board approved the CQC Section 31 Update.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes presented the report, noting that discussions were taking place with the CQC around the evidence needed to meet the requirements of the Section 31 notices imposed on the Trust. Mrs Parkes drew attention to the appendices which detailed where CQC actions which needed to be continued would be monitored and closed.

13 Safeguarding Annual Report

Mrs Parkes presented the report, noting that it was structured according to the key elements of the Safeguarding Accountability and Assurance Framework (SAAF) and Schedule 32 of the NHS Standard contract. Mrs Parkes commented that there was more work to be undertaken on the development of the safeguarding workforce and on compliance with required training.

It was noted that the Trust lacked a Named Nurse for Children in Care and a Named Nurse for Safeguarding Adults; this work was currently being covered by the safeguarding team. In response to a question, Mrs Parkes advised that these gaps would not be easy to fill in the short term. She assured the Board that there was no core risk to patient safety, only to staff wellbeing and workload, as appropriate and timely supervision and support was not always available. Mrs Parkes undertook to provide further detailed reporting on this issue to the Quality Committee.

14 Pay Gap Report

Miss McMeekin presented the report which was a snapshot of the gender and ethnicity pay gap as at 31 March 2024. She noted that this was the first year of the reporting of an ethnicity pay gap and, when averaged across the entire workforce, the Trust did not have an ethnicity pay gap which was extremely positive. However, once broken down, the data revealed an ethnicity pay gap for medical and dental staff which was being further investigated.

Miss McMeekin reported that progress to close the gender pay gap was being made and her team continued to work with local networks on strategies and action plans.

15 Learning from Deaths Report

Dr Stone presented the report which had been reviewed by the Quality Committee.

Mr Barkley queried the increase in the number of Structure Judgement Case-note Reviews overdue by more than 60 days. Dr Stone agreed that this was a concern, but the reviews were time-consuming and there were insufficient clinicians trained to undertake the reviews, as the local training offer had been withdrawn. The number of overdue reviews was similar to that of other Trusts.

16 Medical Education Annual Report

Dr Stone presented the report which was the first of its kind. She drew attention to the following:

- details of the provision of undergraduate, in partnership with Hull York Medical School, and postgraduate education which received good feedback;
- the team of nine fellows supporting the education and training of undergraduate students and Foundation 1 and 2 level doctors;
- the important use of postgraduate simulation sessions to deliver training;
- training in place to support doctors to take on registrar posts;
- support for international medical trainees;
- the new junior doctor induction programme which had proved very successful;
- high compliance with education and training;
- results of the National Student Survey and the GMC National Training Survey.

There was some discussion on the use of the positive feedback from surveys to increase engagement.

The low score against Organisation and Management in the National Student Survey was noted. Professor Morgan advised that work was underway to identify the reasons for this.

The Board welcomed the new report and asked that it be added to the workplan.

Action: Mr Taylor

17 Research and Development Strategy

Ms Harris presented the strategy noting that it had been renamed Research and Innovation Strategy. She sought the Board's approval, following which an action plan to implement the strategy would be created.

Mr Bertram asked how Ms Harris would know if the strategy had been delivered. Ms Harris explained that each area had been considered with a view to determining the action to be taken. The metrics would be provided in the annual report.

A number of queries were raised about the lack of innovation content in the strategy. Ms Harris noted that the Trust lacked an innovation manager to drive this area. There was also discussion on collaboration with schools and primary care.

Board members asked that a revised strategy, taking account of the suggestions made, be presented again at a future meeting with a scorecard of key metrics.

18 Emergency Preparedness Resilience & Response (EPRR) Action Plan Update

The Board received the report.

19 York Teaching Hospital Facilities Management (YTHFM) - Management Group Terms of Reference

The Board approved the YTHFM Management Group Terms of Reference.

20 Update and Restatement of Approval for the VIU, TIF2 and Targeted Lung Health Check Business Cases

Update and Restatement of Approval for the VIU and TIF2 Business Cases

The Board restated its approval to proceed with the VIU and TIF2 Business Cases and confirmed the continued use of the funding as per the original terms and conditions of the approved memoranda of understanding with the Department of Health and Social Care.

Mr Bertram reported that the schemes were progressing well.

Targeted Lung Health Check Business Case

Ms Hansen presented the Business Case, noting that the Trust was the last in the ICB to implement targeted lung health checks. The Business Case had been reviewed by the Executive Committee, which had requested that the Medicine Care Group undertake further analysis of any unintended consequences of the implementation of the scheme, including increased demand on the respiratory service. Ms Hansen advised that learning from other Trusts demonstrated a smaller than expected increase in demand. The scheme would be overseen by the Cancer Alliance. Ms Hansen noted that the scheme would be a challenge for the respiratory service and that the income would not cover the full costs in the first year.

Mr Barkley expressed concern both regarding the financial risk and the capacity of the Trust to meet any extra demand. Ms Hansen responded that any increase in diagnosis would be earlier in the pathway which would reduce demand in the long term. She agreed that there was some risk around the use of locums. The Business Case had been debated robustly by the Executive Committee and would be nationally mandated in the 2028/29 financial year. Mr Bertram added that it was likely that the service could be provided at less cost than the tariff, and assurance had been provided by the team about the risk of fewer patients being treated than had been assumed. It had been made clear that the scheme must live within its resources.

Ms Hansen noted that evidence of the impact of the scheme was available from other Trusts.

On the basis that the benefit to patients of targeted lung heath checks outweighed the risk of the scheme to the Trust, the Board approved the Business Case.

21 Q2 Board Assurance Framework

The Board received the Q2 Board Assurance Framework.

22 Schedule of Board Meetings 2025/26

The Board noted the schedule of Board meetings for 2025/26.

23 Questions from the public received in advance of the meeting

There were no questions received in advance of the meeting.

24 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 27 November 2024 at 10am at Scarborough Hospital.

Action Ref.	Date of Meeting	Item 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 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	Update 23.10.24: Mr Hawkins advised that the charts would be added to the TPR for the November Board meeting. In the interim, a paper with the requested supplementary data had been made available to the Board.	Nov 24 from Sep 24	Amber
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	Update 23.10.24: Mr Hawkins advised that the charts would be added to the TPR for the November Board meeting. In the interim, a paper with the requested supplementary data had been made available to the Board.	Nov 24 from Sep 24	Amber
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	Update 25.09.24: Mr Hawkins advised that the use of these terms had been reviewed. It was noted that some inconsistencies remained which would be raised under Item 11. The due date for the action was extended. Update 23.10.24: Mr Hawkins advised that metrics had been shared with Executive colleagues for review of the terms used.	Nov 24 from Sep 24	Amber
BoD Pub 26	25-Sep-24	5	Matters arising/action log	Include in the TPR unvalidated data on operations cancelled on or after the day of admission.	Chief Digital and Information Officer	Update 23.10.24: This would be included in the next version of the TPR to be presented to the Board in November.	Nov 24 from Oct 24	Amber
BoD Pub 27	25-Sep-24	11	Trust Priorities Report	Ensure sub-divided data on attendances in ED is added to TPR.	Chief Operating Officer	Update 23.10.24: the data would be included in the TPR presented to the Board in November.	Nov 24 from Oct 24	Amber
BoD Pub 28	25-Sep-24	11	Trust Priorities Report	Provide further information to the Board on the categorisation of patients arriving at ED by ambulance	Chief Operating Officer	Update 23.10.24: the data would be included in the TPR presented to the Board in November.	Nov 24 from Oct 24	Amber
BoD Pub 36	23-Oct-24	10	Trust Priorities Report (TPR)	Report back to the Board on waiting times for the Rapid Access Chest Pain Clinic	Chief Operating Officer		Jan-25	Green
BoD Pub 37	23-Oct-24	10	Trust Priorities (TPR)	Enusre that the narrative in the TPR section on complaints to the Trust is updated for the next meeting and	Chief Nurse		Nov-24	Green
BoD Pub 38	23-Oct-24	10	Trust Priorities (TPR)	Provide the Quality Committee with more detailed information about complaints.	Chief Nurse		Dec-24	Green
BoD Pub 39	23-Oct-24	16	Medical Education Annual Report	Add Medical Education Annual Report to the Board workplan	Associate Director of Corporate Governance		Nov-24	Green

Report to:	Board of Directors
Date of Meeting:	27 November 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	27 November 2024	

Chair's Report to the Board – November 2024

1. The day after our October Board meeting, I spent most of the day visiting wards and teams based in the South Wing of Scarborough Hospital.

2. I have had introductory 121 meetings with the majority of our new Governors. I intend to meet the remainder as soon as possible.

3. I carried out my mid-year review of the progress of agreed objectives of the Chief Executive.

4. The Chief Executive and I met with a recently appointed Professor of University of York. She led the evaluation of the 5 year "project" that NHSI/E sponsored with the Virginia Mason Institute. Five Trusts were selected from the Trusts that submitted bids to be chosen to have the help and support of VMI to introduce, implement and adopt a systemic approach to Continuous Improvement. Two evaluation reports have been published and we wanted to have a meeting to learn further the lessons to be learnt, especially the key attributes that needs to be in place to increase the probability of successful adoption. In the discussions that have taken place to develop our strategy and the feedback from our Change Makers, we need to continue to consider what preparatory work is needed, what method we want to be our preferred method, and how we go about securing the necessary capacity and capability to support and teach colleagues the necessary knowledge and skills.

5. I spent an evening shadowing the Consultant in Charge during part of his shift to see first hand the pressures that exist in the ED at York Hospital. It coincided with one of the busiest days in the history of York Hospital. The lack of available beds at the time decisions are taken to admit a patient was all too evident leading to overcrowding, long delays for patients, and a poor experience for both patients as well as colleagues who work in the dept. because in many cases they (our colleagues) cannot provide the timely, efficient service they aspire to provide.

6. There have also been some important publications this month from NHSE, including:

- Insightful Board Guidance for NHS Trusts – we will consider this in our Board Development discussions.
- Evolution of our (NHS) Operating Model
- The five key tasks for the immediate future set out by NHSE Chief Executive in her weekly message published on 14th November:

    1. *Living within the money – in a challenging fiscal environment the Government have had to make difficult choices to support the NHS in the recent Budget. Nonetheless, budgets are likely to be tight in 25/26, so we need to continue the excellent work colleagues have done on improving productivity – as recognised this week by the Institute for Fiscal Studies - and ensuring money is well spent, including things like driving down agency spend.*
    2. *Embedding improvement – taking the resources we've made available through NHS IMPACT and best practice from across the NHS to empower teams to sweep away the things that needlessly get in the way of good care and good outcomes, and that waste their time and effort – and that of patients.*

3. *Maintaining quality and safety – particularly in urgent and emergency care as winter begins to bite, but looking beyond, including those services which are on the margins – like the recent example of paediatric audiology - to spot signals, and act, before they let patients down.*
4. *Working better with primary care – addressing the friction points which frustrate colleagues and patients alike, and laying the foundations to move to a neighbourhood health service.*
5. *Making the most of the opportunities we have – fully exploiting tools we've already invested in - like the FDP and the NHS App - to make services better for patients and more productive, and ensuring we are using our collective buying power to drive down spend on everyday products.*

Martin Barkley
Trust Chair

Report to:	Board of Directors
Date of Meeting:	27 November 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

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 (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. Urgent and Emergency Care Centre in Scarborough

At the time of writing, we are just days away from beginning the transition to our new Urgent and Emergency Care Centre in at Scarborough Hospital.

Clinical moves are happening in a phased way, with the aim of having services fully operating in the new build by the end of the month.

The Intensive Care Unit (ICU) will be the first service to move, followed over the next few days by coronary care, patients from beech ward and the medical wards who are suitable for level 1 critical care, paediatric critical care, the emergency department and the emergency assessment unit. The final step will be the opening of the new UECC radiology unit.

With 3,120 square metres of space on each floor of the new two-storey building, the centre is a third larger than the previous facilities, which will make a significant difference to staff, patients, and visitors alike.

Although the new space will of course provide a much-improved environment for our staff and patients when compared with the cramped and dated previous facilities, it is the opportunity that the new space gives us to improve the way we assess and treat our most critically ill patients that is arguably the most exciting aspect of all. We are absolutely determined to use the new building as a springboard to continue to improve the way in which we provide healthcare for our patients on the East Coast.

Formal opening and celebratory events are being planned for in the New Year, in the meantime, we must formally thank everyone involved in the project who has worked incredibly hard to deliver this outstanding facility. It has been a genuine piece of teamwork and I am sure that everyone on the Board shares my gratitude and pride in what has been achieved through this collective effort.

2. EPR contract signed

As one major programme of work draws to an end with the opening of the Scarborough UECC, so another begins with the signing of our contract with Nervecentre who will be the supplier of our new Electronic Patient Record (EPR).

The new EPR is a joint initiative between our Trust and Harrogate District Foundation Trust, and this collaboration will allow us to call on the expertise of individuals from both organisations to develop a system which will help transform how we provide care.

It has been an enormous amount of work to get to this point. From creating a business case and undertaking procurement, to evaluating bidder responses and agreeing final contracts, progress to date is a testament to the teamwork that has been displayed by all who have been involved with the EPR Programme. Thank you to everyone who has contributed so far.

The implementation of the new EPR will be one of the largest transformation projects we have ever undertaken. It will fundamentally change the way we care for patients and will be the centre of our clinical digital systems.

Clinical design and involvement are critical to the deployment of our Nervecentre EPR. At the start of the year, colleagues from across a wide range of departments, including a large number of clinicians, were involved in a series of tender evaluations which led to Nervecentre being chosen as our preferred supplier. Nervecentre's EPR was chosen as we believe that it will deliver the best possible outcomes for our patients and will best support colleagues to deliver outstanding care.

We are now starting the initiation phase of the EPR programme, with kick-off meetings for representatives from both Trusts being held in early December.

3. Our Voice Our Future Design phase launched

Our Culture and Leadership programme Our Voice Our Future entered a new phase last month. I attended the launch event for the Design phase where the Change Makers and members of the team supporting them looked in more depth at the findings from the Discovery phase and started to map out the actions that could be recommended for the organisation to take forward under the main themes of the feedback they gathered from staff.

Board members will no doubt recall the excellent report that the Change Makers produced at the end of the discovery phase which detailed their findings and recommendations, which they have grouped into three main areas of focus for the next stage:

- values-led, inclusive leadership and management,
- communication and engagement
- quality improvement and learning.

We anticipate that the design phase will take up to six months, and the changemakers will be keeping the Board up to date with their progress.

4. National Joint Registry accreditation for Bridlington Hospital

Congratulations to the orthopaedic surgery team as Bridlington Hospital is named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national data quality audit programme for the hospital.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement procedures to support work to improve the clinical outcomes for the benefit of patients, but also to provide feedback on surgical performance to orthopaedic clinicians and joint replacement implant manufacturers.

The registry collects high quality orthopaedic data in order to support patient safety, standards in quality of care, and overall value in joint replacement surgery. The 'NJR Quality Data Provider' certificate scheme was introduced to offer hospitals a blueprint for reaching high quality standards relating to patient safety and to reward those who have met the registry's high targets in the achievement of the quality of the data collected.

The NJR Data Quality Audit compares the number of joint replacement procedures submitted to the registry to the number carried out and recorded in the local hospital Patient Administration System. The audit ensures that the NJR is collecting and reporting upon the most complete, accurate data possible across all hospitals performing joint replacement operations.

To gain Quality Data Provider (QPD) status for 2023, hospitals were required to meet very ambitious targets. The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

5. Autumn Budget Announcement

Chancellor Rachel Reeves delivered the new Government's first budget at the end of October. We are yet to receive guidance around the impact of this for the NHS for 2024/25, however the broad headlines relating to health and care were as follows:

An extra £22.6bn in resource spending is allocated for the Department of Health and Social Care in 2025-26, compared to the 2023-24 outturn. This provides a two-year average real terms NHS growth rate of 4.0%, the highest since before 2010 (excluding settlements covering the years of the Covid-19 pandemic).

The budget establishes a government-wide 2% target for productivity, efficiency, and savings. Funding previously announced at the Spring Budget has been confirmed, with £2bn to be allocated for investment in NHS technology and digital infrastructure to improve productivity. This funding will be focused on ensuring all trusts have electronic patient records (EPRs), enhancing cyber security and improving patient access through the NHS App.

New capital funding commitments were also announced including:

- £1.5bn for new surgical hubs and diagnostic scanners
- £70m will be invested in new radiotherapy machines for cancer treatment
- Over £1bn to address reinforced autoclaved aerated concrete (RAAC) and reduce backlog maintenance.
- £460m for the UK's pandemic preparedness and health protection.
- £26m to establish new mental health crisis centres to alleviate pressure on A&Es.

6. Changes to the NHS operating framework

Both Wes Streeting, the Secretary of State for Health and Social Care, and Amanda Pritchard, NHS England Chief Executive, have made recent conference and media appearances signalling some of their thoughts about how the NHS needs to change if it is to recover and for the ten-year plan to be a success.

NHS England has also written to Chairs and Chief Executives of Trusts and ICBs outlining how the NHS operating model is evolving and plans for the updated NHS Oversight and Assessment Framework and a new NHS Performance, Improvement and Regulation Framework. You can read the letter here.

In addition, NHS England has published its Insightful Boards guidance for both providers and for ICBs. This provides Boards with best practice on how to most effectively use the wealth of information, data and guidance we receive to lead and oversee our organisation. The guidance is available on NHS England's website.

7. Change NHS

Also receiving widespread media coverage was the recent launch of Change NHS, a national conversation on the future of the NHS to inform the Government's ten-year plan.

Patients, public and staff are all invited to share their experiences of our health service via the Change NHS online platform, which will be live until the start of next year, and is available via the NHS App.

8. New Care Group Director – medicine

Finally, I am delighted to share the news that Dr Ed Smith has taken on the role of Care Group Director for Medicine. Ed has a wealth of experience having held a number of senior leadership roles in the Trust alongside his clinical duties as a Consultant in Emergency Medicine in Scarborough, most recently as Deputy Medical Director.

I must also record my thanks to Gary Kitching who stepped down as Medicine Care Group Director but is continuing with us as a Consultant in Emergency Medicine.

9. 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. November's nominees are in **Appendix 1**.

Date: 27 November 2024

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

November 2024

Christine Ross, Staff Nurse	**York**	**Nominated by patient**

Chris was super when she looked after me. She was professional, reassuring, and kind. Above all, I valued her honesty. A mistake had been made by a previous department and she helped me with it. She did not brush it off but dealt with it an appropriate manner by keeping me informed and reporting it to a superior. This made me feel valued and that I could trust my recovery in this team's hands.

Chris was extremely honest and showed true integrity throughout. I really appreciated her calm, caring nature, and honest approach. She brings person-centred care to a new level. She is a true gem in the NHS and more of her are needed! Thank you so much.

White Cross Court Nursing Team and Domestic Team	**Community**	**Nominated by colleagues**

We would like to nominate the White Cross Court Nursing Team and Domestic Team for overall improvement in all areas of infection prevention in the last couple of months. The staff members are actively engaged in infection prevention issues and working together to improve in a variety of areas including cleanliness of the unit, following recommendations of the Infection Prevention Nurses.

The White Cross teams have gained a good understanding of transmission of infections and have used their knowledge to improve and reduce the rate of infections. They have always followed the Trust values when approached by the Infection Prevention Team - being kind, professional. and open. They have also showed a massive improvement in their Hand Hygiene Audits. As a team, they continue to engage with the Infection Prevention Nurses whenever needed.

Michelle Cuthbertson, Discharge Liaison Officer	**York**	**Nominated by colleagues**

Shell has been an amazing help with some complex discharges on and off the wards in which she works. She has assisted with organising a complex paediatric patient's discharge. The patient had autism and found being in hospital a difficult situation. They were deemed safe to go home but required hospital transport. Unfortunately, the date of discharge given by hospital transport was not immediate and this upset the patient. After hearing this, I reached out to Shell for support. Shell then spent time organising and contacting transport to facilitate an earlier discharge home. She was able to reduce the delay so the patient was discharged the next day with hospital transport.

This is not the first time that Shell has assisted in complex paediatric discharges despite this not being her usual working ward. She goes above and beyond to provide excellence in patient care and puts the patient first to get them home safely. Shell is always approachable and has the patients' best interests at heart. She is an integral part of the team and her compassion towards patient care is wonderful. Thanks Shell!

Daniel Thackray, Catering Operative	**York**	**Nominated by colleague**

I am nominating Daniel as he demonstrates a brilliant work ethic, has a can-do attitude, and is a fantastic work colleague. Daniel consistently strives to do his best within the department and is always the first to offer to help others. From the moment Daniel's shift begins, his positive attitude is felt throughout the department and is a great moral boost to all around.

Jackie Hutchinson, Administrative and Clerical Officer **York** **Nominated by colleague**

Jackie is a hardworking secretary. She is kind, caring, and an approachable individual who always happy to help, even at her busiest times. She is always there to help others out and deserves to be recognised in her role. She goes above and beyond.

Steve Metcalfe, Estates Officer, Chris Blackstone, Clerk for Electrical Works, and Stuart Pitts, Electrical Services Technician	**Scarborough**	**Nominated by colleague**

As part of routine inspection and test of the backup electric generators at Bridlington and Scarborough hospitals, the estates electrical services team, comprising of Steve, Chris, and Stuart, identified a fault in a control unit which resulted in a significant part of the hospital being left on backup generator. The team undertook a hazard operability assessment to identify the risk associated with the fault on the controller. Due to the type of fault, the assessment ascertained there was a greater risk of attempting to reinstate to mains supply at that time. The team planned and organised for the correct technical specialists, electrical engineer, utility providers, and electric team to review the next morning with the intent of a permanent fix to return to mains supply.

This took place Monday morning and plans were organised with the operational team to carry out the work at 4am the next day. The team undertook the work on Tuesday, with minimal impact on the site, returning to mains supply and replacing the faulty switch. The above took technical skill and management of the topic and process, and it should not be underestimated as the impact on clinical services and estates could have been significant. The work of the team provides not only assurance on the routine inspection and test of this vital infrastructure, but also shows technical skill, problem solving, and management ability to ensure minimal impact on the hospital activities.

Imogen Cooper, Healthcare Assistant | **York** | **Nominated by colleague**

Imogen demonstrated a calm and supportive manner whilst dealing with an acutely confused patient. She was respectful and caring, giving the patient time to express themselves.

Thalia Wareing, Staff Nurse | **York** | **Nominated by relative**

I am nominating Thalia for a Star Award to recognise the outstanding care she provided to my mum on her recent admittance to York Hospital. My mum was seriously ill when admitted and was looked after so well by Thalia. On what was a long shift, Thalia not only provided an excellent level of care to my mum, but also took time to explain the details of the situation to me in a calm and measured way.

Throughout the night that my mum was in Resus there were many times where my mum would move and interrupt the flow of medications from her drips causing the machines to start beeping. Each time this happened, Thalia returned and reset the machines and ensured my mum was comfortable. The number of times that the monitors went off, it would have been easy to display frustration. As an anxious relative, it was reassuring to have someone so calm and composed looking after a loved one during a serious medical emergency. She gave me confidence that mum was receiving the best possible care at a time when she needed it most. Please pass on my thanks to Thalia for everything she did that night to help my mum.

Sophie Ireland, Maternity Support Worker | **Scarborough** | **Nominated by patient**

I'd like to say a huge thank you to Sophie for caring for me during my time on Labour Ward and Hawthorn Ward. Nothing was ever too much trouble for her and she went above and beyond. She was so caring and made a scary time a bit more manageable. I came in from a routine scan and ended up having an emergency c-section. I was on my own at the time and was scared and upset, but she made me feel so much calmer. She held my hand through every scary procedure prior to my husband arriving and she knew the right things to say to keep me calm.

After my c-section, Sophie cared for me on Hawthorn Ward. Again, she went above and beyond; she helped me with breastfeeding, made me endless cups of tea, and did more than just a "job". She is an asset to the ward and I think she would make the most amazing midwife in the future. Thank you, Sophie, for your care and compassion.

Jamie Watkins, Physiotherapist - Cystic Fibrosis **York** **Nominated by colleague**

Jamie is cool, kind, consistent, calm, and patient, with a sense of humour which brightens your day. Working within the York Hull Cystic Fibrosis (CF) Centre, he works across both sites, whilst also working within the paediatric CF team here at York. Jamie is so approachable and reliable and is a real team player, demonstrating enormous flexibility across the service to aid both colleagues and patients. He is always willing to go the extra mile for his team with a can-do attitude. He works hard to highlight areas to progress the service within patient management and his own learning for the benefit of our patients and service.

A good example of his compassion and flexibility occurred recently when a patient had come through to Hull requiring emergency admission for bowel related issues. Other members of the team were indisposed, and Jamie travelled across to be with the patient and family and was able to provide reassurance and support to the medical team managing the patient with specific CF related background, medication, and reasoning. This then ensured that the patient had the smoothest transition through their management and that communication channels were clear throughout the whole day leading to a positive outcome for the patient. We now have a saying in the office is that “we could all do with being a little bit more Jamie!”

Emma Redford, Maternity Support Worker **Selby** **Nominated by colleague**

Emma is one of the most special, hardworking, and supportive members of the Selby team and we would be absolutely lost without her. She is a breath of fresh air and is amazing within her role! She always goes above and beyond and she provides the most invaluable support which I am so grateful for. We always receive the kindest messages from women and their families to thank Emma for the continuous support she has provided. She is amazing. Keep being fabulous!

Sal Katib, Clinical Estates Lead, Jenny Hey, Deputy Chief Operating Officer, and Paul Johnson, Assistant Head of Estates	**York**	**Nominated by colleague**

Sal, Jenny, and Paul have personally led the vacation of the old physio space at York Hospital in preparation for the new Vascular Imaging Unit (VIU). The space had services being delivered which have been accommodated elsewhere. However, the space had also been used to store a huge number of items and equipment over the previous years.

A week before the vacation date to facilitate the timely start of the VIU project, Sal, Jenny, and Paul personally based themselves in the department, clearing through items, identifying where they should be moved to, arranging disposal where appropriate, and organising teams to come down to identify items they could reuse or accommodate elsewhere. Without this intervention the space would not have been cleared in a timely way and would have delayed the start of the VIU project, which is a key Trust capital project.

Hannah Clay, Staff Nurse	**Scarborough**	**Nominated by relative**

During a crisis stage of my child's illness, when fear and surging emotions were leaving us numb, Hannah's calm and compassionate approach to her role helped my daughter feel heard and supported. Hannah used her expertise to fight for services that have now helped my daughter. Without Hannah's dedication our journey could have been even more traumatic. We are forever grateful.

Niamh Drummond, Healthcare Assistant	**Scarborough**	**Nominated by colleague**

Niamh and I took a young patient for a CT. Whilst on the scanner he suffered from a seizure. During this episode he desaturated and lost his airway whilst clenching his jaw. It quickly became apparent that our transfer bag was not stocked sufficiently to deal with this emergency. Without asking, Niamh quickly recognised the problem, connected the patient to high flow oxygen, helped me reposition the patient, pulled the crash trolley into CT, located any equipment I needed, and assisted me in securing the airway and stopping the seizure.

I believe the initiative and resourcefulness Niamh showed that day was crucial to that patient's recovery and I always feel safe when treating patients in resus if Niamh is around. Well done Niamh!

Penny Furness, Healthcare Assistant, and Casey Arnott, Sister	**Scarborough**	**Nominated by colleague**

We had a trauma patient who had collapsed after suffering a stroke. It became that they were alert but had expressive dysphasia and global weakness. Penny and Casey identified that this patient could communicate through blinking, and therefore able to answer yes/no questions. Casey and Penny devised a system to communicate by writing on a marker board and asking them to blink when they agreed with something they were pointing at.

Through this system they were able to identify that the patient wanted more pain relief, felt sick, and their main priority was they wanted their partner by their side. It was clear how much this meant to the patient. Penny and Casey went above and beyond that day!

Isobel Smith, Student Midwife | **York** | **Nominated by patient**

Isobel was there throughout my induction; she made me feel so at ease and made sure I was comfortable throughout. She informed us she only had to deliver two more babies before she hit her 40 and became qualified. I told Isobel that I would make this happen. Later, Isobel went to deliver baby number 39 and when she returned, she told us that if I was to deliver my baby that I would be her 40th, and I did.

It was such a moment for everyone involved and I couldn't be happier with my experience with Isobel. Such a kind-hearted and well-natured woman and I am so pleased she has been able to begin her career in midwifery. Thank you so much Isobel for being part of an experience of a lifetime and one I will never ever forget.

Swostika Thapa, Deputy Sister | **York** | **Nominated by colleague**

I am wholeheartedly recommending Swostika Thapa for an award in recognition of her exceptional contributions to Ward 36. As a Deputy Sister, Swos consistently demonstrates outstanding leadership and a deep commitment to her team and patients. One of Swos's most notable achievements has been the creation of a comprehensive guide for nurses and HCAs joining our team. This guide provides clear, detailed instructions and resources, easing the transition for new staff members and helping them integrate smoothly into the ward. It serves as an invaluable tool, ensuring that both experienced and novice healthcare professionals have the support they need to succeed from day one.

In addition to this, Swos is a highly skilled and compassionate nurse. Her clinical expertise is matched only by her ability to inspire and lead her team. She is approachable, always willing to lend a hand or share her knowledge, and her dedication to patient care is exemplary. Swos is an asset not only to Ward 36, but to the entire hospital. Her work has had a positive impact on both staff and patients, and I believe she is most deserving of this recognition.

Physiotherapy Team	**Selby**	**Nominated by patient**

I have used the help of the Selby hospital physiotherapy team for two injuries this year. A shoulder injury with a small rotator cuff tear and a hand injury following a serious dog bite. I was referred to physiotherapy for the shoulder injury and saw Sophie at Selby for this. Following her exercise regime and understanding why I was doing the exercises has improved my shoulder dramatically. I am in far less pain and have better mobility and less broken sleep, which has improved my wellbeing immeasurably.

For the hand injury, I saw Katie also at Selby. Once again, having the mechanics of the tendons and nerves in my hand explained, the exercises made sense. After less than a week, I can see a huge improvement in my mobility and fine motor skills. I want to thank the physiotherapy department for all their help. Everyone is polite, friendly, professional, and knowledgeable. Thank you.

Alice Calvert, Operating Department Practitioner	**York**	**Nominated by colleague**

Alice is a credit to the department. Her adaptability and versatility mean that teams can be as efficient as possible and deliver the best care to as many patients as possible.

Eyart Soriano, Staff Nurse	**York**	**Nominated by colleague**

Art is a fantastic teacher and has been wonderful at teaching the new members of the team. The knowledge he brings is invaluable. He always works hard and it is a pleasure to work with him.

Neezla Wilcox, Medical Deployment Officer **York** **Nominated by colleagues**

Neezla is a fantastic rota co-ordinator. She is always friendly in her approach, quick to respond to requests, and does everything she can to sort shifts out. She makes sure that, within the limitations of the rota, the career needs of all the SHOs are met. Her responsiveness to our requests creates an environment in the department by which we, in turn, are highly motivated to pick up extra duties to help fill holes in the rota. We would like her to be aware of our appreciation and gratitude.

Lillie Bryant, Student Nurse **York** **Nominated by relative**

My mother has cancer and, during her most recent stay in hospital, was given the news her cancer has spread. She cannot currently speak due to having a tracheostomy in place and, due to her weakness, her written communication is difficult to read. In addition, my father was admitted to different ward at the same time. This caused my mum a lot of stress and Lilly spent a lot of time with my mum calming her. She also went out of her way to organise my father to be brought to Ward 26 to see my mum.

As you can imagine, this is a very distressing time for my parents, and the care Lilly gave to comfort her, as well as talking to her about normal things, was amazing to see. You could tell the difference on the days Lilly was looking after my mum, she seemed so much brighter. Both Lilly and the staff nurse, Rosie Sparrow, deserve significant praise for the care they showed to my mum, who must be a complex patient to care for, particularly with the difficulties in communication. As a family we are grateful for this, especially for facilitating my parents to see each other when both were inpatients.

Emily Potter, Staff Nurse **York** **Nominated by patient**

I had keyhole surgery and was taken to the Day Unit to recover. I was cared for by Emily and she was outstanding. She worked tirelessly all shift and never stopped. She did it with passion, empathy, knowledge, and understanding. Nothing was too much trouble and I cannot thank her enough for the support that she provided. Please pass on my thanks. She even spent time with my husband showing him how to use my blood thinning injections. What an absolute asset you have in Emily.

Claire Platt, Deputy Sister **York** **Nominated by colleague**

I often liaise with Claire when we are trying to improve discharge flow in the hospital and free up beds for patients that require the appropriate clinical speciality/discharge from out of the Trust. Claire goes above and beyond her duties and is always ready to assist the hub and work together with the hub for the needs of the patients.

Claire is always helpful and will often help us by explaining to patients and their relatives why such decisions must be made and why such transfers must be implemented. This is usually the hub's job but working at the hub is a time-consuming job and, as the ward know the patients and relatives, Claire will do her best to do this for us and delivers every time. Thank you, Claire.

Laura Ivinson, Staff Nurse **York** **Nominated by colleague (on behalf of a patient)**

The patient had attended the Ophthalmology department. They felt Laura was extremely helpful and diligent in her role and was prepared to go the extra mile. The kindness she showed was appreciated and reassuring and he has requested Laura is nominated for a star award to recognise this.

Orthopaedic Clinic Team **Scarborough** **Nominated by patient**

Kerry called to book my appointment for a clinic review. On arrival at the clinic, she came to see me, made sure I was ok, and made me a drink as she knew I had travelled a fair distance. The nursing staff ensured throughout the morning that we were kept up to date with when our consultants would be starting clinic. Dr Faraj was extremely professional. He showed me the x-rays and explained what had happened and the recovery period. He told me I could contact the clinic at any time and he would see me again. When I left, Kerry checked I was ok and gave me the clinic phone number in case I needed further advice. I experienced excellent care, professionalism, and compassion from all the staff on duty in the clinic, especially Kerry, who went above and beyond. Thank you so much to you all.

Melanie Hill, Heart Failure Administrator | **Community** | **Nominated by colleague (1) and colleague (2)**

1) Mel is a breath of fresh air. I first met Mel when she trained to be a Mental Health First Aider. The Mental Health First Aider role is a voluntary role that staff can undertake as an addition to their paid roles - staff support and signpost colleagues as needed with mental health support. However, more recently Mel arranged for the Staff Health and Wellbeing Team and the Freedom to Speak Up Guardian to visit the Clementhorpe Health Centre where she works.

   Mel supports a team of specialists at the Centre and is pivotal in making sure all staff are supported and cared for. She utilises her Mental Health First Aider training to support staff and ensures that they are updated with wellbeing support offers from the Trust. Moreover, I must comment on Mel's attention to detail, care, and compassion for the team she works within. Not only had she arranged the visit, but she had supplied refreshments, tea, coffee, fruit, and biscuits for all staff to enjoy, while allowing them a safe and confidential space to engage with the Wellbeing Team and FTSU Guardian.

   We need more Mels in the world - she is a good person that genuinely cares for others, particularly her colleagues. Mel, you are a star! Thank you for all you do to support staff health and wellbeing within the Trust.

2) Mel is the epitome of our Trust values. Mel has gone over and above her job role by not only caring and supporting those she works closely with, but working tirelessly to make improvements for us all, in a caring and compassionate way. Mel volunteers as a change maker and a Mental Health First Aider, ensuring that her clinical colleagues have access to up-to-date information, know where to access support, and are working to improve our culture both for patients and staff.

   Mel invited me as the Trust's Freedom to Speak Up Guardian, and Rachel Marson, the Trust's Health and Wellbeing Lead, to the Clementhorpe Health Centre as she recognised the many barriers her

clinical colleagues faced accessing Trust information and support. Mel organised a session for us both to come to the centre and talk to the staff about FTSU and wellbeing support.

Mel went over and above for us and her colleagues by making posters to advertise the event, encouraging staff to attend, and suppling cakes, fruit, and drinks to ensure it was a warm and welcoming event. Lots of staff popped down to see us and we felt we were able to have meaningful and helpful conversations over a cuppa and a piece of cake, in the comfort of their safe space. Thank you, Mel for being so kind and caring, and for your due diligence. The Trust is very lucky to have you.

Emergency Department	**Scarborough**	**Nominated by patient**

We would like to pass on our thanks to the ED team who looked after us. We arrived at 7.15pm and, although we didn't leave until 4am, the whole team was fantastic. We would like to make a special mention to the nurse who was doing the observations and was just lovely. She proactively told us what was happening and showed real empathy for our situation. I would really like her to be recognised for her calm and reassuring manner. In addition, the sister we saw was also very empathetic, my husband has a grade 4 glioblastoma, so a hospital waiting room is not a great place for him to be. She quickly found us a side room that we could stay in so we were not in the main area.

Finally, the specialist doctor we saw was brilliant! My husband has cognitive issues because of his tumour and the doctor was so good explaining things clearly. Given my husband's diagnosis, the doctor had already reviewed his file so knew a bit of the background. He took time to ask him about it and, most importantly, told him how well he was doing under the circumstances. This might seem like a small thing, but it made my husband happy to hear this and feel good. I really do hope these comments make it to the staff I mentioned, they do exceptional work in difficult circumstances. Thank you!

Anita Shipley, Switchboard Operator	**York**	**Nominated by colleague**

Anita helped a called who sounded like they had suffered a stroke. They were finding it difficult to tell the Operator their date of birth, address, and name their relative who was on a ward. I heard Anita be patient, kind, and caring. She persevered and eventually found what ward the caller's relative was on. The caller was getting upset and it was so hard to understand them, but Anita was calm and did not give up.

Olubusola Okwuolise, Locum Doctor	**Scarborough**	**Nominated by visitor**

My elderly friend was taken to ED after a fall. Dr O was reassuring and gentle and took care to listen to my friend. She treated them with dignity and informed them of what the next step would be. After a while in the waiting room, my friend was taken for head scan before Dr O gave them the good news that they were fine to go home. I was impressed by the way that Dr O made my friend feel that they were 100% the focus of her attention. What a wonderful doctor!

Joanne Fisher, Senior Healthcare Assistant	**York**	**Nominated by patient**

Jo helped me through a stressful time after admittance to AMU when I was confused, anxious, and experiencing sensory overload. Despite being busy, Jo recognised that I was in distress, checked up on me, and helped me through this by listening to my concerns. Jo understood my sensory overload, despite my difficulty with clear communication at the time, offering helpful suggestions such as quieter places I could access, or where I could find her and others if I needed to talk.

Jo also helped by finding the information I had been unclear of during admission and talked me through it in a clear and kind manner. I did not get to say thank you properly at the time, but I am thankful for her kindness and compassion. She is a true star and a credit to the hospital. I went from feeling alone and overwhelmed to feeling understood and calmer.

Laura Scott, Staff Nurse, Librada Tagelo, Scrub Team Member, Rhonda Moore, Healthcare Assistant, Megan Williams, Staff Nurse, Alice Poole, Speciality Registrar, Alice Calvert, Operating Department Practitioner, and Veronica Sampson, Team Leader	**York**	**Nominated by colleagues**

We want to say thank you to the incredible work done by the Gynae theatre team (mentioned above). This list was six months in the making as we were introducing a new procedure into the Trust and appreciate how stressful it can be doing something we are not familiar with, especially considering we had external visitors observing and increasing the pressure.

