York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 30th November 2022
Time: 9:00am – 11.40am

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

The programme for the next meeting of the Board of Directors will take place:

On: Wednesday 30th November 2022

TIME	MEETING	ATTENDEES
9:00 – 11:40	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
12:15 – 2:10	Board of Directors – Private	Board of Directors
2:30 – 5:00	York and Scarborough Hospitals Charity Workshop	Board of Directors

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NHS Foundation Trust

Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9.00
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 2 November 2022** To be agreed as an accurate record.	Chair	Report	07	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	21	
6.	**Staff Story**	Chief Nurse	Verbal	-	9.05
7. 7.1 7.2	**Chief Executive's Report** To receive: • Chief Executive's Update • The November 2022-23 Trust Priorities Report	Chief Executive	 Report Report	 To follow 23	9.25
Trust Priority: Our People					

Item	Subject	Lead	Report/ Verbal	Page No	Time
8.	**Trust Priorities Report: Our People** To receive an update on the Our People priority of the Trust Priorities Report (TPR) (Item 7.2).	Director of Workforce & OD	Report	55	9.45
9.	**Nurse Staffing Report** To receive the report.	Chief Nurse	Report	63	9.55
10.	**People & Culture Assurance Committee** To receive the September People & Culture Assurance Committee minutes.	Chair of Committee	Report	73	-
Trust Priority: Quality and Safety					
11.	**Trust Priorities Report: Quality & Safety** To receive an update on the Quality and Safety priority of the Trust Priorities Report (TPR) (Item 7.2).	Medical Director/Chief Nurse	Item 7.2	-	10.05
12.	**CQC Update** To receive an update on the CQC inspection at the Trust.	Chief Nurse	Report	81	10.15
13.	**Ockenden Report Update** To receive the report to include the Perinatal Clinical Quality Surveillance Report	Director of Midwifery	Report	121	10.25
14.	**Q2 Guardian of Safe Working Hours Report** To receive the report.	Medical Director	Report	135	10.35

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**HEE Provider Self-Assessment Report** To approve the report.	Medical Director	Report	155	10.45
16.	**Quality & Safety Assurance Committee** To receive the October Quality & Safety Assurance Committee minutes.	Chair of Committee	Report	189	-
Trust Priority: Elective Recovery & Acute Flow					
17.	**Trust Priorities Report: Elective Recovery and Acute Flow** To receive an update on the Elective Recovery and Acute Flow priorities of the Trust Prorities Report (TPR) (Item 7.1).	Interim Chief Operating Officer	Report	199	10.50
18.	**Digital, Performance and Finance Committee** To receive the October Digital, Performance and Finance Assurance Committee.	Chair of Committee	Report	217	-
Governance					
19.	**Finance Update** To receive the Trust's financial position from the Trust Priorities Report (TPR) (Item 7.2).	Finance Director	Item 7.2	-	11.05
20.	**Risk Management Update - Corporate Risk Register** To receive the Corporate Risk Register.	Associate Director of Corporate Governance	Report	225	11.20

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Item	Subject	Lead	Report/ Verbal	Page No	Time
21.	**Items for Information**	All			-
21.1 21.2	• Executive Committee Minutes • Star Award nominations		Report Report	231 255	
22.	**Any other business including questions from the public**	Chair	Verbal	-	11.35
23.	**Time and Date of next meeting** The next meeting held in public will be on 25 January 2023.				
24.	**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.				
25.	**Close**				11.40

Minutes
Board of Directors Meeting (Public)
2 November 2022

Minutes of the Public Board of Directors meeting held on Wednesday 2 November 2022 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 11:54am.

Members present:

Non-executive Directors
- Alan Downey (Chair)
- Lynne Mellor
- Jim Dillon
- Denise McConnell (virtual)
- Lorraine Boyd
- Matt Morgan

Associate Non-executive Directors
- Ashley Clay

Executive Directors
- Simon Morritt, Chief Executive
- Andrew Bertram, Deputy Chief Executive/Finance Director
- Heather McNair, Chief Nurse
- Melanie Liley, Interim Chief Operating Officer
- Polly McMeekin, Director of Workforce and Organisational Development
- James Hawkins, Chief Digital Information Officer
- Jim Taylor, Medical Director

Corporate Directors
- Lucy Brown, Director of Communications

In Attendance:
- Mike Taylor, Associate Director of Corporate Governance
- Cheryl Gaynor, Corporate Governance Manager

Observers:
- Cathy Geddes, NHS England
- Michael Turnham, NHS England

The Chair welcomed everyone to the meeting.

76 22/23 Apologies for absence

- Jenny McAleese, Non-executive Director
- Steve Holmberg, Non-executive Director

77 22/23 Declaration of Interests

There were no declarations of interest to note.

78 22/23 Minutes of the meeting held on 28 September 2022

The Board approved the minutes of the meeting held on 28 September 2022 as an accurate record of the meeting.

The Board:

- **Approved the minutes of the meeting held on 28 September 2022.**

79 22/23 Matters arising from the minutes

Action 38 – The Medical Director had a meeting planned for 8th November and agreed to report back to the Board following this.

Action 42 – Communications strategy included in the agenda which incorporated this – action completed.

Action 43 – Included in the Chief Operating Officer report – action closed

Action 66 – Update of numbers of Patient Services Operatives (PSOs) and Healthcare Assistants (HCAs) provided at the meeting. 6 PSOs and 13 HCA started, 4 PSOs and 14 HCAs going or been through checks but have an agreed start date. 50 PSOs and 124 HCAs currently going through checks with a wait of around 3-4 weeks on average. Movement of patients was to be picked up through Quality and Safety Assurance Committee (Action 74 & 75)

Action 67 – Priorities session scheduled for January 2023.

Action 68 – Scheduled for January 2023

Action 72 – Included in agenda – action closed

80 22/23 Patient Story

The Board were joined by patient Kirsten Callander. Kirsten was assisted by Hannah Gray (Patient and Public Involvement Lead), Helen Ketcher (Patient Equality, Diversity and Inclusion Lead) and Caroline Dunn (Associate Chief Nurse for Care Group 1 and the Emergency Department).

Kirsten was deaf and used an assistance dog called Pickle as her 'ears'. Kirsten used a mix of lip reading and British Sign Language (BSL) to communicate. Kirsten described her unfortunate experience of the Trust staff and services linked specifically to acceptance of her assisted dog. This experience was repeated across a number of departments in the Trust and included being unable to stay with her infant daughter, Noelle, when accessing treatment and care for Noelle.

Non-executive Director Matt Morgan expressed concern about the apparently uncaring behaviour of staff and the failure of more senior staff to intervene when it was clear that Kirsten and her daughter were not been treated in an appropriate way.

The Chair thanked Kirsten for sharing her experience and sincerely apologised on behalf of the Trust. He acknowledged that an apology would count for nothing if not followed up by changes in policy, practice and behaviour.

The Board were informed of some of the positive changes that had been made, after the Patient Advice and Liaison Service had reached out to Kirsten to learn from her experience. These included:

- Sharing Kirsten's story with members of staff.
- Provision of information about the different types of service/assistance dogs and the need to respond in a caring fashion to the needs of patients with service/assistance dogs.
- Addition of signage in key areas, including the Emergency Departments, to raise awareness of service/assistance dogs.
- Promotion of transparent masks that facilitate lip reading.
- Discussions with other trusts to learn from their experience.
- Availability of British Sign Language interpreters.

The Board stressed that they would like Kirsten to stay in touch and work with the trust to develop its assisted dogs policy and improve the quality and sensitivity of interactions with deaf people.

Several board members commented that there was a common theme running through recent patient stories: it concerned the importance of treating patients with kindness and empathy. The Chair undertook to organise a separate board session, focusing on the lessons learned from recent patient stories.

The Board:

- **Thanked Kirsten, Hannah and Helen for their attendance at the meeting.**

Action:

- **Associate Director of Corporate Governance to arrange a lessons-learned session, based on recent patient stories.**

81 22/23 Chief Executive's Update

The Chief Executive presented his report to the Board and highlighted some key areas to note:

- Recruitment - recruitment of PSOs and HCAs was moving at pace with a second successful recruitment session in October.
- Industrial action – Intention of a ballot, this included The Royal College of Nursing (RCN) the Royal College of Midwives (RCM), The British Medical Association (BMA, who were considering action in relation to junior doctors), The Chartered Society of Physiotherapy (CSP), GMB Union, Unite, and Unison.
- Nucleus – the new digital documentation system for assessments and care planning. All inpatient sites now have this. The Board thanked all those involved in the development of the product and driving forward its delivery so successfully.
- Operational pressures – The Trust continued to experience acute pressures across all of its services. Also starting to see the anticipated increase in numbers of Covid cases.
- Operational pressures – Local Directors of Public Health across Humber and North Yorkshire had collectively advised on a number of actions including reinstating face masks for staff and visitors, encouragement of staff to have their flu and Covid

vaccinations, and the continued adherence to rigorous infection prevention and control measures.

- 7th October session with Humber and North Yorkshire Collaboration of Acute Providers (CAP) – the session considered the collaboration's priorities and further shaped the governance arrangements for how the CAP was to operate in a way that added value and contributed to improvements in acute care for patients. The Board will continue to be kept up to date with progress around this. Non-executive Director Lynne raised that the CAP was a positive event and an opportunity to leverage some support from other areas on pressures the Trust was facing. It was also highlighted as an opportunity for the Board session to discuss what it needed strategically
- CQC inspection – took place on 11-13th October and included the emergency departments, medicine, and maternity at both York and Scarborough Hospitals. The visit would be supplemented with a Well-Led review on 22nd-24th November. There was a letter received which described some areas of improvement and also some positive finds. Having revisited areas that they visited in March they observed some positive improvements, part of that was the roll out of Nucleus. At the Scarborough ED they found robust systems in place to manage demand. Although in receipt of the letter with some feedback, the full draft report was yet to be issued. The Trust's response to the letter and subsequent action plan was well received. The Trust continued to have regular dialogue with the CQC and working on areas of improvement highlighted:
    - Deteriorating patients
    - Safe management of patients in the emergency department at York
    - Assessing and responding to risk
    - Closure of the maternity unit due to staffing
    - Environment
    - Medicines management
    - Infection prevention and Control

The Board encouraged feedback and shared learning from colleagues across sites and to continue their dialogue, in particular around the two emergency departments. Non-executive Lynne Mellor highlighted to the Board a proposal from the Digital, Finance and Performance Assurance Committee for the Board to carry out a deep dive on culture and assess the systemic root causes, including sharing examples of good practices of micro cultures such as at the Scarborough site.

The Board

- **Noted the report**

Action

- **The Associate Director of Corporate Governance to arrange a deep dive session on culture and behaviours and understand some of the imbalances across the Trust.**

Trust Priorities Report

The main details of the report were described in each relevant section of the agenda.

82 22/23 Trust Priorities Report: Our People

The Director of Workforce and Organisational Development presented the report and provided an update on the four components of the Trust operational plan (approved earlier in the year) in relation to workforce recovery:

- Culture Change

- Working Life - (Fix the basics)
- Recruitment
- Workforce Planning

The Board acknowledged it was genuinely pleasing to see how the actions were progressing.

The Board was alerted to an unforeseen challenge we were encountering regarding the location of the paid accommodation we provide for our International Nurses. The particular hotel currently used by the Trust was ideal as it offered self-catering and enabled the recruits to be housed together. However, the Trust had been notified by the hotel that we would be required to vacate due to the Home Office block booking the hotel for two years to house migrants. The notice period had been extended to December from its initial request. Some rooms had been secured at an alternative hotel. However, the Trust understand that the Home Office were also looking to utilise this location. This was a concerning vulnerability for the Trust's international recruitment programme.

The Board held a discussion around values and behaviours and Ash Clay Associate Non-executive Director raised the need for a connection with staff and the values. There was some assurance that there currently were 302 values ambassadors in the Trust who were actively ensuring that the values of the Trust were being embedding at every opportunity. The Board acknowledged that a key link to behaviours was leadership modelling and ensuring that role modelling was evident at all levels. A leadership framework was planned to be presented to the People and Culture Assurance Committee which included a 360-degree feedback element as a means of ensuring behavioural improvements are picked up. Associate Non-executive Director Ashley Clay sought assurance that individuals were being held to account when they were not seen to be modelling the values and behaviours.

Non-executive Director Lynne Mellor sought views on what actions in the plans were felt to have had the biggest positive impact on culture. The Board acknowledged that all staff had the responsibility to ensure values were modelled but the Board in particular, as with other leadership teams, had a responsibility to live the values and project that consistently across all parts of the organisation.

The Board discussed the patient and public involvement with the Trust and how often through concerns or experiences raised through the Patient Advice and Liaison Service (PALS) or Patient Experience team, behaviours of staff are highlighted as a significant contributor to the experience of individuals. Non-executive Director Matt Morgan raised whether there was a link through the Trust HR processes. It was acknowledged that there was a clear gap in this area as the detail of some cases was often not visible. When cases are raised through PALS and added through the reporting system, they are not a formal complaint and are dealt with locally by care groups. Consequently, incidents are then not escalated to executive level through a formal complaint process. It was agreed that it would be helpful to understand when cases are raised in this way, how the Trust addresses the gap where behaviours aren't being picked up when incidents or experiences are not formally raised and escalated. A key contribution to enhancing this link was with the Patient and Public Involvement Lead, demonstrating the importance of this key role in the organisation.

The Board

- **Noted the report**

83 22/23 Nurse Staffing Report

The Chief Nurse presented the report and updated the Board on how the Trust was responding to provide the safest and effective nurse staffing levels.

The Board noted that NHS England had advised that the Trust remained in a top position amongst other organisations in the region for off framework use in relation to temporary staffing. They had proposed some supportive measures to include some direct support from their national agency team. There was to be a review of the Trust's current processes and practice around agency use in October 2022 where NHS were also looking to be attending the site.

The Board also noted that the Trust had welcomed its first international midwife who had been well received into the organisation and feedback was that this was going well.

The Board looked at the Nurse Vacancies table which showed the current Registered Nurses predictions, indicating the progress made and the impact as the Trust reduced current leavers. Non-executive Director Denise McConnell sought clarity on whether these figures were based on a previous establishment review or on the current review (following the nurse establishment report presented to the Board the previous month) to ensure there was a clear understanding of the extent of the vacancies that the Board were looking for. It was clarified that the figures reported were based on the previous establishment review and the Trust was working through the detail of this. Denise McConnell also raised that modelling going forwards and the predicted figures for starters and leavers etc. it would be helpful to see actual figures in earlier months to ensure that the Board are sighted on whether the Trust was delivering in relation to expectations.

The Board

- **Noted the report**

84 22/23 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Report and Action Plan

Head of Equality, Diversity and Inclusion, Virginia Golding attended the meeting and presented the reports that were to also be presented to the People and Culture Assurance Committee at its November meeting.

The WRES report set out the Trust's 2022 WRES data and provided an overview on progress of the actions taken in 2021. It also incorporated an action plan for 2022-2023 to address the working experiences and career opportunities of Black and Ethnic Minority (BME) colleagues. Despite there being concerns raised by colleagues around race, it was encouraging that many of those individuals were keen and engaged in securing improvements.

The Board noted that the Head of Equality, Diversity and Inclusion attended the Race Equality Network (REN) and were assured that the data and action plan was discussed with members. The Board were clarified that the REN members also included BME colleagues.

The WDES report set out the Trust's 2022 WDES data and provided an overview on the progress of the 2021 action plan. It also incorporated an action plan for 2022-2023 to address the working experiences and career opportunities of disabled colleagues.

The Board noted that comparison of the 2021 and 2022 WDES data had shown that there had been good improvement within Metric 1 regarding disabled staff in post, possibly

attributed to the increase in disability declaration rates. Metrics 2, 3, 4c, 5 and 6 had improved, 4b, 4d, 7 and 8 had deteriorated and 4a, 9 and 10 had remained static with one board member declaring themselves as disabled. The Board were encouraged to ensure that their ESR data was up to date.

The Board acknowledged that Metric 8 of the WDES had seen a year-on-year deterioration since 2020 and was addressed in the action plan. There was a requirement to ascertain from colleagues whether they felt reasonable adjustments were being made, notably around IT equipment.

The Board discussed cultural awareness in relation to international nurses and other international health staff groups such as Allied Health Professionals that were recruited into the Trust. There was acknowledgement of work that needed to be done around onboarding those individuals and raising awareness of cultural differences, ensuring that the right work environment is in place before individuals arrive. There was also a discussion around enhancing the 'buddy' system that the Trust has currently for its nurses, buddying up international recruits with someone of a similar background to support them. The Board acknowledged that there have been examples of inappropriate behaviour by patients towards BME staff members and sought assurance about whether the Trust had effective processes in place to support staff in these instances. It was acknowledged that despite there being policies available, the processes were not clear and therefore it was noted that this was an area of work to be picked up through the WRES action plan.

On the back of the discussions, in particular around the WRES report, the Board requested that the Head of Equality, Diversity and Inclusion be invited to return to the Board in 6 months' time to report on progress of the action plans.

The Board

- **Noted the report**
- **Approved the WRES and WDES action plans**

Action:

- **Head of Equality, Diversity and Inclusion invited to report on Progress in 6 months.**

85 22/23 Trust Priorities Report: Quality and Safety

The Chief Nurse reported on the quality and safety performance of the Trust and highlighted to the Board:

- Infection Prevention remained a concern for the Trust with a number of infections of patients with MSSA showing a trend above the mean average. 12 cases were seen between March and August 2022.
- The numbers of Trust Onset C. difficile infections was currently showing common cause variation.
- Harmful Incidents per 1000 bed days was currently showing common cause variation with two data points close to the upper control limit in March and April 2022.
- The percentage of patient safety incidents with moderate or above harm has shown a trend of nine points above the mean, with June and September 2022 above the upper control limit.

In terms of the moderate or above harm showing a concerning trend above the mean, it was noted by the Board that there needed to be further analysis around this trend to

understand where that might stem from and whether these were being reported accurately.

86 22/23 Ockenden Report Update

The Chief Nurse presented the report and advised that future reports would be presented by the Care Group Director for Maternity. The Board were advised that work continued towards the Seven Immediate and Essential Actions from the Ockenden report published in December 2020.

In terms of the Maternity Incentive Scheme (MIS) (formally CNST), the Board noted that the progress against compliance with all 10 safety actions was currently challenged due to compliance with the Saving Babies Lives Care Bundle to include carbon monoxide monitoring at 36 weeks and not consistently scanning high risk pregnancies within 3 days, mandatory training compliance and the lack of Chair for the Maternity Voice's Partnership, these discussions formed part of the Maternity Transformation Board with the inaugural meeting planned on 6th October. It was highlighted to the Board that this may mean that the Trust would not meet the MIS requirements for 2022-23 and therefore would not be eligible to recover the contribution to the incentive scheme.

The Board acknowledged that the Maternity unit was due to be fully established against its current establishment with an influx of new midwives, all under preceptorship period but resulting in no vacancies for the month of November which was encouraging news for the unit.

The Chief Nurse highlighted to the Board an incident reported to the Healthcare Safety Investigation Branch (HSIB) in September 2022. It was described as an unexpected admission to SCBU for cooling at a Tertiary Centre. This was also declared as a Serious Incident following discussion at the Trust's Quality and Safety meeting. It was confirmed that there was no harm caused to the baby following an MRI scan. However, the case was reported to HSIB who agreed to investigate following discussion with the family. A draft HSIB report had since been received into the Trust and was currently undergoing review by the contributors for factual accuracy.

The Board

- **Noted the report**

87 22/23 Trust Priorities Report: Elective Recovery and Acute Flow

The Interim Chief Operating Officer presented the report and advised that the Trust continued to progress the Board priority work on acute flow and elective recovery. There had been some improvements in the proportion of patients into Same Day Emergency Care and the Trust had achieved the 104 weeklong waiter position in September.

The Board noted however that the Trust remained off plan for the 78 week and Cancer trajectories as had resubmitted updated trajectories as requested by NHS England Regional Team, it was acknowledged that this was likely to move the Trust into Tier 1 support for its Elective Recovery.

Further points raised to the Board:

- 143 covid patients at present
- a number of additional IPC challenges and all adding to the constraints

- Discharge pathways - continue to work closely with system colleagues and have seen some reduction in York in patients who don't have the right to reside but it was too variable and consequently there was not enough confidence yet to progress to the next action to reduce the number of beds on the York site. Daily escalation meeting with the local authorities and ICS colleagues where this is discussed and discussions around individual patients – there had already been some encouraging movement seen as a result of these meetings.
- Emergency Assessment Unit (EAU) - The first weeks of the EAU mobilising 24/7 had seen:
    - 71% Increase in the total number of patients referred and managed through the EAU each week (From Average of 70 pre-change to 120 currently).
    - 50% increase in the proportion of patients directly streamed from the emergency department (from 20% to 30%).
    - 63% reduction in the number of medical patients having a Zero Length of Stay (LoS) outside of the EAU
    - 12% increase in the number of patients managed by EAU who subsequently require an overnight stay
- Challenges around workforce in particular around weekends and evenings. ED consultants were now working to supporting the medical rota on ED which is helping the flow of patients as well.
- New modelling now included EAU with some support secured from the Critical Support Team around the modelling of ED, EAU and also some of the behavioural and cultural challenges
- Zero 104 week breaches for September however 2 breaches had been declared for October due to covid positive results – they had since been rescheduled
- Remained challenged on a number of specialities, including ENT, MaxFax, Gynaecology and Orthopaedics for the RTT 78 week position. Also challenged around Cancer targets for Colorectal, Skin, Urology and Head and Neck, which were at the greatest variance from their targets.
- Model Hospital data – 78.4% of theatre time was utilised across York, Scarborough and Bridlington Hospitals in September. The Getting It Right First Time (GIRFT) team will be visiting the Trust in the Autumn to review theatre productivity action plans and opportunities for improvement. Already seeing good progress around this.

The Board discussed the EAU and raised that medical cover continued to be challenging, particularly overnight. Medical cover for frailty patients remained 8am to 6pm weekdays and relied on Locum cover at weekends. The Board sought assurance that there were agreed plans to step up the level of provision within the EAU to address this. The Board were assured that a robust recruitment plan sat behind the report with targeted recruitment. The unit was currently holding a maximum of 10 patients overnight with this model in place. Both GIM and Elderly medicine consultants, plus the medical registrar, support the EAU on weekends after 3pm. The Board noted key next steps for the EAU development group priorities included:

- Separation of the planned and unplanned elements of the SDEC work to free up additional acute EAU capacity
- Increase in overnight capacity from 10 to 15 patients
- Employment of EAU trust grade doctor to support senior decision making and overnight medical provision.
- An advert is due to go live for two additional Acute Physicians and ED will be supporting the consultant input to EAU with 4 PAs per week from the end of October 22.

- Plans developing for the future migration of EAU to a co-located space with the new ED build in support of the future Acute and Emergency Model of Care.

The Board

- **Noted the report**

88 22/23 Emergency Preparedness Resilience and Response (EPRR) Core Standards

Emergency Planning Manager, Richard Chadwick attended the meeting to present the report. The Board noted that the annual self-assessments had been completed and that the Trust was declaring a 'partially' compliant rating as it did not meet fully 10 out of the 64 applicable standards. The reduction in the overall compliance rating is as a result of the Trust's continued focus on the response to COVID-19 that has inhibited staff's availability to plan and participate in Emergency Planning and Business Continuity activity. This reduction in compliance rating was a common occurrence amongst Acute Trusts regionally and nationally.

The 10 partial or non-compliant standards were in the following areas:

- **Duty to Maintain Plans.** Further work was required to develop and implement Trust plans for countermeasures, evacuation and mass casualty incidents.
- **Training and Exercising.** There was a requirement to re-start the Trust Training Programme to test and exercise the Trust Emergency and Business Continuity plans.
- **Warning and Informing.** There was a requirement to complete the integration of the Communications team into the Trust and ICB command and control structure.

The Board noted the plans for EPRR 2022/23:

- Re-establish EPRR Collective Training in the Trust
- Plans and Policies for Development
- Communications Integration into Trust Command and Control Structure
- Mass Vaccination Countermeasures
- Individual Portfolios for Responder Training

The Board discussed the training and restarting the Trust Training Programme to test and exercise the Trust Emergency and Business Continuity plans and Non-executive Director Matt Morgan raised that given the report identifies the Trust is not where it would like to be in terms of its training should there be an emergency situation, was the Board assured that the Trust was in a position to deal with such circumstances. In response, the tried and tested command and control centre through the covid pandemic gave a solid structure for the last 2 years and was consequently well managed in how the Trust would grapple with complex situations, socialize, collaborate and disseminate information and respond.

The Board acknowledged and thanked the Emergency Planning team for the work that had been done to get the Trust to the position is currently holds.

The Board

- **Approve the report and assurance rating of "partial" compliance with the NHS England EPRR Core Standards.**

89 22/23 Finance Update

The Finance Director reported to the Board on the Trust's Financial position for Month 6 as described in the Trust Priorities Report. The Board noted an actual adjusted deficit of £3.3m against a planned deficit of £0.4m for September. The Trust was £2.9m adversely adrift of plan and the income and expenditure variance to plan position had stabilised and remained the same level that was reported for month 5, although there were notably some significant changes at individual reported line level. The largest adverse variance related to pay at £5.1m. Of particular note was the pay expenditure this month was £5m higher than the average of the previous five months and that this was primarily attributable to the payment of the 22/23 pay award plus backpay to most staff groups other than junior doctors who had a separate three-year deal. The majority of the pay award is met by additional income through our contracts with ICSs and NHSE, although national calculations of the percentage uplift to contracts with commissioners to cover the pay award had left an underlying cost pressure with many providers including the Trust. The Trust has assessed a £2.1m annual pressure, meaning that the £1m pressure for the year to date was contributing to the reported deficit position. This issue had been escalated nationally and were awaiting a response from the national team at NHSE.

Despite the month 6 reporting, the Finance Director was able to briefly report verbally on the month 7 position due to the date of the meeting. The Trust was now reporting £4.6m adrift against the £2.9m noted in the month 6 report presented.

The Board noted the matter of concern with the CT scanner which is key to the Trust's diagnostic recovery work and is still on hire at an annual cost of £1.4m. The Trust's position was now materially impacted but the cost of the unfunded mobile CT scanner that the Board has agreed to continue to support due to the safety impact associated with the diagnostic waiting times. Discussions were continuing through NHSE/I to access national Community Diagnostic funding, but this still remained unconfirmed. The Board acknowledged that this uncertainty was likely to continue into Month 7 as the national team worked to address the pay award funding gap from developmental reserves such as this. The scanner at month 6 this was adversely impacting on the Trust's position by £0.7m.

Finance was beginning to cause concern at regional and national levels. The Trust was continuing to report a final balanced income and expenditure plan for 2022/23 but remained based on some significant funding support coming into the organisation and improvement on agency/temporary staffing spend.

Considering that the reporting was now at Month 6, Non-executive Director Denise McConnell suggested that the Digital, Performance and Finance Assurance Committee look to extend a discussion on this on behalf of the Board and consider what that may mean for the Trust and what may be required in approaching the financial year end.

The Board

- **Noted the report**

90 22/23 Communication Strategy

The Director of Communications presented the report and described the Trust's communication and engagement activities that planned and delivered the coming 24 months to align with the Trust priorities. The report described how resources would be prioritised to best form, involve and inspire and outlined building on current strengths and good practice. The Board noted the strategy and how it demonstrated effectiveness, identified areas of growth, development and innovation.

The strategy covered York and Scarborough Teaching Hospitals NHS Foundation Trust Group which included its estates and facilities partner YTHFM.

The Board discussed the measures of success and how the impact and effectiveness of the communications strategy would be measured. There were a number of measures described and progress against actions was to be monitored through the People and Culture Assurance Committee:

- Staff Engagement
- Social media metrics:
- Staff bulletin/e-bulletins:
- Reward and recognition:
- Media coverage:
- Attendance levels at face-to-face and virtual events such as briefings, staff surgeries.
- Website and intranet:
- Nature of engagement with the public/key stakeholders (e.g. Number and content of Questions to the Council of Governors)
- Short spot-check surveys to check awareness and understanding of messages, and to gather people's views/feelings on specific issues.
- Success of individual campaigns based on specific key measures (e.g. vaccination campaign) These measures are determined at the campaign planning stage and may include behaviour change measures/responses to a call to action.

Although some measures had been outlined, further measures needed to be in place to allow a benchmark to be developed.

The Board noted that the strategy had been developed in line with the Trust priorities and Non-executive Director Lynne Mellor proposed to enhance the Communications strategy by illustrating how the strategy aligns to the priorities workstreams and the Trust's overall strategy (Our Strategy 2021-2023: Building Better Care together'). For assurance the Director of Communications described a current working group that included key individuals relating to the workforce workstreams and the communications team to establish effective communication plans around those key workstreams. The Board also discussed communication mapping for target areas ensuring the right types of messages to the right types of audiences and channels and Non-executive Director Ash Clay sought assurance that a comprehensive stakeholder map supported the Communications Strategy.

The Board shared its support in obtaining further resources to get the Comms Strategy to where it needed to be. Resource was something that would need to be considered over time and implementation of new internal communications would need to be established before there is a clear understanding of resources required to support the strategy going forwards. The Board acknowledged that the introduction of a new internal communication such as an Intranet portal that would enhance communication and engagement would be very well received in the organisation and it was important to celebrate the launch of this.

The Board

- **Approved the Corporate Communications and Engagement Strategy**

91 22/23 Risk Management Update – Risk Management Framework, Board Assurance Framework and Corporate Risk Register

The Associate Director of Corporate Governance presented the report and requested for the Board to approval of the following updates:

- The Corporate Risk Register had been updated for October reporting
- The Risk Management Framework had undergone minor changes to reflect the change in Committees of the Board of Directors.

The Board

- **Approved the Q2 Board Assurance Framework, amends to the Risk Management Framework and to note the current Corporate Risk Register.**

92 22/23 Items for Information

HEE Self Assessment Return 2022

The Board received the HEE self-assessment annual report 2022 for training and education encompassing all clinical training programmes (excl Medical undergraduates). The report identified areas of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Non-executive Director Matt Morgan raised concerns of accuracy and transparency in the assessment and the need to acknowledge that there are concerns in some areas. Following a discussion, it was agreed that the assessment would be reviewed and returned to the next Board meeting.

There were no further items for information discussed.

Action

- **The Board requested that the self-assessment be reviewed and resubmitted to the Board for approval at the next meeting.**

93 22/23 Any Other Business

The Board acknowledged that this was the last meeting of the Medical Director James Taylor. The Board thanked Jim for his service and contribution to the Trust and wished him well in his future endeavours.

94 22/23 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 30 November 2022.

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Item 05

Action Log – Board of Directors (Public)

Action No.	Date of Meeting	Minute Number Reference	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status
38	27 July 2022	25-22/23	Patient Story - Jane Miller	A progress report be presented to the October Board of Directors on specific outcomes following Jane's attendance to the Board and her continuous improvement work with Kathryn Sartain.	Chief Nurse and Medical Director	28.09.22 - Chief Nurse and Medical Director to deliver Patient story feedback report to October meeting 02.11.22 - Medical Director planned to meet with Jane on 08.11.22 and will be reporting following this meeting	Oct-22	Red
67	28 September 2022	62-22/23	Chief Executive Report - Trust Priorities	The Associate Director of Corporate Governance to work offline to confirm a Trust Priorities Report session with the Board.	Associate Director of Corporate Governance		Jan-23	Green
68	28 September 2022	63-22/23	Community Services	Schedule Community Services discussion into the Board work plan for a future meeting.	Associate Director of Corporate Governance		Jan-23	Green
73	28 September 2022	70-22/23	Winter Plan	Care Group Directors and Clinical Directors for Care Groups 1 and 2 be invited to discuss admissions and transfers from ED	Medical Director, Chief Operating Officer and Associate Director of Corporate Governance	19.10.22 - agreed to postpone to November 03.11.22 - Update following meeting with MT, AD and SM to move to January 2023	Jan-23	Green

				with the Board at the next meeting.				
99	02 November 2022	80 - 22/23	Patient Story	Associate Director of Corporate Governance to arrange a lessons-learned session, based on recent patient stories.	Associate Director of Corporate Governance	Will link Board Public action 99 and 100 together	Feb-23	Green
100	02 November 2022	81 - 22/23	Chief Executive's Update - proposal from the Digital, Finance and Performance Assurance Committee	The Associate Director of Corporate Governance to arrange a deep dive session on culture and behaviours and understand some of the imbalances across the Trust.	Associate Director of Corporate Governance		Feb-23	Blue
101	02 November 2022	84 - 22/23	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Report and Action Plan	Head of Equality, Diversity and Inclusion invited to report on Progress in 6 months.	Associate Director of Corporate Governance		Apr-23	Green
102	02 November 2022	92 - 22/23	HEE Self-assessment	The Board requested that the self-assessment be reviewed and re-submitted to the Board for approval at the next meeting.	Medical Director		Nov-22	Green

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

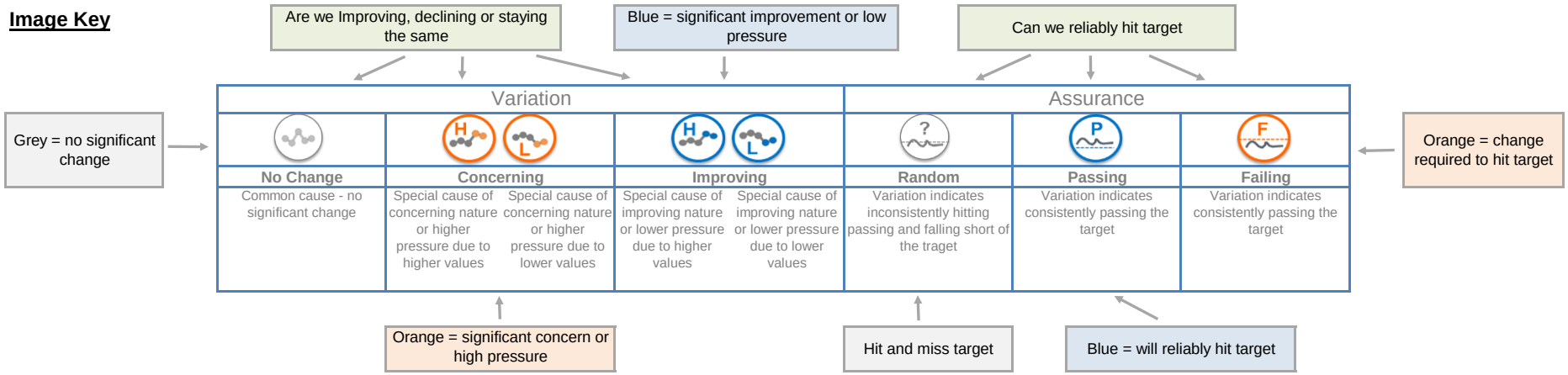
November 2022

Board Assurance Framework supporting information for:
PR1 Quality Standards, PR2 Safety Standards,
PR3 Performance Targets, PR4 Workforce, PR5 Finance,
PR6 DIS Service Standards, PR7 Integrated Care System (identified risk interdependencies)

KEYS

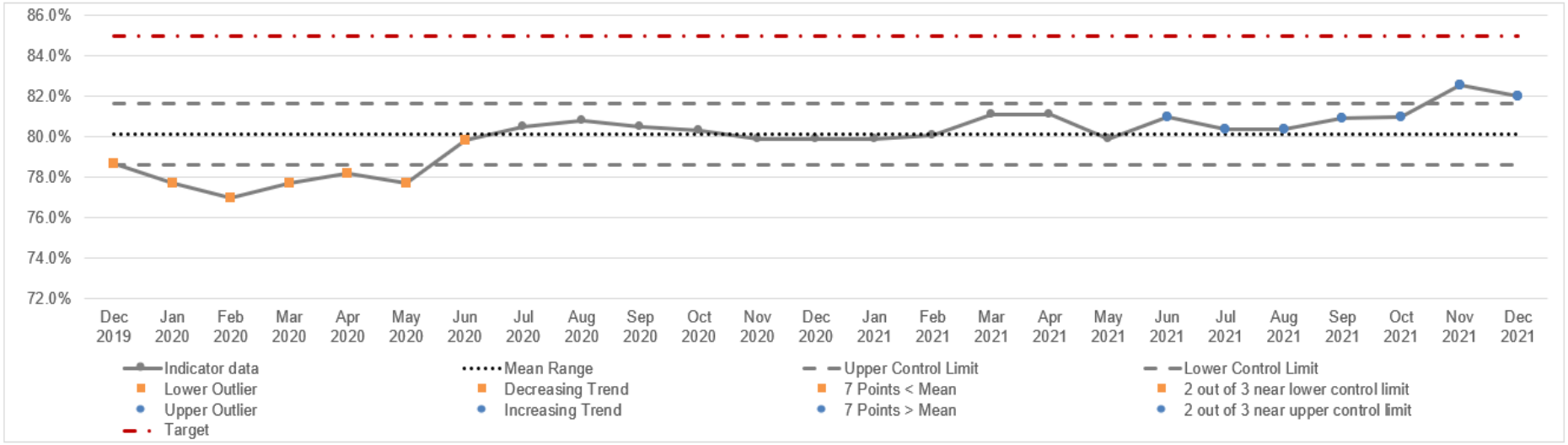
York and Scarborough Teaching Hospitals NHS Foundation Trust

Image Key



Note: 'Action Required' is stated on the Scorecard when either the Variation is showing special cause concern or the Assurance is indicating failing the target (where applicable). This is only applicable where there is sufficient data to present as a Statistical Process Control Chart (SPC).

SPC Key - example SPC chart



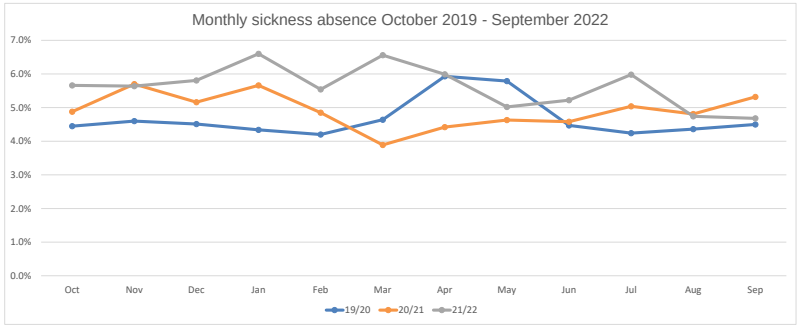
Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

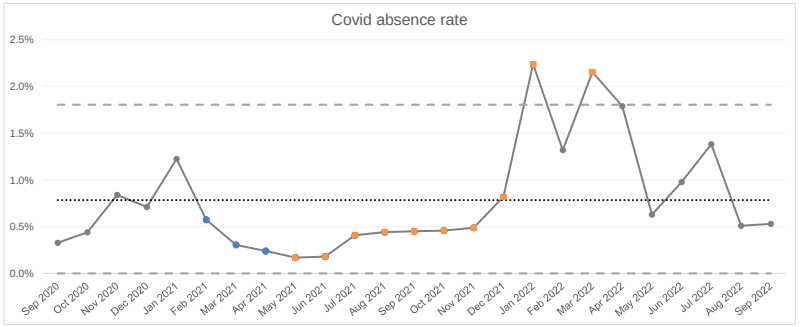
OUR PEOPLE - Sickness Absence

York and Scarborough Teaching Hospitals NHS Foundation Trust

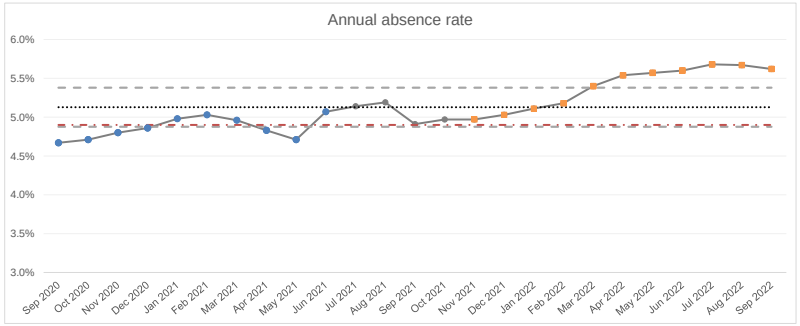
REPORTING MONTH : OCTOBER 2022



Sep 2022
4.68%
Target
No Target
Variance
Assurance



Sep 2022
0.53%
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Sep 2022
5.62%
Target
4.9%
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

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Data Analysis:

Monthly sickness absence rate: This indicator is not presented as a statistical process control chart (SPC) so that the comparison of monthly sickness can be seen month on month for the past 3 years, and to allow for seasonal variation. The sickness rate for Sep 2022 (4.68%) is lower than that seen last year (5.32%).
Covid absence rate: The indicator is currently showing common cause variation since April 2022, with special cause concern seen in January and March 2022 with both data points above the upper control limit.
Annual absence rate: The indicator is showing special cause concern since November 2021, with an increasing trend. The data points have been above the upper control limit since March 2022. The target is slightly above the lower control limit.

Challenges: Staff sickness rates impact availablty of sufficient workforce to safely staff all wards/departments at all times.

Key Risks: Staff survey results relating to staff engagment are only available once a year. However, staff sickness absence is one more readily available indicator of engagement. Seasonal variations in sickness absence are expected, as shown in the montly sickness absence rates. However, the overall trend in sickness absence is an increasing rate, as shown by the annual absence rate (which is a rolling 12 month figure).

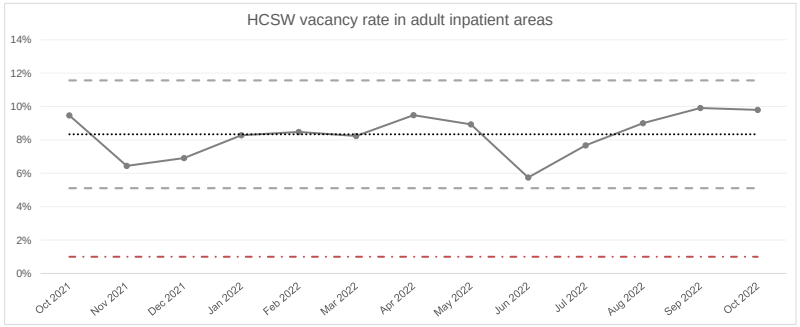
Actions: Actions being taken as an overall response to improve staff engagement and experience are intended to have an impact on indicators of engagement such as sickness absence and turnover.
Following the launch of the new co-created values a new behavioural framework has been launched into the organisation, this clearly sets out to all staff the behaviours we love to see and those that are not in line with our values. This tool will be used through all of our development programmes to encourage positive behaviours and also give staff the confidence to challenge inappropriate behaviour. Following previous staff feedback work is continuing to 'fix the basics' for staff members, ensuring we meet essential needs within the workplace. In addiiton to those improvements already reported brunch trollies are being reintroduced on the York and Scarborough sites and staff surgeries are now reguarly taking place with the Director of Workforce & OD and the Chief Executive. An area has now been identified to be developed as a new staff rest space on the York site.

Mitigations:
Evidence has shown that increased Health and Wellbeing support increases staff engagement and therefore will help to reduce sickness absence.

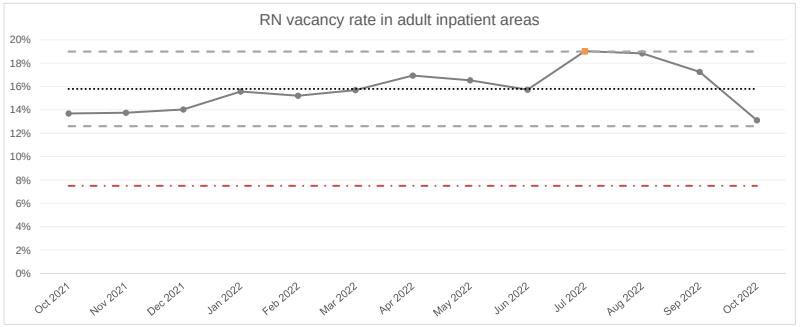
OUR PEOPLE - Vacancy Rate

York and Scarborough Teaching Hospitals NHS Foundation Trust

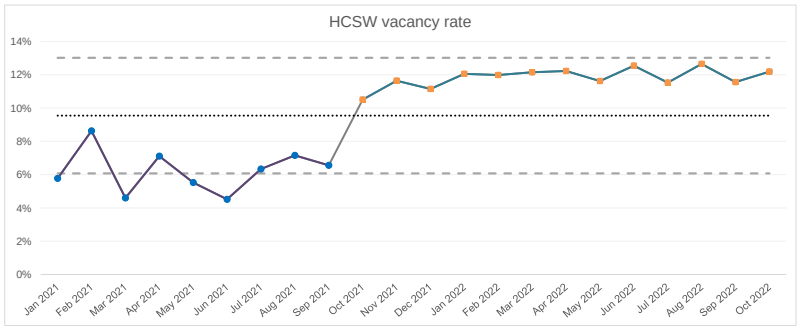
REPORTING MONTH : OCTOBER 2022



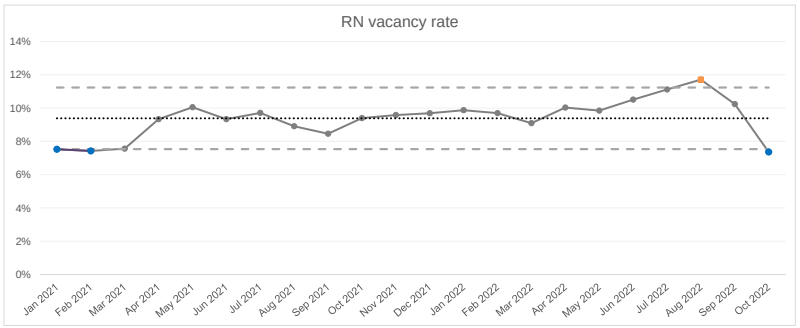
Oct 2022	Target	Variance	Assurance
9.80%	1%	Common cause - no significant change	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
13.11%	7.5%	Common cause - no significant change	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
12.19%		Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
7.36%		Special cause of improving nature or lower pressure due to higher values	There is no target, therefore target assurance is not relevant

Data Analysis:

HCSW vacancy rate in adult inpatient areas: The indicator is showing common cause variation, however please note the vacancy rate is shown from Oct 2021 only. The target is consistently not being met.
RN vacancy rate in adult inpatient areas: The indicator is showing common cause variation, however please note the vacancy rate is shown from Oct 2021 only. July 2022 was above the upper control limit. The target is consistently not being met.
HCSW vacancy rate: The indicator is showing special cause concern, above the mean but below the upper control limit, from Oct 2021. Please note the vacancy rate is shown from Jan 2021 only. The target is to be confirmed.
RN vacancy rate: The indicator is showing special cause improvement, below the lower control limit in Oct 2022. Please note the vacancy rate is shown from Jan 2021 only. Aug 2022 was above the upper control limit. The target is to be confirmed.

Challenges: Vacancy rates impact availability of sufficient workforce to safely staff all wards/departments at all times. The Trust has had a number of International Nurses join this year. These staff arrive to fill band 5 vacancies but are paid by the trust as band 4 staff until their complete their OSCEs and receive their PIN. Counting the current international recruits still awaiting OSCE/PINs into the numbers above, this improves the adult inpatient RN vacancy rate to 9.20% (compared to the 13.11% shown above).

Key Risks: Inability to recruit to all vacancies in a timely way, issues with workforce supply in some cases.

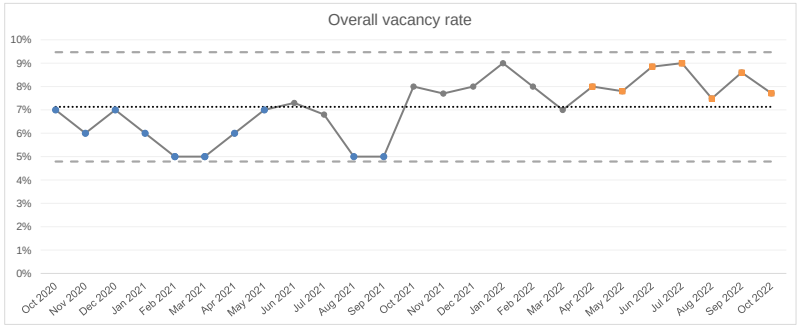
Actions: NHS England visited the Trust in October and made a number of recommendations that relate to recruitment, one of which is for the Trust to hold a Recruitment Workshop, facilitated by NHSE, to look at our recruitment process, review any pinch points that negatively impact our time to hire and to explore best practice from other organisations. The event is scheduled for the end of November. In November a team of Trust staff will travel to Kerala, India to participate in an ICS recruitment programme to recruit clinical roles for both the Trust and wider system.

Mitigations:

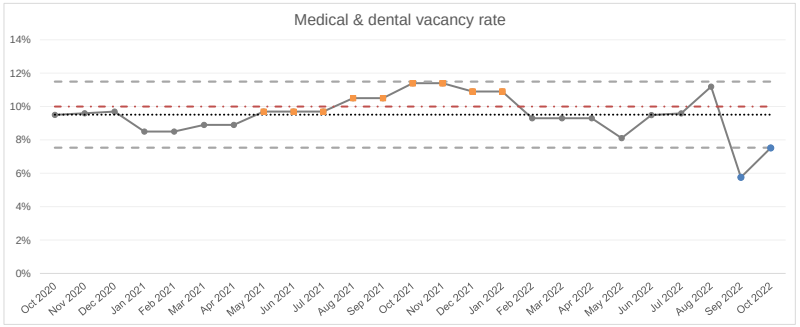
OUR PEOPLE - Vacancy Rate and Turnover Rate

York and Scarborough Teaching Hospitals NHS Foundation Trust

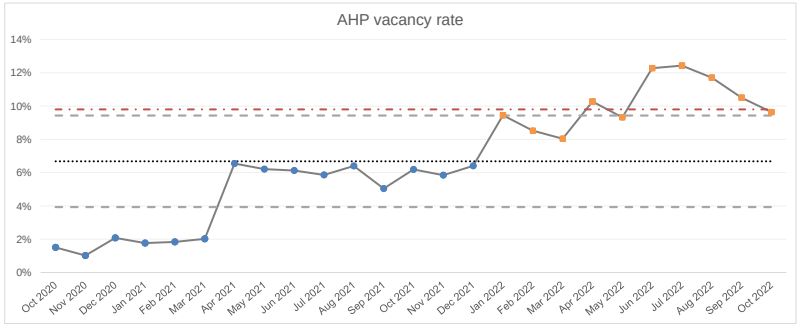
REPORTING MONTH : OCTOBER 2022



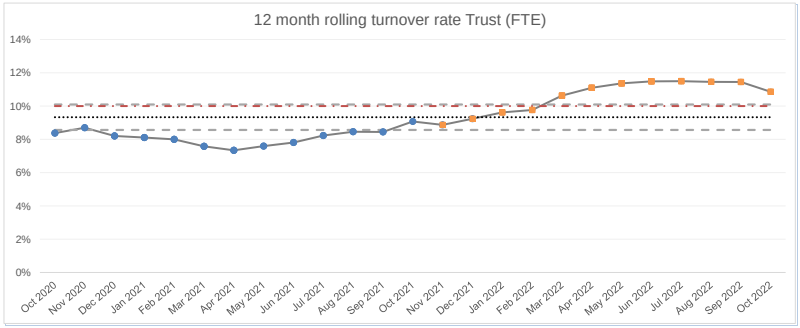
Oct 2022	Target	Variance	Assurance
7.71%	No Target	Special cause of concerning nature or higher pressure due to higher values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
7.5%	10%	Special cause of improving nature or lower pressure due to lower values	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	Target	Variance	Assurance
9.6%	9.80%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates consistently passing the target



Oct 2022	Target	Variance	Assurance
10.86%	10%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Overall vacancy rate: The indicator is showing special cause concern from April 2022 with a run of points above the mean.
Medical & dental vacancy rate: The indicator is showing a period of nine points above the mean from May 2021 to Jan 2022, the latest month is showing special cause improvement in Sep and Oct 2022, below the lower control limit. The target is showing just above the mean.
AHP vacancy rate: The indicator is showing special cause concern with a period of points above the mean since Jan 2022. The target is showing just above the upper control limit, so is showing as consistently passing.
12 month rolling turnover rate - Trust (FTE): The indicator is showing special cause concern since November 2021, with an increasing trend. The data points have been above the upper control limit since March 2022. The target is slightly below the upper control limit.

Challenges:
See vacancy rate (1) sheet

Turnover rates impact availability of sufficient workforce to safely staff all wards/departments at all times.

Key Risks:
See vacancy rate (1) sheet

Turnover is another indicator of staff engagement, high turnover rates and the vacancies that arise as a result can also further negatively impact staff expereinces at work

Actions:
See vacancy rate (1) sheet

We are developing key actions to improve the retention of our staff, areas of focus include the on-boarding of staff as they join the organisation, career pathways, talent management and more opportunities for staff to share their views through fresh eyes (new starters) feedback, itchy feet (those who may be thinking about leaving) feedback and exit feedback - exploring if is there anything we could do differently.

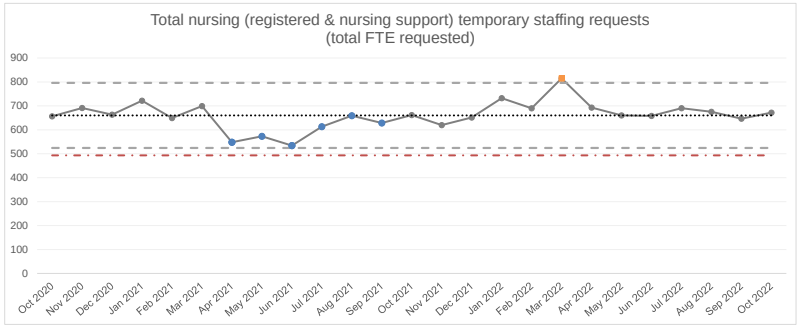
Our latest exit questionnaire feedback from the last quarter, between months July to September, recorded a response rate of 24%. This came from 53 completed questionnaires. The majority of feedback indicated people swayed towards a likelihood of returning to work for the Trust should an opportunity arise in future. Feedback from exit questionnaires reveals the most common reason for leaving was due to "better prospects for career progression" elsewhere. Currently, we are working on a better system with improved uptake, which is in the operational plan to deliver by March.

Mitigations:
See vacancy rate (1) sheet

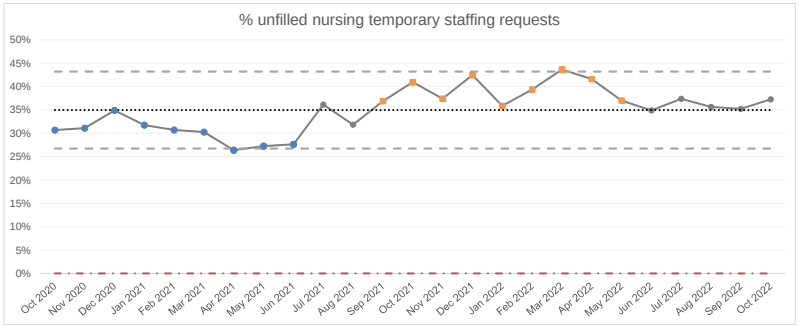
OUR PEOPLE - Temporary Staffing

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

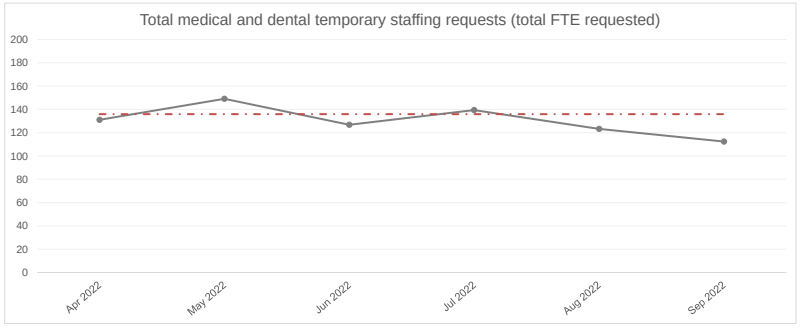
REPORTING MONTH : OCTOBER 2022



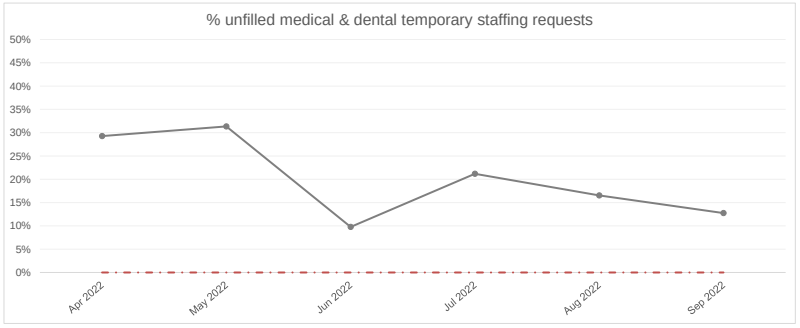
Oct 2022
671.84
Target
493.33
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Oct 2022
37.27%
Target
0%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Sep 2022
112.40
Target
135.93
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant



Sep 2022
12.75%
Target
0%
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant

Data Analysis:

Total nursing (registered & nursing support) temporary staffing requests (total FTE requested): The indicator is showing special cause concern above the upper control limit in March 2022. It is showing common cause variation for most recent month, and is consistently failing target with the target just below the lower control limit.
% unfilled nursing temporary staffing requests: The indicator is showing nine points above the mean from Sep 2021 to May 2022 and special cause concern above the upper control limit in March 2022. It is consistently failing the target of 0%.
Total medical and dental (registered & nursing support) temporary staffing requests (total FTE requested): This indicator is not currently shown as an SPC chart due to insufficient data points, but the available data points are a combination of above and below target, with the latest two months below target.
% unfilled medical & dental temporary staffing requests: This indicator is not currently shown as an SPC chart due to insufficient data points. For the available data points, it is consistently failing the target of 0%.