The list ran smoothly; however, it became readily apparent the two cases would not fit onto a morning list given the surgical complexity involved. It would have been disappointing to cancel the second patient due to theatre time as there had been quite a lot of logistical planning, so the entire team pulled together and managed to arrange alternative cover for another afternoon list so we could stay and complete both cases. It was a great show of teamwork and we feel everybody should be proud of what we achieved.

David Yates, Consultant in Anaesthetics	**York**	**Nominated by colleague**

Dr Yates is holding one of the most important positions in TACC division as CD. As a colleague, I have seen him go above and beyond for his colleagues on several occasions. Alongside being an amazing clinician, he holds amazing leadership qualities and administrative skills. These are key to his role and to managing the complex and challenging team of theatre and intensive care. In these challenging times, he deserves to be a Star Award winner more than anyone.

Kate Gordon and Lisa Emerson, Domestic Assistants	**Scarborough**	**Nominated by colleague**

Kate and Lisa are pleasure to work with! They are kind and helpful in every way they can possibly be. They are so positive and lovely to be around which makes for a great working environment. Kate and Lisa make a great team, and both do an amazing job. The ward always looks fantastic after they have cleaned it.

Monica Moreira Da Silva, Staff Nurse | **Scarborough** | **Nominated by colleague**

Today was a busy day in the Emergency Department in Scarborough and all my colleagues and nurses in ED have been working hard to care for our patients. Claudia made a huge positive impact on my patients' care today and I must thank her on behalf of the surgical team and my patients for her excellent work all day. Claudia was very proactive and utilised her communication skills, excellent knowledge, and kindness to immediately respond to patients' needs despite being extremely busy herself. She proved that we can still achieve high quality care even at the busiest days.

I had a patient with sepsis, and I had already prescribed the appropriate treatment for them. Before leaving to see the next patient, Claudia approached me and suggested further steps that she could take from her side to expedite the patient's care. She then helped me by checking on some blood results that I was waiting for and informed me in a timely manner so I could adjust the patient's management plan more rapidly. Her suggestions were very helpful for my plan and made it easier for me to start examining the next patient. Our patient improved significantly and rapidly despite presenting very unwell. I know I would not have achieved this result as fast without the excellent care Claudia has offered to our patients today. Even more impressive was the smile and calm attitude she had despite the pressure she was working under.

This once again highlights the significance of the nurse's role and how the doctor's management plan can be achieved to a high standard because we have such proactive nurses. Claudia applied the same actions for all three patients we cared for together today. Thank you, Claudia, and all our nurses in Scarborough for your hard work. It is a pleasure working with such caring nurses.

Karen Quail, Specialist Nurse Practitioner	**York**	**Nominated by colleague**

Karen noticed a gap in provision for patients having breast surgery. A significant number had a poorly fitting bra and could not access or afford a new, well-fitting, supportive bra. After research into the best available, Karen put a case to the hospital's Charity team who have now funded a project for us to provide every woman who has breast cancer surgery with a new bra. This is a fantastic service and enables the patients to cope with body image changes in a more positive way. My team massively appreciate all the work and commitment that went into this project.

Eve Bennett, Midwife	**York**	**Nominated by patient**

Eve delivered our baby girl in the Butterfly Suite. Eve's unwavering dedication and kindness helped us through some of the hardest hours of our lives. She brought an amazing calm to the delivery, then supported us in the hours after; taking care of us and our baby girl with a level of warmth and compassion we did not think possible. Supported by the team of midwives, she has helped us to create memories of our baby that will last a lifetime, and we cannot thank her enough for everything she did for us.

Kylie Williams, Directorate Secretary	**Scarborough**	**Nominated by colleague**

Kylie is a breath of fresh air. She is always happy to help, and nothing is ever too much trouble. Kylie is an asset to our care group and makes our working day so much easier by her contributions to the service. Thank you, Kylie.

Donna Ginders, Sister	**Scarborough**	**Nominated by patient**

I have known Donna for a long time. I had two miscarriages in 2022 and, as much as it was a horrible experience, Donna made it more comfortable and could not have done more to help me through them. I am now pregnant again and Donna has been here for me every step of the way. She has been there for me during all the anxiety, and I do not doubt she will continue to be there for me for the rest of my pregnancy.

Donna is an absolute star and a credit to the NHS. She goes above and beyond. she also came to my first scan for emotional support, making it less worrying. I wish that everyone who worked for the NHS could be as amazing and as lovely as she is. She is a beautiful person, inside and out.

Anna Bettey, Staff Nurse	**York**	**Nominated by relative**

Anna deserves recognition for her amazing compassion towards her patients. My partner was unwell in ED but struggles quite severely with PTSD from previous medical trauma. Anna was so understanding and calm. She explained everything she was doing, making sure to listen to my partner and give them the time and patience to talk even though they were confused. Anna fought all night to get my partner seen and made us feel so validated and listened to. She is truly exceptional and is a wonderful person.

Ryan Jaques, FY2 **York** **Nominated by relative**

I am nominating Dr Ryan Jaques for going the extra mile for my sister when she attended the Emergency Department. He treated my sister with the utmost care and respect and explained in detail the results of her tests. He did so with such kindness and dignity that made a visit to hospital a much-improved experience. He went above and beyond to help my sister and prompted the GP to follow up with her progress.

After the consultation, he sourced a wheelchair and wheeled her out to the car. His care, from beginning to end, demonstrated the Trust's values of kindness, openness, and excellence through his behaviours and actions. Care of this standard should be a benchmark for what all patients should receive and we would like to thank him for making her visit a positive one.

Emergency Department **York** **Nominated by patient**

I was brought into ED via ambulance due to hypothermia. I was particularly distressed as it is my mother-in-law's funeral the next day and I really did not want to cause my husband and his family any more stress. Clare, Dr Tom, and the team were very understanding of the situation, and, with exceptional kindness, professionalism, and efficiency, they were happy to discharge me with a clean bill of health in time for me to arrive home before anyone had any cause for concern. Please pass on my sincere thanks.

Poppy Sledmore, Midwife **York** **Nominated by colleague (1) and colleague (2)**

(1) On a busy shift with no night staff in MTU, Poppy volunteered to stay past the end of her shift to see the women who were waiting to come through triage. She was still smiling and professional and the whole team were grateful. She was meant to stay until 10pm, but instead left after midnight. Poppy is a diamond of a midwife!

(2) Poppy is a fantastic midwife and could not be a better member of the maternity team. She works incredibly hard during her shifts and, even during the busiest shift and under lots of pressure, she is calm and polite. Things are well managed when Poppy is on shift. She has excellent clinical judgement and a brilliant patient manner. Patients get the best care under her.

Poppy is multi-skilled, able to give great treatment, and makes everyone's lives easier. Moreover, she is very friendly and supportive and always is a kind and caring face. She seems to have time for everyone. When Poppy is on shift, I am happy that the women under her care are in safe hands and that there is a skilled member of staff to turn to if anything is needed. Thank you, Poppy, for being excellent.

Claire Cain, Advanced Clinical Specialist | **Community** | **Nominated by colleague**

Ever since I met Clare on a Band 5 rotation in the Musculoskeletal Outpatients Department, she has always been an extremely helpful and knowledgeable colleague. No matter how busy she is, Clare always finds the time to help and assist colleagues.

I had a complex patient with dementia and challenging social circumstances. I felt that the patient needed an urgent medical review but was unsure about the process to ensure the patient received timely treatment. Clare took the time to discuss the patient's circumstances with me, clinically reason her medical situation, and choose a clear path to ensure the patient got the scan they needed. She was excellent in her communication with the frailty hub and liaising with the GP. Clare personifies all that is good in the NHS and it is a privilege to have her as a valued colleague.

Richard Bentley, Transition Nurse | **York** | **Nominated by colleague**

Rich volunteered to be a peer flu vaccinator within Child Health. He completed the training and competencies and has been running flu vaccine clinics for the staff within Child Health over the last two weeks, managing to vaccinate many members of staff. This is additional to his usual role. Rich has gone above and beyond for his team.

Victoria Todd-Mart, Ward Manager | **York** | **Nominated by colleague**

Vicky volunteered to be a peer flu vaccinator within Child Health. She completed the training and competencies and has been running flu vaccine clinics for the staff within Child Health over the last two weeks, managing to vaccinate many members of staff. This is additional to her usual role. Vicky has gone above and beyond for her team.

Joanne Newby, Sister	**Scarborough**	**Nominated by colleague**

Jo volunteered to be a peer flu vaccinator within Child Health. She completed the training and competencies and has been running flu vaccine clinics for the staff within Child Health over the last two weeks, managing to vaccinate many members of staff. This is additional to her usual role. Jo has gone above and beyond for her team.

Adedayo Owoeye, Consultant Paediatrician	**Scarborough**	**Nominated by colleague**

Dr Owoeye was reviewing someone on Rainbow Ward but was not the paediatric consultant on call. The emergency buzzer went off for another patient and he came out to check to see if any assistance was needed. He was the first doctor to respond and, despite him not being on call, he stayed with the patient throughout. The child was extremely unwell and required stabilisation and intubation. Dr Owoeye was calm, caring, and provided excellent care throughout. He always goes above and beyond and gives reassurance to the parents. This is just one example of the kind, caring, and compassionate care that Dr Owoeye gives to all his patients. We are thankful to have him as part of our team.

Respiratory Team	**Scarborough**	**Nominated by colleague**

An inpatient was approaching their end of life and wanted to marry their long-term partner. The respiratory nurses organised the whole event including completing the paperwork, buying flowers, cake and bunting (all out of their own money, and beautifully decorating the TAC office where the event took place. The wedding was a joyous event for the patient and their family at what is a very difficult time. It highlighted the teams care and compassion towards their patients and how they always go above and beyond their role.

Disa Molesbury, Healthcare Assistant | **Scarborough** | **Nominated by colleague**

Disa recently started with the Trust via the Healthcare Academy and joined the ophthalmology outpatients in September 2024. Our clinics cater for adults and children; however, we do not have designated areas or toys for play and engagement. While we hope our patients are seen and treated quickly, at times when children attend our emergency eye clinics, there can be a longer wait. We also have children attend from the paediatric ward and sometimes tests and investigations can be lengthy and daunting.

Disa identified this gap and, with the help of the play team, has implemented sensory boxes to be used by the whole outpatients' team. This is to support calming distraction, focus, and engagement and means treatment can be carried out quickly, effectively, and with minimal stress to all involved. She has contacted the relevant teams to ensure that the products meet with health and safety and infection prevention and control guidelines. Disa is a shining example of Trust values and behaviours and should be proud of what she has achieved. Well done!

Plastic Surgery Team | **York** | **Nominated by patient**

I had surgery at York Hospital performed by Mr Macleod and his team. From the moment I went into the waiting room to the moment that I left theatre, he and his team were amazing. They made me feel at ease from start to finish. Every one of them were showed absolute professionalism and followed the Trust values. Everyone in the operating theatre, the reception staff, and the healthcare assistants deserve to be recognized for the amazing team that they are.

Jo Astling, Endoscopy Co-ordinator	**Scarborough**	**Nominated by colleague**

Jo has been kind and supportive through my training period after joining the Waiting List team, ensuring I have the resources I need to fulfil the role and taking me through each stage one step at a time. She is professional on the phone, remaining calm and empathetic, especially when a patient is upset and distressed, and always wants to go the extra mile to ensure the patient is seen within their referral dates. Jo makes coming to work so enjoyable, making the team smile and keeping up moral. She is a great asset to the team and to the NHS!

Paul Harrop, Staff Nurse	**Community**	**Nominated by colleague**

Nelsons Court has recently had two challenging situations involving patients and relatives. Paul was the Nurse in Charge on both occasions. Paul implemented his conflict resolution skills by interacting with the individuals in a calm and professional way to deescalate the situations. Paul's interactions ensured that both patients and staff felt safe, and he escalated appropriately and ensured the general safety of the ward over the weekend. Thank you, Paul!

Jackie Wright, Porter | **Selby** | **Nominated by colleague**

Jackie was on shift when a pipe in the boiler room became loose. The water was gushing out, causing floods and there to no hot water, no heating, and leaks. As the usual maintenance person was not on site, Jackie took control of the situation. She requested help from York and did what she could to prevent the water from leaking further than it already had.

Since Jackie has come into our department to cover bank shifts, she has been a smiley, kind, and valued member of staff, willing to learn and go above and beyond. We are so grateful that Jackie has come on board and that she has much to offer in the way of innovative ideas to make the department run more smoothly. She deserves recognition for all her hard work.

Sandra Cooper, Child Protection Advisor | **Scarborough** | **Nominated by colleague**

I want the work of Sandra to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. Sandra remained with the child and the family, acting as advocate to them in their exchanges with the social worker. Sandra worked long hours, liaising with social care and other external providers to resolve the situation. I want Sandra to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Sharon Miles, Operations Supervisor	**Scarborough**	**Nominated by colleague**

I want the work of Sharon to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. Sharon remained with the child and the family, acting as advocate to them in their exchanges with the social worker. Sharon worked long hours, liaising with social care and other external providers to resolve the situation. I want Sharon to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Gemma Granger, Matron	**York**	**Nominated by colleague**

I want the work of Gemma to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. Gemma remained with the child and the family, acting as advocate to them in their exchanges with the social worker. Gemma worked long hours, liaising with social care and other external providers to resolve the situation. I want Gemma to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Sara Kelly, Patient Flow Manager	**Scarborough**	**Nominated by colleague**

I want the work of Sara to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. To support ward staff and the operations team, Sara worked tirelessly in the background, emailing their concerns at a senior level to those working in social care and working long past the end of her working day. I want Sara to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Lynda Fairclough, Named Nurse Child Protection	**Scarborough**	**Nominated by colleague**

I want the work of Lynda to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. To support ward staff and the operations team, Lynda worked tirelessly in the background, emailing their concerns at a senior level to those working in social care and working long past the end of her working day. I want Lynda to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Dominique Bendelow, Safeguarding Liaison Nurse	**Scarborough**	**Nominated by colleague**

I want the work of Dominique to be recognised after she managed an incredibly stressful situation where parents of a child were asking for help, but social care were not able to offer the support they needed. To support ward staff and the operations team, Dominique worked tirelessly in the background, emailing their concerns at a senior level to those working in social care and working long past the end of her working day. I want Dominique to know of my gratitude and admiration of her management of the situation and dedication to all the family's welfare.

Catherine Vollans, Midwife	**York**	**Nominated by patient**

Cat went above and beyond helping me receive the right care when I was struggling with hyperemesis. She ensured I was moved to the correct ward after multiple admissions and asked doctors to speak to me about the condition. Cat understood what I was feeling and went out of her way to help in every way possible. I cannot thank her enough!

Patrick Dunn, Healthcare Assistant	**York**	**Nominated by patient**

I went to the Emergency Department at York Hospital as I had an infection in my arm and the department was extremely busy. The day shift finished and Patrick, a Healthcare Assistant, came on shift. I would like to say that this gentleman was amazing. He was supportive to patients while they had a very long wait and he facilitated some tricky situations, keeping his compassion throughout.

Patrick was kind and empathic to patients' concerns and managed to source support and assessment for patients that needed it. He was proactive in his approach and always left patients feeling that they had been heard and understood. It was a long wait and I would like to thank him for his support of the patients, including myself. Patrick certainly demonstrated the Trust values within this shift and he deserves the nomination.

Haldane Ward	**Scarborough**	**Nominated by patient**

I was only in the ward for a few hours, but the staff were incredible. Becca was kind, funny, warm, professional, and just fun. She made me feel comfortable and like I could ask her for anything. She's a credit to the team, along with the ward sister (apologies, I can't remember their name). Nothing was too much trouble for any of the staff and they took such care of me the whole time I was there. They all deserve recognition.

Natasha Beech, Patient Services Assistant | **York** | **Nominated by relative**

Natasha is amazing and the outstanding service she has provided for my dad is amazing. She has also made sure we are ok while visiting. My dad needed assistance from a healthcare assistant, so Natasha observed another patient while the healthcare assistant looked after my dad. This meant Natasha missed her bus and stayed over her time, but she was still smiling! Thank you so much to you for the way you go above and beyond your job role and step in to help others. You are an amazing woman.

Jeanette Kuba, Medical Secretary | **York** | **Nominated by patient**

I had run out of medication and I was struggling to get hold of more. I felt stressed and as I was now on my second day without medication. I contacted Jeanette and she kindly organised a prescription, got this signed off by Dr Gupta, and personally posted it through my letterbox the same evening. I was grateful for this as I felt anxious and stressed. Thank you so much. What a star!

Vicky O'Neill, Staff Nurse **Scarborough** **Nominated by colleague**

During a PLACE assessment, a member of the public who is blind and had previously had a bad experience during their eye surgery elsewhere, asked to enter the ward to see the space, as they were considering having another surgery. On entering the ward, Victoria instantly greeted the team, and put the visitor's hand on her elbow so that she could guide them round. She audio-described the surrounding exceptionally, including information that she thought they would find helpful, such as telling them how discharge paperwork is on yellow paper etc.

The tour was only 10 minutes long, but in those 10 minutes we all could see how much value she brings to the Trust, how knowledgeable she is, and how much she cares about patients. She had completely reassured the visitor, including discussing what would happen with their guide dog and accommodations that could be made for their carer if they chose to have their operation take place there. The visitor said they will be asking for their surgery to happen on Willow Eye Unit now as they could see that the staff were attentive and excellent at their job. Victoria demonstrated true inclusivity and is clearly an invaluable member of the team.

Tunde Oyeledun, Energy Manager | **York** | **Nominated by colleague**

I am nominating Tunde for his tireless work helping the Trust on its journey to achieve its Net Zero carbon targets and moving the Trust away from fossil fuel dependency for our light and heating to renewable sources.

As an organisation with the size and breadth that the York and Scarborough Trust is, we have a significant impact on our surrounding environment and communities and have a professional and moral duty to do everything we can to reduce our environmental impact. As the Energy Manager, Tunde has gone above and beyond to achieve this. The following are just some examples of the work he has overseen and delivered that, in turn, have seen several million pounds being brought into the Trust:

- Grant funding received for the LED lighting project: £2,037,442.51
- Amount in energy savings the LED project will bring: £550k
- Total savings across the Trust per annum: approximately £1.2m
- Total grant funding brought into the Trust so far since Tunde joined us: £2,037,442.51

Amongst these is the LED lighting project that can be seen across many areas of the Trust and has improved the environment for patients and staff, building cladding and new window replacement at York, and working with our supplier to take Bridlington Hospital forward to be one of the country's first net zero hospitals. Given these achievements, I think it is only right that Tunde receives rightful recognition and a Star Award for the significant contribution he has brought to the Trust.

Tara De Freitas, Midwife	**York**	**Nominated by patient**

I spoke with Tara after having three days of reduced movement. Tara was incredibly calm over the phone and asked me to go straight to triage. She welcomed me at the desk and talked me through every observation, step by step, saying what she was looking for and the possibilities as to why this was happening. Tara was extremely kind, calm, and, informative. She kept explaining every step which is incredibly reassuring when you are worried about your unborn child. Tara's bedside manner was incredible and she was beyond supportive. She needs recognising for how knowledgeable she is and how much she reassured me by being completely honest.

Chompa Chowdhury, eRostering Support Officer	**York**	**Nominated by colleague**

Every time I have communicated with Chompa, whether it be by phone, email, or Teams, I receive the most efficient, friendly, and supportive responses and, in most cases, my query is actioned and resolved in real time. This allows me to move on to other workstreams quickly and I have the reassurance that anything that is asked of Chompa will be dealt with in a professional and courteous manner.

My most recent dealing with Chompa was when she was able to quickly resolve a situation that, if not resolved swiftly, may have led to a team member not been added to my team in time for the salary cut off date. Thank you for putting my mind at ease, Chompa, and being so pleasant to work with.

Chris Miles, Facilities Operative	**Bridlington**	**Nominated by colleague**

Chris went above and beyond to get Coca Cola for patient in ED.

Poppy Short, Healthcare Assistant	**York**	**Nominated by patient**

I spent a long time in ED, and during the time I was there when Poppy was on shift, she was outstanding. She was helpful and understanding and provided the care I needed when I needed it most. She never grumbled and was apologetic if she could not get round to me straight away. She made the time a lot more bearable and deserves praise. She was also funny and kept me smiling. Poppy is a credit to the hospital. Keep up the fantastic work Poppy.

Nick Griffiths, Security Officer, and James Smith, Security Officer	**Scarborough**	**Nominated by colleague**

Nick and James helped maintain a safe working environment for ED staff with a patient while the team performed medical duties. They were professional and kind to the patient and ensured they would be OK.

Helen Wood, Community Nurse	**Community**	**Nominated by colleague**

I am nominating Helen for a Star Award as she goes above and beyond for her patients daily. I recently encountered a challenging situation which I was unable to manage independently in a patient's home. I called Helen for advice out of her working hours and she was more than happy to help and provide advice over the phone as she had encountered this situation with this patient before. I was still unable to resolve the situation and it seemed the only solution was to admit the patient to hospital. To prevent this, Helen went out of her way by going to the patient's home at 8pm (outside of her working hours) to help the patient and resolve the challenging situation.

Helen did not have to do this, but she did it to avoid the hospital admission of this patient and because she truly cares about her patients. I think this act of kindness shows how dedicated and compassionate she is and is the definition of an amazing nurse going above and beyond. Thank you, Helen.

Dental Nurse Team	**Scarborough**	**Nominated by colleague**

The Dental Nurse Team are a fantastic team who work well together and show kindness and care towards all patients.

Medical Illustration	**York**	**Nominated by colleague**

I have worked with Angela and Robyn often in recent months. I have always been so impressed by the high quality of the designs they have produced and by the speed with which they have acted on my requests for support. Nothing seems to be too much trouble, even when I am asking for last minute changes to be made! I am very grateful to them for all the help and advice they have provided. They are always kind, helpful, and excellent at their jobs and deserve a Star Award! A big thank you to Angela and Robyn.

Kerry Rawding, Community Nurse	**Community**	**Nominated by colleague**

I am nominating Kerry in recognition of her dedication and exceptional care for patients within the community. Kerry has been working as a registered nurse for over a year now and, in that time, has consistently shown enthusiasm and commitment for her work and in delivering holistic and high-quality evidence-based care. She goes above and beyond when providing palliative care, and her knowledge and confidence in this area is constantly growing. Despite being relatively newly qualified, she embraces new ways of working and always has the patients' best interests at heart, constantly thinking outside of the box and finding evidence-led solutions to their healthcare needs.

Kerry strives to provide continuity of care, and this is reflected in the wound healing rates for patients on the caseload. Her knowledge for wound care is exemplary and, to ensure the best outcomes for the patients, Kerry often involves outside agencies and works closely with other members of the multidisciplinary team. I want Kerry to know that her work has not gone unnoticed and that she is a fabulous role model. She is a real asset to the North Community Team!

Item 8

Committee Report

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

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

ALERT
Outpatient PTL – Concerns from Resources Committee had been escalated to Quality. Committee was advised that a list that was primarily intended for the tracking of 1st outpatient referrals also listed many thousands of patients who were or had received contacts from the hospital for other reasons e.g. children with safeguarding concerns, therapy contacts, patients on surveillance programmes and certain oncology patients. This conflation resulted in a risk that patients might be waiting excessive times for treatments with both safety and reputational concerns. Committee agreed that this needed full investigation but received assurances that the likely risk was low as the list had existed for a lengthy period and no concerns had previously been identified. A six-month period was proposed to resolve the matter
ASSURE
Clinical Policies & Clinical Effectiveness – Committee received positive assurance reports on the work in these areas

ADVISE
Maternity – In-month data continues to show stable situation. Fall in recorded foetal monitoring training compliance relates to new intake of resident medical staff and need to check training status. Committee heard detailed update on Saving Babies' Lives and problems with compliance related in significant part to previously reported shortages in midwifery staffing **IPC –** In-month data show key HAIs continue to run ahead of trajectory **Long COVID Team** – Committee advised that there was a risk to on-going ICS funding for these positions **Safeguarding –** Low reported compliance with Level 3 Children's safeguarding training remains an issue. A cohort of midwives are due to receive training during off-duty period to avoid exacerbation of staff shortages. Directors advised that the hospital should look at more relevant ways to report compliance rather than course attendance and would report back after 3 months

RISKS DISCUSSED AND NEW RISKS IDENTIFIED
Surgery CG – Outliers: Escalation of concerns about medical patients outlying on surgical wards remains a concern. Issues are being flagged through Datix but consistency of senior review is still patchy due to workload and changes in Medicine CG leadership Surgical Day-Case at SGH (Haldane): Continuing problem of utilisation of area for non-surgical patients overnight as extra capacity LLP: Committee heard that there was not a reliable or consistent system for the prioritisation of (minor) works. CG did not have oversight of requests and escalation to director level appeared to be most effective mechanism to action works from backlog Therapy Equipment Storage: Committee advised that works on new VIU had necessitated relocation of equipment to an off-site container. Significant concerns raised about security of storage and safety of staff accessing location. Long-term solution will require Trust-wide review and rationalisation of storage issues Complaints: CG receiving high levels of complaints. There have been significant difficulties in terms of timeliness and approach to responses. New training is being introduced to support junior investigation team **Urgent Care Assurance Group –** Committee accepted the ToR. There was a detailed discussion about on-going concerns regarding the experience and safety of patients in ED. Committee will receive monthly escalation reports on progress

Committee Report

Report from:	Resources Committee
Date of meeting:	19 November 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 about the continued issues around Urgent and Emergency care position which still despite intervention does not appear to be improving overall - ECS trajectory of 71.1% not met with a performance of 62.5%. Ambulance handover over time has deteriorated again and the acuity of ambulance arrivals has increased also with a daily average of 122 in October with an increase in York of walk in patients (potential linkage to GP collective action). The Optimal Care Service (OCS) is currently being underutilised in York OCS with 50% of its capacity in use (93 patients per day) and Scarborough 120 patients ~ only 44% of its capacity being used. The Committee noted reviews are underway to improve utilisation across both sites. The Committee noted the support being provided to the UEC plans such as external consultant strengthening the ED EPIC leadership. The committee asked for a monthly report to be included on the impact of these interventions and how they are making a difference e.g. to 'major and minor' patient flows. • **Workforce**: The Committee again discussed the impact, and the risks associated with the industrial action in Microbiology services, York hospital and Blood Sciences, Scarborough hospital. The Committee noted the plans in place to mitigate the risk to patients and services. It noted the third meeting with ACAS scheduled for 20 November for further conciliation talks. • The Committee noted the lack of engagement of staff to complete the Annual survey – currently 10% behind peers in benchmark, and against a backdrop of nationally improving completions. • The Committee noted the current Flu vaccination uptake is only 30% which is lower than pre-pandemic levels and presents an increased risk of staff falling sick, especially during the busy winter season.
ASSURE
• **Operations:** The Committee noted the TPR, and improvements made to the format. The committee welcomed the news of £6M of external funding for York site capacity improvements for ED which will help with patient flow. The Committee welcomed the news that the number of super stranded patients continues to fall and that the number of patients with no criteria to reside continues to fall. • Diagnostics - the Committee noted the efforts in improving trajectories for diagnostics, recognising there is still work to do for example in CT and Histopathology. • **Finance**: The Committee noted the balanced plan taking into account the £16.6M deficit support funding. The Committee applauded the work being done across the Trust in its efforts to meet the CIP target – month 7 seeing the highest CIP delivery for the Trust at £26.5M. • **Drug and Medicine expenditure** – The Committee welcomed the Chief Pharmacist to the Committee and were assured that a robust process is in place across the Trust to review and reduce where feasible the cost of drugs and medicines. The Committee also discussed the CIP approach at a local, system and national level. • **Nursing and Midwifery:** The Committee discussed the downward trend in nursing students starting university courses, and based on current trajectory the Trust registered vacancy rate could go up to 11% by 2027. Workforce planning is providing assurance that plans are in place to mitigate this risk including increasing the Nursing associates, and the Trust continues to work closely with its University partners such as Coventry.

- The Committee noted the move to a Multi-Disciplinary Team (MDT) approach e.g. with Nelsons court moving away from nurse centric model to an MDT model to be led by Allied Healthcare Professionals.
- The Committee continued to be assured that the Healthcare Academy is progressing well and noted that Allied Healthcare Professionals can also now attend the Academy.
- The Committee welcomed the news that there are further improvements planned in reducing Nurse Agency spend as of 4 December it is expected that gaps in rosters will be managed and agency used by exception. This shift it was noted has been facilitated by having a good grip on roster management including timely sign off of rotas.

ADVISE

- **Operations:** The Committee discussed in detail the Waiting list summary report. The Committee noted the work done on the analysis of data to date. The Committee agreed urgent action is still needed on the data cleanse to produce a more detailed accurate view of patients waiting and process improvements; this is to make sure any potential patient issues are addressed and risks mitigated. The Committee has requested that a weekly report is circulated to members of the Committee on data and process improvements. A fuller report will come back to the December Committee.
- The Committee noted the Q3 Tiering status.
- **Workforce**: The Committee noted the NHSE NEY Workforce Planning and controls return.
- **Nursing and Midwifery:** The Committee noted the Ward reconfiguration on the East Coast.
- **Medicine –** The Committee noted the Guardian of Safe working hours report.
- **Finance:** The Committee noted the actual adjusted deficit position of £3.6M, against a planned deficit of £2.4M. The Committee noted the pressure to balance for month 7 for the Trust and the ICB. The Committee noted the significant YTD I&E assumptions including potential funding for the high-cost drugs (£5.6M).
- **YTHFM:** The Committee noted the EPAM report and sought assurance regarding staff survey completions and appraisals. The Committee also noted the issues with the backlog maintenance and will receive deep dive on backlog maintenance in December as part of the quarterly update.
- **Digital –** the Committee received an update from the subcommittee noting the CPD issues

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risk discussed and a request to update the report with clear mitigations and actions. The committee welcomed the adjusted format.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

TRUST PRIORITIES REPORT

November 2024

Table of Contents

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Summary

Priority Metrics

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Ambulance average handover time (number of seconds)	2024-10			3357	2761	3000
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-10			29.6%		10%
ED - Median Time to Initial Assessment (Minutes)	2024-10			4		18
ED - Emergency Care Standard (Trust level)	2024-10			62.5%	71.1%	78%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-10			21.4%		7.5%
ED - 12 hour trolley waits	2024-10			785		0
Cancer - Faster Diagnosis Standard	2024-09			67.2%	70%	77%
Cancer - 62 Day First Definitive Treatment Standard	2024-09			66.2%	62.1%	70%
RTT - Total Waiting List	2024-10			44047	45417	44663
RTT - Waits over 65 weeks for Incomplete Pathways	2024-10			26	0	0

Executive Summary:

The October 2024 Emergency Care Standard (ECS) position was 62.5%, against the monthly target of 71.1%.

The Trust did not achieve the October 2024 average ambulance handover time target of 46 minutes and 01 seconds with performance of 56 minutes and 8 seconds. 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.

Please note; in line with national reporting deadlines cancer reporting runs one month behind. The Cancer performance figures for September 2024 saw a decline in the 28-day Faster Diagnosis standard (FDS) to 67.2% (compared to 71.9% in August 2024), September historically sees a reduction with recovery in October, the provisional October position follows this trend with performance of 71.7%. 62 Day waits for first treatment September 2024 performance was 66.2%. As with the FDS the provisional October position shows an improvement to 67.9%. 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.

At the end of October 2024, the Trust had twenty-six RTT patients waiting over sixty-five weeks. The Trust is working to achieve the national ambition to eradicate RTT65 week waits by the 22nd of December 2024. Nationally a control total has been set of no more than 7,000 patients to be waiting over 65 weeks at the week ending 22nd of December 2024. Regions have then been set a fair share control total based on their end of September positions, NEY's control total is 538.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

OPERATIONAL ACTIVITY AND PERFORMANCE

November 2024

Headlines:

The October 2024 Emergency Care Standard (ECS) position was 62.1%, against the monthly target of 71.1%.

The Trust did not achieve the October 2024 average ambulance handover time target of 46 minutes and 01 seconds with performance of 56 minutes and 8 seconds. 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:

- Ambulances arrivals at our Emergency Departments continue to rise (October 2024 average of 151 per day against the October 2023 average of 137, a rise of 11%). 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 114 in October 2023 to a daily average of 122 in October 2024 putting significant pressure on our EDs (7% increase).
- Demand increasing for beds, the daily average admissions via ED in October 2024 was 161 patients compared to 152 in October 2023, a rise of 6%.
- Increase seen in walk-in attendances at York ED from start of September, potentially linked to GP Collective action.
- Number of patients who have Length of Stay of 21+ days reduced compared to the end of September 2024.
- 1,118 lost bed days in October 2024 due to patients with No Criteria To Reside (NCTR). For context, this level equates to a 36 bedded ward being occupied for every day of October.
- Demand and acuity.
- Timing of Ward Rounds and Senior Review.
- Community capacity in particular social provision.
- 2hr Urgent Community Response (UCR) is facing challenges around capacity.

Actions:

Please see following pages for details.

Summary MATRIX 1

Acute Flow: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* % of SDEC admissions transferred to downstream acute wards	* ED - A&E Attendances - Types 2 & 3 * ED - Median Time to Initial Assessment (Minutes)	* ED - Proportion of all attendances having an initial assessment within 15 mins
COMMON CAUSE / NATURAL VARIATION		* ED - Emergency Care Attendances * ED - Proportion of Ambulance handovers waiting > 60 mins * ED - Proportion of Ambulance handovers waiting > 240 mins * 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)
SPECIAL CAUSE CONCERN		* ED - A&E attendances - Type 1	* ED - Emergency Care Standard (Trust level) * ED - Proportion of Ambulance handovers within 15 mins * ED - Proportion of Ambulance handovers waiting > 30 mins

Acute Flow (1)
Scorecard

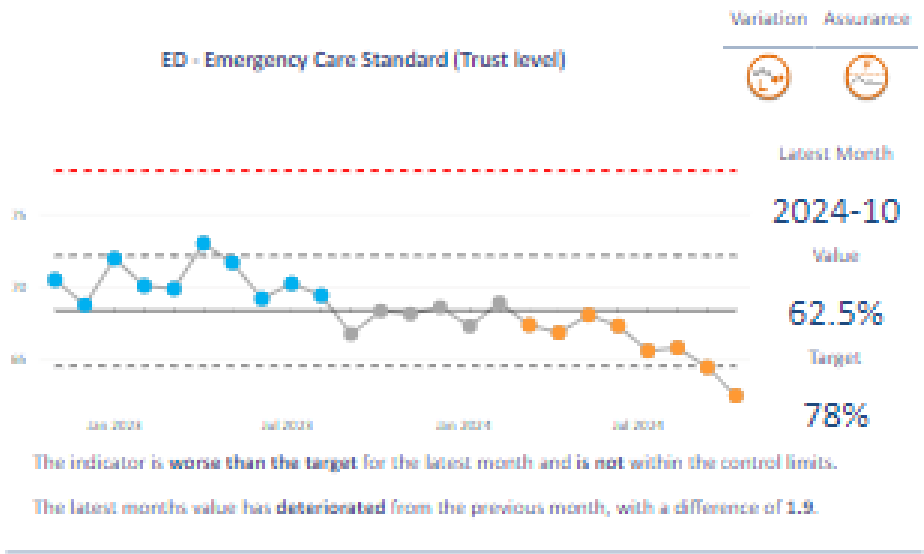
York and Scarborough Teaching Hospitals NHS Foundation Trust

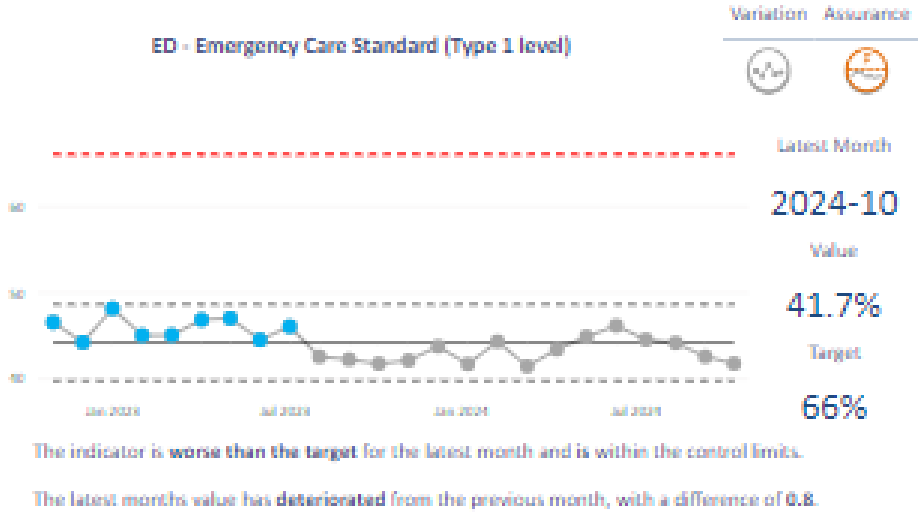
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-10			68.5%		66%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2024-10			22.8%		55%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-10			21.4%		7.5%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2024-10			2450		
ED - 12 hour trolley waits	2024-10			785		0
ED - Emergency Care Attendances	2024-10			18345	17807	17807
ED - Emergency Care Standard (Trust level)	2024-10			62.5%	71.1%	78%
ED - A&E attendances - Type 1	2024-10			11390	10425	10423
ED - Emergency Care Standard (Type 1 level)	2024-10			41.7%	54.2%	66%
ED - A&E Attendances - Types 2 & 3	2024-10			6955	7382	7384
ED - Median Time to Initial Assessment (Minutes)	2024-10			4		18
ED - Conversion Rate (% of ED attendances that result in an admission to hospital) - Type 1 only	2024-10			44.4%		

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





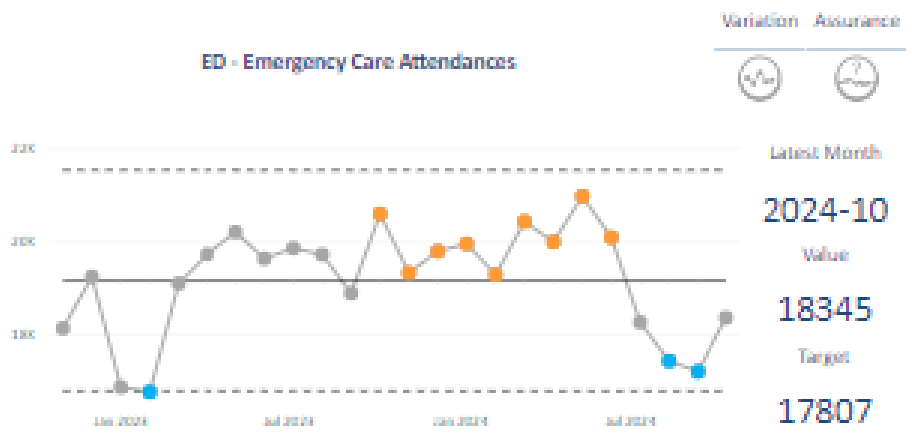
Rationale: To monitor waiting times in A&E and Urgent Care Centres.
Target: SPC1: NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025. **SPC2:** Modelling showed that to achieve 78% as a Trust Type 1 performance needs to be at least 66%.