Challenges: Sufficient availability of temporary staff to fill critical shifts left vacant due to sickness absence and turnover/vacancies.

Key Risks: Availablity of temporary staffing and financial implications of temporary staffing useage.

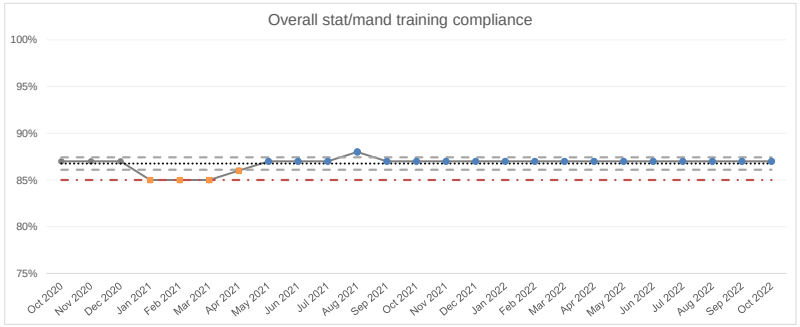
Actions: Winter incentives have been approved by Executive Committee between 1st Dec - 31st Mar. These include 10% on bank shifts for nursing and midwifery, additional clinical services and AHP bank workers, overtime at double time for substantive staff working over 37.5 hours in areas with exceptional workforce challenges and allocation on arrival shifts for bank workers paid at double time to incentivise staff to book shifts without knowing where they will be working so operationally we can target hard to fill areas. These are in addition to the flexibility payments that were approved and came into effect from 1st Nov.

Mitigations:

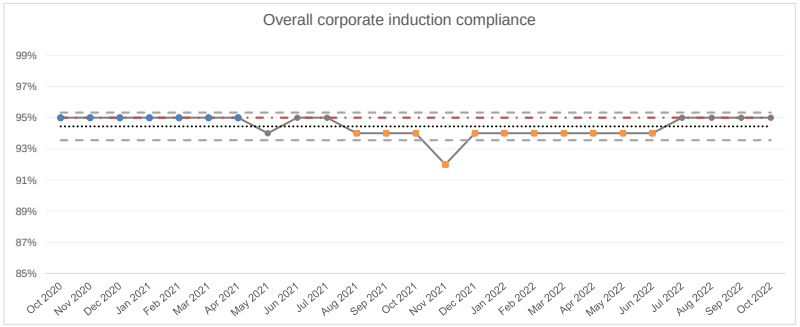
OUR PEOPLE - Training / Induction

York and Scarborough Teaching Hospitals NHS Foundation Trust

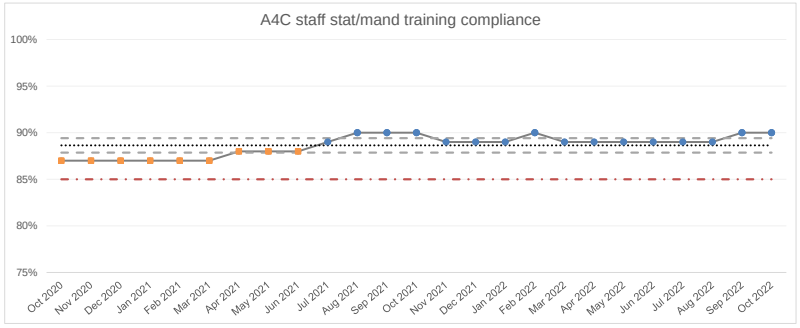
REPORTING MONTH : OCTOBER 2022



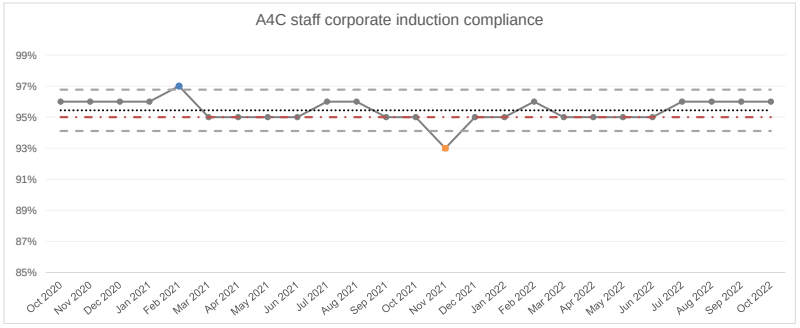
Oct 2022	Target	Variance	Assurance
87%	85%	Special cause of improving nature or lower pressure due to higher values	Variation indicates consistently passing the target



Oct 2022	Target	Variance	Assurance
95%	95%	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	Target	Variance	Assurance
90%	85%	Special cause of improving nature or lower pressure due to higher values	Variation indicates consistently passing the target



Oct 2022	Target	Variance	Assurance
96%	95%	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Overall staff stat/mand training compliance: This indicator is showing special cause improvement since May 2021 with all data points above the mean, and Aug 2021 being above the upper control limit. The target is consistently being met.
Overall staff corporate induction compliance: The indicator was showing special cause concern with a run of data points below the mean from Aug 2021 to Jun 2022, with Nov 2021 being below the upper control limit. The target however has been met since Jul 2022 and is currently showing common cause variation.
A4C staff stat/mand training compliance: This is indicator is showing special cause improvement since Jul 2021 with all data points above the mean, and Aug to Oct 2021 being above the upper control limit, along with Feb 2022 and Sep & Oct 2022. The target is consistently being met.
A4C staff corporate induction compliance: The indicator is currently showing common cause variation with special cause concern seen in Nov 2021 below the lower control limit, and special cause improvement in Feb 2021 above the upper control limit. The target has been met since Dec 2021.

Challenges: A lack of induction results in a poor staff experience, negatively impacting productivity and retention.

Missed mandatory training leads to gaps in assurance that staff have a current knowledge of key policies and practices.

Key Risks: The organisation fails to foster a connection with new staff at the beginning of employment resulting in increased turnover during early employment.

A lack of up-to-date knowledge risks deficiencies in care, which may result in poor outcomes.

Actions: See Training-Induction (2) sheet for coverage of Medical & Dental staff.

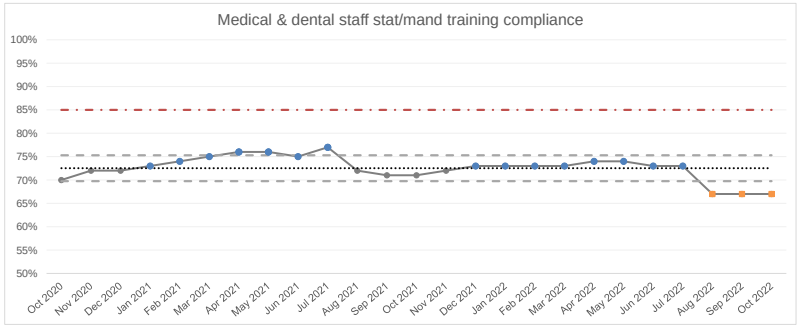
The Trust is devising a new induction package to support new starters with their orientation in the organisation and introduce them to a wider range of people and services who can support them during their employment. This launches this month.

Mitigations: The Trust has been providing all new starters with a welcome booklet and a video message from the Chief Executive at the beginning of their employment, to complement existing local and job-specific induction.

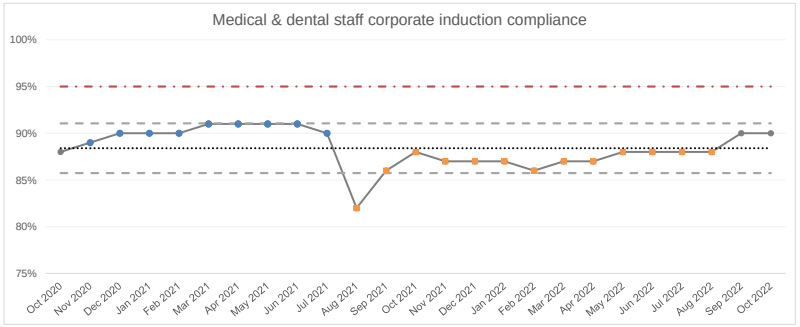
OUR PEOPLE - Training / Induction (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022



Oct 2022
67%
Target
85%
Variance
Special cause of concerning nature or higher pressure due to lower values
Assurance
Variation indicates consistently falling short of the target



Oct 2022
90%
Target
95%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target

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Data Analysis:

Medical & dental staff stat/mand training compliance: The indicator is consistently failing target. Compliance for Aug to Oct 2022 was below the lower control limit and therefore is showing special cause concern.
Medical & dental staff corporate induction compliance: The indicator was showing special cause concern with a run of points below the mean from Aug 2021 to Aug 2022. The last time the target was met was July 2020. The indicator is currently showing common cause variation above the mean.

Challenges:

Key Risks:

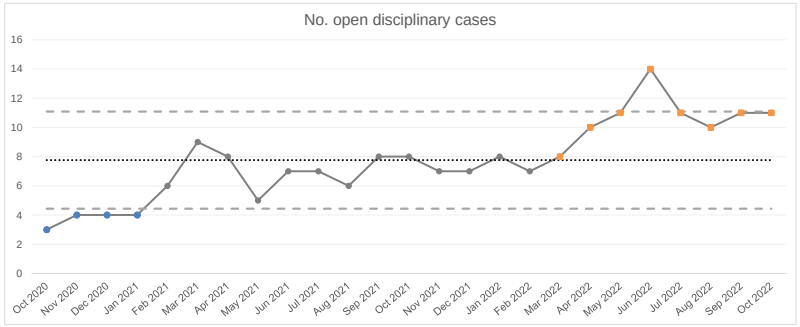
Actions: The Trust's mandatory training compliance levels remain below target for medical and dental staff. It is normal for there to be a dip in compliance rates in the late summer and autumn months in comparison with the first half of the year due to doctors-in training changeovers in August and September; this has taken longer to recover this year, however it is now beginning to do so. The Trust is closely tracking subjects where completion rates amongst all staff - including doctors - are below the 85% standard. Deprivation of Liberty Safeguards and Mental Capacity Act training (in particular, DOLS Level 1 (71%) and Level 2 (73%)) and Resuscitation training (in particular, Paediatrics Advance Life training at 41%) are areas where work is being undertaken to improve take-up by refreshing training needs analyses and exploring different options for delivery.

Mitigations: Medical staff rotating into the organisation in August are provided with a specific induction event to support their orientation in the organisation.

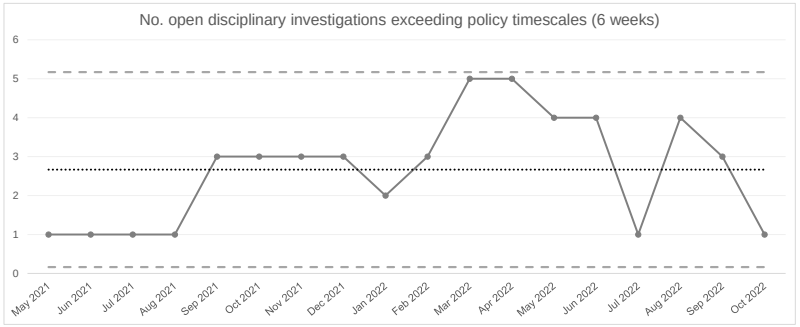
OUR PEOPLE - Employee Relations Activity

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

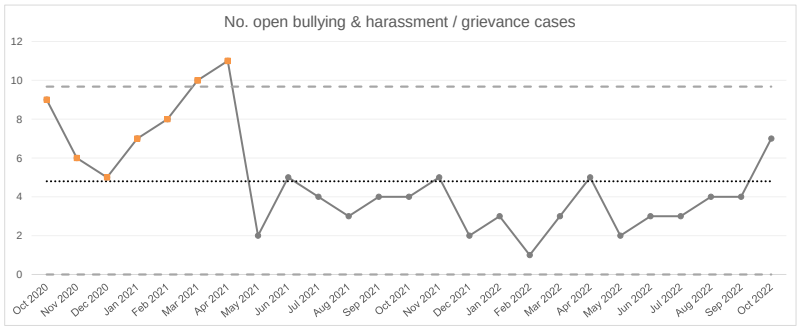
REPORTING MONTH : OCTOBER 2022



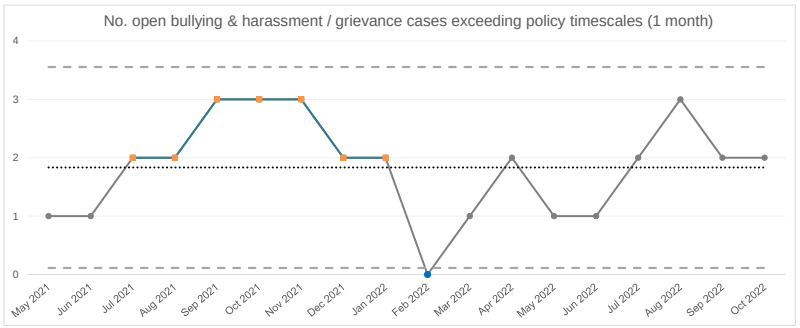
Oct 2022
11
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
1
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
7
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
2
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

Data Analysis:

No. open disciplinary cases: The indicator is showing over seven points above the mean from Mar 2022 and special cause concern above the upper control limit in Jun 2022.
No. open disciplinary investigations exceeding policy timescales (6 weeks): The indicator is currently showing common cause variation, although please note the figures are shown from May 2021 only.
No. open bullying & harassment / grievance cases: The indicator is currently showing common cause variation after a run above the mean from September 2020 to April 2021. Numbers have risen above the mean in Oct 2022 however.
No. open bullying & harassment / grievance cases exceeding policy timescales (1 month): The indicator is currently showing common cause variation after a run above the mean from Jul 2021 to Jan 2022, although please note the figures are shown from May 2021 only.

Challenges:

Key Risks:

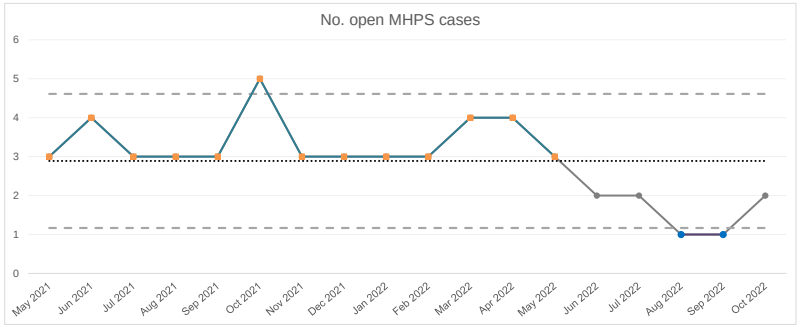
Actions:

Mitigations:

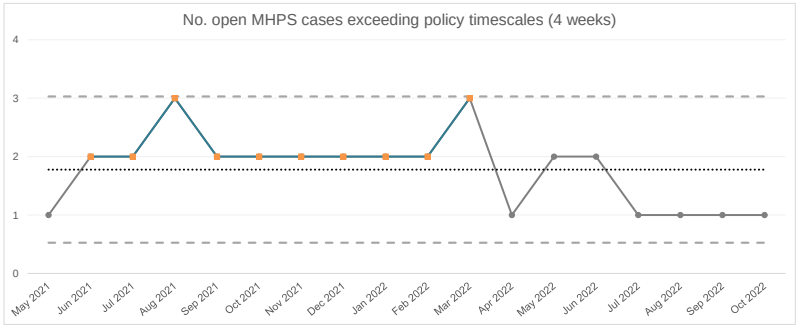
OUR PEOPLE - Employee Relations Activity and Appraisal Activity

York and Scarborough Teaching Hospitals NHS Foundation Trust

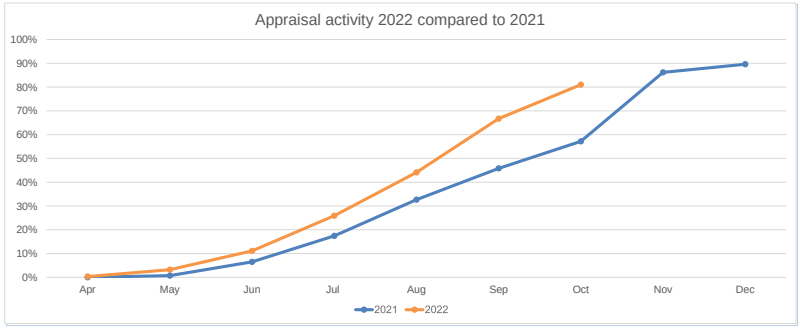
REPORTING MONTH : OCTOBER 2022



Oct 2022	2
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	1
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	81%
Target	90%

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Data Analysis:

No. open MHPS cases: The indicator is showing special cause improvement with Aug and Sep 2022 being below the lower control limit. A decreasing trend was seen since May 2022, prior to that the data points were all above the mean. Please note the figures are shown from May 2021 only.
No. open MHPS cases exceeding policy timescales (4 weeks): The indicator is currently showing common cause variation, after a period of data points above the mean from June 2021 to March 2022. Please note the figures are shown from May 2021 only.
Appraisal activity: This indicator is not presented as a statistical process control chart (SPC) due to the nature of the appraisal window being reopened in April of each year. Appraisal activity for 2022 is currently showing above that of 2021 (in October this was 81% in 2022 compared to 57.17% in 2021).

Challenges:

Key Risks: The annual appraisal is an opportunity for staff to talk about their role, professional development and objectives. Where appraisals are not undertaken, there is a risk that this could negatively impact staff engagement with their team/the organisation and there is then potential to impact on other workforce measures such as sickness and turnover.

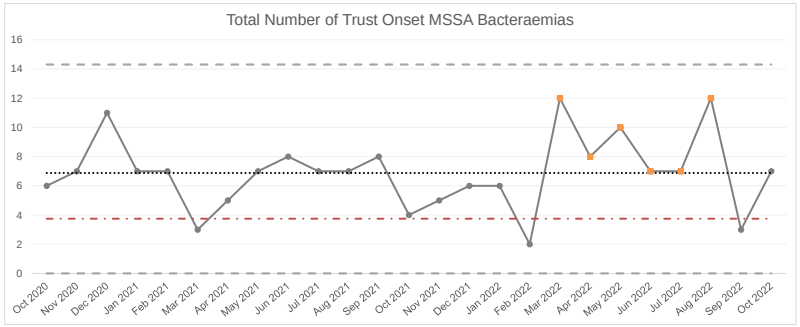
Actions: The appraisal window was originally due to close in September, this has been extended to November to allow all staf the opportunity for an appraisal discussion with their line manager or supervisor.

Mitigations:

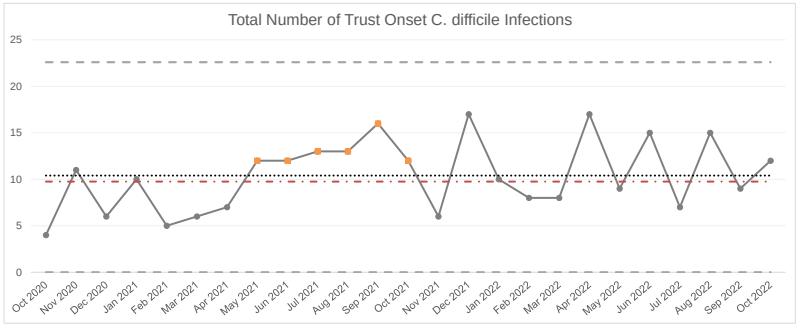
QUALITY AND SAFETY - Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

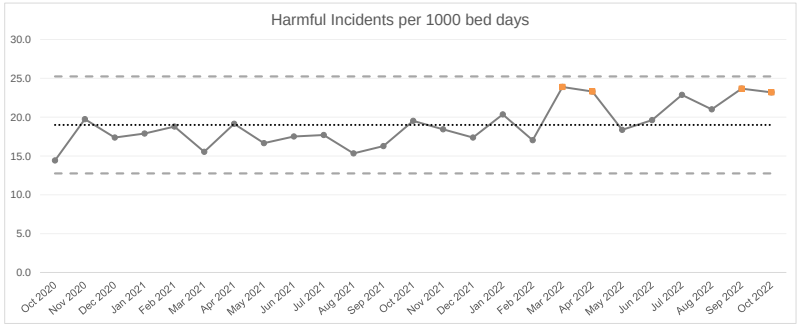
REPORTING MONTH : OCTOBER 2022



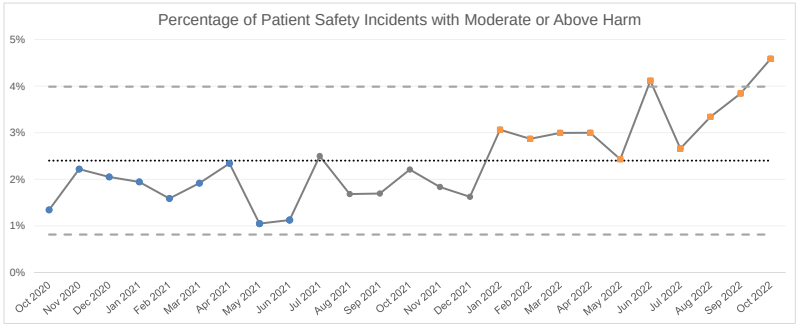
Oct 2022	Cumulative 12-month Target	Variance	Assurance
7	45	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	Cumulative 12-month Target	Variance	Assurance
12	117	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	Target	Variance	Assurance
23.2	No Target	Special cause of concerning nature or higher pressure due to higher values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
4.6%	No Target	Special cause of concerning nature or higher pressure due to higher values	There is no target, therefore target assurance is not relevant

Data Analysis:

Total Number of Trust Onset MSSA Bacteraemias: The number of infections of patients with MSSA has shown a trend above the mean from Mar to Aug 2022, however is now showing common cause variation with 7 cases seen in Oct 2022.
Total Number of Trust Onset C. difficile infections: The number of infections of patients with C.difficile is currently showing common cause variation.
Harmful Incidents per 1000 bed days: The number of harmful incidents per 1000 bed days is showing special cause concern due to the points close to the upper control limit on Mar, Apr, Sep and Oct 2022.
Percentage of Patient Safety Incidents with Moderate or Above Harm: The percentage of patient safety incidents with moderate or above harm has shown a trend of above the mean since Jan 2022, with Jun and Oct 2022 above the upper control limit.

Operational Updates:

Total Number of Trust Onset MSSA Bacteraemias
ANTT practical training remains low across the organisation. A cannula audit was undertaken on the admission areas in York and revealed that staff were not removing cannula promptly when not required and VIP scores where not taking place twice daily as per guidance. VIP scoring training is not embedded for all staff involved with cannula checks such as HCAs. Key risks are a sustained increase in MSSA bacteraemia with an impact on patient safety. To mitigate this, the IPC team met with the Clinical Educators to expedite ANTT training and incorporate VIP training.

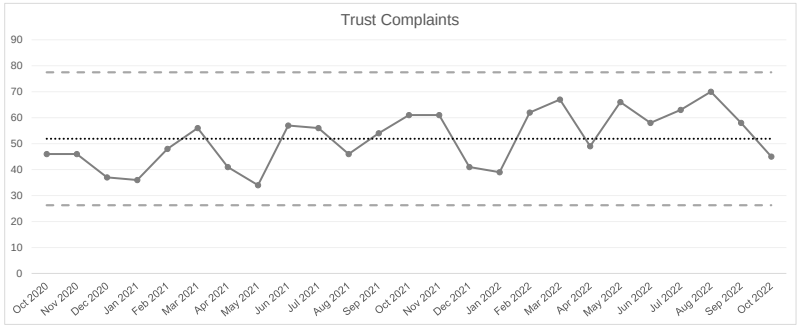
Total Number of Trust Onset C. difficile infections
There is limited isolation capacity and the lack of a decant space to facilitate deep cleaning, refurbishment and HPV of the environment remains unresolved and a risk to the trust. A program of a ward bay by bay decant and HPV program continues at Scarborough with 5 wards completed since April 2022. In York, a program to replace windows will involve minor refurbishments and HPV of the wards. Key risks are outbreaks, prolonged patient stays in hospital with associated costs, damage reputation to the organisation, impact on patient safety. To mitigate this, 65% of C.difficile Post Infection Reviews (PIRs) have been completed to allow tracking of themes and to target efforts towards reduction strategies.

Harmful Incidents per 1000 bed days / Percentage of Patient Safety Incidents with Moderate or Above Harm
There are ongoing pressures, especially on emergency and urgent care impacting on quality of care and capacity of clinical teams. There is a clear association between pressure on services / staffing issues and patient harms / quality of care. Improvement groups continue to progress initiatives in relation to falls and pressure ulcers. Key risks include pressures on services and capacity and national issues with staff shortages, recruitment and retention. Staffing challenges are recognised and various measure in place to mitigate risks as much as possible. Improvement in the availability of nursing staff has been seen in the last three months on Datix.

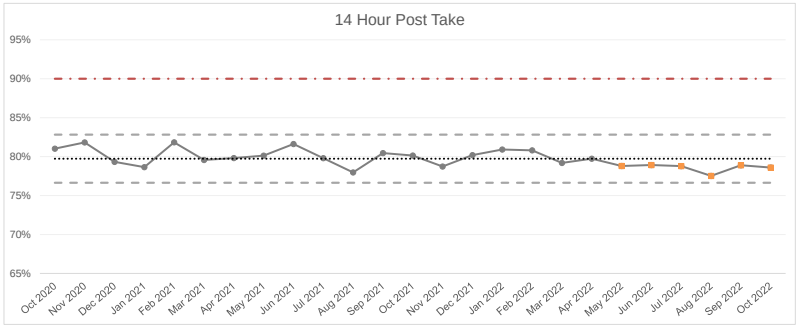
QUALITY AND SAFETY - Priority Metrics (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

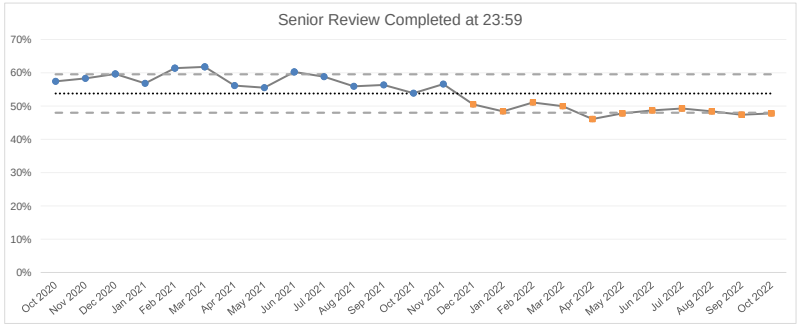
REPORTING MONTH : OCTOBER 2022



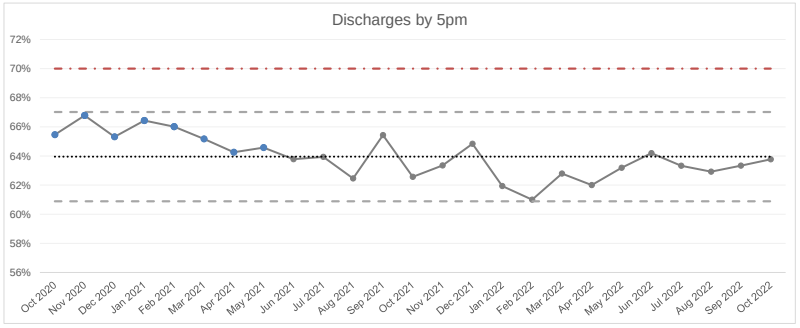
Oct 2022	Target	Variance	Assurance
45	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
78.6%	90%	Special cause of concerning nature or higher pressure due to lower values	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
47.8%	No Target	Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
63.8%	70%	Common cause - no significant change	Variation indicates consistently falling short of the target

Data Analysis:

Trust Complaints: The number of Trust complaints is currently showing common cause variation.
14 Hour Post Take: This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target. A run below the mean has been seen since May 2022.
Senior Review Completed at 23:59: Special cause concern is showing with a run below the mean since Dec 2021. April 2022 was below the lower control limit, with Sep and Oct 2022 also slightly below the lower control limit.
Discharges by 5pm: This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target. The indicator is currently showing common cause variation just below the mean.

Operational Updates:

Trust Complaints
Care Group responses to complaints remains consistently below expected performance with the exception of CG2. The overall Trust complaint responses closed within target was 56%. Complaints about ED remain high with the main issue being waiting times. Key Risks are failure to deliver high quality care, with associated risk of harm and poor patient experience. Complaint themes are discussed at the PESG and care groups continue to provide evidence of learning and service improvements as a result of feedback. Care groups have internal processes to regularly review progress /timescales.

7 Day Standards
The challenges which are affecting performance against these measures:
- The performance for 14-hour post-take review remains consistently below expected performance with Scarborough showing a better level of performance than York.
- Daily Senior review is also below performance target and has been drifting around and below the lower control limit for nearly a year. Compliance is significantly lower at the weekend in both York and Scarborough.
- Challenges relate to consistent recording of reviews, medical engagement and medical capacity across the 7-day period.
- Acuity of patients, requiring more medical input

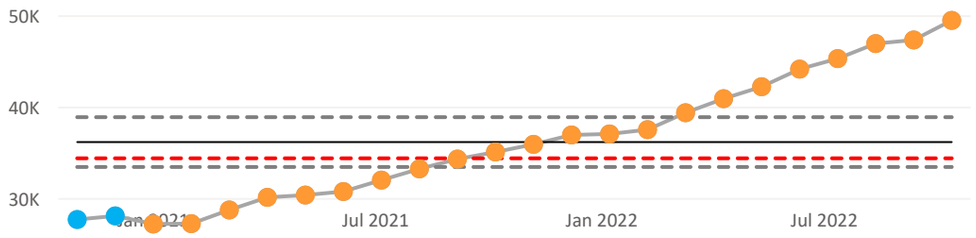
The key risks faced by the above are the risk of delays in appropriate treatment, and overstretched staff experiencing potential burn out. The Medical Director is working with clinicians to set the expectations. The 7 Day standards group is undertaking analysis of the 7-Day standards to support Board discussions regarding the resources required to achieve performance over the 7-day period.

The effects are being mitigated through the wider Trust response to current and anticipated service pressures.

TPR: Elective Recovery Priority Metrics

MetricName | Assurance | Variation

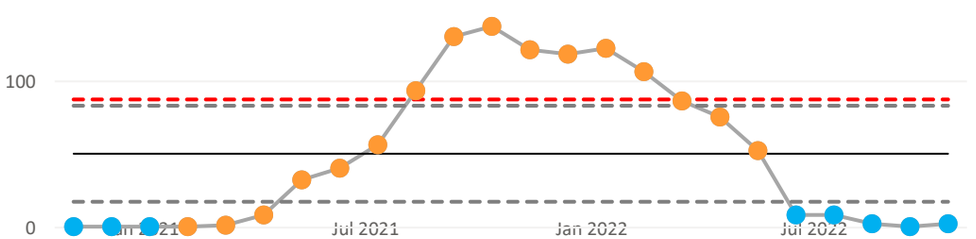
RTT Total Waiting List



LATEST MONTH
49K
Target
34.3K

MetricName | Assurance | Variation

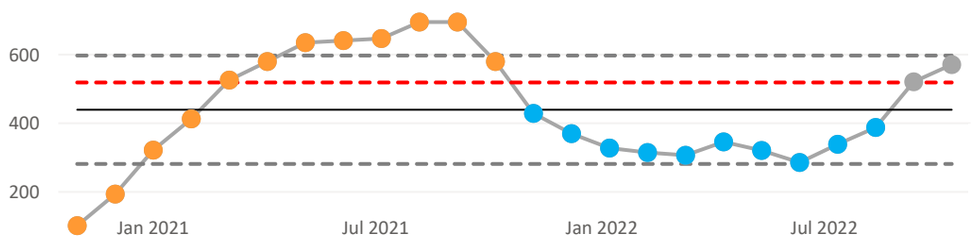
RTT Waits over 104 weeks for incomplete pathways



LATEST MONTH
2
Target
87

MetricName | Assurance | Variation

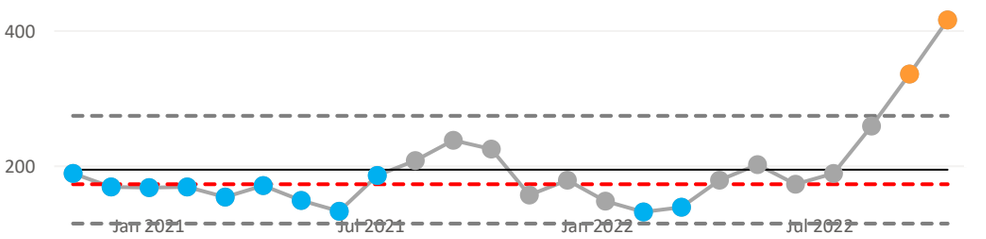
RTT Waits over 78 weeks for incomplete pathways



LATEST MONTH
568
Target
516

MetricName | Assurance | Variation

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



LATEST MONTH
415
Target
172

DATA ANALYSIS:

- **RTT Total Waiting List:** This indicator continues to grow in a steady trajectory month on month and the number of incomplete clocks at end of Sep 2022 is 49,432. This exceeds the internal target of 34,343 for that month.
- **RTT Waits over 104 weeks for incomplete pathways:** This indicator has been improving since Nov 2021 and for Sep 2022 there were 0 waiters at Priority 6. The target was to reduce the number of 104+ week waiters to 0 by June 2022.
- **RTT Waits over 78 weeks for incomplete pathways:** This indicator was improving since Oct 2021. The national target is to reduce the number of 78+ week waiters to zero by March 2023, but the value is now above the target. Since Jul 2022, we have seen the trend increasing for 78+ week waiters.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** This indicator has been showing variation within the upper and lower control limit since Sep 2020 to Aug 2022. The value is now above the upper control limit.

Please see next page for operational narrative.

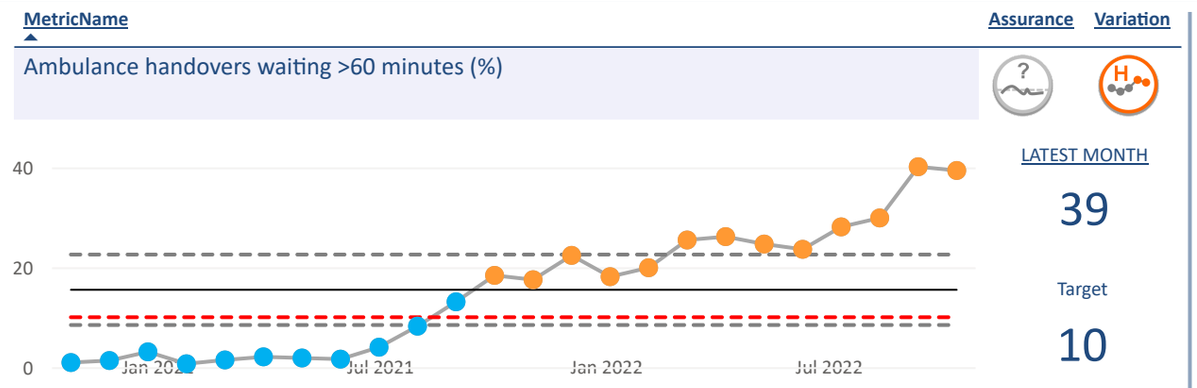
TPR: Narrative for Elective Recovery Priority Metrics

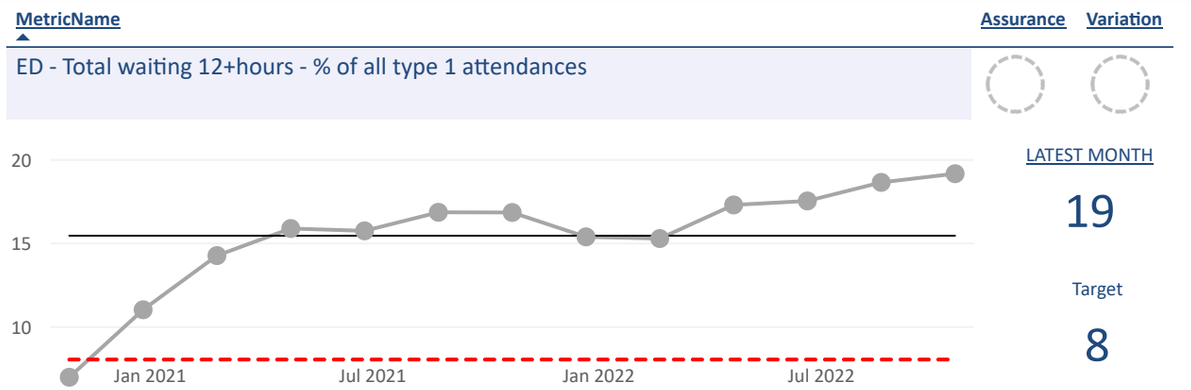
York and Scarborough Teaching Hospitals NHS Foundation Trust

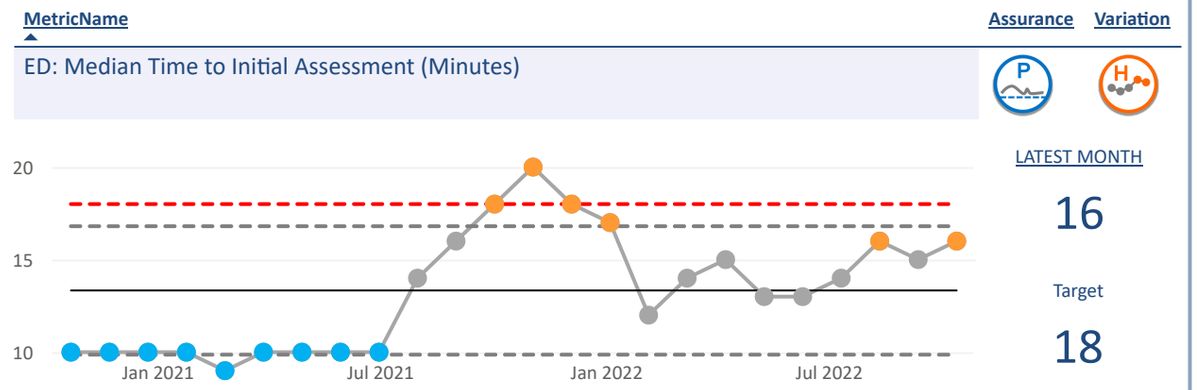
BI&IREF : 10042

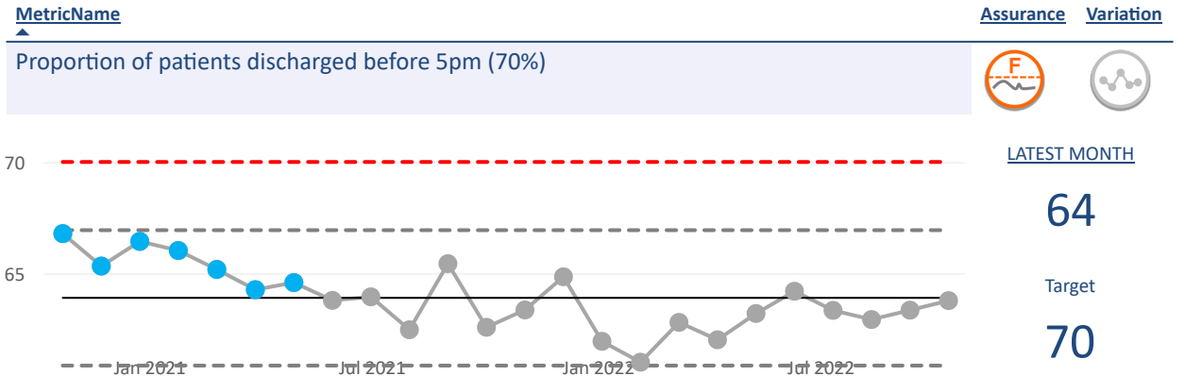
Issues & Risks	Actions & Mitigations
Challenges Theatre capacity affected by short notice sickness, vacancies and an influx of acute activity reducing the number of available theatre lists across the Trust in August. Insufficient established workforce in MRI to meet demands on service. Gynaecology Nursing capacity to support delivery of planned care. Extended times to first appointment resulting in delays for patients and reduction in clock stop activity. The Trust has resubmitted a trajectory to return to plan for patients waiting over 62 days on a cancer pathway. The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Mutual aid arrangements have not yet been able to offer significant support for the Trust. The Trust is to move to Tier 1 Elective Recovery support (national intervention).	Actions: 1. The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA 2. The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been submitted to the regional team and is with that national team for assessment. 3. Waiting List Harms Task and Finish Group established. 4. The Community Stadium development is on track for December 2022. 5. The Trust is reviewing the theatre productivity approach and data quality. This will be supported by the new Improvement Director. 6. Insourcing is in place, with a contract extension to March 2023 for theatres. Potential additional insourcing and outsourcing has been scoped by Care Groups. 7. Electronic platform for patients to access guidance on keeping 'fit for surgery'; 'My Planned Care' platform live with review of options for patient specific information underway. 8. The Outpatients Transformation Programme is in place with PIFU moving to business as usual and pilot work for Room Booker. REI launched in October. 9. The Executive has approved additional capacity to support patient pathways, including use of Clinical Assessment Services, booking processes and improved PTL management. 10. Training Programme for operational managers to commence in February, with pre-requisite training on RTT, Cancer and Waiting List management.
Risks Potential further COVID-19 variants and/or waves. Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work. Growth in the non-admitted waiting list. Theatre staffing vacancy, retention, and high sickness rates. Increased risk of industrial action following the Royal College of Nursing ballot action.	Mitigations: Tier 2 fortnightly meetings with Regional Team on elective recovery. Will move to weekly meetings with the Regional and National Teams when move to Tier 1. Mutual Aid in place for Urology. Weekly Elective Recovery Meetings in place for long wait RTT patients and outpatient performance. Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT). Additional mobile capacity to be supported by the ICS. Plans in development to mitigate impact of industrial action. COVID surge plan in place.

TPR: Acute Flow Priority Metrics









DATA ANALYSIS:

- **Ambulance handovers waiting >60 minutes (%):** The indicator is showing deteriorating performance over the last year with a series of points above the mean since Oct 2021. The target has not been reached since Aug 2021.
- **ED - Total waiting 12+hours - % of all type 1 attendances:** The indicator is showing deteriorating performance with a series of points above the mean since Sep 2021. The target has not been reached since Nov 2021.
- **ED - Median time to initial assessment (minutes):** The indicator is showing a trend above the mean in recent months, with Aug and Oct 2022 close to the upper control limit. The only months above the upper control limit were between Oct 2021 and Jan 2022. The target was not reached in Nov 2021.
- **Proportion of patients discharged before 5pm:** The indicator is showing common cause variation, with Jan, Feb and Apr 22 being close to the lower control limit. The target will not be met without redesign (the closest data point to 70% was in Mar 2020).

OPERATIONAL UPDATE:

Please see next page for operational narrative.

TPR: Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

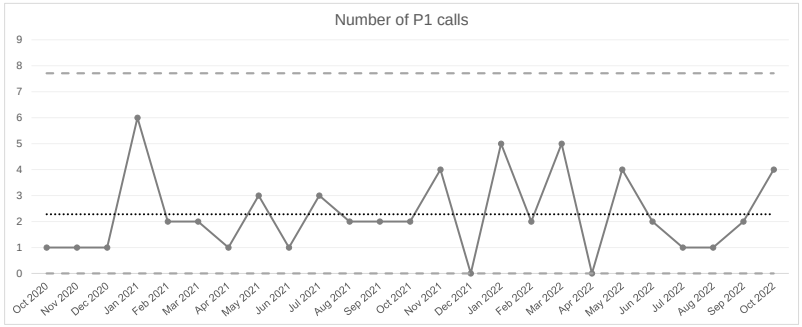
BI&IREF : 10042

Issues & Risks	Actions & Mitigations
Challenges The ED Capital Build at York which commenced at the beginning of November 2021 has meant that York Emergency Department continues to operate out of a smaller footprint. High number of patients without a 'Right to Reside' in inpatient beds affecting flow and ability to admit patients from ED in a timely manner. Staffing constraints (sickness, vacancies, use of agency and bank staff).	Actions: 1. On track to complete the ED build at York by March 2023 to provide additional clinical space for the urgent and emergency pathways. 2. Business case for revised acute care clinical model for all specialities for ED York to be presented to October Care Board, aligned to winter planning. 3. Refresh of the Urgent and Emergency Care Programme under the direction of the Programme Lead. 4. Work continues to support direct admission from ambulance to assessment units by extending the range of clinical criteria for Paediatrics, Gynaecology and Medicine by March 2023. 5. Emergency Assessment Units now open 24/7, work ongoing to extend the clinical criteria and pathways. 6. Project on track to extend the range of specialities operating through a Surgical Assessment Unit E.g. Orthopaedics and Gynaecology. 7. Work continues on the new ED build at Scarborough due for completion in 2024, with project resource identified to support the development of the revised acute care clinical model with all specialities. 8. Vaccination programme commenced in September 22. To date, circa 43% of all staff have received their Covid booster and 35% the influenza vaccination. 9. Continued focus on the 100-day Discharge Challenge to optimise discharge planning and flow. Ongoing engagement with system partners. 10. Exploration of the development of a domiciliary social care service to support the discharge of patients who do not have the right to reside. 11. NY and York place have agreed to fund CIPHER; five months at Scarborough (ambulance clinical handover and PTS discharge) and three months at York (ambulance clinical handover working with VCS-PTS).
Risks Staffing gaps in both medical and nursing reducing the ability to open all bed capacity at York Site and requirement to reduce existing capacity to support safe staffing levels. Inability to achieve Ambulance Handover targets due to patient flow within the hospital. Inability to meet patient waiting times in ED due to flow constraints at both sites Staff fatigue. Risk of COVID-19 new variant or surge in respiratory virus Increased risk of industrial action following the Royal College of Nursing ballot action.	Mitigations: Daily review of medical and nursing staffing to ensure appropriate skill mix – ongoing. Sustained improvement in September of time to initial assessment to ensure undifferenced risk is assessed in a timely way. Weekly meeting to progress the Rapid Quality Review Action Plan. Urgent Care System Programme Board established across the Integrated Care System. Interim Improvement Director started 10 October 2022 and will support the system strategic plans to reduce the number of patients who do not have a 'criteria to reside'. Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests. Plans in development to mitigate impact of industrial action. COVID surge plan in place.

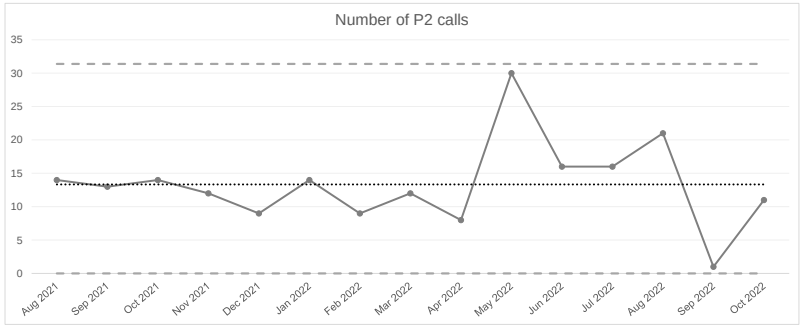
DIGITAL - Digital Indicators

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

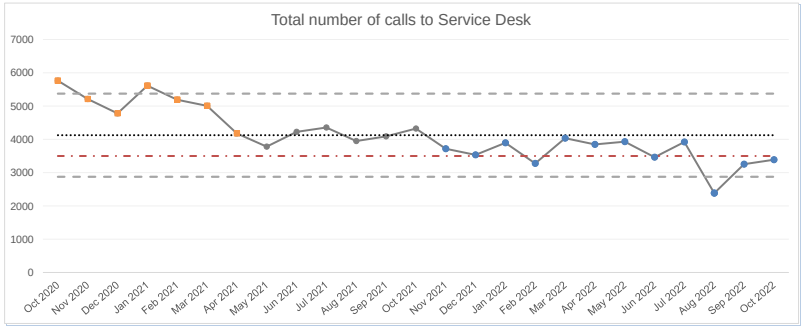
REPORTING MONTH : OCTOBER 2022



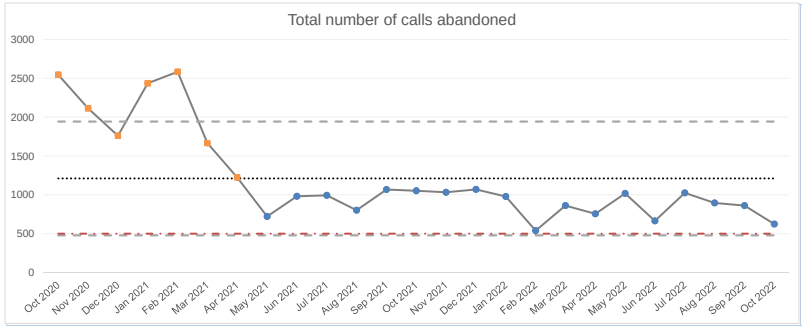
Oct 2022	4
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	11
Target	No Target
Variance	There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance	There is currently insufficient data, therefore variance and target assurance are not relevant



Oct 2022	3389
Target	3500
Variance	Special cause of improving nature or lower pressure due to lower values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	624
Target	500
Variance	Special cause of improving nature or lower pressure due to lower values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Number of P1 calls: The indicator is currently showing common cause variation, with a wider degree of variation around the mean seen in the last 12 months.
Number of P2 calls: The indicator is currently showing common cause variation, with a sharp increase in P2 calls in May 2022, with only one P2 call showing in September 2022. A wider degree of variation around the mean has been seen in the last six months. Please note that an error on the date range of the chart has been corrected.
Total number of calls to Service Desk: The indicator is showing a run of points below the mean since Nov 2021. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. Oct 2022 has met the target, but the target is not being met consistently.
Total number of abandoned calls: The indicator is showing a run of points below the mean since May 2021. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. Oct 2022 was the closest month to target since Feb 2022 (624 against a target of 500).

Operational Update:

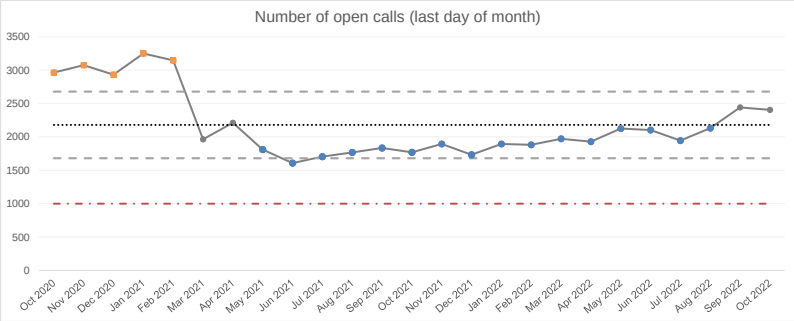
Number of P1 calls
- 1 significant event with CPD performance being impaired due to an issue affecting 5/6 servers. Lessons learnt and actions in place to improve management of certificate expiry. Positive outcome is this has also given some assurance that the system can still function on reduced capacity.

Total number of calls / number of abandoned calls
- Historic high levels in 2021 reflect high demand for remote working solution support at a time where staffing levels were challenged. The recent reductions are in part due to improving staffing levels, and also efforts to shift interactions to online routes.
- increases can be driven by system changes over time causing impact on lots of users (e.g. upgrades to MS Office, and migration to NHSMail will drive up demand). Mitigations will include providing clear communications and self-help resources.
- abandoned calls will rise when demand exceeds capacity, and this can be affected short term with staff absences in a small team. Additional resources are joining the team and is expected to show continued reduced levels

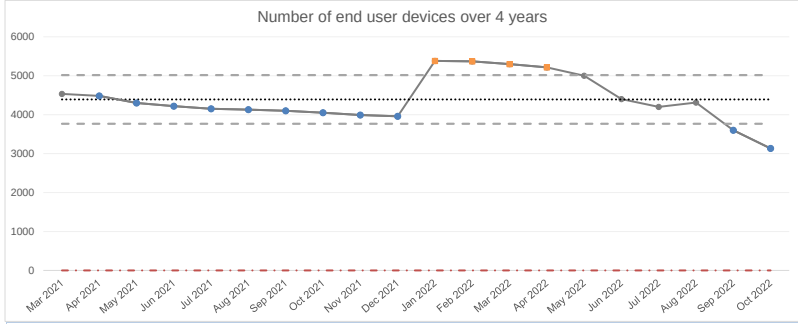
DIGITAL - Digital Indicators (cont.)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022



Oct 2022	2406
Target	1000
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target



Oct 2022	3133
Target	0
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target

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Data Analysis:

Number of open calls (last day of month): The indicator was showing a run of points below the mean since April 2021, however Sep and Oct 2022 were above the mean. The indicator is consistently failing the target.
Number of end user devices over 4 years: In Jan 2022 the indicator moved above the upper lower control limit for four months. The number of end user assets (laptops,desktops) over 4 years old rose in Jan 2022 by circa 1500. This was due to a batch of devices triggering their anniversary and moving from 3 year plus to 4. The number of devices has fallen below the lower control limit for Sep and Oct 2022, with 3133 devices now over 4 years old.

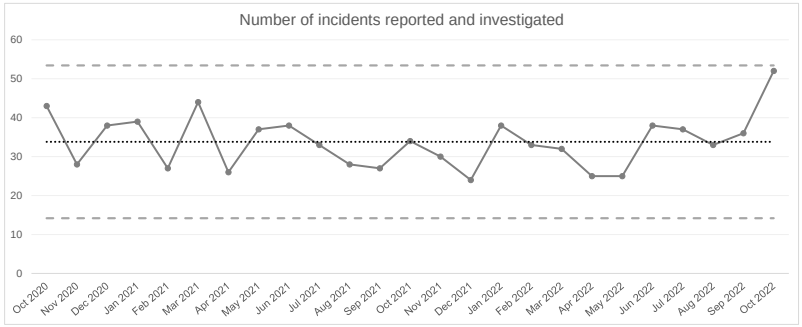
Operational Update:

Number of End User Devices
This continues to fall however in January we will see a sharp increase of devices of approx falling into the over 4 years bracket. From November the number will start increasing as the refresh programme has ran out of devices.

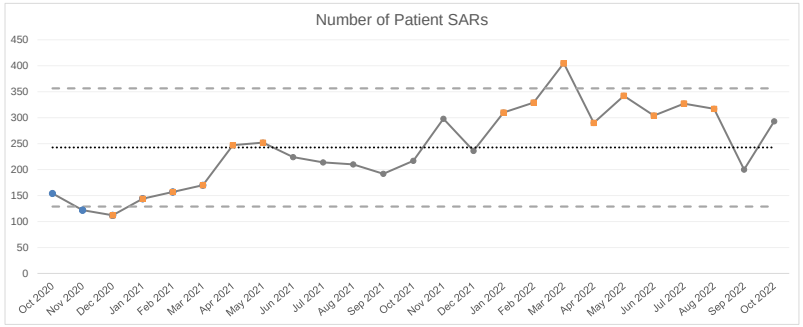
DIGITAL - Information Governance Indicators

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

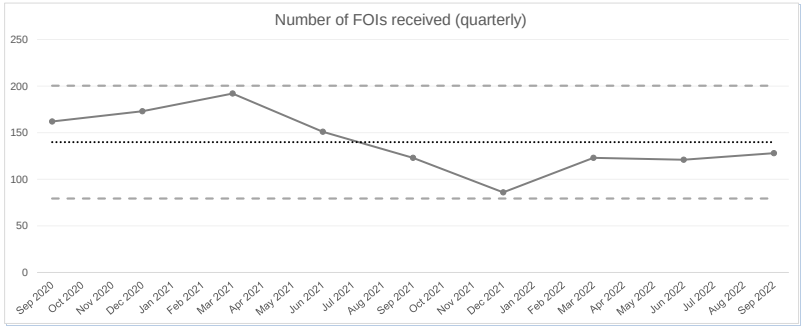
REPORTING MONTH : OCTOBER 2022



Oct 2022
52
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
293
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Sep 2022
128
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

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Data Analysis:

Number of incidents reported and investigated: This indicator is showing common cause variation, however Oct 2022 saw a sharp increase closer to the upper control limit.
Number of Patient SARS: This indicator is currently showing common cause variation after a run of eight points above the mean up to Aug 2022. A high number of Patient SARS were seen in March 2022 (405), which is above the upper control limit.
Number of FOIs received (quarterly): This indicator is showing common cause variation, with the latest five data points being below the mean.

Operational Update:

FoIs:
Challenges faced are sufficient resources to manage FoIs, chasing responses alongside other IG priorities, engagement and sufficient resources within the service areas to provide FoI responses alongside other priorities.

Actions are to develop FoI handbook to speed process of applying exemptions and developing providing response templates. Establish key contacts within service areas that can support with responses. Explore the need for additional resource within the IG team to support the FoI process.

Key Risks are not meeting statutory responsibilities and intervention from the regulator (ICO)

Finance Performance Report : Oct-2022

Executive Summary

Trust Strategic Goals:

- [x] to deliver safe and high quality patient care as part of an integrated system
- [x] to support an engaged, healthy and resilient workforce
- [x] to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of Finance Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Financial Position – October 2022 (Month 7)

1. Summary Plan Position

At its June 2022 meeting the Board of Directors approved the final I&E balanced annual financial plan, which formalised the e-mail acceptance of the plan previously received by the Finance Director from Board members. The final plan replaced the draft £11.8m I&E deficit annual financial plan previously approved by the Board. The final plan is now set into the ledger and is being used to monitor current performance. Operational budgets have been set on this basis.