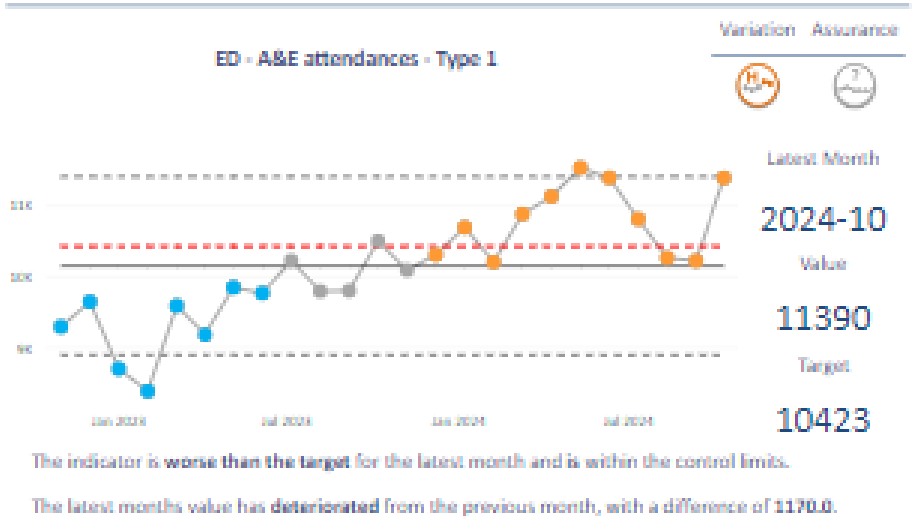
Actions:

- The ECS performance for both Optimal Care Service sites was above 90% in October 2024. The focus continues to be on maximising the number of patients seen appropriately on this pathway.
- Data modelling suggested that 185 patients per day could go through the OCS at York. October average is 93 patients per day. Data modelling implied that 120 patients per day could go through the OCS at Scarborough. The October average is 53 patients per day. Further work is underway to ensure staffing is consistent so that the streamers can confidently send more patients to the OCS.
- At both sites, there is an issue that the GP working in the Optimal Care Service is sometimes under-utilised. The message needs to remain consistent that the 'boost' to non-Majors is as well as (not instead of) the GP service. To support this, the York team are defining the difference between the services and the patients they should see. This will be shared with the Scarborough team too.
- The Optimal Care Service (OCS) 'reset' at Scarborough Hospital has started, with communication from the Clinical Director and a workshop planned for w/c 11th November. The new goal is to establish additional ringfenced capacity for non-Majors patients between 10am to 4pm, Monday to Friday. This will be monitored and evaluated with a view to expanding once the principles are embedded.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: SPC1: To monitor demand in A&E. **SPC2:**
Target: SPC1: Monthly activity plan as per chart. **SPC2:** Monthly activity plan as per chart.

Actions:

- Community UEC Improvement is a system-wide project overseeing the development, communication, usage and improvements of ED avoidance pathways. These pathways include:
  - Integrated Coordination Centre (ICC) led by YAS
  - Urgent Treatment Centres
  - Frailty crisis hub
  - 2hr Urgent Community Response (UCR)
  - Virtual wards

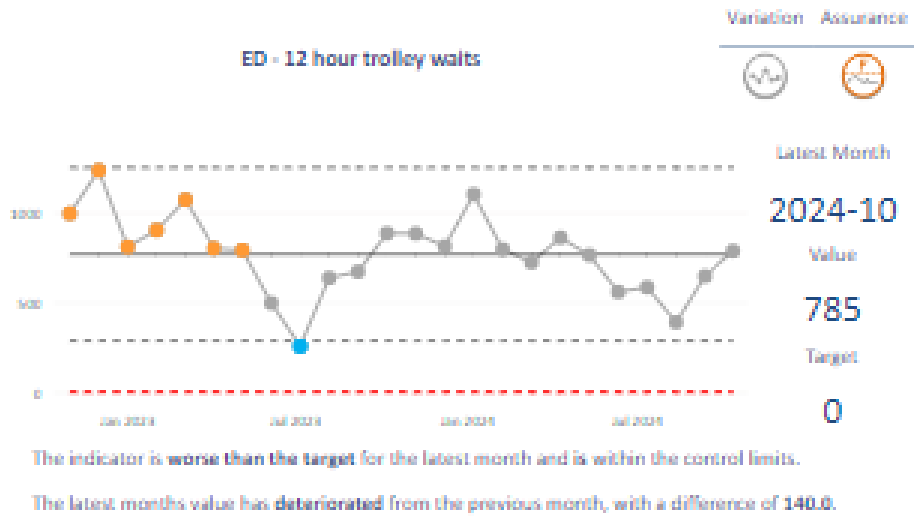
- Integrated Co-ordination Centre, YAS has secured funding for a GP to work in their hub from 18th of November to 31st of March (18 weeks). There will be an evaluation undertaken in February / March to decide on the longer-term model as currently YAS only have the funding for the senior clinician up to the end of March 2025.

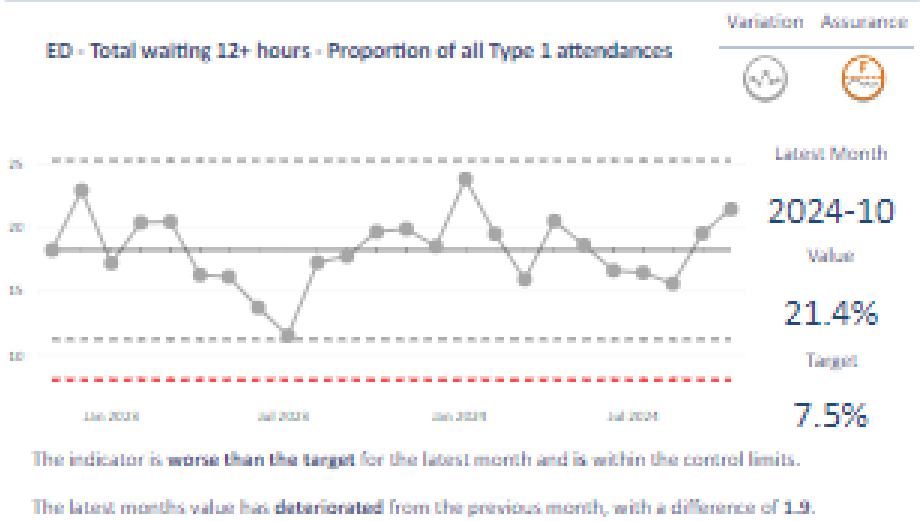
- Work is ongoing on monthly basis to actively review UCR reporting data quality and reasons for any breaches or rejected referrals.

- Frailty Crisis Hub has been extended and the team is expanding in December 2024 to include a therapist and dedicated social worker. Discussions ongoing with YAS to develop links between YAS and the Frailty Crisis Hub to optimise utilisation of UCR and other community response and voluntary sector pathways. 60 paramedic calls were made to the hub in October, 87% (52 patients) of the calls led to an avoided ED conveyance (8 admissions were felt to be appropriate).

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





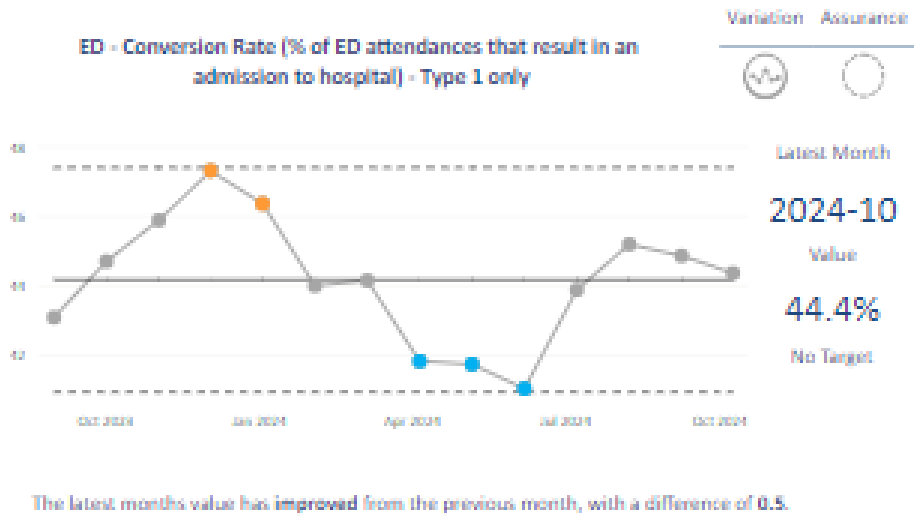
Rationale: To monitor long waits in A&E.
Target: **SPC1:** Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 7.5% of patients should wait more than 12 hours.

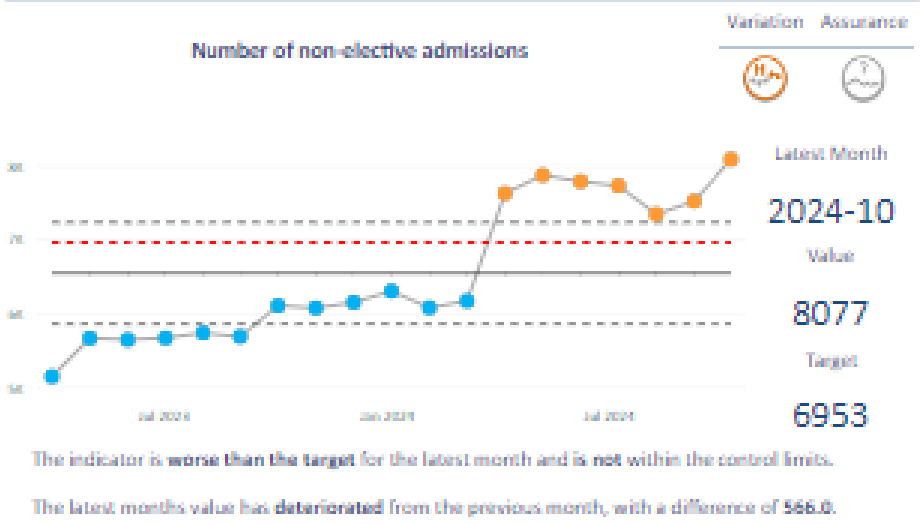
Actions:

- The UEC DCOO conducts daily (weekdays) breach validation meetings with both EDs going through all non-admitted breaches, longest waiters and twelve-hour trolley waits to understand themes and put in mitigations as appropriate.
- Work towards the long-term vision of having an Integrated Assessment Unit at each site continues. At York, ward moves have taken place in readiness for the first phase. The IAU will improve patient pathways and increase the ratio of same day and short stay emergency care. A task and finish group reports into the Unscheduled Care Improvement Programmes (UCIP) Board.
- The implementation of Flow Coordinators in our Emergency Departments was identified as a priority immediate action. Job description has been matched as a A4C Band 3. Whilst the Medicine Care Group is examining sources of funding, the role is being undertaken by operational/administrative staff on a rota basis. All staff covering these responsibilities have had training, with additional drop-in sessions available regularly.
- The Trust's Continuous Flow SOP has been launched across both acute sites. The SOP has been piloted since 23rd of October on wards 11, 15, 28, and 29 at York Hospital, and since Weds 30th October in wards Maple and Oak at Scarborough Hospital. The purpose of the pilot is to trial the model and learn from experience so that teams can understand where improvements can be made, whether the model should be expanded to other parts of our hospitals, and where there are changes that can be made to improve the SOP. Daily check-in meetings have been taking place and found to be extremely productive; extended to the end of November 2024 for both hospitals. Queries have been raised and positive feedback received.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: SPC1: To understand the inpatient demand generated by Emergency Department patients. **SPC2 :** To monitor acute inpatient demand.
Target: SPC1: No Target. **SPC2:** Monthly activity plan as per chart.

Actions:

- The October 2024 conversion from attendance to admission outturn was 44.4%.
- Whilst robust criteria for admission would impact on the conversion rate, it needs to considered in the context of SDEC and Assessment Pathways.

Acute Flow (2)
Scorecard

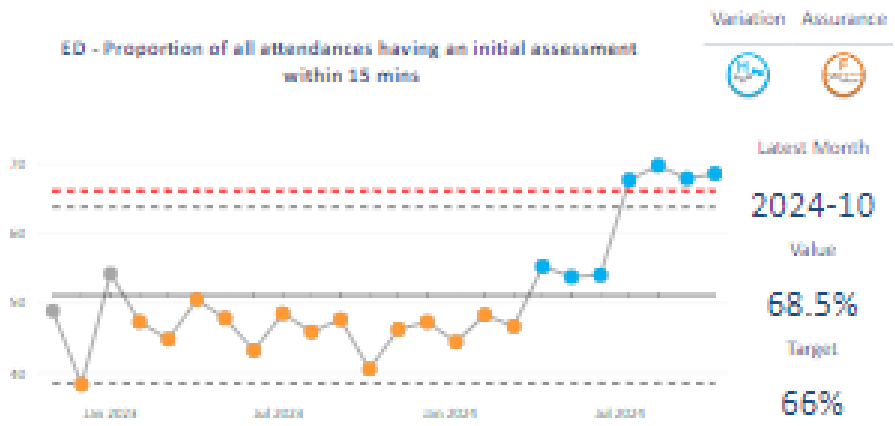
York and Scarborough Teaching Hospitals NHS Foundation Trust

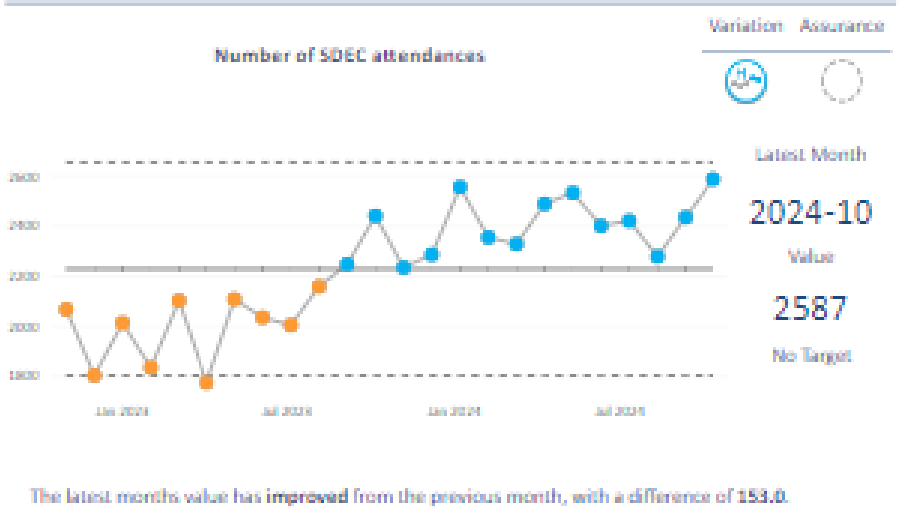
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of SDEC attendances	2024 10			2587		
Percentage of SDEC attendances transferred from ED	2024 10			65.3%		
Percentage of SDEC attendances transferred from GP	2024 10			23.7%		
% ED attendances streamed to SDEC Within 60 mins	2024 10			43.8%		
% of SDEC admissions transferred to downstream acute wards	2024 10			12.9%		20%
Number of RAFA attendances (York Only)	2024 10			128		
Number of attendances at SAU (York & Scarborough)	2024 10			925		
ED - Proportion of Ambulance handovers within 15 mins	2024 10			20.5%		65%
ED - Proportion of Ambulance handovers waiting > 30 mins	2024 10			53.6%		5%
ED - Proportion of Ambulance handovers waiting > 60 mins	2024 10			29.6%		10%
ED - Proportion of Ambulance handovers waiting > 240 mins	2024 10			2.9%		0%
ED - Number of ambulance arrivals	2024 10			4622		
ED - Ambulance average handover time (number of seconds)	2024 10			3357	2761	3000

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





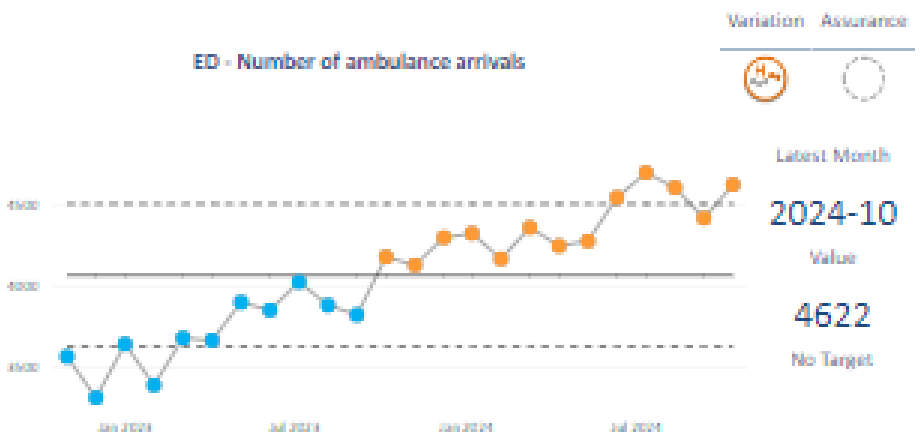
Rationale: SPC1: To monitor waiting times in A&E. Patients should be assessed promptly by within 15 minutes of arrival based on chief complaint or suspected diagnosis and acuity. **SPC2:** SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.
Target: SPC1: 66% assessed within 15 mins. **SPC2:** No target.

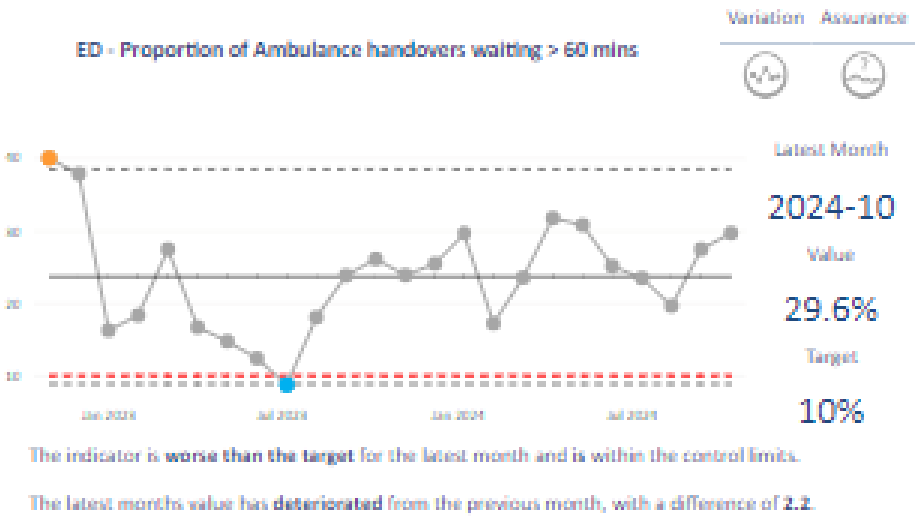
Actions:

- The proportion of patients having an initial assessment within 15 mins has increased since the launch of the Clinical Navigator role and Optimal Care Service Standard Policy (July 2024) with the mean time to assessment dropping significantly at the York site at the point of OCS implementation.
- The teams are analysing the average attendances by hour of the day heat map to understand how their workforce models can be adjusted to reflect periods of increased pressure considering recent demand patterns.
- Additional clinical support to strengthen ED EPIC leadership is starting 8th November for 8 weeks. Ensuring ED Huddles are in place on both sites will be a priority, with all colleagues attending twice daily at handover; 08:00 and 16:00 at York, 08:00, 14:00 and 22:00 at Scarborough. The NIC, EPIC and Flow Co-Ordinator have multiple "huddles" throughout the day to assess the dept and make changes/updates accordingly.
- ECIST supported our Associate Chief Nurse with the Nurse in Charge role development, including workshops and regular NIC meetings. A SOP is being updated by cross-site teams to be relaunched in conjunction with the ambulance handover and ED escalation guidance.
- Members of both ED teams are participating in the upcoming “Ward and Board” workshops to improve flow through the department and system.
- Ed Smith has been appointed as Care Group Director for the Medicine Care Group. Ed is an ED Consultant at Scarborough. A General Manager for ED Transformation has been appointed and commenced in post on the 4th of November.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





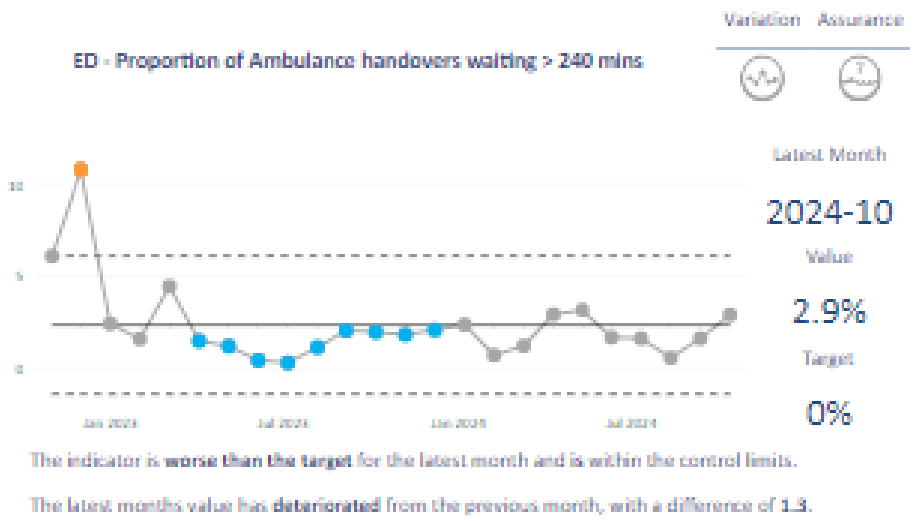
Rationale: SPC1: To monitor Ambulance demand in A&E. **SPC2:** Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.
Target: SPC1: No target. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. Less than 10% should wait over 60 minutes to handover.

Actions:

- The Continuous Flow SOP aims to ensure proactive movement of patients out of our EDs resulting in decompression of the departments.
- Ambulance Handover Nurse; all 10am to 10pm shifts released at band 7 to bank with a weekly update being provided to YAS on how many shifts are filled and on what date so they can compare to performance. Expression of interest to appoint substantively open at both hospital. Scarborough are intermittently using triage nurse where appropriate to cover the role. York are looking into alternative plans for covering the responsibilities.
- The work of the Community UEC Improvement Group (CIG), chaired by Deputy Chief Operating Officer, as described on Slide 9 aims to reduce the number of conveyances to our EDs and should therefore contribute to reduced ambulance arrivals and handover delays.
- Relaunching 'no call before convey' with Medical SDEC and YAS. YAS and the Trust met on Tuesday 5th of November about utilising crews straight to SDEC both medical and frailty and bypassing ED.
- Work ongoing with YAS to review the stroke pathway through an audit to support improved ambulance handover times for these patients.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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Rationale: : Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.

Target: Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival, 0% should wait over 240 minutes.

Actions:

- See previous slide.

Summary MATRIX 2

Acute Flow: *please note that any metric without a target will not appear in the matrix below*

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		* Overnight general and acute beds open * Of those overnight general and acute beds open, percentage occupied * Community bed occupancy/availability	* 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	

Acute Flow (3)
Scorecard

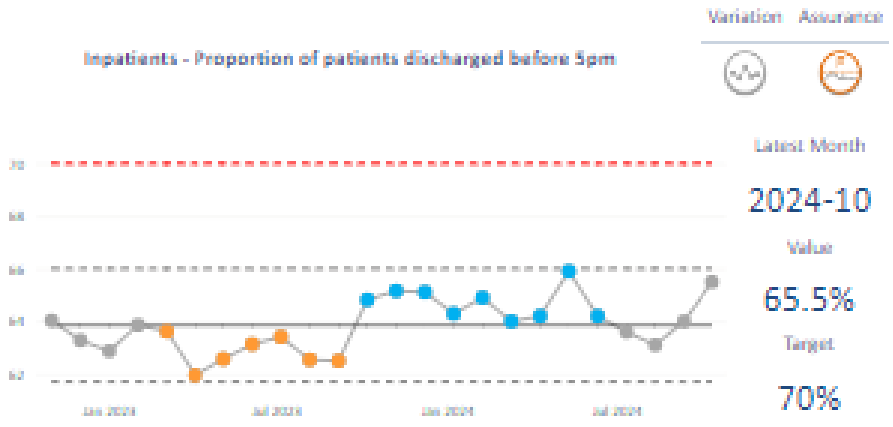
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

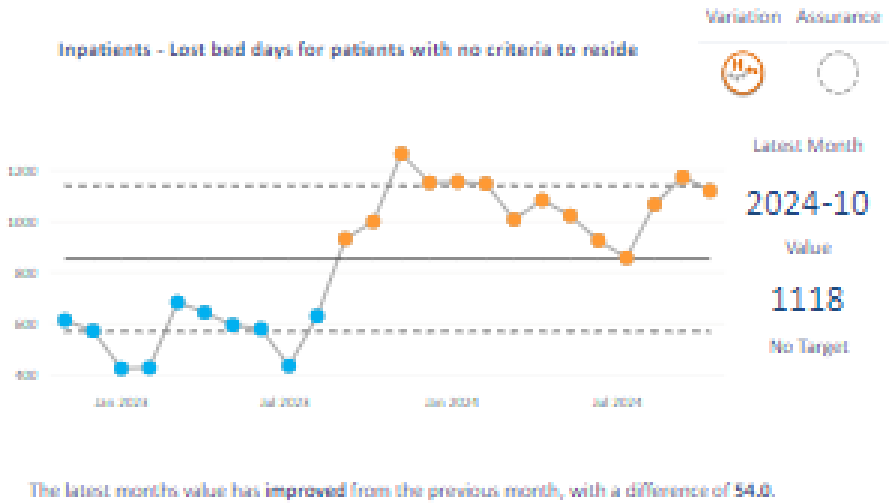
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patients receiving clinical Post Take within 14 hours of admission	2024-10			79.7%		90%
Patients with Senior Review completed at 23:59	2024-10			49%		
Inpatients - Proportion of patients discharged before 5pm	2024-10			65.5%		70%
Inpatients - Lost bed days for patients with no criteria to reside	2024-10			1118		
Inpatients - Percentage of adult G&A beds occupied by patients not meeting the criteria to reside	2024-10			19.1%	17.5%	15.1%
Number of non-elective admissions	2024-10			8077	7111	6953
Number of zero day length of stay non-elective admitted patients	2024-10			2540	2077	2073
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2024-10			124	112	96
Overnight general and acute beds open	2024-10			876	838	838
Of those overnight general and acute beds open, percentage occupied	2024-10			93.5%		92%
Community bed occupancy/availability	2024-10			91.5%		92%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





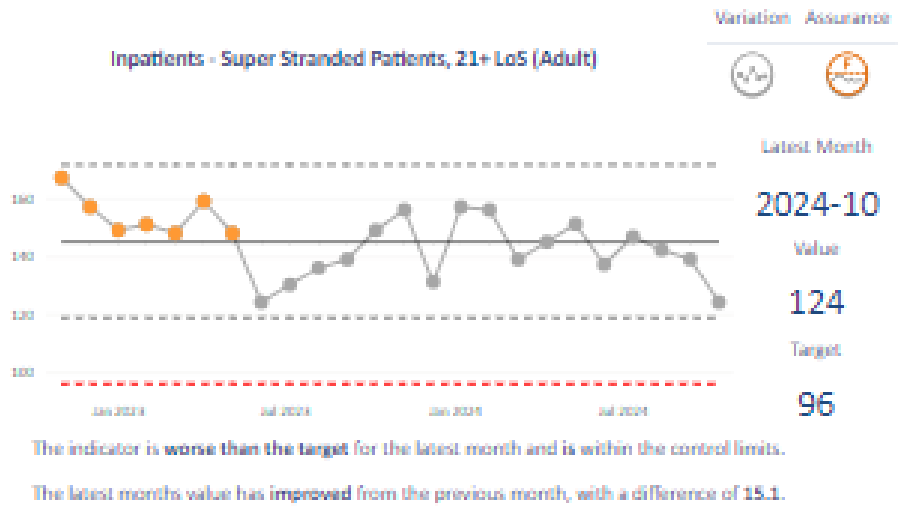
Rationale: Understand flow in the acute bed base.
Target: SPC1: Internal target of 70%. **SPC2:** No target.

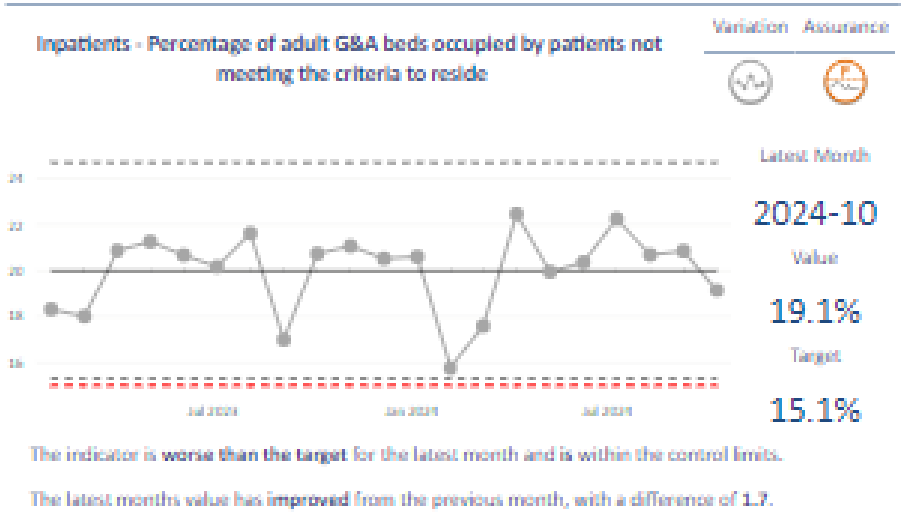
Actions:

- OPTICA is software which will support discharge management across the system. Phase one is due to launch in November 2024. An operational implementation group oversees this.
- A multi-agency Discharge Event (MaDE+) is being planned 20th to 27th November 2024. Super discharge teams, additional weekend staffing (within budget), social care presence on site, and long length of stay reviews are all planned.
- Discharge to Assess (D2A) model has gained more support and continues to be developed, with a further workshop planned in November 2024 and an ambition to test the principles during MaDE+.
- Physical space at York and Scarborough has been found to host the Discharge Command Centres, which will bring together a multi-disciplinary team who can expedite discharges. The locations need to be considered and agreed by system partners.

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: SPC1: Less than 96 Super Stranded patients as per activity plan (March 2025).
SPC2: Less than 15% as per activity plan (March 2025).

Actions:

- The number and proportion of super-stranded patients has been falling since the start of the calendar year. The Trust is now ranked 5th out of the 20 NEY providers in terms of the lowest percentage of beds occupied by super-stranded patients (Source: ECIST UEC Dashboard) and continue to strive for further improvement.
- Working closely with our local authority partners, including through a new daily 2nd line escalation meeting, we are seeing a reduction in the number and proportion of people with no criteria to reside in our acute hospitals. The implementation of D2A and the Discharge Command Centre (as described on previous slide) will support further improvements.
- The discharge improvement project (part of UCIP) continues to be well attended with good engagement levels. It puts a focus for the benefit of patients on partnerships working at pace.
- The latest No Criteria to Reside (NCTR) average daily weekly position available at the time this report (3rd of November) is 15.2%.

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

The Cancer performance figures for September 2024 saw a decline in the 28-day Faster Diagnosis standard (FDS) to 67.2% (compared to 71.9% in August 2024), September historically sees a reduction with recovery in October, the provisional October position follows this trend with performance of 71.7%.

62 Day waits for first treatment September 2024 performance was 66.2%. As with the FDS the provisional October position shows an improvement to 67.9%. 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. FDS and 62-day September positions are above the internal trust improvement trajectory.

Factors impacting performance:

- September 2024 saw 2,733 total referrals across all cancer sites in the trust at an average of 91 per calendar day, is comparable to the April to July 2024 daily average of 92 referrals per day.
- The following cancer sites exceeded 75% FDS in September2024: Breast, Haematology, Head and Neck and Skin. Colorectal, Lung 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 September: Breast and Haematology. Gynaecology, Colorectal and Upper GI achieved their internal trajectories. Head and Neck, Lung and Skin reported below trajectory, with an element of seasonal variation contributing to the Skin position.
- 31-day treatment standard was 97.8% overall, a dip from August at 99%. 12% less treatments were performed in September compared to August.
- The proportion of patients waiting over 104+ days equates to 2% 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.

Actions:

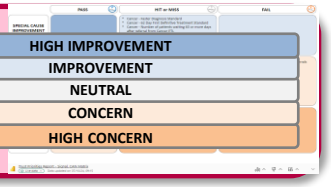
Please see following pages for details.

Summary MATRIX

CANCER: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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



VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Cancer - 62 Day First Definitive Treatment Standard * Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	* Cancer - Faster Diagnosis Standard
COMMON CAUSE / NATURAL VARIATION		* % of patients waiting 63 or more days after referral from cancer PTL * 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

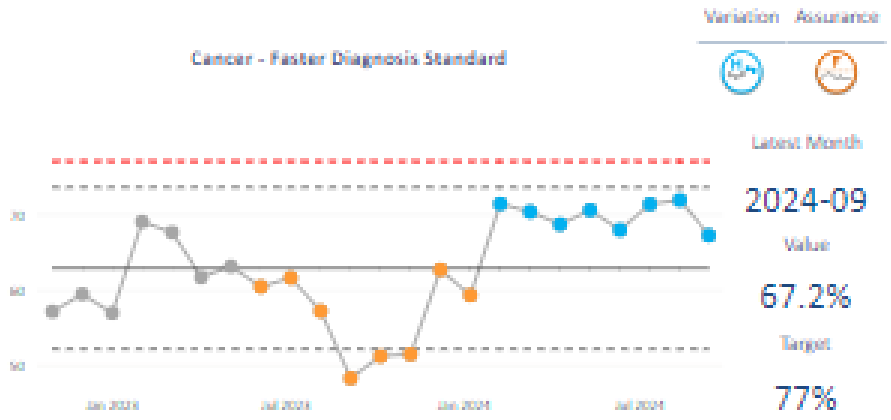
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

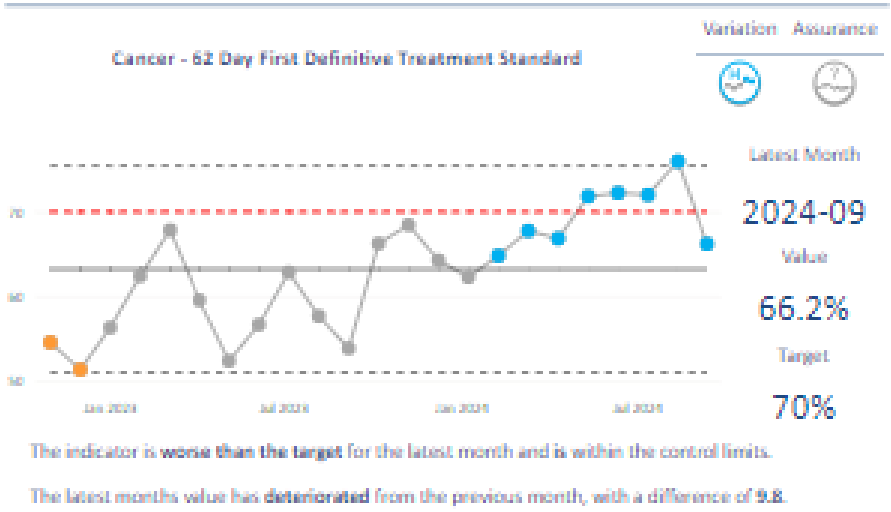
Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Cancer - Faster Diagnosis Standard	2024 09			67.2%	70%	77%
Cancer - 62 Day First Definitive Treatment Standard	2024 09			66.2%	62.1%	70%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024 10			212	143	143
% of patients waiting 63 or more days after referral from cancer PTL	2024 10			10.5%		12%
Cancer 31 day wait from diagnosis to first treatment	2024 09			98.1%		96%
Total Cancer PTL size	2024 10			2255		
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	2024 10			74.3%		80%

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

Actions:

- Cancer site operational teams are reviewing winter plans to maintain capacity and linked into Trust Winter Plan.
- Recruitment continues in specialities with consultant vacancies, with some appointments made.
- £297k bids submitted for further NHSE cancer performance recovery funding, including short term change in practice for radiology to increase reporting capacity and reduce turnaround times for most challenged pathways. Majority of existing Cancer Alliance SDF schemes and existing NHSE performance recovery schemes commenced.
- Urology improvement workshop scheduled for November 2024 with Colorectal and Gynaecology planned for December 2024, with cancer alliance attendance.
- Diagnostic turnaround times remain challenged in CT reporting and pathology sample reporting. Pilot to be commenced in Gynaecology and Colorectal to trial change in process to support pathology sample identification and turnaround time.
- Working with Cancer Alliance and Primary Care Place leads to support ambition of 80% Lower GI referrals accompanied by FIT result. Data allows specific practices to be targeted, with system colleagues leading conversations.

Headlines:

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

At the end of October 2024, the Trust had 26 RTT patients waiting over sixty-five weeks. Performance against this metric was impacted by patient choice particularly in the final week of October. The Trust is working to achieve the national ambition to eradicate RTT65 week waits by the 22nd of December 2024. Nationally a control total has been set of no more than 7,000 patients to be waiting over 65 weeks at the week ending 22nd of December 2024. Regions have then been set a fair share control total based on their end of September positions, NEY's control total is 538.

Factors impacting performance:

- The Trust's RTT Waiting list position is ahead of the trajectory submitted to NHSE as part of the 2024/25 planning submission, 44,047 against the trajectory of 45,532, a reduction of 973 (-2%) on the end of September 2024 position (45,020).

- 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 55.4% at the end of September 2024 compared to 55.9% at the end of August 2024. The target for this metric is 92% which was last achieved nationally in February 2016.

- The Trust delivered the trajectory for RTT52 weeks; 1,158 against the trajectory of 1,367.

- Delivery of the 2024/25 elective recovery plan. Initial analysis shows that at the end of September 2024 the Trust is ahead of the 2024/25 activity plan with a provisional performance of 106% of the Weighted Value Trust Activity Plan submitted to NHSE. From a financial point of view this equates to a provisional performance of 113% 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): *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* 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
COMMON CAUSE / NATURAL VARIATION			
SPECIAL CAUSE CONCERN			

Referral to Treatment (RTT)
Scorecard

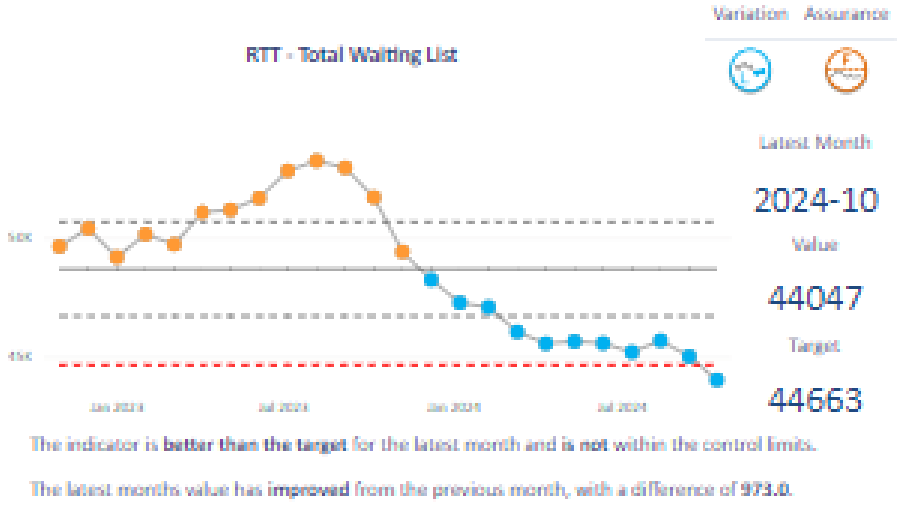
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

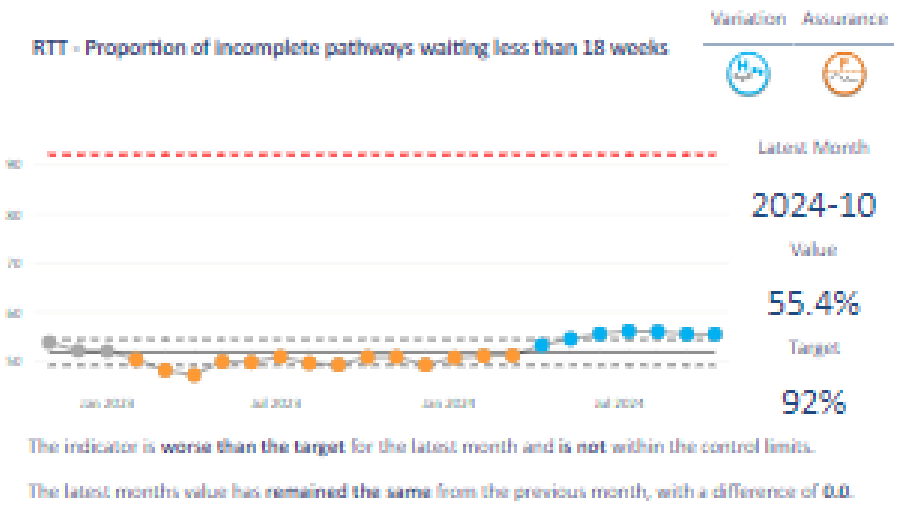
Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
RTT - Total Waiting List	2024-10			44047	45417	44663
RTT - Waits over 78 weeks for incomplete pathways	2024-10			0	0	0
RTT - Waits over 65 weeks for Incomplete Pathways	2024-10			26	0	0
RTT - Waits over 52 weeks for Incomplete Pathways	2024-10			1158	1367	923
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-10			55.4%		92%
RTT - Mean Week Waiting Time - Incomplete Pathways	2024-10			18.5		
Proportion of BAME pathways on RTT PTL (S056a)	2024-10			1.7%		
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2024-10			12.3%		
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2024-10			66.1%		

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: National constitutional target of 92% of patients should be waiting less than 18 weeks.

Actions:

- The Trust's RTT Waiting List continues to have a high data quality RTT PTL Confidence Rating of 99.7% 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 which 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. The project 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.

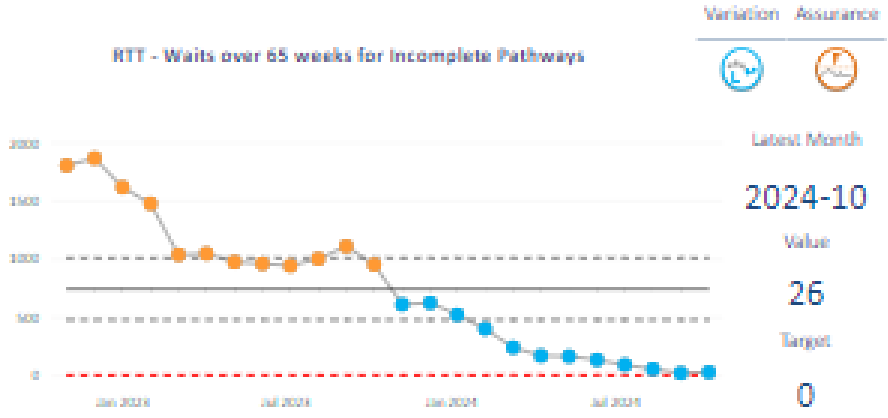
KPIs – Operational Activity and Performance

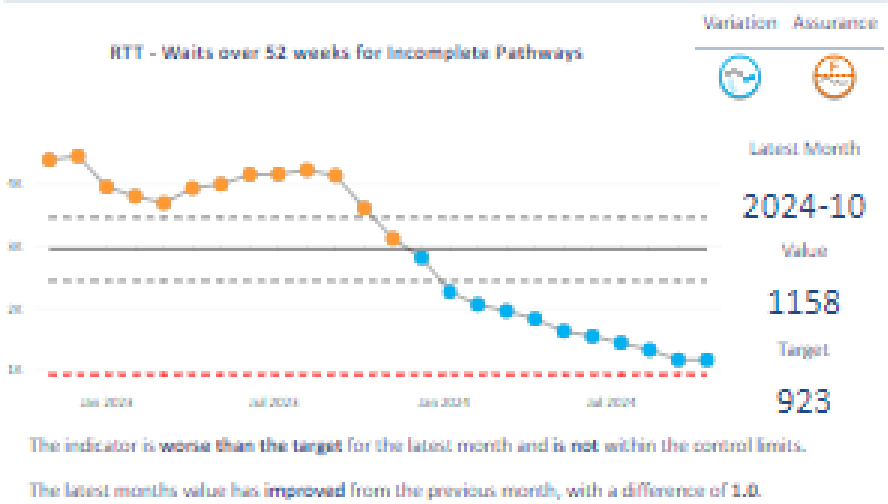
Referral to Treatment RTT (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton





Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC2: National ambition 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 were in place for specialties with RTT65 'risks' during October 2024 and will continue for the rest of the calendar year at least.
- The Trust's activity plan is aligned to our improvement trajectory to deliver an improvement to have no more than 923 RTT52 week waits by the end of March 2025, that was submitted to the national team on the 2nd of May 2024. At the end of October 2024, the Trust was 209 ahead of the trajectory (1,158 against 1,367).
- Exploring mutual aid and independent sector capacity for Neurology. The service expects to finalise and commence an arrangement to insource capacity with an independent supplier during November 2024.

Health Inequalities

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Vicky Mulvana-Tuohy

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: **October 2024**

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	19	5268	12.25%	8.88%
2	18	6053	14.08%	13.59%
3	18	9041	21.03%	20.94%
4	18	9599	22.33%	20.68%
5	18	13035	30.32%	35.90%
Unknown	19	1073		
Total	**18**	**44069**		

RTT PTL by Ethnic Group

At end of: **October 2024**

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	18	28834	98.30%	94.34%
Black, Black British, Caribbean or African	15	66	0.23%	0.94%
Mixed or multiple ethnic groups	16	122	0.42%	1.26%
Asian or Asian British	19	218	0.74%	2.97%
Other ethnic group	18	92	0.31%	0.49%
Unknown	18	11870		
Not Stated	19	2867		
Total	**18**	**44069**		

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.

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: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Outpatients - DNA rates * Day Cases (based on Activity v Plan) * Electives (based on Activity v Plan)	* Outpatients: 1st Attendances (Activity vs Plan) * Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)
COMMON CAUSE / NATURAL VARIATION	* Outpatient procedures	* 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 (SO17a)
SPECIAL CAUSE CONCERN	* Percentage of elective admissions which are day case	* Outpatients: Follow Up Attendances (Activity vs 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

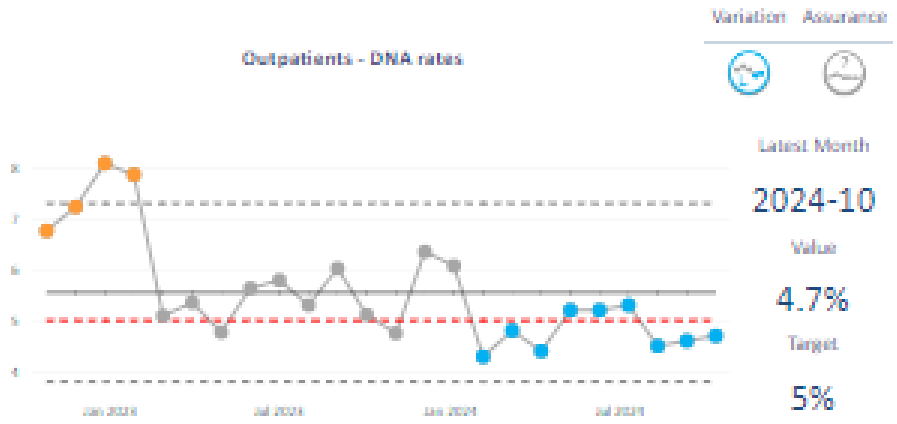
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

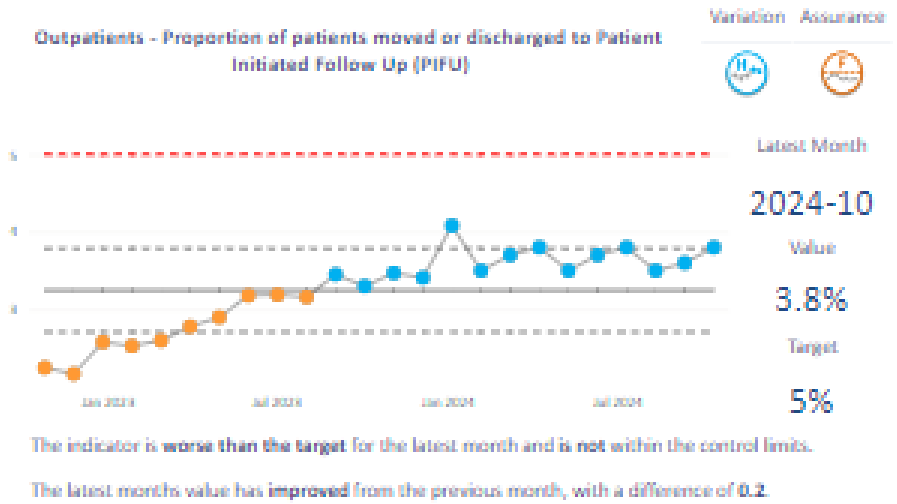
Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Outpatients - Proportion of appointments delivered virtually (S017a)	2024 10		F	20.8%		25%
Outpatients - DNA rates	2024 10	L	?	4.7%		5%
Outpatients: 1st Attendances (Activity vs Plan)	2024 10	H	F	20510	19921	19723
Outpatients: Follow Up Attendances (Activity vs Plan)	2024 10	H	?	48047	49589	45738
Outpatient procedures	2024 10		P	15015	8554	7884
Outpatients: Follow up Partial Booking (FUPB) Overdue (over 6 weeks)	2024 10	H	F	28684		0
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2024 10	H	F	3.8%	4.7%	5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2024 10	L	F	25.6%		99%
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 09		?	16		0
Day Cases (based on Activity v Plan)	2024 10	H	?	7818	7081	7037
Electives (based on Activity v Plan)	2024 10	H	?	770	606	576
Percentage of elective admissions which are day case	2024 10	L	P	91%		85%

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.

Factors impacting performance:

- Outpatient bi-directional text messaging continues to positively impact DNA rates.

Actions:

- The addition of patients to a PIFU list has been automated, and the Outpatient Delivery Group (ODG) is creating a mechanism to allow Care Groups to roll out across their specialties. The Trust is working through the Information Governance implications to allow patients to request PIFU appointments digitally.

- Outpatient Procedure Code (OPCS) project is ongoing to improve outpatient procedure coding with Care Groups using reports to target specific areas where correct recording has not occurred. The Trust delivered the NHSE planning priority of 46% of first and outpatient procedures as a proportion of outpatient in October 2024 with performance of 49.3%. Year to date the Trust has achieved performance of 49.4%.

- The ODG is creating the roll out plan for Referral for Expert Input (REI) to coincide with the introduction of the new interface with the E-Referral Service (eRS) to facilitate automatic upload of referrals which is planned to go live in late November 2024.

Headlines:

The October 2024 Diagnostic target position for patients waiting less than six weeks at month end was 76.4% (up from 72.9% at the end of September 2024), against the trajectory of 76.7%. The Trust saw month on month improvement from the end of September 2024 in the following:

- MRI.
- CT.
- Non-obstetric Ultrasound.
- Barium Enema.
- Audiology.
- Neurophysiology.
- Sleep Studies.
- Urodynamics.
- Colonoscopy.
- Flexi-Sigmoidoscopy.
- Gastroscopy.

Factors impacting performance:

- Complexity of CDC programme delivery and delay to activity go live for a range of tests.
- Development of non-consultant workforce.
- to be rolled out which requires and additional 5 sessions per week to manage demand over York and Scarborough. Two Gastroenterology consultants at Scarborough are currently absent due to illness. The York team are covering acute workload and ward rounds, this has impacted on the ability to deliver planned lists. Options for locum cover and mutual aid are being explored.
- Increase in outsourced work leading to longer reporting times due to lack of in-house reporting capacity.
- CT most challenged imaging diagnostic due to demand, workforce and equipment issues. Workforce challenges within Cardiology for healthcare scientists, mitigated with insourcing.
- Capital programme in place for replacement of aging equipment over the next 2/3 years, including MRI and CT. CT3 at York is now planned for replacement in May 2025. Services report an increased urgent and cancer demand, work is underway to scope a dashboard to be able to quantify and monitor demand. Funding bids have been placed for prostate, colorectal and gynae pathways to support recovery .
- NOUS backlog due to specialist nature (MSK). There are circa 680 patients overdue by 6 weeks or more which aren't currently scheduled for an appointment in November.
- Workforce challenges across most imaging modalities, this is a national problem, and consequence of higher banding for CDC mobile so seeing increased attrition of staff. Increase in outsourced work leading to longer reporting times due to lack of in-house reporting capacity.

Actions:

Please see page below.

Summary MATRIX

Diagnostics: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	* Diagnostics - Proportion of patients waiting <6 weeks from referral * 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 - Sleep studies * Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy
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 - CT * Diagnostics - Proportion of patients waiting <6 weeks from referral - Non obs Ultrasound * Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan * Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics
SPECIAL CAUSE CONCERN		* Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	* Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology

DIAGNOSTICS – National Target: 95%

Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2024 10			76.4%	76.7%	89.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2024 10			84.6%	73.6%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2024 10			73.6%	76.9%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non obs Ultrasound	2024 10			78.7%	87.9%	95%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2024 10			86.3%	85.2%	95.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2024 10			59.2%	77.1%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2024 10			62.3%	89.5%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2024 10			85.2%	52%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2024 10			80.4%	95.7%	95.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2024 10			87.6%	95.2%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2024 10			45.5%	50%	70.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2024 10			79.6%	62.2%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2024 10			76.2%	46.2%	52.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2024 10			66%	85.4%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2024 10			78.1%	79.1%	84.8%

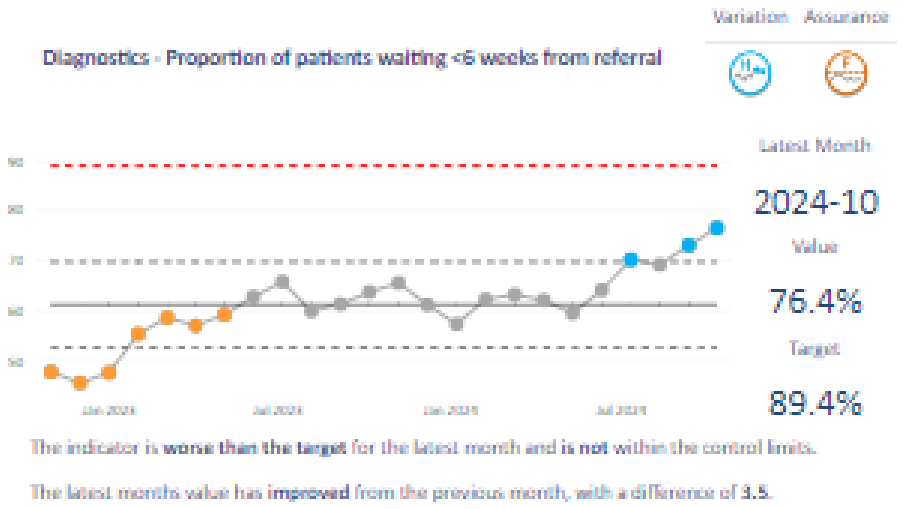
KPIs – Operational Activity and Performance

Diagnostics (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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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%.

Actions:

Endoscopy:

- Capacity and demand analysis undertaken. Shows significant gap. Review of points per lists to understand impact of surgical consult and scope model has been carried out and shows the potential, if consultation removed, for an additional circa 40 colonoscopies per week across all sites. Discussions ongoing with General Surgery colleagues to consider potential way forward.
- Workforce plan in progress for the next 3 years.

Imaging:

- CT recovery plan in progress including insourcing of Cardiac CT. This is currently going through procurement processes and is anticipated to be in place by end December. CT Task and finish group to reduce unnecessary requests. Increase in DEXA activity is planned from November, however due to a delay in Nuffield completing the data sharing IG it will be week 3 at the earliest before this can be in place. The additional activity will be a mix of DM01 and surveillance.
- CDC capacity has come online (45,000total additional tests).
- NOUS timeout produced action plan to address MSK backlog. Actions include work to review MSK radiologist job plans, longer term training of sonographers to reduce reliance on radiologists, scoping of the potential to remove duty radiologist role and outsourcing of acute hub work to free radiologists to do specialty work including MSK.
- HNY productive partners work to identify good practices and productivity and efficiency improvements in imaging. Also support visibility of each Trust's information so informs mutual aid discussions.

Scarborough CDC site go-live is scheduled for March 2025.

Summary MATRIX

Children & Young Persons: *please note that any metric without a target will not appear in the matrix below*

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 - 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

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

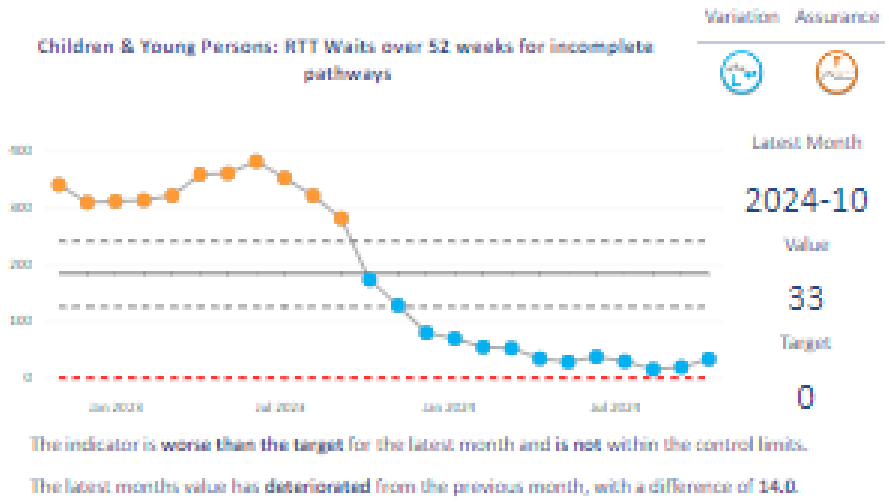
Executive Owner: Claire Hansen

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Children & Young Persons: ED - Patients waiting over 12 hours in department	2024 10			7		0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2024 10			78%	95%	95%
Children & Young Persons: RTT - Total Waiting List	2024 10			3771		
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024 10			62.7%		92%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways	2024 10			33	0	0

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: Aim to have zero patients waiting more than 52 weeks (internal target).

Factors impacting performance:

- The Trust did not deliver the trajectory for RTT52 weeks wait for patients aged under eighteen with 33 against a revised internal trajectory of zero. The Trust is seeking to deliver zero CYP patients waiting over 52 weeks as soon as possible.

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.

- 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. This is in phase 2 of the plan which will be 2025.
  - Strategy for day case surgery for children: trial day case list at Scarborough was undertaken in September 2024.
  - Going further for children waiting times for surgery.
  - Stabilise community waiting lists. – Business case for additional workforce being taken through executive committee for approval.

Summary MATRIX

Community: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	* Percentage of Virtual Ward beds occupied	* Number of open Virtual Ward beds
COMMON CAUSE / NATURAL VARIATION	* 2 hour Urgent Community Response (UCR) Compliancy %		
SPECIAL CAUSE CONCERN			

COMMUNITY
Scorecard

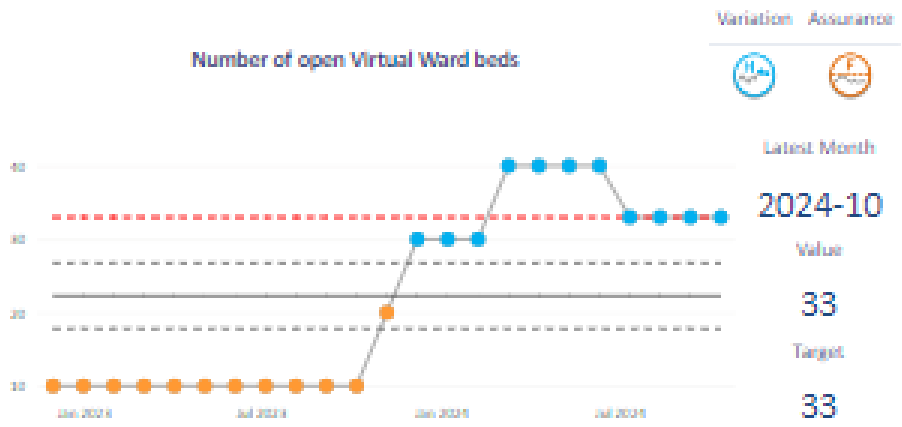
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

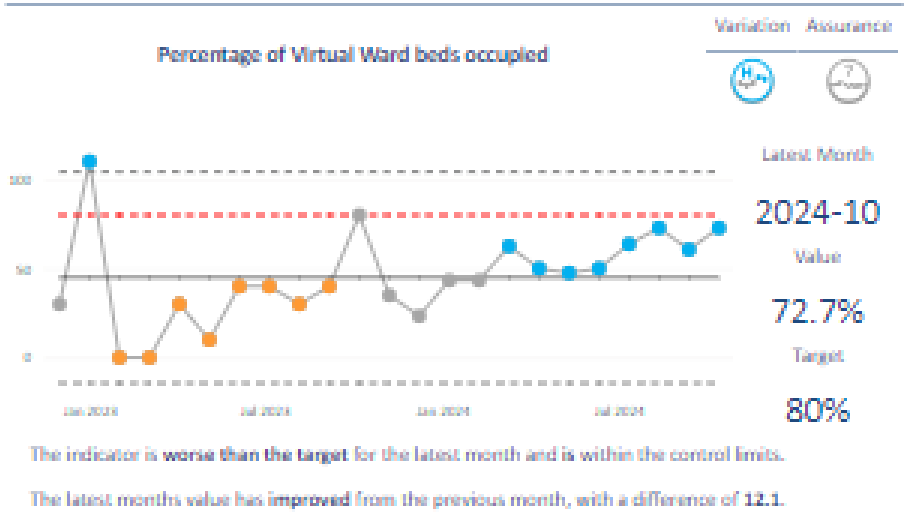
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of open Virtual Ward beds	2024 10			33		33
Percentage of Virtual Ward beds occupied	2024 10			72.7%		80%
Community Response Team (CRT) Referrals	2024 10			554		
Total Urgent Community Response (UCR) referrals	2024 10			536		
2 hour Urgent Community Response (UCR) care Referrals	2024 10			135		
2 hour Urgent Community Response (UCR) Compliancy %	2024 10			82.2%		70%
Number of Adults (18+ years) on community waiting lists per system	2024 10			879		
Number of CYP (0 17 years) on community waiting lists per system	2024 10			1889		
Number of District Nursing Contacts	2024 10			21303		
Number of Selby CRT Contacts	2024 10			2735		
Number of York CRT Contacts	2024 10			4331		
Referrals to District Nursing Team	2024 10			2348		
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2024 10			800	1056	1056

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





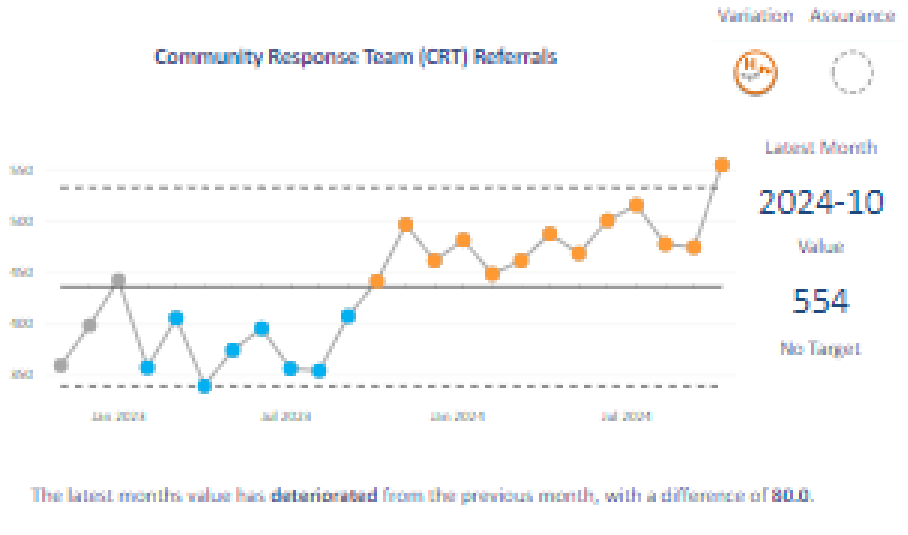
Rationale: To monitor demand on Community virtual wards.
Target: SPC1: Trust is commissioned to deliver 33 virtual ward beds. **SPC2:** Aim to achieve 80% virtual ward bed occupancy as per activity plan.

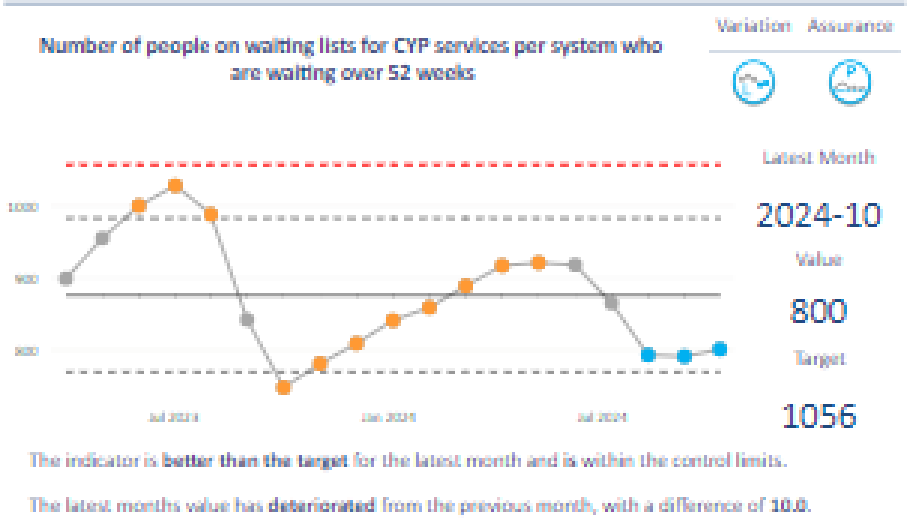
Factors impacting performance:
- Workforce challenges.
- Acute pressures.

Actions:
- The ambition for virtual ward utilisation rate is 80%; October 2024 performance was 72.7%. Conversations are ongoing with the ICB about more sophisticated measures of success.
- Work is ongoing with RAFA, SDEC and ED to increase referrals from these areas to the Frailty and Heart Failure virtual wards.
- The York Frailty virtual ward is now technology-enabled through the system Inhealthcare which was procured with externally awarded funds at the end of last financial year. Our Heart Failure virtual ward team is in the final stages of building a technology-enabled pathway. The quality of care remains high on both VWs with both meeting their access standards with consistently high patient feedback and no complaints. GIRFT have been invited to review the wards later this year.
- To ensure the best use of available funding, the team is continuing to remodel the workforce for Frailty and Heart Failure virtual wards,
- The Heart Failure team remain keen to expand its remit and support an in-reach service into Emergency Departments, however this would require additional investment.
- The Community UEC Improvement project, part of UCIP, oversees virtual ward usage and improvement. It recently requested that a respiratory virtual ward is reconsidered. Previous scoping work resulted in a request for additional funding (shared with the resource committee); that was not possible and therefore the ask now is to identify what is achievable on a smaller scale with no additional funding. This work continues.
- Another aim is to develop an IV antibiotic pathway to start at home and prevent an admission. Microbiology are concerned about the risks so more work and careful consideration is required. CHCP have a pathway in place that we are learning from.
- Humber Virtual Ward (covering Scarborough) is currently undergoing a GIRFT review.

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.

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 increased from 790 at the end of September 2024 to 800 at the end of October 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.
- **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. Part of the improvement plan is to deliver WLI sessions that will see twenty-one patients on weekends.
- **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.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

QUALITY AND SAFETY

November 2024

Summary MATRIX 1

Quality and Safety: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Patient Falls per thousand Bed Days	
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 Klebsiella Bacteraemias * Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias * Total Number of Never Events Reported * Monthly SHMI * Monthly HSMR	
SPECIAL CAUSE CONCERN			

Quality & Safety
Scorecard (1)

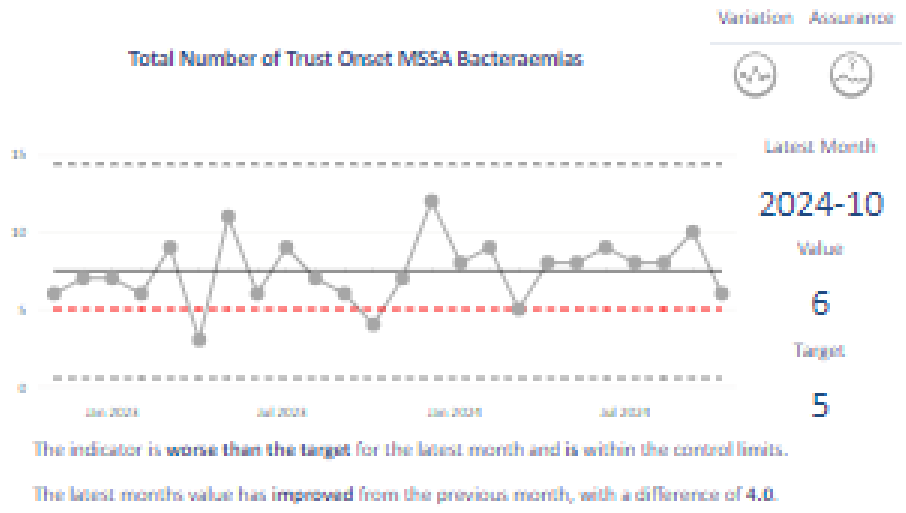
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

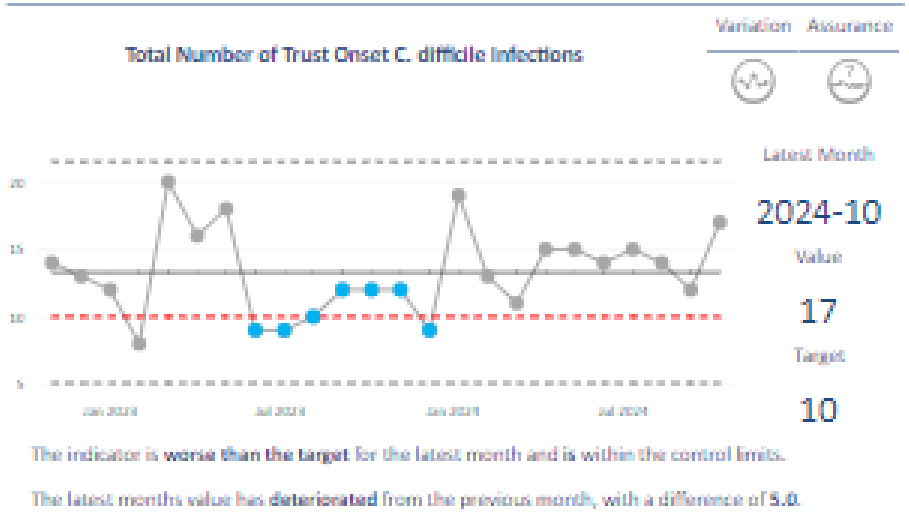
Executive Owner: Dawn Parkes **Operational Lead:** Sue Peckitt

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Total Number of Trust Onset MSSA Bacteraemias	2024 10			6	5	5
Total Number of Trust Onset MRSA Bacteraemias	2024 10			1		0
Total Number of Trust Onset C. difficile Infections	2024 10			17	10	10
Total Number of Trust Onset E. coli Bacteraemias	2024 10			23	13	13
Total Number of Trust Onset Klebsiella Bacteraemias	2024 10			2	5	4
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2024 10			1		2
Pressure Ulcers per thousand Bed Days	2024 10			4.3		
Patient Falls per thousand Bed Days	2024 10			7.8		8.7
Medication incidents per thousand bed days	2024 10			5.6		

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 are a 5% reduction on the 2023/24 year end position.

Factors impacting performance:

- MSSA bacteraemia breached the internally set target of 6 cases with 5 cases recorded in October, 4 cases attributed to Medicine Care Group, 2 attributed to Surgery Care Group. 67% of the cases are attributed to Scarborough Hospital and 33% of the cases are attributed to Scarborough Hospital. The Trust is 9 cases over the year- to date target.
- The Trust has recorded 1 MRSA Bacteraemia case in October making a total of 4 cases for 2024/25 against a zero target..
- 17 Trust attributed Clostridioides difficile cases against a trajectory of 12. Of the 17 cases 59% were attributed to York Hospital, 35% attributed to Scarborough Hospital, 6% attributed to community hospital sites. The Trust is 6 cases over the year to date target.
- Ward 36 is seeing a period of increase incidence of infection since September with an increase in MSSA and MRSA bacteraemia and Clostridioides difficile cases.

Actions:

- The care group IPC/AMS meetings have all now commenced and are reviewing and actioning improvement requirements.
- All MSSA bacteraemia undergo a review using a PSIRF approach, learning identified improvement needed with hand hygiene compliance, IV cannula documentation, ANTT compliance. The move towards care groups leading in these reviews has commenced.
- The MSSA /MRSA suppression treatments are being updated in line with changing guidelines
- Internal audit of Cannula Management Action plan all actions are now closed.
- Clostridioides difficile cases are reviewed using PSIRF approach, learning identified is being addressed via the Care Group IPC/AMS meetings.
- IPC has been the topic for September and October in the Chief Nurse Year of Quality.
- Ward 36 is having enhanced support and a review meeting led by the care group is being arranged.
- Cherry and Chestnut ward have had a sustained reduction of Clostridiodies difficile with over 60% reduction in cases since November 2023.

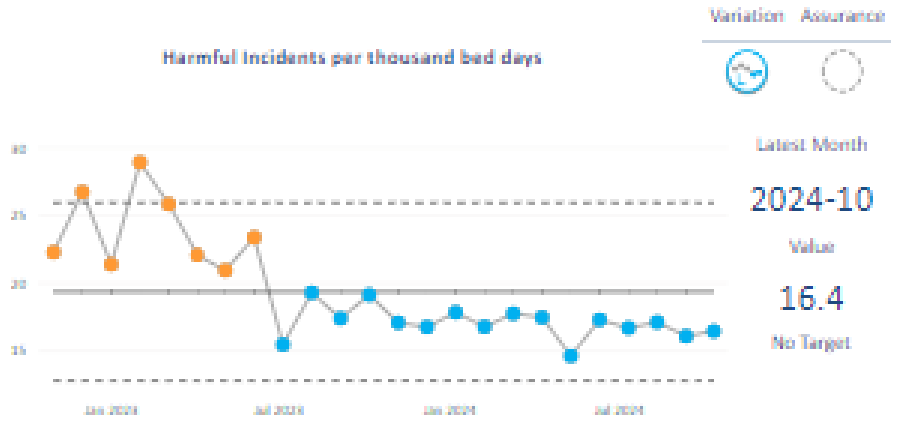
Quality & Safety
Scorecard (2)

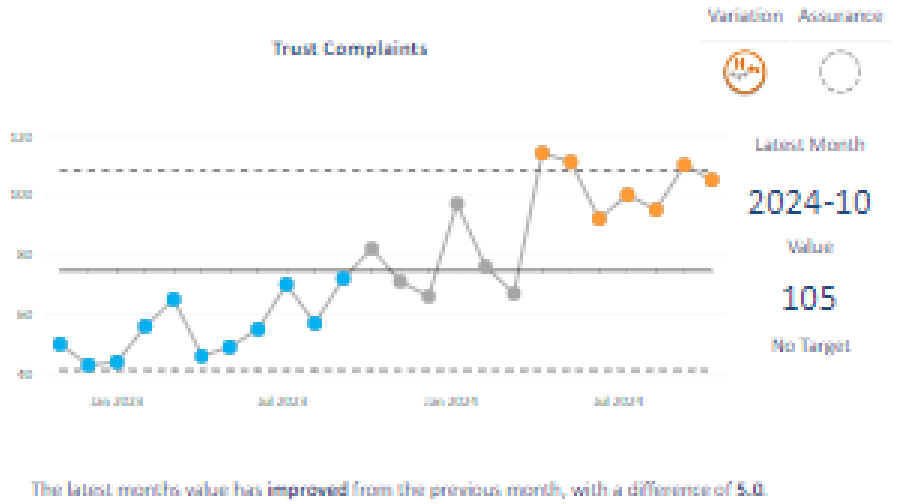
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Adele Coulthard/ Dawn Parkes **Operational Lead:** Dan Palmer/ Tara Filby/ Sacha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patient Safety Incidents per thousand Bed Days	2024 10			51.8		
Harmful Incidents per thousand bed days	2024 10			16.4		
Total Number of Never Events Reported	2024 10			0		0
In Hospital Deaths	2024 10			193		
Quarterly SHMI	2024 03			98.3		100
Monthly SHMI	2024 06			91.1		100
Quarterly HSMR	2024 06			111.8		100
Monthly HSMR	2024 07			103.2		100
Trust Complaints	2024 10			105		
Antepartum Stillbirths	2024 09			1		
Intrapartum Stillbirths	2024 09			0		
Early neonatal deaths (0-7 days)	2024 09			0		
PPH > 1.5L as % of all women - York	2024 09			4.3%		
PPH > 1.5L as % of all women - Scarborough	2024 09			2.8%		
Percentage of fractured neck of femur patients treated within gold standard timeframe (a month in arrears)	2024 09			22		

Executive Owner: Adele Coulthard/ Dawn Parkes/Karen Stone **Operational Lead:** Dan Palmer/ Tara Filby





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

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 until there is closure of all SI's in the old framework.

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. Until the use of out turn method changes this data will be challenging to interpret.

Factors impacting performance:
The number of new complaints remains high and remains at a 100% increase from the number received pre-pandemic. The number has however reduced in the last month.