2. Income and Expenditure Position

The I&E table below confirms an actual adjusted deficit of £5.0m against a planned deficit of £0.4m for October. The Trust is £4.6m adversely adrift of plan.

The largest adverse variance relates to pay at £6.2m. Premium rate pressures linked to vacancies and high sickness levels are continuing to contribute to the adverse position. As reported last month, there is a £2.1m annual pressure (£1.2m year to date) linked to the 22/23 pay award to most staff groups other than junior doctors who have a separate three-year deal. Whereas the majority of the pay award is met by additional income through our contracts with ICSs and NHSE, the national calculation of the percentage uplift to contracts with commissioners to cover the pay award has proven to be erroneous and has left an underlying cost pressure with many providers including the Trust. Although this issue has been escalated nationally, and the reason understood for the erroneous calculation, NHSE have decided not to correct the allocations.

Other notable variances include a drugs overspend of £1.7m (£1.6m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £0.5m, an underspend on clinical supplies and services of £3.2m, and the CIP position is behind plan by £2.1m. At this stage the clinical supplies and services position is compensating for the under delivery of the efficiency programme.

Also of note is that we spent £5.9m for the year to date on covid costs compared to a plan of £4.4m; therefore we are £1.5m adversely adrift of our covid plan. The plan is net of the £3.5m funding removed in discussion with the ICS to help reduce the I&E deficit plan. This position remains under discussion with Care Groups. This expenditure relates to, so called, inside the envelope covid funding where the spending is against a fixed allocation. There remains some covid expenditure, relating in the main to testing, that is outside of the envelope and is subject to its own direct funding recharge arrangements.

The position is also now materially impacted by the cost of the unfunded mobile CT scanner that the Board agreed to continue to support because of the safety impact associated with our diagnostic waiting times. Discussions continue through NHSE to access national Community Diagnostic funding, but this remains unconfirmed. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 7 this is adversely impacting our position by £0.8m.

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	75,296	43,922	46,666	2,744	79,378
Clinical commissioning groups	528,439	308,256	308,281	25	520,604
Local authorities	4,793	2,785	2,798	13	4,740
Non-NHS: private patients	514	300	195	-105	324
Non-NHS: other	1,186	693	928	235	1,998
Operating Income from Patient Care Activities	**610,228**	**355,956**	**358,868**	**2,912**	**607,044**
Research and development	1,765	1,030	1,506	476	2,805
Education and training	23,902	13,794	14,700	906	23,046
Other income	49,129	28,719	26,948	-1,771	45,102
Other Operating Income	**74,796**	**43,543**	**43,154**	**-389**	**70,953**
Employee Expenses	-448,649	-260,258	-266,502	-6,244	-438,317
Drugs Costs	-61,939	-36,237	-37,951	-1,714	-64,927
Supplies and Services - Clinical	-72,741	-41,830	-38,644	3,186	-62,055
Depreciation	-18,291	-10,670	-10,670	0	-18,291
Amortisation	-1,521	-887	-887	0	-1,521
CIP	7,057	2,150	0	-2,150	7,057
Other Costs	-70,854	-41,630	-42,145	-515	-82,335
Total Operating Expenditure	**-666,938**	**-389,362**	**-396,799**	**-7,437**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**10,137**	**5,223**	**-4,914**	**17,608**
Finance income	30	18	381	364	507
Finance expense	-975	-569	-571	-2	-975
PDC dividends payable/refundable	-8,014	-4,675	-4,675	0	-8,013
NET FINANCE COSTS	**9,127**	**4,910**	**358**	**-4,552**	**9,127**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**4,910**	**358**	**-4,552**	**9,127**
Remove Donated Asset Income	-9,607	-5,604	-5,604	0	-9,607
Remove Donated Asset Depreciation	452	264	264	0	452
Remove Donated Asset Amortisation	28	16	16	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-414**	**-4,966**	**-4552**	**0**

3. Cost Improvement programme

The core efficiency programme requirement for 2022/23 is £15.7m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash-releasing savings.

The Board will be aware through the financial plan presentations that NHSE required technical efficiencies, covid spend reductions and estimated productivity gains to be expressed as CIPs. These total a further £16.9m (shown against Corporate CIP below) and increase the full programme value to £32.4m. These requirements have been fully delivered and transacted. The table below details the full programme.

2022/23 Cost Improvement Programme - October									
		October Position			Planning Position		Planning Risk		
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£1,559	£690	£870	£1,580	£1,434	£1,368	£212	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£726	£612	£114	£828	£576	£828	£0	£0
3. Surgery	£3,008	£1,556	£655	£900	£2,456	£552	£1,958	£499	£0
4. Cancer and Support Services	£2,552	£1,320	£852	£469	£2,001	£551	£1,680	£0	£321
5. Family Health	£1,595	£825	£908	-£84	£1,722	-£127	£1,601	£121	£0
6. Specialised Medicine	£1,639	£848	£698	£150	£1,720	-£81	£1,614	£106	£0
7. Corporate Functions									
Chief Exec	£65	£34	£75	-£41	£77	-£11	£77	£0	£0
Chief Nurse Team	£164	£85	£101	-£16	£133	£31	£133	£0	£0
Finance	£184	£95	£344	-£249	£501	-£318	£501	£0	£0
Medical Governance	£15	£8	£119	-£111	£119	-£104	£119	£0	£0
Ops Management	£101	£52	£50	£2	£50	£51	£50	£0	£0
Corporate CIP	£16,890	£9,853	£9,912	-£59	£19,408	-£2,518	£18,267	£158	£982
DIS	£289	£149	£96	£53	£239	£50	£239	£0	£0
Workforce & OD	£314	£163	£287	-£125	£674	-£360	£674	£0	£0
				£0					
Sub total	**£31,234**	**£17,273**	**£15,398**	**£1,874**	**£31,508**	**-£274**	**£29,108**	**£1,096**	**£1,303**
YTHFM LLP	£1,123	£581	£305	£276	£849	£274	£676	£153	£19
Group Total	**£32,357**	**£17,853**	**£15,703**	**£2,150**	**£32,357**	**£0**	**£29,785**	**£1,249**	**£1,323**

Delivery in month 7 has improved but remains £2.1m behind plan in terms of the core programme delivery. Total plans have now been identified to deliver the total programme of £32.4m, and of this sum £29.8m (92%) is identified as low risk.

Productivity and Efficiency Review Sessions

Review sessions are to be chaired by the Chief Executive with attendance from Care Groups and Finance colleagues.

The table below shows the scheduled dates of the sessions:

Care Group	Date
CG1	25.11.2022
CG2	29.11.2022
CG4	02.12.2022
CG3	08.12.2022
CG6	09.12.2022
CG5	16.12.2022

Format of sessions

The sessions will form 2 parts:

- Part 1 will be a summary of the planning and delivery position for 2022/23 and plans for 2023/24. A review of the **Matrix of Opportunity**, potential opportunities, and results of deep dives relevant to the individual Care Group.
- Part 2 will be an opportunity for the Care Group to discuss current and future challenges in terms of meeting the efficiency ask.

Matrix of Opportunity

The Matrix of Opportunity referred to as part 1 above is a Trust development and pulls data from the national benchmarking tool, the Model Health System.

This tool is used to help us have informed discussions with Care Groups and is used as a sign-post to aid discussions around current practice, data quality, pathway improvement and raises questions on how effectively we are using our resources, particularly at a time where recruitment/retention and funding is challenging.

It enables conversations around the Get It Right First Time (GIRFT) principles and where applicable any actions that are arising from the National GIRFT deep dives.

The Model Health System benchmarks the Trust against a peer group of comparable Trusts and highlights where there are variations, whether warranted or unwarranted and is used as a 'signpost' tool for identifying efficiency and productivity opportunities.

It is a National dashboard of key performance, financial and Getting It Right First Time (GIRFT) metrics and records data on a Trust and Integrated Care System (ICS) level, and is an evidence record of the Trust's position and performance.

It highlights potential cost improvement and efficiency opportunities to ensure the most effective use of resources.

It provides relative and absolute comparable data linked to departments, wards, sites, staffing groups etc to the Trust for identifying areas of variance.

The data sources for the Model Health System are various, some of the key sources are: ESR, ERIC Return, Oracle Ledger, Pharmacy Systems, CPD, Patient Level Information and Costing System (PLICS).

Getting It Right First Time (GIRFT) Update

A Urology GIRFT review was held on 21 October 2022. We are awaiting feedback from this review.

The prime focus has been preparing for the High Volume Low Complexity (HVLC) re-visit on the 9th November. A significant amount of work has taken place locally and across the ICS to ensure we have coherent plans to deliver elective recovery. An update will be provided once this review has taken place.

A GIRFT visit is scheduled for Emergency Medicine and Acute and General Medicine on 16 November 2022. These will be joint reviews with clinical teams from across all sites to ensure learning and insights can be shared as part of the GIRFT review process.

4. Unfunded Revenue Schemes

There are a small number of revenue schemes running that do not currently have funding. These are outside of our plan. The table below confirms the schemes and the current position in terms of action being taken.

Scheme	Annual Cost	Comments	Funding Action	Timeline for Resolution	Update
Mobile CT	£1,400,000	This relates to a fully staffed and fully utilised mobile CT facility. This is key to our diagnostic recovery work. The scanner has previously been funded through the national diagnostic programme and more latterly the community diagnostic programme. No funding has been agreed but we continue with the hire of the scanner.	NHSE are involved, along with the ICS, in seeking to secure funding as a pre-commitment from this year's community diagnostic hub. No further action is required from the Trust at this time. At present this is reported as a gross cost in our position.	Urgent. Further update requests sent to NHSE, but no funding identified yet.	Continuing in operation. NHSE and ICS aware. Causing £0.82m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect November update.
CG1 Discharge Command	£115,000	This initiative was funded last year through Hospital Discharge Programme funding. We have been requested to cease all HDP funded schemes, but this is deemed a priority to continue to support discharge at a time of such significant operational pressure. This is not funded within our plan.	There is no additional financial support available for this scheme. The CG, Ops Team and Finance Team are working through a prioritisation process to identify funds that can be diverted to support this.	End of May 22	Agreement reached with CG1 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CG2 Weekend Therapy Service	£93,000	This initiative was funded last year through additional winter funding. This has now been withdrawn. The service provides a weekend therapy team to continue therapy intervention and to support discharge.	There is no additional financial support available for this scheme. The CG, Ops Team and Finance Team are working through a prioritisation process in order to identify funds that can be diverted to support this.	End of May 22	Agreement reached with CG2 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CIPHER Ambulance Cohort Service	£1,000,000	This is a new service, deployed to respond to the requirement to release ambulance crews in a timely way given the significant operational pressure on the York site and the significant number of delayed ambulance handovers. CIPHER provide a nurse/paramedic and a care assistant to provide cohorted care for ambulance patients pending ED capacity becoming available. Data shows a marked improvement in ambulance release times when deployed.	The service has been used at peak times and over bank holiday weekends and is expected to cost more than £50k through to the Jubilee weekend. Requests to deploy are increasing and full 24/7 cover would equate to £1m in full year terms. This is not included in our plan and is a new service development. Discussions are underway with the ICS and NHSE/I as to where the liability lies for the cost and how best the service can be provided. At present this is reported as a gross cost in our position.	End of June 22	Confirmation received from ICS that there is no external funding to support this cost at the Trust. Discussions continue between ICS and YAS as to the future arrangements. The Trust has ceased general use after the Jubilee bank holiday weekend to limit expenditure but has occasionally deployed when under real exceptional pressure.

5. ERF

ERF has been confirmed as not recoverable i.e. there we be no clawback by NHSE for under performance, for quarters one and two. This secures ERF income in plan through to September. We have heard informally that the arrangements for the first half of the year may be extended to the second half of the year, but we still await formal confirmation. This assumption is fully reflected in the reported position for the period to date.

6. Current Cash Position

October cash balance showed a £12.4m favourable variance to plan; this is mainly due to receiving Q3 payment of £9.4m from Health Education England which was originally planned to be received in November. The table below shows our current planned month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	64,116	51,724	46,473	49,160	41,182	34,713	36,376	33,648	33,599	36,273	39,964	53,435
Actual	51,793	45,722	39,382	40,651	45,200	48,410	48,796					

With NHSE confirming that no ERF will be clawed back for quarters one and two we have been able to forecast income with greater certainty over the first half of the year, but we await confirmation of how ERF will operate for the second half of the year. At this stage we are not predicting cash problems will emerge in the next 12 months, but this is conditional on managing all aspects of the income and expenditure plan.

7. Current Capital Position

The total capital programme for 2022/23 is £86.5m; this includes £22.8m of lease budget that has transferred to capital under the new lease accounting standard and £50m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

Capital Plan 2022-23 £000s	Mth 7 Planned Spend £000s	Mth 7 Actual Spend £000s	Variance £000s
86,513	34,773	25,444	(9,329)

The capital programme at month 7 is £9.3m behind plan. This is partially due to the Community Stadium lease of £8m not being finalised which is partially offset by other leases running ahead of plan.

If we remove the impact of IFRS 16 figures the capital programme is £3.9m (17%) behind plan. The 3 main schemes contributing to this adverse variance are Scarborough UEC scheme (£2.4m), Salix Scheme (£1.5m) and York Cardiology VIU (£1.1m) which are offset by other schemes running ahead of plan, notably York ED scheme (£900k).

Prioritisation of the discretionary element of the capital programme has now concluded and was approved by the Board at its June meeting.

All capital schemes are now progressing.

8. Risk Overview

The financial plan includes significant risk, discussed and acknowledged at the time of Board approval. The table below summarises the risks, the mitigation and the latest update.

Risk Issue	Comments	Mitigation/Management	Current Update
Delivery of the efficiency requirement	At 2.4% the cost out efficiency programme is arguably manageable in comparison to previous years, but the programme has been halted for the last 2 years and clinical teams are focused elsewhere in terms of workforce issues and elective recovery.	The Corporate Efficiency Team has restarted its full support programme. The BBC programme is linked to efficiency delivery opportunities. Full CIP reporting will recommence. CIP panel meetings are being reconvened with the CEO.	Whilst delivery of the Core Programme has remained poor in month the work with Care Groups and Corporate Teams has identified plans equal to the full value of the required programme. Notably most of the plans are categorised as low risk. Best practice would suggest plans should exceed target to hold contingency against delivery shortfall.
Retention of ERF Funding through delivery of 104% activity levels	ERF is lost at the rate of 75% of tariff value for under recovery of the 104% required activity level.	A full 104% activity plan has been devised. Full monitoring of delivery will be implemented. The BBC programme picks up elective recovery as a specific work stream.	ERF has been confirmed as non-refundable for the first half of the financial year. This has significantly reduced the risk in this regard. We have heard informally that the arrangements in the first half of the year may be extended into the second half of the year, but formal confirmation of this position is still awaited.
Managing the Covid spend reduction	The plan proposed with the ICB requires a £3.5m reduction on covid spend linked to reducing IPC requirements and the national covid expenditure reduction programme.	Work is underway with the CGs and YTHFM to look for opportunities. If necessary, a formal task and finish group will be required to work alongside IPC and the Care Groups to manage covid expenditure down. Formal monitoring in now in place.	This review work is progressing with the Care Groups and is looking to specifically step down spend later in the year to coincide with expected continued downward patient trends. Currently £1.8m has been identified against the £3.5m target
Managing the investment reduction programme	£2m of the required £4.3m investment reduction programme had been identified at the original time of planning. The remaining reduction will require management through the release of activity pressure funding into operational budgets.	Formal monitoring will be required to track progress. This has been implemented.	The first stage of this review work has been completed and £3.6m of the £4.3m reduction requirement has been identified. Work continues to close this gap and will scrutinise the release of additional funding into budget going forward.
Expenditure Control	Formal budgets identified through this planning process will require careful management to ensure expenditure compliance and to ensure that any investments made are matched with identified funding sources.	Finance reporting will require enhanced variance analysis and assurance processes. Reporting into the Exec Committee and Board of Directors will be refined to provide greater assurance and transparency. Compliance with the scheme of delegation regarding expenditure approval will be monitored.	This report identifies unfunded expenditure along with details of action being taken regarding funding. There are no control issues at this stage to highlight.

Risk Issue	Comments	Mitigation/Management	Current Update
Winter funding pressures	The plan removes the Trust's typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the evet of material pressures. Our approach is consistent with other providers.	Early information has been shared that suggests £250m will be released nationally for additional winter capacity. We expect to be working with ICS colleagues on this programme in the coming month. The Trust has been notified that it will receive up to £2.1m from this fund.
The ICB may seek to further reduce expenditure to manage with overall resources.	We will be required to work with the ICB should this prove to be the case. Clinical teams would be required to work alongside the Exec Team and the ICB.	Formal monitoring would be required alongside a quality impact assessment programme in the event of real service expenditure reductions being required.	This risk is receding, and we do not expect material clawback or further savings requirements from the ICB.
Management of the Capital Programme	The 2022/23 capital programme is the largest programme the Trust has ever undertaken. There is significant risk in managing to approved CDEL limits; both in terms of pressure on the programme for additional spend but also difficulty in spending due to construction industry difficulties associated with Brexit, the pandemic, and the Ukraine conflict.	The programme is managed by CEPG. Monitoring provided at Board level. Prioritisation exercise has now concluded to agree the final discretionary elements of the programme for 22/23.	The key risk of the York ED scheme overspend is now clear and the programme has been adjusted accordingly. This has placed significant pressure on the Trust's capital programme.

9. Income and Expenditure Forecast

As the financial year progresses, we continue to review and update our I&E forecast tool to assess our likely year end outcome. The tool takes current trends, adjusted for non-recurrent issues and new expected issues, and extrapolates forward to March 2023.

The current assessment is summarised in the table below.

	Forecast Outturn 22/23 (£000)
Clinical Income	615,545
Non-Clinical Income	76,025
Expenditure	-682,443
Surplus/(deficit)	9,127
NHSE Adjustments	-9,127
NHSE Adjusted Position	0

Key assumptions that been made in the forecast include:

- Additional income is received to cover the £1.4m cost of the CT scanner
- All ERF income is received.
- Covid in the envelope expenditure returns to plan for the final six months of the year.
- The remaining CIP left to achieve will have a 36% impact on run rate.
- Staff car parking charging is reintroduced in Q4.
- Additional income is received to cover the full pay award.
- Utilities expenditure does not exceed the £1.5m pressure currently forecast.
- A financial recovery plan is developed and put in place to reduce predicted spending by £2.5m.

This forecast has formed the basis of our forecast submission to NHSE/ICB for M7.

Within the overall Trust forecast are differing variances across the Care Groups. The table below illustrates the respective forecast net expenditure position by Care Group.

Care Group, etc.	Budget	Actual Forecast	Forecast Expenditure Variance	Offset by income	Underlying expenditure variance
	£000	£000	£000	£000	£000
Acute Elderly Emergency General Medicine and Community Services - York	105,243,917	109,324,147	-4,080,230	-992,417	-3,087,813
Acute Emergency and Elderly Medicine-Scarborough	53,495,453	58,470,342	-4,974,889	-811,472	-4,163,417
Surgery	100,407,767	104,350,540	-3,942,773	-1,359,741	-2,583,032
Cancer and Support Services	119,305,973	120,548,156	-1,242,183	-709,172	-533,011
Family Health & Sexual Health	49,970,411	50,668,590	-698,179	0	-698,179
Specialised Medicine & Outpatients Services	86,648,645	85,596,359	1,052,286	0	1,052,286
Corporate	160,853,945	153,484,933	7,369,012	1,231,000	6,138,012
Additional Income	0	0	0	-3,875,154	3,875,154
TOTAL	675,926,111	682,443,067	-6,516,956	-6,516,956	0

Recommendation:

The Board of Directors is asked to discuss and note the October 2022 financial position for the Trust.

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: Nov-2022

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	75,296	43,922	46,666	2,744	79,378
Clinical commissioning groups	528,439	308,256	308,281	25	520,604
Local authorities	4,793	2,785	2,798	13	4,740
Non-NHS: private patients	514	300	195	-105	324
Non-NHS: other	1,186	693	928	235	1,998
Operating Income from Patient Care Activities	**610,228**	**355,956**	**358,868**	**2,912**	**607,044**
Research and development	1,765	1,030	1,506	476	2,805
Education and training	23,902	13,794	14,700	906	23,046
Other income	49,129	28,719	26,948	-1,771	45,102
Other Operating Income	**74,796**	**43,543**	**43,154**	**-389**	**70,953**
Employee Expenses	-448,649	-260,258	-266,502	-6,244	-438,317
Drugs Costs	-61,939	-36,237	-37,951	-1,714	-64,927
Supplies and Services - Clinical	-72,741	-41,830	-38,644	3,186	-62,055
Depreciation	-18,291	-10,670	-10,670	0	-18,291
Amortisation	-1,521	-887	-887	0	-1,521
CIP	7,057	2,150	0	-2,150	7,057
Other Costs	-70,854	-41,630	-42,145	-515	-82,335
Total Operating Expenditure	**-666,938**	**-389,362**	**-396,799**	**-7,437**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**10,137**	**5,223**	**-4,914**	**17,608**
Finance income	30	18	381	364	507
Finance expense	-975	-569	-571	-2	-975
PDC dividends payable/refundable	-8,014	-4,675	-4,675	0	-8,013
NET FINANCE COSTS	**9,127**	**4,910**	**358**	**-4,552**	**9,127**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**4,910**	**358**	**-4,552**	**9,127**
Remove Donated Asset Income	-9,607	-5,604	-5,604	0	-9,607
Remove Donated Asset Depreciation	452	264	264	0	452
Remove Donated Asset Amortisation	28	16	16	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-414**	**-4,966**	**-4552**	**0**

Month 7 Summary Position

The table opposite and the graphs on the following pages show the plan for the whole of 2022/23. The Board of Directors approved the final plan at their meeting in June which presented a balanced I&E position. For the period ending October 2022, the Trust is reporting an adjusted I&E deficit of £4.966m against a planned deficit of £0.414m.

Income is £2.523m ahead of plan, primarily linked to excluded drugs and devices, research and development, and education and training income being ahead of plan; partially offset by other income being behind plan.

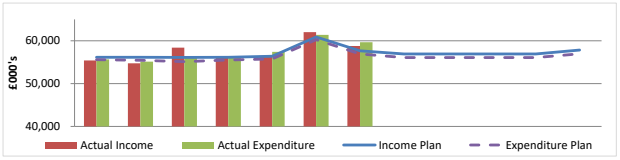
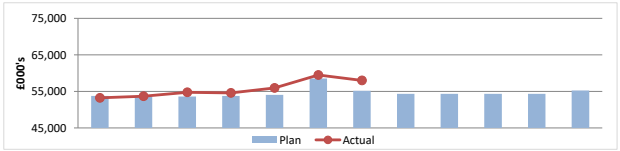
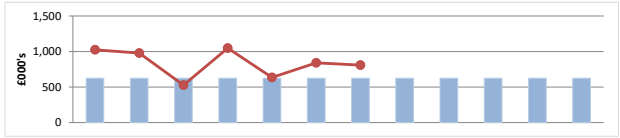
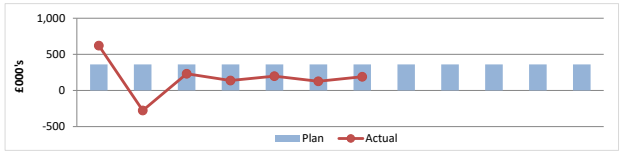
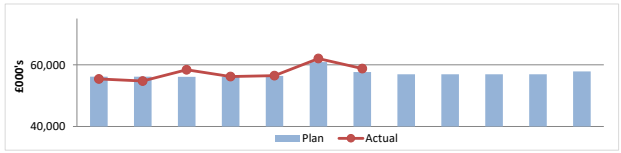
Operational expenditure is £7.437m ahead of plan. There is a shortfall in delivery against the CIP target, and pay, drug, and other non-pay spend is ahead of plan; but these are being partially offset by clinical supplies and services spend being behind plan.

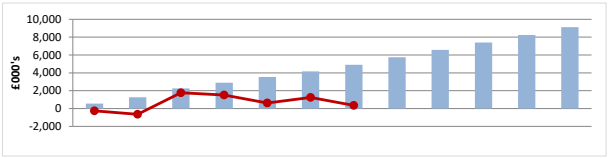
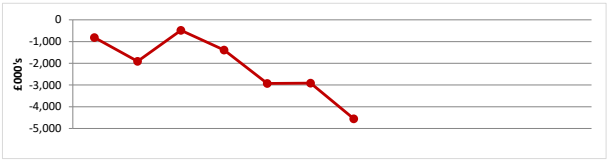
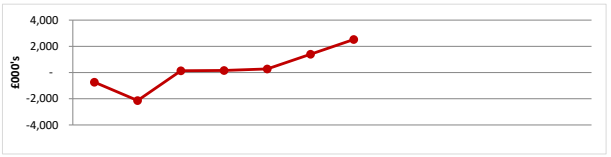
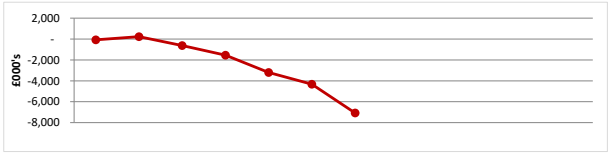
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
1. The Trust is £4.6m behind its I&E plan. 2. Delivery of the 2.4% cost out efficiency programme is currently behind plan. 3. Risk of retaining ERF Funding through delivery of 104% activity levels, with activity currently below this level. 4. Managing the £3.5m Covid spend reduction proposed with the ICB is currently behind plan, with only £1.8m identified to date. 5. CT scanner which is key to the Trust's diagnostic recovery work is still on hire at an annual cost of £1.4m, but no funding stream yet agreed with the NHSE/I or the ICS.	1. The Corporate Efficiency Team has restarted its full support programme; full CIP reporting will recommence, and CIP panel meetings will be reconvened with the CEO. 2. A full 104% activity plan has been devised. The BBC programme picks up elective recovery as a specific work stream. 3. Work is underway with the CGs and YTHFM to look for Covid spend reduction opportunities, and formal monitoring is now in place. 4. Discussions continue with the ICS on finding a funding stream for the CT scanner.
Positive Updates and Assurance	**Decisions Made and Decisions Required of the Board**
1. Care Groups and Corporate Teams have identified efficiency plans equating to 100% of the overall required programme, with notably 92% of plans being categorised as low risk. 2. NHSE/I have confirmed that there will be no clawback or ERF for H1; with the possibility that it also will be for H2, although this is still subject to confirmation.	1. A final balance I&E plan for 2022/23 has now been approved by the Board, and submitted to the ICS and NHSE/I. The table opposite is based on the agreed final plan, whereas for M1 and M2 the previously agreed draft plan was in use.

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

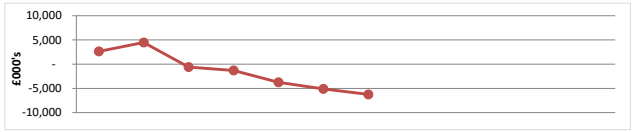
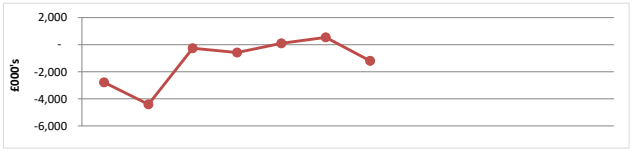
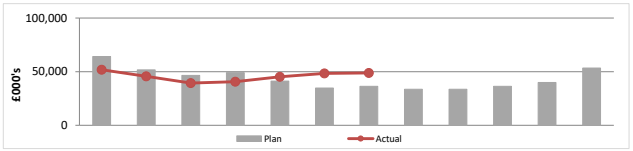
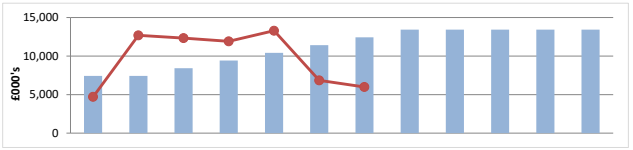
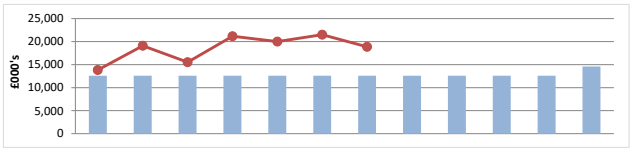
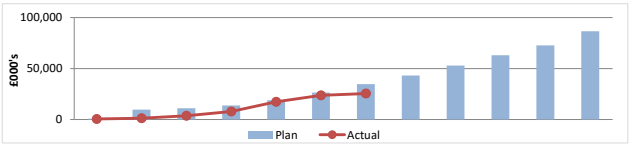
Oct-22	METRIC:	PLAN:	
£358	6.01 Income and Expenditure	£4,910	
£58,018	6.02 Operational Expenditure against Plan (exc. COVID)	£55,178	
£808	6.03 COVID-19 'Inside the Envelope' Expenditure	£624	
	Monthly % Covid Spend of Operational Spend:	1.4%	
£189	6.04 COVID-19 'Outside the Envelope' Expenditure	£360	
£58,772	6.05 Income against plan	£57,654	

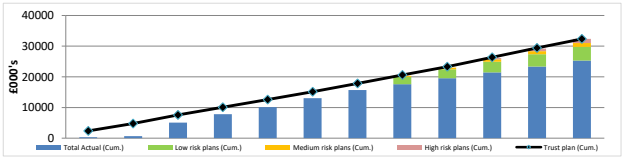
	METRIC:	PLAN:	
£358	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	£4,910	
-£4,552	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0	
£2,523	6.08 Cumulative Income Variance to Plan	£0	
-£7,075	6.09 Cumulative Expenditure Variance to Plan	£0	

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-22	METRIC:	PLAN:	
-£6,244	6.10 Cumulative Pay Expenditure Variance to Plan	£0	
-£1,193	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£48,796	6.12 Cash Position	£36,376	
£5,997	6.13 Debtors	£12,424	
£18,856	6.14 Creditors	£12,605	
£25,444	6.15 Capital	£34,773	

	METRIC:	PLAN:	
£15,704	6.16 Efficiency programme - delivery against plan and forecast delivery	£17,854	
Delivery ytd:			
Recurrent	£7,706		
Non Recurrent	£7,999		
£32,357	6.17 Efficiency programme - planning position full year	£32,357	

Planning (Gap)/Surplus

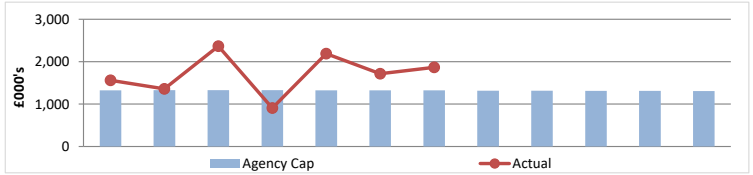
	October £'000	EOY £'000	Comments
Target	**17,854**	**32,357**	
PLANS			
Low Risk	17,346	29,785	
Medium Risk		1,249	Medium Risk Plans being reviewed re delivery in year.
High Risk		1,323	High Risk Plans being reviewed re risk status and if deliverable in-year.
Total Plans	17,346	32,357	
Planning (Gap)/Surplus	**-508**	**0**	
Actions			**New Plans** - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term)

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

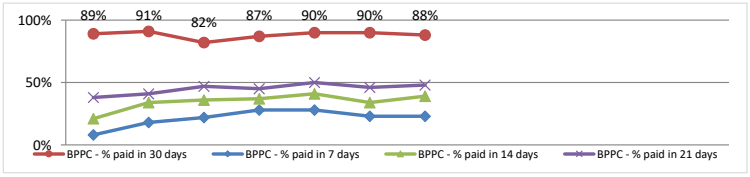
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-22	METRIC:	PLAN:
£0	6.2 Capital Service Cover	£0
£0	6.21 Liquid Ratio	£0
£0	6.22 I&E Margin	£0
£0	6.23 I&E Margin Variance from Plan	£0
£1,867	6.24 Agency Spend against Agency Cap	£1,324



BPPC Performance

Within 30 days		Within 7 days
88%	6.25 BPPC - % paid in 30 days	23%
	6.26 BPPC - % paid in 7 days	
Within 14 days	6.27 BPPC - % paid in 14 days	Within 21 days
39%		48%
	6.28 BPPC - % paid in 21 days	



Highlights for the Board to Note:

	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)				
Liquidity (20%)				
I&E Margin (20%)				
I&E Margin Variance From Plan (20%)				
Agency variation from Plan (20%)				
Overall Use of Resources Rating				

Other Financial Issues:

Metrics 6.2 through 6.23 are not being actively reviewed by NHSE/I following the operation of the emergency financial regime. When normal operation resumes it is expected these will remain key assessment metrics. 6.24 showing our agency spend against plan remains a live assessment metric and, for the year to date we have used more agency staff than planned.

6.24 showing our agency spend against the announced NHSEI target for 22/23, which remains a live assessment metric and, for the year to date we have used more agency staff than target.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 88% of suppliers being paid within 30 days.

Research & Development Performance Report : Oct-2022

Executive Summary

Trust Strategic Goals:

[x] to deliver safe and high quality patient care as part of an integrated system
[x] to support an engaged, healthy and resilient workforce
[x] to ensure financial sustainability

Purpose of the Report:

To provide the Board with an integrated overview of Research Development Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Our key outcomes in the last month are as follows:

•We have recruited 2377 patients into clinical trials so far this financial year, against a target of 3506, so numbers have improved significantly, we only have 1129 to go!
•It gives me great pleasure to announce that Professor James Turvill has agreed to be the Clinical Director for Research taking over for Dr David Yates, who stepped down recently.
•We are recruiting well to the Harmonie vaccine study under Dr Dominic Smith. The study is looking at RSV (Respiratory Syncytial Virus) that is one of the leading causes of hospitalisation in all infants worldwide and affects 90% of children before the age of two. We are currently top in the region in terms of our accruals and in the top 5 sites nationally
•We are currently rolling out a new R&D administrative software to run and manage the teams work called Edge, that will see a lot slicker management of our invoicing and trial delivery.
•We have had several meetings with the ICS this month to try and integrate research into their thinking/working and as such we have arranged an ICS wide research meeting for the end of November
•The University of York have approached us with some MsC and possibly PhD opportunities for our lab staff, we have instigated a meeting between the Trust and UoY and these opportunities are being taken forward
•We are also working with UoY to explore opportunities to evaluate the new Acute Care Model at Scarborough, and we are already exploring funding opportunities for this work
•The team is supporting the Trust Education Bursary call and will be reviewing the applications in due course
•The Annual Celebration of Research event being held on 21st November is now sold out, with 200 tickets being requested.

Recommendation:

The Board is asked to receive the report and note any actions being taken.

Author(s): Lydia Harris Head of R&D
Director Sponsor: Polly McMeekin Director of WOD
Date: Nov-2022

TRUST PRIORITIES REPORT : October 2022

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	493	568	225	238	217	358	278						2377
2021-22	77	166	127	1060	648	469	383	411	374	396	179	293	4583
2020-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272

Breakdown as of end October 22

Care Groups	Accruals Running Total 22/23
CG1 Total	255
CG2 Total	161
CG3 Total	372
CG4 Total	125
CG5 Total	19
CG6 Total	86
RP's Total	254
Cross Trust Studies Total	1105
ACCRUAL TOTALS	2377

Accruals Still Required	1129
Trials Open to Recruitment	97

Non-Commercial Studies 22/23 - Breakdown by Study Design (does not add to 100% as does not include commercial studies)

Study Design	% of all open studies	% of total 22/23 accruals to date	NIHR ABF Weighting
Interventional	38%	12%	*Weighted 11*
Observational	50%	65%	*Weighted 3.5*
Large Interventional	4%	5%	*Variable weighting by study*
Large Observational	4%	16%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	4%
Non Commercial	96%

If you would like a breakdown of Accruals in each CG, please contact Angela.jackson2@york.nhs.uk

You may notice a difference in our accrual target this year, we have been informed by NIHR that our target for this year is 3506 patients into clinical trials, which is excellent news

APPENDIX : National Benchmarked Centiles

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022

Centiles from the Public View website have been provided where available (these are not available for all indicators in the TPR).

The Centile is calculated from the relative rank of an organisation within the total set of reporting organisations. The number can be used to evaluate the relative standing of an organisation within all reporting organisations. If York and Scarborough Hospitals NHS Foundation Trust's Centile is 96, if there were 100 organisations, then 4 of them would be performing better than the Trust. The colour shading is intended to be a visual representation of ranking of the Trust (red indicates most organisations are performing better, green indicates the Trust is performing better than many organisations. Amber shows that the Trust is in the mid range. Note: Organisations which fail to report data for the period under study are included and are treated as the lowest possible values.

Source: https://publicview.health as at 11/11/2022
* Indicates the benchmarked centiles are from varying time periods to the data presented in the TPR and should be taken as indicative for this reason
^ Indicates the benchmarked centiles use a variation in methodology to the TPR and should be taken as indicative for this reason

			Local Data (TPR)			National Benchmarked Centile		
TPR Section	**Category**	**Indicator**	**Period**	**Actual**	**Target**	**Centile**	**Rank**	**Period**
Acute Flow and Elective Recovery	UEC	Proportion of patients discharged before 5pm (70%)	Oct-22	63.8%	70%	87	17/120	Oct-22
	UEC	ED: Median Time to Initial Assessment (Minutes)	Oct-22	16	18	16	99/117	*Sep 22
	RTT	RTT Total Waiting List	Oct-22	49432	42969	33	114/169	*Sep 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Oct-22	2	0	100	1/169	*Sep 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Oct-22	568	165	14	146/169	*Sep 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Oct-22	7	45 (12-month)	3	133/137	*Aug-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Oct-22	12	117 (12-month)	19	111/137	*Aug-22
	Patient Experience	Trust Complaints	Oct-22	45	No Target	23	162/210	*Q4 21/22

Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Board Priority – People Recovery 2022-23 Update
Director Sponsor:	Polly McMeekin – Director of Workforce and OD
Author:	Polly McMeekin – Director of Workforce and OD

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:

Workforce recovery is one of the four Trust priorities. The Operational Plan approved earlier in the year detailed four components to the workforce recovery:

- Culture Change
- Working Life - (Fix the basics)
- Recruitment
- Workforce Planning

This report provides an update as to these actions. These are detailed in Annex A.

Recommendation:

To note the update report.

Report Exempt from Public Disclosure
No ☒ Yes ☐
(If yes, please detail the specific grounds for exemption)

Report History		
Meeting	**Date**	**Outcome/Recommendation**
Board of Directors	June	To present to public board.
Board of Directors	2nd November	To present to public board.

Annex A: Priorities Action Plan 2022-23: Summary

Priority: Our People	**Focus Area: Culture Change**	**Portfolio lead: Chief Executive**
Measures:	• Improve our comparative position on the staff survey 'Staff Engagement and Morale' responses to above average in 2022/23 • Reduction in external whistleblowing concerns. • Improve the stability index to be in the top quartile within Model Health System	
Monitoring Arrangements	• People and Culture Committee • Executive Committee • Workforce Working Group	

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by:	Status
1.1 Establish the Workforce Working Group to lead on implementation of the action plan	Chief Executive	Director of Workforce and OD	July 2022	Complete
1.2 Implement the Leadership Development Programme for the Trust, including Board and Executive development, reinvorgation of the shadow board and role of staff stories to inform decisions on workforce. Launch of a Trust Leadership framework & 360 Leadership feedback tool	Director of Workforce and OD	Gail Dunning	December 2022	On track – Leadership framework/360 to be shared for assurance with People and Culture Committee (Nov) Shadow Board programme designed-start date TBC Staff stories being collated
1.3 Increased Executive Visibility across the wider organisation, including the re-introduction of face to face communication and engagement at all levels, e.g. staff brief, leadership walk-arounds and staff surgeries	Chief Executive	Corporate Directors	To commence from June 2022	Staff brief launched and programme of sessions in place
1.4 Re-establish the 'business as usual' governance structure as COVID-19 stabilises, including the step down of the Command & Control structure	Chief Operating Officer	Mike Taylor	Complete	Complete
1.5 Behavioural Framework launched and embedded in the appraisal process	Director of Workforce and OD	Gail Dunning / Jenny Flinton	June 2022	Complete and included in staff brief
1.6 Revamp exit feedback to inform retention actions and improvement actions	Director of Workforce and OD	Lydia Larcum/ Gail Dunning	March 2023	On track – part of the Retention & Attraction workstream. Quarterly analysis of centrally

				received leaver forms now shared with the JNCC.
1.7 Embed the 'Just & Learning Culture' Programme	Chief Executive	Corporate Directors	September 2022	On track – to be delivered via the Culture & Engagement workstream
1.8 Empower employees to deliver change through the roll out of the Quality Improvement Strategy (QI)	Medical Director	Caroline Johnson	November 2022	Associate Medical Director for QI. Quality Improvement working group established to drive the roll out of the strategy.
1.9 Develop the Trust's communication and engagement strategy to improve the flow of information to all staff.	Director of Communications	Emma Clement	September 2022	Strategy shared and on October Board agenda
1.10 Implement Equality Diversity &Inclusion gap analysis, and strengthen organisational capacity for Equality, Diversity and Inclusion.	Director of Workforce and OD/ Chief Nurse	Lydia Larcum/ Tara Filby	November 2022	Complete – The next stage of this work will be to create a workstream to enable the recommendations to be taken forward.
1.11 Relaunch reward and recognition events (Long service and Celebration of Achievement)	Director of Communications	Emma Clement	Complete	Complete

Priority: Our People	**Focus Area: Working Life (fix the basics)**	**Portfolio lead: Director of Workforce and Organisational Development**
Measures	• Improve our comparative position on the staff survey 'Staff Engagement and Morale' responses to above average in 2022/23	
Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group	

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by	Status
2.1 Implement wellbeing spaces at each hospital site and develop plans for wellbeing spaces across the Trust footprint to enable staff to take a break.	Director of Workforce and OD/ Finance Director	Lydia Larcum/ Mark Steed	March 2023	Delayed but new space now identified and approved at October Exec Committee.
2.2 Develop and implement a food and drink plan for out of hours staff and shift workers across our sites.	Finance Director	Mark Steed	November 2022	On track

2.3 Implement the Travel Plan for staff, including increasing access by bus & secure Cycle Parking at hospital sites, and options for increasing car parking.	Finance Director	Dan Braidley	November 2022	Bike storage in place from late Nov. Car Parking criteria etc due to be implemented by April 2023.
2.4 Provide lockers for staff and develop planning options for Shower & Changing Facilities across our sites.	Director of Workforce and OD / Finance Director	Vicki Mallows / LLP representative	March 2023	Potential delay. Work continues to identify a solution for lockers and BC being drafted for showers / changing.
2.5 Develop the strategic outline business case for a new electronic patient record system to support the migration away from the in-house CPD system	Chief Digital Information Officer	Luke Stockdale	March 2023	Draft Strategic Outline Business Case in development for submission to support CPD.
2.6 Implementation of a new staff intranet to facilitate access to Trust policies, best practice, guidance and procedures.	Director of Communications	Emma Clement	September 2022	Progressing but delayed to December completion.
2.7 Deliver transparent and equitable local medical pay agreements.	Director of Workforce and OD	Lydia Larcum	December 2022	Seeking new Medical Director input. Meeting arranged prior to her commencement to move this forward.

Priority: Our People	**Focus Area: Recruitment**	**Portfolio lead: Director of Workforce and Organisational Development**
Measures	• Maintain recruitment activity at 2021/22 levels • Increase the % retention of non-medical student who train and quality with us, with an ambition to achieve 80% retention. • By April 23 to have no more than 1% vacancy rate for Healthcare Assistants • By April 23 to have no more than a 7.5% vacancy rate for Registered Nurses	
Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group	

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by:	Status
3.1 Re-introduce recruitment Open Days	Director of Workforce and OD	Lydia Larcum	July 2022	Open days and recruitment events have been reintroduced.
3.2 Re-establish consultant recruitment events	Medical Director	Care Group Directors	September 2022	Open events yet to occur.

3.3 Enable recruitment in advance of anticipated vacancies aligned to approved succession plans and delivered through a reinvigorated Care Group Vacancy Control process	Finance Director	Associate Chief Operating Officers	September 2022	Work to commence to develop a consistent and agreed process.
3.4 Pay the Real Living Wage for employees	Director of Workforce and OD	Lydia Larcum	July 2022 – achieved. New RLW announced Sept 2022.	Proposal for funding this considered at Exec Comm in October. Reliant on uptake of Pension Recycling. Expressions of Interest demonstrated this would not be a viable funding source. Alternatives being considered.
3.5 Launch the recruitment microsite by September to facilitate external messaging and easy access for potential employees	Director of Workforce and OD	Lydia Larcum	September 2022	Complete
3.6 Review and update recruitment packs	Director of Workforce and OD	Lydia Larcum	March 2023	On track – work continuing to develop packs. HYMS & Research information to be included
3.7 Develop a personalised on-boarding approach for the Trust	Director of Workforce and OD	Will Thornton	February 2023	On track – will be taken forward by the Retention & Attraction workstream. New starters fairs begin Nov 22. New Welcome Book being finalised by Comms.
3.8 Implementation of the international nurse recruitment programme, with a further 80 nurses recruited in 2022-23	Chief Nurse	Emma George	December 2022	On track. 40 have arrived. Further 36 offered and anticipated to start in Q4. Plan for 130 during 23/24 (including potentially 75 from Kerala).
3.9 Implementation of the Trust's six developments for nursing (Trainee Nursing Associate Apprenticeship, International Nurse Recruitment, Registered Nurse Degree Apprenticeship, Healthcare Support Worker recruitment and retention plan, Preceptorship programme, return to practice course)	Chief Nurse	Emma George	December 2022	On track.

Priority: Our People	**Focus Area: Workforce Planning**	**Portfolio lead: Director of Workforce and Organisational Development**
Measures	• Trust workforce plan	

Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by:	Status
4.1 Review all in patient area establishments across all clinical roles and present at Exec Committee to describe the gaps to ensure safe and sustained staffing levels	Director of Workforce and OD	Will Thornton/ Emma George, Vicky M-T	March 2023	On track – nursing inpatients completed, AHP planned. Medical pending new Managing Director.
4.2 Increase our spend of the Apprenticeship Levy, with plans to fully spend in 2023/24	Director of Workforce and OD	Will Thornton	March 2023	On track – projected to spend £2,687,511 by March 2022, though actual figure likely to be lower due to pattern of disbursements.
4.3 Explore opportunities to increase research options in job plans (all professions) as part of annual job planning	Medical Director	Care Group Directors	December 2022	Awaiting new Medical Director input.
4.4 Further development of alternative clinical roles e.g. ACPs/SCPs/PAs etc.	Director of Workforce and OD	Will Thornton	November 2022	Complete – new roles developed in Learning Disabilities, Critical Care & Anaesthetics, plus new Lead for AP role out to advert. Intake of 11 staff commenced training for ACP roles in September.
4.5 Procure activity planning software to support job planning and assessment of capacity gaps.	Medical Director	Nicola Topping	March 2023	On track – draw down option has been built into the Allocate contract. Lack of approval of the eRoster business case a set back. New MD to review.
4.6 Undertake and embed Safer Nursing Care Tool (SCNT) every 6 months to ensure establishments remain appropriate	Chief Nurse	Emma George	March 2023	Completed June. Will rerun every 6 months.
4.7 Development of a retention strategy for nursing and midwifery through collaboration and engagement	Chief Nurse	Emma George	September 2022	Detailed in various improvement plans rather than one strategy.
4.8 Development of a nursing workforce dashboard for Care Groups and triangulating impact on patient quality indicators	Chief Nurse/ James Hawkins	Emma George	December 2022	Potential delay. Progressing but prioritised alongside other DIS commitments.

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Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Nursing Workforce Report
Director Sponsor:	Heather McNair, Chief Nurse
Author:	Emma George, Assistant Chief Nurse

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:

To provide information and assurance to the board on how the Trust has responded to provide the safest and effective nurse staffing levels during September 2022. This will include the requirement to submit the safer staffing metrics using Care Hours per Patient Day (CHPPD). Provide assurance that nursing establishments have been reviewed utilising best practice guidance and the arrangements for daily monitoring of patient safety and quality risks in relation to the workforce are in place.

Recommendation:
To receive the report
To decide whether further actions or additional information is required
To consider items for assurance / escalation to Quality and Safety Assurance Committee

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

No ☐ Yes ☐
(If yes, please detail the specific grounds for exemption)

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

1. Introduction and Background

This report provides the monthly Nurse and Midwifery Staffing data to describe the key workforce data and complies with the National Quality Board (NQB), 2016 guidance and the NHS England, Operational Productivity and Performance report, 2019, Care Hours Per Patient Day (CHPPD) requirements for reporting. This report identifies the wards that reported less than an average of 80% against their planned registered and non-registered staffing levels.

2. Considerations

The Trust has complied with the submission of CHPPD data and the September 2022 submission (table 1). This shows a deterioration from last month - August 2022, mainly in both registered and non-registered fill rate on both day and night fill rates.

Table 1

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	77%	79%	29%	-	95%	110%	7%	-
CG2	84%	90%	12%	-	92%	99%	55%	-
CG3	73%	85%	-	-	80%	108%	-	-
CG4	74%	77%	-	-	98%	90%	-	-
CG5	58%	88%	-	-	71%	91%	-	-
CG6	-	-	-	-	-	-	-	-
Total	74%	84%	30%	-	86%	104%	48%	-

The table (2) below details the overview of the organisation and highlights all the adult inpatient wards so is slightly different in figures as maternity are not included in the table below.

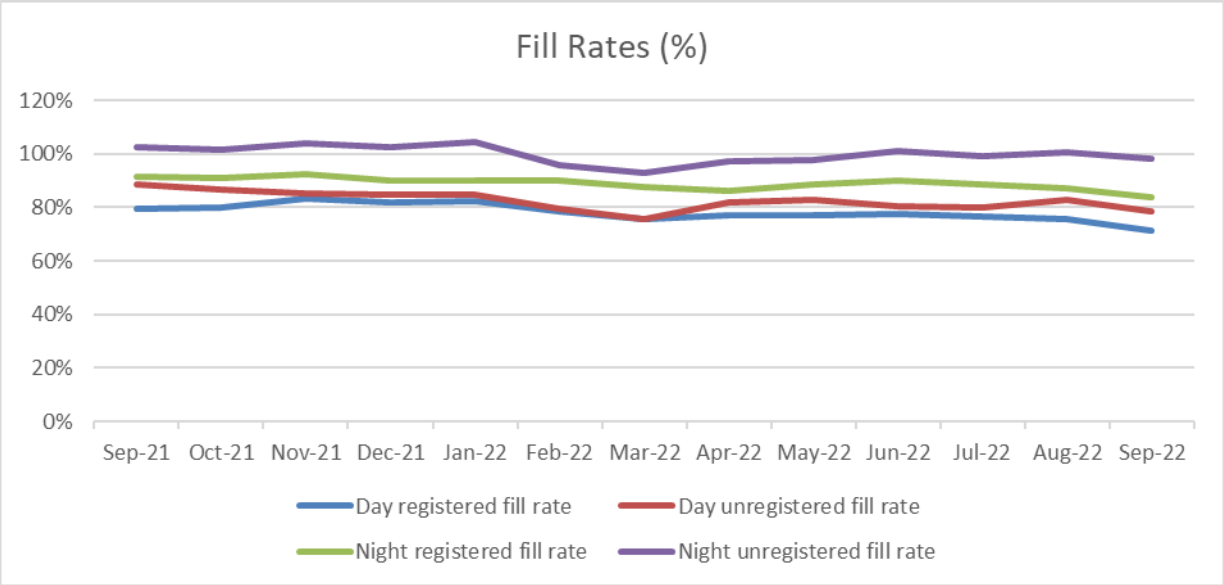
Table 2

	Fill Rate Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Fill Rate % (Actual Hours/Planned Hours)	Day registered fill rate	79%	80%	83%	82%	82%	79%	76%	77%	77%	78%	76%	76%	71%
	Day unregistered fill rate	89%	87%	85%	85%	85%	80%	76%	82%	83%	81%	80%	83%	78%
	Night registered fill rate	92%	91%	92%	90%	90%	90%	88%	86%	89%	90%	89%	87%	84%
	Night unregistered fill rate	103%	102%	104%	103%	104%	96%	93%	97%	98%	101%	99%	101%	98%

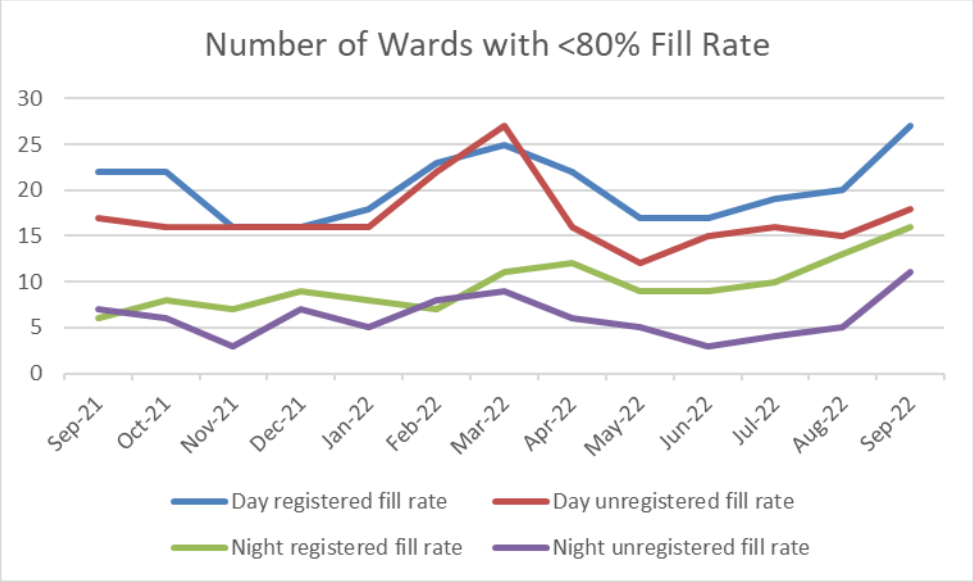
The average day fill rate in September 2022 for Registered Nurses was 71% this has shown a deterioration since August and for Non – Registered Nurses, 78%, which also indicates a deterioration. The night fill rate has also deteriorated and but remains above 80% for both registered and non-registered nurses.

The table (3) below identifies the fill rates since Sept 2021, splitting day and night, registered and unregistered. The graph below indicates that above 80% was achieved for the night shifts since June 2021 but there continues to be a concern in relation to the day shift for the registered workforce and the non-registered day fill rate has dipped below 80% this month.

Table 3



The table below also indicates a deterioration in the number of wards that have not achieved an 80% registered fill rate through to September 2022.



3. Current Position/Issues

Nurse Vacancies

Table 4 below shows the current RN projections and there is now a line for actual starters, indicating the progress made.

Table 4

Projections												
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Establishment	937.03	937.03	937.03	937.03	937.03	937.03	937.03	937.03	937.03	937.03	937.03	937.03
Projected in post	*851.3*											
Actual in post (ESR as at 311022 + 2 NQs not yet adde	850.55	865.61	882.67	889.81	896.95	904.09	910.27	916.45	922.63	928.81	934.99	941.17
Projected leavers	*5.33*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*	*5.88*
Actual leavers	10.24											
Projected International Recruits	*16.4*	*14.76*	*14.76*	*9.84*	*9.84*	*9.84*	*8.88*	*8.88*	*8.88*	*8.88*	*8.88*	*8.88*
Projected UK qualified starters	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*
Projected NQs/direct apprenticeships	*56.2*	*3*	*5*									
Total projected new starters	*75.78*											
Actual new starters	45.6											
Vacancies	-86.48	-71.42	-54.36	-47.22	-40.08	-32.94	-26.76	-20.58	-14.4	-8.22	-2.04	4.14

There has been a slight deterioration in RN leavers figures for October, where the average is 5.33 per month, October shows 10.24 leavers. September figures were not available, these figures will be presented every month to monitor the projected against the actual. The table indicates all the starters, including NA who are topping up to RN, international nurses, and PRNs (newly qualified). Projected starters were 75.48 and actual starters are 45.6 for October. This difference is due to several reasons. A number of student nurses already had a Band 2 HCA bank contract and so will not show as new starters as they already have a contract in the organisation. International nurses are currently coded as Band 4 and must be manually identified through ESR, this is being rectified with a unique code to ensure they are captured in the figures as Registered Nurses. The HR forms that are completed can be delayed and therefore will need to be monitored over the consequent months.