The area receiving the highest number of complaints continues to be the Emergency Department in York, with themes of staff attitude, ineffective communication and delays in being seen. This appears to correlate with ongoing operational pressures, with protracted waits for ambulance handover, wait to be seen by a doctor and wait to be transferred to an assessment space. These themes also continue to feature in the top 5 themes across all areas of the Trust.

Actions:
Work is underway to relieve the pressures in ED, to improve patient flow and therefore improve patient experience. A 'continuous flow' model has been commenced as a pilot on 4 wards in York (from 23rd October) and 2 wards at Scarborough (from 30th October).

In Q2 the complaints feedback has been triangulated with other data sources. A 'patient, carer and families experience and engagement framework' has been codesigned with high level aims and objectives agreed. This has been circulated for consultation with the aim to approve in Q3.

An improvement plan is under development, focusing on key themes of communication, accessible information and staff attitude. This includes a plan to target customer care training in hotspot areas, facilitated by NHS Elect. The plan will be developed in Q3 and presented to the Patient Experience Subcommittee.

To support improvements in patient experience, it has been agreed to re-set the Matron role, including being released from any meetings before 11.00am – this will increase the visibility of nursing leadership in clinical areas, aimed at promoting high quality care and effective communication with patients and families.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

MATERNITY

November 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)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - Scarborough	2024-09			109		169	Target
Bookings <10 weeks - Scarborough	2024-09			62.4%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2024-09			8.3%		10%	Target
Births - Scarborough	2024-09			107		113	Target
No. of women delivered - Scarborough	2024-09			107		112	Target
Planned homebirths - Scarborough	2024-09			0%		2.1%	Target
Homebirth service suspended - Scarborough	2024-09			27		3	Target
Women affected by suspension - Scarborough	2024-09			0		0	Target
Community midwife called in to unit - Scarborough	2024-09			0		3	Target
Maternity Unit Closure - Scarborough	2024-09			0		0	Target
SCBU at capacity - Scarborough	2024-09			1		0.4	Baseline
SCBU at capacity of intensive care cots - Scarborough	2024-09			6		3.9	Baseline
SCBU no of babies affected - Scarborough	2024-09			0		0	Target
1 to 1 care in Labour - Scarborough	2024-09			100%		100%	Target
L/W Co ordinator supernumerary % - Scarborough	2024-09			92.8%		100%	Target
Anaesthetic cover on L/W - Scarborough	2024-09			5		10	Target

Summary MATRIX 2 of 3

Maternity Scarborough

MATRIX KEY

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

VARIATION

	ASSURANCE		
	PASS	HIT or MISS	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 * Induction of labour - Scarborough * HDU on L/W - Scarborough * BBA - Scarborough * Neonatal Death - Scarborough * Antepartum Stillbirth - 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		* Emergency caesarean - Scarborough	

Maternity Scarborough
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - Scarborough	2024 09			49.5%		57%	Target
Assisted Vaginal Births - Scarborough	2024 09		P	5.6%		12.4%	Target
C/S Births - Scarborough	2024 09			44.9%		40.4%	Baseline
Elective caesarean - Scarborough	2024 09			12.1%		19%	Baseline
Emergency caesarean - Scarborough	2024 09	H		32.7%		21.4%	Baseline
Induction of labour - Scarborough	2024 09			40.2%		43.5%	Baseline
HDU on L/W - Scarborough	2024 09			9		5	Target
BBA - Scarborough	2024 09			1		2	Target
HSIB cases - Scarborough	2024 09	L		0		0	Target
Neonatal Death - Scarborough	2024 09			0		0	Target
Antepartum Stillbirth - Scarborough	2024 09			0		0	Target
Intrapartum Stillbirths - Scarborough	2024 09		P	0		0	Target
Cold babies - Scarborough	2024 09			2		1	Target
Preterm birth rate <37 weeks - Scarborough	2024 09			5.6%		6%	Target
Preterm birth rate <34 weeks - Scarborough	2024 09			0.9%		1%	Target
Preterm birth rate <28 weeks - Scarborough	2024 09			0%		0.5%	Target

Summary MATRIX 3 of 3

Maternity Scarborough

MATRIX KEY

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

ASSURANCE

VARIATION

	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT	* 3rd/4th Degree Tear - assisted birth - Scarborough		* Carbon monoxide monitoring at 36 weeks - Scarborough
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - Scarborough * Breastfeeding initiation rate - 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)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - Scarborough	2024 09			0.9%		0%	Target
Breastfeeding initiation rate - Scarborough	2024 09			80.4%		75%	Target
Breastfeeding rate at discharge - Scarborough	2024 09			56.1%		65%	Target
Smoking at booking - Scarborough	2024 09			11%		6%	Target
Smoking at 36 weeks - Scarborough	2024 09			5.7%		6%	Target
Smoking at time of delivery - Scarborough	2024 09			10.3%		6%	Target
Carbon monoxide monitoring at booking - Scarborough	2024 09			82.6%		95%	Target
Carbon monoxide monitoring at 36 weeks - Scarborough	2024 09	H	F	63.4%		95%	Target
SI's - Scarborough	2023 10			1		0	Target
PPH > 1.5L as % of all women - Scarborough	2024 09			2.8%		2.6%	Baseline
Shoulder Dystocia - Scarborough	2024 09			2		2	Target
3rd/4th Degree Tear - normal births - Scarborough	2024 09			0%		2.8%	Target
3rd/4th Degree Tear - assisted birth - Scarborough	2024 09	L	P	0%		6.1%	Target
Informal Complaints - Scarborough	2024 09			0		0	Target
Formal Complaints - Scarborough	2024 09			2		0	Target

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	
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 * Planned homebirths - York * Women affected by suspension - York * Maternity Unit Closure - 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 * L/W Co-ordinator supernumerary % - York	* Homebirth service suspended - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - York	2024-09			296		295	Target
Bookings <10 weeks - York	2024-09			77.4%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - York	2024-09		P	2.4%		10%	Target
Births - York	2024-09			234		245	Target
No. of women delivered - York	2024-09			228		242	Target
Planned homebirths - York	2024-09			0.4%		2.1%	Target
Homebirth service suspended - York	2024-09		F	21		3	Target
Women affected by suspension - York	2024-09			0		0	Target
Community midwife called in to unit - York	2024-09	L		0		3	Target
Maternity Unit Closure - York	2024-09			1		0	Target
SCBU at capacity - York	2024-09			0		0.4	Baseline
SCBU at capacity of intensive care cots - York	2024-09			16		22.1	Baseline
SCBU no of babies affected - York	2024-09			0		0	Target
1 to 1 care in Labour - York	2024-09			100%		100%	Target
L/W Co ordinator supernumerary % - York	2024-09			100%		100%	Target
Anaesthetic cover on L/W - York	2024-09		P	10		10	Target

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

Maternity York
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - York	2024-09			55.1%		57%	Target
Assisted Vaginal Births - York	2024-09			10.3%		12.4%	Target
C/S Births - York	2024-09			34.6%		35.9%	Baseline
Elective caesarean - York	2024-09			12%		14.7%	Baseline
Emergency caesarean - York	2024-09			22.6%		21.2%	Baseline
Induction of labour - York	2024-09			44.3%		45.9%	Baseline
HDU on L/W - York	2023-10			8		5	Target
BBA - York	2024-09			0		2	Target
HSIB cases - York	2024-09			0		0	Target
Neonatal Death - York	2024-09			0		0	Target
Antepartum Stillbirth - York	2024-09			1		0	Target
Intrapartum Stillbirths - York	2024-09			0		0	Target
Cold babies - York	2024-09			1		1	Target
Preterm birth rate <37 weeks - York	2024-09			11.5%		6%	Target
Preterm birth rate <34 weeks - York	2024-09			2.1%		2%	Target
Preterm birth rate <28 weeks - York	2024-09			0%		0.5%	Target

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	* 3rd/4th Degree Tear - assisted birth - York	* Breastfeeding Initiation rate - York * Breastfeeding rate at discharge - York * Smoking at time of delivery - York	* Carbon monoxide monitoring at 36 weeks - York
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - York * Smoking at booking - York * Smoking at 36 weeks - 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)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - York	2024 09			0.4%		0%	Target
Breastfeeding initiation rate - York	2024 09			87.6%		75%	Target
Breastfeeding rate at discharge - York	2024 09			67.7%		65%	Target
Smoking at booking - York	2024 09			6.4%		6%	Target
Smoking at 36 weeks - York	2024 09			6.6%		6%	Target
Smoking at time of delivery - York	2024 09			3.9%		6%	Target
Carbon monoxide monitoring at booking - York	2024 09			90.5%		95%	Target
Carbon monoxide monitoring at 36 weeks - York	2024 09			79.2%		95%	Target
SI's - York	2023 10			2		0	Target
PPH > 1.5L as % of all women - York	2024 09			4.3%		4.6%	Baseline
Shoulder Dystocia - York	2024 09			0		2	Target
3rd/4th Degree Tear - normal births - York	2024 09			0%		2.8%	Target
3rd/4th Degree Tear - assisted birth - York	2024 09			0%		6.1%	Target
Informal Complaints - York	2024 09			0		0	Target
Formal Complaints - York	2024 09			3		0	Target

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

WORKFORCE

November 2024

Summary MATRIX

Workforce: *please note that any metric without a target will not appear in the matrix below*

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

Workforce
Scorecard (1)

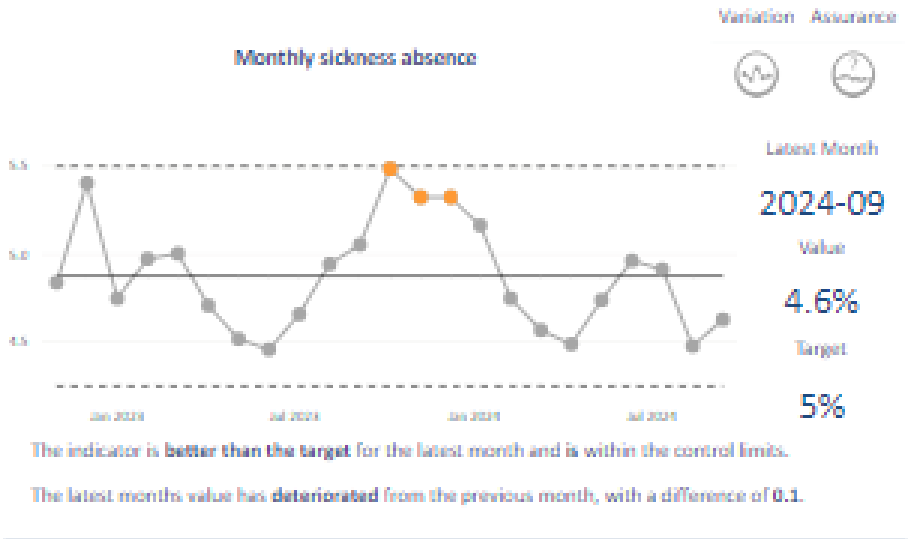
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

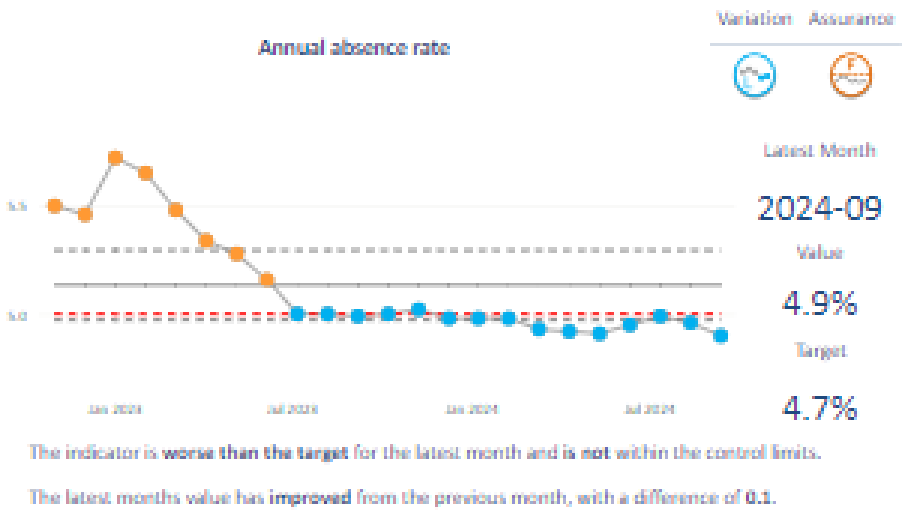
Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Monthly sickness absence	2024 09			4.6%		5%
Annual absence rate	2024 09			4.9%	4.7%	4.7%
12 month rolling turnover rate Trust (FTE)	2024 10			8.3%		10%
Overall vacancy rate	2024 10			7.5%		6%
HCSW vacancy rate	2024 10			6.9%		5%
Midwifery vacancy rate	2024 10			3.3%		0%
Medical and dental vacancy rate	2024 10			1.8%		6%
Registered Nursing vacancy rate	2024 10			4.5%		5%
AHP vacancy rate	2024 10			7.4%	8.5%	8.5%
Total Agency Whole Time Equivalent Filled	2024 09			119.4		151
Total Bank Whole Time Equivalent Filled	2024 09			690.9		557
OVERALL: Percentage of rosters approved six weeks before start date	2024 09			20.4%		100%
NURSING & MIDWIFERY: Planned versus delivered hours (net hours) per Whole Time Equivalent	2024 09			3580.5	0	0
NURSING & MIDWIFERY: Percentage of actual clinical unavailability versus percentage of budgeted clinical unavailability (headroom)	2024 09			28%	22%	22%

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





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

Factors impacting performance and actions:
The Trust has seen an increase in sickness absence from August to September (420.17 WTE in September vs 404.75 WTE in August); stress/anxiety cases continue to rise, increasing from 109.17 WTE to 114.18 WTE. Musculoskeletal problems reduced from 49.16 WTE to 47.29 WTE.

The Trust continues to be proactive in offering wellbeing support for staff. Up to the first week of November, 3,476 staff had been vaccinated through the 'flu campaign, which equates to 29% of our workforce.

The Wellbeing Team and Freedom to Speak Up Guardian have been visiting wards and departments to raise awareness of support available to staff, ensuring they know how to access it and feel able to do so.

The Trust is awaiting a final ratified report from SEQOHS for the accreditation of its Occupational Health department. Following their visit in August, an interim report was sent by SEQOHS in mid-October. The Trust is in the process of providing further evidence to support the accreditation process.

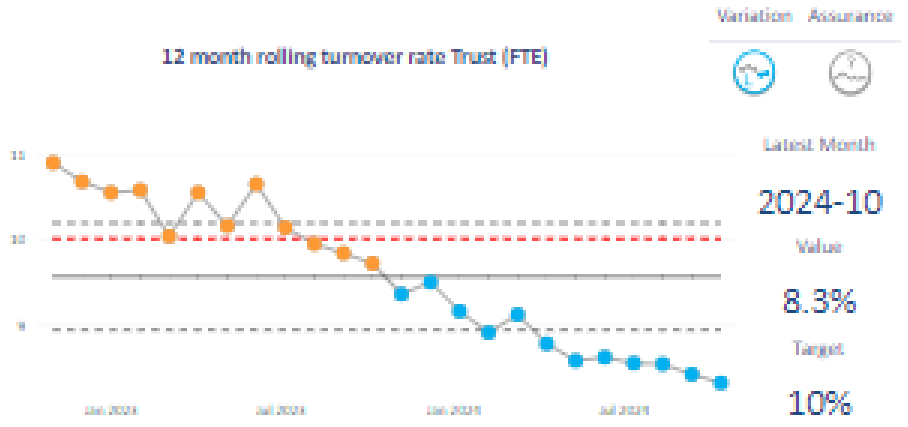
The annual Staff Survey closes on 29th November. Last year, the Trust's response rate was 39%. This time around, at just past the halfway point the Trust has recorded a response rate of 27%. This is lower than the 37% response rate received by organisations in the Trust's benchmark group.

The corporate staff survey improvement plan was previously approved by Board and encompasses a wide-ranging programme of work to improve staff experience, and includes stretch targets for the Trust to match the best scores in our peer group for the theme of 'Engagement' and the People Promise element 'We are compassionate and inclusive' by 2025

Discussions continue with Unite the Union over the industrial action taking place in Microbiology (York) and Blood Sciences (Scarborough). ACAS conciliation meetings are progressing with the next taking place on 20th November. A proposal will be tabled for Unite to take to their members in the hope to offset further industrial action.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



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

Factors impacting performance and actions:

The Trust is participating in a regional review of NHS providers' governance and systems for workforce planning and controls. At the beginning of the year, the Trust submitted an operational plan for 2024-25 which forecasted that its total workforce size (including substantive, bank and agency staff) would not increase during the financial year. At the end of September, however, the variance between the Trust's staffing position and its plan is 186 WTE (growth).

This is accounted for through above-plan growth in substantive (120 WTE - predominantly Health Care Support Workers) and bank (93 WTE – predominantly medical and dental) staffing, with a small amount being offset by a higher-than-forecasted reduction (28 WTE) in agency staffing.

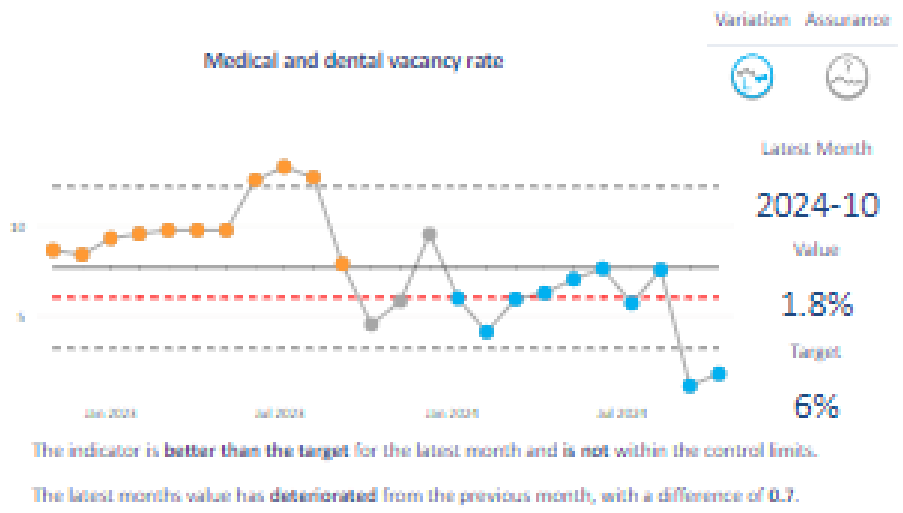
Registered nurse recruitment is now Care Group-led and will use bespoke adverts to attract nurses to specialities. Surgery currently have an advert out and are looking to fill 17.64 WTE vacancies.

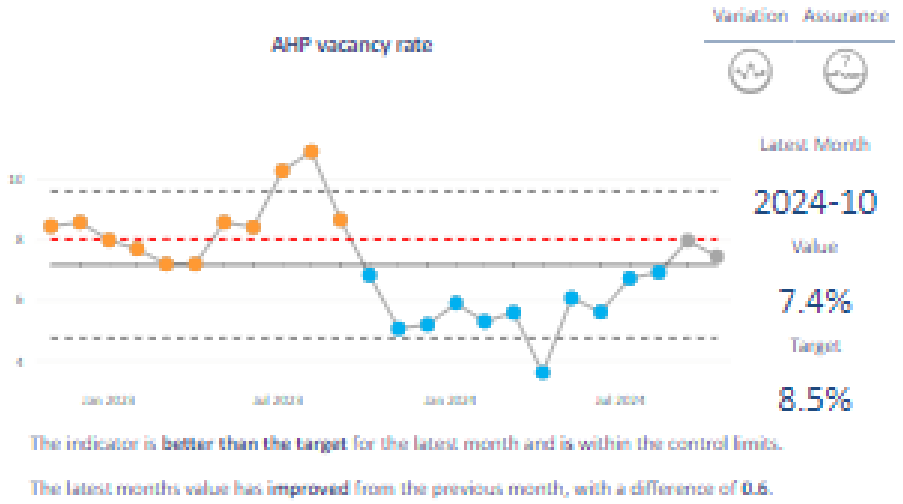
98 pre-registered nurses (95.24 WTE) have commenced in the organisation during the previous two-months.

Recruitment has commenced to roles for the Electronic Patient Record programme, contributing to a small increase in recruitment activity levels in November.

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%

Factors impacting performance and actions:

The Trust welcomed six newly-recruited medical staff into posts during October, including five Consultants, with three appointments being permanent posts within Radiology, Surgery and Renal.

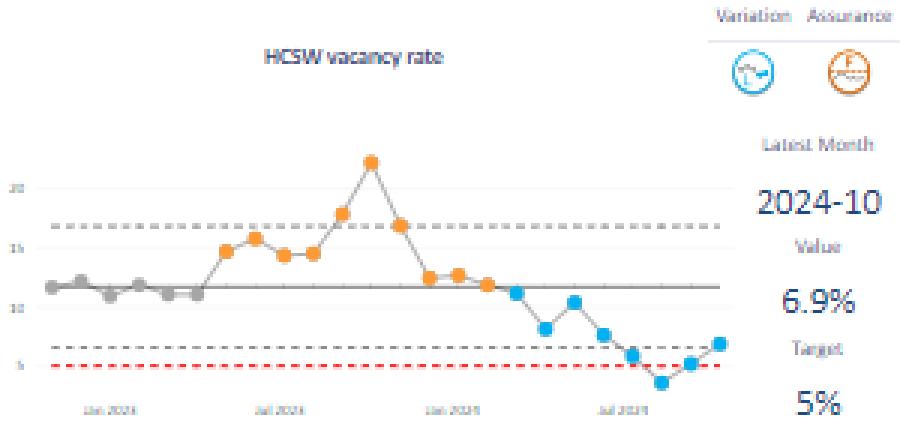
In addition, 14 offers were made for medical posts across the Trust, including an ENT Consultant, six Consultant locums and five speciality doctor posts.

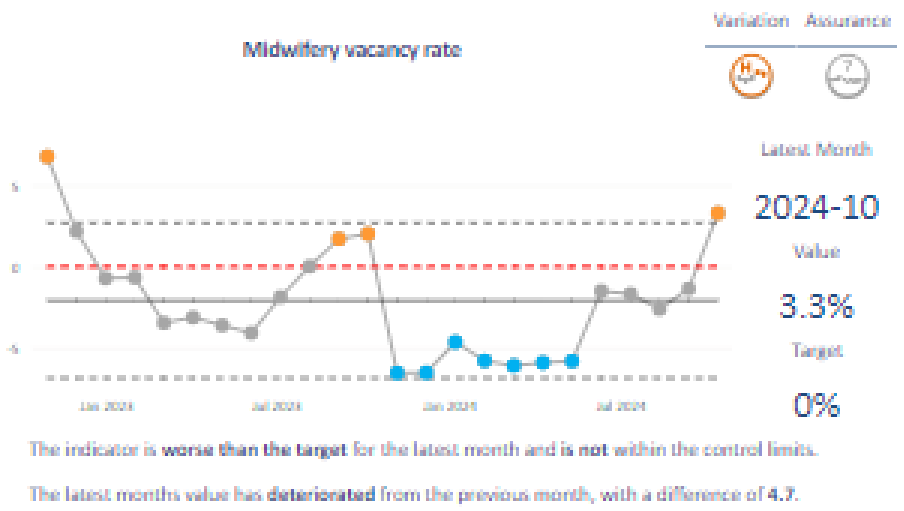
The number of substantive medical and dental staff has increased between September and October; however, there has also been a small increase in budgeted establishments (mostly concentrated in Anaesthetics) which has increased the overall vacancy rate.

The charted Medical and Dental vacancy rate is subject to a deep-dive to reconcile differences between the stated staffing position in the Trust's Human Resources & Payroll system and the Financial Ledger (which has been used to calculate the rate in this report). The indication is that the vacancy rate is currently higher than shown by the chart.

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 number of HCSW staff in the Trust has remained static between August and October; however, there has been a small increase in budgeted establishments which has resulted in an increased vacancy rate.

There are currently 15.46 WTE HCSWs undertaking pre-employment checks with the Trust, with an additional six HCSWs booked onto upcoming HCSW Academy dates. Seven HCSWs joined the November Academy. The Trust is continuing to use specialty group adverts to recruit to specific vacancies. Medicine held their first round of interviews on 8th November and made offers to 22 HCSWs (21.6 WTE). Pre-employment checks are underway, and all candidates have already been allocated to wards. Planned interviews are scheduled for 11th November for Medicine in Scarborough and 18th November for Surgery.

As part of the ongoing monitoring of Nursing Associates it was agreed to include the number of Nursing Associates employed by the Trust in the TPR. There has been a slight decrease in numbers from September to October with the headcount reducing from 66 to 65 and the WTE reducing from 61.16 to 59.96.

The Trust recently welcomed seven pre-registered midwives on the Scarborough site.

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								
Jul-24	2550.07	144.91	116.36	294.81	33.54	160.51	74.78	-25.98
Aug-24	2556.91	150.80	108.40	314.50	55.30	170.10	83.40	-5.70
Sep-24	2584.46	142.78	108.58	279.50	28.14	167.10	79.20	-5.06
HCA								
Jul-24	1255.81	73.33	59.39	263.31	130.59	220.96	0.00	88.24
Aug-24	1254.05	44.77	56.35	279.70	178.58	237.20	0.00	136.08
Sep-24	1265.82	65.39	55.46	259.90	139.05	216.60	0.00	95.75
M&D								
Jul-24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aug-24	1051.72	79.19	44.62	71.82	-51.99	24.40	39.82	-59.59
Sep-24	1053.52	11.59	44.56	99.41	43.26	39.50	44.81	28.16

Factors impacting performance and actions:

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 shifts 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. The group is planning to 'switch off' planned (where we know in advance) ad hoc agency use from 4th December for weekends, leaving flexibility for unplanned requests to maintain safe staffing levels if required.

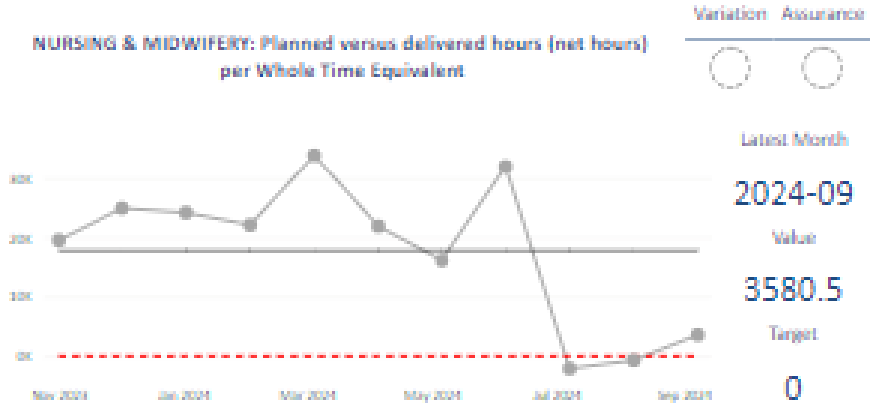
All ad hoc nursing agency shifts within the Trust are now within the NHSE agency price cap. This leaves several agency block bookings within Maternity and Theatres outside the agency price caps. The Nursing eRostering Assurance Group will monitor block bookings and explore opportunities to reduce costs moving forward.

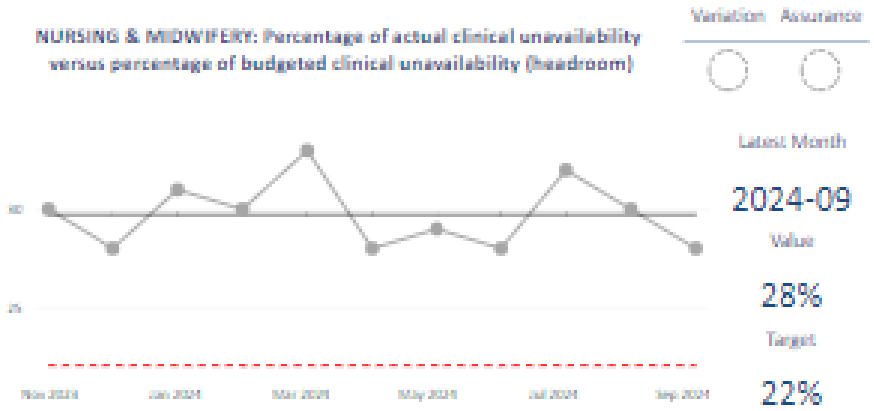
At the end of October, the Trust has successfully achieved one year with no off-framework agency bookings.

The Trust has signed up to form part of the ICB Collaborative Staff Bank, which will enable the Trust and partner organisations to share bank staff within the region. Membership includes HUTH and NLAG, with further organisations expected to come on board in the future. The Trust is taking steps to procure and implement the supporting software, with an expectation that the collaborative bank will go live in the organisation in the new calendar year. The initial focus of the collaborative bank is the nursing workforce, with other staffing groups expected to come on board in the subsequent months.

A recent audit has rated the Trust as providing "Significant Assurance" in respect of the escalation process for booking medical locums. The scope of the audit was to provide assurance that the processes in place for the use of medical agency and bank locums is effective and economical and minimises their use.

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.

Within nursing in-patient ward areas, the latest data shows 94% of rosters were published on time (up from 86% for the previous roster period). Only three wards were not approved on time, one each within Medicine, Surgery and Children's Services. The aim is to publish 100% of rosters with at least 6 weeks' notice. The Nursing eRoster Assurance Group (EAG) is exploring increasing publication times to 12 weeks in advance from the new financial year.

The Trust's aim is to achieve Level 4 of the NHS England Level of Attainment Standards for eRostering within nursing in-patient ward areas by the end of December 2024. The Trust is making excellent progress towards this target and, with a small number of standards remaining to evidence, is on track to achieve this before the end of the year.

To maintain the Level of Attainment standards, the Trust is required to share specific rostering KPIs within this report. This includes the number of wards utilising self-rostering or the auto-roster function within the rostering software, and the percentage of staff on eRostering by staffing group.

For the latest roster period, the Trust has three areas (5% of ward-based nursing and midwifery rosters) trialling self-rostering; wards 31 and 26, along with EAU Scarborough. 13 wards (22% of rosters in scope) made use of the auto-roster function, with an average of 21.43% of those rosters being auto-generated. EAG is exploring increasing the number of areas utilising self-rostering or the auto-roster function to release efficiencies for teams and support a better work life balance for staff.

100% of the nursing workforce are on eRostering within nursing rosters, the outstanding 5% below, relates to nursing staff engaged on non-nursing rosters. The Trust is aiming to have 90% of the clinical workforce on eRostering by Summer 2025, with plans to complete the full implementation of eRostering by Spring 2026.

Staffing Group	% on Healthroster	Staffing Group	% on Healthroster
Nursing and Midwifery	95	AHP	67
Additional Clinical Services	78	Healthcare Scientists	16
Sci and Technical	30	Medical and Dental	29
Admin and Clerical	34	Estates and Ancillary	4

Workforce
Scorecard (2)

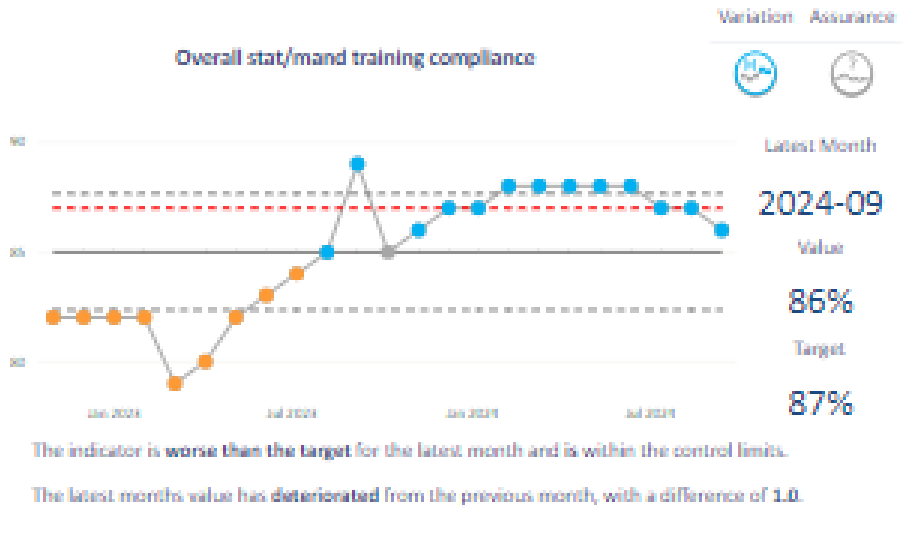
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

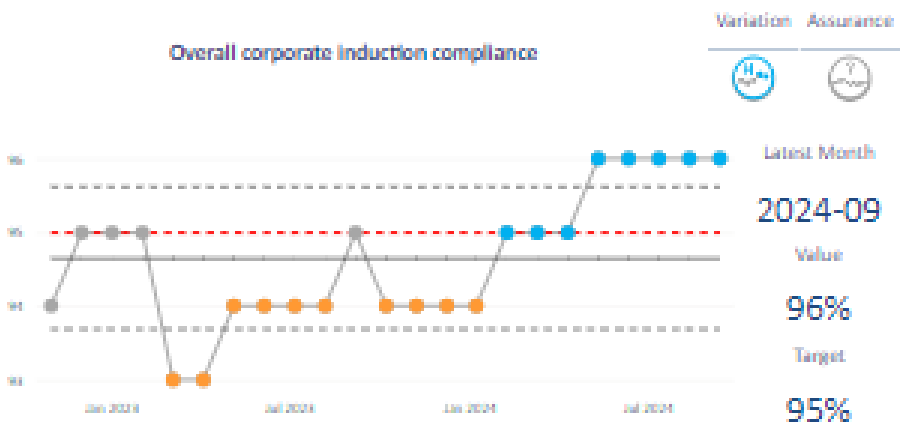
Executive Owner: Polly McMeekin **Operational Lead:** Will Thornton/ Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Overall stat/mand training compliance	2024-09	H	?	86%		87%
Overall corporate induction compliance	2024-09	H	?	96%		95%
A4C staff stat/mand training compliance	2024-09	H	?	88%		87%
A4C staff corporate induction compliance	2024-09	H	?	96%		95%
Medical & dental staff stat/mand training compliance	2024-09		F	70%		87%
Medical & dental staff corporate induction compliance	2024-09	H	F	94%		95%
Appraisal Activity	2024-10	H	F	53.8%	71%	95%
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data omitted for Q3)	2024-07			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			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 and mandatory training has maintained at 96% and 86%, respectively. Compliance with mandatory training reduced with the arrival of 98 newly qualified nurses, along with the summer changeover of junior doctors; however, the Trust anticipates that the position will be recovered in line with its compliance target by the end of December.

The New Year is expected to see a reset of mandatory training requirements with the launch of a new Mandatory Training Framework in the NHS. In the Trust, this is likely to result in several changes related to the content, frequency and levels of training, which will improve training relevance and effectiveness. A secondary aim is to improve training standardisation across NHS organisations to enable more records to transfer between employers and reduce training repetition.

The 'Line Manager Development Programme' is required learning for all Line Managers and Supervisors across the organization. To date, 368 line managers have attended the sessions (August to November 2024), and sessions continue to be well-subscribed.

Sessions are currently available at York and Scarborough and will be coming to Bridlington and Hull soon.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

DIGITAL AND INFORMATION SERVICES

November 2024

Summary MATRIX

Digital: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

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

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Percentage of FOIs and EIRs responded to within 20 working days (monthly)	
SPECIAL CAUSE CONCERN	* Percentage of Patient Subject Access Requests (SARs) processed within one calendar month		

Digital & Information Services (DIS)
Scorecard

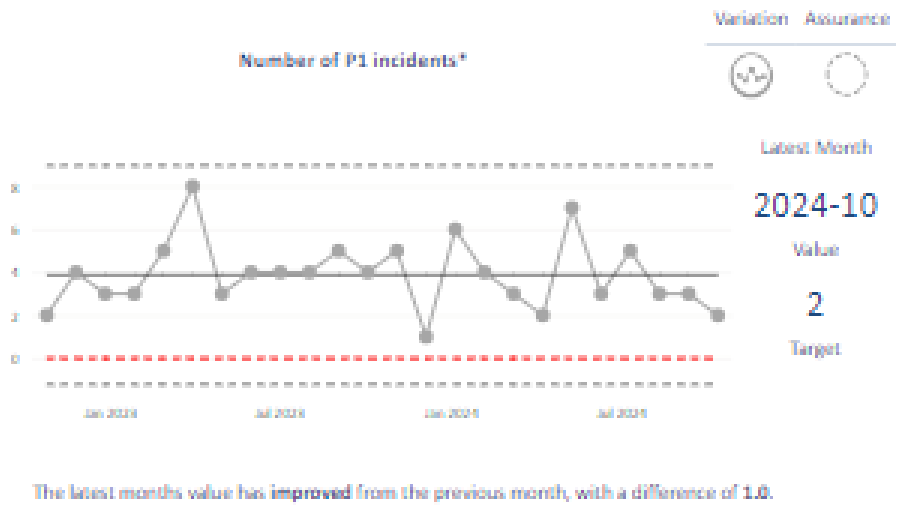
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of P1 incidents*	2024-10			2		
Total number of calls to Service Desk	2024-10			5186		
Total number of calls abandoned	2024-10			1995		
Number of information security incidents reported and investigated	2024-10			54		
Number of Patient Subject Access Requests (SARs)	2024-10			517		
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2024-10	L	P	99%		80%
Number of FOIs and EIRs received (monthly)	2024-10			94		
Number of FOIs and EIRs completed (monthly)	2024-10			82		
Percentage of FOIs and EIRs responded to within 20 working days (monthly)	2024-10		?	95%		80%

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

Factors impacting performance:

2x P1 incidents occurred.

1. 14/10 Network services lost in parts of Scarborough Hospital following planned “black start” power work by Estates. This was traced to a faulty uninterruptable power supply unit and services restored within 30 minutes.
2. 31/10 CPD letter printing issues. Following routine maintenance on a CPD server, the shared folders containing letter templates did not automatically reconnect and resulted in problems affecting printing of letters from CPD. Service was restored within 30 minutes.

In July, we made changes to queue behaviours and introduced a secondary “escalation” queue to handle calls waiting longer than a set time.

In September we identified an issue with the standard reports used to report number of calls to Service Desk and paused reporting.

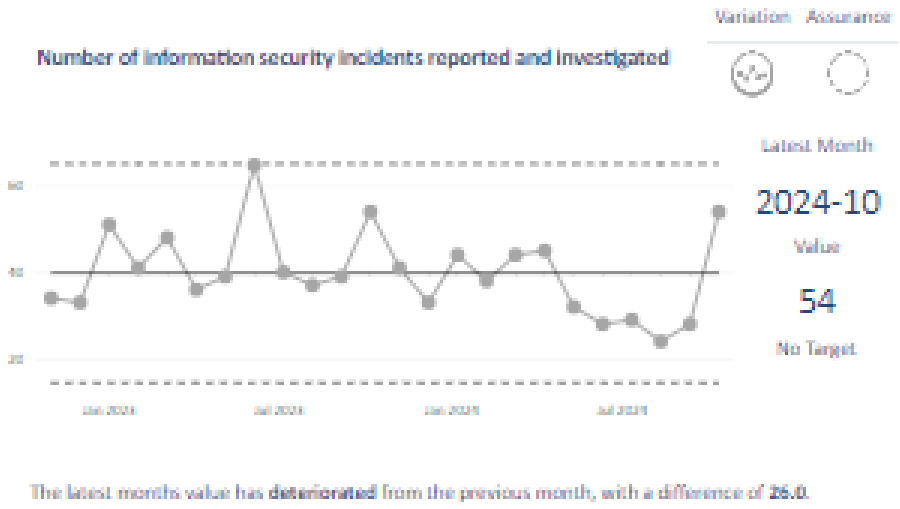
October data shows a significant change to the trend of data reported in the periods since the queue behaviour was changed in July. This data has removed an element of double-counting of calls that were presented and then escalated to the secondary queue. Reported data is now aligned with the levels of demand prior to the change in July 2024.

Actions:

UPS power issues were escalated to Facilities & Estates colleagues for repairs.
Changes were made to how access to shared folders with letter templates are controlled.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley



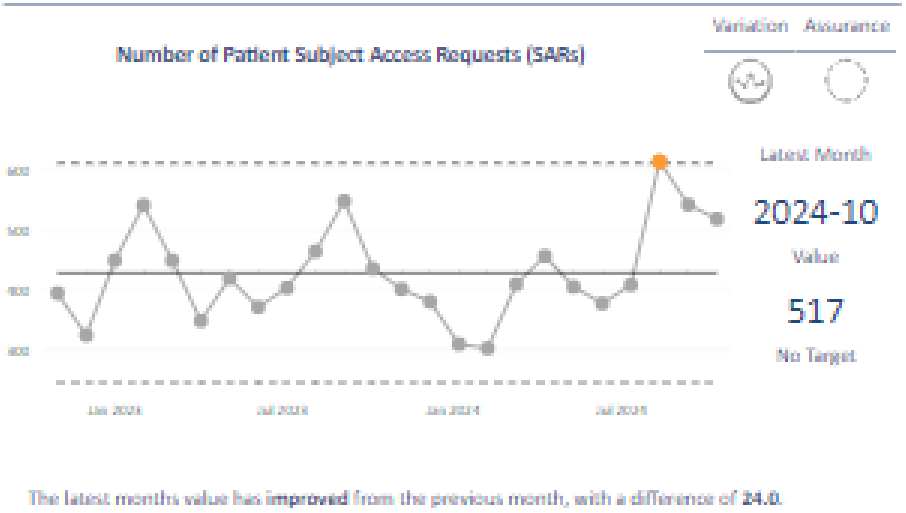
Rationale: Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate.

Number of information security incidents reported and investigated

Factors impacting performance:

There has been an increase in security incidents; this change may be caused by the move from summer to winter clinical provision, creating a more pressurised environment which may lead to more human error when handling personal data.

Actions: Trends will be communicated to staff and root cause analysis will be completed on all incident investigations.



Rationale: Monitoring of Subject Access Requests received to ensure the Trust is managing its statutory obligations under the UK GDPR.

Number of Subject Access Requests submitted by patients

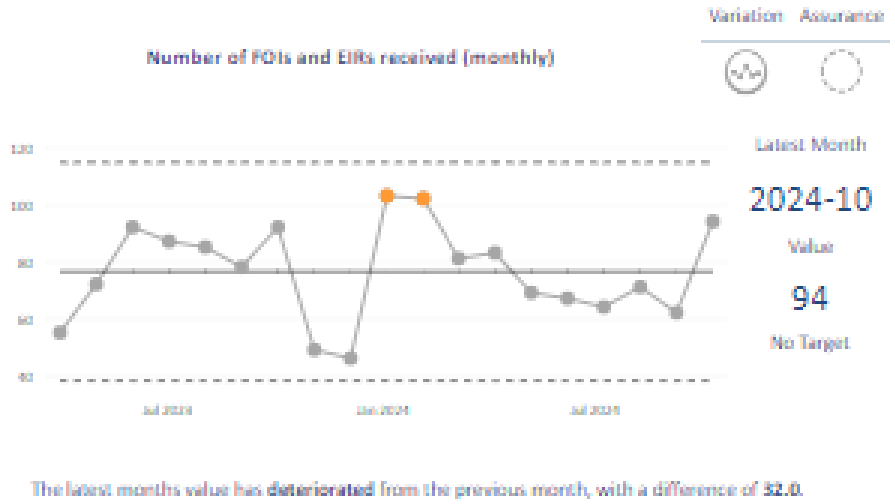
Factors impacting performance:

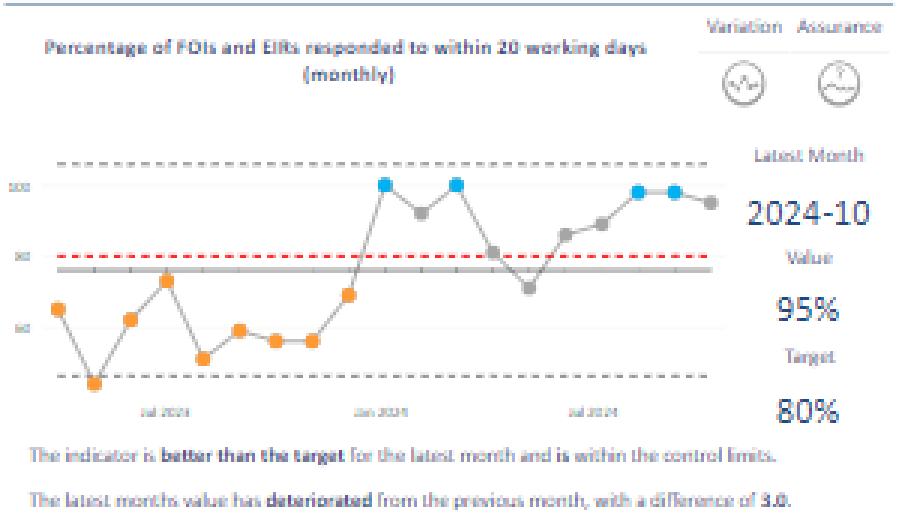
SARs have decreased to an expected level.

Actions: The team's processes are being reviewed by the IG manager; this may impact on timeliness of responses later in the calendar year.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley





Rationale: Ensuring the Trust responds to FOI in line with legislation
Target: 80% FOIs responded to within 20 days

Factors impacting performance:.

Number of FOIs Received

There has been a significant increase in requests over October.

Actions: N/A

Percentage of FOIs responded to within 20 working days

Requests being sent out on time has decreased slightly, this may be due to the significant increase in requests received, however this is still above the target expected.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

FINANCE

November 2024

- The Trust resubmitted its Operational Financial Plan to NHSE on 12 June 2024, which presented an adjusted I&E deficit of £16.6m. In September the Trust was advised that deficit funding support, to the value of our £16.6m deficit, will be released in October. This brings the financial plan to balance as per the table opposite.

- The Trust's plan forms part of a wider HNY ICB I&E balanced plan following receipt of £50.0m across the system.

- The Trust's actual operational I&E deficit is now £17.2m, 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 FINANCIAL PLAN 2024/25
SUMMARY INCOME & EXPENDITURE POSITION

	£000
INCOME	
Operating Income from Patient Care Activities	
NHS England	79,591
Integrated Care Boards	605,594
Other including Local Authorities, PPI etc.	7,142
	692,327
Other Operating Income	
R&D, Education & Training SHYPS etc..	76,547
Total Income	**768,874**
EXPENDITURE	
Gross Operating Expenditure	-827,157
Less: CIP	53,266
Total Expenditure	**-773,891**
OPERATING SURPLUS/ (DEFICIT)	**-5,017**
Finance Costs (Interest Receivable/Payable, PDC Dividend)	-12,152
SURPLUS/ (DEFICIT) FOR THE YEAR	**-17,169**
ADJUSTED FINANCIAL PERFORMANCE	
Net Surplus/ (Defciit)	-17,169
Add Back	
I&E Impairments	16,734
Remove capital donations/grants I&E impact	435
ADJUSTED FINANCIAL SURPLUS/(DEFICIT)	**0**

Summary Dashboard and Income & Expenditure

Finance (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	-£1.3m	-£1.2m	↑	Improving
Core CIP Delivery Variance to Plan (£20.0m Target)	£2.1m	£4.1m	↑	Improving
Corporate CIP Delivery Variance to Plan (£33.3m Target)	-£3.2m	-£5.3m	↓	Deteriorating
Variance to Agency Cap	£0.5m Above	£0.2m Below	↑	Improving
Month End Cash Position	£3.6m ahead of plan	£23.2m ahead of plan	↑	Improving
Capital Programme Variance to Plan	£2.5m ahead of plan	£1.4m ahead of plan	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000
Clinical Income	724,765	427,208	453,574	26,366
Other Income	70,118	41,001	43,586	2,585
Total Income	794,883	468,209	497,160	28,951
Pay Expenditure	-503,793	-300,113	-321,232	-21,118
Drugs	-68,755	-40,324	-44,942	-4,618
Supplies & Services	-85,977	-49,871	-52,332	-2,461
Other Expenditure	-167,810	-74,497	-77,285	-2,788
Outstanding CIP	26,508	1,143	0	-1,143
Total Expenditure	-799,828	-463,662	-495,791	-32,129
Operating Surplus/(Deficit)	-4,944	4,547	1,369	-3,178
Other Finance Costs	-12,225	-7,154	-5,311	1,843
Surplus/(Deficit)	-17,169	-2,607	-3,942	-1,335
NHSE Normalisation Adj	17169	252	345	93
Adjusted Surplus/(Deficit)	0	-2,355	-3,596	-1,241

The I&E table takes into account the £16.6m deficit support funding and presents a balanced plan. From a YTD perspective, the table confirms an actual adjusted deficit of £3.6m against a planned deficit of £2.4m for October (Month 7). The pressure to balance remains for month 7 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 have not hit balance in M7, we are £1.2m adverse to plan linked to a short fall in pay award funding. There continues to be risk in the position linked to additional ERF income and stocking up evidence (smoothed spend). Of significant note, a provisional agreement has been reached with ICB and system to release uncommitted ICB provisions to support High-Cost Drug Pressure.

Analysis of significant year to date income & expenditure assumptions

	Adjustment M7 YTD (£'000)	Assumptions	Risk Rating
ICB Income	770	OPCS Coding – Potential opportunities to increase income re improved OPCS coding	High
	992	Advice & Guidance – Income in position assumed to planned £6.7m, current allocation provided at £5m.	High
	2,142	Ophthalmology – Improved coding 19,832 OCT Codes - £108 per test, back dated to April – risk re backdating & clinic set up.	High
	475	BCU – 24/25 East Riding Allocation £175k YTD (£300k FYE) + £300k re prior year allocation not received.	Medium
	5,650	Provisional agreement reached with ICB and system to release uncommitted ICB provisions to support High-Cost Drug Pressure.	High
Expenditure - Clinical Supplies & Services	731	Smoothing of expenditure in relation to stocking up of consumables due to year end, leave, industrial action and bank holidays.	Medium
Pay – MARs	420	Initial expenditure and associated projected savings smoothed to neutralise any impact	Low
Total	**11,180**		

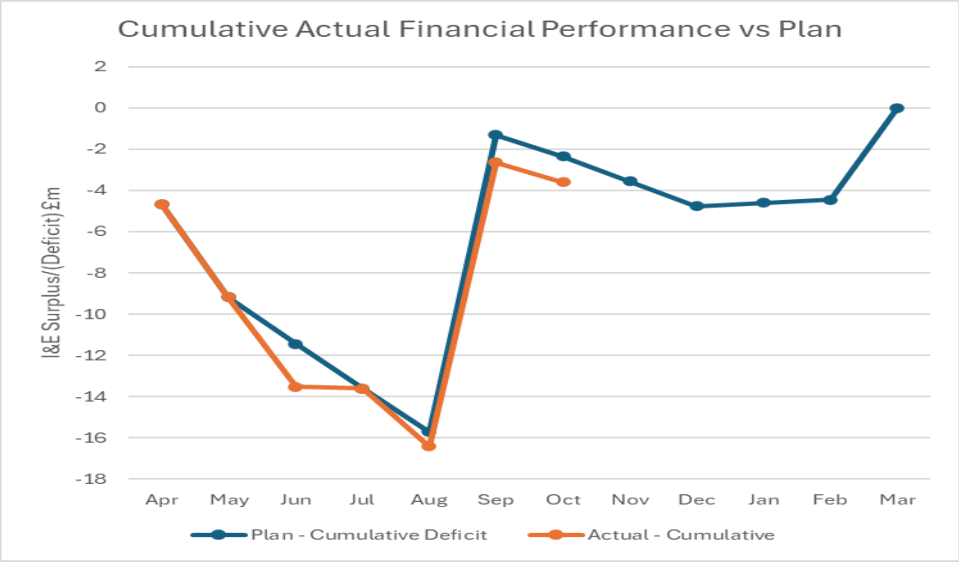
Key Subjective Variances: Trust
Finance (4)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	1,567	ERF overperformance & pay award funding	No mitigation or action required.
ICB Income	24,979	ERF overperformance & pay award funding	No mitigation or action required.
Employee Expenses	(21,118)	Agency, bank and WLI spending is ahead of plan to cover medical vacancies and deliver increased elective activity. Pay award actioned in M7, offset by income although shortfall in funding of £1.2m YTD (£2.1m FYE)	To continue to control agency spending within the cap into 2024/25. Work being led by HR Team to apply NHSE agency best practice controls, continued recruitment programmes (including overseas recruitment). Vacancy control measures now in place.
Drug expenses	(4,618)	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.	Provisional agreement has been reached with ICB and system to release uncommitted ICB provisions to support.
Clinical Supplies & Services	(2,461)	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.	No mitigation or action required – Provisional agreement has been reached with ICB and system to release uncommitted ICB provisions to support.
CIP	(1,143)	The Core Programme is £4.1m ahead of plan and the Corporate Programme £5.3m behind plan at M7	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group.
Other Costs	(2,788)	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 (5)



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.

In September the Trust received £16.6m deficit support funding to improve our plan to a balanced position.

The YTD plan is an adjusted deficit of £2.4m at M7 with an actual deficit of £3.6m.

Forecast			
	Adjusted Surplus/(deficit)		
Scenario	Plan £'000	Forecast £'000	Variance £'000
Likely Case	0	-23,736	-23,736
Best Case	0	0	0
Worst Case	0	-43,177	-43,177

Likely Case
The likely case forecast is a deficit of £23.7m against a balanced plan. This forecast assumes the issue around High Cost Drugs (HCD) and Direct Access Pathology (DA Pathology) are partly resolved through the provisional agreement that has been reached with the ICB in respect of the £4.2m stretch target. It assumes the current £4.7m planning gap in the CIP programme is not resolved, and that high risk schemes (£7.5m) are not going to deliver the reduction in run rate required to meet the plan. It is not expected in this most likely forecast that funding will be received to support the £3.2m planned pressure in relation to HCSW B2/B3. A further pressure is included in respect of radiology acute reporting (£3m).

Best Case
The best case forecast assumes we will hit our balanced plan, 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 balanced plan, plus assumptions around support for the £3.2m HCSW B2/B3 pressure. This also assumes full delivery of our CIP programme.

Worst Case
The worst case forecast is a deficit of £43.2m against the balanced plan. This forecast, in addition to the assumptions in the most likely case, assumes there will be a further deterioration of delivery of CIP (£7.4m) and a reduction in clinical income re ERF (£4m) and non ERF (£5.7m) in recognition of the high risk assumptions within the M7 position.

Cumulative Actual Financial Performance vs Plan

Finance (6)

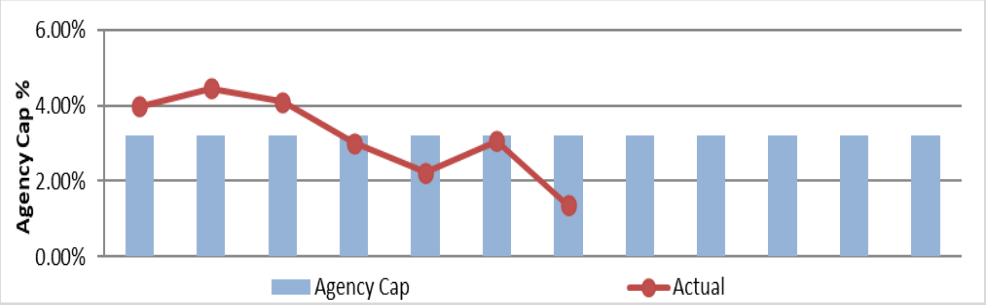
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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	214,153	122,624	124,883	-2,260	125,385	502	Underspend driven by CIP delivery ahead of plan and high vacancies these are offsetting significant overspends on Outsourcing and Drugs now within the block contract.
Family Health Care Group	83,046	47,946	50,075	-2,129	48,835	-1,240	£1.0m relates to the premium cost of covering medical vacancies, £0.5m Community Nursing overspend, £0.5m Midwifery overspend, £0.4m non-pay underspend, £0.4m overachieved CIP.
Medicine	186,714	108,763	117,155	-8,392	110,394	-6,761	£6.2m relates to the premium cost of covering medical vacancies, £2.6m drug overspend.
Surgery	156,179	90,105	93,712	-3,607	92,065	-1,647	Overspend mainly relates to Junior Doctor's pay costs excl. WLIs over budget - £1.8m (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	640,092	369,437	385,826	-16,388	376,680	-9,146	

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	214,153	215,209	-753	214,456	-303	Forecast overspend due to pressures from Winter Flu Testing, Outsourcing and Drug Expenditure. These are largely offset by CIP delivery and Vacancies.
Family Health Care Group	83,046	86,042	0	86,042	-2,996	£1.6m relates to the premium cost of covering medical vacancies, £0.9m Community Nursing overspend, £0.8m Midwifery overspend, £0.3m non-pay underspend, £0.2m overachieved CIP.
Medicine	186,714	200,347	-163	200,184	-13,471	£10.5m relates to the premium cost of covering medical vacancies, £4.4m drug overspend and £1.5m CIP planning gap.
Surgery	156,179	161,585	-221	161,363	-5,184	£3.2m over-spend on Junior Doctors mainly related to premium cost of covering medical vacancies; £1.7m Theatre capacity gap; & £0.3m CSS over-spend due to non-elective activity over plan (3%)
TOTAL	640,092	663,182	-1,138	662,045	-21,953	

Agency, Workforce, Elective Recovery Fund

Finance (7)



	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,552.46	2,454.47	97.99	82,986	82,417	570
Scientific, Therapeutic and Technical	1,292.59	1,223.01	69.58	41,014	40,292	723
Support To Clinical Staff	1,908.49	1,739.57	168.92	37,523	38,185	-662
Medical and Dental	1,065.02	1046.12	18.9	78,797	93,525	-14,728
Non-Medical - Non-Clinical	3,209.34	2,820.16	389.18	67,054	65,557	1,497
Reserves				-8,443	0	-8,443
Other				1,182	1,257	-74
TOTAL	10,027.90	9,283.33	744.57	300,113	321,232	-21,118

Trust Performance Summary vs ERF Target Performance

Commissioner	24-25 Target % vs 19/20	ERF Confirmed Targets Weighted Value at 24/25 PA prices	ERF Month 7 Phase (Av %)	Activity to Month 7 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Humber and North Yorks	104.00%	£132,698,127	£77,432,749	£91,803,361	£14,370,612	123.3%
West Yorkshire	103.00%	£1,389,900	£811,042	£773,154	-£37,888	98.2%
Cumbria and North East	115.00%	£175,391	£102,345	£128,745	£26,400	144.7%
South Yorkshire	121.00%	£154,746	£90,299	£91,041	£743	122.0%
Other ICBs - LVA / NCA	-				*£0*	-
All ICBs	***104.02%***	***£134,418,164***	***£78,436,435***	***£92,796,301***	***£14,359,867***	**123.1%**
NHSE Specialist Commissioning	113.38%	£4,652,252	£2,714,708	£2,499,263	-£215,445	104.4%
Other NHSE	104.13%	£316,442	£184,652	£146,994	-£37,657	82.9%
All Commissioners Total	**104.31%**	**£139,386,857**	**£81,335,794**	**£95,442,558**	**£14,106,764**	**122.4%**

Agency Controls

The Trust's has an agency cap of 3.2% of its overall pay spend in its plan. YTD M7 agency spend is 3.1% of overall pay spend, £9.9m against a plan of £10.2m.

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.

Pay awards have impacted the position this month, and although offset by income, there is a residual shortfall of £1.241m (£2.1m in full year terms)

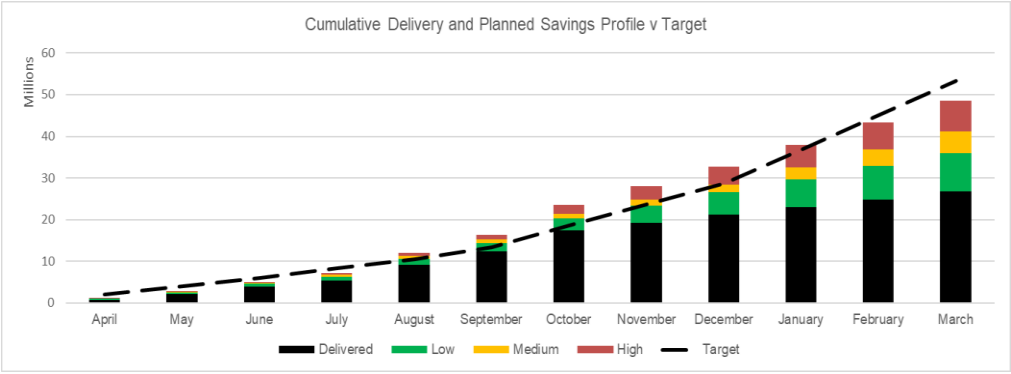
Elective Recovery Fund

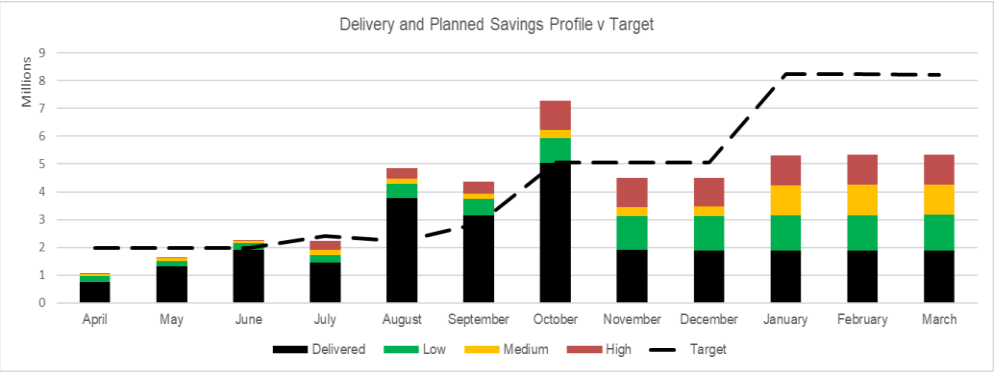
To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the indications are that activity is up against plan and potentially presents a £14.1m surplus for the period.

ICB commissioned activity remains above plan with NHSE Specialist Commissioned services behind on plan..

Cost Improvement Programme
Finance (8)

York and Scarborough Teaching Hospitals NHS Foundation Trust





2024/25 Cost Improvement Programme - October Position

	Full Year CIP Target	October 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	11,643	6,358	5,285	10,541	22,784	23,530	9,796	12,391	4,171	6,967
	33,326	**11,643**	**6,358**	**5,285**	**10,541**	**22,784**	**23,530**	**9,796**	**12,391**	**4,171**	**6,967**
Core Programme											
Medicine	4,152	1,428	1,343	85	2,115	2,037	2,724	1,427	2,674	0	50
Surgery	4,120	1,417	1,886	-469	3,003	1,118	4,188	-68	3,873	315	0
CSCS	6,290	2,162	5,540	-3,378	7,562	-1,272	8,568	-2,279	8,266	215	87
Family Health	1,797	618	1,066	-448	1,503	294	2,042	-245	1,989	52	0
CEO	104	36	24	12	41	63	41	63	41	0	0
Chief Nurses Team	207	71	17	55	28	179	126	81	126	0	0
Finance	382	131	206	-74	231	151	231	151	231	0	0
Medical Governance	23	8	13	-5	22	1	67	-45	67	0	0
Ops Management	233	80	154	-74	227	6	232	1	232	0	0
DIS	427	147	241	-95	413	13	490	-64	490	0	0
Workforce & OD	361	124	100	24	186	175	429	-68	235	194	0
YTHFM LLP	1,840	633	408	225	886	955	1,468	372	962	82	424
Central	0	0	0	0	0	0	4,475	-4,475	4,458	18	0
	19,936	**6,855**	**10,997**	**-4,142**	**16,217**	**3,719**	**25,083**	**-5,146**	**23,646**	**875**	**561**
Total Programme	**53,262**	**18,498**	**17,355**	**1,143**	**26,758**	**26,504**	**48,612**	**4,650**	**36,037**	**5,046**	**7,528**

Corporate Efficiency Programme

The Corporate efficiency programme currently consists of 23 schemes which, following an initial risk assessment, give planned savings of £23.5m towards the £33.3m target.

In October £10.5m of the target was delivered in full year terms, £7.4m of which are recurrent savings. The YTD position shows delivery of £6.4m against target of £11.6m, £5.3m behind plan.

Core Efficiency Programme

The core efficiency programme currently has plans totalling £25.1m towards the required £20m target.

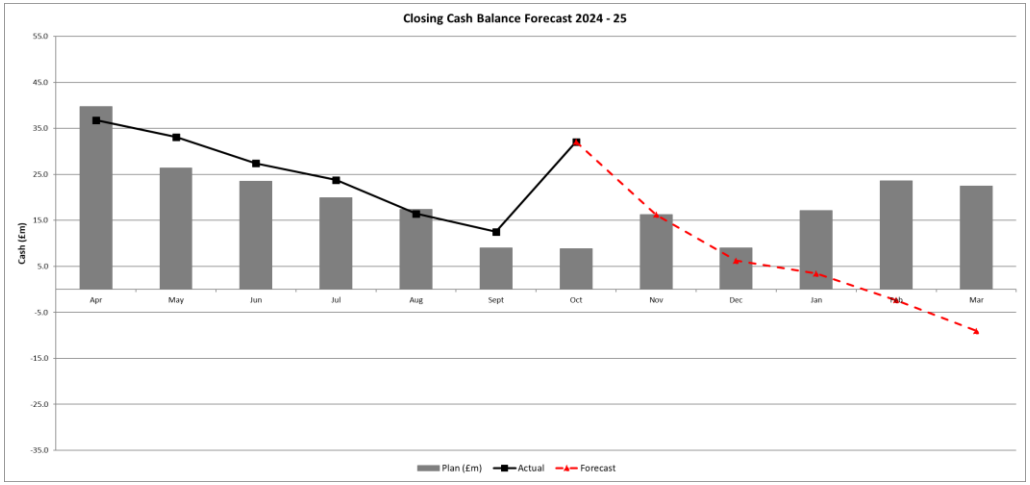
In October £16.2m of the target was delivered in full year terms £6.7m of which was recurrent. The YTD position shows delivery of £11m against target of £6.9m, £4.1m ahead plan.

Current Cash Position
Finance (9)

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 October was £23.192m favourable 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	12,559	32,078					



The cash forecast graph illustrates the cash position based on the actual cash balance at the end of October, at £32.1m against a plan balance of £8.9m.

The red dotted line on the graph opposite illustrates the Trusts current forecast cash trajectory based on current cash run rates. The peak in October is the £16.5m deficit funding agreed by the ICB in September and the overdrawn balance in March is £9.0m

Based on the forecast cashflow the Trust will need cash support in March. This requirement could be offset with the timing of capital receipts drawn in February and March for capital creditors not due until April 2025,

Current Capital Position and Better Payment Practice Code (BPPC)

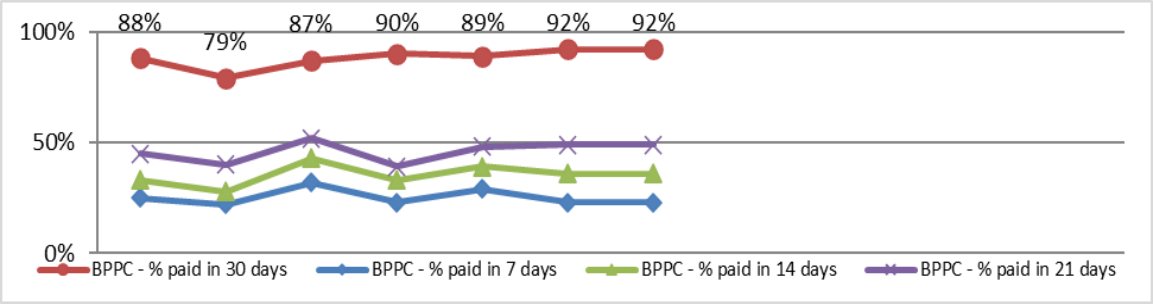
Finance (10)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Capital Plan 2024-25 £000s	Capital FOT 2024-25 £000s	M7 Planned Spend £000s	M7 Actual Spend £000s	Variance to Plan £000s
51,870	54,520	14,497	15,862	1,365

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 7 is £1.4m ahead plan. £3.4m of this variance is due to several schemes running ahead of the plan phasing including backlog maintenance, York Spec CT and DIS including EPR. These are offset by the VIU/PACU project running behind plan phasing by £1.8m and the IFRS 16 leasing programme behind plan by £0.2m.



Better Payment Practice Code

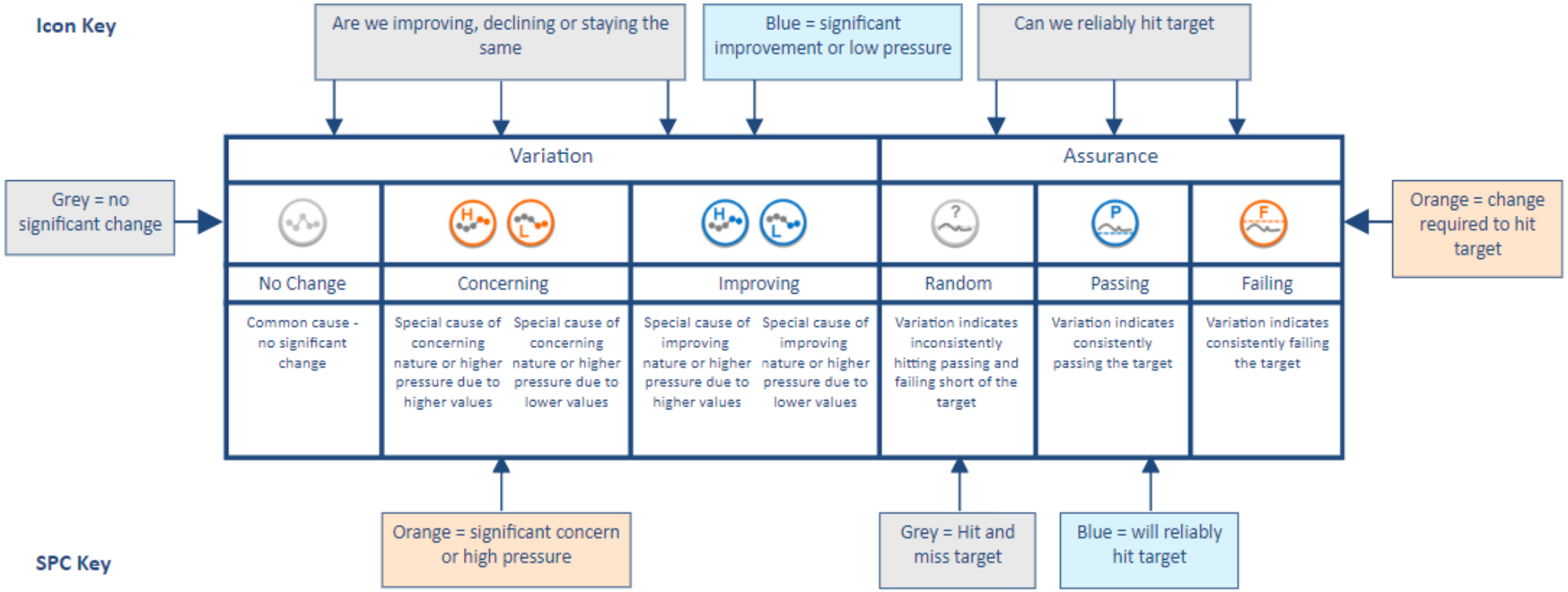
The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice.

The table illustrates that in October the Trust managed to pay 92% of its suppliers within 30 days.

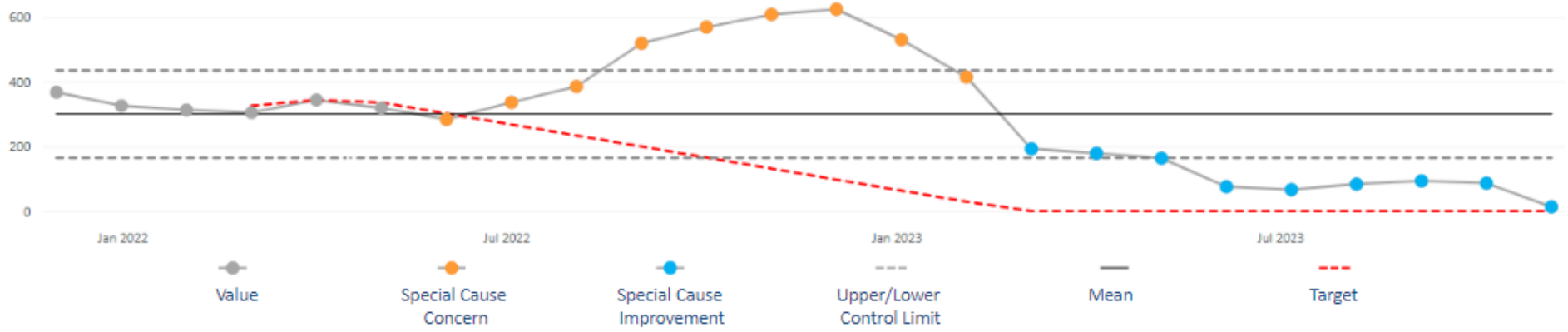
Keys

York and Scarborough Teaching Hospitals NHS Foundation Trust

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

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Report to:	Trust Board
Date of Meeting:	27th November 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes Executive Chief Nurse (Maternity Safety Champion)
Author:	Sascha Wells-Munro OBE, Director of Midiwfery and Strategic Clinical Lead for Family Health (Maternity Safety Champion)

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 September 2024.

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

Report History
The Quality Committee

Meeting	Date	Outcome/Recommendation
Quality Committee	19/11 /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 for the month of September 2024.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In September 2024 there was sadly one stillbirth, this case will be reviewed using the National Perinatal Mortality Review tool.

There has been a reduction in the % of postpartum haemorrhage (PPH) over 1500mls to 3.8 % (13 cases) from the previous month of 4.2 % (13 cases). This remains above the national target of 2.9% per 1000 births. All cases of PPH over 1500mls are reported via Datix and graded as moderate harm to ensure all are reviewed either as a single case or as a cluster review. Any new themes are actioned accordingly. There are now clear actions in place to improve clinical care and early recognition and escalation to ensure timely response and appropriate care.

Annex 2 provides the September 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 Trust Board are asked to approve this submission to CQC.

The Maternity and Neonatal Single Improvement Plan (MNSIP)

Progress to deliver against the plan as required continues.

- 63 out of 206 milestone actions have been completed to date (58 last month)
- 10 milestone actions are at risk of becoming off track with the end date prior to 30/11/24 (14 last month)
- 66 milestone actions are off track as the delivery date has passed and action has not been completed (59 last month)
- 33 actions have not started as they are not scheduled to start yet (53 last month)

Work continues to develop the action plan in response to the Perinatal Culture Score Survey results that was conducted in March and April of this year across all professional groups and clinical settings working within Maternity and Neonatal Services. A further engagement day with all Multi-Disciplinary Team frontline staff is planned for February 2025 where the draft action plan will be shared for further comment and input to ensure the actions being taken fully address the needs of the teams across the services.

The Maternity Incentive Scheme (MIS) Year 6 requires full board sign off at the January 2025 Board before submission on the 3rd march. Compliance against the 10 safety actions is improved from Year 5 but full compliance will not be achieved. Maternity Safety Action 6 is linked to the Saving Babies Lives Care Bundle V3 and this will be fully compliant as the Local Maternity Neonatal System (LMNS) and Integrated Care Board (ICB) have signed of the trajectory submitted and deemed the service has met best endeavours. Within the bundle element 5 is about reducing preterm births and optimising perinatal care. The required approach to achieving this is to either implement Continuity of Carer or provide an action plan if the service is not in a position to take the model of care forward. Maternity services at York and Scarborough are not able to plan to implement Continuity of Carer due to the ongoing staffing issues and required investment to meet the minimum safe staffing.

A full and comprehensive position of all elements and the Maternity incentive scheme will be provided to board.

Key Achievements in October 2024

- The Deputy Director of Midwifery role was recruited to, and the successful candidate started in post on the 4th of November 2024.
- The Transitional Care Lead role has gone out for advert. This role is integral to the implementation of the transitional care model across both sites.
- The frontline neonatal nursing staffing review has been completed and a briefing paper outlining its findings has been presented at Executive Committee and agreed, with the Care Group to develop the supporting business case.
- Clinical documentation on BadgerNet was discussed at Hot Topics (weekly rapid quality improvement meeting). Four areas of improvement have been identified and actions are progressing. This topic was identified as an area of improvement through the MCR meetings)
- Eight culture score conversations took place across York, Scarborough, and Malton Hospitals to discuss the feedback received in the Culture Score Survey with staff.
- The Maternity Safety Support Programme (MSSP) review and reset meeting took place in October 2024. The MSSP and partner organisations complimented staff and the Maternity and Neonatal Voices Partnership on the improvement work which has been completed to date but also recognised the challenges the service face to continue to improve care for women, birthing people, and families.
- Secured funding from the ICB and LMNS for 2 x WTE midwives who will be case loading women experiencing vulnerabilities with a focus on improving equity.
- Completion of the Clinical risk scoring of high-level actions completed.

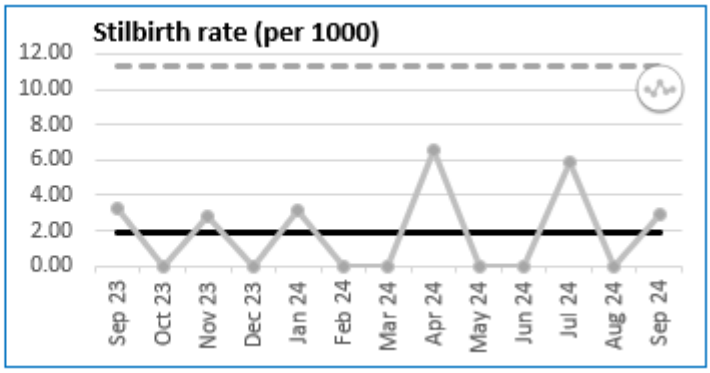
Recommendations to Trust Board

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 August 2024.