Table 5 HCA Vacancy Levels Trust wide projected and actual 2022/23

Projections						
Band 2/3	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Establishment	684.34	684.34	684.34	684.34	684.34	684.34
Projected in post	***626.43***					
Actual In post as at 3110	610.9	630.2	649.5	668.8	688.1	707.4
Projected leavers	***6***	***5.7***	***5.7***	***5.7***	***5.7***	***5.7***
Actual leavers	6.24					
Projected New Starters	***25***	***25***	***25***	***25***	***25***	***25***
Actual new starters	23.73					
Vacancies	-73.44	-54.14	-34.84	-15.54	3.76	23.06

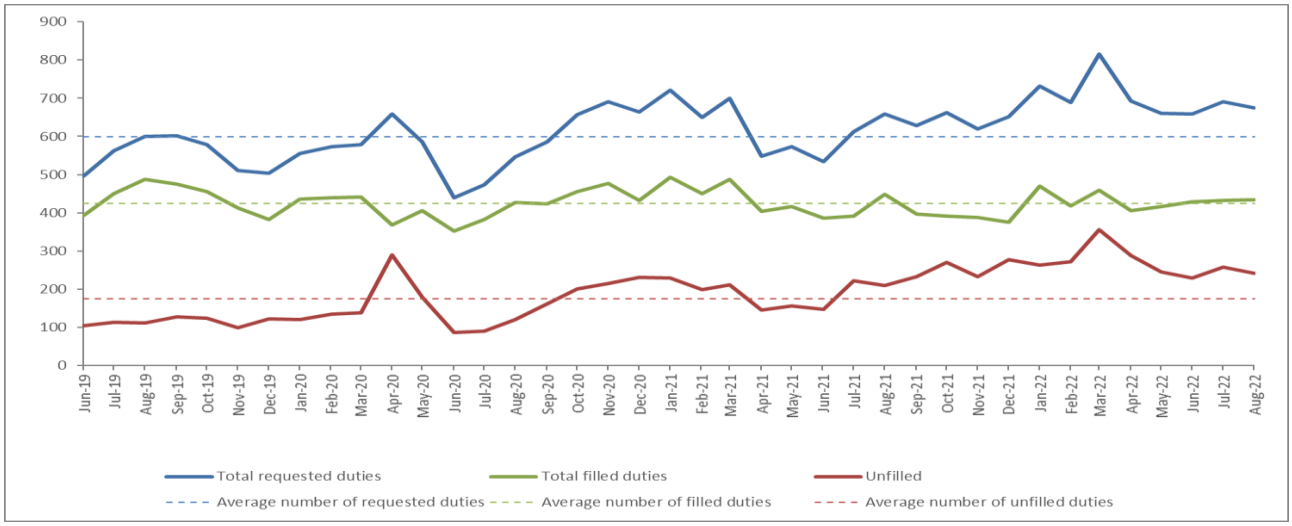
Table 5 above details the current HCA position for adult inpatient wards for the Trust, this is a new format of presenting describing the establishments, projected starters, and leavers per month on average, also added in are the actual starters to ensure delivery, this will fluctuate due to specific recruitment events. The leavers figures remain the same this month. We show a positive HCA position in February 2023, this has slipped slightly due to a delay in placing HCAs into posts and the process of allocation. Detailed work continues through the HCARRG, with an improvement plan, shared with NHSE. Retention of the HCA role is paramount, there is an HCA appreciation day planned for Weds November 23rd which will help support the HCA role and its value to the organisation. NHSE direct support is ongoing and there was a site visit in October to look at our current processes and further development work continues with a timeout in December to look at the recruitment process and a dedicated matron who will support the HCA process.

Temporary Staffing

NHSEI have contacted all Trusts detailing additional funding that would be allocated to support with in-year inflationary pressures and that receipt of those funds would be contingent on ensuring appropriate spend controls, of which agency expenditure was one.
They have seen expenditure begin to increase and NHSEI will be re-establishing oversight measures to support the organisation to maintain a sharp focus on reducing these costs. From 1 September 2022, we will be taking the following actions:

NHSEI advised that we remain in the top 3 / 4 organisations in the region for off framework use. They have proposed some supportive measures today which we await more information around but include direct support from their national agency team. There was a

review of our current processes and practice around agency use in October 2022. NHSE have set out a number of actions as a result of their visit and this will form part of a work plan for the organisation.



The graph above shows the peaks in demand for temporary nurse staffing, the amount filled and unfilled shifts. Demand remains high, leading to record numbers of nursing shifts being requested, 12,000 requested across the organisation for both RN and HCA.

The Trust continues to report a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (table 6). In September 2022, 38% of all shift requests were unfilled a slight improvement of 1%.

Table 6

	Requested			Agency Filled			% of requested duties	Bank Filled			% of requested duties	Total % of duties filled	Unfilled			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	5857	6079	11936	219	1406	1625	14%	3381	2368	5749	48%	62%	2257	2305	4562	38%
York	3756	4306	8062	219	1060	1279	16%	2068	1696	3764	47%	63%	1469	1550	3019	37%
Scarborough	2101	1773	3874	0	346	346	9%	1313	672	1985	51%	60%	788	755	1543	40%

Impact of sickness absence

Sickness remains a challenge, with an increase in COVID sickness also impacting and the current guidance to isolate, this is constantly impacting nurse staffing levels, work is commencing to offer further support to Care Groups to monitor sickness and ensure all HR processes are in place.

The data for September is not available at the time of this report

4. Summary

Care Groups need relevant and appropriate data that is available for them to articulate their requirements, a dashboard is being produced to correlate the current workforce and impact on quality of care, this is still being produced through Power bi.

The well-being and support we offer our workforce are paramount, with pastoral care being central to the work undertaken such as new roles and the PNAs, we now have 4 of these roles and we are seeing the impact of this already. Making York and Scarborough NHS Foundation Trust the place where nurses want to work needs to be our aspiration.

Establishment reviews will ensure we have the right workforce to care for our patients and to ensure staff feel a sense of satisfaction in the care they are providing.

5. Next Steps

Workforce deployment and escalation

Working collaboratively with senior nursing colleagues the process for deploying the nursing workforce and how it is escalated and mitigated has been through a transformation and is now embedded. This process describes the actions to take when the planned staffing levels fall below the agreed nurse establishment or is sub optimal when:

- The available staffing does not meet the patient's acuity and dependency needs and the fundamentals of care are not being met.
- Short term absence
- The agreed nursing establishment does not meet the acuity and dependency of the patients due to skill mix, an increase in patient flow or inability to meet the needs of the patients.

An SOP has been developed entitled '**Daily Nursing Escalation 'Adult Inpatients Wards,** detailing the process, and is now embedded across both sites. There is now an ability to identify where wards require additional support through a RAG rated system and the impact of this on the fundamental basic cares for patients and where support can be deployed on a daily basis from other areas, volunteers and staff who have offered time to support wards.

Red Flags

The red flag system has been launched and these are used to escalate and articulate the concerns related nurse staffing levels. The National Institute of Clinical Excellence (NICE 2014), highlighted 6 Red Flags to be considered which they believe impacted upon delivering safe patient care. Red Flag review has streamlined from 19 to 11 – more meaningful categories requiring narrative,
Escalation process for raising and mitigation improved inclusive of email alert to matrons/senior nurses. Review of tasks streamlined from 42 tasks to 8.
Professional judgement review escalation process improved and made simpler to follow.
Review of census periods and compliance.
Review of accessibility for each department – rectified when access concerns found
In response the Red Flags have been reviewed and streamlined to 11 Red Flags overall and broken down into 3 categories

- Fundamentals of Care – 6 Flags
- Staffing Concerns – 4 Flags
- Enhanced Care – 1 Flag

After review, the Red Flag will either be closed, mitigated, or left open using the professional Judgment of the assessor and an acknowledgement of the actions will be recorded on Safecare as a professional Judgement. Each month any open Red Flags will be investigated within care Group alongside Nurse Sensitive Indicators to provide assurances at board level that patients did not come to harm. The audit is being undertaken in November and then a process to share this, how this is escalated in Care Groups and how this data is utilised in an effective manner.

Establishment Review

A review of all ward establishments has been completed. Care Group teams have reviewed the previous establishments and was presented to the executive committee in September 2022. Due to the immense changes during the pandemic and the complexities of these changes to ward establishment this has been a complex process. The main finding of this establishment review is that there is a requirement for £15,770,503 investment but £3m is a care group budget contribution. The investment required is **£12,742,235** to the adult inpatient wards, including the inpatient community units that were not factored into the previous review and the changes that have occurred as a result of the pandemic that will be detailed in this report. This equates to **134.43** WTE Registered Nurses, **204.26** WTE Health Care Assistants and **115** WTE Patient Services Operatives, a role that will be introduced across the organisation and is described later in the report. The paper was supported but further work has now commenced to look at the ward areas that require the funding in a priority order, benchmark across the ICS and then represent this to the board to continue to discuss investment and ongoing reviews. Whilst the establishment is supported in principle further work in being undertaken to look at the priority areas requiring the additional investment and how this investment can be supported within the organisation.

Patients Services Operative (PSO) Role

This role was first introduced in Care Group One to support the ward teams with various tasks that were not getting completed by the nursing teams. These included, cleaning equipment, preparing bed spaces efficiently for the next patient, stocking and tidying and most importantly providing beverages out of mealtimes and supporting nutritional needs for patients, including the completing of menus. The job description is multifaceted, and the role is popular. There is an expectation that out of the establishment review this role will be embedded and rolled out across the organisation. There is a requirement to recruit **115 WTE** and a recruitment plan has already been enacted. This role will help support the cleaning agenda from an IPC perspective, the fluid and nutrition for patients and a clear career progression for our workforce to HCA and then to Registered Nurse through our successful apprenticeship programme. A further recruitment event is being held in October 2022 with support from Indeed and NHSE. To date we have recruited 35 WTE PSOs and they have mainly been recruited to the medical and elderly care wards on the York site.

Safer Nursing Care Audit

The audit provides organisational level metrics to monitor impact on the quality of patient care and outcomes and gives a defined measure of patient acuity and dependency. It supports all the principles that should be considered when evaluating decision support tools set out in the relevant NHSE/I ‘Safe, sustainable and productive staffing’ resources. Included are staffing multipliers to support professional judgement and it provides accurate data collection methodology. As an organisation we undertook this audit across all the adult inpatient wards, this has supported the decision making in this review. The SNCT will be rerun in winter (Jan/Feb 2023) also to offer a rounded result of both summer and winter acuity and dependency. The SNCT is also changing in 2023 to include another level 1C which will also capture patients under a DOLs, enhanced supervision and high risk of falls which will offer a more accurate dependency result. This will form part of the yearly establishment reviews for the organisation to be presented at board.

Retention

Retention is key to our success as an organisation and we are pursuing several initiatives and applied for on-going funding from NHSE, this includes:

Legacy Mentors
Expansion of the PNA role to offer supervision
Career clinics
Gold standard preceptorship programme
Changes in recruitment processes
Value and recognition – HCA appreciation day 23 November 2022
Embedding of the HCA pastoral role
On-going review of the Trust Wide establishment review

Nursing and midwifery retention self-assessment tool

This tool enables organisations to undertake a self- assessment against the seven elements of the NHS people promise plus key elements that support staff to deliver high quality care, enhancing job satisfaction and supporting the retention of nurses and midwives. Organisations are encouraged to use the information gathered in the dashboard to develop and implement their local evidence-based retention improvement plans. These headings are

- **Health and well being**
- **Autonomy and shared profession**
- **Leadership and teamwork**
- **Professional Development**
- **Pride and meaningful recognition**
- **Flexible working**
- **Excellence in care**

There has been an assessment of the tool produced by NHSE that we have completed and a gap analysis to inform our retention plans and align the work we are already undertaking and a work plan to be undertaken to consider the gaps. This will form the retention action plan for nursing in the coming months. As we all are aware retention or our nurses, midwives and AHP's continues to be one of our biggest challenges and we are seeing the overall percentage of leavers increase monthly across the region. A regional wide Retention Event on 6th December 2022 at and we are sending a multi-disciplinary team to this event to support the NHSE assessment tool.

Date: 7 November 2022

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Minutes

People and Culture Assurance Committee
12 September 2022

Attendance:
Jim Dillon Non-executive Director (Chair), Lorraine Boyd Non-executive Director, Matt Morgan, Non-executive Director, Polly McMeekin Director of Workforce & Organisational Development, Heather McNair, Chief Nurse, Jim Taylor, Medical Director, Lucy Brown, Director of Communications, Mike Taylor Associate Director of Corporate Governance.

Apologies:
There were no apologies.

Welcome and Introductions
The Chair welcomed all members to the new Committee and meeting was declared quorate.

22/13 Declaration of interest
There were no declarations or conflicts of interest arising from the agenda.

22/14 Minutes of the meeting held on 8 July 2022

The Committee acknowledged receipt of minutes from the 8 July 2022 meeting.

The Committee:
- **Received the minutes of the 8 July meeting.**

22/15 Matters arising from the minutes and any outstanding actions

Action 44 - An update was provided at the next item. Action closed.

Action 45 – The revised IBR report (Trust Priorities Report) was a work in progress as part of the Workforce and OD report with further feedback to be given to the information team.

22/16 Reflections of the first meeting of the Committee and future direction

The chair asked members if they had any reflections from the first meeting. Members agreed that the Committee was still finding its feet and Polly McMeekin (PM) asked if there

was feedback in what was helpful or not in the format of the workforce and OD report. It had been drafted on the basis of more detail provided than had previously at Resources Committee and it was a balance regarding the assurance needed. Heather McNair (HM) queried the Committee's relationship between Quality & Safety Assurance Committee and Digital, Performance and Finance Committee in the agendas overlapping and how this was aligned or was this just at the Board.

Lorraine Boyd (LB) commented that July's Committee meeting had followed after the other assurance Committees and perhaps this month's Committee now in being ahead of the other assurance Committees it was to be seen what goes to Quality & Safety Assurance Committee for example that this Committee need not to spend time on in being previously covered. HM commented and it was agreed that as this Committee is every other month it's about looking at how often the workforce issues need to be discussed.

Jim Dillon (JD) commented that as highlighted at Board it was about not just escalating issues vertically but also horizontally in other Committees for example escalating issues to this Committee for closer examination. PM noted the practicalities in escalating to the other 'sister' committees and the early timing every other month of this Committee as the data is dependent on payroll, rosters and absences being confirmed and ratified. Therefore as the Committee have met on the 12 September on this occasion the data hasn't been able to be circulated in good time. Members debated the timing and ordering of the Committee in relation to the other Committees and it was agreed to try re-arranging the Committee for the Wednesday of the third week of the month, every other month to take place after the other assurance Committees to receive any escalations. This Committee's escalations can then be forwarded in time for the other assurance Committee meetings the following month.

Actions

- **The People and Culture Committee to be re-arranged for the Wednesday of the 3rd week in alternate months commencing with 23 November.**

22/17 Escalated Items

No escalations were received from other Committees.

22/18 Research and Development Update

Lydia Harris (LH) presented the Research and Update six month update paper reporting the delivery of the research strategy. No significant concerns around safety and governance have been highlighted through the quality assurance reporting structure in the department.

There has been significant grant submission work ongoing including 500k from CRUK and a small grant through the National Institute for Health Research with HYMS. A further grant request has been submitted for liver research on the East Coast in partnership with the local authority and North Yorkshire County Council to be based at Scarborough. Elsewhere two awards have been acquired through the local clinical research network, Dr James Turnbull had been appointed honorary chair at HYMS and a further two PhDs to report at York St John University.

Matt Morgan (MM) asked if the Trust has capacity to sponsor Investigative Medical Products (IMP) which LH commented that the Trust has and it's the Universities that don't sponsor these. LB commented that it would be useful to have something in the report that could be escalated to the Board which would show the outcomes that have come from research that have changed the way the Trust operates such as change in practice in doing things better to show practical benefits. LH was in agreement in showing practical examples and to demonstrate this the time of clinicians being released by care groups was a challenge with job plans. MM commented on the grade 1 consultant vacancy rate and enquired if the Trust was recruiting consultants with research as part of their roles in attracting applicants. PM commented that the Trust hasn't recruited on this basis with the focus being on the vacancy gaps at York and particularly at Scarborough but had offered other opportunities to existing consultants with teaching being popular. JT commented that it was an opportunity that could be explored in future.

LH commented on a newly appointed consultant in rheumatology that had been employed and the Care Group had not authorised half-day per week research and so wasn't included in job plans. It was agreed that further investigation was needed to understand this further. MM asked if there was an action plan for growing the research capacity at the Trust which PM confirmed that this was in the operational plan under cultural change linked to job plans.

In summarising JD noted that the report was good at reporting the positives and could in future provide the frustrations, missed opportunities and things that aren't working well to identify what could be done differently. MM asked if the Committee could look in future at the progress of the research capacity action plan which was agreed to come back to the Committee in future. JD thanked LH for the update.

The Committee:

- **Received and noted the update.**

Actions:

- **Progress to be reported on the Research Capacity action plan at a future Committee.**

22/19 Workforce and OD Update

PM presented the Workforce and OD report and proposed that as the Committee was for assurance that the report would focus on the actions from the sub headings under the Our People priority; cultural change, fixing the basics, recruitment and workforce planning. Progress updates could be provided against these and also areas that are related and important but not specifically under the agreed operational plan.

Separately, six workstreams have also been created; culture and engagement, health and wellbeing, retention and attraction, flexible working, equality, diversity and inclusion and excelling at the essentials. Working groups have been established for each of these workstreams with stakeholders meeting regularly like task and finish groups with terms of reference. Update from these workstreams will be reported to the Workforce Working Group chaired by Simon Morritt which has met once as a monthly meeting with stakeholders such as the ACOOs, the Director of Communications and members of the workforce team. Any escalations will be reported from this group to the Executive Committee.

Under the cultural change regarding equality and diversity a new Head of Equality, Diversity and Inclusion has been recruited reporting into the Deputy Director of Workforce and under the values and behaviours implementation work with the behaviours framework launched in June. Further to support this, the leadership framework is being reviewed alongside a 360 degree appraisal system that has the intention of being concluded by line managers and staff in future. The appraisal process has been reduced from previous years whilst the 360 degree process informs the discussion that would happen at the appraisal. MM asked when the 360 degree is completed whom does it go to, with PM replying that for the leadership process it has yet to be decided and for the draft process in the report it is either to be directly to the appraisee or to their management should consent be provided. A supportive framework was discussed in being needed around the process to facilitate the feedback to the manager in question. The ODIL team are trained to facilitate this but the process has been designed to be efficient in providing the feedback.

General discussion from members of the process concerned the feedback, confidentiality, frequency and effectiveness of the process. HM commented that the direct feedback can be quite destructive with support needing to be in place and how do we involve that into objectives that can be followed up with development. JT commented that the capacity needed to be in place. The expectation was over a 3 year period that staff should be expected to have this completed once. Elsewhere under cultural change the initial reverse mentoring programme with 18 partners has concluded, now renamed reciprocal mentoring as the learning was in practice very much two way. This is to continue and be broadened out in future.

On fixing the basics travel and car parking draft criteria has been reported to the Executive Committee with the intention of providing new permits with 3 months prior notice by 1 April 2023. On recruitment Healthcare Support Workers (HSWs) in post for adult inpatient areas by November is on target and for Registered Nurses by October 2023. International recruitment continues with the ICB approving a paper to allow recruitment to the HNYCP from the Indian region of Kerala as the partnership's allocated region for approximately 1500-2000 staff. Other international recruitment initiatives from the Trust are not affected by this. A recruitment event for HSWs last week was expanded further to include Patient Service Operatives (PSOs) as new posts, with requests through the Trust's recruitment process for approximately 90 PSOs and offers for approximately 70 HSWs; 60 substantive and 10 bank. Pre-employment checks have been curtailed to ensure quick starts for these offers.

On workforce planning the care groups have been met with on expectations on this for the year, nursing establishment reviews have concluded with the AHP review to be done so by the end of the year and medical in the new-year. A lead for advanced practice is to be recruited to ensure progress of these roles quickly and 13 ACP trainees have been secured; 8 for York and 5 for Scarborough and two new trainees both for anaesthetics associates and ACPs with discussion with Health Education England (HEE) on the bandings of these roles. These roles are primarily for care group one and two. HM enquired if there had been a plan on the recruitment of AHPs in how this fits in the workforce and has there been a clinical check and challenge in post replacement or as growth in the difference between what care groups want but actually then need. PM stated the challenge with HEE had been support for funding in agreeing the business cases for future trajectory workforce planning with the Head of Resources leading on this. JT commented that this should be as part of the overall workforce plan that needs some further work on. There are gaps in the medical workforce rota in the middle grades and it's when to make temporary changes with locums and when then is this being made every year for the permanent change to the workforce required. Members agreed that this

involves the attraction in advertised posts as discussed earlier on the agenda. LB commented that they could be implications for pay scales with paying more for the same roles which is a challenge and JT commented that there are natural variations in the South having posts filled but the North having vacancies as the newly qualified clinicians can pick and choose where they wish to work.

JD raised in the patient walkarounds the lack of breakout areas which related to the fixing the basics. There were steps in place to improve this situation in using for example part of the chapel to address. Lucy Brown commented that the Trust has an opportunity for a 200k bid under the NHS charities together to fund staff wellbeing projects to create a wellbeing hub for staff.

The Committee:

- **Received and noted the report.**

22/20 University of York nursing plans for supporting local workforce development

Emma George - Assistant Chief Nurse and Paul Galdas – Professor of Nursing at the University of York were welcomed to the committee to provide a presentation on the nursing education of the University in addressing the nursing workforce issues.

The history of nursing and how they have supported the local nursing workforce needs across York and Scarborough Hospitals was presented initially. 4 programmes of nursing are currently offered with 27 nurses for the two-year apprenticeships expected in the latest intake, 175 for the BSc in nursing, 15; 10 adult and 5 mental health for the BSc plus 1 year course and for the master degree in nursing, 30; 15 adult and 15 mental health. The main partners for the University are York and Scarborough with over 50% of placements in the Trust with also provision at Harrogate and District and mental health placements at Tees, Esk and Wear Valley. Students come from across the country with the majority from the local NHS footprint. The majority of graduates choose York and Scarborough as their first employer post-graduation with 125 in the last cohort. The Trust and the University are in regular dialogue about interventions and innovations to ensure York and Scarborough are first choice destinations for graduates such as careers and outreach events.

MM mentioned that as the Trust has set itself a target of 80% of non-medical students choosing the Trust as their first post and were not currently achieving this, what else could be done to make the Trust the most attractive it could be. PG stated that the first point to note was for students the experience that they had whilst being on clinical placements was the biggest factor to them choosing a particular Trust. From the outset as positive experience as possible for student nurses and early discussions around their future career trajectory were paramount. Graduate nurses can have multiple job offers and ensuring where the clinical speciality is to be at the point of job offer and that there are well-structured preceptorships are key in consistently looking at these areas across the piece rather than in the last six-months of placement.

EG noted that the team do receive good feedback from the student nurses and good relationships need to be developed further with the student nurses and an effective on-boarding process is in place. HM commented that in wards where placements take place in areas where posts are difficult to fill that have international nurses, there is a significant challenge in providing support to the student nurses.

JD asked what proportion of newly qualified nurses through the university chooses to stay in York which was approximately 50-60% albeit this is based on self-reporting data. This is higher in Scarborough currently which is due to some degree to the different cohort of people in training. The flexibility of courses it was agreed in evening learning for example can be more attractive as has worked in Scarborough and could York seek to replicate. PG agreed and the University does offer for these students through a non-traditional route an apprenticeship course similar to Coventry University in Scarborough alongside top-up programmes. It wasn't necessarily the types of programmes offered that was an issue in the University's view.

PM noted that the Trust doesn't know where the graduates that don't choose the Trust actually go. PG commented that from the University's data this is typically within the region such as Leeds or Teesside with others appointed in London to return in future years in many cases. MM asked about the speciality specific job offers in Leeds for example and it was noted by PG and EG that there was a disconnect in Trust job offers not having specialities mentioned and this needs to be addressed from asking 3rd year students.

JD in summarising mentioned the experiences of students whilst in the Trust can be within our control in making these positive and it was suggested by PG that it may be beneficial for the Committee to hear student representative perspectives both from their experiences and the factors that influence how they make decisions on their first post. PG and EG were thanked by the Committee for their attendance and presentation.

It was agreed that the Trust and University needed to work together and build on the existing relationship to develop the nursing workforce provision.

The Committee:

- **Received and noted the report.**

Actions:

- **Student representative perspectives on placement experiences and influencing factors on their first post choices to be investigated.**

22/21 People Plan Update

PM presented the People Plan which was published nationally in July 2020 without many updates on progress for Trusts and ICB to be delivered. The plan is subsumed in the either the operational plan or the six workstreams previously mentioned and it was proposed that the People Plan action plan be closed and that the open actions be taken forward through the Workforce Working Group or the People and Culture Committee. This was agreed by the Committee.

The Committee:

- **Received and noted the report.**

22/22 Nursing Training and Education Update

HM presented the paper in having being pulled together by EG which had been covered mostly already in the Committee. Moving forward it needed to be clear what was required in the paper in future. This was agreed by the Committee.

The Committee:

- **Received and noted the report.**

22/23 Issues to escalate to Board, other Committees, BAF or CRR

It was discussed by the Committee the approaches to managing vacancy rates for particular Trust grades and research potentially not being included in job plans and agreed that more needed to be known in these areas before any escalations.

LB mentioned that assurance was needed in regards the recruitment at care group level in meeting the Trust priorities and the visibilities of the broader priorities. The establishment reviews were also discussed in relation to the nursing establishment paper for September's Board. It was agreed that there needed to be timelines on the workforce planning to signpost the Board which was for the end of the financial year. Through discussion with HM and LB it was identified that the temporary vs substantial staff wage bills was an area to really understand and present in future to the Board. This being the impact of not having substantive staff was on ability to recruit, positive experiences in training and on the research agenda and in relating to the Trust priorities may be addressing this area was a key focus for the received benefits.

JD commented that with the core paper of the Committee being the workforce and OD paper the Committee wasn't further enough developed to understand if they weren't comfortable with progress or mature enough in approach. The Committee needed to provide solutions not just identify the problems.

It was agreed that the presentation from York University could be highlighted to the Board and the continued relationship to be developed further between both parties.

The Committee:

- **Agreed the highlighting to the Board of the York University Nursing presentation.**

22/24 Reflections on the Committee and Any Other Business

PM reflected that the Committee flowed better than the first meeting but that it was still a work in progress. The Trust Priorities Report (revised IBR) was discussed by members to be a guide on areas to focus on in future when the timing of the data and Committees was resolved.

As an AOB JT mentioned the statutory and mandatory core training which was the expected downturn regarding junior doctor turnover in August, September and October at which stage there is approximately 200 new starters that are put on the core skills training framework to conclude. As new doctors commence in post they have their learning passport and their previous track record of national core skills training framework that the system will update with the improvement. The new starters are given 3 months to conclude monitored by the postgraduate team.

It was discussed by members the general picture of downturn from the Trust Priorities Report (revised IBR) was for a target of 85% that the Trust had not achieved. Four new modules have been added to the training required albeit as a different framework which the new starters will not be aware of. PM commented that medical and dental corporate

induction was consistently at 88% against a target of 95%. The biggest challenge noted by JT was in the locum group and it was agreed to pick up any further items from the information provided at the next meeting.

22/25 Date of next meeting

The date and time of the next meeting is to be communicated in due course.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	CQC Report
Director Sponsor:	Heather McNair – Chief Nurse
Author:	Shaun McKenna – Head of Compliance & Clinical Effectiveness

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

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

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

Summary of Report and Key Points to highlight:

The Trust has two Section 31 conditions and four Section 29A warnings associated with registration for regulated activity.

Appendix A provides a high-level summary of the medicine action plan performance utilising the InPhase Quality Oversight platform. 11 actions are overdue for delivery; each action has been assessed and determined to have minimal risk associated with the delayed delivery. Following a Quality Summit between the Trust, CQC, and the ICS, a system action plan has been developed.

The Quality & Regulatory Assurance Framework is attached as Appendix B to highlight the newly developed structure. The first meeting was held on Friday 11th November with a focus on Nutrition & Hydration. Whilst further work is required and feedback has been provided, the quality of information, assurance and discussion is improving. The assurance plan for the next 8 weeks has been agreed at the group.

Appendix D provides a high-level summary of York ED action plan performance utilising the InPhase Quality Oversight platform. There are currently no overdue actions. Two actions are amber; both actions have been implemented but are in their infancy with further embeddedness required.

Appendix E provides a high-level summary of the Maternity action plan performance utilising the InPhase Quality Oversight platform. There are currently 2 actions overdue for delivery but in progress. There are 4 amber actions which are ongoing but delayed in comparison to the initial deadline date.

Evidence has been uploaded to the InPhase system. Associated audits to provide assurance are being undertaken and collated within the care group, some of which require support from the Information Team. This is being progressed with assurance to be provided in the next report.

No whistleblowing concerns or enquiries have been submitted to the Trust in October 2022. Core inspection report to be received in late December / early January 2023.

Recommendation:

1. Acknowledge the status of the CQC action plan(s) and its delivery status within the organisation.
2. Acknowledge the assurance structure created for ward to board oversight of quality & regulatory assurance.

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

Meeting	Date	Outcome/Recommendation

CQC Report – November 2022

1. Introduction and Background

The purpose of this report is to provide an updated position of communication between the Trust and the Care Quality Commission (CQC), as well as action plan progress for regulatory requirements, and any other relevant updates.

2. Enforcement Action

2.1. Overview

Section 29A Warning Notice	Section 31 Conditions of Registration
1. Scarborough Hospital Emergency Department – Vacant PEM consultant post. (Jan 2020) 2. York Hospital Medicine – Assessment & management of patients' nutrition & hydration needs. *(May 2022)* 3. York Hospital Medicine – Recording of patient risk assessment and subsequent management of risks. *(May 2022)* 4. York Hospital Medicine – Adherence to the Mental Capacity Act. *(May 2022)*	1. York Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020) 2. Scarborough Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020)

3. Regulatory Action Plan Update *(January 2020 Inspection)*

3.1. Outstanding Actions

PEM Consultant

The recruitment of a Paediatric Emergency Medicine Consultant for Scarborough Hospital has been overdue since November 2020. The successful applicant for Clinical Director of Scarborough Emergency Department already has a PEM qualification, which will meet the criteria to close this action. Care Group 2 is working on the associated job planning to make a meaningful impact with the role. The candidate is expected to commence in post in late Winter 2022, slightly later than originally anticipated. This is positive but the risk remains until the candidate is in post.

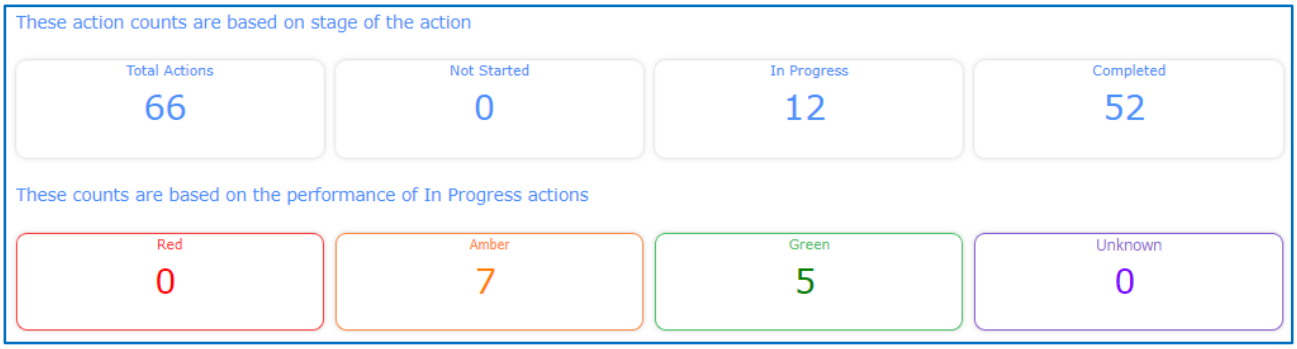
2.1. Associated Risk

Both Trust emergency departments have a Section 31 condition associated with mental health risk management. The Trust is not able to request for these conditions to be removed due to inconsistent audit results which suggests the process is not consistently embedded in practice. The digitalisation of the risk assessment and subsequent audit is underway with implementation scheduled for November 2022. The risk assessment should be more embedded with the use of Nucleus with anticipation of removing the remaining Section 31 conditions.

4. Regulatory Action Plan Update *(March 2022: Medicine Inspection)*

4.1. Outstanding Actions

Appendix A provides a high-level summary of action plan performance utilising the InPhase Quality Oversight platform. The infographic below displays the progress of the action plan delivery (Accurate as of 14th November)



There are currently 11 actions overdue for delivery but in progress. Each action has been assessed and determined to have minimal risk associated with the delayed delivery. The most significant action which is behind delivery relates to the options available to staff to anonymously whistle blow within the Trust. A specific workplan is in place to address this, with anticipated completion dates to be agreed.

4.2. System Support

Following a Quality Summit between the Trust, CQC, and the ICS, a system action plan was developed. This has been updated on 4th. The system has committed to supporting the Trust by increasing specialist resource to explore workforce, well-led, governance, and the IPC agenda. In addition, the system is exploring the potential to reduce the number of patients on Pathways 1-3 within the footprint of York Hospital. Data is now available to demonstrate impact which is being monitored.

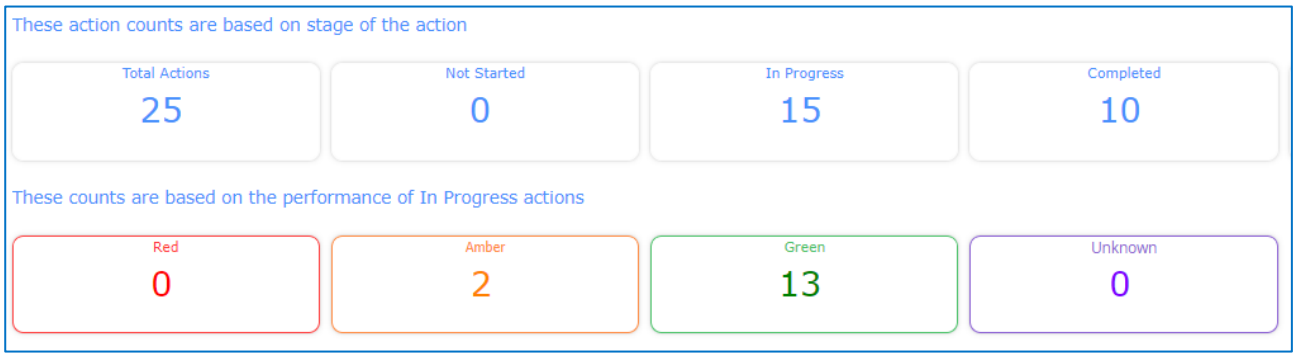
4.3. Associated Risk / Assurance

Following the March Inspection, the frequency of the already established monthly Quality and Regulations Group was increased to weekly, to enable oversight of action plan delivery. This was subsequently stepped down to fortnightly as the care group established a weekly meeting led by a matron dedicated to leading the improvement plan. At the beginning of November (launched 11 November), we further revised our Governance structure to differentiate the monthly Quality and Regulations group which oversees our whole Trust improvement programme 'Journey to Excellence' and the fortnightly assurance group. The Governance process is shown in appendix B. A new assurance template was also introduced to ensure we gain robust assurance from all care groups regarding fundamentals of care delivery. The two Quality and Regulatory Assurance Delivery Groups in November have received assurance from all care groups in relation to Nutrition and Hydration and MCA/DOLS, the reports are provided in Appendix B. The next meeting on the 8th of December will receive assurance in relation to risk assessment across all care groups. Whilst further work is required and feedback has been provided, the quality of information, assurance and discussion is improving. The assurance plan for the next 8 weeks has been agreed at the group.

5. Regulatory Action Plan Update *(October 2022 York ED Inspection)*

5.1. Outstanding Actions

Appendix D provides a high-level summary of action plan performance utilising the InPhase Quality Oversight platform. The infographic below displays the progress of the action plan delivery (Accurate as of 14th November)**.** There are currently no overdue actions. Two actions are amber; both actions have been implemented but are in their infancy with further embeddedness required.



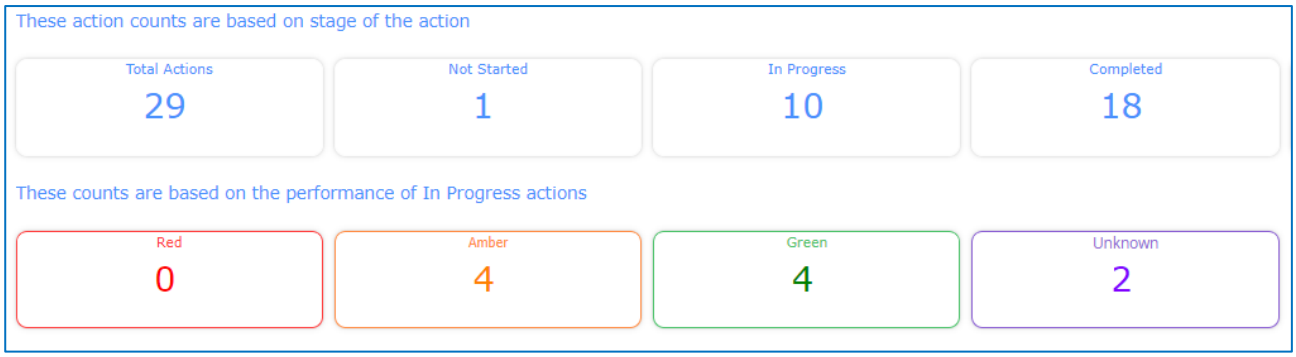
5.2. Associated Risk / Assurance

Evidence is being uploaded to the InPhase system which is due to be completed by the 18th November 2022. Associated audits to provide assurance are being undertaken and collated within the care group, some of which requires support from the Information Team. This is being progressed with assurance to be provided in the next report.

6. Regulatory Action Plan Update *(October 2022 Maternity Inspection)*

6.1. Outstanding Actions

Appendix E provides a high-level summary of action plan performance utilising the InPhase Quality Oversight platform. The infographic below displays the progress of the action plan delivery (Accurate as of 14th November). There are currently 2 actions overdue for delivery but in progress. There are 4 amber actions which are ongoing but delayed in comparison to the initial deadline date.



6.2. Associated Risk / Assurance

Work is ongoing within the Care Group to review the governance structure and further strengthen oversight and delivery of actions and the subsequent assurance. Evidence is being uploaded onto InPhase by Friday 18th November 2022.

7. Communication

7.1. Whistleblowing Alerts

No whistleblowing alerts have been received during October 2022.

7.2. Enquiries

Enquiry activity has come to a standstill during the ongoing inspection. A meeting is to be scheduled with the Hospital Inspector to discuss any open enquiries.

Date: 25th November 2022.

Select an Inspection

York Medicine March 2022

These action counts are based on stage of the action

Total Actions	Not Started	In Progress	Completed	Blocked	Parked	Cancelled
66	0	12	52	0	1	1

These counts are based on the performance of In Progress actions

Red	Amber	Green	Unknown
0	7	5	0

Stage: All 4 selected

Series: Active | Performance | Comments

Owner: All 14 selected

Start Date: to

Due Date: to

Completion Date (Est): to

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 1 - S29A Nutrition & Hydration	Design and implement an annual audit calendar	Tara Filby	Active												
			Performance	★	★	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Develop an educational piece for safety spotlight.	Tara Filby	Active												
			Performance												
	Develop an educational strategy for nutrition and hydration	Tara Filby	Active												
			Performance												
	Ensure nutrition policy is updated in accordance with national guidelines	Tara Filby	Active												
			Performance												
	Information Awareness Poster	Tara Filby	Active												
			Performance												
	Nutrition Nurses - Implementation	Tara Filby	Active												
			Performance												
	Quality Improvement PDSA - Complan Milkshake Rounds Wd25	Tara Filby	Active												
			Performance												
	Quality Improvement PDSA - Hydration Stations Wd32 & Wd34	Tara Filby	Active												
			Performance							?					

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Review and update the fluid balance guidelines	Tara Filby	Active												
			Performance												
	Review the e-learning packages to ensure it meets the needs of front-line staff	Tara Filby	Active												
			Performance												
	Revise food and drink strategy	Tara Filby	Active												
			Performance												
	Undertake training needs analysis to identify staff groups requiring training	Tara Filby	Active												
			Performance												
	Use of red trays Trust wide to visually highlight a patient requiring support for feeding	Tara Filby	Active												
			Performance												
	Visiting Policy Scoping Exercise - Promote Family & Carers to Attend to Support Care Delivery	Tara Filby	Active												
			Performance												
Recommendation 2 - S29A Risk Assessments	Bed Rails - Education & Communication Roll Out	Alison Bielby	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Create and Roll-out "Care Needs at a Glance" Document	Nik Coventry	Active												
			Performance												
	Falls Specialist Lead - Recruitment & Implementation	Tara Filby	Active												
			Performance												
	Immediate Audit of Inpatient Fundamental Standards of Care & Risk Assessment on Inspected Wards	Emma George	Active												
			Performance												
	Purpose T Education - International Nurses	Tara Filby	Active												
			Performance												
	Review Bumpers & Crashmat Provision	Alison Bielby	Active												
			Performance												
	Risk Assessment Education - Clinical Educators	Tara Filby	Active												
			Performance												
	Specialist Staff Deployment to Address Gaps in Risk Assessments from Inspected Ward Audit	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Specialist Staff Deployment to Address Gaps in Risk Assessments from Trust-Wide Audit	Emma George	Active												
			Performanc	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Trust-Wide Audit of Inpatient Fundamental Standards of Care & Risk Assessments	Emma George	Active												
			Performanc	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	TVN Workforce Review, Request for Additional Resource and Subsequent Recruitment	Tara Filby	Active												
			Performanc		★	★	★	★	★	★	–	–			

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 3 - S29A Mental Capacity Act	Bitesize Training - Inspected Wards	Nicola Cowley	Active												
			Performance												
	Corporate Baseline Audit of MCA compliance	Nicola Cowley	Active												
			Performance												
	Immediate Audit & Support - Inspected Wards	Nicola Cowley	Active												
			Performance												
	MCA Audit Programme Development	Nicola Cowley	Active												
			Performance												
	Safeguarding Team - Ward Based Drop-In	Nicola Cowley	Active												
			Performance												
	Safeguarding Workforce Review	Tara Filby	Active												
			Performance												
	'Train the Trainer' for Clinical Educators	Nicola Cowley	Active												
			Performance												

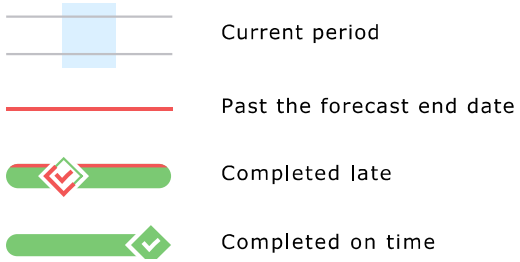
Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 4 - Must Do: Mental Capacity Act	Improvement Plan following Mental Capacity Act Improvement Group	Nicola Cowley	Active												
			Performance												
	MCA Advisors - Recruitment & Implementation	Nicola Cowley	Active												
			Performance												
	Mental Capacity Act - Improvement Group	Nicola Cowley	Active												
			Performance												
▪ Recommendation 5 - Must Do: Risk Assessments ▪ Recommendation 6 - Must Do: Record Keeping	Release 1 - Digital Nursing Risk Assessments & Care Plans	Nik Coventry	Active												
			Performance												
	Release 2 - Determine the next next risk assessments / documents to be included in release 2 & 3	Nik Coventry	Active												
			Performance												
Recommendation 6 - Must Do: Record Keeping	Information Governance - Review Storage and Location of Medical Records on Wards	Kate Ayres	Active												
			Performance												
	Information Governance - Scope Requirements for Medical Records on Wards	Kate Ayres	Active												
			Performance												

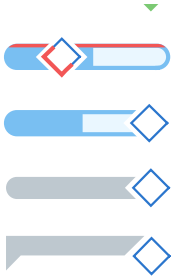
Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 7 - Must Do: Safe Staffing	Acuity & Dependency Review - Ward 28	Emma George	Active												
			Performance												
	Consider extending PSO provision as part of establishment reviews	Emma George	Active												
			Performance												
	Explore Military Support / Joint Working	Emma George	Active												
			Performance												
	Nurse ED Staffing Establishment Review - SNCT Review	Emma George	Active												
			Performance												
	Nurse Inpatient Staffing Establishment Review - SNCT Review	Emma George	Active												
			Performance												
	Nurse Staffing Escalation SOP	Emma George	Active												
			Performance												
	Nurse Staffing Establishment Review - Initial	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Nursing Workforce Recruitment Open Day	Emma George	Active												
			Performance												
	Retention Working Group Development	Emma George	Active												
			Performance												
	Review Resource Requirements to Onboard Available Volunteers	Tara Filby	Active												
			Performance												
	Rolling Nurse Recruitment Advert	Emma George	Active												
			Performance												
	Safecare Project Launch	Sarah Freer	Active												
			Performance												
	Staff Volunteer & Surge Coordinator	Tara Filby	Active												
			Performance												
	Staffing Volunteer Escalation List	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Task Prioritisation Process	Donna Jack	Active												
			Performance												
	Weekday Daily Nurse Staffing Huddles	Emma George	Active												
			Performance												
	Widen the scope and locations of available military support	Emma George	Active												
			Performance												
Recommendation 8 - Should Do: Training & Development	Corporate Training Group - Development	Will Thornton	Active												
			Performance												
Recommendation 9 - Overarching Trust Actions	Closure of a Ward following Reduction in COVID19 Inpatients	Heather McNair	Active												
			Performance												
	Create a "Fundamentals of Care" Poster for all adult Inpatient Wards	Donna Jack	Active												
			Performance												
	Develop a Plan for Communicating Progress and Updates to all Staff	Shaun McKenna	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Develop an "You Said, Together We Did" to Share Progress and Updates	Shaun McKenna	Active												
			Performance												
	Freedom to Speak Up - Create a Mechanism for "Anonymous" Internal Whistleblowing	Polly McMeekin	Active												
			Performance												
	Implement "Huddle up for Safety" Coaching Project	Caroline Johnson	Active												
			Performance												
	Improve the datix response to staffing incidents	Caroline Dunn	Active												
			Performance												
	Simplify paper documentation process	Nik Coventry	Active												
			Performance												
	Weekly Ward Leaders Meeting	Caroline Dunn	Active												
			Performance												





In progress and not on track (estimated to complete after the due date)

In progress and on track (estimated to complete on or before the due

Not started

A parent action which has sub-tasks

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Quality & Regulatory Governance Framework

25th October 2022

Governance Structure

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Meeting Frequency

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Meeting Title	Meeting Frequency	Meeting Length
Care Group CQC Improvement & Assurance Group	Minimum Fortnightly	1-2Hours(Recommended)
Quality & Regulatory Assurance Group	Every 2 Weeks	2 Hours
Journey to Excellence Delivery Group	Every 2 Months	2 Hours

Care Group CQC Improvement & Assurance Group

York and Scarborough Teaching Hospitals NHS Foundation Trust

- To develop and monitor improvement plans for each core service, following recommendations identified from CQC inspections & enquiries.
- To develop evidence and assurance of improvement implementation for each recommendation within core services.
- To share learning and innovation in relation to implemented improvements across core services.
- To resolve barriers to effective implementation of improvements through existing service / care group management teams.

Quality & Regulatory Assurance Group

York and Scarborough Teaching Hospitals NHS Foundation Trust

- Assurance report templates sent in advance for core services to complete and present to the group. *(Chief Nurse, Medical Director, and Chief Operating Officer in attendance)*
- To receive assurance from core services across the Trust, following recommendations identified from CQC inspections & enquiries. *(Assurance for each recommendation required for all relevant core services within the Trust to demonstrate shared learning across the organisation)*
- To approve the closure of recommendations following significant assurance from core services with evidence of continual assurance monitoring and reporting. *(Executive authority as per the terms of reference)*
- To receive escalations from care groups in relation to barriers to improvement implementation which are out with the scope of the Care Group/Service to resolve.

Journey to Excellence Delivery Group

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- To monitor delivery against the Journey to Excellence implementation plan in line with he Trusts strategic priorities
- To facilitate the undertaking and presentation of service self assessments and peer reviews across the organisations services against the CQC key lines of enquiry.
- To maintain oversight of improvement plans pertaining to the Journey to Excellence workstream.
- To receive escalations from care groups in relation to barriers to improvement implementation which are out with the scope of the Care Group/Service to resolve.

What is Assurance?

York and Scarborough Teaching Hospitals
NHS Foundation Trust

"Do we really know what we think we know?"

Assurance	Definition
Provides:	'Confidence' / 'Evidence' / 'Certainty'
To:	Directors / Non-executives / Management
That:	What needs to be happening is actually happening in practice

"How do we know and how do we demonstrate this?"

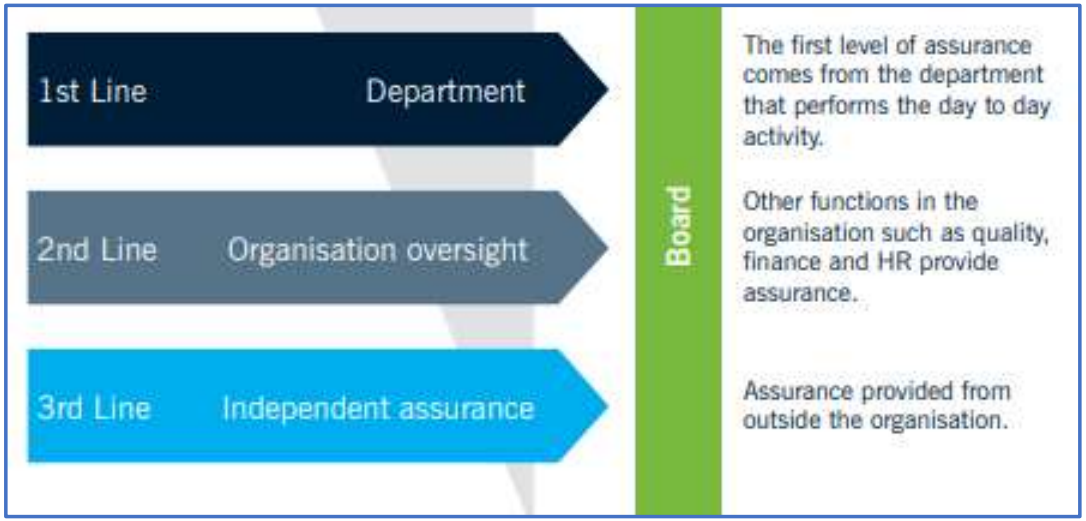
What is Assurance?

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Where does the assurance come from?
- How reliable is this assurance?
- What is this assurance telling me? and,
- Is the assurance proportionate to the level of risk?

Sources of assurance could include, but are not limited to:

- Reviews or checks within a department (e.g. manager reviews information completed by staff under their particular area of responsibility)
- An organisation wide review (e.g. corporate review of sickness and absence);
- Internal audit reports; or
- Inspection and review by an external body (e.g. CQC).



Select an Inspection

York ED Inspection October 2022

These action counts are based on stage of the action

Total Actions	Not Started	In Progress	Completed	Blocked	Parked	Cancelled
25	0	15	10	0	0	0

These counts are based on the performance of In Progress actions

Red	Amber	Green	Unknown
0	2	13	0

Stage: All 2 selected

Series: Active | Performance | Comments

Owner: All 8 selected

Start Date: to

Due Date: to

Completion Date (Est): to

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Deteriorating Patient	Daily Documentation audit of all deteriorating patients	Jo Welch	Active												
			Performance							★	✓	✓	✓	✓	✓

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Deteriorating patient training to be included in preceptorship	Sharon Sleightholm	Active												
			Performance												
	Develop IT solution to provide overview of ED patient NEWS2 scores at a glance for EPIC/NIC	Billie Cameron	Active												
			Performance												
	Display laminated responsibilities of ambulance assessment nurse at nurses desk	Jo Welch	Active												
			Performance												
	Provide additional staff to support the ambulance overflow corridor	Donna Jack	Active												
			Performance												
	Review of staff training records to ensure all staff attend AIRA course every 3 years	Jo Welch	Active												
			Performance												
	Revise and relaunch SEPSIS screening tool	James Christie	Active												
			Performance												
	Revision of current NIC and EPIC SOP	Steven Crane	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Revision of the 2 hourly Nurse in Charge report	Jo Welch	Active												
			Performance												
	Undertake in-depth case note review of patients	Donna Jack	Active												
			Performance												
Infection Prevention and Control	Re-share the pathway and management for confirmed and suspected COVID positive patients.	Jo Welch	Active												
			Performance												
Leadership, Governance and Improvement	ED clinical external advisory support	Jamie Todd	Active												
			Performance												
	Establish Clinical Policy Group	Jamie Todd	Active												
			Performance												
	Weekly Governance Oversight Group for ED KPIs & Audit Metrics	Caroline Dunn	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Management of patients within the waiting room	Additional Health Care Assistant (HCA) to be deployed to the waiting room	Jo Welch	Active												
			Performanc												
	Develop and implement management of patients within designated waiting area SOP	Steven Crane	Active												
			Performanc												
	Display laminated responsibilities of waiting room nurse at nurses desk in waiting room	Jo Welch	Active												
			Performanc												
	Implement nursing documentation for patients undergoing treatment in the waiting room	Jo Welch	Active												
			Performanc												
	Implementation of wrist bands for all patients in ED	Jo Welch	Active												
			Performanc												

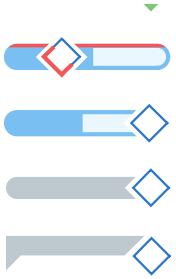
Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Medication management and controlled drugs	Bite-size medicines management fundamentals training to all registered ED staff	Sharon Sleightholm	Active												
			Performance												
	Broken lock on omnicell room in RFT corridor to be repaired	Billie Cameron	Active												
			Performance												
	Check all control drug cupboards are locked at each shift change	Jo Welch	Active												
			Performance												
	Pharmacy monthly walk-around with senior nurse from Care Group	Billie Cameron	Active												
			Performance												
Suitability of Mental Health Assessment Room	Daily ED matron environmental walk round of the ED department	Jo Welch	Active												
			Performance												
	Review of room against current PLAN standards	Donna Jack	Active												
			Performance												

Current period

Past the forecast end date

Completed late

Completed on time



In progress and not on track (estimated to complete after the due date)

In progress and on track (estimated to complete on or before the due

Not started

A parent action which has sub-tasks

Select an Inspection

York Maternity Inspection October 2022

These action counts are based on stage of the action

Total Actions	Not Started	In Progress	Completed	Blocked	Parked	Cancelled
32	1	12	19	0	0	0

These counts are based on the performance of In Progress actions

Red	Amber	Green	Unknown
0	4	6	2

Stage

All 3 selected

Series

Active | Performance | Comments

Owner

All 5 selected

Start Date

to

Due Date

to

Completion Date (Est)

to

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Born Before Arrival	Increase birth and delivery information to multiparous women	Sarah Ayre	Active												
			Performance												
	Review of clinical practice and clinical policies	Sarah Gallagher	Active												
			Performance												
	Review the datix for 43 BBA	Sarah Ayre	Active												
			Performance												
	Utilising audit as a tool to facilitate service improvement.	Sarah Ayre	Active												
			Performance												
	Write a Born Before Arrival/Unplanned Homebirth Guideline	Sarah Ayre	Active												
			Performance												

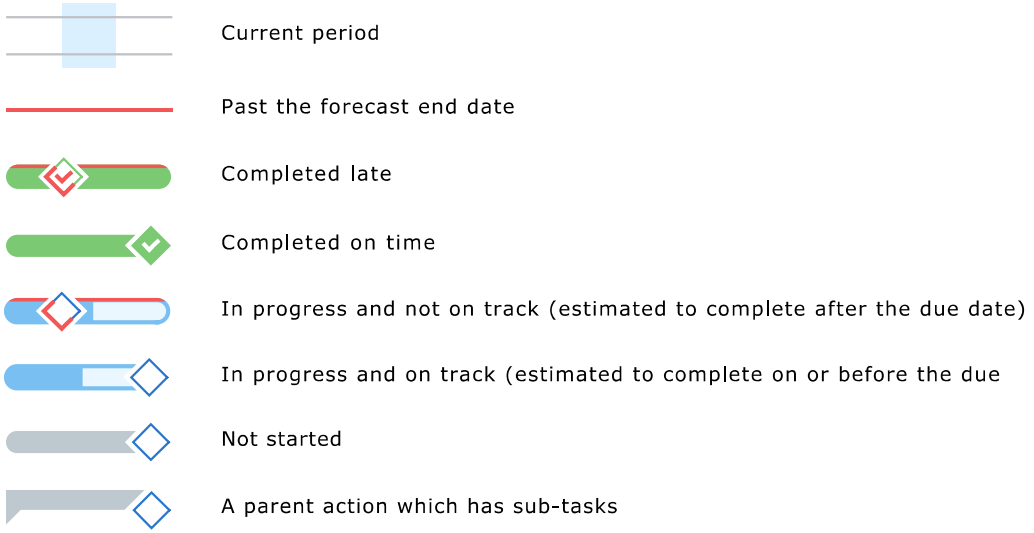
Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
CTG Monitors	CTG monitors to be ordered	Caroline Alexander	Active												
			Performanc												
	Daily handovers to include a dedicated review of CTG monitors availability	Sarah Ayre	Active												
			Performanc												
	Datix completed for incident where CTG not available	Sarah Gallagher	Active												
			Performanc												
	Prioritise existing monitors for use on labour ward	Sarah Ayre	Active												
			Performanc												
	Staggered induction of labour during the day to avoid women waiting for monitoring pre IOL	Sarah Ayre	Active												
			Performanc												
Environmental concerns: Corroded storage trolly	Corroded equipment removed and replaced	Briony Guilliatt	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Fire safety drills	Fire drills to be undertaken w/c 24.10.2022	Adele Roberts	Active												
			Performanc								✓	✓	✓	✓	✓
	Schedule for drills to be planned in line with national guidance	Adele Roberts	Active												
			Performanc							✓	✓	✓	✓	✓	✓
G2 Fridge	Create guidance for locking the fridge	Adele Roberts	Active												
			Performance							✓	✓	✓	✓	✓	✓
	SOP for checking fridges to be updated in line with national guidance	Adele Roberts	Active												
			Performance							★	–				
Maternity Theatre Fire Exit	Full review of the departmental risk assessment and fire evacuation plan	Sarah Ayre	Active												
			Performanc							✓	✓	✓	✓	✓	✓
	Remove locks on theatre door	Sarah Ayre	Active												
			Performanc							✓	✓	✓	✓	✓	✓
Maternity Theatres - IPC	IPC walk around of maternity theatres	Sarah Ayre	Active												
			Performance							★	✓	✓	✓	✓	✓

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Maternity Unit Closure	Interim on-call support arrangement implemented	Sarah Ayre	Active												
			Performanc												
	Review of Maternity Escalation Policy	Sarah Ayre	Active												
			Performanc												
Medication Safety	Recruitment of a dedicated band 5 Pharmacy Technician	Caroline Alexander	Active												
			Performance												
Resuscitation Call Bell	Austco emergency call system for installation in G2 & G3	Caroline Alexander	Active												
			Performanc												
	Interim alarm installed in triage and fully operational/tested	Adele Roberts	Active												
			Performanc												
Skin Preparation in Theatre	Learning to be shared through handover and speciality governance	Sarah Ayre	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
York Maternity Theatre Risk	Implement revised terms of reference for specialty governance and Care Group Quality Committee	Sarah Gallagher	Active												
			Performanc												
	Maternity risk strategy to be reviewed and refreshed	Sarah Gallagher	Active												
			Performanc												
	Process mapping of the patients journey through theatre to be undertaken	Sarah Gallagher	Active												
			Performanc												
	To review, update and mitigate the risks relating to maternity theatres with immediate escalation Ca	Sarah Gallagher	Active												
			Performanc												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
York Maternity Theatres - Scrub recovery practitioners	Develop a recruitment plan	Caroline Alexander	Active												
			Performance												
	Develop and agree the substantive workforce plan and operational model	Caroline Alexander	Active												
			Performance												
	Enhanced rates to be agreed and offered to support filling shifts incrementally	Caroline Alexander	Active												
			Performance												
	Options to create a dedicated scrub and recovery team for maternity have been explored which include	Caroline Alexander	Active												
			Performance												



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Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Perinatal Clinical Quality Surveillance Update
Director Sponsor:	Chief Nurse
Author:	Sue Glendenning Care Group 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:

The CQC undertook an unannounced inspection on the 11th, 12th and 13th October and raised significant safety concerns about our maternity services and the Care Group have commenced an Improvement Plan with identified immediate actions following the visit. The CQC continue to request monthly assurance around Tendable and MEWS compliance on Ward G2, regarding MEWS the plan is for G2 to mirror the approach on Hawthorne at Scarborough and this work will begin in November.

Progress against compliance with all 10 safety actions for Maternity Incentive Scheme (MIS) (formally CNST) is currently challenged due to compliance with the mandatory training compliance and the supernumerary status of the labour ward coordinator. This may mean that the Trust will not meet the MIS requirements for 2022-23 and therefore will not be eligible to recover the contribution to the incentive scheme. A position paper on the progress towards achieving the ten safety actions will be presented to Trust Board in November 2022.

Work continues towards the seven Immediate and Essential Actions from the Ockenden report published in December 2020. To be fully compliant, the Trust is reliant on, the formation of working relationships with the newly formed Integrated Care System and

the implementation of Maternal Medicine Networks. The Associate Director of Midwifery (ADOM) in post from September 2022 has oversight of Ockenden actions and work is ongoing with key audits and a review of data collection and analysis methods with a planned Quality Assurance Report to the Director of Midwifery (DoM), the first report to be produced December 2022.

Concerns remain cross site to evidence multi-disciplinary handovers, ward rounds and PROMPT training compliance; all of which are being addressed by the ADoM and an update will be provided in the December 2022 ADoM Quality Report.

Midwifery staffing levels remains challenged.

Recommendation:
The Board of Directors are asked to receive the report for information and assurance.

Report Exempt from Public Disclosure

No ☒ Yes ☐

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

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

Meeting	Date	Outcome/Recommendation
Quality and Patient Safety Group	9th November 2022	Progress on Scrub Nurse and O&G Mandatory Training
Quality and Safety Assurance Committee	22nd November 2022	

Perinatal Clinical Quality Surveillance Report – November 2022

1. Introduction and Background

This report provides monthly oversight of perinatal clinical quality surveillance report as per the minimum required dataset required by NHSE/I and highlighted in Appendix A ensuring a transparent and proactive approach to maternity safety across York & Scarborough Teaching Hospitals NHSFT. An introduction to Ockenden, Maternity Incentive Scheme (MIS), and Continuity of Carer (currently paused) is provided for context and information. Overall the report intends to provide assurance surrounding any identified issues, themes, and trends to demonstrate an embedded culture of continuous improvement.

The MIS invites Trusts to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward Trusts who have implemented all elements of the 10 Maternity Safety Actions. Year 4 of the scheme was launched August 2021, paused in December 2021, a submission date of 5th January 2023 now revised to 6th February 2023.

Due to the continued pressure on the midwifery workforce there is a challenge to support compliance with cross site labour ward coordinators being super nummary for 100% of the shift. Alongside the continuing issues with MDT training compliance post recovery from COVID 19 cancellations, may result in the Trust not being eligible to reclaim the contribution to the scheme for 2022-23.

Emerging findings and recommendations from the Ockenden Report, an Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published in December 2020. The Maternity Services Assessment and Assurance Tool, developed by NHSEI and published in December 2020, supported providers in the initial assessment of their current position against the seven Immediate and Essential Actions (IEA) in the Ockenden Report. The final Ockenden Report was published on the 30th March 2022 , resulting in a total of 49 standards and 92 safety recommendations to be addressed by providers of maternity services. The Trust hasn't commenced this benchmarking, the LMNS advised that this work would sit alongside the East Kent Report. the DoM has been in contact with another Trust within the LMNS who have commenced this work, they have a dedicated Project Lead to support this work alongside the MIS.

Following the publication of the East Kent Report on the 19th October 2022 the DoM and ADoM are working with the LMNS and all members of the CG5 Senior Team to evaluate current cultures and behaviours. Work to disseminate and capture workforce opinion is being discussed, acknowledging that the staff survey is already ongoing.

The updates required for the CQC around Tendable and MEWS for G2 will continue. The next step is to use InPhase for the creation and tracking of improvement plans which will be developed following audits, in addition new action tracker templates have been shared with Band 7's and Matrons to support collation of evidence around Tendable Audits.
Where minor works and wider estate issues are identified through Tendable audits these are being monitored within a workstream being facilitated by the Associate Chief Operating Officer and will be included as part of the Ward Improvement Plans.

The Women's Health Clinical Governance monthly forum Terms of Reference have been reviewed by the Quality and Governance Lead to ensure correct attendance and quoracy

and that there is appropriate rigor, challenge and escalation, the new agenda has been used from October and is arranged around the 5 KLOE's.

2. Current Position/Issues

2.1 CQC Inspection and Improvement Plan

The CQC completed a three-day unannounced visit to the maternity units at York and Scarborough on the 11th October 2022. Initial feedback was provided at the end of the last day and CQC required immediate assurance around the following.

- medication management in the York Maternity Theatres
- the availability of essential monitoring equipment, including emergency call bells
- the use of midwives as scrub practitioners
- the closure of the unit on both sites and the process to escalate this
- fire safety drills

An improvement plan is in place to address all the highlighted concerns, this has been shared with the CQC with planned oversight on progress from the Quality and Regulatory Governance Group.

2.2 Moderate Harm & Serious Incidents

Action plans from moderate and serious harm incidents are monitored through the Specialty Governance meeting and learning from incidents is shared through feedback at ward level via the Ward Mangers, through monthly newsletters and where required through updated mandatory training. It is acknowledged that more assurance is required around the learning and this is under discussion within our maternity services as to how this may be improved.

2.3 Healthcare Safety Investigation Branch Reports (HSIB)

There were no submissions to HSIB in October and no final reports received.

2.4 Perinatal Mortality Review Tool

MIS compliance relies upon the reporting and completion of PMRT within the timeframe: perinatal deaths need to be reported to MBRRACE within 7 working days, the report commenced within 2 months, in draft by 4 months and completed within 6 months. This is currently being achieved by the Trust. All parents are aware that a review of their baby's death has taken place and that their perspectives and questions/concerns have been sought as part of the review and receive written feedback following the review.

A summary of the PMRT activity is detailed in Appendix B, there has been no change to this since last month

All identified learning from the PMRT reports are shared via the Specialty Governance and through monthly newsletters.

2.5 Unit diverts and closures

In October there were seven-unit closures, five at York and two at Scarborough (SCH). This is a significant decrease from the previous two months but still higher than this period last year. There were 4 occurrences when maternity services required to divert services, 3 diverts of services from SGH to York and 1 divert from York to SGH.

Closure is recognised as both sites simultaneously being unable to facilitate 1:1 care in

labour or no further bed capacity and therefore services are closed to admissions and all women are diverted across region. Diverts are when one-unit closes, York or Scarborough and women are transferred as needed within the Trust.

The full-service closures ranged from 4 hours to over 24 hours. The closures were due to capacity issues mainly from delays in discharging women from G2 on York site, impacting the admission and facilitation of induction of labour, recorded as delays in care. Closures were also due to the impact of less than optimal midwifery staffing levels across both sites. Escalation ensured specialist midwives and managers worked clinical, homebirth service was suspended cross site and on call midwives utilised across inpatient areas.

In total 9 women during these full closures were transferred to neighbouring organisations, primarily Harrogate and Doncaster. Women transferred to regional units during the closures in October will receive a letter from the ADoM as follow up with an opportunity to discuss their care.

Discharge process's on G2 are being reviewed by the Inpatient Services Matron and ADoM with a review to improve patient flow. A dedicated discharge midwife is now allocated on each shift, timely review of medical plans and administration of discharge medication and more work is ongoing.

The Care Group is undertaking an urgent piece of work around the process of closures, diverts, the escalation process, support from the Trust on call team and the wider LMNS and ICS escalation processes. All diverts / closures and reasons for them are monitored through Datix and with oversight and involvement from the ADoM. The information will be presented to the CG Quality Assurance Group by the ADoM and the DoM will escalate to CG board as appropriate.

2.6 Training Compliance

The training figures for both Scarborough and York sites are presented in Appendix C. Due to reporting schedules September data is presented in this report and acknowledge this is the same data presented in the October Report, this will be the reporting schedule moving forwards due to challenges mainly due to manual reliance on data collection.

Compliance for PROMPT and mandatory training levels for maternity and medical staff across both sites is variable. The Clinical Director is addressing medical non-compliance with assurances that individuals are being encouraged to complete their training and improvement is anticipated for November reporting and will be discussed in the December Report. To plan adequate medical and midwifery staffing while ensuring compliance with mandatory training, a trajectory will be developed to track and monitor this via the Specialty Governance Meeting, more updates are planned for the December Report.

In respect of effective Fetal Monitoring during labour the Trust is compliant with face to face training, but not the eLearning element of this package. On exploration by the DoM time was allocated for this element of training following the face to face session but more detail has been added in 2022 to the training and the day now ends later and time has not been allocated to allow on line training, a plan is being developed to address this.

Over the past 12 months the Trusts compliance for Carbon Monoxide (CO) readings at booking is 87.6%. Low compliance is noted in the antenatal clinics within the Hospital, the Clinic Managers have been asked to respond with an action plan to the Associate Director of Midwifery by 31st October and updates will be provided in the next report. Community provides greater assurance and the Digital Midwife liaises with the

community team leaders with any themes and trends of midwives not complaint with this intervention.

The 36-week CO reading should be input into CPD following the birth of the baby as part of the requirement for submissions to the national maternity datasets. The Digital Midwife reviews the notes daily at York when on duty, however due to the geography of the Trust this is not possible on all sites and the current process is not sustainable. The DoM and ADoM have discussed the situation and will be asking for themes from the Digital Midwife as to how support can be provided to improve the situation, the key theme appears to be compliance around entry onto CPD which pulls the data through to signal.

The Trust compliance is above the 80% required for CNST, however the plan should be 95% and an improvement plan is in development. The service will struggle to achieve 95% because the preterm birth rate below 37 weeks was 8.2% over the last year, many of whom will have not reached 36 weeks gestation. In addition, we have women who deliver with us that have not booked at the Trust and therefore may not have access to their antenatal records to be able to input their CO readings.

The introduction Badgernet will support mandated fields to support compliance.

Discussions are ongoing re the Maternity Dashboard; it is not clear how the metrics have been agreed or how data from the MSDS is shared with the Trust Board. There is a risk that the data on Signal is not accurate and therefore cannot be relied on without the manual check of data, the cross checking is laborious and relies on individuals manually quality checking data. The Quality and Governance Lead has met with the Information Team to explore other methods of presenting data from Signal and an understanding of roles and responsibilities in respect of completion of the maternity dashboard is required moving forwards.

2.7 Safe Staffing

The midwifery roster vacancy rate for October was 22.9% (28.96% at York and 11.50% at Scarborough), the substantive post vacancy rate was 13.81% (22.12% at York and 2.27% at Scarborough).

There are 15 newly qualified midwives (NQM) and 1 internationally recruited midwife (IRM) currently undergoing their two-week induction and will have a two-week supernumerary period cross site during October and the IRM has a 12-week supernumerary plan as required by the NMC. Vacancy rates from December 2022 and January 2023 when the NQM will appear as substantive staff on the rosters. There are a further 3 NQM due to start with the Trust in January 2023, and a further 5 IRM throughout spring 2023 and recruitment is ongoing. Agency and double time incentives are in place to continue to support and reduce this risk.

This leaves approximately 10 wte midwifery vacancies, 8% maternity leave and 5% long term sickness as of 1 November 2022. Short term sickness has increased in October and B7 Team Leads / Ward Managers are receiving matron support with managing return to work and absence monitoring alongside early intervention of health and well-being strategies.

There were 14 NICE Safer Staffing Red Flag incidents reported for the York site. The Quality and Governance team have set up a weekly group to review and monitor the red flags and escalate any impact on patient safety to the Trust Quality and Safety meeting and through the Specialty Governance meeting

3. Service User Feedback

York Maternity Voices Partnership (MVP) Chair has been recruited and the first meeting under her chair took place in York in October, The ADoM and Community Team Leader attended. The 15 steps initiative is planned for York site in December 2022 and Scarborough in January 2023. The MVP chair has been invited to be part of the observation panel in abduction drills planned cross site for November 2022 and January 2023 and be involved the interview panel for the Outpatient Matron on 15th November 2022. The MVP Chair and a small group of service users met with the Labour Ward Manager and Antenatal Clinic Manager at York on the 2nd November 2022 to start engagement work on the induction of labour process and plan how coproduction could facilitate a QI project to improve patient experience cross site. The next MVP meeting is planned for 18th January 2023 and will be hosted at York Hospital and the Non-Executive Director will be invited to attend alongside MDT staff. The Maternity service can demonstrate that collaborative working with the MVP is no longer a risk in terms of MIS and Ockendon compliance; the York MVP Chair will be support with Scarborough MVP whilst continuing to recruit a local chair.

The Quality and Governance midwives have been working with the Trust Patient Experience team to develop a digital feedback form that will be completed as part of the discharge process. This will allow the ward leaders to address any concerns the women or their family about their care in real time and is planned to go live in December.

Themes from complaints and concerns are monitored by the Quality and Governance team. Staff attitude continues to be a common theme and will be explored as part of the ongoing work around culture.

4. Staff Survey

The staff survey is live until 25 November 2022 and as at 31 October 2022, the Care Group has a 22.8% response rate. The Care Group Director is encouraging staff to complete the staff survey.

In response to the 2021 results, we have taken the following actions:-

- Begun the roll out of Leadership & Management development for all leaders within the Care Group.
- Begun the roll out of Values Ambassador training for all leaders within the Care Group.
- The Culture, Communication & Leadership workstream of the Maternity Improvement Plan began on 5 July 2022 and meetings are scheduled monthly. This is a multidisciplinary meeting, with members including Consultants, Staff Side representatives, midwives, ward managers, Matrons, ODIL, HR, Quality Improvement and our Recruitment & Retention Midwives.
- Held two listening events with staff, with a third event planned for November 2022. We have acted because of this including increasing admin cover and increasing Maternity Support Worker cover.
- Piloted an approach where the Care Group have a dedicated Occupational Health link who provides a monthly overview of any concerns identified through Occupational Health. This has resulted in some initial work looking into the rosters, where it has been identified some staff are not being given appropriate rest between shifts.

- The HR Team have offered additional appraisal training for all managers. Work has also been undertaken to review appraisal allocation amongst managers.
- The Care Group has representation on the Trust wide workstream groups for flexible working and health & wellbeing.

5. Safety Champions Feedback

The Chief Nurse and the Maternity Non-Executive Director continue to do monthly walkabouts, alternating across both sites. Feedback from these walkabouts is provided to the ward managers to improve the working environment and surrounding environment however this can be strengthened to improve the ward to board approach and the DoM is sharing the feedback and discussing with the Ward Managers / Team Leaders. Themes will be picked up by the Senior Leadership team as part of the cultural transformation work this is ongoing. The DoM and ADoM are looking to review the agenda for the Maternity Safety Champion meeting and will review with the group as to what is required.

The teams continue to work under significant pressure and above and beyond to ensure a safe service and should be recognised for this. Maternity service are unprecedented times and the acuity and complexity of the women we care for is increasing.

6. Next Steps

The new senior maternity leadership is evolving and there are gaps in posts which is affecting local leadership and visibility.

The focus of the maternity service is to concentrate on the Key Lines of Enquiry working in collaboration with the Corporate Governance team to monitor the progress against the CQC Improvement Plan following the CQC inspection to ensure a safe environment for women and their babies to be cared in.

To continue to recruit into vacancies.

Consideration of the East Kent report and how this impacts the service we provide to women in York and Scarborough

Date: 8th November 2022

Monthly Oversight of Perinatal Clinical Quality Minimum Data Set - Appendix A

York and Scarborough Teaching Hospitals NHS Foundation Trust

CQC Maternity Ratings - Scarborough Hospital Last Inspection: 16th October 2019	Overall	Safe	Effective	Caring	Responsive
	Good	Good	Good	Good	Good

CQC Maternity Ratings - York Hospital Last Inspection: October 2015	Overall	Safe	Effective	Caring	Responsive
	Good	Good	Requires Improvement	Good	Good

	2022						
	Apr	May	Jun	Jul	Aug	Sept	Oct
Number of reviews completed using the Perinatal Mortality Review Tool	0	4	0	1	0	1	1
Number of cases notified to MBRRACE	2	2	1	1	3	2	2
Number of cases referred to HSIB as per eligibility criteria	1	0	1	0	3	1	0
Number of received HSIB final reports	0	2	0	1	0	1	0
Number of incidents with a harm rating of Moderate or above	4	5	1	1	3	4	7
Number of Maternity Unit Diverts	4 SGH 4 YDH	0 SGH 2 YDH	1 SGH 3 YDH	1 SGH 8 YDH	SGH 0 YDH 7	SG 1 YH 5	4
Number of Maternity Unit closures	0	0	2	11	14	13	7
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	2 (CQC)	1 (CQC)	1 (CQC)	1(CQC)	1(CQC)	CQC inspection
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0
Continuity of Carer							
Percentage of Continuity of Carer bookings	37%	34%	35%	paused	Paused	Paused	Paused
Of those booked for Continuity of Carer - Black, Asian and mixed ethnicity backgrounds	28%	2%	64%	paused	Paused	Paused	Paused
Of those booked for Continuity of Carer - Postcode for top decile for deprivation	92%	8%	90%	paused	Paused	Paused	Paused
Intrapartum Continutiy of Carer received - Overall	25%	25%	19%	paused	Paused	Paused	Paused
Intrapartum Continutiy of Carer received - Scarborough	24%	25%		paused	Paused	Paused	Paused
Intrapartum Continutiy of Carer received - York	11%	0.00%	11.00%	paused	Paused	Paused	Paused
Intrapartum Continutiy of Carer received - Black, Asian and mixed ethnicity backgrounds	0%	0%	8%	paused	Paused	Paused	Paused
Intrapartum Continutiy of Carer received - Postcode for top decile for deprivation	15%	23%	50%	paused	Paused	Paused	Paused
Safe Staffing							
1 to 1 care in Labour - Scarborough	95%	98%	100%	100%	99%	100%	99%
1 to 1 care in Labour - York	94%	100%	100%	100%	100%	98%	100%
L/W Co-ordinator supernumary % - Scarborough	84%	95%	99%	94%	73%	91%	100%
L/W Co-ordinator supernumary % - York	100%	100%	100%	76%	90%	67%	not available
Vacancy Rate - Scarborough (including maternity leaves)	3%	4.60%	1.55%	0.15%		1.89% (1.13 WTE)	1.13 WTE
Vacancy Rate - York (including maternity leaves)	15%	13%	12%	13.75%		14.77% (16.11 WTE)	16.11 WTE

York and Scarborough Teaching Hospitals NHS Foundation Trust

PMRT – Appendix B

PMRT Summary from Q1 and Q2 2022

Quarter 1

Four reports were completed and sent within quarter one, 2 intrapartum stillbirth and 2 antenatal.

The under use of translation services has been identified as a cause for concern within one of the reviews. There has been a considerable amount of work done with regards to translation services within the service including the introduction of tablets for translation within the unit and portable phones ordered for each area to enable the use of language line. The success of the implementation of these will be audited in the coming months.

Smoking cessation support was also identified to be an area for improvement in two of the cases.

The reintroduction of face to face training is also enabling better engagement with staff when delivering teaching and facilitating discussion and feedback more easily. Care of women in labour and the significance of monitoring of this on a partogram is being highlighted within these sessions.

Quarter 2

There were two reports completed in quarter two, one antenatal stillbirth and one intrapartum. Although it was felt within both cases that there were no concerns relating to the management of the pregnancy and the outcome, there were coincidental findings which have enabled learning. With relation to a delay in assessment on arrival to the unit, new triage guidance is being published to reflect the urgency of attendees and the basis on which they should be prioritised. This should enable staff to manage their workload and prepare for expected patients accordingly.

The lack of smoking cessation being offered has also been highlighted and subsequently the importance of this has been widely shared to staff, particularly the incorporation of the entire family unit and offering services to people within the home. The compliance with smoking e-learning is also being reviewed by the admin team and staff that are not compliant will be followed up and supported to complete.

It was also noted that in both cases the Kleihauer test was not conducted. Following on from a conversation with a senior lab technician it appears it may have been a new member of staff that did not carry these out as it is known by staff within the lab that this is a required test on all stillbirths. They have assured us that they will endeavour to make all new starters aware of this process due to the clinical importance in the review into the loss.

Training Compliance – Appendix C
PCQS November 2022

Midwifery Staff York - reporting on September figures

	Frequency	April	May	June	July	August	Sept	Oct	Nov	Dec	Av. Monthly YtD
Neonatal Life Support	Annual	87	92	93	92	92	92				
Infant Feeding	Annual	64	81	84	91	94	94				
Professional Midwifery Advocate	Annual	86	89	92	94	97	95				
Perinatal Mental Health	Annual	90	92	94	93	95	96				
Public Health	Annual	44	50	56	56	63	72				
Personalised Care - Year 1 (2021/2022)	3 yrly	44	51	56	60	64	77				
Personalised Care - Year 2 (2023)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A				
Personalised Care - Year 3 (2024)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A				
PROMPT - Midwives	Annual	91	92	90	92	94	93				
PROMPT - MSW/HCA	Annual	77	77	81	79	79	90				
COVID in pregnancy - Midwives	Annual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COVID in pregnancy - MSW/HCA	Annual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Antenatal and Newborn screening	Annual	83	84	85	84	85	83				
Learning from Incidents, Complaints & Claims	Annual	46	53	62	68	68	77				
Substance Misuse	3 yrly	90	89	89	88	91	92				
Mentorship	Annual	45	52	60	56	56	63				
Bereavement update	Annual	70	72	76	75	81	79				
e-lfH National Bereavement Care Pathway	One off	18	20	18	18	18	18				
K2 - Intrapartum CTG Assessment	Annual	70	70	69	73	75	75				
K2 - Intrapartum Intermittent Auscultation Assessment	Annual	66	72	72	73	78	76				
K2 - Antenatal CTG Assessment	Annual	73	72	72	74	80	77				
K2 - Full Midwife pathway	Annual	61	66	66	70	72	79				
SBLCB - Supporting a smoke free pregnancy	Annual	68	61	64	65	64	66				
SBLCB - Detection and surveillance of growth restrictions	Annual	61	61	60	62	66	71				
SBLCB - Reduced Fetal Movements	Annual	67	63	63	66	74	77				
SBLCB - Effective continuous fetal monitoring	Annual	62	57	57	59	62	68				
SBLCB - Reducing Pre-term birth	Annual	68	62	63	66	70	73				
Bereavement Workshop - HCAs	One off	69	69	69	61	66	62				
2 day BFI - Midwives/MSWs/HCAs	One off	92	81	82	82	79	87				
SBLCB - Fetal Monitoring (with Rachel McCormack)	Annual	89	91	94	94	94	95				
Intelligent Intermittent Auscultation in Labour	Annual		9	13	19	25	33				
BLS - Midwives	3yrly	77	72	89	92	94	93				

Midwifery Staff Scarborough - reporting on September figures

		Frequency	April	May	June	July	August	Sept	Oct	
Face to face training	Neonatal Life Support	Annual	89	87	78	72	68	68		
	Infant Feeding	Annual	77	80	71	59	59	69		
	Professional Midwifery Advocate	Annual	89	90	79	74	74	77		
	Perinatal Mental Health	Annual	96	94	94	91	93	92		
	Public Health	Annual	26	36	36	35	34	35		
	Personalised Care - Year 1 (2021/2022)	3 yrly	31	33	36	34	32	37		
	Personalised Care - Year 2 (2023)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Personalised Care - Year 3 (2024)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
E-learning	PROMPT - Midwives	Annual	88	90	87	68	79	77		
	PROMPT - MSW/HCA	Annual	75	70	68	78	78	83		
	COVID in pregnancy - Midwives	Annual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	COVID in pregnancy - MSW/HCA	Annual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Antenatal and Newborn screening	Annual	61	69	63	58	50	53		
	Maternal Obesity	3 yrly	85	86	86	86	N/A	N/A	N/A	
	Learning from Incidents, Complaints & Claims	Annual	35	47	50	48	44	55		
	Substance Misuse	3 yrly	89	91	91	92	95	95		
	Mentorship	Annual	22	33	36	36	33	44		
	Bereavement update	Annual	42	54	53	52	50	52		
	e-lfH National Bereavement Care Pathway	One off	13	13	13	13	14	15		
	K2 - Intrapartum CTG Assessment	Annual	65	76	80	73	76	76		
	K2 - Intrapartum Intermittent Auscultation Assessment	Annual	59	67	72	67	67	69		
	K2 - Antenatal CTG Assessment	Annual	64	74	78	73	73	76		
	K2 - Full Midwife pathway	Annual	49	67	67	67	62	66		
	SBLCB - Supporting a smoke free pregnancy	Annual	64	64	64	68	68	69		
	SBLCB - Detection and surveillance of growth restrictions	Annual	50	41	54	59	62	68		
	SBLCB - Reduced Fetal Movements	Annual	65	63	68	71	71	74		
	SBLCB - Effective continuous fetal monitoring	Annual	50	41	41	52	55	58		
	SBLCB - Reducing Pre-term birth	Annual	58	58	62	68	71	70		

Medical Staff - York reporting on September figures

Training Attendance	Course	Frequency	April	May	June	July	August	Sept	Oct	Nov	Dec	Av. Monthly YtD
Face to face	PROMPT	Annual	71	90	97	100	87	74				
E-learning	COVID in pregnancy	Annual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
E-learning	Antenatal Screening	One off exl F2 & GP	45	59	62	61	60	61				
Face to face	Fetal Monitoring (with Rachel McCormack)	Annual	71	71	87	89	80	61				
E-learning	Perinatal Mental Health	Annual	52	55	60	64	67	65				
E-learning	Personalised Care - Year 1 (2021/2022)	3 yrly	55	65	70	71	67	58				
E-learning	Personalised Care - Year 2 (2023)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A				
E-learning	Personalised Care - Year 3 (2024)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A				
E-learning	Risk Assesment through pregnancy	Annual	61	71	77	79	70	61				
E-learning	Learning from Incidents, Complaints & Claims	Annual	48	55	57	64	63	58				
E-learning	SBLCB - Supporting a smoke free pregnancy	Annual	55	65	70	71	63	65				
E-learning	SBLCB - Detection and surveillance of growth restrictions	Annual	68	68	77	75	73	68				
E-learning	SBLCB - Reduced Fetal Movements	Annual	68	74	83	86	80	71				
E-learning	SBLCB - Effective continuous fetal monitoring	Annual	81	77	80	79	73	65				
E-learning	SBLCB - Reducing Pre-term birth	Annual	71	74	83	86	77	71				
E-learning	K2 - Intrapartum CTG Assessment	Annual	74	74	80	75	63	45				
E-learning	K2 - Intrapartum Intermittent Auscultation Assessment	Annual	65	65	73	71	63	52				
E-learning	K2 - Antenatal CTG Assessment	Annual	74	74	80	79	67	55				
E-learning	K2 - Full Medical Staff pathway	Annual	58	55	67	61	57	45				

Medical Staff – Scarborough reporting on September figures

Training Attendance	Course	Frequency	April	May	June	July	August	Sept
Face to face	PROMPT	Annual	75	70	84	79	48	67
E-learning	COVID in pregnancy	Annual	N/A	N/A	N/A	N/A	N/A	N/A
E-learning	Antenatal Screening	One off exl F2 & GP	0	0	11	37	42	48
Face to face	Fetal Monitoring (with Rachel McCormack)	Annual	75	55	58	63	37	48
TBC	Perinatal Mental Health	Annual	35	40	42	58	32	48
E-learning	Personalised Care - Year 1 (2021/2022)	3 yrly	20	35	37	53	26	48
E-learning	Personalised Care - Year 2 (2023)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A
E-learning	Personalised Care - Year 3 (2024)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A
E-learning	Risk Assesment through pregnancy	Annual	25	40	42	58	32	52
E-learning	Learning from Incidents, Complaints & Claims	Annual	40	40	42	58	32	48
E-learning	SBLCB - Supporting a smoke free pregnancy	Annual	75	75	68	68	32	48
E-learning	SBLCB - Detection and surveillance of growth restrictions	Annual	75	80	58	58	32	48
E-learning	SBLCB - Reduced Fetal Movements	Annual	75	70	63	53	26	43
E-learning	SBLCB - Effective continuous fetal monitoring	Annual	70	70	58	53	26	43
E-learning	SBLCB - Reducing Pre-term birth	Annual	70	70	58	58	21	38
E-learning	K2 - Intrapartum CTG Assessment	Annual	60	55	53	53	53	43
E-learning	K2 - Intrapartum Intermittent Auscultation Assessment	Annual	60	55	53	53	47	43
E-learning	K2 - Antenatal CTG Assessment	Annual	60	60	63	58	53	48
E-learning	K2 - Full Medical Staff pathway	Annual	55	55	53	53	53	43

Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Guardian of Safe Working Hours 2022-2023 Q2 report
Director Sponsor:	Medical Director
Author:	Dr Ruwani Rupesinghe

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

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

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality 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:

- Exception reporting rates have increased in Q2. This is an annual phenomenon related to junior doctor changeover in August.
- 40% of reports were not addressed in the contractual time scale. Nearly 1/3rd of exception reports were managed by the Guardian due to delays and variable engagement from Educational and Clinical Supervisors.
- A decision on how to spend the outstanding £15,000 national funding provided to "enhance junior doctor rest facilities" is yet to be made.
- Recent Board Reports highlighted excessive working hours in surgery (York) over weekends. Rostering alterations to address this went live in August with excellent effect based on the reduction in exception reports.
- Medical and Dental rosters that are not managed by the Medical Deployment Team lack a structure of governance to ensure all contractual rules are adhered to.

Report Exempt from Public Disclosure

No ☒ Yes ☐

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

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

Board report
Guardian of Safe Working Hours 2022-2023 Q2 report

1. Introduction and Background

This is the 2022/2023 Q2 report to the Board from the Guardian of Safe Working Hours (GoSWH) as required by the 2016 terms and conditions for doctors and dentists in training. The quarterly report is for 1st July to 30th September 2022 and summarises key findings from the Junior Doctor Forum (JDF), Exception Reporting and Agency/Bank shift data.

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

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

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

The GoSWH also holds the position of Chair of the JDF. Regular meetings are held in a hybrid fashion (WebEx and physical meeting rooms) to enhance accessibility. The Forum has core representation from Medical Staffing, Medical Deployment, Medical Education, Care Group management, Local Negotiating Committee and British Medical Association. It is open to all junior doctors and gives them a platform to bring forward ideas, get advice and highlight important issues pertaining to their experience of working in the organisation.

2. Current position/issues

2.1 *Guardian funds*

Four Guardian fines were levied in this quarter: two in Care Group 2 and two in Care Group 3. In each Care Group both fines stem from a single event whereby a doctor worked more than 13 hours in a single shift which also meant they received insufficient rest between shifts (less than 11 hours). The reports were submitted too long after the event for immediate action to ensure the doctor could get adequate rest.

The fines totalled £301.38 which were split according to the terms and conditions as follows: £113.04 to the doctors and £188.34 to the Guardian. This takes Guardian funds related to contractual breaches to £858.65 although £500 of that continues to be ring fenced for use towards the York Doctors Mess.

The outstanding £15,000 national funding provided to "enhance junior doctor rest facilities" has been reimbursed. A decision on what to spend the money on is yet to be reached. It will be available until the end of this financial year.

2.2 *Exception reporting trends*

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

The number of exception reports has doubled in comparison to Q1. It is usual to see this sharp rise in reporting after the largest junior doctor changeover in August.

Most reports in Q2 were submitted by doctors working in Care Groups that deal with the bulk of acute and unplanned care. That is; Care Groups 1, 2 and 3 which accounted for 51%, 14% and 30% of reports respectively. It is worth noting that for the purpose of processing payment, exception reports from Foundation Year trainees on placement in Psychiatry (TEWV) are linked to Trust Care Groups. This has artificially increased the number of reports assigned to Care Group 1 in Q2.

There has been a noticeable increase in engagement from more senior grades of doctor (Table 2). In Q1 only 2% (1) of reports were submitted by a doctor not in their Foundation Years. In Q2 this rose to 31% (27). The reasons for this are unclear but senior buy-in with the process is positive.

The terms and conditions of employment for junior doctors stipulate that exception reports should be actioned within 7 days of submission. Approximately 60% of reports submitted in Q2 were dealt with in this time frame and 14% are yet to be addressed (Table 4). At the time of writing the longest wait is a report overdue by 29 days. This is despite repeated reminders and offers of assistance by the Guardian and contract co-ordinator. 29% of initial reviews were completed by the Guardian in Q2 to manage delays. It is not possible or appropriate to do so in all cases due to the need for more information or where there is clear evidence that input from the supervisor is required. The low rates of engagement may relate to clinical pressures or, of more concern, a culture unsupportive of the process amongst some senior clinicians. Taken in conjunction with results from the annual GoSWH survey 2022 it is likely a combination of both coupled with variable awareness of the role amongst the consultant body. This, together with actions, is covered further in the survey report (Appendix 4).

In positive news, one of the strategies to address the high volume of reports relating to weekend day shifts in surgery (York) was to increase the number of doctors working on site when the roster was updated in August. Since the alteration only three exception reports have been submitted in relation to these shifts. There was a vacancy on the dates in question. The iterative changes made by the department and Medical Deployment Team appears to have paid dividends and is a success of the exception reporting system as a tool for kinder, safer rosters.

2.2.1 Safety concerns

When submitting an exception report, it is possible to check an "immediate safety concern" box. It is not a replacement for employing Trust escalation protocols. They should be submitted within 24 hrs to highlight an "immediate and substantive risk to the safety of patients or the doctor making the report".

Only one report was submitted with an "immediate safety concern" that met the contractual definition in Q2.

"There were around 40 items on the weekend handover list created by doctors on Friday. Many members of staff were new and had not been told how to use this. There were therefore numerous inappropriate requests of things that didn't need doing over the weekend such as referrals. There were also items stating "repeat bloods" with no further information on what bloods and why. And many people that wanted bloods reviewing had not put them out for order. There was no time to sit down and prioritise this list as we were getting constant bleeps with more urgent tasks such as patients with chest pain and low sats. This meant we had to stay late on the Sunday evening to go through the weekend handover tasks that we could not possibly achieve while carrying the bleep. Unfortunately when looking at the weekend handover, a patient with a sodium of 118 was only found on the Sunday evening and therefore had to be seen urgently by the med reg. I believe this would not have happened if we had more staff available to complete all of the tasks handed over. All staff only managed to have one break of about 20 minutes on both weekend days during these 12.5 hours shifts as there was simply too much to do. The staffing level felt unsafe and I felt unsupported in my first ever weekend as a doctor."

The report was managed in a timely fashion by the relevant supervisor who met with the junior doctor. They identified steps that can be taken to reduce the chance of recurrence – improved induction and training on use of the handover systems – which have been fed back to the relevant lead.

2.3 *Delayed duty rosters*

Paragraph 24, schedule 4 of the terms and conditions of employment for junior doctors states, "the duty roster must be provided to a doctor at least 6 weeks prior to them starting a placement". Work schedules should be supplied at least 8 weeks prior to commencement. There are factors outside of the organisations control that influence our ability to meet these timescales – primarily a delay in allocation of trainees from HEE and making changes to accommodate any individual needs. However, there have been episodes of significant internal delays leading to dissatisfaction, distress, and potential reputational damage.

One message to the Guardian read, *"I received my rota yesterday. I received my generic work schedule yesterday. This is a clear breach of Schedule 4 as outlined by the 2016 contract and is the poorest performance I have encountered across the 6 NHS employers I have worked for in the past 8 years."*

Another stated, *"I just wanted to let you know that there has been some frustrated Doctors turn up to induction [ ] today and spoken with the team about their rotas. [ ] rewritten the rota after it had been issued and an amended copy doesn't seem to have reached the Doctors. They currently don't know what/if they are working this weekend."*

The complaints unveiled a grey area of medical rostering in the organisation that needs urgent action. The Medical Deployment Team does not produce all rosters, and some are devolved to individual departments for local management. The benefit is that rosters meet the needs of the team and it often adds flexibility for junior doctors. However, the decentralised approach often relies on colleagues designing the roster as an add-on to their primary role. They have competing workforce pressures and lack the same expert knowledge of the contractual rules contained within the Medical Deployment Team - both major contributory factors in the examples described.

It is strongly recommended that a structure of governance is established to maintain oversight – and if necessary provide support – of devolved rosters to ensure they are

managed in line with contractual requirements. This should ideally be through the Medical Deployment Team to utilise their expertise. It is important the team are appropriately resourced to take on the extra workload if this proposal is adopted.

2.4 *Summary of rota gaps and locum usage*

Data on junior doctor vacancy rates is not currently available. The overall vacancy rate for Medical and Dental staff is 5.76% according to the most recent Executive Committee Report for September 2022.

Locum/bank shifts are processed through the Patchwork App which enables doctors to book bank shifts and track their work and payments anytime and anywhere. The information in Appendix 2 (Tables 5 and 6) is presented according to categories defined within the App.

54,744 hours of locum work was requested via Patchwork in Q2. Excluding shifts that are clearly identified as being for non-junior doctor grades (marked with asterisk in Appendix 2, Table 6) this reduces to 49,122 hours. 10,578 hours went unfilled which equates to approximately 1,322 standard 8-hour shifts. All values have increased compared to Q1.

Data on agency locum bookings are in Appendix 3. No comparable data were available in Q1. 16,583 hours were requested for non-consultant grades. 90% of these hours were filled.

3. Summary

- Exception reporting rates have increased in Q2. This is an annual phenomenon related to junior doctor changeover in August.
- 40% of reports were not addressed in the contractual timescale. Nearly 1/3rd of exception reports were managed by the Guardian due to delays and variable engagement from Educational and Clinical Supervisors.
- A decision on how to spend the outstanding £15000 national funding provided to “enhance junior doctor rest facilities” is yet to be made.
- Recent Board Reports highlighted excessive working hours in surgery (York) over weekends. Rostering alterations to address this went live in August with excellent effect based on the reduction in exception reports.
- Medical and Dental rosters that are not managed by the Medical Deployment Team lack a structure of governance to ensure all contractual rules are adhered to.

Date: 18 10 2022

Appendix 1: Exception reporting data for 2022-2023 (Q2)

Table 1: Exception reports by department			
Care Group/ department	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions still open**
CG1			
Acute Medicine	7	5	2
Cardiology	2	2	0
Diabetes and Endocrinology	1	1	0
Elderly/rehab medicine	5	5	0
Gastroenterology	2	2	0
Psychiatry	8	8	0
Renal	6	5	1
Respiratory	13	9	4
CG2:			
Cardiology	2	0	2
Diabetes and endocrinology	2	2	0
Elderly/rehab medicine	1	1	0
Gastroenterology	6	6	0
Respiratory	1	1	0
CG3			
Anaesthetics	2	2	0
Head & Neck (Max Facs)	1	0	1
Surgery: colorectal	3	3	0
Surgery: General	1	1	0
Surgery: Upper GI	9	9	0
Surgery: Vascular	7	7	0
Urology	3	1	2
CG4	0	0	0
CG5	0	0	0
CG6			
Ophthalmology	2	2	0
Trauma & Orthopaedics	2	2	0
Total	**86**	**74**	**12**

Table 2: Exception reports by grade				
Grade	No. exceptions in **previous quarter**	Proportion of reports **previous quarter**	No. exceptions raised **this quarter**	Proportion of reports **this quarter**
F1	40	93%	49	57%
F2	2	5%	10	12%
CT1-2 / ST1-2	0	0%	17	20%
IMT3/ ST3+	1	2%	10	11%
Total	**43**	**100%**	**86**	**100%**

Table 3: Exception reports by type				
Type	No. exceptions in **previous quarter**	Proportion of reports **previous quarter**	No. exceptions raised **this quarter**	Proportion of reports **this quarter**
Late finish	34	79%	72	84%
Missed breaks	1	2%	7	8%
Late finish and missed breaks	4	9%	5	6%
Late finish and missed breaks & unable to attend scheduled teaching	0	0%	0	0%
Difference in working pattern	0	0%	2	2%
Inadequate clinical exposure	1	2%	0	0%
Inadequate supervision	2	5%	0	0%
Inadequate supervision & late finish	1	2%	0	0%
Unable to attend scheduled teaching & late finish	0	0%	0	0%
Total	**43**	**100%**	**86**	**100%**

Table 4: Exception reports (response time)				
	Addressed within 48 hours	**Addressed within 7 days**	**Addressed in longer than 7 days**	**Still open**
FY1	14	14	16	5
FY2	4	2	4	0
CT1-2/ST1-2	8	4	2	3
IMT3/ST3+	0	6	0	4
Total	**26**	**26**	**22**	**12**

(61% addressed within 7 days)

Appendix 2: Locum booking (bank) data

Table 5: Locum bookings (bank) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Acute Medicine SGH	186	162	1,836	1,571
Acute Medicine YH	565	317	5,609	3,037
Cellular Pathology (SHYPS Network)	7	7	17	17
Community In Patient Units	35	27	261	201
Dermatology YH	6	6	36	36
Elderly Medicine SGH	36	34	331	314
Elderly Medicine YH	234	183	2,025	1,552
Emergency Department SGH	506	421	4,983	4,172
Emergency Department YH	974	739	8,274	6,456
ENT YH	57	57	685	685
General Medicine SGH	650	502	6,082	4,770
General Medicine YH	411	233	3,882	2,077
General Surgery SGH	94	84	1,074	954
General Surgery YH Consultants	16	16	245	245
General Surgery YH Juniors	171	161	1,819	1,685
Haematology YH	9	9	69	69
Home First Unit (HFU) SGH	278	219	2,951	2,295
Maxillo Facial YH	74	73	1,050	1,039
Obstetrics & Gynaecology SGH	122	95	1,247	987
Obstetrics & Gynaecology YH	86	85	825	815
Occupational Health YH	12	12	96	96
Oncology YH	33	14	229	97
Ophthalmology SGH	13	11	117	97
Ophthalmology YH	66	62	693	638
Paediatrics SGH	209	179	2,273	1,973
Paediatrics YH	241	239	2,399	2,370
Radiology YH	26	26	111	112
Respiratory YH	8	8	64	64
Stroke/Rehab Senior YH/SGH	50	48	485	455
Theatres, Anaesthetics and Critical Care SGH Consultants	77	77	1,297	1,297
Theatres, Anaesthetics and Critical Care SGH Juniors	98	89	930	865
Theatres, Anaesthetics and Critical Care YH Consultants	20	20	144	144
Theatres, Anaesthetics and Critical Care YH Juniors	46	38	496	394
Tier 1A Emergency Medicine SGH	4	3	40	30
Trauma & Orthopaedics SGH	36	27	449	342
Trauma & Orthopaedics YH	146	143	1,618	1,596
Urology YH	1	1	9	9
Total	**5,603**	**4,427**	**54,744**	**43,550**

Table 6: Locum bookings (bank) by shift grade				
Grade	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
ACP*	1	0	9	0
Anaesthetic ICU different base cover	24	24	344	344
Anaesthetic Juniors & SAS	134	119	1,307	1,166
Anaesthetics General different base 24 hr on-call gap	23	23	497	497
Anaesthetics General different base Mon-Fri on-call gap	17	17	195	205
Anaesthetics General same base 24 hr on-call gap	6	6	144	134
Anaesthetics General same base Mon-Fri on-call gap	11	11	154	154
Anaesthetics ICU same base 24 hr on-call gap	1	1	24	24
Anaesthetics ST3+/Specialty Doctor/SAS	11	8	131	93
Consultant*	503	438	3,952	3,519
Consultant WE/Bank Holiday/Discharge*	128	115	1,313	1,197
CT/GPStR/ST1-2	2,374	1,871	22,934	18,098
FY1	200	116	1,778	957
FY2	555	261	5,443	2,512
On-call consultant*	29	25	348	292
On-call ST1+/SD	35	30	403	342
ST3+	1,111	988	11,633	10,430
ST4+	395	335	3,580	3,092
T&O ST3+/Specialty Doctor/SAS	45	39	558	496
Total	**5,603**	**4,427**	**54,744**	**43,550**

Table 7: Locum bookings (bank) by reason				
Reason	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Agency Locum Cancelled	5	4	46	38
Annual Leave	90	75	866	724
Bank Holiday	30	26	317	284
Bed Pressure	2	2	24	24
Compassionate Leave	16	14	190	174
COVID-19 (Additional demand)	47	39	331	291
COVID-19 (Staff sickness/isolation cover)	136	104	1,398	1,111
Extra Clinic	22	22	267	267
Extra Weekend Support	5	5	55	55
Induction	67	47	671	485
On-call cover	156	140	1,941	1,731
Paternity Leave	13	13	155	155
Service Requirement	1,239	957	10,836	8,548
Sick Leave	317	206	3,050	1,941
Sickness - Long Term	51	44	478	413
Sickness - Short Term	45	37	537	441
Special Leave	16	11	176	123
Vacancy	3,270	2,639	32,844	26,409
Winter Pressure	76	42	565	340
Total	**5,603**	**4,427**	**54,744**	**43,550**

Appendix 3: Locum booking (agency) data

Table 8: Locum bookings (agency) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Accident & Emergency	214	206	1,732	1,661
Acute	154	120	1,247	963
Anaesthetics	8	0	102	0
Dermatology	100	100	801	801
General Medicine	957	880	7,756	7,053
General Surgery	409	395	3,300	3,165
Geriatric Medicine	252	246	2,040	1,967
Histopathology	135	135	1,081	1,081
Obstetrics & Gynaecology	450	424	3,725	3,509
Oncology	40	40	321	321
Ophthalmology	161	161	1,293	1,293
Orthopaedics & Trauma	85	80	683	643
Paediatrics	422	415	3,393	3,326
Paediatrics & Neonates	13	7	114	57
Respiratory Medicine	170	170	1,362	1,362
Stroke Medicine	30	0	241	0
Total	**3,600**	**3,379**	**29,189**	**27,202**

Table 9: Locum bookings (agency) by grade				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Consultant	1,557	1,512	12,606	12,234
Specialty Doctor	389	386	3,122	3,089
Foundation	32	0	301	0
ST1-ST2	1,285	1,181	10,395	9,463
ST3+	337	300	2,765	2,407
Total	**3,600**	**3,379**	**29,189**	**27,202**

Table 10: Locum bookings (agency) by reason				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Annual Leave	1	0	12	0
COVID-19	17	7	152	57
Deanery Gap in Rota	6	6	53	53
Increased Capacity Need	5	5	41	41
Other	52	18	458	151
Sickness	19	6	184	54
Site Pressures	6	6	45	45
Staff Shortages	2	2	25	25
Vacant Post	3,492	3,329	28,219	26,776
Total	**3,600**	**3,379**	**29,189**	**27,202**

Appendix 4: Annual Guardian of Safe Working Hours survey results

Guardian of Safe Working Hours (GoSWH): survey results 2022

In July 2017 the Guardian issued a survey to get feedback from Junior Doctor Forum (JDF) members and Local Negotiating Committee on the GoSWH role. In May 2018 the JDF decided the survey was a good opportunity to acquire more detailed intelligence on the experience of working within the organisation. The Royal College of Physicians shared the questionnaire they used to collect data for the "Being a Junior Doctor" publication. Elements of this have been incorporated into the survey since 2018 as a separate section for Junior Doctors only. This section was removed in 2022 to streamline the survey.

The survey was accessible online via Microsoft Forms or by contacting the Junior Doctor Co-ordinator for a copy to be sent via email or print. The survey was open form 29 June 2022 to 31 July 2022.

People were invited to complete the survey via email which was distributed to all junior doctors, consultants, and JDF members. Recipients were encouraged to share the information. The survey was advertised via the JDF Twitter account, poster displays in the Education Centres (Scarborough and York) and on the JDF pages on Staff Room.

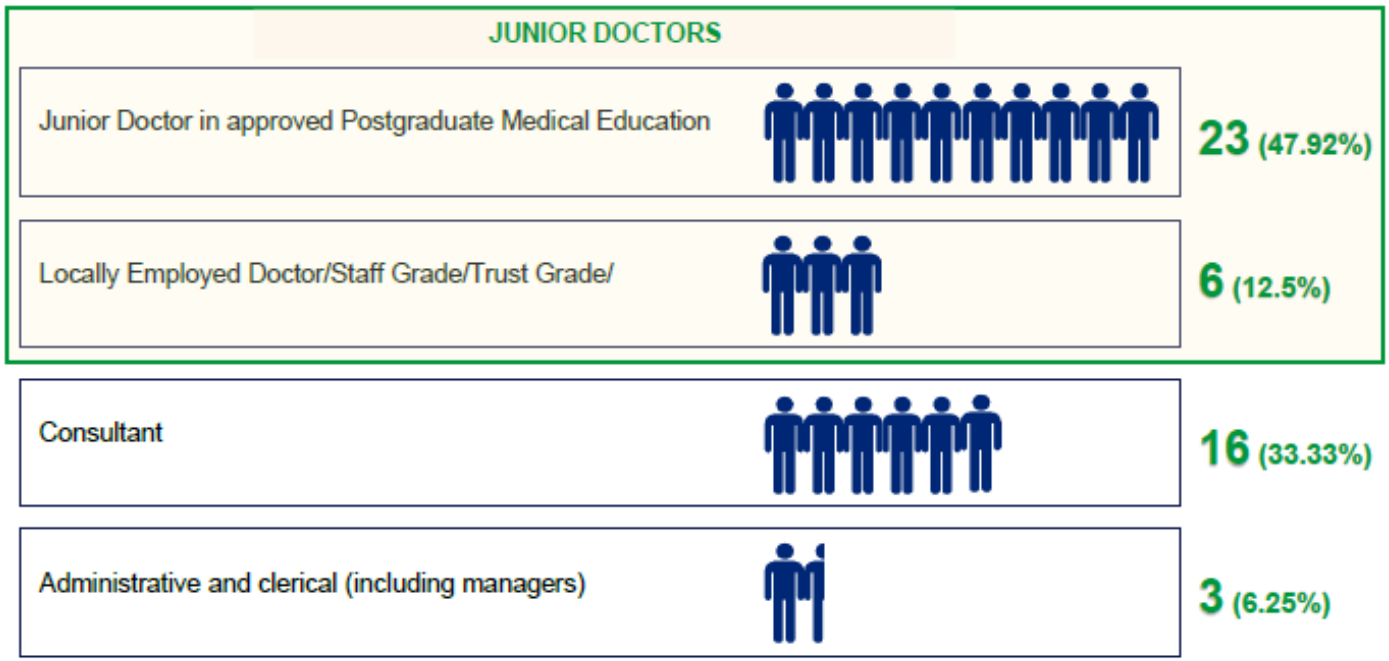
Only anonymised data was made available to the GoSWH for analysis.

JUNIOR DOCTORS' FORUM

Response rate

48 responses were received which is an improvement from 27 in 2021. It is the highest number of responses since the annual survey was established. The majority of responses were from doctors and are broken down into these NHS staff groups.

For ease the first two categories will be referred to as 'doctors in training' and 'locally employed doctors' respectively hitherto.



Awareness of the role and effectiveness:

81%

of responders said they know what the **purpose of the Guardian of Safe Working Hours** is.

Of the 9 who did not know the purpose; 4 were doctors in training, 3 locally employed doctors and 2 were consultants

6% (3) responders said the **Guardian had not met their expectations**.

All were doctors (2 doctors in training and 1 consultant) who had expressed awareness of the purpose of the role. Unfortunately, none of them left comments.

A significant proportion (26, 54.16%) neither agreed/disagreed with the statement "The Guardian has met my expectations of the role", nor felt it was applicable.

> ***"I have never heard of this role"*** *– Consultant*

> ***"Unclear what advocacy and change is made as a result of exception reporting and concern raising."*** *– Doctor in training*

> ***"I have had no professional contact with the guardian and don't know who they are"*** *– Consultant*

54.16% (26) of responders agreed (16) or strongly agreed (10) that **the Guardian had advocated on behalf of Junior Doctors**. This is a drop from 93% (25), driven by rise in total number of responders.

4 doctors (3 doctors in training and 1 locally employed doctor) did not feel this was the case. One commented that they were "unable to see this advocacy".

Other comments received were:

> ***"As they don't understand the roles our JDs currently are undertaking I am not sure how they can adequately advocate for them."*** *– Doctor in training*

> ***"I have never heard of this role"*** *– Consultant*

> ***"Not had any communication"*** *– Consultant*

> ***"I haven't had any contact – so don't know"*** *– Consultant*

"The Guardian of Safe Working Hours has treated my concerns seriously".....

No one disagreed with the statement, but the majority of responders, 34 (71%), selected 'not applicable'.

One doctor in training commented that they "had to sort concerns out myself". However, they selected 'neither agree nor disagree' to the statement making interpretation difficult. The same individual expressed distrust in how independent the role is. It is possible they chose not to raise the issue with the Guardian.

In addition to ascertaining whether concerns are treated seriously the survey explores if staff believe their **concerns are escalated appropriately**. Five (approx. 10%) responders agreed that they are and none to the contrary.

Awareness of the role and effectiveness: *(cont'd…)*

81%

of those expressing a clear opinion said **the role is making a positive difference** to the safe working environment of Junior Doctors (43% neither agree/disagree)

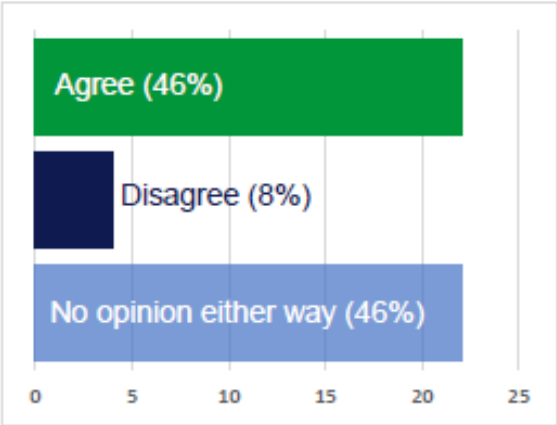
5 people 'disagreed' or 'strongly disagreed' with the statement; 1 consultant, 1 locally employed doctor and 3 doctors in training

Two of them left comments that provide further insight into their view:

> ***"I worry that exception reporting is restricting training opportunities"*** *– Consultant*

> ***"Doctors still staying late, overworked, no breaks, understaffed wards. Uncaring consultants"***
>
> ***"The exception report system needs to improve. I feel it's just a tickbox with pointless outcomes that don't really improve/change anything"*** *– Doctor in training*

Independence, credibility, and visibility:



"The Guardian of Safe Working is independent from the Trust in her role"; 22 (46%) of people believed this to be true and an equal number uncertain or deemed the statement not applicable.