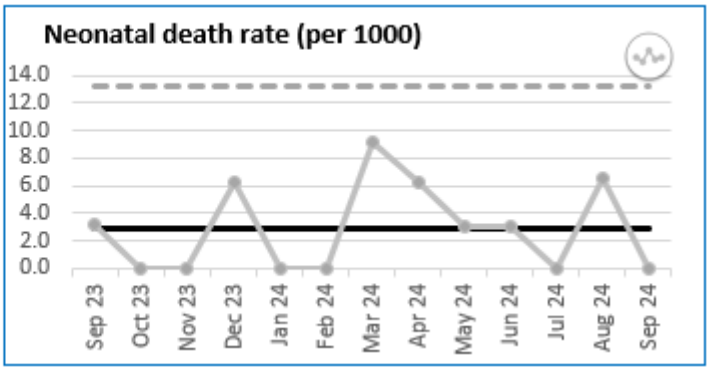
Latest month	01/09/24
Still birth rate/1000	2.9

No significant change



Latest month	01/09/24
Neonatal Death rate/1000	0.0

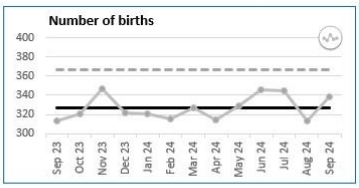
No significant change



Dashboard Summary

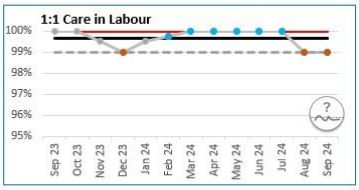
Latest month	01/09/24
Number of births	338

No significant change



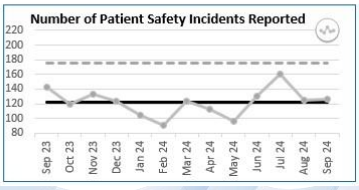
Latest month	01/09/24
1:1 Care in Labour	99%

Significant deterioration



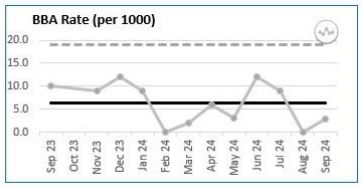
Latest month	01/09/24
Number of Patient Safety Incidents	126

No significant change



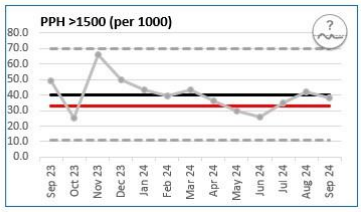
Latest month	24/09/24
BBA rate/1000	2.9

No significant change



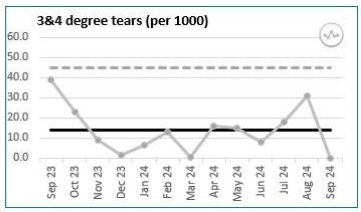
Latest month	24/09/24
PPH >1500 (per 1000)	38.0

No significant change



Latest month	24/09/24
3&4 degree tears (per 1000)	0.0

No significant change



Annex 2

Report to:	Quality Committee
Date of Meeting:	19th November 2024
Subject:	Maternity CQC Section 31 Update
Director Sponsor:	Dawn Parkes - Chief Nurse
Author:	Sascha Wells-Munro, Director of Midwifery

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

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

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

Summary of Report and Key Points to highlight:

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

Recommendation:

- To approve the November 2024 monthly submission to the CQC which provides assurance on progress and impact on outcomes in September 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

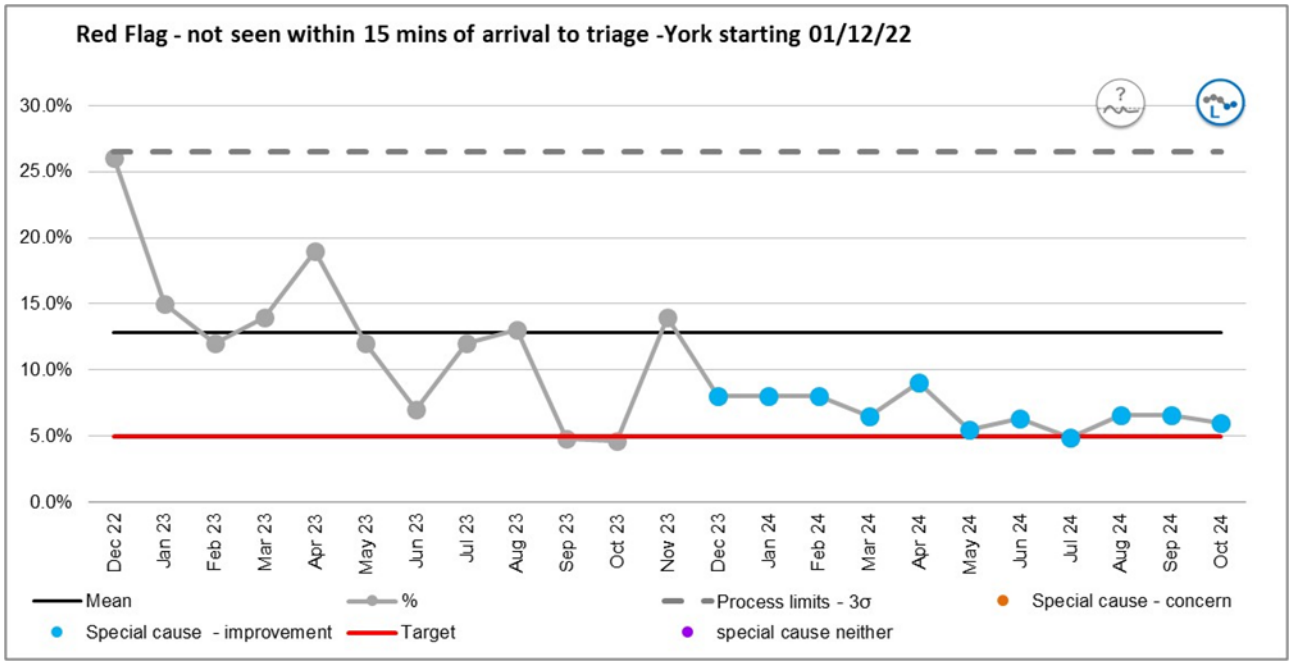
A.2.2 Fetal Monitoring Training

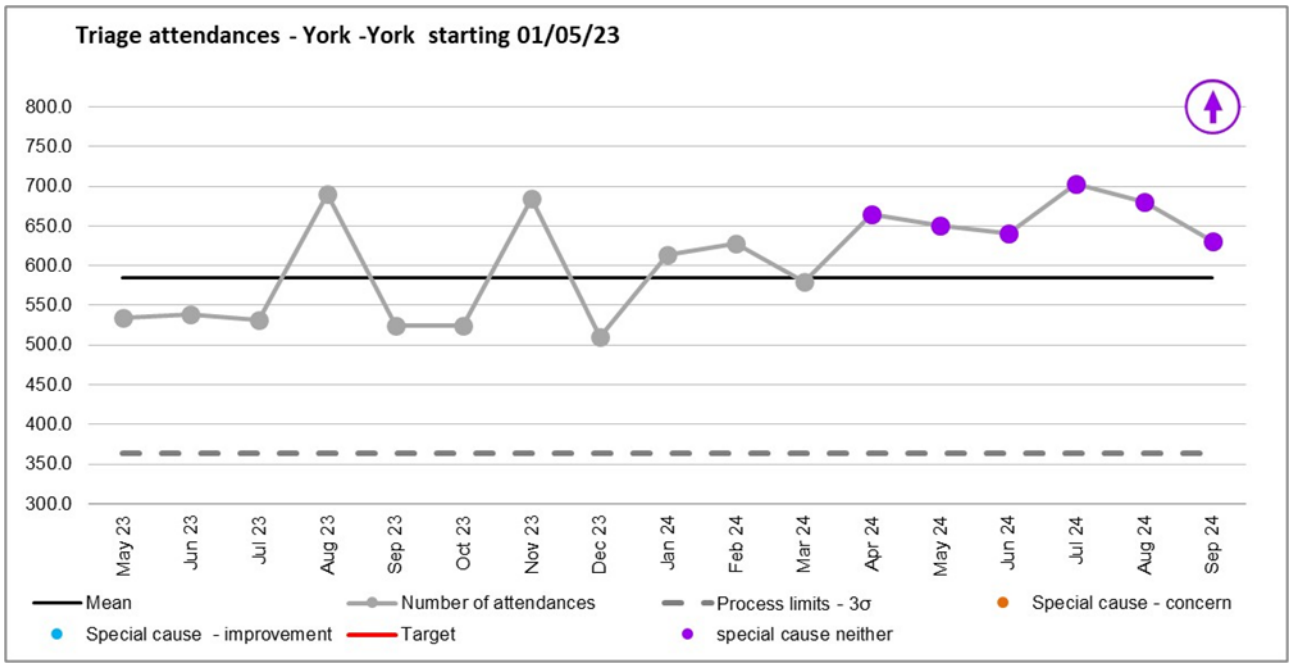
Current Fetal Monitoring compliance figures, by site, set against the target of 85% at the end of September 2024 are outlined below.

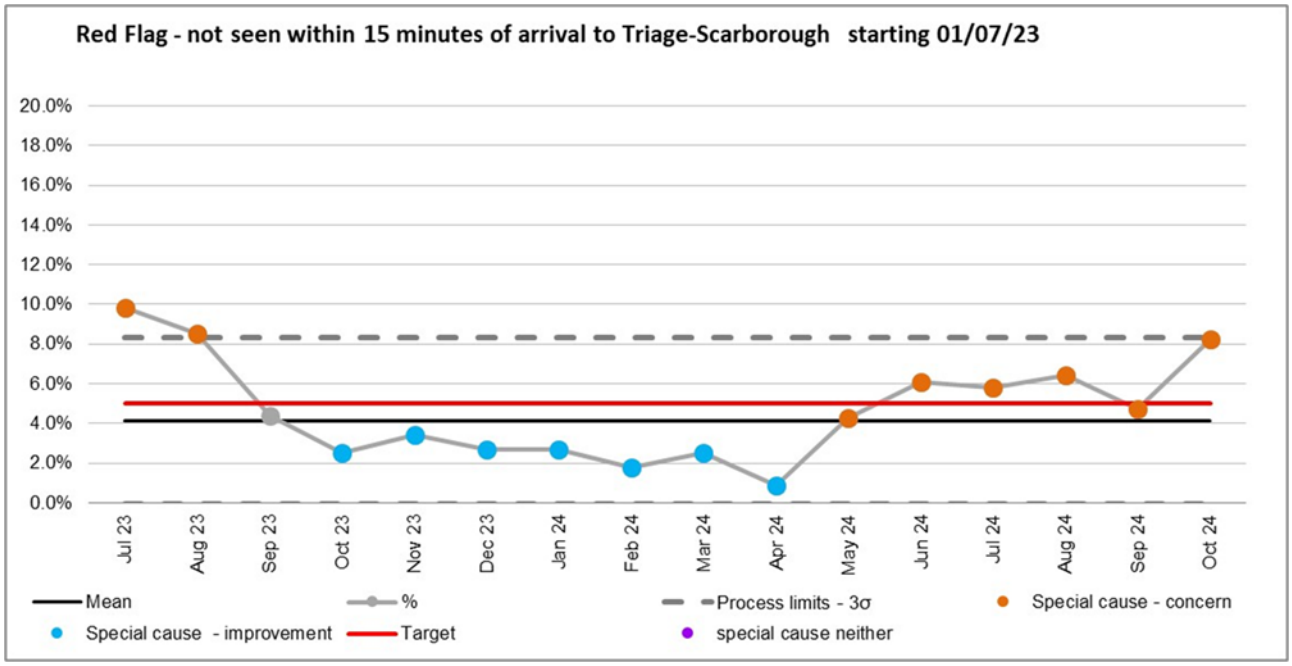
Staff Group	York	Scarborough
Midwives	94% (178/189)	96% (65/70)
Consultants	88% (15/17)	75% (6/8)
Obstetric medical staff	60% (6/110)	83% (10/12)

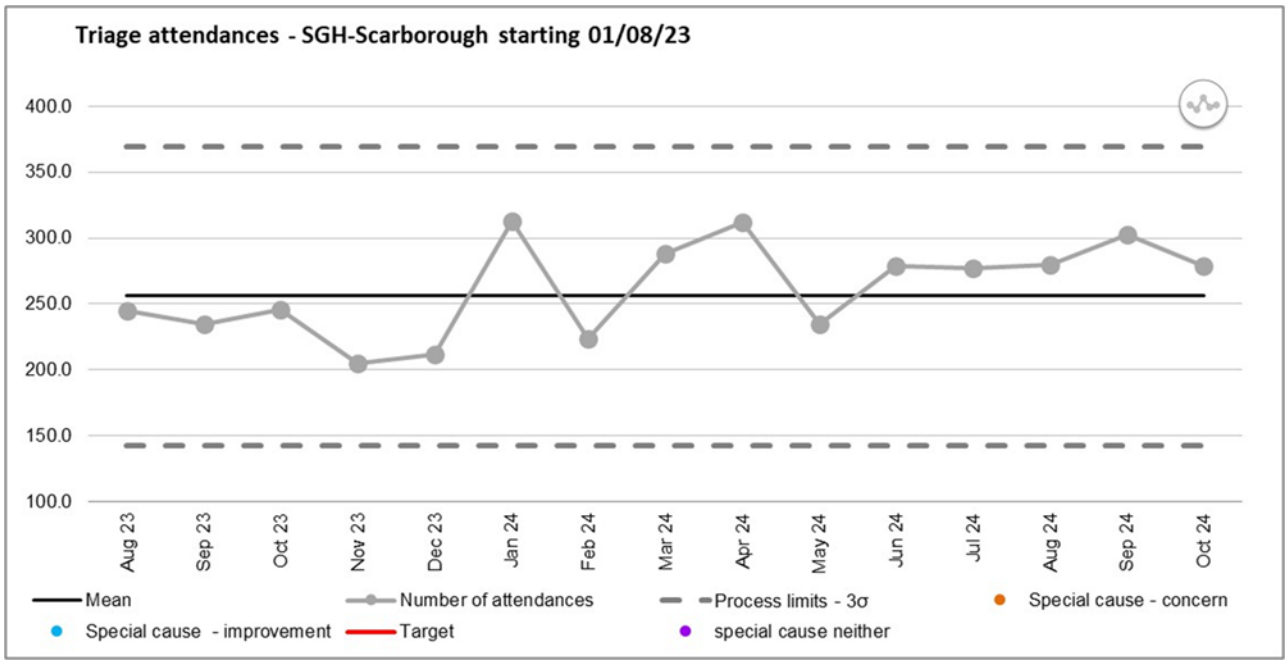
The resident doctor intake during September 2024 has impacted on the obstetric training compliance. A trajectory is in development to ensure that resident doctors are booked onto training sessions. The two Consultants at Scarborough who are non-compliant with the fetal monitoring training have been booked onto sessions in October 2024. One is a newly appointed consultant and the other is not working in acute clinical situations currently.

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
Aug 24
Sep 24
Mean
Number of attendances
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target
special cause neither

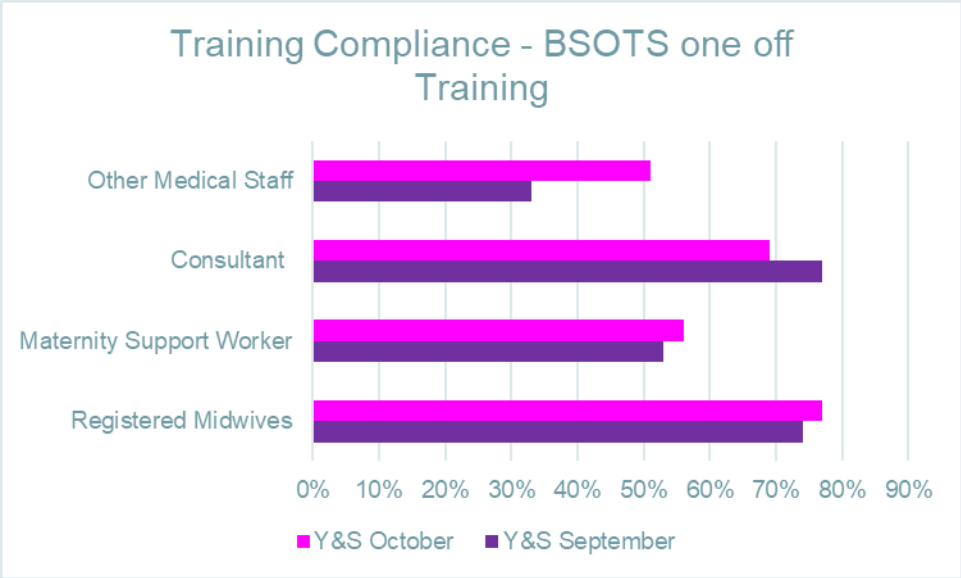

Red Flag - not seen within 15 minutes of arrival to Triage-Scarborough starting 01/07/23
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23
Dec 23
Jan 24
Feb 24
Mar 24
Apr 24
May 24
Jun 24
Jul 24
Aug 24
Sep 24
Oct 24
Mean
%
Process limits - 3σ
Special cause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

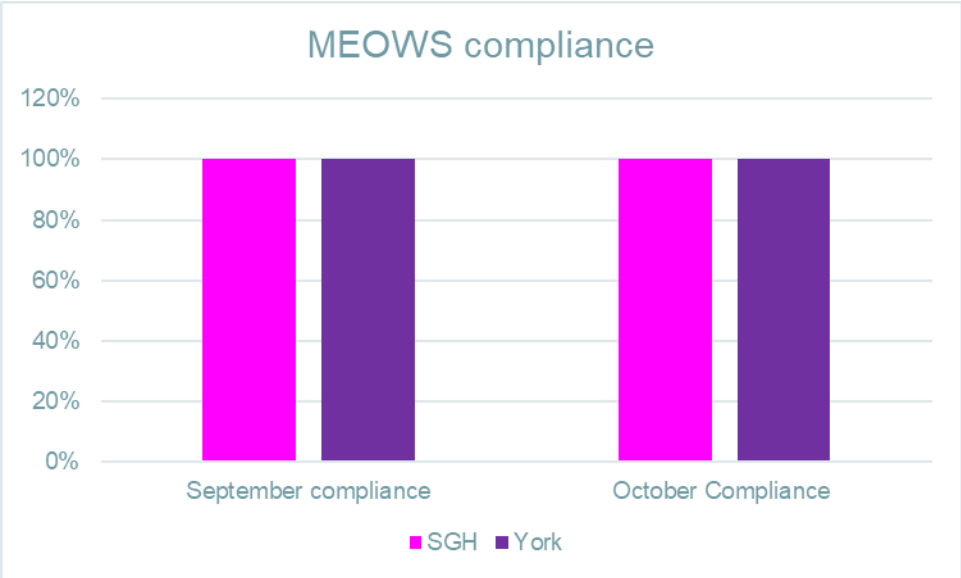


Staffing and skill mix remain a challenging across the Scarborough site which has resulted in Triage being undertaken on Labour Ward. Following discussion with the team, it has been agreed to continue to staff triage from the Labour ward staffing and review in 6 months.

A standardised approach has been agreed with the digital team on documentation on BadgerNet. Dashboard metrics have been agreed and will be avialble on signal when complete. SOP's and training are now underway with the clinical teams in relation to documentation. A dedicated SHO will be rostered from September during peak hours in line with RCOG Maternity Triage Guidance released in December 2023.

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)

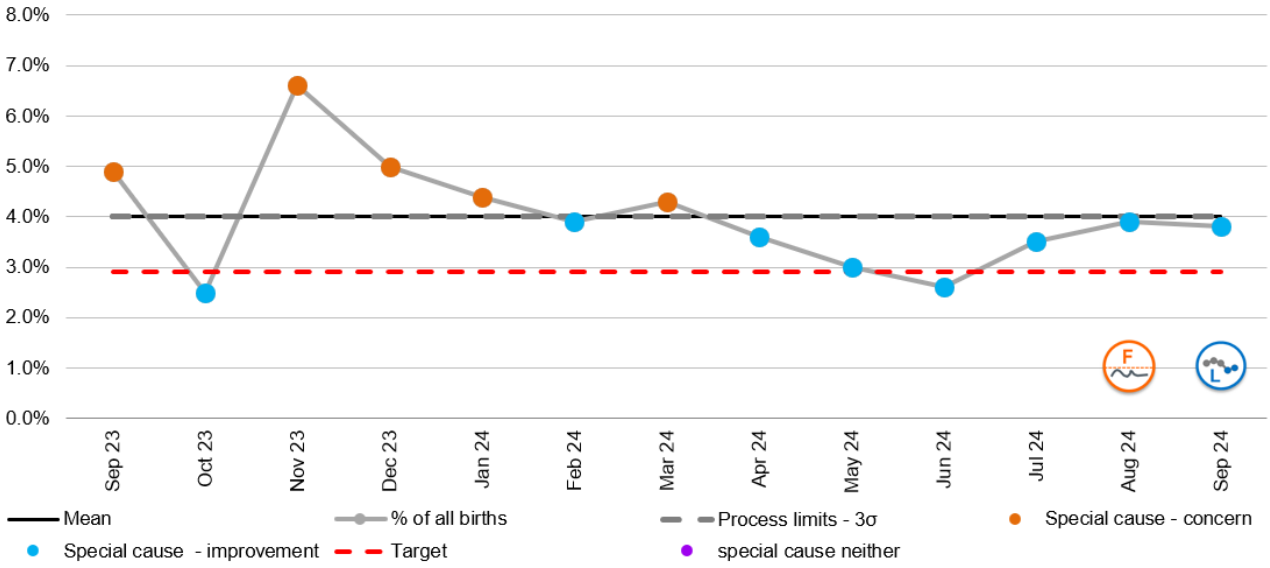
PPH over 1.5 litres

The reduction in the rate of post-partum haemorrhage (PPH) over 1500ml is a key priority for the maternity service. The PPH rate for September 2024 was 3.8% of all deliveries across both sites.

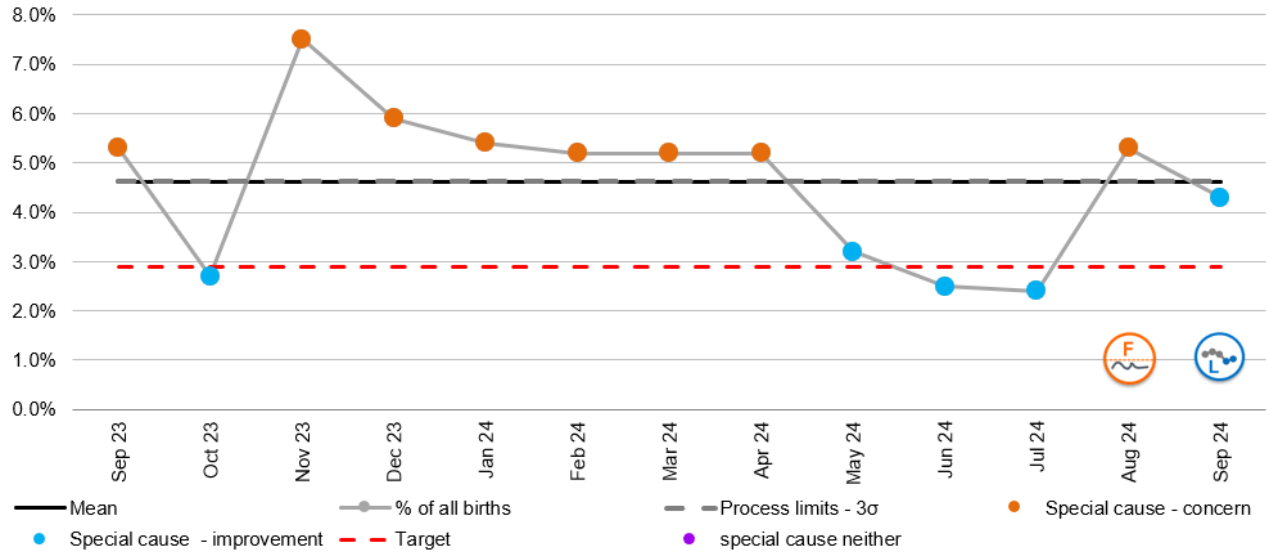
All PPHs are reviewed at the Maternity Case Review meeting, there have been no new themes identified in the reviews and the themes identified link to the ongoing improvement workstreams identified in the cluster review.

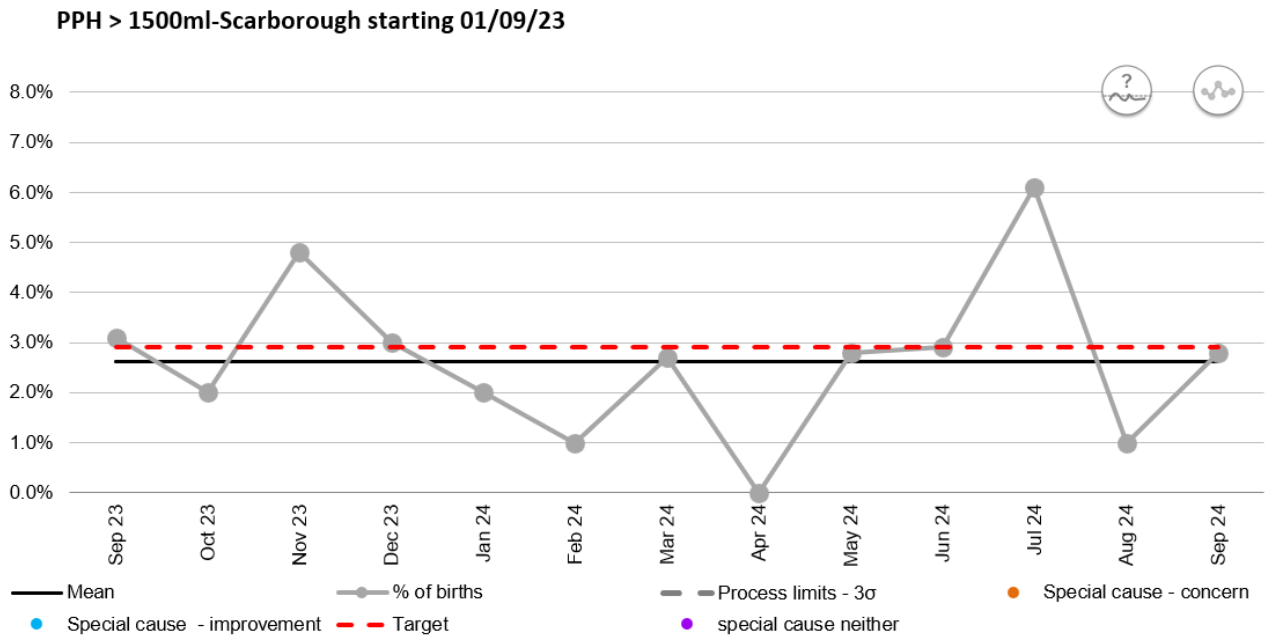
Blood Loss	Number in August 2024
1.5l – 1.9l	9 (range 1.5l – 1.9l)
2l – 2.4l	3 (range 2l - 2.1l)
> 2.5l	1 (2.6l)

PPH > 1500ml-Trustwide Maternity starting 01/09/23



PPH > 1500ml-York Maternity starting 01/09/23





Update on PPH Cluster Review

The PPH Cluster Review was presented to the Trust SI Group on 30 October 2024 and the action plan agreed, this have been reflected in and will be monitored through the Maternity and Neonatal Single Improvement Plan.

The recommendations are;

1. To standardise the approach of administration of oxytocin at time of birth in line with national guidance across both sites
2. Improve accuracy regarding weighing and recording of blood loss following birth
3. Improve understanding of hyperstimulation, and the potential impact on PPH
4. All women have a PPH risk assessment completed at 36 weeks gestation
5. The maternity service should ensure all women have a PPH risk assessment completed on admission to the labour ward
6. The PPH proforma is completed contemptuously for every occasion of suspected increasing blood loss to ensure consistent care and decision making
7. Provide clinical skills training and suturing workshops to all midwives as part of the annual training programme
8. All women to have a Full blood count at 28 weeks' gestation and results are followed up and acted on accordingly

B.2 Incident Reporting

There were 19 moderate harm incidents reported in September 2024.

Datix ID	Incident Category	Outcome/Learning/Actions	Outcome
22802 22968 23288 23287 23404 23816 24011 24183	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

23003 23057 23543 24001 24674			(Maternity and Neonatal Single Improvement Plan)
24016	Injury to patient	Change to equipment	Immediate apology given to the patient Complaint response provided
23283	Unexpected stillbirth	Notification to MBRRACE-UK	Learning to be identified and shared
23985	Maternal Death (11 months after delivery)	Notification to MBRRACE-UK	Learning to be identified and shared
22972 22973 24014	Unexpected admission to SCBU	Reviewed through the ATAIN process	Thematic analysis and QI work to be undertaken

B.4 Management of Risks

B.4.1.1 Project Updates York

The maternity theatres at York have been refurbished and are operational.

B.4.1.2 Project Updates Scarborough

The use 24/7 security at Scarborough continues until a permanent solution to the baby tagging issue can be reached as well as plans for the replacement of the roof.

B.4.2 Scrub and Recovery Roles

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:	27 November 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.

Recommendations:

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

Report History

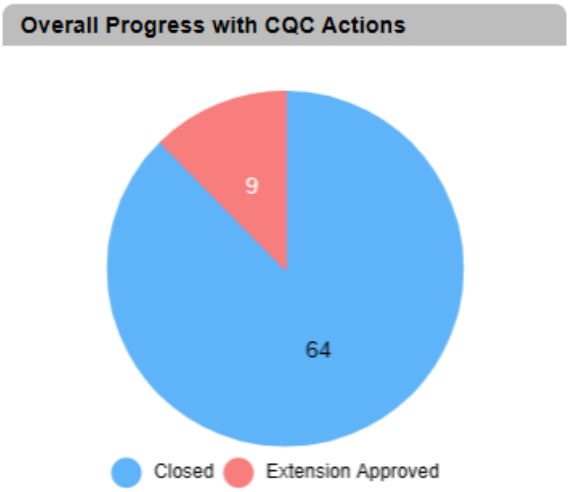
Meeting	Date	Outcome/Recommendation
Patient Safety and Clinical Effectiveness Sub-Committee	13 November 2024	*Presented and accepted.*
Quality Committee	19 November 2024	*Not presented at the time of submitting this paper.*

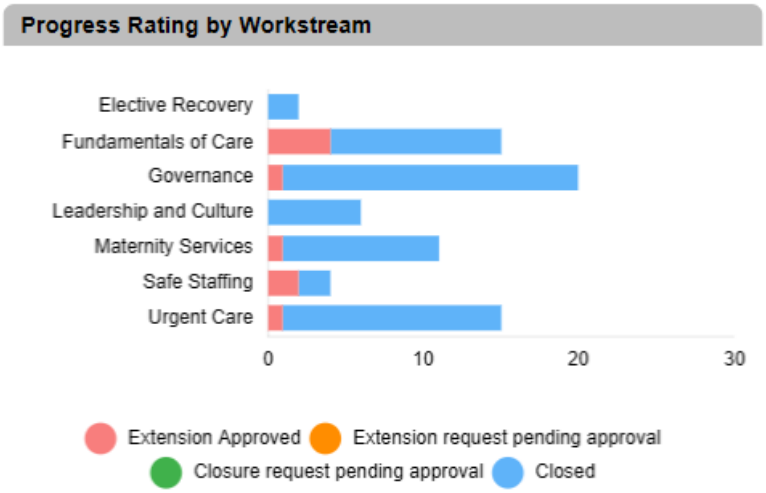
1. Progress Update

The next engagement meeting between the Trust and the CQC is scheduled to take place on 28 November 2024. An update on Ward 33 will be included as an agenda item due to a case received which linked to an inpatient stay on this ward.

The CQC have also been invited visit Maternity Services and the Urgent and Emergency Care Centre at Scarborough Hospital on 4 February 2025.

One CQC action was closed at the Journey to Excellence meetings held in October 2024. Progress with the CQC Improvement Plan, as of 31 October 2024, can be seen in the charts below.





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.

A schedule of updates on themes from ongoing CQC actions has been agreed. An update on Mental Capacity Act compliance was provided by the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) Lead Practitioner on 14 October 2024. Two MCA and DoLs Educators are due to commence and support the training commitment, and ongoing promotions are to be included in staff bulletins and staff matters.

Procurement for an external Well-Led assessment remains underway, with the aim for this to commence in early December 2024.

Work has commenced on delivering a Care Group Well-Led Peer Review. Progress is reported at Journey to Excellence meetings, will the report due to Executive Committee in 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 October 2024.

The Trust must apply to remove the section 31 conditions. Completion of the documentation to support this application is in progress.

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 when monthly audit results are available to support progress.

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 patient safety incidents (PSI'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 six CQC cases received since the last report, written (31 October 2024). Two cases were raised following the CQC review of the Learning from Patient Safety Events system, two were raised following complaints raised by patients to the CQC, and two were a result of the Preventing Future Death Reports.

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

6. CQC Updates

6.1 Feedback on Ratings Characteristics

Following the reviews into the CQC regulatory approach, the CQC will be offering opportunities to work with them to co-design elements of their regulatory approach.

A period of engagement has started to help develop new ratings characteristics that will describe what the CQC would expect to see at different ratings levels.

A draft set of ratings characteristics has been shared, and feedback has been requested in the form of a survey. Click here for access (was by 11 November 2024, but link remained live at the time of submitting the paper.

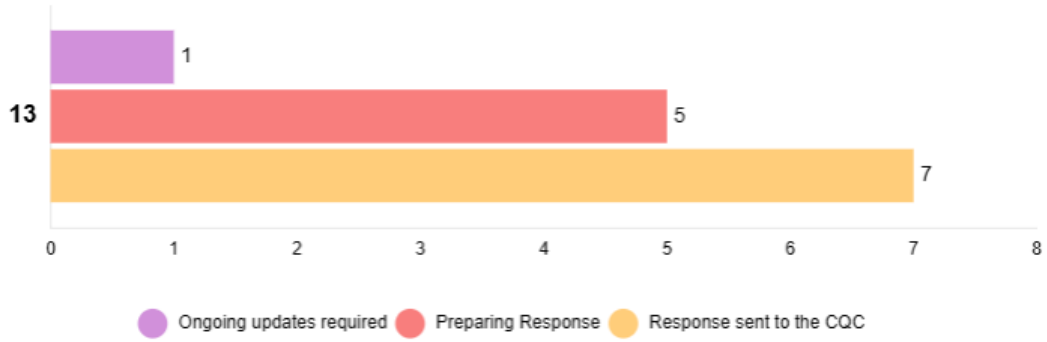
7. Recommendations

The Board of Directors is asked to:

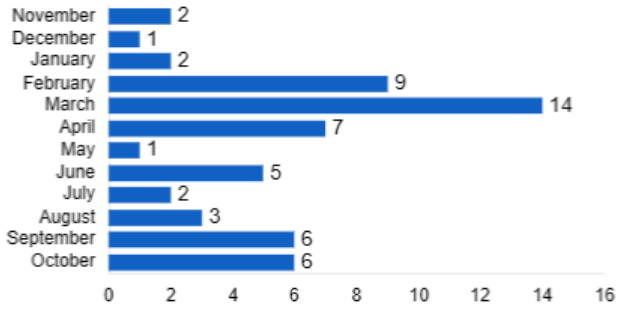
- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Appendix A
CQC Cases / Enquiries (1 November 2023 to 31 October 2024)

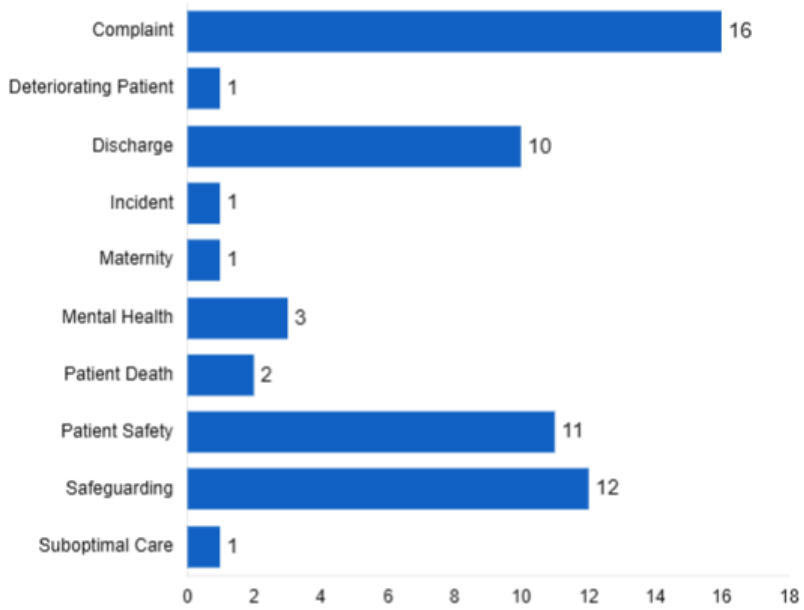
Number of Open CQC Enquiries / Cases



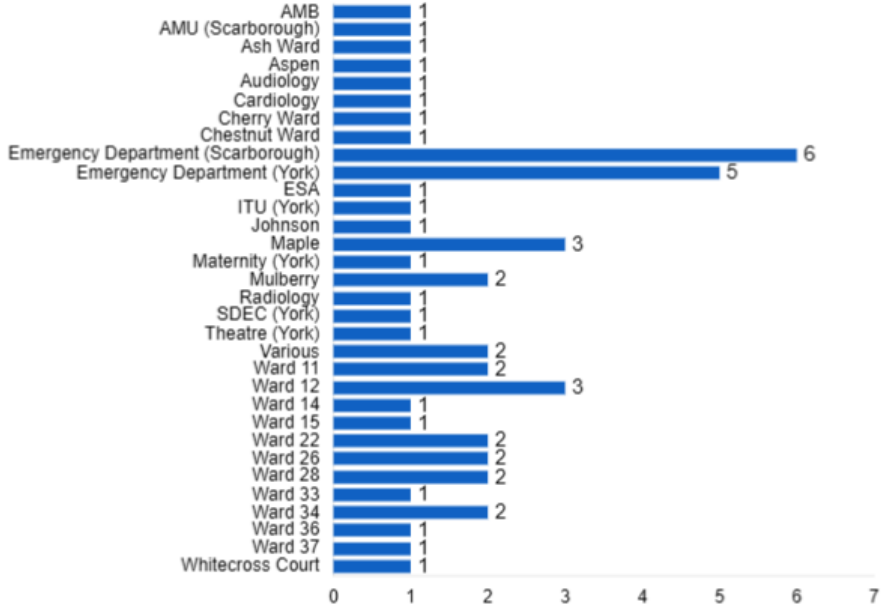
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



NHS
York Teaching Hospital
Facilities Management

Report to:	Board of Directors
Date of Meeting:	27th November 2024
Subject:	Premises Assurance Model 2023-24
Director Sponsor:	Penny Gilyard, Director of Resources
Author:	Shelley Lynch Consultant & Daniel Emmott, Estates Compliance Manager

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

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

Trust Priorities	**YTHFM Board Assurance Framework**
☒ Our People	☒ People
☒ Quality and Safety	☒ Quality & Safety
☐ Elective Recovery	☒ Financial
☐ Acute Flow	☐ Growth
	☐ Sustainability
	☐ Partnerships

Summary of Report and Key Points to highlight:

The NHS PAM assessment was completed and submitted to NHSE on the 13th September 2024. The assessment was for the financial year April 2023 to March 2024 and was undertaken by an independent consultant with the support of the Estates Compliance Manager to guarantee the assessment was unbiased. The assessment was completed following several meetings, evidence review and lengthy discussions with a range of multi-disciplinary staff and service leads in accordance with the mandatory timescales.