A consultant, locally employed doctor and 2 doctors in training disagreed with the statement. Two left an explanation for this view:

> ***"As an employee who is dependent on training and career progression on the trust there can be no genuine independence, irrespective of how fair minded and courageous the person happens to be"*** *– Consultant*

> ***"Can't be independent if you are working in the same Trust. Unconscious bias exists"*** *– Doctor in training*

Additional comments were left in relation to this question…

> ***"I know she is meant to be but I don't have enough experience to comment. Feedback from FY1s is that the weekend surgical cover is still not sorted. This has been going on for years. Def in the past, the trainees have been asked not to fill out a form suggesting a rota review"*** *– Consultant (response: 'don't know')*

> ***"I always work 1 or 2 hours extra on almost daily basis and I was fearing to raise it as it might offend the bosses"*** *– Doctor in training (response: 'neither agree nor disagree')*

> ***"Our Guardian is so independent that they do not understand the workings of the hospital any more. I think there can be too much detachment"*** *– Doctor in training (response: 'strongly agree)*

> ***"i have never heard of this role - it sounds like a bad Marvel Super hero"*** *– Consultant (response: 'don't know')*

Independence, credibility, and visibility: *(cont'd...)*

70%

of those expressing a clear opinion said the Guardian of Safe Working Hours **has been visible within the Trust** (23% neither agree/disagree)

11 people 'disagreed' or 'strongly disagreed' with the statement. The numbers who 'strongly disagree' increased from 1 person in 2021 to 6 in 2022. All six are doctors of differing grades;1 locally employed doctor, 2 consultants and 3 doctors in training. Only one (consultant) left a comment:

"I have never heard of this role"

Only 2 out of the 48 respondents **did not** feel that the Guardian **successfully engaged with clinical or educational supervisors** – 1 consultant and 1 doctor in training.

The improvement seen in 2021 has been maintained after a dip to 5 (20%) and 8 (19.5%) in 2019 and 2020 respectively.

2021 was the first year respondents were asked what staff group they belong to. 10 consultants partook last year compared to 16 this year, a modest increase.

Submitted comments and suggestions :

All individuals who completed the survey were given the opportunity to comment on how they would like to see the role develop or make any other observations. Some of this year's responses are included in previous sections. The remainder are contained here…

"My experience with the GOSWH is in my role as Ed Supervisor. As such I am very aware that the team do a good job in supporting juniors to ensure they keep within safe working hours" – *Consultant*

"Better insight" – *Locally Employed Doctor*

"My only experience of this was once trying to submit an exemption report and giving up because when you read the York hospital T+C's it doesn't appear like I would get any time back in lieu or pay unless it was a persistent and ongoing issue. I decided not to bother- it wasn't worth the paperwork to claim back the 2hrs late I had stayed. Not sure if this is something which comes under their remit, but would be good to have a look at the York T+C's again as in other trusts they are geared far more towards supporting and remunerating doctors who have worked beyond their paid hours" – *Doctor in training*

"Still a strong culture within the consultant body that is critical of exception reporting. Sometimes I felt that Ru was under-resourced and hesitant to take measures to improve working conditions/workload/staffing. Issues were thought to be specific to individual departments and outside of the remit of GOSW role so were not pursued further which means no change occurred"
– *Doctor in training*

"I haven't even engaged with this service, it seems like more work to report working excessive hours on top of actually working said hours" – *Doctor in training*

Discussion and actions:

The number of people who completed the survey increased by nearly 80% compared to 2021, with more than double the number of doctors in training partaking. This is an unexpected but positive outcome given the relentless clinical pressures being experienced across the NHS. Having said that, the most common response this year is "neither agree/disagree" or "N/A", which coupled with the increase in respondents, has diluted the proportion of positive and negative selections. It has made interpretation of the data more challenging.

Increasing the number of free text boxes has captured useful qualitative data. The results from this year indicate that more work needs to be done in the following areas:

Areas for improvement

- Engage more with the consultant body to dispel myths around exception reporting, describe the potential benefits and reassure them about the impact on training. Their attitude towards the system is key to juniors feeling safe and supported to submit reports
- Engage specifically with supervisors to improve understanding of their role and responsibility in managing exception reports and how it differs from that of the Guardian
- Continue to experiment with strategies aimed at boosting attendance and Junior Doctor Forum meetings. We routinely discuss exception reporting trends and actions taken
- Review alternative methods to share positive outcomes from exception reporting more widely. Similarly, consideration will be given to the merits and modalities of keeping juniors updated during discussions with departments about tackling any issues identified
- Carry out more face-to-face meetings to increase visibility now that most COVID restrictions have been withdrawn

Actions

- Circulate a newsletter aimed specifically at consultants and supervisors
- Liaise with the Director of Medical Education about contributing to supervisor training
- Explore catering options for JDF meetings
- Explore feasibility of departments identifying representatives to attend JDF meetings and proactively supporting attendance
- Recommenced face-to-face attendance at junior doctor induction
- Explore methods of highlighting dates the Guardian will be in York Hospital as primary duties are based on the east coast

Author: Dr Ruwani Rupesinghe, Guardian of Safe Working Hours, Respiratory Doctor and HYMS teaching Fellow
Date: August 2022

For queries relating to the Junior Doctor Forum, Exception reporting, Guardian of Safe Working Hours or the content of this report, please contact: Ruwani.rupesinghe@york.nhs.uk (01723 385276) or Russell.helms@york.nhs.uk (01723 342591)

Appendix 4: Annual Guardian of Safe Working Hours survey results

Survey questions

If you would like the survey in any other language or format please contact russell.helms@york.nhs.uk or call 01723 342591

Guardian of Safe Working Hours feedback 2022

It is a requirement for the Guardian of Safe Working Hours to get feedback into the delivery of their role on an annual basis. I would therefore be grateful if you could spend 5 – 10 minutes completing this survey.

The Guardian is not provided with identifying data and the results are presented to the Junior Doctor Forum and the Trust Board of Directors. Your feedback will be used to identify areas for improvement in how the Guardian dispenses their duties and methods of enhancing the experience of junior doctors whilst at the Trust.

Please indicate your response to the following statements...

1. The 'Guardian of Safe Working Hours' is independent from the Trust in her role as Guardian

   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**
   - ○ **Don't know**

   If you have any further comments to add please do so in the space below:

2. Do you know the purpose of the Guardian of Safe Working Hours role?
   - ○ **Yes**
   - ○ **No**

3. The Guardian has met my expectations of the role
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**
   - ○ **N/A**

   If you have any further comments to add please do so in the space below:

4. The Guardian of Safe Working Hours has been visible within the Trust
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**

   If you have any further comments to add please do so in the space below:

5. The Guardian of Safe Working Hours has credibility within the Trust
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**

   If you have any further comments to add please do so in the space below:

6. The Guardian of Safe Working Hours has advocated on behalf of junior doctors
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**

   If you have any further comments to add please do so in the space below:

7. The Guardian of Safe Working Hours has successfully engaged with educational and clinical supervisors
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**
   - ○ **N/A / don't know**

   If you have any further comments to add please do so in the space below:

8. The Guardian of Safe Working Hours has treated my concerns seriously
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**
   - ○ **N/A**

   If you have any further comments to add please do so in the space below:

9. The Guardian of Safe Working Hours has escalated my concerns appropriately
   - ○ **Strongly agree**
   - ○ **Agree**
   - ○ **Neither agree or disagree**
   - ○ **Disagree**
   - ○ **Strongly disagree**
   - ○ **N/A**

   If you have any further comments to add please do so in the space below:

10. The Guardian of Safe Working Hours role is making a difference to the safe working environment of Junior Doctors
    - ○ **Strongly agree**
    - ○ **Agree**
    - ○ **Neither agree or disagree**
    - ○ **Disagree**
    - ○ **Strongly disagree**

    If you have any further comments to add please do so in the space below:

11. Please use the space below for any views about how you would like to see the role develop, or for any further comments / observations:

12. Which staff group do you belong to?
    - ○ **Consultant**
    - ○ **Medical & Dental (Junior Doctor in approved Postgraduate Medical Education)**
    - ○ **Medical & Dental (SAS / Locally Employed Doctor / Staff Grade / Trust Grade)**
    - ○ **Additional Clinical Services**
    - ○ **Administrative & Clerical (including management)**
    - ○ **Estates and Ancillary (including Facilities Management LLP)**
    - ○ **Healthcare Scientists**
    - ○ **Nursing and Midwifery Registered**
    - ○ **Student**
    - ○ **Other: please specify**

Thank you

If you have any questions about my role, or wish to discuss any issues relating to Safe Working Hours please contact me:

Dr Ruwani Rupesinghe (Chair and Guardian of Safe Working Hours)
771 5276 / 01723 385276 / ruwani.rupesinghe@york.nhs.uk

To have your issues raised at the Junior Doctors' Forum, please contact:
russell.helms@york.nhs.uk | 01723 342591

Further local information can be found on Staff Room (accessible from a Trust computer): within the HR and Recruitment section:
>>Workforce>Medical Staffing>Junior Doctor Forum & Exception Reporting

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	HEE Self Assessment Return 2022
Director Sponsor:	Medical Director
Author:	Medical Education

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

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

Summary of Report and Key Points to highlight:

This is the HEE Self-Assessment (SA) annual report 2022 for training and education encompassing all clinical training programmes (excl. Medical undergraduates)

The report identifies areas of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

We as a providers are asked to submit this report indicating our assessment to whether the standards have been met or not against the three main sections:

- Section 1: Organisation details
- Section 2: Education Contract KPIs
- Section 3: HEE Quality Framework Standards

The paper highlights the three main challenges and successes of training and education throughout the past year.

HEEYH triangulate data provided in this report along with data from the GMC National Training Survey (NTS), HEEYH National Education and Training Survey (NETS) and

CQC outcomes to implement a RAG rating system for training and education and conditions implemented where areas require improvement

Recommendation:
We are seeking assurance from the Board that the report represents an accurate reflection of the position of training and education across all learning groups at the Trust.

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

HEE Provider Self-Assessment - 2022

HEE Self-Assessment Tool

HEE Self-Assessment - Introduction

The HEE Self-Assessment (SA) is a process by which providers carry out their own quality evaluation against a set of standards. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most of the questions for providers to provide comments to support their answer, this is optional and not mandatory.

Completing the SA

Some questions within the SA will ask you to provide some further information based on your responses.

Where standards have not been met: In these instances you will be asked to provide some information detailing why the standard has not been met and any work that is underway to ensure it will be met in future.

Where standards have been met: Where you have met the standards, some questions may give you the opportunity to add comments to support your answer.

Responses by Professional Group: In some questions we have asked you to provide a response per professional group. Throughout the SA we have arranged these groups by their regulators. For example, some questions will ask for you to respond for GMC or NMC associated learners or educators.

Further Questions

If you have any queries regarding the completion of the HEE SA, please review the FAQ document. If you still require further information, you can contact your regional HEE Quality Team.

2. Please provide details of 3 challenges within education and training that you would like to share with HEE.

Example 1
A Medical Education identifiable space in York remains a challenge. Training rooms are not large enough to train full cohorts of trainees and we often have to use off-site venues. There is also a lack of access to confidential space to address pastoral issues. Teaching space in the organisation remains a challenge due to expansion of the Medical school, alternative workforce groups such as ACPs and PAs, and the increase in Postgraduate doctor in training numbers

Example 2
Supervision is a challenge across all professional learning groups as they expand, along with the development and expansion of alternative workforce roles, (ACPs and PAs). In Medical Education educational roles are not being identified to individuals who retire and return, resulting in gaps in supervision plans and loss of experienced and senior educators.
Medical Education teams are actively targeting new Consultants who join the Trust to be supervisor trained and further work is being undertaken to train our senior SAS doctors to be named supervisors.
AHP and Nursing students also have challenges in ensuring sufficient number of mentors/assessors and supervisors.

Example 3
Trust wide understanding of the remit of the Education and Training function

3. Please provide details of 3 areas of good practice within education and training that you would like to share with HEE.

Example 1
Delivery of teaching using diverse methods i.e. advancements in technology (VR), Simulation and life casting models across all learning programmes

Example 2
Organisational support to delivery/keep face to face education, along with supporting face to face Doctor induction programmes

Example 3
Having a visible and accessible Practice Education Team

3. Please tick the box below to confirm that your Self-Assessment response has been signed off at Board level before submission back to HEE
By selecting this box I confirm that the responses in this SA have been signed off at Board level
☐

4. Please confirm the date that Board level sign off was received

Section 2 - Contracting

6. Do you have board level engagement for education and training?

YES

If yes, please provide their name and job title; if no, please provide further detail.

Dr Karen Stone – Medical Director
Heather McNair – Chief Nurse
Andy Bertram – Finance Director

7. Can the provider confirm that the funding provided via the education contract to support and deliver education and training is used for explicitly this purpose?

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Whilst we believe it is, we do not currently have a system in place that permits full transparency as to how and where all the money is spent

8. Is an activity in the Education Contract being delivered through a third party provider?

NO

If yes, please detail who with:

9. Has the provider reported any breaches in relation to the requirements of the NHS Education Contract for any sub-contractor?

NO

10. Is the provider able to give assurance that they are compliant with all HEE education and training data requests?

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

11. Have there been any health and safety breaches that involve a trainee or learner?

NO

If yes, please provide detail:

12. Does the provider engage with the ICS for system learning?

NO

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

At this time we don't engage with the ICS for system learning but we are keen to look at working in new ways and developing relationships and exploring opportunities across the ICS.

Section 3a - Quality

13. Is the provider aware of the requirements and process for a HEE Quality Intervention, including who is required to attend and how to escalate issues with HEE?

YES

14. Have any conditions been imposed on the provider from regulators?

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC		X	
NMC		X	
GOsC			X
Any other learner groups (please define in notes)			X

15. Has the provider actively promoted the National Education and Training survey (NETS) to learners?

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

All learners are encouraged to complete the NETS survey. Active publicity through email, posters and reminders is provided by the education admin teams, supervisors and College Tutors.

16. Has the provider reviewed and where appropriate taken action on the basis of the results of the National Education and Training Survey (NETS)

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Evaluations are monitored and positive feedback is shared with placement areas. Any areas of concern are addressed and investigated using a process of action planning. Medical staff results are shared by the senior medical education team to the College Tutors and Care Group Directors and any action plans supported and monitored for progress.

17. Does the provider have a Freedom to Speak Up Guardian and do they actively promote the process for raising concerns through them to your learners?

YES

The role is embedded in Corporate induction for all new starters to the Trust, along with all learners, and there are two National E-learning packages available on our in-house E-learning platform. The Trust also has Fairness Champions who can be accessed by all staff and learners at the Trust.

18. Does the provider have a Guardian of Safe Working, and do they actively promote the process for raising concerns through them to their learners?

YES

The Guardian of Safe Working has a dedicated slot on all Doctor Corporate induction programmes, as well as details in all induction materials. The Guardian also attends F1 induction and is visible in the Trust to all Medical Staff.

19. Please confirm whether you have an Equality, Diversity and Inclusion Lead (or equivalent):

YES

This is a new role to the Trust in recent months and recently been appointed into.

20. Please confirm that the provider liaises with their Equality, Diversity and Inclusion Lead (or equivalent) to:

	YES	NO
Ensure reporting mechanisms and data collection take learners into account?	X	
Implement reasonable adjustments for disabled learners?	X	
Ensure policies and procedures do not negatively impact learners who may share protected characteristics?	X	
Analyse and promote awareness of outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic?		X
Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation?	X	
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	X	

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

With the Equality, Diversity and Inclusion Lead role being new to the Trust, the above all already happened through communication and support of clinical placement leads, tutors and educational leads. Moving forwards now we have this role in place the educational teams will link with the Lead role.

We have not routinely analysed or promoted awareness of ARCP outcome data by protected characteristic.

21. Patient Safety and the promotion of a Patient Safety culture is integral to the HEE Quality Framework. Can you confirm as a provider that you have the following:

	YES	NO
A named Board representative for Patient Safety	X	
A named Patient Safety Specialist/s	X	
A process to ensure that all staff are made aware of and can access the NHS Patient Safety Syllabus Level 1 training on the e-Learning for Healthcare platform	X	

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

NHS Patient Safety Syllabus Level 1 training is part of the Trusts Statutory and Mandatory training programme for all learners and staff

22. Has the provider developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services?

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

This has been submitted to the HEE KLS team

23. Has the provider been actively promoting, to all learners, use of the national clinical decision support tool funded by HEE?

YES

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

BMJ best practice is promoted to all staff at Corporate Induction and included in Library marketing events. The Library is located within each of the Medical Education Centres and accessible to all learners and staff.

Section 3b - HEE Quality Framework Domain 1 - Learning environment and culture

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

24. The learning environment is one in which education and training is valued and championed.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Each learning environment in Nursing has a learning environment manager who is the main connection between learners and faculty. Supporting students is an expectation of every nursing member and the focus is on valuing learning at all levels. Each Medical and Dental speciality has a named College Tutor for Doctors in Training trainees who promote, champion and support training in their speciality. We are in the process of appointing a Professional Lead, & deputy Lead, to champion and lead our growing ACP and PA workforce.

25. The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

As a Trust our culture is one that promotes inclusivity for all service users, staff and learners. Students are supported across all areas of nursing and allied health, coming from a range of different HEI's and following a variety of programmes. The diversity of the student group is recognised and welcomed, and all students receive appropriate support. The LEM, HEIs and Practice Education Team work closely together if bespoke provisions are required to meet learner requirements

26. The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

As a Trust our culture is one that promotes inclusivity for all service users, staff and learners and the Trust has policies in place to support this.

27. There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Students receive continuous constructive feedback throughout their placement experience verbally and written to ensure learning is encouraged, supported and learners develop. Feedback is encouraged, shared and acted upon for all learning events.

28. Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes - Although we recognise the challenging environment in terms of service provision on the back of Covid, the increase in acute presentations and the lack of community bed places, meaning the environment can be challenging at times

29. The environment is one that ensures the safety of all staff, including learners on placement.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

All staff are encouraged to raise concerns openly and safely. Through quality assurance and quality improvement environments are assessed and maintained as suitable learning environments for staff and learners.

30. All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

All staff and learners are encouraged to speak up and be transparent via the escalation policy, University links and/or the Practice Education Team and the Freedom to speak up Guardian. We also have exit questionnaires, staff survey and EDI Lead as platforms to speak up. Trust Directors have set up Staff Surgeries to listen and meet staff/learners face to face.

31. The environment is sensitive to both the diversity of learners and the population the organisation serves.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

We recognise across sites in the Trust there are differing populations and demographics and take this into consideration though different recruitment methods and training programmes

32. There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Learners are encouraged to work as part of the team during their clinical placements and as part of this engage in quality improvement initiatives that are happening.
An Associate Medical Director for QI has been appointed recently, setting up QI training sessions for our junior doctors. Clinical Governance is promoted throughout the Trust and disseminated through all doctor in training levels to attend.

33. There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Each Care Group has a Governance facilitator/team to consolidate learning and disseminate as required through clinical governance sessions. The use of Patient Experience feedback is valued within the Trust as giving opportunities from which to learn.

34. The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail for each facility:

Yes - York and Scarborough both have Medical library facilities that are open 24 hours a day. They are staffed throughout the week with specialist support available.

No – There is a lack of space and facilities for the Medical and Dental workforce on the York site to be able to facilitate all education, training and pastoral needs required by learners and supervisors.

35. The learning environment promotes multi-professional learning opportunities.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Learners are encouraged to attend MDTs and also work with multi-disciplinary professionals that benefit their overall placement experience, meeting their proficiencies and outcomes. We also deliver some multi-professional simulation training, replicating how teams work clinically, and are keen to further build on this.

36. The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Learners are encouraged to take ownership of and responsibility for accessing learning opportunities, meeting with supervisors and seeking further opportunities when possible with guidance from the educational teams. Training lists, bedside teaching and teaching ward/board rounds are accessible to all learners.

Section 3c - HEE Quality Framework Domain 2 - Educational governance and commitment to quality

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

37. There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

There is clear, visible and inclusive senior educational leadership across all professional groups. However, there is work to be done with promoting joined up working with each of the professional learning groups as these have become isolated at times and multi-professional education can be strengthened.

38. There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Each professional area has one, if not more, named senior educational leads of whom are supported by the education teams

39. The governance arrangements promote fairness in education and training and challenge discrimination.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Discrimination is not tolerated and is challenged should it arise. Through the network of Fairness champions, Freedom to speak up and Guardian of safe working roles, fairness is promoted in all training and governance structures

40. Education and training issues are fed into, considered and represented at the most senior level of decision making.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing Yes - The Work Based Learning Development Lead sits within and feeds directly into the Chief Nurses Team.

Medical/Dental No – Education has recently moved it sit within the remit of the Medical Directors office but is often under-represented/not fed into senior decision making.

41. The provider can demonstrate how educational resources (including financial) are allocated and used.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

This can be accountable through room bookings, attendance lists, feedback received, courses booked, maintaining up to date training content, accurate staffing lists and maintaining departmental financial records, along with successful learning outcomes.

42. Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Educational audits by the Trust and HEIs are marked against HEE quality framework standards, GMC, NMC and CQC outcomes. If standards are not being met provisions are put into place for timely improvements with reassessments and review.

43. There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Regular meetings with stakeholders and practice partners to share updates regarding education and training, problem solving and best practice. Regional networks are well established across all learning groups

44. Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

This does happen but more can be achieved by working collaboratively when standalone clinical changes/policies are brought in/updated.

Section 3d - HEE Quality Framework Domain 3 - Developing and supporting learners

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

45. There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Adjustments are made in teaching provisions and making adjustments for any impairments/disabilities

46. The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

The Medical Education team have a well-established senior support team, enabling learners to be identified and the relevant support put in place in a timely way.

47. Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing teams have clinical educators and mentorship groups which provide a forum where such difficulties are discussed. Medical and Dental learners have named supervisors who have been provided with training in how to support trainees experiencing difficulties and are aware when to escalate their concerns to relevant senior medical education faculty.

48. Learners receive clinical supervision appropriate to their level of experience, competence, and confidence, and according to their scope of practice.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes, however improvements can be made in supporting clinical environments in out of hours working. The Medical Education team need to ensure more regular supervision courses are available to give assurance that all supervisors are appropriately trained and refresher sessions are available to existing supervisors.

49. Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Educational supervisors meet with learners to assess progress and learning outcomes.

50. Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Doctors in training rarely have difficulty in assimilating the required evidence for progression at ARCP.

51. Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes, although we recognise there is more work to do to ensure this is fully embedded with all members of the organisation to ensure that everyone's position in the wider system is fully understood.

52. Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

All nursing members undertake a timely induction to the placement area. This is also part of the HEI documentation requirements.

However, we are aware of instances when Medical and Dental learners join the organisation out of synch to National changeover dates which can result in not receiving a timely induction to the organisation. We are looking at how to rectify this and ensuring that all departments provide a robust local induction to their clinical area.

53. Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.

	YES	NO	N/A
GDC	X		
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing are fully embedded with this.

Medical No - staff can be left without enough system knowledge if local inductions are not robust enough. We are looking to work with all areas to address this concern.

54. Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes, learners are supported via methods such as teach the teacher, train the trainers, coaching and mentor methods.

Section 3e - HEE Quality Framework Domain 4 - Developing and supporting supervisors

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

55. Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing provide mentors and educators time out of clinical practice to support, train and are supported and encouraged to support more junior colleagues.

Care Groups are allocated funding to provide this into a named supervisors job plan, although we are aware that more and more supervision is being squeezed out of these individuals that may not have been anticipated / planned for. We are looking at ways to gain this assurance from Care Groups.

56. Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

For Nursing teams this is evidence via PARE.

There are some training needs identified for Medical/Dental supervisors to enable the Trust to keep up with the increase in training posts – this has been identified and plans are in place to increase our training capacity.

57. Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

58. Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of leaners' programmes and career pathways, enhancing their ability to support learners' progression.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing -learning progression is supported through the completion of practice assessment documents and HEI staff visit placement areas regularly to maintain strong links between supervisors and academic assessors/tutors
Medical/Dental – improvements can be made for educational supervisors to ensure they are aware of key curricula developments. We are working with our College Tutors to embed this.

59. Clinical supervisors are supported to understand the education, training and any other support needs of their learners.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Medical/Dental No –We know improvements are needed to triangulate any support required especially in terms of new clinical supervisors or when updates to curricula occur.

60. Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Medical/Dental - No – at Foundation ARCPs we have identified that there are weaker supervisors that need some guidance and support that have not been identified through appraisal; from the Foundation ARCPs we provided feedback to all named supervisors.

Section 3f - HEE Quality Framework Domain 5 - Delivering programmes and curricula

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

61. Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.

	YES	NO	N/A
GDC	X		
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Medical No – We have challenges in our General Medical Specialities delivering curriculum requirements. Much of this is due to clinical pressures and not having job planned time to support this. We have just appointed a Medicine College Tutor (York), following the post being vacant for over a year, which will help.

62. Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.

	YES	NO	N/A
GDC	X		
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Medical No – We have active College Tutors in all Specialities, although there is varying input/output from these. This has been identified as an area for improvement

63. Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Medical no – Limited knowledge of Trust change in clinical policy and procedures that may affect Medical and Dental learners

64. Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

We continually strive to find new and innovative ways of delivery education, more recently virtual reality platforms and life casting simulation models – across nursing and medical learners.

65. The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

66. Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.

	YES	NO	N/A
GDC		X	
GMC		X	
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing - All learners are supported to attend planned education sessions and their time is protected to enable them to do this.

Medical/Dental No – There are many challenges with Medical rosters, resulting from service pressures and vacancies. We are working with the medical rostering department and tutors to ensure learners meet curriculum requirements. We encourage all doctors in training to complete exception reports if an educational opportunity has been lost due to clinical demands.

Section 3g - HEE Quality Framework Domain 6 - Developing a sustainable workforce

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

67. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

68. Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Educational supervisors should be able to give initial careers advice and signpost to further sources of support for Doctors in training.

69. The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

The Trust works with local education providers regularly on curriculum and course development. This collaboration between the Trust and HEI's and the requirement for education programmes to comply with professional standards ensures students are prepared to meet the changing demands of the service.

70. Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.

	YES	NO	N/A
GDC	X		
GMC	X		
GPhC			X
HCPC	X		
NMC	X		
GOsC			X
Any other learner groups (please define in notes)			X

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Nursing – students who have undertaken placements within the Trust are actively encouraged and supported to apply for vacancies within the final year. They then work in that area in their final placement into the nursing preceptorship programme.

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Minutes

Quality and Safety Assurance Committee
18 October 2022

Members in Attendance: Jenny McAleese (JM) (Chair), Caroline Johnson (CJ), Heather McNair (HM), Mike Taylor (MT), James Taylor (JT)

Attendees: Matthew Morgan (MM), Shaun McKenna (SM), Ruth Render (minute taker), Sue Glendenning (SG) (item 41-22/23 only), Ben Adekanmi (BA) (item 41-22/23 only)

Observer: Cathy Geddes (CG) (NHS England)

Attendees introduced themselves and JM declared the meeting quorate. Welcoming CG, Improvement Director who is observing today's meeting as part of the Well Led Review NHSE is undertaking for the Trust

JM noted in SH and LB's absence it has been agreed with HM that today's meeting will take a slightly different format, to enable the focus on the recent CQC inspection. Issues arising from all other reports will be by exception only.

36-22/23 Apologies for Absence

Apologies were received from Stephen Holmberg (SH) and Lorraine Boyd (LB)

37-22/23 Declaration of Interests

No declaration of interests.

38-22/23 Minutes of the meeting held on 20 September 2022

The minutes of the last meeting held on 20 September 2022 were agreed as a true and accurate record.

39-22/23 Matters arising from the minutes and outstanding actions

To defer to the next meeting when the usual Chair, SH is in attendance.

40-22/23 Escalated Items

There were no escalations raised.

41-22/23 Ockenden Update Report

HM explained there was no Continuity of Care in Midwifery report as listed on the agenda as this has been nationally suspended. In line with this the Trust suspended its progress too.

SG and BA joined the meeting.

JM questioned whether there was any significant change, from a risk perspective, that SG wished to draw to the committee's attention?

SG highlighted a lot has happened since the report was written. There is now more assurance around Tendable as ward managers are completing audits on a Monday leaving the rest of the week to pick up the work. The Care Group's Allied Health Professional completed a monthly audit in September and will be doing so for October. Themes are being pulled out, and reports are being reviewed and discussed.

Challenges remain with the Maternity Early Warning Score (MEWS) on G2, however there does not seem to be the same problems on Hawthorn, therefore the two Ward Managers are working together, with support from Donald Richardson to look to progress and resolve this issue.

Maternity unit closures remain an issue, with another closure from 6pm on Friday for 24 hours. Sarah Ayre (SA), Associate Director of Midwifery was available on the phone to assist over the weekend, which helped, and the team are reviewing how this could be managed going forwards. An exercise with the first on call on Friday evening took place with SA detailing the process that must be undertaken.

The Maternity Incentive Scheme (MIS) (formerly CNST) is not reporting as compliant currently. There are issues with the carbon monoxide monitoring at 36 weeks, following a review of this there are many different reasons why. The way it is managed by the dashboard does not help, therefore SM will help support this once it has been determined what the metric should be. There are many ways to increase compliance. The maternity dashboard is being reviewed in more detail and is on the agenda at the Care Group's Quality Committee.

The fourth scan room is now open. There can be problems scanning high risk ladies within 3 days and work around this is being undertaken.

Mandatory training and compliance are an issue particularly around PROMPT due to staffing issues beyond the Trust's control. The trainer in York is doing as much as possible until Scarborough's trainer commences in post. The National Team have been asked if they support with training.

MIS safety actions 4 and 5 are ok as have the papers for this. Safety action 6 is an issue around saving babies lives, and the issues already referenced with scanning and carbon monoxide. Safety action 7 is out of the Trust's remit because Maternity Voices Partner (MVP) is a commissioned service. An MVP lead in York has just been appointed however the lead in Scarborough has resigned.

JM questioned what the main issue was that concerned HM and SG, and whether there were any surprises from the CQC inspection. SG highlighted the main issue is staffing with this needing to be the priority to keep maternity services safe, noting the double time incentive is helping. Incentives for training are being looked at to reduce bottlenecks within the system, increasing flow, which would look to avoid closures. Additionally, incentives for midwives who have got scrub competencies are being reviewed to support in theatre and a dedicated discharge midwife for a couple of hours to help flow. The Care Group are aware the maternity leadership team has been depleted which has been a challenge to manage everything however posts are starting to be filled.

JM acknowledged at the last meeting it was noted the service was very vulnerable however staff are working hard to make it safe, although this is not sustainable longer term. Noting the national position remains challenging however it was reassuring to hear nationally there

was no evidence of harm as a result of these challenges. Adding it was great to see the update on work being undertaken to recruit, welcome and support new midwives.

HM flagged SH challenged at the last meeting to see an improvement in medical staff training and having reviewed the matrix there has been no improvement. A trajectory which shows when this will improve is needed with evidence of improvement or a plan to improve. MM queried what has been done differently to address this challenge. BA confirmed he expects to see an improvement from next month as the team are now pro-actively reminding medical staff to undertake their training. There was also a big turnover of junior doctors in September who are catching up with their training and this should show a difference.

CJ highlighted Michaeline Holder-March (MH-M) has commenced working with the Trust through an agency and has a CQC/transformation background. MH-M has been asked to support the maternity transformation, help prepare for the CQC and look for any gaps. The maternity transformation committee meetings have commenced and MH-M is pulling together a strategy and transformation plan, looking to fix the gaps as she goes along if they are quick wins. MH-M is also assisting with the information request, ensuring the narrative that surrounds evidence is included.

HM noted there were two issues which were a surprise from the CQC inspection, the rest were known and had been discussed in the maternity transformation committee. Born Before Arrival (BBA) rates were raised which surprised HM as this has never been flagged through the dashboard. The CQC suggested there was a direct correlation to the number of times the unit is being closed and the withdrawal of home birth services when midwives are required to staff the unit. CJ is reviewing this, and it is felt this is not the case, with no adverse outcomes. The second surprise was in relation to CTG machines as there have been no adverse outcomes, there is enough for labouring women, and the Trust had already placed an order for replacement machines which have a 12-week lead in time. HM noted on the whole there were no real significant surprises.

JM noted it was reassuring the issues were known however it was concerning that these had not been addressed. NED colleagues feel issues only seem to be addressed once flagged by the CQC rather than pro-actively once they are known. HM acknowledged this, noting this would not be seen favourably from a Well Led perspective.

MM queried whether the Trust was prioritising things correctly, or whether it was being pushed into prioritising things it didn't feel was the overall priority due to the CQC flagging it. HM noted on this occasion it was a priority for the Trust, as the CTG machines had previously been approved and ordered. Adding there are other things that have previously been approved but have sat on a list awaiting funding, which is now being progressed due to the CQC flagging the issue. Therefore, there is a need to have clear sight of what is approved, what requires funding, and what the risks are when certain things are prioritised above others. JM added due to safety reasons there is a recognition there are some things that need to be done without others being deprioritised for example the scrub nurses which will cost approximately £0.5m. The Chief Executive is flagging this with the ICB as this is a must do regardless of cost.

JM thanked SG and BA for attending and for all the work they are doing to keep the service as safe as possible

42-22/23 Serious Incidents Report (Including Maternity SI reports)

JM queried whether there was anything specific to highlight from the report. JT reported three instances related to Diabetic ketoacidosis. JM acknowledged the importance of pace and the opportunity to spot the issue, respond quickly, identify and remedy the problem. CJ

confirmed that is exactly what has been done. A run of incidents has been identified via Datix's. There are quality improvements in place whilst undergoing investigation. Investigation includes cluster reviews which is in line with the new framework. A piece of work is being carried out to understand and make improvements to avoid waiting months to do SI investigation.

43-22/23 CQC Compliance Update Report

JM confirmed she would come back to item 8.

44-22/23 Infection, Prevention and Control Update Report

MM commented that there has been no improvement in IPC across three years (apart from when there were no patients in hospital at the beginning of 2020). The activity reported is at best stable, the report focusses on what the Trust cannot do and have not done. MM highlighted that some of the risks identified within the Board Assurance Framework (BAF) are not actually risks but describes the situation at present. MM questioned how the situation could be changed and to look to not continue in the same way if it is not working.

HM described that leadership was a big issue. Damian Mawer (DM) is attending Executive Committee meetings to talk with the Clinicians. DM is also due to attend Private Board this month to discuss the improvement plan. HM queried if moving fast enough and highlighted issues with decant space and an issue in the report regarding mattresses. A mattress audit has been commissioned however the mattress replacement will be a huge cost which was not on the Trust's financial radar. It would be useful to discuss at Private Board regarding prioritisation. HM discussed decant space being the number one priority, this is eighteen months away at Scarborough Hospital. Although York has a ward presently, winter pressures will likely lead to the ward being consumed by a holding area. HM confirmed MSSA results show the worst 5% in the country which is a low baseline and nothing to be proud of.

MM stated the degree of harm was not picked up in the report and every patient that has an extended stay in hospital with CDIFF has a significant impact on the patient and occupancy of beds.

JM stated the importance of minimising risk to patients and highlighted the concern at a lack of decant facility and highlighted the need to drop a ward into Scarborough regardless of cost.

HM confirmed reducing the bed occupancy would improve the performance of IPC. If the hospital ran at 88% bed occupancy a couple of issues would be resolved. This item would be a welcome discussion at Private Board when DM attends.

Action – IPC escalation to Private Board

45-22/23 Quality and Patient Safety Escalation Report

CJ stated the importance of the Governance of actions for incidents including serious incidents. A new framework is due to commence in order to reduce the number of actions. There is a lot of work including policies, procedures and clinical documents. A team member is leading a project related to the policies and clinical documentation to roll out across Care Groups to update and to work through the backlog.

JM and CJ confirmed the Falls and Pressure Ulcer report would be available at the next Quality and Safety Assurance Committee meeting.

CJ reported aiming to work towards less actions. A new framework is being put in place to move towards overarching improvement plans across Care Groups. This integrates with the work Phil is leading on regarding QI strategy work.

Action – Add the Falls and Pressure Ulcer Reports to the next meeting agenda

46-22/23 Quality and Safety Assurance Metrics (TPR)

JM commented that there were no surprises in the report. MM noted the new areas of concern and action required which included pressure ulcers and falls. MM questioned when change/improvement would be seen? Fourteen hour post take and senior review targets have not been met since MM joined the Board 3 years ago.

HM updated on improvement plans with trajectories for pressure ulcers and falls and agreed Tara Filby would share the minutes for completeness.

Action – Tara Filby to share pressure ulcer and falls improvement plans and minutes

47-22/23 Q1 Nutrition and Hydration Report

JM commented regarding the Q1 report and the second letter from the CQC acknowledged progress.

HM confirmed no issues related to nutrition or hygiene needs were raised by the CQC. It can be seen on the wards if patients have a feeding plan and is logged on Nucleus.

JM highlighted that this was great news and added that the Nutrition Groups and Patient Services Operatives played a part.

HM confirmed audits had been carried out by the Patient Experience Team to identify if patients' needs had been met in relation to food, drink and hygiene. Where patients were unable to advocate for themselves discussions are had with relatives and the outcome has been broadly positive. Nucleus has been fantastic for care planning and evaluation.

MM referred to the previous CQC visit which was incredibly positive and queried what effect having a further CQC report and negative findings may have on staff morale.JM concluded to pick up when due to discuss the CQC visit but questioned what happened to the deteriorating patient update and if it would be listed on the next Committee meeting agenda.

SM confirmed there is work to do with John Redman to pull the information together but will be itemised on November meeting agenda.

Action – SM to submit the Deteriorating patient update for the November meeting

48-22/23 Safeguarding Update

HM updated regarding the restructure of the Safeguarding team. Rachel Stanton previously Head of Safeguarding has moved to work with the CCG. Rather than a Head of Children and a Head of Adult Safeguarding there is now a combined Head of Safeguarding role in place, Nicola Cowley. This has been a positive move at no additional cost to the team. There has been formalised Governance of the Learning Disability Liaison Service. There is also an Autism Lead which is a new role. HM confirmed extra support on the Mental Capacity Act work which continues. Nothing by exception to report.

49-22/23 Patient Experience Report Q1 2022/23 Report

HM asked regarding spending some time on this item at one of the Committee meetings and described that there is now a Patient Experience Team which has not been in place before who are carrying out proactive work. Need to understand what this will lead to, if linked to the National patient survey, little progress has been made. JM confirmed concern. HM acknowledged the need for robust discussion.

CJ commented that there has been one round of recruitment, unsuccessful in recruiting for Head of Patient Experience, band 8b. The right candidate for the role needs passion and a strategic approach. The second round of recruitment has identified five/six individuals who are short listable with interviews taking place next week. CJ confirmed the need to strengthen the patient voice, including surveys/asking opinions rather than waiting for complaints to happen. Three Patient Safety Partners have been recruited.

JM and CJ discussed co-production of a mental health strategy and quality strategy and agreed to bring to the next meeting in November.

Action – Caroline Johnson to include Mental Health Strategy and Quality Strategy update on November agenda.
Action - Invite Hannah Gray to November meeting.

50-22/23 Inpatient Survey update

HM commented regarding the same issues, the National patient survey informed on what to work on but not doing enough in the right places. JM discussed that when the CQC visit action is taken following the visit but if the Trust is already aware of issues it can take some time to action these and the Trust needs to be more proactive.

MM confirmed the Trust is just hitting average against benchmark peers and other areas significantly below. Patients perceive the Trust is understaffed which is true. The plan is to try and improve staffing and retention. MM questioned if there should be expected improvements not just dependent on improvement of staffing levels. CJ stated both leadership and strategy is required to take forward.

HM discussed doing something different. Some of this is not related to staffing and resource as those with the staffing are not seeing improvements. Discharge is a real problem.

JM suggested finding an organisation that is doing well and learn from that organisation. JM questioned what NEDs can do to help the process? HM flagged keeping a lens on and keep asking questions and to keep on the agenda. CJ confirmed need to hold everyone to account and seeking assurance.

51-22/23 Mortality Report – Q1

JT commented that the basic numbers are relatively assuring, reporting a SHMI of less than 100, latest - 97. The main issue with the report is regarding learning and actions. JM highlighted regarding the same issues and themes related to patient experience. JT stated that the data suggests a below average mortality which is a statistical interpretation. The challenge is how to make it better. The deteriorating patient is expected to improve over time with improvement in staffing levels and safety related to staffing on the wards. Clinical staffing correlates to the safety of the organisation. Recruitment and retention issue were also flagged.

52-22/23 Mental Health Report – Q1

CJ confirmed that mental health activity has reduced and is quite low. There has been focus on Section 52 use which was getting high in Scarborough against other Trusts. The recruitment of a Psychiatrist at Scarborough has had a positive impact on figures. CJ has re-written the Mental Health Act policy and carried out work on the Mental Capacity Act too. Work is still ongoing around a mental health audit. The Team have been carrying out training work with Hill Dickinson Solicitors to deliver to junior Doctors. Audits outcome discussed. Work continues with awareness training, training of staff in relation to patients with complex trauma and self-harm behaviours presenting and to include broader training with MIND. There are over 100 Mental Health First Aiders within the Trust. Comment was made regarding the increasing violence and aggression and assaults on staff. Added to the Incidence Report, work ongoing with the Health and Safety Team leading. In receipt of the draft Therapeutic Restrictions and Restraint Policy which includes the Use of Force Act as compliance required with Use of Force Act. JM flagged the pressure staff are under and queried the experience of patients with mental illness. CJ stated most of the anxiety for staff are related particularly regarding trauma. Three Admiral Nurses for dementia patients have been recruited.

53-22/23 Risk Management Report: CQC Visit

JM thanked everyone for working hard and acknowledged the improvements noted by CQC which were good to see. Highlighted not just about the CQC but also Board members and staff members who are trying to ensure patient care is safe and of the highest quality given the constraints they are under. The Non-Executive Directors (NEDs) met with Simon Morritt, Chief Executive for discussion regarding issues with leadership/systems and culture. NEDs were most concerned with basic errors including notes/wrist bands/drug administration/checking identities/cleanliness/infection control which were alarming to read in the report. Need to pick up issues in the early stages and work together in a mutually supportive way. Is there an issue with paperwork?

HM noted issues with documentation. In the Emergency Department (ED) the records are in two places i.e. CAS card (written) and CPD. The CQC could not find everything they were looking for. HM felt what was most surprising was that the CQC did not express any patient safety concerns following Tuesday's visit. When the CQC visited Scarborough on Wednesday it was busy, patients were awaiting admission and in ambulance queues. CQC found patients at Scarborough to be safe and a plan in place therefore no patient safety concerns were raised. However, on Thursday at York Hospital with a different set of Clinicians the CQC felt the department was not safe. HM made comment on how Clinical staff reacted to requests, there was no ED Consultant in the Team. The defensive behaviour set the tone. More work is required around behaviours. A lot of work had been done in Scarborough and very pleased. The leadership has turned things around with pressures being the same or greater than York. Issues surrounding interface with Physicians and ED indicated.

JM commented that the feedback regarding Scarborough was excellent and questioned what York could learn from this. The quality and safety of the service should not vary depending who is on duty.

CJ highlighted the calibre of leadership and culture within the ED and a refusal to engage. Need to address the issues with really strong leadership/holding to account and having robust systems and processes in department.

JT pointed out the issue within the ED and Medicine and how they interface. There were significant improvements during pandemic where the areas came together. A new Clinical

Director (Steve Crane(SC)) has been appointed in the York ED and is a significant improvement in leadership. SC engages in safety meetings, is accepting and makes helpful proposals. Work ongoing with Consultant and Nurse colleagues/teams. Consequences of unhelpful behaviour shown to CQC. JT confirmed a new version of Standard Operating Procedures EPIC and NIC are responsible for responding to escalations within the ED department.

MM made reference to these problems driving unsafe/ineffective care in ED. Staff completely underperforming when CQC there, out in open and becomes part of reports which need to be addressed. Discussion around changing attitudes and culture within the department. Ongoing challenges to bring ED and Medicine together. CJ pointed out ED feel ED taking the risk and not the wards. There are not always the appropriate staffing levels on the wards to manage transfers from ED. JT clarified that there is more work for the Trust to do to support ED and consistency.

HM commented following meeting with the ICS it was suggested external support is required in ED around culture and behaviours.

JM stated action plans required. How do we share the feedback that does not demoralise individuals? Need to bring about change to deliver safe services to patients.

CJ pointed out that OD colleagues have an important part to play. The senior team are working very hard. Positives from the work done, should take this forward.

HM noted the Mental health room had 'junk' stored, not auditing everything that should be looked at. HM highlighted an issue with missing CD's, no CD's were missing but unable to track when left Pharmacy to ED. There are two processes in place. There is a nurse call in the waiting room. Regarding hand wash basins which are not in every clinical area portable sinks had been looked into, space is confined and not practicable. Regarding IPC and domestic staff, at times the staff can be turned away and therefore unable to carry out their job.

JM discussed the role of safety walk rounds. SM commented that the walk rounds cannot be carried out frequently enough to make as meaningful as it would be for ED, very reliant on manual audit which takes hours of clinical time. Need to be better at sustainable practice where information automated and can save clinical time for audits that need analysis.

CJ in agreement, unable to get access to a lot of the data. Moving towards baseline analysis re CQC key lines of enquiry is to move towards peer reviews. CJ commented that an area needing strengthening is governing at a local/team level but can get limited engagement.

54-22/23 Issues to escalate to the Board and/or other Committees

JM actioned escalation of culture in the ED and highlighted the importance of getting the messaging right. Helpful communication required.

Action – JM to escalate ED cultural concerns to Board and whether external support would be beneficial.

55-22/23 Issues to escalate for BAF and CRR consideration

MT commented regarding the update for Q2 for risk. PR 1 and PR2 for safety. Only one risk circulated, circulated separately. Following Risk Committee MT asked Executive to re-review in light of everything that was talked about re CQC before forward and report to Board, noted for assurance and information.

56-22/23 Any other business

CG commented that there was a good level of challenge focussing on risk. CG will give more in depth feedback as part of the wider review

No other business raised.

57-22/23 Date and Time of next meeting

The next meeting will be held on 22 November 2022 2.00pm-4.00pm

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Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Chief Operating Officer's Report
Director Sponsor:	Melanie Liley, Chief Operating Officer
Author:	Lynette Smith, Deputy Director of Planning and Performance

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 highlights

The Trust has continued to experience ongoing urgent care pressures with 39% of ambulance handovers taking more than 60 minutes, 10% of patients spending more than 12 hours in ED and 1081 12 hour trolley waits in October. The Trust has a growing waiting list for planned care at 49,432 open clocks with 568 patients waiting over 78 weeks. The Trust had 415 patients waiting over 63 days on a Cancer Pathway in October.

In response the Trust has refreshed the Urgent and Emergency Care Transformation Programme and the Elective Recovery Programme with the first Board meetings to agree the revised scope held in November. The Trust has been working through the Collaborative of Acute Providers, the Integrated Care System and with the regional elective teams to access mutual aid and identify further opportunities for improvement.

The Trust will move to Elective Recovery Tier 1, with a two day visit from the national Elective Intensive Support Team planned for early December. Tier 1 and 2 Trusts have received a set of expectations for elective recovery and self-certification from the Board.

The Trust has delivered below plan activity levels in October. Activity data from the Ramsay elective hub is not available and is not included in the reported figures.

Recommendation:

1. That the Committee notes the updated position.
2. That the Committee receives an update report on Cancer Recovery from the Cancer Delivery Group

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 Operating Officer's Report

1. Introduction and Background

This report sets the operational update for Board of Directors oversight. The operational performance position is provided in the Trust Priorities Report.

2. Considerations

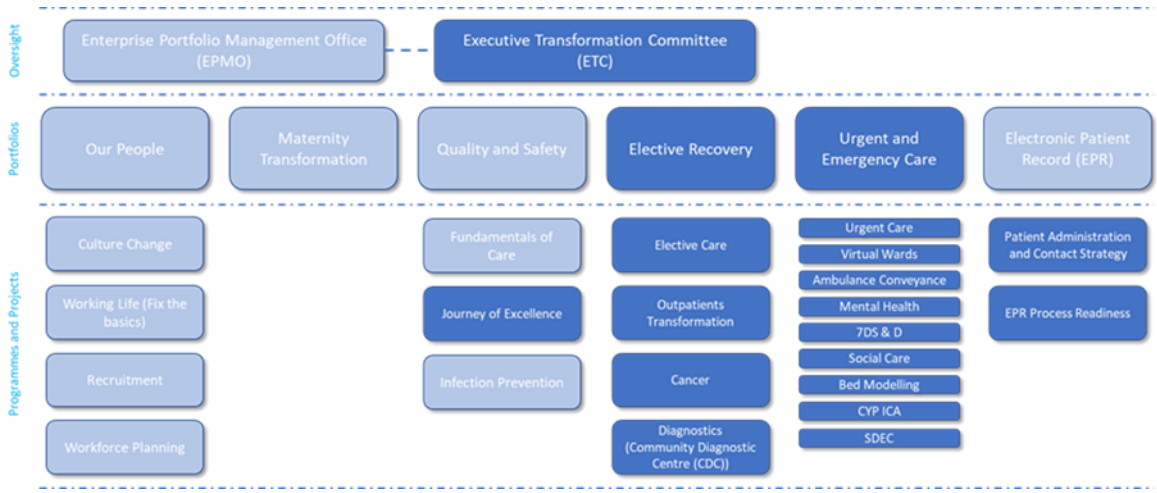
That the Board of Directors notes the updated position.

3. Current Position/Issues

The Trust continues to have high numbers of COVID-19 cases in the bed base, as at 10th November there were 125 confirmed cases. The majority of these patients are not being treated for COVID-19 as their primary complaint, however the need to manage high risk patients separately and to isolate or cohort COVID-19 positive patients due to Infection Prevention Control (IPC) requirements creates flow (bed) delays.

The Trust winter plan has been approved through board and will be mobilised from December, with Influenza (Flu) plans already in place. Alongside these winter pressures, the Trust is working through the Emergency Preparedness, Resilience and Response (EPPR) framework for the potential industrial action.

The Trust has implemented the changes to the recovery and transformation programme 'Building Better Care' briefed to Digital, Performance and Finance Committee last month, with the first meetings of the new Programme Board held in early November. The interim Improvement Director will review these programmes. An overview of the current programme proposal is shown below.

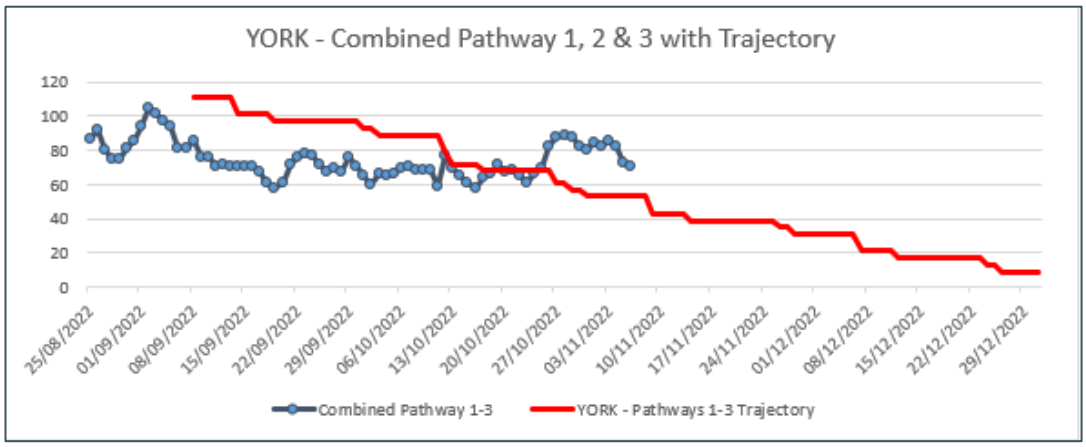


3.1 Board Priorities: Acute Flow

The new Urgent and Emergency Care Transformation Programme has been established, with the first meeting refining the scope of the Programme work and the alignment to the system Urgent and Emergency Care Programme. This will have a corresponding update on the programme dashboard and will be shared with the Digital, Performance and Finance Committee once agreed.

3.1.1 Discharge Pathways:

The Trust continues to work through the York Place local system plan with a view to reduce the number of patients in the general and acute bed base who do not have a 'criteria to reside'. The system remains above trajectory, with a weekly meeting in place to review progress and expedite actions.



Across the Trust, 64% of all patients are discharged before 5pm, however this remains below the Trust target of 70%, the earlier the patients are discharged, the quicker they can be used for a patient awaiting admission. The seven-day services and discharge work is being reviewed as part of the Programme refresh to focus on targeted actions to improve earlier discharge and delays for patients on a Pathway 0 (no additional support required on discharge).

3.1.2 Same Day Emergency Care

The Trust streamed 19% of ED attendances direct to Same Day Emergency Care (SDEC) services in October, against a Trust target of 20% by March 23. Diversionary pathways are established with the Yorkshire Ambulance Service to support direct admission to Same Day Emergency Care services to support handover times. The Trust has agreed a plan YAS for a QI approach around conveyancing and primary care to be undertaken across Scarborough then York.
The Trust is also exploring dates with the former Clinical Chair of the Royal College of Emergency Medicine to support a review of the operating model at York.

The Urgent and Emergency Care Programme has established a project to review Surgical Assessment Unit (SAU) pathways and opportunities across York and Scarborough to increase the clinical pathways through SAU.

3.1.3 Urgent Care Review

The Trust is engaged in the Task and Finish Group for the Urgent Care review for York and North Yorkshire, led by the Integrated Care System. The Task and Finish group will focus on what can be done in an integrated way to deliver improvements, including;

1. Learning from the implications observed during the UTC+ pilot.
2. Increasing Capacity.
3. Improving Integration / removing silos.

4. Cost Efficiency and Value for Money.

The Urgent and Emergency Care Programme Lead is the representative for the Trust.

3.2 Board Priorities: Elective Backlogs

The Trust has received formal confirmation of the move to Tier 1 as a result of the national review of the tiering support. The Elective Intensive Support Team will complete a two-day visit to the Trust as part of the Tier 1 support to review our processes and identify opportunities for improvement. This is due 6th and 7th of December.

The Trust received a formal letter and request for Board self-certification on elective recovery to ensure recovery actions are in place. A copy of the letter and self-certification is attached at Appendix A.

The Elective Recovery Programme is currently being refreshed to bring together both short term recovery and medium-term transformation projects into a single programme of work. This will help to respond to the Tier 1 and 2 letter expectations and define priority work with the highest impact before March 23 to support recovery from Tier 1. The Deputy Chief Operating Officer will provide the lead for this Programme, working with the Improvement Director.

3.2.1 RTT 78 week position:

The Trust declared two 104 week waits in October, both patients had booked TCI dates before their breach date, however tested positive for COVID-19 prior to their TCI dates, resulting in the recommended 7-week delay before surgery could take place.

The Trust was ahead of the revised 78 week trajectory for October at 568 (target 689), however remains in the bottom 15th centile nationally. The Trust has implemented several actions following the Executive Committee discussion, including:

- Recruitment of additional administrators to support patient booking and validation of long wait patients.
- Increased Patient Pathway Team (tracking) capacity to support validation
- Progressing insourcing for ENT, endoscopy, dermatology and outsourcing for MaxFax.
- Clinical validation of referrals in Gynaecology.

Diagnostics remains a significant pressure, with 48% of patients waiting less than 6 weeks for their diagnostic test at the end of the month, ranging from Colonoscopy at 32.5% to Audiology at 67.9%. The Trust is working with the Integrated Care System to secure additional capacity for CT and MR capacity, with a business case for endoscopy insourcing.

The Executive has approved the establishment of a revised assurance process to bring together the Clinical teams in high risk specialities directly with the Executive team to expedite solutions collaboratively to deliver the March 23 target.

The Humber and North Yorkshire Collaborative of Acute Providers has successfully bid for additional mutual aid monies to develop a ‘mutual aid hub’ extending from Hull University Teaching Hospital FT (HUTHFT) to support York and Scarborough Trust in

the first phase. North Lincolnshire and Goole (NLaG) and HUTHFT are supporting the Trust with mutual aid for Urology and exploring support for Upper GI.

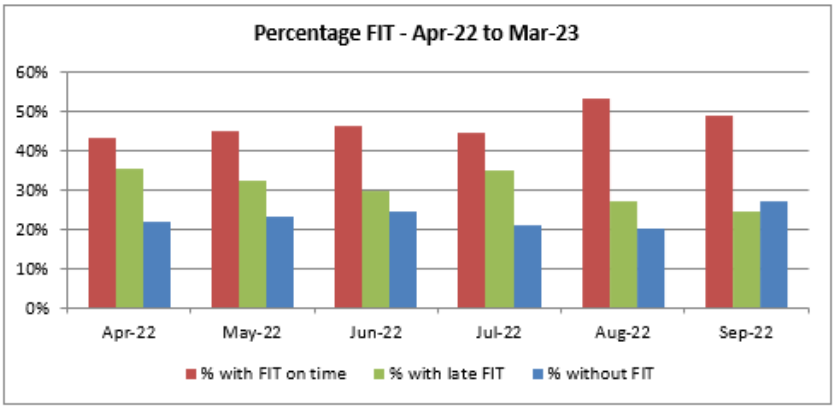
3.2.2 Cancer pathway patients waiting over 62 days:

The Trust remains off trajectory for the number of patients waiting over 63 days, at 415 at the end of October (target 345).

The Cancer Delivery Group has refreshed its work programmes to target recovery of the pathway and incorporate the actions within the Tier 2 meetings. It is recommended that the Committee receives an update on the Cancer recovery work.

The Skin, Head and Neck and Colorectal pathways have the highest volume of patients over 63 days, with the impact of the Skin pathway delays affecting Trust performance on the 14 day targets, Faster Diagnosis Target and the 62 day performance target in September (Cancer is reported a month in arears). There is a delay in administrative processes for benign patients and the Executive Team has approved additional resource for Cancer patient tracking in October to support this. The Skin service team are progressing insourcing capacity, in addition to extra locum support and the recruitment of a pathway navigator for skin cancer.

The Trust continues to work with the Integrated Care System to support the use of FIT diagnostic tool alongside Colorectal Fast Track Referrals. The national guidance is that all Fast Track referrals should have the FIT test results to ensure only those with scores at a higher risk follow the Fast Track pathway. The implementation is ongoing across the Trust's footprint, with 49% of referrals receiving a FIT within the Fast Track timeframe in September.



The Trust has requested support from the Cancer team within the NHS Intensive Support Team, to confirm and challenge our current processes as we seek to maximise the benefits of a new Cancer Information System.

3.3 Productivity

The Trust has improved the data quality of reporting to the model hospital national dataset on productivity, which has seen our reported theatre touch-time utilisation rise in October to 81.4% for elective operating. The national GIRFT team met with clinical teams in early November to explore areas for further opportunity. The analysis of local opportunities has been completed and shared with specialities to develop clear action plans for achieving the 85% standard.

The Trust continues to run a reduced SLA for theatres, operating at 72% of the full SLA. This has affected day case and ordinary elective activity levels for October.

The Room Booker project in outpatients has been paused due to ongoing technical challenges. A clinic utilisation dashboard has been released to Care Group and speciality teams to address usage and assess opportunities for improvement. The procurement of two-way text messaging systems is progressing to support a reduction in DNA, which has remained around 7% and is planned to go-live in February 23.

3.4 Back to Basics

The review of the elective recovery actions and projects as part of the Elective Recovery Programme has incorporated patient administration and waiting list management. The Trust has completed testing of several training suppliers for RTT expertise and will be rolling this out to all operational teams in advance of the broader 'Proud2beOPs' training programme which has a provisional launch date for December.

4. Operational Activity Plan

The Trust has delivered lower levels of activity in October than planned, and in comparison, to 19/20. Activity levels have been affected by staff absence, increased COVID-19 prevalence, and the blood stock national Amber alert, which affected Orthopaedic operating at remote sites (Bridlington) and the independent sector (Ramsay Elective Hub).

October Activity

October 2022	Planned	Actual	% Plan	% 19-20 outturn
Advice & Guidance	3699	2592	70%	107%
Outpatient 1st	14653	13514	83%	85%
Outpatient FU	29765	34334	114%	92%
Day Case	7506	6264	83%	92%
Ordinary Elective	874	512	59%	66%
Non-Elective	6545	5623	86%	90%

The plan for October and November 22 is higher than previous months for day case and ordinary electives, reflecting the anticipated seasonal variance of the summer holidays and winter pressures from December onwards. The reduced level of operating compared to 19-20 and plan will increase the risk to the delivery of the expected backlog reductions.

Care Groups have been requested to adjust their clinic capacity to delivery 1st Outpatient plan expectations through the Oversight and Assurance Meetings held in October. This will be a focus of the Star Chamber meetings for the high risk specialities.

Date: 14th November 2022

Elective Recovery Self certification

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery. **Yes**

The Chief Operating Officer has the Executive Director lead for elective and Cancer services. The Trust has recently appointed an interim Improvement Director who will lead on elective recovery alongside the Chief Operating Officer.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally. **Yes**

The Board and Committees received an Integrated Board Report, recently refreshed as the Trust Priorities Report which includes performance data and activity against plan and associated narrative including risks and mitigations. In addition the Board and Committee receive a Chief Operating Officer report with detail on the Elective, Cancer and Diagnostics position.

There is limited comparative data within the Trust Priorities Report, based on the indicators available on Public View.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations. **Yes**

The Board approved the Trust operational plan, which incorporates the planned trajectories for 78 weeks and 63 day cancer measures. The Trust has an approved priority work programme on the four Trust Priorities, one of which is Elective Care (including cancer). This was approved by the Board in the Summer. Progress on delivery is reported through the Trust Priorities Report.

A detailed elective recovery plan was approved by the Executive Committee, a sub-Committee of Board, and reported to the Quality and Safety Committee (one of the Board's Assurance Committees, chaired by and Non-Executive Director).

Actions specifically targeting the 78 week and cancer 63 day trajectories are reported to sub-Committee of Board and have been refreshed as part of the Tier 2 process. These will be reviewed and shared with Board by the new Improvement Director as they commence in post.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy

requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter. **No**

The Trust has a Cancer Delivery Group with regular discussions on FIT and best practice pathways. FIT has been discussed at sub-Committee of Board and at Board through the Chief Operating Officers report.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities. **Yes**

The Trust has an Improvement Programme 'Building Better Care' with outpatients Transformation as a programme of work with dedicated project support and associated monitoring dashboards. The progress is reported to Executive Committee in the programme highlight reports and to the sub-Committee of Board through the Chief Operating Officer report.

The Board's Trust Priorities Report includes the key measures for Outpatients Transformation. However, there is limited comparative data on Outpatients Transformation and this is an area for further development to share with the Board.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation. **No**

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter. **No**

The Building Better Care Programme and detailed elective recovery plan, approved by the Executive Committee as a sub-Committee of Board, sets out the actions to support validation. The technical validation of the Trust's PTL scores highly through the LUNA assessment, and the Trust commissioned Source Group to complete a full validation of the waiting list in 2022, with only a 1% of additional clock stops identified.

This was reported to Quality Committee within the Chief Operating Officers report, but not directly to the Board. The clinical and administrative validation of the waiting list remains in the elective recovery plan, with additional resources agreed by the Executive Committee.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report. **Partial**

The Board receives escalation reports from Quality Assurance Committee at Board concerning diagnostics and waiting times. The Trust has been working with the Integrated Care System to increase diagnostic capacity to support

turnaround times. A detailed report on diagnostic turnaround times and recovery actions was submitted to Executive Committee as part of the £1.8m Business Case for additional capacity.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor. **No**

Theatre Productivity performance indicators are included in the Trust Priorities Report. Discussion on theatre productivity takes place at the supporting Trust sub-Committee, chaired by a Non-Executive Director. There is no specifically identified NED for theatre productivity, the Chair of the sub-Committee provides this de-facto and has escalated to Board.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts. **Partial**

GIRFT is reported via the Finance reports and the TPR includes day case activity and theatre productivity measures. The Board received a session on Model Hospital data, but there is not a regular review of specifically on Model Hospital Data at Board. This has been done through Executive Committee; a report on compliance and impact of GIRFT, Model Hospital and BADS with identification of opportunities, has been received by Executive Committee with actions delivered through Theatre Productivity and Outpatient Transformation groups.

k) Confirm your SROs for theatre productivity. Melanie Liley, Chief Operating Officer

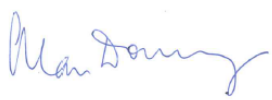
l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England. **No**

The Board receives escalation reports from Quality Assurance Committee at Board concerning diagnostics and waiting times. The Trust has been working with the Integrated Care System to support diagnostic recovery and have requested additional support to review utilisation, and capacity and demand models within diagnostic services.

Signed by CEO

Date: 10/11/2022

Signed by Chair



Date: 10/11/2022

To: NHS Trust and Foundation Trust chief executives and chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 October 2022

Dear colleague,

Next steps on elective care for Tier One and Tier Two providers

On 18 October, NHS England wrote to the NHS outlining further plans to boost capacity and resilience for services over the coming challenging winter period. This letter now sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met.

The NHS has delivered a massive reduction in patients waiting two years and is also now steadily reducing the number of people waiting more than 18 months and 62 days respectively. Activity levels compared to pre-pandemic are increasing but we can still do more. There is no one silver bullet, but through a combination of getting the basics right and data-led management and innovation, particularly on outpatient and diagnostic activity, we firmly believe that we can continue to make genuine progress.

We realise that there are a lot of asks on providers and that each of you will know best your local circumstances and what works well. However, through each wave of Covid over the past two years, hospitals have got better and better at protecting elective and cancer care. There are significant learnings from individual organisations across the country that can make a huge difference if adopted collectively. That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self certification, (see appendix A) to allow us to support you where you are having the greatest challenges. The fundamentals that we have, collectively, proven to work are:

Excellence in the Fundamentals of Waiting List Management

Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance. All patients past 62 days for cancer and 78

weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.

Validation

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and to provide clean visible waiting lists to ensure timely and orderly access to care. There are three phases to validating waiting lists that providers are required to undertake routinely – technical, administration and clinical and, following on from guidance sent out on 16 August available here, we expect providers to meet this timeline:

a) By 23rd December 2022
   Any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

b) By 24th February 2023
   Any patient waiting over 26 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

c) By 28th April 2023
   Any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated* in the previous 12 weeks should be contacted

Appropriate surgical and diagnostic prioritisation

We know that 85% of patients waiting longer than 62 days from their referral for urgent suspected cancer are waiting for a diagnostic test. For cancer in particular, the significant demand for additional diagnostic capacity means that Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway, but should at all times have a maximum backstop timeframe of 10 days from referral to report. Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.

Trusts should ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single PTLs across the system. Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging and endoscopy capacity; and expedite delivery of those investments once approved, and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.

Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.

Cancer pathway re-design for Lower GI, Skin and Prostate

There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.

Lower GI: Full Implementation of FIT in the 2ww pathway

As set out in the joint guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland (ACPGBI), and reinforced in this letter, most patients with suspected colorectal cancer symptoms but a FIT of fHb <10 µg Hb/g, a normal full blood count, and no ongoing clinical concerns should not be referred on a LGI urgent cancer pathway. Where referred, teams should not automatically offer endoscopic investigation but consider alternative, non two week wait, pathways as set out in the letter.

Full implementation of teledermatology in the suspected skin cancer pathway

All Trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances to tackle the backlog and meet increasing demand. NHS England's guidance on the implementation of teledermatology pathways is endorsed by the British Association of Dermatologists and supports a Best Practice Timed Pathway for skin cancer which has been published this week.

Implementation will require provision for dermoscopic images to be taken for Urgent Suspected Cancer Skin cancers. This could be delivered by primary care, a separately contracted service delivered by primary care, in a community image taking hub setting, or by medical illustration departments in secondary care. Capacity must be in place for daily dermatologist triage of images, as either additional activity or as part of existing job plans. Following triage, the consultant or a member of their team should communicate with the patient (via telephone, video or face-to-face consultation) and be booked directly for surgery and receive appropriate preoperative advice and counselling if required.

Full implementation of the Best Practice Timed Pathway for prostate cancer
All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy. Using pre-biopsy mpMRI means patients can be triaged towards a biopsy so at least 25% can avoid it, over 90% of significant cancers can be diagnosed on imaging and fewer insignificant cancers are diagnosed. Use of local anaesthetic transperineal biopsy where clinically indicated provides increased accuracy and reduced risk of infection, without the resource intensity of procedures done under general anaesthetic.

Implementation will require all patients to be booked in for both mpMRI and biopsy at the point of triage, with triage taking place no later than 3 days from the date the referral is received. Ring-fenced mpMRI slots should be in place – weekly demand analysis from radiology requesting systems should be used to inform the level at which this is set, with frequency of mpMRI slots sufficient to support delivery of timely biopsy. Maximum use of local anaesthetic transperineal prostate biopsy should also be ensured, with general anaesthetic biopsy used only where clinically indicated or for patient preference. Pre-biopsy mpMRI and biopsy procedures should take place no later than 9 days from the date the referral is received.

Outpatient transformation
Outpatients make up around 80% of the total waiting list and it is crucial that, over the winter period, providers continue to keep a strong operational focus on providing these services. Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.

a) As part of this, trusts are asked to continue the expansion of patient initiated follow up (PIFU) to all major outpatient specialties, especially increasing the volume of PIFU activity in specialties where it is now well established.
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments. Providers are asked to focus efforts on pre-referral advice models.
c) Further initiatives to support outpatient follow-up (OPFU) reduction should also include improved and standardised discharge procedures and more effective administrative processes – including focusing on reducing DNAs in outpatient settings
d) In order to enable a personalised approach for outpatients and where it is clinically appropriate to do so, outpatient appointments should continue to be delivered via video and telephone, at a rate of 25% of all outpatient appointments. Remote consultation guidance and implementation materials can be found on NHS Futures here.

Surgical and theatre productivity

It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter. As such we expect providers to:

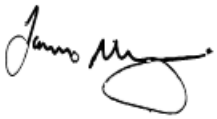
a) Review the senior responsible officer(s) (SROs) and oversight arrangements in relation to theatre productivity and strengthen these if necessary. Ideally, it should consist of a senior manager working 'shoulder-to-shoulder' with a senior clinician – to succeed we need both groups working together.
b) Drive up theatre utilisation to 85%, underpinned by the cases per list standards set out within the GIRFT high volume low complexity (HVLC) programme.
c) Make elective surgery daycase by default, delivering daycase rates across all surgery of 85%, and helping to free up valuable inpatient beds for complex work.
d) Maximise Right procedure right place, taking simple surgical procedures out of theatre into procedure rooms, eg hand surgery, cyctoscopy, hysteroscopy
e) Adopt best practice pre & peri-operative medicine pathways to reduce issues of under booking of lists, on the day cancellations, and pro-longed length of stay, as well as providing better care for patients.
f) Optimise the booking & scheduling processes, ensuring that patients are ready for surgery prior to being offered a surgery date, with an embedded data driven, clinically led approach.
g) Not performing those interventions identified as 'must not do' on EBI lists 1 and 2 and following the stated process for those List 1 and 2 interventions that should only be performed after applying the specific criteria.

Board Self-certification

As part of the above priorities, we are asking each provider to undertake a Board self certification process and have it signed off by Trust Chairs and CEOs by November 11, 2022. If you are unable to complete the self certification process then please could you discuss next steps with your Regional team. The details of this self certification can be found at Appendix A.

Thank you for all of your continued hard work in addressing what are two critical priorities for the NHS over the winter period. Please share this letter with your Board, key clinical and operational teams and relevant committees, and do email england.electiveopsanddelivery@nhs.net should you have any questions.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Elective Recovery Self certification **Appendix A**

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

k) Confirm your SROs for theatre productivity.

l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Signed by CEO Date:

Signed by Chair Date:

Minutes

Digital, Performance & Finance Assurance Committee
18 October 2022

35-22/23 / Attendance: Lynne Mellor (LM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), Denise McConnell (DM), Mike Taylor (MT), Lynette Smith (LS), Jim Dillon (JD), James Hawkins (JH), Jane Money (JM), Michael Turnham (MT2 – observing), Wendy Barker (WB – observing), Rhiannon Heraty (RH) (minute taker)

LM welcomed MT2 and WB (NHSE) to the meeting, who observed the Committee as part of the well-led preparation related to our CQC visit.

Apologies for Absence: N/A

36-22/23 / Declarations of Interests

There were no declarations of interests.

37-22/23 / Minutes of the meeting held on 20 September

The minutes of the last meeting held on 20 September were approved as a correct record. The minute numbers from previous Committees require updating.

38-22/23 / Matters arising from the minutes

Action 18 – confirmed closed.

Action 20 & 25 – JH said he was confident in checks and that an audit will be held later in the year. Both actions were confirmed closed with a new action created around the audit and an update once completed.

Action 40 – JH confirmed the priorities remain as agreed. Action confirmed closed with an aim for JH to review planning for next year.

Action 54 – JH confirmed this was still ongoing and agreed to bring an update to the November Committee with an analysis of impact on patient care.

Action 56 – confirmed closed.

Action 57 – confirmed closed as report included on agenda.

Action 58 – JH confirmed that there has been interim approval to pay some coding staff R&R, which will help attrition. Confirmed closed.

Action 59 – due date amended to November as the list of minor works will not be confirmed until the end of November. LM approved deadline change.

Action 60 – confirmed closed as included on agenda.

Action 65 – LM raised this and MT confirmed culture review is on the Board agenda going forward. Confirmed closed.

Action: JH to provide update following NDOO audit later in the year

39-22/23 / Escalated Items

There were no escalated items to discuss.

40-22/23 / YTHFM Sustainable Development Quarterly Assurance Report

JM highlighted the following salient points:

The Trust is striving to achieve net zero carbon emissions as part of the green plan mission statement.

As a result of the highest temperatures recorded in July, we need to integrate longer term adaptation of high temperatures into a refresh of the estates strategy.

JM gave an update on the Salix carbon reduction grant. There are fortnightly design meetings and monthly monitoring meetings. C.70% of the external cladding is complete and new external windows are being fitted within the next month. ML added that minor works and full HPV of each ward are being actioned whilst windows are being replaced to provide assurance from a quality and safety and IPC position. There has been significant work through procurement framework to review terms of the model contract compared to the existing contract. We have the opportunity to achieve net zero by 2040. A grant application has been received for SGH site – the project is £10.6m and the Trust have been asked to provide £2.14m from its capital programme. This work will link in with some backlog maintenance works and risks identified on SGH site. It remains subject to approval, but Salix are happy with progress to date. There is an approximate 23% saving on carbon emissions and we are in a good position to receive further technology and opportunities for further grant funding.

JD noted the excellent progress and asked about the long-term impact on operational revenue. JM said the cost at the time of application was based on the model, and figures become more detailed as designs are finalised. We anticipate a £17k overall saving per year for YH site. For BDH site, there would be a revenue cost (c.£70k per year) because the scheme would achieve an 80-85% carbon reduction, which was accepted as part of the business case. The Committee acknowledged the rise in energy bills and JM gave assurance that there have been legal discussions about where the utilities contract rates are set. JM added that the contract guarantees a level of savings in kilowatt hours – if these savings are not achieved in the contract then we are compensated and if we overachieve on savings, these are fairly distributed out. JM said that utility bills are not a significant concern at this stage. LM said it was good to be aware of these savings and MT confirmed that net zero will be added to the Board Assurance Framework going forward.

DM asked for an update on the Environmental Awareness Officer recruitment and JM said it has been challenging and we are yet to appoint. The job description is being reviewed as it currently includes both carbon monitoring and awareness-raising portfolios. JM said there may be some money coming from HEE to fund carbon literary training.

DM asked about plans for dealing with high temperatures following the highest recorded in July 2022. JM said we have funding for a small pilot scheme to install temperature monitoring on YH and SGH sites but need to ascertain the most high-risk areas. It is recognised that our current ventilation and insulation is not suitable for high temperatures and we do not have the correct controls and policies in place for creating refuge areas. The pilot will hopefully commence within the next month.

DM asked how we received substantial assurance following an internal audit when recent assessments show amber in all areas at a further capital improvements investment of £50m. JM said the assurance was linked to what we were delivering against the guidance at the time rather than having the resources to deliver. The requirement to deliver net zero is now mandatory under the Health & Care Act 2022. The premises assurance model with the amber assessment has a new criterion this year and we do not know the cost to get us to green status, which is a concern. Whilst in the process of drafting the YH contract, Vital Energi were asked for a cost to deliver all work on-site and it was underestimated by £50m.

LM asked for further information on our NHSE Living Labs Innovation Programme. JM said that the Trust was approached in 2019/2020 to be involved in a working partnership with NHSE to trial developing technologies to help with carbon reduction. We are not currently tied to a particular project.

The Committee noted the recommendations on P17 of the report.

Action: LM to ask the Board to support resourcing of environmental awareness officer, including temporary assistance to support the team with the significant sustainability plans

Action: JM to provide update on temperature monitoring pilot

41-22/23 / Trust Priorities Report – Digital, Finance and Performance, to include:

Operational Performance (Trust Operational Performance to national standards & Recovery Plans (where applicable)

The Committee noted the ongoing challenges and risks around workforce for urgent care and acute flow. ML added that industrial action planning is also taking place, which could potentially have a significant impact on our ability to deliver urgent and planned care programmes. Staff are currently being balloted and there is a sense of anxiety alongside the significant ongoing winter pressure and recent CQC visit.

Ambulance handovers remain the source of significant system and regional scrutiny and we are working closely with NHSE, ICS and YAS. YAS have adopted the strand of work currently provided by CIPHER but their ability to staff rotas means that service provision can be sporadic. It has since been clarified that no additional funds were received to support this and YAS are providing the service through their vacancy factor. Further work is being undertaken and YAS have allocated a senior manager to lead on this, using QI methodology that was employed in Mid Yorks. with significant improvement. We have also asked for a second work strand to focus on conveyancing of patients from primary care.

The Committee was concerned by the risk associated re YAS ambulance handover funding and AB gave assurance that they are still providing the service within their resources. Where they have trouble deploying staff, we employ CIPHER at weekends to bolster the service and mitigate risk. AB added that this is being watched closely and that

we expect the consistency of provisions to improve over time. ML said that we have also asked whether YAS can sub-contract with CIPHER. LM asked for an ongoing update.

LM said there is Trust concern around failures on measures both for acute and elective care and said it would be good to understand more about what is being done to make improvements and particularly what will help the situation as winter progresses.

LM noted the high number of patients without a right to reside and said it would be helpful to see a measure against this considering the focus on discharge. LM added that it was hard to align the risks with the mitigations in the report and that some actions did not have any mitigations (and she reiterated this with other parts of the priority report with an ask to mitigate any stated risks across all Trust reporting).

Action: ML to provide an update at the next committee on YAS/CIPHER provisions and whether YAS are able/willing to sub-contract with CIPHER

Chief Operating Officer Report

This was received as an additional paper whilst the format is finalised for the new Trust Priorities Report. ML highlighted the following key points:

The Trust have appointed an interim Improvement Director (Shaun Stacey) commencing in post 2 days a week from 24 October onwards to review our elective recovery programme in detail.

Our urgent care work programme is becoming well-established under Gemma Ellison and we will be founding an urgent care acute board. This will align with the new ICS urgent care board, which is part of the Collaborative Acute Providers (CAP) work programme. The focus will include ambulance handovers, long ED waits, overcrowding and discharge issues.

The Committee received assurance on the YH emergency assessment unit (EAU) performance, noting a 71% increase in patients being referred and managed through this service, equating to roughly 120 patients on average a week (increase from 70). The percentage of patients streamed directly from ED has increased from 20% to 30%. As a balance measure we are monitoring the number of patients with 0 length of stay and have seen a 63% reduction across medical wards. ML clarified that this is positive news as it means patients are being streamed through the EAU and assessed, treated and discharged without being admitted.

DM asked about our operational activity plan re outpatient appointments. LS said we are back to pre-pandemic service levels, but the national directive is to offer more first appointments and pare back on follow-ups to reduce wait times. We have been unable to deliver this change as a Trust, which will be a point of discussion at the next Executive Committee. The Committee noted that there have been several follow-up initiatives and that if we focus on first appointments, there will be delays to follow-ups. There are still a significant number of patients being discharged at first appointment. The Committee noted our significantly increasing waiting list and LS said that tracking the outpatient non-admitted pathway needs to be our key focus over the next six months.

JD raised concerns around cancer pathways and challenging targets. LS said we are in discussions with regulators around revised plan trajectories. We have requested mutual aid for the last six months, which has not materialised, and it is understood that we cannot achieve our 78-week trajectory without support. The ICS have been asked to support us to

achieve a target of 121 patients waiting and they have agreed that improvement of cancer services is the top elective priority. LS said our ongoing oncology challenges such as workforce and delayed diagnostics are a significant factor and the ICS are looking at increasing mobile provision for diagnostics. JD said the targets seemed aspirational rather than tangible and LS said they will be challenging to achieve over winter.

The Committee discussed the diagnostic capability and funding. It is recognised that as well as the 'ask' of £1.1m, 50% of the additional mobile capacity purchased by the ICS is anticipated to be provided to the Trust to support the planned trajectories. It was ascertained that a significant portion of the capacity was to be earmarked for the Trust, with most activity held at YH site due to greater volumes. The Committee noted the recognition through conversations of supporting partners with greater needs.

LM noted concern about the indicated move into Tier 1 status; she asked for the risks to be reviewed as well as any areas that the Trust can address quickly for improvements. LS said our outpatients position has significant system and process challenges, including our EPR. With regards to patient pathways, further clinical engagement is required to understand the issues – Care Group 6 are leading work on this. The Committee noted a myriad of reasons why clinicians are struggling with follow-up appointments, capacity being one of them.

There was a discission about reduced theatre capacity and the planned management training programme planned for February 2023. LM asked if training dates could be accelerated and LS clarified that pre-requisite training will commence sooner and that cancer module training has already started. February was chosen to allow operational managers to focus on the shop floor through winter. There was also a discussion about the national anaesthetist shortage and the concerns around both this and the lack of trainees. The Committee noted that the Trust has recruited some anaesthetists recently but needed other options to be considered to mitigate this risk. The Committee agreed it would be beneficial to raise with the People & Culture Committee and Board.

Action: ML/LS to provide update on cancer services

Action: LM to raise issue around Theatre staffing particularly anaesthetist shortages

Finance Update (Income and Expenditure Position; Efficiency Programme Update; and Cash and Capital)

AB said our I&E position remains stable and is the same as last month - £2.9m adverse variants to plan - and asked the Committee to note three key points:

The pay award went through in month 6. Modelling suggested short funding of c.£2.1m in full year terms and the actual amount is £2m, £1m of which directly relates to the pay award. The Committee noted this is a typical position across most acute providers and that the national team is working with a small number of systems (not including the Trust) to understand issues with national contract uplifts and actual cost of the pay award. The assumption is that there will be a funding solution, but this is not confirmed.

The Board has signed to keep the CT scanner acquired last year through the national programme for £1.4m in full year terms, which equates to £700k of existing variant. AB said he was optimistic that the community diagnostic programme will provide financial support to us. The remaining £1.2m balance is a combination of pay pressures within the system due to agency (currently £2m over our agency spend cap) and a shortfall in CIP delivery. Our efficiency programme anticipated £15.1m and we have delivered £13.1m,

which AB said was good progress to date. The programme is now fully planned for, with 90% identified as low risk.

We have significantly underspent on clinical suppliers and services on non-pay expenditure, particularly due to reduced day case and elective work, and less utilisation of Ramsay services. AB said there were no specific actions to raise to Board to date and there were no cash or capital concerns. The Committee noted financial risk re ERF, which will remain a risk for the second half of the year if activity continues at the current level. Again, this is a common position across the ICS. We do not have capacity within the forecast to cover unfunded investment decisions and there is a debate ongoing about we should apply financial pressure within the system to deliver performance metrics or push for external support through the community diagnostic programme.

DM asked for clarity on our Covid overspend. AB said there were two main reasons – we still maintain a significant Covid presence in the organisation; and there have been significant investments because of Covid over the last two years e.g. discharge support arrangements, additional ED staffing. The original plan this year was £11m in full year terms compared to a spend of £20m at the height of the pandemic. Given the significant site pressures and the CQC observations around a need for increased staffing levels, it would be a significant challenge if Covid funding was removed or if we ceased to accommodate for measures within the plan.

LM asked about the CIPHER risk, noting that it may increase should workforce and winter pressures continue. AB said this remains a risk but that it has been escalated through the ICS and ML said it is regularly discussed at meetings with YAS.

Digital and Information Update (to include Essential Services Programme and Electronic Patient Record update)

JH said he was trying to develop KPIs to represent the overall digital service. Several metrics are making good progress, such as our ability to answer helpdesk calls through an increased number of service desk staff. However, there is more work needed to improve overall reliability. Subject access requests are generally responded to in line with legislative requirements. FOI requests do not tend to meet the 20-day guideline so cultural work is needed to improve this. LM said it would be helpful to see key measures and mitigations against key risks, as well as abbreviations explained within the reports.

Essential Services Programme - the Committee acknowledged the Trust's historical lack of digital investment. Significant hardware has been procured in the last financial year but has not yet been rolled out as power and cooling updates are required in server rooms across sites. This has been scheduled. JH said he had agreed with AB to lease additional storage for other core applications as it is a risk to do nothing. To date there has only been a visible benefit for end user devices and core improvements such as CPD responsiveness, resilience and security are yet to be seen. The CPD printing issue has been resolved, which means we can progress with roll-out of O365.

Electronic Patient Record – the current focus is progressing an associative outline business case and a reasonable options appraisal. This is being balanced against the ICS convergence strategy. There is a financial allocation from NHSE for digitisation and we are looking to progress an investment agreement with HSE to draw on some additional funding to further invest in essential services.

LM said it would be good to see a plan showing our position with major milestones for key DIS programmes e.g. essential services. There was a group discussion about how we can

move towards cloud and it was noted that our current system is costing us more and not future-proofing us for speed and flex of services to improve clinical productivity.

LM asked about the VDI project that was delayed. JH said we need a strategy for this, which is being looked at. The Committee noted the capacity issue re hardware being purchased but not installed. JH said YTHFM are working on the cooling and power work and the next stage will be expenditure justification. The Committee noted that c.£700k is set against devices that should have earmarked for infrastructure and network and asked whether a capital refresh discussion was required. LM referred to a previous piece of work on the digital landscape and suggested another session be held at Board led by JH regarding progress on futureproofing.

There was a discussion about cyber vulnerabilities and any major risks. JH agreed to do a deep dive on this and bring high level findings back to the November Committee.

Action: JH to run deep dive on cyber vulnerabilities and report findings back at November Committee

42-22/23 / Executive Performance Assurance Meeting (EPAM) minutes

The minutes were received for information. DM asked if there were any further updated on managing non-compliant contractors and AB gave assurance that it is regularly discussed at management groups. This is known as a key risk by YTHFM.

43-22/23 / Risk Management Report – Board Assurance Framework

MT confirmed that operational, financial and digital risks have been updated accordingly and sustainability has been added for this quarter.

44-22/23 / Consideration of items to be escalated to the Board and/or other Committees

LM confirmed that these would be included within the Chair's brief for Board of Directors but specifically noted the below:

- Sustainability - escalation of Environmental Awareness Officer to Board and People & Culture Committee.

- Operational position including potential Tier 1 status and gaps in Theatre skills e.g. anaesthetists

45-22/23 / Any other business

There was no additional business to discuss.

46-22/23 / Time and Date of next meeting

The next meeting will be held on 22 November from 9am-11am.

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Report to:	Board of Directors
Date of Meeting:	30 November 2022
Subject:	Risk Management Update - Corporate Risk Register
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report and Key Points to highlight:
To note and discuss the updated Corporate Risk Register (CRR).

Specifically to note and discuss:
The updated Corporate Risk Register (CRR) risks are provided for Board of Directors assurance for November.

Risks were reported to the respective Assurance Committees during November with subsequent updates provided in red text. Risks from the CRR are reported at appendix 1.

Recommendation:

The Board of Directors are asked to note and discuss the updated Corporate Risk Register (CRR).

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

Meeting	Date	Outcome/Recommendation
Reported to each Risk Committee	November 2022	Approved

Risk Management Update - Corporate Risk Register

1. Introduction and Background

The Corporate Risk Register (CRR) has been updated for November in requesting updates for all risks by the Executive risk owners.

The CRR is reviewed monthly at the Risk Committee.

2. Corporate Risk Register (CRR)

The CRR is a high-level operational risk register which captures trust-wide risks and their controls. Used correctly, it demonstrates that an effective risk management approach is in operation within the trust. Risks on the CRR are owned by executive directors. The CRR is reviewed and quality assured monthly by the executive directors and/or their delegates prior to presentation at the Risk Committee, which includes risks escalated from care groups and corporate service functions to be considered for inclusion onto the CRR.

Escalations to the Risk Committee will be considered by its members to determine whether a risk that is being proposed for escalation should feature on the CRR or should be de-escalated to its point of origin. For each risk that is escalated, rationale should be provided as to why the risk should be considered for inclusion on the CRR.

The updated November CRR is provided at appendix 1 with amends from the previous month in red text.

3. CRR movements

The following significant movements in corporate risks have occurred this month:

ID	Risk	Movement
409	Cyber Security	Target likelihood increased from 2 unlikely to 3 possible
978	Insufficient knowledge / skills	Current severity reduced from 4 severe harm to 3 moderate harm

4. Next Steps

Further work continues with the embedding of risk management across the Trust, training scheduled for care groups and further support provided in managing risks.

BAF Ref	ID	Risk No.	Title	Opened	Description	Current Mitigation	Gaps In Controls	Manager	Next Review Date	Severity (Current)	Likelihood (current)	Risk level (current)	Actions (Risk)	Severity (Target)	Likelihood (Target)	Risk level (Target)
PR1 PR3	368	CN1	Failure to manage contagious infection outbreaks	20/08/2018	The risk of ineffective management systems caused by environmental issues, insufficient specialist and standard isolation capacity, reduction of bed base, a lack of adequate facilities at Scarborough Hospital and the recent spike of COVID and non-COVID patients in ICU which impact on separating separate COVID and non-COVID patients in ICU. The trust has no specialist isolation facilities for patients with airborne infection or potential high-consequence infectious diseases (HCID). This may result in serious harm or death to a patient, unsatisfactory patient experience, significant financial loss; loss stakeholder confidence; and/or a material breach of CQC conditions of registration	1.In response to the COVID-19 pandemic and post COVID -19 all IPC resource was re-directed to support the Trust response. 2.IPC precautions, measures and protective systems are in place including regular testing of patients and staff 3.Appropriate Patient isolation procedures 4.CDI Improvement Plan 5.Quality Improvement methodology adopted with a Trust wide HCAI collaborative 6.Personal Protective Equipment (PPE) 7.Cleaning process 8.Weekly monitoring of performance 9.Post Infection Reviews (PIR) 10.Monthly reporting to Board on infection rates. Further mitigation: The IPCT recovery plan which is essential to be able to monitor performance and reduce risk of Healthcare Associated Infection (HCAI)	21/10/22: Inability to isolate patients with CDI is a frequent finding in C. diff PIRs. 12/10/22: the main risk remains on admissions areas in York. Patients with acute respiratory virus infections (including influenza) have been placed in bays, leading to potential transmission and the closure of bays, adding to extreme operational pressures. No plan to increase in the number of side rooms across admissions areas in York. Current facilities to house HCID patients are not HTM compliant, including the ventilation. A significant risk of infection transmission to staff and other patients remains.	Nurse, Chief	21/12/2022	5 - Catastrophic Harm	4 - Somewhat Likely	Significant	1. The ICU POD in York has been completed and offers 6 extra side room capacity for the Critical Care footprint 2. Both Emergency Departments have developed plans for identifying and housing potential HCID cases within their existing footprint. 3. The actions are captured in the wider IPC improvement plan 23/11/2022-There is a detailed piece of design work needed to enable the trust to achieve HTM compliant ventilation on all the ward across the organisation. The Estates department is going round to evaluate this.	5 - Catastrophic Harm	2 - Unlikely	High
PR1 PR2 PR3 PR6	409	D1S1	Cyber Security	01/11/2018	There is a risk of a Cyber Attacks through a computer virus or malware, malicious user behaviour, unauthorised access, phishing and unsecure data flows. This could result in significant patient harm, reputational damange, unavailability of systems, financial recovery costs, and inability to meet regulatory deadlines (NHSE, HMRC) and additional regulatory scrutiny/fines/censure (CQC/ICO).	1.Trust wide information and sharing of the risk of cyber -attacks occurring and preventative measures to reduce the risk. Compliance to standards i.e. DSP toolkit encompassing key aspects of Cyber Security (Patching, AV management, Education and Training) 2.Stakeholder steering group with Trust 3.IG and security measures and dashboard across operations (inclusive of toolkit) 4.Data Security and Protection Toolkit standards and principles (Joint Trust and NHS) 5.Joint DIS IG and Security Governance and Forums (Operational, Toolkit and ESP strategy) 6.Joint IG and Security strategy aligned to Essential Services programme informed by expert 3rd party (Co-Stratify) 7.Password protocols aligned to NCSC guidance.	None Identified	Chief Digital and Information Officer	21/12/2022	5 - Catastrophic Harm	4 - Somewhat Likely	Significant	1.Refresh our suit of Information Security Management Policies. 2.Reduce insider threat by improving vetting processes 3.Improve our Vulnerability Management through improved patching response times 4.Introduce improved proactive monitoring of systems to identify potential attacks and responding to them prior to exploitation 5.Review approach to staff training and awareness 6.Review the cyber Target Operating Model 7.Identify and improve our approach to physical security	5 - Catastrophic Harm	3 - Possible Change Increase from 2-3	Significant
PR1 PR2 PR3 PR6	1696	CN2	Workstream Funding	17/10/2022	There is a risk that the Trust will be unable to deliver key work streams within the Maternity Transformation programme, due to a lack of available funding both Capital and Non-Capital. This could result in risk to patient safety, patient experience, regulatory non-compliance and reputational damage.	1.Review (discussion with Senior Leadership) current service and delivery processes which entail a risk assessment to determine the impact on patient experience, regulatory non-compliance and reputational damage. 2.Consultancy commissioned confirmed the outcome of the risk assessment, gaps in compliance and inform ongoing Transformation workstreams and inform the Senior responsible Officer. 3. The Maternity Transformation Group that reports to the Executive Committee was made aware of the Risk description and the impact on Maternity Department. 4. Frequent safety huddles 5. Schedule of audits to monitor compliance	1. Awaiting feasibility study outcome.	Nurse, Chief	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. Feasibility study plan is to be undertaken to identify the resourcing requirements.	3 - Moderate Harm	3 - Possible	Medium
PR1 PR2 PR3 PR4 PR5 PR7	1699	C004	Failure to deliver the National Activity Plan	01/05/2022	There is a risk of the Trust not being able to deliver the National Activity Plan leading to the failure to deliver: 1. Zero RTT 104 week waits by June 2022 2. Delivery of zero RTT 78 week waits by end March 2023 3. Diagnostic 6-week performance recovery 4. Cancer 63 day waiters 5. Emergency Care Standards 6. Ambulance Handovers 7. Patients spending 12 hours in Department due to Workforce (sickness, vacancies & retention) Clinical capacity (Theatre, Outpatients Beds etc) and the number of patients without a right to reside impacting on the ability to carry out elective work. This could result in regulatory intervention, patient safety and quality of care.	1. Care Group Performance Meetings 2. Weekly Corporate led Elective Recovery meetings to review all potential RTT104 week breeches 3. Development of Care Group Dashboards 4. Build Better Care programme 5. TIF bids (Ramsey & Bridlington procedure space on Lloyd Ward 6. Care Group 12-month priorities for workforce 7. Work Force Planning & Development Lead appointed	None Identified	Operating Officer, Chief	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. Established Non-admitted pathway focused Corporate led meeting commencing in July 2. Executive escalation when not on plan	3 - Moderate Harm	3 - Possible	Medium
PR1 PR2 PR4	1698	WFOD3	Staff Shortages Trustwide	17/10/2022	There is a risk of not offering optimum care service and delivery due to National shortages of Clinicians (Nurses, Midwives and Medical Allied Professionals) this could result in a potential failure to protect staff and patients from associated risks, stakeholder confidence and breaches of CQC conditions of Registration.	1. Review of the working environment to make it more positive and safe working environment. 2. Retention initiatives Such as: Fix The Basics, Culture Change, Workforce Planning, E&D actions 3. Retention plan 4. Pastural work-life package in place 5. Recruitment drive with support from Health Education England &ICB 6. Active Bank supported by Workforce Winter Resilience Initiitives	1. Inability to reduce vacancy gap due to decrease in qualified registered medical and nursing staff both Regional and Nationally 2. Impact of Covid pandemic in relation to progression of NMC/GMC pre- registration 3. Impact of post Covid pandemic in relation to closures of NMC test centres, impact of international nurses.	Workforce & Organisational Development, Director	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. Safe Staffing guidance and the daily staffing sheets are reviewed every day by the ACN/Matron of the day. 2. Escalation pathway for Operational oversight 3.Establishment Review March 2023	3 - Moderate Harm	3 - Possible	Medium

BAF Ref	ID	Risk No.	Title	Opened	Description	Current Mitigation	Gaps In Controls	Manager	Next Review Date	Severity (Current)	Likelihood (current)	Risk level (current)	Actions (Risk)	Severity (Target)	Likelihood (Target)	Risk level (Target)
PR1 PR2 PR3 PR4	1695	MD2	Sustained significant pressure on ED workforce	17/10/2022	There is a risk of stress and burnout amongst staff due to sustained significant pressure on ED workforce. Factors contributing to this risk are: Reduced flow out of the hospital due to reduced capacity in social care Staff vacancies and illness in all of acute care This leads to the almost constant risk of; 1. Emergency Department crowding (excess number of patients managed in the space available) to include 2. Long ambulance queues 3. Concerns about resus capacity 4. Long waits in ED for admission to a hospital bed The above risk creates an environment that impacts on staff well-being and resilience causing additional risks to staff behaviours and performance and ultimately to patient safety	Interventions to reduce ED crowding include: 1. Diverting ambulances to other acute hospitals 2. Streaming more patients to alternative providers such as the Urgent Treatment Centre 3. Streaming more patients to other hospital delivered services e.g. Same Day Emergency Care/ Emergency Assessment Unit, Surgical Assessment Unit (requires expansion of SDEC services. 4. Consideration of lower threshold for discharging patients in the ED (however that may exacerbate stress in the staff if they feel that they are taking excess risks)	None Identified	Medical Director	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. To reduce pressure on the ED Department Patients who do not fulfil criteria to reside if possible to be removed from the inpatient bed base	4 - Severe Harm	3 - Possible	High
PR5 PR7	1693	FIN2	Failure to deliver our Annual Financial Plan	11/05/2022	There is a risk to deliver our annual financial plan due to the failure to control expenditure within resource envelope, failure to manage inflationary pressures, failure to deliver the required level of elective recovery activity to secure ERF and/or failure to deliver the efficiency programme. This could result in reputational damage, our cashflow and our ability to deliver clinical services.	1. Trust Business Planning process 2. Agreed Annual Plan 3. Approval of operating budgets 4. Scheme of delegation and standing financial instructions Oversight of Trust. 5. Performance monitoring and performance management arrangements. 6. Executive Committee, Resources Committee and Board of Directors monitoring. 7. NHSE/I Reporting 8. ICB Reporting 9. Corporate Efficiency Team managing delivery of the efficiency programme. 10. Business case process to manage new investment requirements.	None Identified	Finance, Director	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. Develop enhanced reporting to Resources Committee 2. ICS collaborative working, risk share arrangements 3. Greater scrutiny of business case developments required to ensure a source of funds is sourced before investment is made 4. Trust has created and is currently delivering an Internal Financial Recovery Plan - March 2023	3 - Moderate Harm	3 - Possible	Medium
PR1 PR2 PR3	377	MD1	Deteriorating Patients	20/08/2018	There is a risk in correctly identifying and managing deteriorating patients due to staff not escalating the risk, a key person dependency, inadequate treatment, discharge and admission plans and poor patient flows. This could result in serious patient harm/death, regulatory scrutiny/censure, financial costs and reputational damage.	1.Critical Care Outreach Team 2.Oversight of system entries and segregation of duties 3.Datix safety alerts 4.NEWS monitoring 5.Annual audit by Intensive Care Unit (ICU) on deteriorating patients. 6.Individual escalation protocols 7.National Early Warning Scores (and associated pathways NEWS, MEWS and PAWs) 8.Staff training 9.SOPs/pathways for managing deteriorating patients 10.Deterioration Policy 11.Ceiling of Care Policy within clinical pathways	None Identified	Director, Medical	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	QI work on the deteriorating patient pathway to include consideration of human factors, psychological studies and patient feedback on safety incidents	4 - Severe Harm	2 - Unlikely	Medium
PR1 PR2 PR3 PR4	404	WFOD1	Insufficient staff	22/08/2018	There is a risk of delays in offering optimum diagnostics and treatment and potential reputational damage due to the failure to maintain adequate staffing levels arising from staff sickness, difficulties in recruiting, national staff shortages, finding of Nursing establishment reviews, vacancy rates and inability to provide seven-day service in non-emergency care. This may result in increased pressure in clinical services and delays in diagnostics treatments including poor experience for patients and staff.	1.Temporary staffing supports the Trust staff roster gaps. 2.Trustwide audits 3.Staffing reports are discussed at the following Committees QPaS, Executive Committee Quality & Safety Assurance Committee 4.Workforce Plan, staff wellbeing agenda and Retention and Recruitment Strategy 5.Ongoing campaign to recruit overseas qualified staff 6.Incentivised recruitment 7.Daily monitoring of staffing levels (temporary/permanent) managed by Associate Chief Nurse Matron of the day and escalated to Chief Nurse Team as appropriate, and this also includes oversight of rotas - e-Rostering	None Identified	Workforce & Organisational Development, Director	21/12/2022	4 - Severe Harm	4 - Somewhat Likely	Significant	1. Job Plan re-setting of expectations 2. Safer Care Investment Proposals to Board	4 - Severe Harm	3 - Possible	High
PR1 PR2 PR3 PR6	1388	DIS2	Major IT Failure	18/12/2020	There is a risk of the failure of the core technology estate (e.g. CPD, clinical or admistrative systems or network infrastructure) due to single points of weakness, loss of power/premises, out of data infrastructure or poor data storage/sharing processes. This could result in patient harm, prolonged service disruption, poor quality of patient care, reputational damage, financial costs and regulatory scrutiny/censure.	1. Pro-active management and maintenance of systems and solutions i.e. upgrades, patching. 2. Increasing resilience of core network and server infrastructure.	None Identified	Chief Digital and Information Officer	21/12/2022	5 - Catastrophic Harm	3 - Possible	Significant	1.Make case to NHS England for further investment in infrastructure, storage, end user compute, networks and wifi. 2.Improve our Vulnerability Management through improved patching response times. 3.Review portfolio priorities to investigate prioritising non-functional upgrades. 4. Enhanced service management and operations including control, governance, major incident and problem management. 5. Deliver the Essential Services Programme (ESP). 6. Increase pro-active management and maintenance of systems and solutions i.e. upgrades, patching 7. Increase pro-active service management and operations through new event management solutions (Monitor, alert and self fix)	5 - Catastrophic Harm	2 - Unlikely	High

BAF Ref	ID	Risk No.	Title	Opened	Description	Current Mitigation	Gaps In Controls	Manager	Next Review Date	Severity (Current)	Likelihood (current)	Risk level (current)	Actions (Risk)	Severity (Target)	Likelihood (Target)	Risk level (Target)
PR1 PR2 PR3 PR4	978	WFOD2	Insufficient knowledge / skills	01/04/2018	There is a risk in maintaining adequate levels of professional accountability for all bank only workers due to inadequate training, SOPs and disparate skill sets. This could result in patient harm, non-compliance with training standards and regulatory scrutiny/censure.	1. Oversight of training needs 2. Senior Nursing Oversight 3. Bank Training Compliance 4. Non Medical staff compliance now at 87%	None Identified	Workforce & Organisational Development, Director	21/12/2022	3.- Moderate Harm Change reduced from 4-3	4 - Somewhat Likely	High	1. Statutory and mandatory training for Medical Staff being addressed by managers slight increase in compliance up 10% to 47% Trust communications of training requirements needs to bank workers (blocking non-compliant workers after a period of notice)	3 - Moderate Harm	3 - Possible	Medium

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Minutes

Executive Committee
19 October 2022

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), Heather McNair (HM), James Taylor (JT), Polly McMeekin (PM), Lucy Brown (LB), James Hawkins (JH), Mike Harkness (MH), Gerry Robins (GR), Amanda Vipond (AV), Mark Quinn (MQ), Ed Smith (ES), Donald Richardson (DR)

Attendees: Lisa Gray (LG) (minute taker), Kim Hinton (KH), Caroline Alexander (CA), Mark Steed (MS) (item 62-22/23 only), Jane Money (JMo) (item 62-22/23 only), Jamie Todd (JTo) (item 73-22/23 only), Billie Cameron (BC) (item 73-22/23 only), Steven Crane (SCr) (item 73-22/23 only), Gemma Ellison (GA) (item 74-22/23 only)

58-22/23 / Apologies for Absence: Srinivas Chintapatla (SC), Jo Mannion (JM), Stuart Parkes (SP), Mike Taylor (MT)

59-22/23 / Declarations of Interest

No declarations of interest were declared.

60-22/23 / Minutes of the meetings held on 21 September 2022 and 05 October 2022

The minutes of the meeting held on 21 September 2022 and 05 October 2022 were agreed as an accurate record.

The committee:

- **Approved the minutes of the meetings held on 21 September 2022 and 05 October 2022 as an accurate record.**

61-22/23 / Matters arising from the minutes and any outstanding actions

No matters arising from the minutes were discussed and there was no update given on outstanding actions due to time constraints.

Action:

- **LG to seek updates for outstanding actions outside of the meeting and update the action log.**

62-22/23 / YTHFM LLP Report

SM welcomed MS & JMo to the meeting.

Capital Update
MS presented an update on the capital programme and agreed to share with committee members via email the Scarborough UECC Project Plan.

MS flagged the team are continuing to work on the prioritisation lists to submit to the committee as discussed at MS' update last month, and these will be presented next month.

Approval Request for Re-stated Energy Performance Contract for York Hospital
JMo outlined to the committee it is being asked to recommend to the Board to approve the proposals outlined in the paper in relation to the amendment and restatement of the current energy performance contract with Vital Energi Solutions Ltd and York Teaching Hospital Facilities Management LLP covering energy and energy management facilities and services at York Hospital.

The committee discussed and supported the contract progressing to the next Board of Directors meeting for approval.

Scarborough Hospital Carbon Reduction Programme and Grant Funding Submission – BC 2022/23-68
JMo outlined to the committee it is being asked to recommend to the Board to approve the submission of a grant application to Salix Finance to achieve significant carbon reduction at the Scarborough Hospital site.

This opportunity to apply to secure £8m grant funding for a carbon reduction project at Scarborough Hospital follows on from the two successful applications last year for projects currently underway at both the York and Bridlington sites. There is a requirement the Trust contributes £2.1m towards this from its capital programme over the next two financial years. AB added that this was a significant contribution from the capital programme however if the Trust doesn't agree to this then there will be significant backlog issues, which would require this amount to be spent on fixing the issues. Flagging the grant funding would help the Scarborough Hospital site move towards being more carbon neutral.

The committee discussed and supported the grant funding submission progressing to the next Board of Directors meeting for approval.

The committee:

- **Agreed the capital prioritisation lists should be submitted next month for a lengthy discussion.**
- **Recommends the Board of Directors approve the Re-stated Energy Performance Contract for York Hospital.**
- **Recommends the Board of Directors approve the Scarborough Hospital Carbon Reduction Programme and Grant Funding Submission – BC 2022/23-68.**

Action:

- **MS to share the Scarborough UECC Project Plan with the committee via email.**
- **Update the work programme for the capital prioritisation list to come to the 16 November's committee meeting.**

- **Submit the Re-stated Energy Performance Contract for York Hospital and Scarborough Hospital Carbon Reduction Programme and Grant Funding Submission – BC 2022/23-68 to the next Board of Directors meeting for approval.**

63-22/23 / Chief Executives Update

SM noted there was nothing additional outside of the meeting items today that he wished to highlight to the committee.

The committee:

- **Noted there was nothing additional to highlight.**

64-22/23 / Business Cases

2021/22-90 Saithermy with Argon replacement in Endoscopy - York
KH highlighted this case was part of the agreed capital prioritisation list this year.

The committee discussed and approved the case.

2021/22-104 replacement of tissue specimen imaging cabinet
KH highlighted this case was part of the agreed capital prioritisation list this year.

The committee discussed and approved the case.

2022/23-70 Parkinson's Disease Nurse specialist
The committee discussed the case and acknowledged the service deficiency. The committee specifically discussed the inability to commit to funding from year 3 onwards, following the expiry of the Parkinson's Disease Society 2-year funding support. However, MQ suggested the Care Group would work with the ICB, the Trust's Finance Director and would consider using Care Group funding as a back up to make a commitment to proceed.

The committee discussed and approved the case on this basis.

The committee:

- **Approved 2021/22-90 Saithermy with Argon replacement in Endoscopy – York**
- **Approved 2021/22-104 replacement of tissue specimen imaging cabinet**
- **Approved 2022/23-70 Parkinson's Disease Nurse specialist**

65-22/23 / CQC Update

HM updated the committee on the CQC visit which took place between 11-13 October 2022, the initial feedback received, and the actions being worked through following the visit.

SM asked HM to share the initial feedback letters from the CQC and the Trust's response with the committee, requesting committee members do not share this detail more widely. HM and LB will draft a detailed high-level summary which will be shared with all staff either later today or tomorrow.

SM stressed there was a need to progress quickly with recruiting scrub nurses to release midwives from scrubbing into theatres, acknowledging it may be difficult to recruit to these posts, in addition to a lot of minor issues that can be easily rectified.

The committee:

- **Noted the update.**

Action:

- **HM to share the initial feedback letters from the CQC and the Trust's response letters with the committee.**
- **HM and LB to draft a detailed high-level summary and share with all staff later today or tomorrow.**

66-22/23 / Trust Priorities Report

AB presented an update on the financial position and JH updated on the progress made in relation to the Electronic Patient Record business case.

Due to the timing of when this report is released the committee agreed this report should be presented to the first meeting of the month rather than the second meeting.

The committee:

- **Noted the report and updates from AB & JH.**
- **Agreed to move this item to the first meeting of the month.**

Action:

- **LG to update the work programme to move this item to the first meeting of the month.**

67-22/23 / Board Assurance Framework for Seven Day Hospital Services

JT presented the background of this work highlighting that following the pandemic NHS England has brought this back and asked the Trust to benchmark where it is against seven-day services.

The report in the meeting pack outlines where the Trust is against seven-day services and the focus on the four priority standards. JT added he felt there was a need for a new NHS-wide consultant contract to push forward delivering seven-day services, rather than just local agreements.

The committee had a lengthy debate and it was agreed JT would have a broader conversation with Medical Director colleagues to see what they are doing and Wendy Scott from an acute collaborative point of view to review and have a standard approach across Humber and North Yorkshire. In addition to ML looking at how acute flow features in capacity and demand work next year.

JT highlighted the Trust has signed up to an NHS England job planning pilot model scheme, which Nicola Topping will lead on for the Trust. The committee agreed the need to review how job plans are devised differently to service acute work and not just planned care activity.

The committee flagged to make seven-day services work there was more staff groups to consider than just the consultants.

The committee:

- **Agreed JT should have a broader conversation with Medical Director colleagues to see what they are doing and Wendy Scott from an acute collaborative point of view to review and have a standard approach across Humber and North Yorkshire.**
- **Agreed ML should review how acute flow features in capacity and demand work for next year.**
- **Noted the NHS England job planning pilot scheme agreeing the need to review how job plans are devised differently to service acute work and not just planned care activity.**

Action:

- **JT to have a broader conversation with Medical Director colleagues and Wendy Scott.**
- **ML to review how acute flow features in capacity and demand work for next year.**

68-22/23 / Corporate Communications and Engagement Strategy

LB presented the strategy to the committee thanking those members who provided feedback to the previous draft which was shared with the committee for comment outside of the meeting.

LB highlighted a group has been set up with representatives across a range of different job roles to look to understand what form of communications would work for each of them to get key messages across, as the same approach doesn't work for all.

The committee discussed the strategy and noted that given there is only a finite corporate communications resource, there was a strong need for more tools to be provided to supervisors and managers to support them with how best to communicate key messages to their direct staff.

The committee supported the strategy progressing to the next Board of Directors meeting for approval.

The committee:

- **Recommends the Board of Directors approve the Corporate Communications and Engagement Strategy.**

Action:

- **Submit to the next Board of Directors meeting for approval.**

69-22/23 / Recruitment, Retention and improving capacity initiatives

PM highlighted the paper included in today's meeting pack has several recommendations for the committee to consider following previous discussions which will look to support recruitment, retention and expanding capacity. Full details for each are included in the meeting pack however the recommendations are:

- The Pensions Recycling policy is supported, and a decision made on whether the full amount of 12.6% goes back to the employee.

- Pension Recycling is used to fund the Real Living Wage with 2/3 going to the employee and 1/3 going back to the organisation to fund the real living wage.
- All Consultant extra contractual work (non-job planned) is paid consistently as an ECP at £150 per hour.
- The relocation allowance is increased from £8,000 to £18,000.
- The Retirement Guidance is amended to reduce the time between retiring and returning to 24 hours and removes the need for a business case.

The committee had a significant debate on all 5 of the recommendations and agreed:

- PM to email out on behalf of the committee to describe what the committee are considering in terms of pension recycling, and the partial use of this to fund the real living wage and ask for expressions of interest to understand what the general feel for this is, to allow the committee to decide on whether to progress with the scheme. Noting this may change following national guidance being released. It was agreed to update the terms for being able to opt into the pension recycling, to having to work 4 additional PA's over a two-month period.
- The real living wage is supported but not fully signed off given there is still no funding source confirmed.
- To use car parking fees to generate a hardship fund when charges are reintroduced and to look for fees to be paid through salary sacrifice if possible.
- All Consultant extra contractual work (non-job planned) is paid consistently as an ECP at £150 per hour with a requirement to be explicit for covering on call gaps.
- The relocation allowance to be increased from £8,000 to £18,000 if a percentage cap is added, so a person only receives a maximum of 30% of their salary.
- The Retirement Guidance is amended to reduce the time between retiring and returning to 24 hours and removes the need for a business case to be submitted to the Finance Director and Director of Workforce & OD for approval. Adding in the requirement for Care Groups to seek advice from their HR Business Partner for each request to ensure the terms of a person's return does not cause undue risk to the Trust's workforce succession.

The committee:

- **Supported the real living wage but could not fully sign it off given there is still no confirmed funding source.**
- **Agreed to use car parking fees to generate a hardship fund when charges are reintroduced and to look for fees to be paid through salary sacrifice if possible.**
- **Agreed all Consultant extra contractual work (non-job planned) is paid consistently as an ECP at £150 per hour with a requirement to be explicit for covering on call gaps.**
- **Agreed the relocation allowance to be increased from £8,000 to £18,000 if a percentage cap is added, so a person only receives a maximum of 30% of their salary.**
- **Agreed the Retirement Guidance is amended to reduce the time between retiring and returning to 24 hours and removes the need for a business case to be submitted to the Finance Director and Director of Workforce & OD for approval. Adding in the requirement for Care Groups to seek advice from their HR Business Partner for each request to ensure the terms of a person's return does not cause undue risk to the Trust's workforce succession.**

Action:

- **PM to email out on behalf of the committee to receive expressions of interest in relation to pension recycling and using 1/3 to partially fund the real living wage.**

70-22/23 / Staff Well-being space at York Hospital

PM highlighted a staff well-being space discussion took place earlier in the year as it is a mandated requirement in the NHS People Plan. An outcome of this conversation was to review whether reducing the size of the chapel for this area would be appropriate. PM noted this has been reviewed however it has been deemed to not be an appropriate space given the square footage and therefore is unlikely to achieve the objective.