The table below shows the overall position of the 2023-24 assessment:

Domain	SAQs -Not applicable	Sub-SAQs - Not applicable	1. Outstanding	2. Good	3. Requires minimal improvemen	4. Requires moderate improvemen	5. Inadequate
Hard FM - Safety	0	1	0	43	86	28	0
Soft FM - Safety	0	1	0	48	34	10	4
Patient Experience	0	5	0	17	2	4	0
Efficiency	0	4	1	18	5	3	0
Effectiveness	0	1	0	2	14	9	0
Governance	0	0	0	13	13	0	0
Helipad	0	0	0	2	6	1	0
Total	0	12	1	143	160	55	4

- The Capital costs required to achieve compliance is £11.12m and revenue costs required to achieve compliance is £2.126m
- A breakdown of the costs against each of the Sefl Assessment Questions (SAQ's) is reported in appendix 1.
- One new self-assessment question was added to PAM 2023-24
  - SH21: The built environment: Reducing harm by ligature in practice which included 7 new prompt questions to be answered.
- Following the completion of the 2023-24 assessment, it has been recognised that. PAM should be embedded within all Service Meetings and regular independent reviews undertaken by the Compliance Team. Action Plans will be developed and presented on a quarterly basis for assurance.

Recommendation:

To note Management Group approval. To proceed to Board of Directors for final approval.

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

(Insert "not applicable" if the paper has not been seen elsewhere)

Meeting	Date	Outcome/Recommendation
Management Group EPAM	29/10/2024 5/11/24	Approved. Assurance.

Premises Assurance Model 2023-24

1. Introduction and Background

1.1 The NHS Premises Assurance Model (PAM) is a management tool developed by the Department of Health to provide a nationally consistent approach to evaluating NHS premises performance against a set of national indicators.

1.2 The PAM tool is a structured process to ensure a robust approach is adopted for undertaking the assessment against a common set of questions and metrics, otherwise known as Self-assessment questions (SAQ's).

The SAQ's are categorised into the following domains:

- Safety Hard
- Safety Soft
- Patient Experience
- Efficiency
- Effectiveness
- Governance
- Helipad
- Maturity Framework

1.3 Each SAQ is underpinned by several prompt questions to allow organisations to assess in more details their levels of compliance. There is a standard scoring mechanism in place which allows consistent reporting:

- Not Applicable (Grey)
- Outstanding (Blue)
- Good (Green)
- Requires minimal Improvement (Yellow)
- Requires Moderate Improvement (Orange)
- Inadequate (Red)

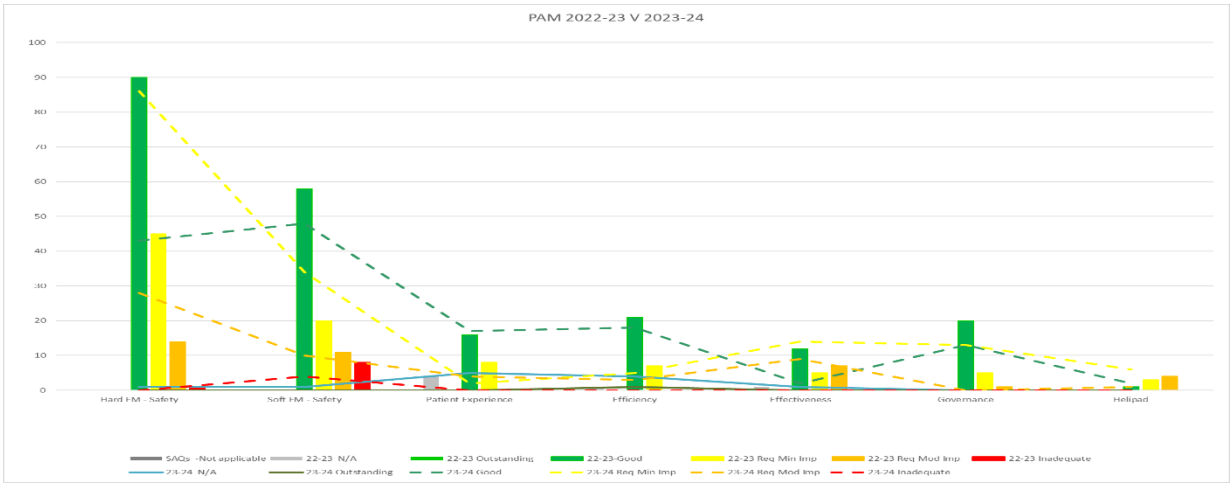
1.4 The PAM tool objective is to ensure the outcomes from the SAQ's are reported up to NHS Trust Boards and are embedded in internal governance process to ensure actions are taken where required.

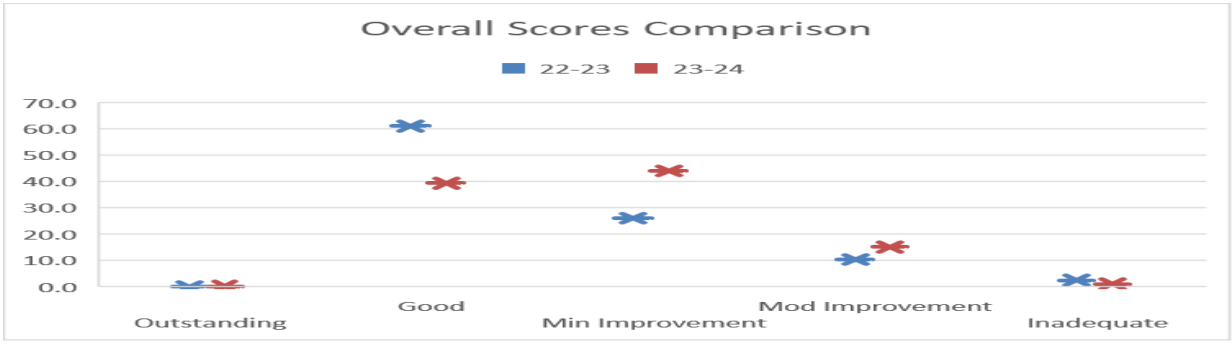
1.5 The NHS PAM Tool provides assurance to services users, commissioners and regulators that robust systems are in place to demonstrate premises and associated services are safe.

2. Current Position/Issues

2.1 The number of prompt questions has increased from 357 to 363 for the 23-24 submission. The graph below shows the comparison of scores across each domain for the two years. This year's assessment identified one outstanding score relating to Board reporting and contracting. This is a new prompt question within the Efficiency domain.

2.2 The number of inadequate scores has reduced from 9 to 4 in this year's submission. The 4 inadequate scores all relate to Cleaning Standards within the Soft Services domain. It is understood that work has already been undertaken since the PAM reporting period closed (April 2023-March 24) with an expectation that scores will improve next year.





2.3 As a result of lengthy discussions and deliberation, SH14 – Fire Safey has uncovered significant areas of deterioration between the two reporting years with scores reducing from Good to Requires Moderate Improvement across all the prompt questions. Capital funding required to achieve compliance has been estimated at £1m for Fire Door Replacement. £20k Revenue costs have also been identified to support Authorised Engineer Services.

2.4 Discussions with the Estates Team confirmed work is still required to obtain assurance that Estates and Facilities services are safe and suitable when the organisation is not directly responsible for providing these services (SH18). The Estates Team have confirmed this will be an area of focus and are confident sufficient evidence will be available for the next submission, working collaboratively with NHSPS and other landlords.

2.5 At the time of the assessment the Estates Team advised they were in the process of migrating their Computer Aided Facilities Management (CAFM) systems and currently had large volumes of paper records. It is envisaged once the migration is complete, electronic devices will be implemented allowing access to maintenance records to be modernised, improving evidence collection. Risk assessments for the majority of Hard FM services require minimal improvement and will be reviewed as part of the system migration. The Compliance Team have been working in collaboration with the Estates Team to review roles and responsibilities and support the team to confirm that all appointments recommended by Authorised Engineers are in place.

Once this is complete the current requires minimal scores will progress to good. A sizable number of vacancies have resulted in gaps within the Authorised Person and Competent Person appointments.

2.6 Catering services scores range from requires moderate improvement to good. The team advised there is no named food dietician and support is weak, which has been listed on the risk register. An estimated capital costs of £250k has bene identified to purchase an electronic meal ordering system to enhance overall compliance.

2.7 Waste and Recycling Management reported a weakness with the number of segregation bins in the Trust. Additional Waste awareness training would be valuable. An estimated revenue cost of £750k has been calculated to increase the current compliance position.

2.8 Cleanliness is the only SAQ reporting inadequate prompt scores. The team advised additional work has been completed outside the reporting period and are confident the inadequate scores will improve within the next submission. It is understood a supplementary paper has been developed which includes an estimated value of £1.24m for resources required to achieve the levels of compliance required with the Cleaning Standards 2021.

2.9 The Patient Experience domain seeks assurance that assessments, over and above PLACE, are carried out to evaluate the patient experience. Several discussions took place and assessments identified, however the Trust advised that additional work is required to ascertain accurate feedback.

3. Considerations

3.1 The group should consider the capital and revenue costs required to support the organisation achieving compliance. Financial and resource pressures are a barrier to further progress. See Appendix 1 for a breakdown of costs.

4. Summary

4.1 The comparison between 22-23 and 23-24 demonstrates areas of improvement with the reduction in the number of inadequate scores. Last years report recommended an NHS PAM Standards Assurance Group be established which would be led by the Estates Directorate. At the time of undertaking the 23-24 there was no evidence to suggest the group had been established. The detailed comparison highlighted limited improvement on a considerable number of prompt questions, indicating limited reviews have taken place throughout the year.

5. Next Steps

5.1 There is a requirement that for all scores currently assessed below good, that detailed action plans are created, agreed and monitored on a regular basis. Incorporating PAM within regular service meetings will significantly improve awareness of PAM and provide assurance that continuous monitoring is taking place. Utilising the Compliance Team to undertake independent reviews of the current PAM scores and evidence throughout the year will strengthen the PAM process and help to eliminate areas of risk.

Date: 18th October 2024.

Appendix 1 - Capital & Revenue Costs to Achieve Compliance

SAQ No.	Self-Assessment Question (SAQ) Subject	Domain	Capital cost to achieve compliance (£)	Revenue consequences of achieving compliance (£)	Notes
SH1	Estates and Facilities Operational Management	Hard FM - Safety	0	35,000	Compliance Support B5
SH6	Medical Gas Systems	Hard FM - Safety	35,000	0	Schematics
SH7	Natural Gas and specialist piped systems	Hard FM - Safety	30,000	0	Boiler replacement Scarborough
SH8	Water Safety Systems	Hard FM - Safety	100,000	0	Schematics
SH14	Fire Safety	Hard FM - Safety	1,000,000	20,000	Fire door replacement and Authorised Engineer Services
SH16	Resilience, Emergency and Business Continuity Plann	Hard FM - Safety	0	80,850	1 x B7 and 1 x B5 support
SH19	Contractor Management for Soft and Hard FM services	Hard FM - Safety	85,000	0	Contractor portal
SS1	Catering services	Soft FM - Safety	250,000	0	Electronic meal ordering system
SS3	Waste and Recycling Management	Soft FM - Safety	0	750,000	Additional segregation bins and increase awareness
SS4	Cleanliness and Infection Control	Soft FM - Safety	0	1,240,000	Additional resources to close the gap with new standards
E4	Sustainability	Effectiveness	9,620,000	0	De-steaming of SGH and new switchgear at Bridlington
	Total		11,120,000	2,125,850	

Appendix 2 – Safety Hard

SAQ No.	Self-Assessment Question (SAQ) Subject	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity Planning	7. Review Process	8. Costed Action Plans		
SH1	Estates and Facilities Operational Management										
SH2	Design, Layout and Use of Premises										
SAQ No.	**Self-Assessment Question (SAQ) Subject**	**1. Document Management System in Place**	**2. Approval of documents**	**3. Review of documents**	**4: Availability of documents**	**5. Legibility of Documents**	**6: Document Control**	**7. Obsolescence**	**8. Costed Action Plans**		
SH3	Estates and Facilities Document Management				2. Good						
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. Policy & Procedures**	**2. Roles and Responsibilities**	**3. Risk Assessment**	**4. Maintenance**	**5. Training and Development**	**6. Resilience, Emergency & Business Continuity Planning**	**7. Review Process**	**8. Costed Action Plans**		
SH4	Health & Safety at Work										
SH5	Asbestos										
	Self Assessment Question (SAQ) Subject	**1. Policy & Procedures**	**2. Roles and Responsibilities**	**3. Risk Assessment**	**4. Maintenance**	**5. Training and Development**	**6. Resilience, Emergency & Business Continuity Planning**	**7. Review Process**	**9. Costed Action Plans**		
SH6	Medical Gas Systems										
	Self Assessment Question (SAQ) Subject	**1. Policy & Procedures**	**2. Roles and Responsibilities**	**3. Risk Assessment**	**4. Maintenance**	**5. Training and Development**	**6. Resilience, Emergency & Business Continuity Planning**	**7. Review Process**	**8. Costed Action Plans**		
SH7	Natural Gas and specialist piped systems										
SH8	Water Safety Systems										
SH9	Electrical Systems										
SH10	Mechanical Systems and Equipment										
SH11	Ventilation, Air Conditioning and Refrigeration Systems										
SH12	Lifts, Hoists and Conveyance Systems										
SH13	Pressure Systems										
	Self Assessment Question (SAQ) Subject	**1. Policy & Procedures**	**2. Roles and Responsibilities**	**3. Governance**	**4. Enforcement**	**5. Risk Assessment**	**6. Maintenance**	**7. Training and Development**	**8. Resilience, Emergency & Business Continuity Planning**	**9. Review Process**	**10. Costed Action Plans**
SH14	Fire Safety										
SH15	Medical Devices and Equipment										
SH16	Resilience, Emergency and Business Continuity Planning										
SH17	Safety Alerts										
SH18	Externally supplied estate										
SAQ No.19	**Self Assessment Question (SAQ) Subject**	**1. Policy & Procedures**	**2. Roles and Responsibilities**	**3.Contract Expiry**	**4. Risk Assessment**	**5. Maintenance**	**6. Contractor Compliance**	**7. Resilience, Emergency & Business Continuity Planning**	**8.. Review Process**	**9.. Costed Action Plans**	
SH19	Contractor Management for Soft and Hard FM services										
SAQ No.20	**Self Assessment Question (SAQ) Subject**	**1: Policy**	**2: Roles and Responsibilitie**	**3: Risk Assessment**	**4: Maintenance .**	**5: Contractor Compliance .**	**6: Review Process**	**7: Costed Action Plans**			
SH21	The built environment: Reducing harm by ligature in practice.										

Appendix 3 – Safety Soft

SAQ No.	Self Assessment Question (SAQ) Subject	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8.Food Standards: Board Director	9.Food Standards: Strategy	10.Food Standards:Diatition	11.Food Standards: Safety Specialist	12.Food Standards: Workforce
SS2	Decontamination process												
SS3	Waste and Recycling Management												
SS4	Cleanliness and Infection Control												
SS5	Laundry and Linen Services												
SS6	Security Management												
SS7	Transport Services												
SS8	Pest control												
SS9	Portering services												
SS10	Estates IT and Building Information Management (BIM) systems												

1. Policy & Procedures	SS1 Catering services	
2. Roles and Responsibilities	SS1 Catering services	
3. Risk Assessment	SS1 Catering services	
4. Maintenance	SS1 Catering services	
5. Training and Development	SS1 Catering services	
6. Resilience, Emergency & Business Continuity Planning	SS1 Catering services	
7. Review Process	SS1 Catering services	
8.Food Standards: Board Director	SS1 Catering services	
9.Food Standards: Strategy	SS1 Catering services	
10.Food Standards:Diatition	SS1 Catering services	
11.Food Standards: Safety Specialist	SS1 Catering services	
12.Food Standards: Workforce	SS1 Catering services	
13.Food Standards:Matrix	SS1 Catering services	
14.Food Standards: Waste	SS1 Catering services	
15.Food Standards: 24/7 Restaurant	SS1 Catering services	
16.Food Standards: 24/7 Café	SS1 Catering services	
17.Food Standards: 24/7 Vending machines	SS1 Catering services	
18.Food Standards: 24/7 Retail	SS1 Catering services	
19.Food Standards: Cold Vending	SS1 Catering services	
20. Food Standards: Smart Fridges	SS1 Catering services	
21.Food Standards: From home	SS1 Catering services	
22. Costed Action Plans	SS1 Catering services	

Appendix 4 – Patient Experience

SAQ No.	Self Assessment Question (SAQ) Subject	1. Views and Experiences	2. Engagement	3. Staff Engagement	4. Prioritisation	5. Value	6: Costed Action Plans			
P1	Engagement and involvement									
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. PLACE Assessment**	**2. Other Assessments**	**3. Cleaning Schedules**	**4. Costed Action Plans**					
P2	Condition, appearance, maintenance and privacy and dignity perception									
P3	Cleanliness									
P4	Access and Car Parking									
P5	Grounds and Gardens									
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. Policy & Procedures**	**2. Regulation**	**3. Choice**	**4. Equality issues**	**5. Information**	**6. PLACE Assessment**	**7. Other Assessments**	**8. Legal Standards**	**9: Costed Action Plans**
P6	Catering services									

Appendix 5 – Efficiency

SAQ No.	Self-Assessment Question (SAQ) Subject	1. Policy & Procedures	2. Roles and Responsibilities	3. Risk Assessment	4. Maintenance	5. Training and Development	6. Resilience, Emergency & Business Continuity	7. Review Process	8. Costed Action Plans		
F1	Performance management										
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1: Business Planning**	**2: Estate Optimisation**	**3: Commercial Opportunities**	**4: Partnership working**	**5: New Technology**	**6: PFI and LIFT contracts**	**7: Other contracts**	**8. Property**	**9. Cost Improvement plans**	**10: Costed Action Plans**
F2	Improving efficiency - running										
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. Capital Procurement.**	**2. Capital Project Management**	**3. Capital Procurement Efficiencies**	**4. Flexibility**	**5. Identification and disposal of surplus land**	**6: Net zero carbons**	**7: Costed Action Plans**			
F3	Improving efficiency - capital										
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1: Policy & Procedures**	**2: Review Process**	**3: Board Reporting & Contracting**	**4: Costed Action Plans**						
F4	Financial controls										
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. Quality and Sustainability**	**2. Financial Pressure**	**3. Continuous Improvement**	**4. Quality Improvements**	**5. Recognition**	**6. Use of Information**	**7: Costed Action Plans**			
F5	Continuous improvement										

Appendix 6 – Effectiveness

SAQ No.	Self Assessment Question (SAQ) Subject	1. Vision and Values	2. Strategy	3. Development	4. Vision and Values Understood	5. Strategy Understood	6. Progress	7: Costed Action Plans		
E1	Vision and strategy									
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1. Local Planning**	**2. Neighbourhood Planning**	**3. Planning Control**	**4. Special Interests**	**5. Enforcement**	**6: Costed Action Plans**			
E2	Town planning									
SAQ No.	**Self Assessment Question (SAQ) Subject**	**1: Disposal of land and property**	**2: Granting of Leases**	**3: Acquisition of land and property**	**4: Costed Action Plans**					
E3	Land and Property management									
SAQ No.E4	**Self Assessment Question (SAQ) Subject**	**1: Green Plan / Sustainability Strategy**	**2: Energy**	**3: Waste**	**4: Air Pollution**	**5.Travel & Transport**	**6.Water**	**7. Climate Change Adaptation**	**8. Procurement**	**9: Costed Action Plans**
E4	Sustainability									

Appendix 7 – Governance

SAQ No.	Self Assessment Question (SAQ) Subject	1. Framework	2. Roles	3. Partners	4. Framework	5: Assurance	6. Monitoring	7. Audit	8. Mitigation	9. Alignment	10: Costed Action Plans		
G1	Governance process												
SAQ No.	Self Assessment Question (SAQ) Subject	1. Effectiveness	2. Challenges	3. Visibility	4. Relationships	5. Respect	6. Behaviours.	7. Culture	8. Honesty.	9. Safety & Wellbeing	10. Healthier workplace	11. Collaboration	12: Costed Action Plans
G2	Leadership and culture												
SAQ No.	Self Assessment Question (SAQ) Subject	1. Professional advice	2. In-house advisors	3. External advisors	4: Costed Action Plans								
G3	Professional advice												

Appendix 8 – Helipad

SAQ No.	Self Assessment Question (SAQ) Subject	1: Compliance Assessment and Policy Review: Adherence to CAP1264 and Downwash Helipad	2: Roles and Responsibilities	3: Risk Assessment and Mitigation Strategies for Helipad and Estate	4: Resilience, Emergency & Business Continuity Planning	5: Risk assessment - Regulatory Differences between Ground-Based and Elevated Helipads	6: Resilience, Emergency & Business Continuity Planning	7: Review Process	8. Collaboration	10. Costed Action Plans
H1	Helipad									

Appendix 9 – PAM Submission

PAM_RCB_2024-03-31_2024-09-24T15_1

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	27th November 2024
Subject:	Health & Safety Policy
Director Sponsor:	Dawn Parkes, Chief Nurse
Author:	Norman Elliott, Deputy Head of Safety

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

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

Trust 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
	☐ DIS Service Standards
	☐ Integrated Care System
☐ Effective governance and sound finance	☐ 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:

To approve policy.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	**Date**	**Outcome/Recommendation**
Health & Safety Committee	30th July 2024	Approved
Management Group	29th October 2024	Approved

York and Scarborough Teaching Hospitals NHS Foundation Trust

Reference: H&S26

Health & Safety Policy

Version: 3

Summary	This policy sets out Health and Safety Policy for York and Scarborough Teaching Hospitals NHS Foundation Trust.	
Keywords	Health & Safety, Risk, Policy	
Target audience	All Trust Staff	
Date issued	August 2024	
Approved & Ratified by	Approved by H&S Committee Management Group Ratified by the Board of Directors	**Date of meeting:** H&S Committee 30th July 2024 29th October 2024
Next review date	August 2025	
Author	Norman Elliott – Deputy Head of safety	
Executive Director	Dawn Parkes – Chief Nurse	

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust Intranet is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours**

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
October 2006		York 4		• Sections 4 and 9 added and section 8 expanded Employees responsibilities – link to disciplinary policy and procedure added
October 2007		5		• Change of Owner/Lead Director from Director of Nursing/Chief Operating Officer to Director of Human Resources and Legal Services. • Section 5.5 - Responsibilities included for Safety Representatives. Arrangements Section: • Non Ionising section added Slips and Trips section added
January 2008		5.1		"Who is Who" section: • Details of Radiation Protection Supervisor removed, and replaced by Radiation Protection Advisor • Patient Safety Manager / Health & Safety Lead post replaced by Trust Risk Manager post • Risk & Safety Advisor post replaced by Health & Safety Manager post Arrangements section: • Inclusion of Non-Ionising Radiation (s29) in table of contents
June 2009		6		Policy re-written to current trust template. Complete re- structure of policy to ensure current legal compliance and trust procedures
June 2010	Carol Adams	7		Policy updated to reflect current Health and Safety Management system Policy re-written to current trust template
May 2011	Elaine Miller	8		Policy updated to reflect Trust Governance structure
June 2011	Colin Weatherill	Scarborough 4.05		Policy Reference HSS01 Policy updated as part of standard review
December 2012	Kingsley Needham, Colin Weatherill	Re-issue 1		Full policy review, new Trust policy for integrated organisation OH&S arrangements across the enlarged organisation Review of 1st Draft against legislative OH&S policy good practice requirements. Amend 3.5 safety management standard now reads system. 10.2 Standards and KPI's replaced annually by risk based Trust management objectives for the Trust. Review of policy to reflect the needs of the wider Trust and to ensure the document complies with the policy template
December 2014	Kingsley Needham, Colin Weatherill	1.2		Annual review
March 2016	Kingsley Needham, Colin Weatherill	1.3		Annual review & update of policy to reflect changed H&S committee structure.
March 2017	Kingsley Needham, Colin Weatherill	1.4		Annual review, legislative reference, reduction of wording & update of policy to reflect changed H&S committee and management structure.

Date	Author	Version	Page	Reason for Change
February 2018	Kingsley Needham, Colin Weatherill	1.5		Annual review & update of policy. Replace risk management strategy with framework. Include associated regulations on policy statement and make clear the underpinning of policy by specific and topic procedures, plans and SSOW's (Section 5).
March 2019	Kingsley Needham, Colin Weatherill	1.6		Annual review & update of policy. Addition of compliance with NHS PAMS and internal compliance audits in managers responsibilities. Update with new committee structures Resource Committee, include Care Group Managers at Directorate Manager level. Include reference to York Teaching Hospital Facilities Management Limited Liability Partnership Health and Safety Policy in associated Trust documentation.
August 2019	Kingsley Needham, Colin Weatherill	1.8		Change policy statement to reflect appointment of new CEO.
March 2020	A Hamer, Colin Weatherill	1.9		Annual review & update of policy. Minor grammatical changes, section format and layout. As applicable replace divisional manager with care group manager in sub sections. Inclusion of 'ensure relevant health and safety is discussed' to section 4.16 Trust Committees and Groups. Replace resource committee with quality and safety to reflect changes in operational reporting and amend section 6.1 as consulted stakeholder.
March 2021	A Hamer, Colin Weatherill	2		Annual review & update of policy.
May 2022	A Hamer, Colin Weatherill	2.1		Annual review & update of policy. Change the Trust Logo
August 2023	A Hamer, N Elliott	2.2		Annual review & update of policy to reflect care group changes, titles, roles and responsibilities and link to Trust governance reporting structure..
July 2024	N. Elliott	3	All	Removed reference to HSNCRG
July 2024	N. Elliott	3	All	Format changed to the newest Trust Policy format

Reviewers/contributors

Name	Position	Version Reviewed & Date
Andy Hamer	Safety and Security Manager	Version 2.2, August 2023
Norman Elliott	Health and Safety Manager & Training Lead	Version 2.2, August 2023
Norman Elliott	Deputy Head of Safety	Version 3 July 2024

Contents

Policy Statement

York and Scarborough Teaching Hospitals NHS Foundation Trust Board will ensure that all activities carried out on its premises or undertaken by its employees (or their agents) are managed in such a way as to avoid, reduce or adequately control all foreseeable risks to the health and safety of any person who may be affected by the Trusts undertakings.

The Trust is committed to ensure the provision a safe and healthy environment for employees, patients and others who may be affected by the Trust's work activities, by ensuring all reasonably practicable measures are taken to comply with the Trust's duties set out in the Health and Safety at Work etc Act 1974.
The Trust has in place policies and procedures to ensure a healthy & safe environment by ensuring:

- A safe place in which to work with safe means of access and egress.
- Suitable and sufficient information, instruction, training, and supervision to enable all employees to undertake their duties safely.
- The provision of safe plant, equipment, and systems of work.
- Arrangements for the safe use, handling, storage and transport of articles, materials, and substances.
- Appropriate management procedures and consultative arrangements to monitor and audit compliance with the Trust policies.
- Appropriate arrangements to assess and control the risks associated with work activities.
- Appropriate procurement policies to ensure that only competent contractors and suppliers are engaged by the Trust.
- To consult with all staff groups on matters of health/safety matters, in particular the health safety, and other associated committees/groups.

The Trust is committed to adopting best practice in health and safety management; the Trust's Board of Directors is committed to meeting its duties set out in the Health and Safety at Work etc Act 1974 and associated regulations.

The York and Scarborough Teaching Hospitals NHS Foundation Trust formally approved this Policy Statement August 2024.

Simon Morritt

Chief Executive York and Scarborough Teaching Hospitals Foundation Trust

1. Introduction

The York and Scarborough Teaching Hospitals NHS Foundation Trust ("the Trust") recognises its duty to ensure 'so far as is reasonably practicable', the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving compliance with relevant UK health and safety legislation by maintaining a high standard of health, safety, and welfare by recognising the importance of clearly defined management responsibility and arrangements.

This policy sets out the minimum standards which all employees of the organisation are to work to, and encompasses the following:

- Chief Executive's Statement.
- Organisation Accountability and Responsibilities.
- Risk Management Framework.
- Health and Safety Related policies.
- General Safety Arrangements.
- Arrangements for Occupational Health and Safety Monitoring and Review.

The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy, procedure, systems, and processes.

2. Scope

This Policy applies to all the Trust's properties and sites under the control of the Trust and other locations where Trust staff carry out duties. At locations under the control of other employers, Trust staff are expected to comply with any additional safety requirements of the host.

This policy will be communicated to all staff, including permanent, temporary, voluntary workers, agency or locum. The Trust also recognises its statutory obligations in ensuring a safe environment for all employees, patients, contractors, visitors[1] within the Trust.

This policy supersedes all previous versions of Trust Health, Safety and Welfare policies.

3. Duties and responsibilities

The Board of Directors

The Board of Directors are responsible for setting the strategic direction, policies, and objectives. The Board will ensure this is discharged through a delegated structure,

[1] Visitors include trespassers.

ensuring the necessary support and resources are made available to allow for effective implementation of this policy.

Chief Executive

The Chief Executive is ultimately responsible for the adherence to health and safety legislation within the Trust and is accountable for the establishment and achievement of health and safety policies and procedures within the Trust.
In the event of the Chief Executive's absence, a Board nominated Director will take up these responsibilities.

Executive Directors & Directors

Directors are to have active involvement in the management of health and safety in their areas of control and collective responsibility for health and safety in the organisation. Directors are responsible for the safety of their staff and the activities in their charge. They are expected to promote a high degree of health and safety awareness amongst all their personnel.

Nominated Director for Health & Safety

The Chief Nurse is the nominated Director for health and safety arrangements within the Trust and is to champion health and safety in the Trust.
The nominated Director is responsible for ensuring effective arrangements, systems and plans are in place for the management of health and safety risks. The nominated Director is to address health and safety and risk management issues at a strategic level as part of the Trust governance requirements.

Heads of Department and Ward Managers Responsibilities

Heads of Departments & Managers are responsible for the impact of the overall health safety and risk on their ward/departments as it may relate to staff, patients or visitors and have the responsibility to ensure this is effectively managed.

Head of Safety and Security / Health and Safety Team

The Head of Safety and Security is responsible for advising and supporting the strategic direction of the Trust health and safety policy and supporting and advising the Trust on health and safety matters.

The Health and Safety Team are functional responsible for advising and providing technical health and safety support in the delivery of Trust safety policy, advising on issues relating to health and safety, development of local health and safety procedures and practices to include as required other associated policies.

Associate Chief Operating Officers

Associate chief operating officers are responsible for overseeing daily operations of their care groups being responsible for implementing the Trust's health and safety at work policy at directorate operational level and for ensuring the Trust's health, safety

and risk management system is in place within their area of responsibility, by supporting the nominated senior managers or nominated line/operational managers who have overall responsibility for their area with regards to health and safety.

They must ensure departments under their jurisdiction are safe to work in, and all practicable measures taken to provide for the health and safety, by ensuring the implementation of the Trust risk assessment programme for their area of responsibility ensuring local arrangements are in place for the safety of all by overseeing development and implementation of local safety policies and procedures.

Ensure staff in their area of control is consulted about health and safety matters, through representation on local health and safety groups and committees.
In line with Trust policy all incidents are reported within the correct timescale and full investigations are carried out as quickly as possible.

Associate chief operating officers are to attend specific health and safety training provided by the Trust to enable them to fulfil this role.

Specialist Advice
The Trust has in place specialist advisors and functions to provide for a safe environment, providing support and advice to the Trust and its employees. Each position and function have defined roles and responsibilities. Further information on these can be gained from the specific individual or function.

Employee Safety Representatives
The Trust actively promotes and encourages involvement of Trade Union appointed Safety Representatives to represent their members on health and safety issues. Safety Representatives are to be involved in discussions regarding staff health, safety and welfare issues.

Employees
All staff, including work experience, agency, temporary, and volunteers within the Trust are required to accept responsibility for carrying out and adhering to the health and safety polices of the Trust.

All employees are to comply with their duties set out in UK health and safety legislation by taking reasonable care for themselves and others who may be affected by their acts or omissions. Employees are accountable to their line managers and assist towards making the Trust a safe and healthy place in which to work.

In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Trust's Disciplinary Policy and Procedure.

Other Persons (Contractors)
Any person who is not directly employed by the Trust but is undertaking work on its premises, for or on the Trust's behalf, must not act in a manner that is prejudicial to the safety of others, whilst conducting their work and observe Trust health and safety policy and procedures. No contractor is to work on Trust premises unless the correct type of method statement and/or risk assessment has been completed and agreed by the relevant manager.

If work to be undertaken is particularly hazardous this must not commence until the appropriate permit to work is obtained from the appropriate relevant source/manager.

Executive Committee.
The Executive Committee is accountable to the Board of Directors.

The Committee supports the Board in its role of assuring effective health, safety and risk management systems are in place and that its systems support and promote their aims, by monitoring the organisations' ability to meet its principal objectives.

The Committee seeks assurance the organisation is identifying and managing the principal risks to achieving its objectives, advising the Board on risk management and governance (clinical and operational) issues which may affect the Trust's business operations. The Committee consider and report the most significant current issues identified to the Board of Directors.

Trust Health Safety Welfare Committee
The Health, Safety and Welfare Committee of the Trust is to be reflective of the Trust's service provision and business activities. In addition to this, as and when required this committee liaises and works with other committees on related subjects.

The Committee will also be responsible for satisfying the statutory requirement to convene a Health and Safety Committee as laid down under the Safety Representative and Safety Committee Regulations 1977, and the Health and Safety (Consultation with Employees) Regulations 1996, as amended.

Trust Governance Reporting Structure
The Trust governance reporting structure is in place to ensure effective communication between the Trust's quality and patient safety group and clinical subgroups, health, safety Committee, and department/risk & specialist areas. Each group will evaluate recommendations from any audits, inspections, reports, reviews, by incorporating the findings into directorate/department/risk & specialist action plans, or, if appropriate the directorate or corporate risk register.

Trust Committees & Groups

All Trust Committees and Groups are to have specific terms of reference, ensure relevant health and safety is discussed at meetings, this is formally recorded, and minutes retained.

4. H&S Arrangements

The Trust recognises the activities undertaken by employees are varied, carried out in many properties and locations across the organisation. The Trust activities encompass many tasks and work stream all of which carry some element of risk, the Trust will 'so far as is reasonably practicable' ensure systems and procedures for health and safety are in place thus affording the highest standards of safety to all those affected by the Trusts activities.

The Trust has in place a Board authorised risk management framework, Health and safety policy, health and safety procedure which sets out a recognised process to manage health and safety and risk in the Trust.

The aim of this Trust policy is to create and encourage an embedded and pro-active health and safety culture, which involves all employees of the organisation. The implementation of health and safety strategy and policy allows flexibility in its application of operational and departmental specific health and safety management through the risk assessments process and risk action plans.

The Trust risk management framework and health and safety strategy/policy contains the elements of Trust wide statutory compliance with the general requirements of Health and Safety at Work etc Act 1974 (HSWA74); this policy is supported by specialist and topic specific operational plans, procedures and safe systems of work made under this policy.

The Trust has developed a safety management system, which will ensure, a systematic inspection and audit of the effectiveness of compliance with this policy and associated health and safety policies and procedures is in place. This will be undertaken as part of a Trust wide health and safety monthly and annual review of safety information and reports and specific departmental operational inspection and audit schedules.

All employees are informed they are to be reasonable in their actions and cooperate with the Trust managers in achievement of the following programmes/action plans.

5. Training Requirements

All Designated care group and departmental managers and risk assessors are expected to undertake specialist health and safety training prior to them commencing

their role. Designated care group managers are expected to gain[2] and maintain general and specific safety related knowledge pertaining to their area of work.

Specialist training is carried out by specialist advisors or identified training providers. Courses include Incident Investigation, DSE Assessment, COSHH Assessment and Risk Assessments.

6. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Risk Assessments, risk registers	Care group managers/heads of department and appointed local managers.	Annual H&S audit, H&S team audits	Annually as per Risk Management Policy & Procedure	Reported to H&S Committee
H&S incidents	H&S Manager	Report	Monthly	Reported to H&S Committee
Health and Safety Training reports provided by Clad	H&S Manager	Report	Annually	Reported to H&S Committee

7. Document Review

This policy will be reviewed annually or earlier should there be a legislative any other reason to do so. The H&S committee will consult and approve this policy and once reviewed the Board of Directors will ratify this policy.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

8. Associated Trust Documents

- Risk Management Framework
- Managing Stress in the Workplace
- Slips Trips and Falls Policy (Employee & others)
- Serious Incidents Policy
- Manual Handling Policy

[2] Specific knowledge is to be commensurate to their role and can include training, instruction and sources safety information to maintain a safe environment.

- York Teaching Hospital Facilities Management Limited Liability Partnership Health and Safety Policy
- Door closing procedure.
- Windows Procedure
- COSHH Policy
- Water Safety Policy
- Lone working Policy
- Driving for work Policy
- Control of Contractors Policy
- Ligature Policy
- Asbestos Policy
- Latex Policy
- First Aid Policy
- DSE Policy

9. References

Health and Safety at Work etc. Act 1974
Associated Occupational Health and Safety Regulations
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Approved Codes of Practice
NHS Technical Guidance (HTM's, HBN's)
NHS Specific Guidance
Specific OH&S Guidance

10. Definitions

Term	Definition
COSHH	Control of substances hazardous to health
HSWA74	Health and Safety at Work etc. Act 1974
DSE	Display screen equipment
RIDDOR	Reporting of injuries, diseases, dangerous occurrences regulations

11. Equality Impact Assessment

Name of Policy:	**Health & Safety Policy**
1.	**What are the intended outcomes of this work?** The policy sets out the process for the Trust for managing cleanliness of the environment that have clinical, estates or facilities responsibility.
2	**Who will be affected?** All staff, visitors, patients and public
3	**What evidence have you considered?** Legislative compliance, Health and Safety at Work etc. act 1974, HSE guidance

a	**Disability -** The policy is	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age** .- The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy	
g	**Religion or Belief -** The policy	
h	**Pregnancy and Maternity - The** policy is inclusive	
i	**Carers** - The policy is inclusive	
j	**Other Identified Groups -**The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to	Yes
b.	How have you engaged stakeholders in	See section 7
c.	If so, how have you engaged stakeholders in constructing	See section 7 of this policy
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs. Engagement and involvement of the development of the policy has included relevant staff at all sites within the Trust, relevant Executive Directors.	
	Consultation Outcome The policy conforms to the requirements of the Policy for the Development and Management of Policies, relevant legislation	
a	Eliminate discrimination, harassment, and	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Norman Elliott, Deputy Head of Safety	
	Date Assessment Completed 11th July 2024	
	Name of responsible Director Dawn Parkes, Chief Nurse	