PM noted that since the March meeting no proposals have been submitted to utilise the Patient Access space. The committee is therefore asked to reconsider whether this space should be given over for staff wellbeing given the Trust priority and the lack of viable alternatives.

The NHS Charity has also reopened the opportunity to bid for up to £198k to renovate the identified space.

MQ flagged Care Group 6 were looking at a proposal to use this space for a remote consultation suite but had so far not submitted any plans for this. PM noted this could be something that potentially encouraged working from home given they are remote consultations.

The committee discussed the proposal and agreed the current Patient Access area should be allocated for a staff well-being space. Noting if there was a greater need for this area in the future then this would need to be reviewed.

The committee:

- **Approved the recommendation to allocate the Patient Access room for a staff well-being space.**

71-22/23 / Workforce Winter Incentive

PM highlighted the proposal is for planned financial incentives for the Trust's workforce to help sustain staffing levels over the winter period 2022-2023 and enable the Trust to respond operational pressures that may arise.

PM is recommending the committee approve all three incentives listed below which are expected to be well received by staff and will be practical to administer.

1. Offer a bank winter incentive for the whole period of 1st December 2022 to 31st March 2023.
    - Offer the bank incentive to full staffing groups (Nursing & Midwifery, Additional Clinical Services and AHP)
    - Offer the bank incentive on all shifts worked within the period rather than limit to specific sites, wards or shifts
    - Offer a 60% incentive on the basic bank rate
2. Reintroduce the flexibility payments for substantive nursing staff who are asked to move between specialities; £50 for RN's and £30 for HCA's.
    - Offer the incentive from 1st November 2022 to 31st March 2023.

    - Offer the incentive for staff who are asked to move at any time during their shift, not just those who move for a whole shift.
3. Offer to pay substantive staff (registered and unregistered) double time for any additional hours worked over 37.5 hours a week between 1st December and 31st March 2023, within their own ward or speciality.

Communicated in advance, staff will be encouraged to pick up additional shifts with plenty of notice, thereby enabling a clear picture of our staffing levels which should remove the need for last minute, re-active incentives.

In addition, the committee are being asked to commit to only offering these three incentives during the period and to agree to stopping the automatic release of nursing shifts to Thornbury and support the re-introduction of Director approval for any future requirements of off framework shifts.

The committee discussed the proposals and were broadly comfortable with them however PM was asked to look at incorporating part time staff. Noting all are subject to financial analysis as there is a need to understand what the expenditure might be in cost terms and whether the Trust can afford it.

PM added she expects to be invited to an ICS meeting which may request all the acute Trust's offer the same incentives.

The committee:

- **Were broadly comfortable with the proposal however PM was asked to look at incorporating part time staff. Noting all are subject to financial analysis as there is a need to understand what the expenditure might be in cost terms and whether the Trust can afford it.**

Action:

- **PM to review adding in part time staff.**
- **AB to undertake a financial analysis.**

72-22/23 / Non-Medical Clinical Supervision Guideline

HM noted the guideline has been updated with a minor amendment in the addition of an accountable process section and asked for the committee's approval to publish and disseminate across the Trust.

The committee discussed and approved the updated guideline.

The committee:

- **Approved the updated guideline.**

73-22/23 / ED Clinical Model

SM welcomed JTo, BC and SCr to the meeting.

JTo, BC and SCr delivered a presentation to the committee on the proposed clinical model for the York Hospital Emergency Floor following the completion of the current build. Noting a business case will be submitted to the committee in the coming month for approval of the finalised model.

The committee discussed the update and provided some initial feedback.

SM thanked the team for the introduction to the model and asked for updates/escalations to come to the committee on a regular basis, highlighting the need to have more sight from a governance perspective.

JTo agreed he would submit a refreshed Terms of Reference for the group reviewing this work and the mobilisation plan for the next 4-6 months which includes communications to the next update. The final business case model will then look to be presented in a month's time.

The committee:

- **Noted the introductory to the proposed clinical model for the York Hospital Emergency Floor.**
- **Provided initial feedback to the Care Group 1 team.**

Action:

- **Add York Hospital Emergency Floor Clinical Model Updates to the work programme.**
- **Add business case to the work programme.**
- **JTo to include Terms of Reference and mobilisation plan to next update.**

74-22/23 / Establishment of a Domiciliary Care Service Discussion Paper

SM welcomed GE to the meeting.

GE noted the committee has previously requested a project group to be formed to explore the development of a Trust run domiciliary care service with the key objective being to reduce the number of patients in the hospitals who do not have a criteria to reside. Highlighting this is a complex and significant undertaking and there is a lot for the Trust to consider before agreeing to undertake this service.

GE updated the committee on the groups key considerations to progress the development of the service and highlighted the paper identifies areas for the committee to consider to better inform the direction of the project before detailed business case is completed.

The committee discussed the key considerations and it was agreed the geographical scope needs to be wider than just York.

The committee agreed in the short term there is a need to work up a bridging model to sit between discharge and admission into 24/7 longer term care.

The committee agreed the project group should look to work collaboratively with neighbouring Trusts to create a model which would cover a wider geographical area as there would be real benefits to undertaking this collaboratively.

The committee highlighted the need to continue working with local authorities about longer term social care provision.

GE noted the feedback and confirmed she would look to build a detailed business case to return to the committee.

The committee:

- **Agreed the scope needs to be wider than just York.**

- **Agreed the need to work up a bridging model to sit between discharge and admission into 24/7 longer term care.**
- **Agreed to look at working collaboratively with neighbouring Trusts to create a model to cover a wider geographical area**
- **Committed to continuing to work with local authorities about longer term social care provision.**

Action:

- **GE to submit a business case for different models to support reducing the number of patients in the hospitals who do not have a criteria to reside.**

75-22/23 / Items to note

2022/23-66 Block E (West Wing, Holly/Ash/Willow/Aspen) Ventilation
The committee noted the business case was approved outside of the meeting.

2022/23-60 Data Centre UPS & Power
The committee noted the business case was approved outside of the meeting.

The committee:

- **Noted both business cases have been approved outside of the meeting.**

76-22/23 / Any other business

GMC
JT highlighted the GMC are proposing a regulatory change in medicine. Current regulations prevent non-training doctors from working in primary care however the GMC are proposing to open this up which could be a considerable risk to acute trusts.

It was agreed JT would update the committee on the risks once more detail was known as the announcement was only made the day before.

The committee:

- **Noted the update.**

77-22/23 / Time and Date of next meeting

The next meeting will be held on 03 November 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Executive Committee
03 November 2022

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), Heather McNair (HM), James Taylor (JT), Polly McMeekin (PM), Lucy Brown (LB), James Hawkins (JH), Mike Harkness (MH), Gerry Robins (GR), Amanda Vipond (AV), Srinivas Chintapatla (SC), Jo Mannion (JM), Stuart Parkes (SP), Ed Smith (ES), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Karen Priestman (KP), Damian Mawer (DM) (item 84-22/23 only), Astrida Ndhlovu (item 84-22/23 only), Sue Peckitt (SPe) (item 84-22/23 only), Jamie Todd (JTo) (item 88-22/23 only), Tracy Means (TM) (item 89-22/23 only)

78-22/23 / Apologies for Absence: Mark Quinn (MQ), Donald Richardson (DR)

79-22/23 / Declarations of Interest

No declarations of interest were declared.

80-22/23 / Minutes of the meetings held on 19 October 2022

The minutes of the meeting held on 19 October 2022 were agreed as an accurate record.

The committee:

- **Agreed the minutes of the meeting held 19 October 2022 were an accurate record.**

81-22/23 / Matters arising from the minutes and any outstanding actions

Action 1 – to be closed as JH presents regular updates to the committee.

Action 2 – AV noted this was not working well and would add it to the Care Groups escalation report and to close the action.

Action 3 – close action as completed.

Action 4 – SC advised he has not spoken with PM however PM noted this will be picked up within the report Gail Dunning is presenting to the committee in December. Close action.

Action 6 – close as IPC have attended to present further updates.

Action 9 – close action as completed.

Action 10 – update the due date to December 2022.

Action 11 - close as IPC have attended to present further updates.

Action 12 – close as discussing at today's meeting.

Action 14 – close action as completed.

Action 15 – JT highlighted the Trust is the only one that has been sighted on this. Discussions are now taking place so the action can be closed.

Action 16 – close as discussing at today's meeting.

Action 17 – close as discussing at today's meeting.

Action 18 – close as discussing at today's meeting.

Action:

- **LG to update the action log.**

82-22/23 / Chief Executives Update

Well Led Review
SM reminded committee members the CQC will be undertaking a Well Led Review of the Trust between 22-24 November 2022. HM added that those the CQC wished to interview had now been contacted and booked in however they may decide to interview others when on site.

SM noted a pack will be shared in advance of the review which will give examples, for information, in relation to the 8 key lines of enquiry.

Medical and Specialty Review in the Emergency Department Standard Operating Procedure Update
JT flagged the need to bring the Medical and Specialty Review in the Emergency Department Standard Operating Procedure (SOP) to the next Executive Committee meeting for approval as it is scheduled to go to November's Board of Directors (BoD) having been deferred from Octobers meeting.

The committee discussed details of the SOP previously reviewed and it was agreed JT would share the current version with Care Group Directors to allow them to review this with their teams in advance of the next committee meeting, in case there was a need for amendments to be made, with JT, GR and MH to discuss in more detail outside of the meeting.

Job Planning
JT highlighted there has been a large amount of conversation at the BoD in relation to the job planning process being behind plan, with only 10% of job plans being signed off. JT requested Care Group Directors include this in their next escalation report on where they are, and what plans are in place to deliver job planning either in year or next year.

Pension Recycling and Real Living Wage
PM provided an update on responses received following an expression of interest being sent out to consultants for feedback on the pension recycling scheme offer which the committee discussed at the last meeting. Nine out of the eighteen responses noted a yes, seven a no, one was potentially interested, and one just provided a view. Highlighting the general feeling from those saying no was it shouldn't be linked to additional activity, with those who have already come out of the pension scheme feeling like they would be disadvantaged.

Care Group Directors noted there had been angry discussions between consultants in relation to the offer, with most feeling like it was too complicated, and it disadvantages those who have come out of the pension scheme already.

PM added discussions took place at the last BoD meeting in regards paying the Real Living Wage (RLW) and there was general support for doing so however the BoD did not agree that it should be linked to another incentive to help pay for it. The action from the BoD was to look to reprioritise something else to be able to fund the RLW, meaning it will not be part of the pension recycling scheme offer.

The committee had a lengthy debate and agreed AB and PM are to work up a proposed pension recycling policy in the absence of a national policy. The additional work must be linked to either elective recovery or improving acute flow as this has been the main driver for undertaking this. SM stressed that the committee is not recommending for anyone to come out of the pension scheme.

The committee are supportive of the RLW but questioned whether this could be prioritised over other issues like funding scrub nurses to release midwives from theatres or additional nursing staff on wards as an example. The committee noted it could not fund everything and acknowledged that not all staff want to be paid the RLW as it can affect their benefits so would prefer alternative incentives. It was discussed whether the Trust offered free bus travel to and from work as an alternative. AB highlighted conversations are ongoing with bus providers in York and Scarborough, with First York quoting £100k to provide free travel for staff for 12 months, therefore this could be the alternative offer to the RLW and would help relieve some of the car parking issues seen on site. Adding if this is what is agreed upon, there may not be the need to run the Hospital Bus Park and Ride service which costs £200k per year, allowing for this to pay for the free bus services.

The committee:

- **Noted the updates.**
- **Agreed with the BoD to separate the RLW from another incentive.**
- **Agreed to look at alternative incentives to the RLW, one example being free bus travel to and from work.**

Action:

- **JT to share the updated Medical and Specialty Review in the Emergency Department SOP with Care Group Directors in advance of the next meeting.**
- **Updated Medical and Specialty Review in the Emergency Department Standard Operating Procedure to be added to work programme for the next meeting.**
- **Care Group Directors to include an update in their next escalation report on what plans are in place to deliver job planning either in year or next year.**
- **AB and PM to work up a proposed pension recycling policy in the absence of a national policy.**

83-22/23 / Care Group Reports

Combined Care Group report
AV confirmed going forwards the Care Groups will present a combined escalation report which will focus on pan-care group concerns in addition to each of their individual reports. A different Care Group Director will present each month.

AV talked through the six recommendations within the report and the committee noted they were supportive of these, noting the RLW has already been discussed today and the workforce winter incentives is on the agenda to discuss and agree a final position.

It was requested that if Care Groups come against resistance in relation to redirecting resource they should speak to the relevant person from the Executive team as some of the issues raised were not true, and if they had been, an action could have been agreed in advance of escalating to the committee.

SM highlighted everyone is responsible for dealing with the CQC action plan regardless of area, ensuring learning and improvement is shared across all teams.

AB confirmed he would discuss the support to recruit in advance where possible at his meeting with the Associate Chief Operating Officers on Monday as the Care Groups should feel they have the autonomy to do this.

It was highlighted Mark Steed is due to attend the committee in the next month to present the YTHFM prioritisation report. AB highlighted one of the big issues this year has been the capital spend has increased from £20m to £100m due to the big capital builds on each site. Once these are completed the team should be better resourced but recognised in the meantime there was a need to agree what the Trust want YTHFM to prioritise.

Care Group 1
MH flagged the emerging risk around the Gastroenterology Senior Medical workforce and the impact to both elective and acute care noting this will have a wider impact on other areas given others have workforce issues too. A time out is scheduled for later today and should allow for helpful discussions to take place.

MH is keen to implement Nucleus however there is some resistance to this, HM agreed she would pick this up outside of the meeting.

There has been some good progress on the fall's improvement work.

Following the recruitment of some of the Patients Services Operatives (PSO's) staffing on the wards feels slightly improved but there is still a way to go.

There are lots of active discussions with Steve Crane and the ED team in relation to the RFT SOP and trying to think more broadly about urgent care rather than discreet entities, with more fluid working. Looking at putting in pillars of what need to address and putting in frameworks around this to challenge the team to do what is within its own gift.

SM queried what was happening with the next steps which Lucy Turner and Emma George took away in relation to the full capacity protocol. ML confirmed Care Group 1 are working up plans and testing out some principles around the movement of patients up to wards within the window. GR added Care Group 2 have outlined a couple of wards however there is concern in relation to the ward environments and nursing staff.

ML talked in length about part of the principle is around strengthening the morning board round, and criteria led discharge. Noting she was more assured there was better planning but there was a need to convert this on a consistent basis.

It was agreed ML would support Care Groups 1 & 2 to progress this work at pace to allow the full capacity protocol to be agreed and operationalised as soon as is possible.

ML confirmed the ICS has agreed to fund on top of the other winter schemes for support for the ED front door ambulance schemes in York for three months and in Scarborough for five months. Additionally, Scarborough will receive five months support for the discharge scheme. York it not receiving this as the ICS is working with Age UK and the voluntary sector to expand the Home from Hospital services with them. ML stressed this is positive news given both the Trust and Yorkshire Ambulance Service have been unable to staff this service. Noting CIPHER who will run the service are no different to any other agencies the Trust uses for nursing or medical staff when there are shortages that require filling. ML is therefore asking the Care Groups to encourage their staff to welcome the service and work through their anxieties to get to the best possible place. Adding this has been delivered in York previously and it worked well, whilst acknowledging it may not always be perfect, but it is extra resource the Trust was not expecting. SM highlighted it is important to recognise the action is to turnaround ambulance crews and get them back onto the road which is the Trusts responsibility.

Care Group 3
AV flagged the critical risk around maternity theatre staffing, noting that although this remains with Care Group 5 it requires Care Group 3's input, and AV believes longer term it will sit with them. There is difficulty in securing agency staff to mitigate the risks in the short-term, adding the Care Group are not able to staff other theatres either as there is a real lack of theatre staff.

AV highlighted critical care's failure to reach GPIC standards. A business case is being produced and will be shared with the committee once ready as there is a need for support in developing the service. AB flagged the case needs to be written with the ICB in mind as it would need to be submitted to the ICB for support.

Care Group 4
SC highlighted the vacancy issues outlined in the report, noting specific shortages within cellular pathology and oncology.

SC requested the committees support for an alternative in post within pathology, which would be a Group Clinical Lead. The role sits between what is traditionally a lead clinician and a clinical director. The post would be given time to manage across York, Scarborough, and Hull, have 2 PA's and receive a small responsibility payment. SHYPS have suggested this following struggling to fill the traditional roles given SHYPS has a different dynamic. The committee confirmed its support, with ML noting she has discussed with Joanna Andrews reviewing some of the BMS roles for the same reasons.

SC stressed the difficult issue in terms of the growing size of CT/MRI lists as they are becoming untenable, adding Endoscopy is an issue too. There are lots of recommendations which would come with being in Tier 1.

One possible way forward for colorectal is for GP's undertaking a stool test called Faecal Immunochemical Test (FIT) however discussions have been ongoing for over a year and a half and although some are willing to do the FIT they are not willing to look at the result. Doing this would reduce the number of patients requiring a fast track pathway. The committee had a lengthy debate in relation to this noting this has been flagged already

with the Cancer Alliance team and at the Tier 2 meetings as a priority. It was agreed to highlight this again at today's Tier 2 meeting as a decision on this is needed promptly. Discussions also need to take place with the ICB as they are the ones that can make this a mandatory requirement for primary care to undertake, noting FIT is seen as best practice and there is also the need for consistency across the ICS, with all Hull GP's undertaking FIT routinely. The expectation is this area will be moved into Tier 1.

SC noted the committee are being asked to support the RACC phase 1 discussions, recognise the laboratory medicine redevelopment is being presented to the Capital Programme Executive Group (CPEG) and note a LIMS update and risks paper will be presented to the committee at a future meeting.

SC requested the committee support the endoscopy insourcing for Q4 using £120k(FYE) endoscopy PA underspend against the CG4 endoscopy budget. The committee supported this agreeing AB would pick up discussions outside of the meeting with Kim Hinton.

Care Group 5
JM noted during the CQC visit they inspected maternity, and everything they flagged the Care Group was aware of. Adding the business case for the theatre scrub nurses is in progress. There are minor works needed for call bells and the CQC flagged babies born before arrival may be linked to the closure of the units however based on the information available the Care Group do not believe this is correct. Discussions have also previously taken place regarding strengthening the out of hours on call structure for maternity.

JM flagged the committee may have seen the recent East Kent maternity report in the media. JM has reviewed the report and the recommendations within the report are being worked through and will go through the Maternity Transformation Committee which is taking place in a week's time.

JM highlighted Caroline Alexander (CA) had shared an email this morning in relation to the Children's Hub. Currently it has been opening Thursday & Friday however Nimbuscare have confirmed they have now found the money for this to open five days a week which is great news as it makes a significant impact when open. CA has requested confirmation as to whether the additional funding from the Trust was still available as previously agreed. ML noted there was a need to digest the detail within the email as the ask is slightly more than originally agreed. AB agreed he would pick this up and agree outside of the meeting.

Care Group 6
KP flagged the impact of the UCC being located currently in outpatients noting this is having a significant impact on recovery plans. All options have been explored to relocate UCC but there is no alternative therefore there needs to be an acceptance this will remain within outpatient's corridor B until the new build is ready. The ask is UCC is moved into the new build as soon as it is possible to release the outpatient space. KP noted the Care Group can do work on a six-week rolling basis and work with operational teams to provide space. This will not always be the same day or room so there is a need for flexibility from teams to allow more activity to take place. Noting the Outpatients Transformation Group is reviewing the design of space in the longer term to ensure it remains fit for purpose.

It was agreed KP would discuss outside of the meeting in relation to securing one room for cardiology which will allow them to clear their backlog, whilst acknowledging cardiology need to agree to be flexible as the same room each time cannot be guaranteed.

KP highlighted the Care Group are still awaiting a timeline for the completion of the fit out at the community stadium to allow MES and Cystic Fibrosis to move in, as due to delays the December deadline is not going to be met. KP flagged the significant risk this posed to

MES activity given they would need to remain at Askham Bar during the winter months. Adding all work had to be cancelled last week due to flooding which was waist deep. KP asked Care Groups to be kind to the MES staff who are working under difficult circumstances and are looking to support as much activity as possible. AB noted the timeline has been promised today, which should provide more information.

KP noted a clinician has come to work for the Trust to primarily do fast track follow ups and new patients for dermatology – skin cancer. There was an agency locum however they pulled out but there is another interested. The substantive advert is now live and there is someone interested which is good news. In the short term there is a need to bring in insourcing to address the cancer capacity. There is a need for approximately 250 fast track slots a month however there is currently only capacity for 160. The proposal is to get the new patient routine waits down to help with recovery. The slots this would then free up, consultants will use for fast tracks which the dermatology team have agreed too. There was full support at the Care Groups Oversight and Assurance meeting. Although it isn't the cheapest option it is the safest option for patients whilst recruitment of the four vacancies is progressed. The committee approved the request for insourcing.

Care Group 2
GR highlighted Scarborough ED is cohorting into an outpatient's area almost permanently and there is a need to expect this will continue throughout winter.

GR informed the committee the Care Group have discussed with the Winter Tactical Group to revisit the flu and respiratory virus plan as previous plans which were going to be adapted are not fit for purpose given the pressure within ED.

An interview for an overseas Gastro locum consultant took place earlier in the week and the candidate has verbally accepted the position, once checks are complete it is expected they will commence at the end of January 2023. There is still a need for insourcing however the Care Group do not have the budget lines so if there is spare PA's in the Gastro directorate there is the ask to move this across. ML highlighted this was discussed at the Care Groups Oversight & Assurance meeting and further discussions are taking place this afternoon as ML has asked for an overall short- and longer-term Gastro plans rather than site specific given there are issues on both sites.

GR flagged the Care Group are doing all they can for acute flow given pressures within ED.

The committee:

- **Noted the updates/escalations.**
- **Supported the combined escalation report recommendations noting RLW and Winter incentives are being discussed today.**
- **Supported Care Group 4's Group Clinical Lead post.**
- **Supported the endoscopy insourcing noting AB would discuss the detail outside of the meeting.**
- **Agreed KP would secure a room for cardiology to use.**
- **Agreed to Care Group 6's Dermatology Insourcing request.**

84-22/23 / Infection Prevention & Control Update

SM welcomed DM, SPe and AN to the meeting.

AN presented an update to the committee on the Trust's healthcare associated infection figures until the end of October noting in year the Trust remains above trajectory. The

committee noted its disappointment that the pattern continues as it has done throughout the year.

DM highlighted following the IPC related issues the CQC flagged during their visit, walk rounds of York ED and maternity theatres have been completed and the findings are summarised in today's report. Mitigations have been advised where possible which the teams are implementing however due to the current size and configuration of both environments it is not possible to effectively mitigate against all the risks.

The committee agreed there was a need to develop a business case for all theatres, not just maternity, and highlight this to the ICB as a priority for the Trust. It was acknowledged the risks would remain in ED until the new build was completed and that work would need to be undertaken following this given the old ED space will become the Emergency Assessment Unit. There is also the need to take seriously the issue in relation to hand basins. SM stressed the importance of consistently maintaining the mitigations that are in place to reduce the risks as much as is possible.

DM added YTHFM has put in additional cleaning resource and during the walk round the area did appear cleaner. Audits will continue to monitor cleanliness. The Care Group is ensuring more communications take place with bank and agency staff to ensure they are aware of all departmental practices.

DM informed the committee of progress made in terms of the IPC improvement plan noting an IPC Conference took place a couple of weeks ago which 150 staff attended. The idea is they will go back to their work areas and disseminate IPC good practice within their areas. IPC have recruited new staff and they are being trained to become IPC specialists. The Staph aureus Bacteraemia Reduction Group is restarting, and their focus will be on cannulation and cannular care given this is the number one risk not being addressed currently. Post Implementation Reviews are progressing with 63% completed. UV light machines have been purchased for both sites, training has been undertaken and can now be used in areas it is not safe to HPV. AN has also met with the YTHFM Management Group as agreed at the last meeting and SPe is also liaising with Mark Steed so it is hoped there will be more engagement and understanding from YTHFM in how they fit into IPC improvements.

DM highlighted the biggest risks which remain are the shortage of personnel who can be deployed to HPV/UVC. The service needs to be reactive and there are often delays in delivery. YTHFM are currently developing a business case for the expansion of the service however this has taken a significant amount of time to do. SM asked for this to be chased up outside of the meeting to accelerate this piece of work.

Concern remains there is still no real plan for increasing isolation capacity or developing decant space on the Scarborough site.

SPe flagged Cherry Ward is experiencing another cluster of C.Diff. It is suspected there is some environmental transmission however the IPC team have identified that foam within some of the mattresses have become decontaminated and require condemning. SPe is aware there is a replacement plan in place for 2023 but this requires immediate action. AB highlighted there is a budget for mattress replacements following a business case being approved approximately three years ago therefore replacements should be easily sorted. If the cost is over the budget allocated, then SPe is to flag with AB. SPe noted there was a need to run alongside the replacements a management plan for cleaning and monitoring mattresses.

DM noted the need for Care Groups to develop IPC improvement plans within there areas and asked for Care Group Management support to develop these with their IPC link nurses to ensure improvements are filtering down to ward level. It was agreed that these plans need to be an expansion of IPC's improvement plan and discussed within the Care Groups Quality Committees to allow the IPC improvement plan and any escalations from Care Groups to feed through to the committee during the IPC monthly update.

DM confirmed link nurses, now known as champions, are well developed on the Scarborough site and are in progress on the York site. IPC are training/meeting these individuals so they can disseminate their knowledge back at ward level however it can be difficult for them to be released from the wards therefore the ask is to give them time to do this. It was agreed in addition to this that the IPC team should look to expand their bitesize learning sessions on wards as this works well.

The committee:

- **Noted the update and the continuing actions required to make significant improvements within IPC.**

85-22/23 / Business Cases

2022/23-71 Bi-Directional Text Messaging
JH informed the committee this case was to replace the current contract which expires in February 2023. The team have gone to market for a bi-directional text messaging service to replace it.

The case is based on the assumption the Trust will reduce its Did Not Attend (DNA) rate from 5.2% which is costing £8m per year to 3.5%.

There is a requirement for £43k in capital this year however there is a potential cost pressure of £51k if the Trust goes up to the three million texts which is outlined in the contract. Currently only 40,000 texts are sent.

KP added this is part of the outpatients transformation programme however this system will be available for all areas to use longer term, with Care Group 3 being keen to use it for pre-op and elective, and breast imaging within Care Group 4, to help ensure the Trust is maximising every single appointment.

KP noted many Trusts around the country are using it, with texts being able to include links to further information, questionnaires and it can automatically convert letters into different languages. The company the team are looking to agree a contract with have also done a lot of patient engagement, and feedback from NLaG patients has been positive.

The committee discussed the case and agreed to approve it however there was a need to agree where this would be funded from as this was not part of the Trust's approved capital prioritisation list for this year. It was agreed to review this outside of the committee and be funded either within the £2m DIS allocation or via Trust charitable funds given this is a good news story and will make a big difference to patient experience.

The committee:

- **Approved the case noting the need to agree outside of the meeting whether this is funded within the £2m DIS allocation or via Trust Charitable funds.**

86-22/23 / CQC Update including an Information Request Risks report

HM presented an update, highlighting the full report is included in the pack which includes the letter from the CQC and the Trusts response.

SM stressed there was a need for Care Groups to progress actions on the CQC action plan.

HM noted the Information Request Risks report has been deferred to the next meeting.

The committee:

- **Noted the update.**

Action:

- **LG to add Information Request Risks report to the work programme for the next meeting.**

87-22/23 / Trust Priorities Report

SM highlighted this report tracks performance against the Trust's four priorities, asking if any of the Directors wished to highlight anything specific from the report.

JT highlighted discussions have taken place at BoD around increased harm and there is some confidence that this is being under reported given conversations that have taken place in relation to cancer harm and diagnostic delays therefore JT reminded the committee for the need to continue to report harm so it is reported and can be acted upon.

JT added there is a need to discuss how to manage safety incidents. It was discussed at the Care Group 6 Oversight and Assurance Meeting (OAM) about the issue with the administration process for glaucoma patients which is resulting in harm. KP noted there is a plan in place to reduce the lists, and there are also two business cases which have been to the ICB which will be presented to the committee at the next meeting which will have a significant impact.

AB presented an update on finance noting the month 6 position within the report shows an overspend of £2.9m. The month 7 position has just been received and this has increased to £4.6m. Approximately £2m of this relates to unfunded pressures that are known about system wide which the Trust is hoping to receive some funding for. AB highlighted the Trust has a developing financial issue, noting this is the same across the NHS, and the Trust can expect pressure to not make decisions on things that it cannot afford in the second half of the financial year.

The committee:

- **Noted the report.**

88-22/23 / York ED Clinical Model Update

SM welcomed JTo to the meeting.

JTo highlighted the committee had received as part of today's meeting pack a draft mobilisation plan which covers the next six months, which will be added to as things progress. There are key milestones within the plan which the team are working too. There is the refreshed Terms of Reference (ToR) for the Clinical and Operational Leadership Group (CoLG) which is coming together to deliver key aspects of this work. If there is any

feedback on the ToR JTo asked for this to be shared with him. GR highlighted there is no therapies representation on the membership, and they are key to some of this, and GR felt the nursing representation also needed strengthening. JTo acknowledged GR's comments and will look to review this.

The pack also includes a highlight report which gives a brief overview of the work.

JTo noted the York ED Clinical Model business case would look to be submitted as planned at the next committee meeting for discussion and approval.

The York ED works are still on plan for completion in April 2023 with a view to mobilisation in May 2023.

MH updated the committee on some of the clinical work which they are looking to change as part of this process to avoid unnecessary duplication. JTo added there will be a lot of work going into this over the next six months with some tabletop exercises and recreation of potential live events up at the Strensall Barracks. It is expected that from day one of what is operated will iterate over time, and the CoLG will continue for six to twelve months afterwards until the teams get into a settled way of working.

JTo added Dr Matthew Cook will be coming in November/early December to undertake a two day diagnostic piece of work, to allow him to set out what he can do to support the team, what the team can do itself with a little support, and Dr Cook will also provide comment on any behavioural work required.

The committee:

- **Noted the update.**

89-22/23 / Planning Care Together

SM welcomed TM to the meeting.

TM noted the Planning Care Together guidance is a document which has been developed over the last few years following incidents which have been identified with patients who have disagreed with the care that is recommended for them.

These guidelines have been developed to provide staff with guidance to manage discussions with patients when agreeing an appropriate treatment, intervention or care plan, where the advice from the health professional is not in accord with the patient's wishes. The guidance gives general recommendations to improve the therapeutic relationship between patient and healthcare professional with the intention of effecting positive outcomes to care and treatment.

The guidance has been reviewed and approved via all appropriate approval routes and TM is now seeking the committee's approval to allow for this to implemented within the Trust.

ML questioned what the timeframe was within the implementation plan to roll this out across the whole of the Trust. TM confirmed the expectation is this will be implemented across the Trust within six months.

The committee discussed and approved the guidance.

The committee:

- **Approved the Planning Care Together guidance.**

90-22/23 / Ward Refurbishment

HM noted DM has touched on the majority of this within his IPC update however HM wanted to flag this up separately to ensure the committee is sighted on how the ward refurbishment allocation is spent, noting due to overrunning schemes and additions to the original scope there is significant overspend.

HM highlighted and talked through the issues of concern within the report which remain of risk to the Trust, flagging if the ward refurbishments allocation is £400k again next year it will barely touch the majority of these areas of concern and will not allow for any ward refurbishments. Adding the need to review how these risks are listed on the risk registers.

SM noted there was a need to understand how much each of these issues would cost to resolve so further conversations can take place. HM noted the costings have been worked up however YTHFM does not have the capacity to produce a plan of work even if the money is made available, noting the Capital Programme Executive Group are aware of this. AB added the YTHFM prioritisation list will be submitted back to the committee at the next meeting as previously agreed and this will be part of that work to decide what the Trust wants to direct YTHFM to undertake as a priority.

The committee:

- **Noted the update and the current risks associated with the ward refurbishment programme.**

91-22/23 / Items to note

NHSEI Agency Report
The committee noted the report.

The committee:

- **Noted the report.**

92-22/23 / Any other business

Workforce Winter Incentives
PM apologised for the late circulation of the paper noting she felt the need to return this in advance of the next meeting to get final agreement on the workforce winter incentives given recent workforce issues.

PM talked the committee through the incentives being proposed in detail, the committee discussed the proposals and agreed to:

1. Offer a bank winter incentive for the whole period of 1st December 2022 to 31st March 2023. A range of incentive options (in increments of 10%) are included in the proposal.
    - Offer the bank incentive to full staffing groups (Nursing & Midwifery, Additional Clinical Services and AHP).
    - Offer the bank incentive on all shifts worked within the period rather than limit to specific sites, wards or shifts.

    - Offer a 10% incentive on the basic bank rate in line with inflation.
2. *(Already approved by Exec Committee 19 October 2022)* Reintroduce the flexibility payments for substantive nursing staff who are asked to move between specialities; £50 for RN's and £30 for HCA's.
    - Offer the incentive from 1st November 2022 to 31st March 2023.
    - Offer the incentive for staff who are asked to move at any time during their shift, not just those who move for a whole shift.
3. Offer to pay substantive staff (registered and unregistered) double time in specifically challenged areas for any additional hours worked over 37.5 hours a week between 1st December and 31st March 2023, within their own ward or speciality.
    - Limiting the incentive to areas with exceptional workforce challenges which is currently being worked up. Ensuring all other options (bank and framework agency) have been explored first before overtime is offered.
4. Re-introduce Allocation on Arrival rosters and incentivise allocation on arrival shifts by paying them at double time. Agreeing a cap on allocation on arrival shifts is required.
5. Stop the automatic release for Thornberry shifts without 1st on call approval. If 1st on call are unsure whether to release the shifts seek support from 1st on call WhatsApp group or 2nd on call.

The committee:

- **Agreed to:**
    1. **Offer a bank winter incentive for the whole period of 1st December 2022 to 31st March 2023. A range of incentive options (in increments of 10%) are included in the proposal.**
    - **Offer the bank incentive to full staffing groups (Nursing & Midwifery, Additional Clinical Services and AHP).**
    - **Offer the bank incentive on all shifts worked within the period rather than limit to specific sites, wards or shifts.**
    - **Offer a 10% incentive on the basic bank rate in line with inflation.**
    2. ***(Already approved by Exec Committee 19 October 2022)*** **Reintroduce the flexibility payments for substantive nursing staff who are asked to move between specialities; £50 for RN's and £30 for HCA's.**
    - **Offer the incentive from 1st November 2022 to 31st March 2023.**
    - **Offer the incentive for staff who are asked to move at any time during their shift, not just those who move for a whole shift.**
    3. **Offer to pay substantive staff (registered and unregistered) double time in specifically challenged areas for any additional hours worked over 37.5 hours a week between 1st December and 31st March 2023, within their own ward or speciality.**
    - **Limiting the incentive to areas with exceptional workforce challenges which is currently being worked up. Ensuring all other options (bank and framework agency) have been explored first before overtime is offered.**
    4. **Re-introduce Allocation on Arrival rosters and incentivise allocation on arrival shifts by paying them at double time. Agreeing a cap on allocation on arrival shifts is required.**
    5. **Stop the automatic release for Thornberry shifts without 1st on call approval. If 1st on call are unsure whether to release the shifts seek support from 1st on call WhatsApp group or 2nd on call.**

93-22/23 / Time and Date of next meeting

The next meeting will be held on 16 November 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

York and Scarborough Teaching Hospitals NHS Foundation Trust

December 2022

David Goode, Sonographer	**Scarborough**	**Nominated by Alice Tinsley, patient**

David went beyond the type of patient care and support that I have experienced before. When feeling particularly vulnerable he took the time to understand the circumstances surrounding why I was there, explained previous and current findings in a way that was accessible, utilised an extra screen so he could be explicit about what he was seeing and reporting on, clearly relayed next steps and had a warm and reassuring presence throughout.
This helped to not only alleviate my worries, but meant that I have been able to understand my body in a way that I would not know otherwise - this feels empowering and helpful as I progress to the next referral. Thank you so much, there should be more David's'.

Yvonne Bartley, Discharge Support Worker	**Bridlington**	**Nominated by Kerry Headlam, colleague**

Yvonne has shown enormous work ethics, especially starting her new role on Bridlington Care Unit as a discharge support worker. Yvonne works relentlessly hard and strives for perfection. Always a team player and nothing is too much. With Yvonne's experience as a healthcare for many years, Yvonne adapts herself well in any given situation and is always there to give a helping hand. The unit is very lucky to have such a nice caring individual working on the unit.

Sam Dudley, Healthcare Assistant	**York**	**Nominated by a colleague**

Over the weekend, I came into hospital with extreme back pain. I walked down to the emergency department and could only just make it without collapsing as I walked down the corridor. After a few days I returned to the department as the pain was worse, and I was in tears from it again and unable to straighten my back. Sam stopped and checked I was okay, sat me down and got a wheelchair. She exemplified the core values of this hospital and went the extra mile even though she was busy.

Ellie O'Neill, Breast CNS Service Manager | **York** | **Nominated by Andrea Ward, colleague**

Ellie has been our Service Manager for the last 12 months. She is an all-round fantastic addition to our team and has made an amazing difference to our working lives. Nothing is too much trouble for her and she is always enthusiastic about bringing about changes to improve patient care. Ellie has superb communication skills with staff and patients. She is managing the implementation of person centred care for patients living with breast cancer excellently, as evidenced by our recent patient survey results.

Ellie always goes beyond in her support of patients and the breast care nursing team. I really cannot thank her enough and we could not manage without her.

Paul Thompson Network Engineer | **Scarborough** | **Nominated by Kath Lynch and Emma Buckham, colleagues**

Paul retires next year in March and is an absolute asset to the Trust. Nothing is ever too much trouble; Paul will personally visit those who require help and never says no to anybody who needs help. He always has a smile on his face and is cheerful and respectful.

His understanding of those in other departments to his own; some departments are complicated, and Paul only requires a rough explanation to understand the importance of a request as his knowledge on everything is so valuably vast. He always checks in to make sure things are running smoothly and is only ever a phone call away and ready to provide the help you need. He also explains what he is doing and why, so that you can take this knowledge with you. Paul left his personal number with switchboard on a weekend when work was taking place so that if there was an issue then he could come in and help; he came in and helped as the west side of the hospital lost all its phone connections. This was not overtime or on call work, but purely caring and thoughtful to those who work for the Trust and patients.

He will be greatly missed, as there will never be another person like him.

HR Support Team **York** **Nominated by Vicki Mallows, colleague**

When 650 paper staff surveys arrived from our external contractor into the post room at York Hospital without being fully addressed, it fell to the HR Support Team at Park House to take delivery of them and identify which departments the individuals work in, and therefore where the surveys needed to be redirected to. Jenna and Andy worked as a team to identify where each survey needed to be sent, batched them up into departments and then sent them back to the post room for onward distribution. Sue 'held the fort' with all the other incoming work to ensure this could be done swiftly. At the same time, the team was also supporting the post room team at Scarborough, as they were sorting through an additional 450 surveys that had arrived at Scarborough.

This was a completely unanticipated task for the HR Support Team and the humour and speed at which they worked to ensure that colleagues received their staff surveys as quickly as possible, was much appreciated.

Post Room Team **Scarborough** **Nominated by Vicki Mallows, colleague**

When 450 paper staff surveys arrived from our external contractor into the post room at Scarborough, without being fully addressed, Laura and her staff worked quickly with the HR Support Team to identify which departments the individuals work in, and therefore where the surveys needed to be sent. Using information from HR, Laura's team used their knowledge of the Scarborough Hospital site to ensure surveys were distributed as quickly as possible.

Knowing that the team must get thousands of items of post each day, it was really appreciated that at short notice they picked up and managed this unexpected task of identifying where each of the 450 surveys needed to be sent to, and then sorting them into departmental deliveries.

It was a great example of collaborative working.

Security Team Scarborough - Darren, Nicholas and Patrick | **Scarborough** | **Nominated by Jo Shipley, colleague**

I was parked in the staff car park at Scarborough when at the end of my shift I found my car blocked in by another car. The three security men did all they could to help me. One of them even tried to extract my car for me. They were sympathetic and supportive throughout. Even when I had decided to leave my car overnight they watched the security camera and were able to come and tell me when one of the cars had moved so I was able to go home in my car.

Sharren Carr, Associate Clinical Educator | **Scarborough** | **Nominated by Marie Balderson, colleague**

Since Sharren started in this new role in April, she has made a massive difference to newly recruited healthcare assistants. She works tirelessly in order to support the new starters, by working alongside them providing pastoral care and just being there to sort out any issues they have, familiarising them with the clinical areas when the staff are very busy, and working closely with them in order to sign off their Objective Structured Clinical Examinations.

She does this with enthusiasm and kindness and always a smile on her face. Her excellent communication skills mean any issues, whether small or large, that the Healthcare Assistants (HCA) have are escalated immediately to ensure the HCAs are well supported and get the help they need. This has had a massive effect on the retention of staff who may otherwise have left the Trust without her support. She has been instrumental in setting up a forum for HCAs in order for their voices to be heard within the Trust, lessons are already being learnt, and ways of working changed as a result.

She is currently involved in planning an event to celebrate the role of the healthcare assistant in order to demonstrate how valued they are within the workforce. The difference she has made and the positivity she has brought to the team has been amazing and she really deserves recognition for going above her role in order to provide the support she does to so many individuals.

Jose Thomas, Healthcare Assistant | **Scarborough** | **Nominated by a colleague**

Jose is a hardworking healthcare assistant. He is very friendly with the patients as well as supportive to the team, communicating patient needs to the staff nurse while also escalating deteriorations promptly. He does not miss out on frequent positioning of patients and assisting other healthcare assistants whenever he is free.

Relatives always commend him for his kindness, openness and excellence which are the Trust values. I believe this award will motivate him to do more.

Daniella Lamb, Healthcare Assistant | **Scarborough** | **Nominated by Jules Rennison, colleague**

When carrying out porter duties I have observed Daniella on a number of occasions interacting with and caring for patients. I am always very impressed with the way she talks to patients and attends to their individual needs on a friendly, personal level. Even in busy and stressful situations, she always comes across as genuinely happy in her work - she remains professional and always goes 'the extra mile' to treat patients with the care and attentiveness they rightly deserve.
She is a credit to the department and I hope a star award will recognise her continued efforts. Thank you Daniella and keep up the good work.

Jeanette Prime Healthcare Assistant | **York** | **Nominated by Malcolm Sanderson, patient**

Jeanette was kind, caring and extremely professional in the way she carried out her duties, nothing was too much trouble and she is clearly dedicated to the patients in her care and their families. She has a good sense of humour and that shows through in her patients in some difficult times. She is very reassuring and dedicated to the patients in her care, everyone in her care felt the same, a nurse who is truly dedicated, and working in what are sometimes difficult situations can always bring a smile.

Claudia Sheriff-Pinches, Deputy Sister | **York** | **Nominated by Nicola Lockwood, colleague**

Claudia was the Band 6 Deputy Sister in charge of ward 17/18 on a night shift in October.

She was on duty with two other registered nurses. There were 18 patients on the ward and Claudia was directly looking after five of these. During the night, Claudia was contacted by the student nurse in the paediatric emergency department to say that additional support was required. There were 20 children on the paediatric corridor plus two other paediatric patients in resus, so there was potential for concerns regarding the quality of care and safety of patients.

Claudia responded swiftly ensuring the agency nurse and junior registered nurse on ward 17 were fully briefed on the workload, care requirements of the in patients and escalation processes in the event that the situation changed in her absence. Claudia then joined the paediatric emergency department team to support the two patients with high acuity in the resus areas. Paediatric consultants have praised her for drawing up emergency medication with speed and efficiency to ensure the children received the correct treatment. She has been praised for her calm manner, swift response and ability to prioritise patient care in two areas saying she dealt with the whole situation so impressively.

I want to thank and acknowledge Claudia through a star award nomination for acting so very professionally, upholding the Trust values and ensuring patients were safe and cared for in both paediatric areas.

She has demonstrated exemplary leadership skills, care and compassion to the patients, families and her colleagues.

Emergency Department Team	**Scarborough**	**Nominated by Barbara Young, relative**

My husband Dennis was admitted to the emergency department at Scarborough via a blue light ambulance in October. Although ambulances were queuing outside, and as we arrived there were no beds in resus, we were met at the doors and Ed Smith assessed Dennis in the ambulance, and within two minutes we were inside resus.

From that moment onwards the care Dennis received was excellent and professional, and although it was obvious there was a bed crisis, and all the staff were under immense pressure, it did not affect patient care. All the assessments, tests and treatment were carried out in a more than timely manner. Dennis and I were treated with concern and respect at all times and kept informed. Dennis has vascular dementia and this was taken into account at all times.

Thank you to Ed and his whole team, as a 28 hour wait in the emergency department for a bed, was made as stress free as they could make it. They deserve praise for their excellent safe care and attention, not criticism in these times of bed crisis beyond their control.

Laura Green, Healthcare Assistant	**Scarborough**	**Nominated by Caitlin Wingfield, colleague**

Laura deserves a Star Award because she is a very hardworking team member who shows up and makes a positive difference no matter what. She is always making patients and the ward smile and always makes a huge effort to put her best into the Trust.

Alison Atkinson, Maternity Support Worker	**Malton**	**Nominated by a colleague**

Alison is such an integral part of the maternity team at Malton. She not only provides such a high standard of care to the large amount of women she sees on a daily basis, but also gives an incredible amount of support to the team too. Alison goes out of her way to make sure everyone is well cared for and always puts everyone else first. She makes such a difference to the unit and is an absolute asset to the team. Everyone needs an Alison in their team.

Anthea Downing, Play Specialist **York** **Nominated by Leanne Haycock, colleague**

Anthea is a long-standing member of the play team with 19 plus years' service who has decided to retire.

I am nominating her for a final Star Award for all the time she has devoted to the patients she has worked with throughout the years and always giving them patient centred care specific to each individual need, going above and beyond. Anthea is so devoted to the role that she continuously researches anything that is new and challenging and is always happy to transfer her skills to other members of the team providing teachings over the course of the years.

Not only has Anthea provided teaching to her team, she has also been involved in benchmarking, sharing ideas and knowledge with other hospitals around the country. Anthea receives positive feedback continually from parents and carers for the hard work and attention she gives to their children. Anthea shows care, compassion and enthusiasm in all she does on every shift.

Anthea always gives her all and is amazing at what she does. There has been so much that Anthea has done that has gone unrecognised because 'it is what she does' and she is very humble with it too. It is only right that Anthea receives an award to show that she will be extremely missed and is extremely appreciated for all that she has done and still continues to do in her last few months of working as a play specialist on the play team

York Vascular Team - Ward 11 **York** **Nominated by Gemma York, colleague**

They are an amazing team to work with, very understanding and caring; not just colleagues, but friends too. They support each other through tough times, help each other out and give others a shoulder to cry on, even when times are hard and they are struggling themselves. They definitely need to be recognised.

Paediatric Emergency Department Team **Scarborough** **Nominated by Nicola Lockwood, colleague**

Embrace are our local, highly specialist paediatric and neonatal transport team for critically ill children who require transfer to another hospital for specialist care. At a recent Embrace link nurse meeting feedback was given regarding the management of a five year old drowning patient (under water for seven minutes) in our paediatric emergency department in Scarborough.

They shared lots of excellent feedback and paid massive praise to the whole team at Scarborough – RN Laura Wilson, RN Ellie Fawthrop, HCA Michaela Moore, HCA Toni Evans, Consultant Paediatrician Dr Elmeraid, Paediatric Registrar Dr Paulose and Anaesthetist Greg Pursford.

Particular areas of good practice included

- Early introduction with the team / communication with paediatric emergency department nurse
- Allowed Embrace to take leadership role and divide tasks early-on
- Prompt making up of infusions
- Great links between Embrace and Scarborough team
- Liaised with numerous family members well to de-escalate some challenging behaviour
- Very good awareness of Embrace requirements to depart e.g. prompt discharge letter/photocopies
- Awareness of secondary drowning; escalated following return of spontaneous circulation
- Early neuroprotective/out of hospital arrest interventions (+O2 at resuscitation) improved outcomes greatly

Drowning is a rare incident so this was a very challenging situation for the team. A rapid response to the care required was essential in optimising the outcome for this child. I am pleased to report that he has made a full recovery and is now back home. The team have demonstrated excellent teamwork, clinical skill and expertise.

I am very proud of the nursing staff and delighted for the whole team that this has also been recognised by our Embrace colleagues.

Jay Varner, DIS End User Support Advisor **York** **Nominated by Vikki Smith, colleague**

Since coming into post Jay has provided excellent support for the neonatal team with all of our IT issues. He has been a visible presence, attending the unit two to three times every week to assist with IT problems as they arise, which has been a breath of fresh air. He always demonstrates the Trust values, but being kind and patient with all of us, especially when we are less than up to speed with IT systems and networks. He is efficient and dependable - always returning to the unit when he says he will, if he cannot solve a problem there and then.

He has revolutionised our IT equipment ensuring that it is dependable, which has enabled the nursing team to care for infants more efficiently, instead of spending all of our time trying to sort computers or ringing the service desk. In addition, to supporting the Special Care Baby Unit (SCBU) he has been proactive in setting up the systems and networks needed for the new Neonatal Transitional Care Unit, ensuring that on the day the service went live, we had a working dedicated phone line and access to PC terminals.

Amber Hodgson, Staff Nurse **York** **Nominated by Alisa Batters, relative**

My mum and I would like to nominate Amber for her outstanding level of care and compassion when my father, Douglas Reid, was a patient on ward 24. Sadly, my father passed away in the early hours.

Amber along with the rest of the team looked after him during the last week of his life. The kindness and care that he received was amazing while they were extremely busy on the ward.

Amber's care and compassion towards my mother and I - she regularly took time to update us on father's condition and explain the treatment he was receiving - was a great comfort during a very sad and difficult time.

Rebecca Pimm, Staff Nurse **Selby** **Nominated by Helena Demir, colleague**

Becky has a positive attitude, is attentive to others and strives for excellence within the work place. Becky is a relatively new member of the team. However, she has brought a wealth of palliative and end of life care knowledge with her from her previous job role and has spent time putting together information for staff so all staff, substantive or bank, have access to the same information to enable them to deliver a consistent high standard of care.

Becky has also taken time to organise the wards use of storage so stock is easier to find when needed and this also keeps the ward looking tidy. Becky is attentive to her patients and ensures she listens to their needs. Becky works well within the team and if she identifies new ideas/ways to improve practice she communicates this and encourages those around her to also look at how we can improve practice to provide a better patient experience

Charlie Bush, NIV Nurse **York** **Nominated by Kerry Massheder-Rigby, relative**

My mum was unexpectedly admitted into the emergency department and transferred to the ward where she died within 24 hours. Because it was so sudden we didn't know what to expect, but Charlie was incredible. He spoke to my mum like a person, even when she was sleeping / unconscious. He was gentle in his approach, spoke loud and clearly for my mum to hear, was respectful and explained what he was doing, was kind but professional. He brushed my mum's teeth and applied lip balm-when she woke for a short time before death so she had a nice taste in her mouth thanks to him.

His level of care and understanding helped us to get through the experience and I'll never forget how wonderful he was with my mum. He treated her with respect and dignity, gentleness and kindness. His approach stood out and he made such a difference, I can't thank him enough for his kindness and for being such an incredible health care provider. His presence and care meant my mum was herself to the end, she experienced no pain, she died with dignity and she was treated like a person throughout.
Thank you Charlie for being such a wonderful nurse and person. I wanted you to know what a difference you made and how thankful my family is.

Paige Glenwright, Healthcare Assistant | **York** | **Nominated by a colleague**

Paige goes above and beyond on every shift she works. She comes on shift with the best attitude regardless of staffing or patient quality. She does her work and delivers care to the highest standard. Her work ethic has been noted by many on the ward as she makes sure care is provided efficiently and excellently.

Paige works very well with dementia patients, and I have witnessed first-hand her kindness and compassion when dealing with patients who are scared or confused. She will sit with them and chat, while making sure they feel safe. She is a brilliant advocate for her patients, and I have seen her converse with patients easily and in the friendliest manner. She will do things for her patients to help them and ease any stress or fear they have in hospital, such as, getting items from the shop or just listening to their concerns and worries.

She also goes out of her way to help her colleagues. As a nurse I feel confident asking Paige for assistance and I know I can trust her to complete a task. She is eager to assist and make our lives easier on the ward. She will often take on a lot to try and help. This can be seen when she comes and asks if there's anything to do or anything she can help with. She will volunteer to do transfers, move to other wards or complete anything that is asked.

She is a very valued member of the ward and a pleasure to work with. I look forward to working alongside Paige when I see she is on shift. She is open, friendly, kind and enthusiastic. Her patience, experience and attitude are an asset to any ward, and I feel we are very lucky to have her. I wanted to nominate her to show that we notice her hard work and show she is appreciated.

Mr Harbottle and the Shepherd Theatre Staff	**Bridlington**	**Nominated by Zoe Lupton, colleague**

I would like to nominate Mr Matthew Harbottle and the Shepherd theatre staff. They recently went above and beyond to ensure an elderly patient with dementia was able to have a large skin cancer removed from her face; the patient needed to lie still as the procedure was carried out under local anaesthetic, but her dementia meant she forgot information rapidly.

The team were fantastic, constantly reassuring the patient and were able to adapt practice by enabling the patient's carer to come to theatre and hold her hand through the procedure and this was a familiar reassuring presence. The surgery was extremely challenging as she often wanted to move her head and hands and get off the theatre trolley, despite this Mr Harbottle was patient and constantly talked to the patient to reassure her and make her feel comfortable. He was able to complete the surgery and despite the challenging situation was able to do the reconstructive surgery including exceptionally fine detailed suturing of the patients face.

The entire theatre team worked together to enable this, reflecting Trust values at all times.

Jayne Sargent, Deputy Services Manager	**York – Archways**	**Nominated by Holly Hatfield, relative**

After five weeks of frustration my husband has now had physio for a broken back. Jayne cared, provided the correct contact details and ensured the job was done. With Jayne and the wider team on board this was sorted in two days.

A huge thankyou and gratitude to Jayne and her colleagues who are a credit to the NHS.

Dean Pritchard, Surgical Care Practitioner and Heather Bush, Staff Nurse | **York** | **Nominated by Mr and Mrs Webster, relative**

What do you say when you can't express how grateful you are for the NHS and the people within it. For the kindness shown and the care that is given by many unknown members of staff in several departments with their doctors, nurses and medical secretaries.

At this moment in time when numbers are lean the star shines on plastics with Heather and Dean whose treatment and care for us was and still is exemplary considering our difficulties (with Alzheimer's affecting one of us).

They didn't just care for Ken, they cared for both of us (me as his carer) with humour and tact and going that extra mile for us. So in trying to express how grateful we are we would like to thank everyone, but award Dean and Heather a star.

Andrew Brough, Staff Nurse | **Scarborough** | **Nominated by Courtney Wallace, relative**

I attended the emergency department at Scarborough Hospital with my eight month old little boy, he had croup and was struggling to sleep due to his sore throat and barking cough. We were seen by the GP and my little boy's saturations had dropped to 84.

Andy took over his care and was so unbelievably friendly and approachable the whole time. He explained exactly what was going to happen and he did not stop until my little boy's saturations were up and he was improving. He treated the both of us with kindness and respect and Oakley's dignity was respected the whole way through.

He is absolutely wonderful at his job.

Ophthalmology On Call Team	**York**	**Nominated by Georgina Parkinson, patient**

I was seen in the out of hour's ophthalmology clinic after being referred by my GP. The team could not have been better, despite how busy they were. In fact, Andrew the junior doctor was trying to deal with me and his on call phone never stopped ringing. The whole team of Rachel and the two doctors that I saw were friendly, professional and extremely thorough despite being busy and I felt looked after. I was appreciative of their help and explanations of my diagnosis and treatment options. (I am also a staff member in a different department at the hospital).

Lisa Dunwell, Generic Therapy Assistant	**Selby**	**Nominated by Sian Norman, colleague**

Lisa is a well-established member of the community therapy team, but always strives to further her knowledge and skills with a view to improving service provision and the wellbeing of both patients and staff. She has completed her level two mental health first aid course and become a recognised mental health first aider within the organisation. I have witnessed first-hand how Lisa has implemented the knowledge and skills she has acquired through actively checking in with staff exhibiting signs of stress in the workplace. I overheard a colleague just this week saying that when she arrived at work, she felt a bit fed up, but a quick chat with Lisa lifted her mood and enabled her to crack on with her day feeling in a more positive mind-set which benefitted both her and her patients.

Lisa has shown further commitment moving on to a level three course which involves a significant amount of study time and resources. Lisa completes all of this in her own time with great enthusiasm as she is very driven to improve wellbeing within the workplace and recognises the importance of this for both patients and staff. Lisa does all of this with humour and warmth and exudes kindness and always seeks feedback to inform her ongoing development. I am really proud of Lisa's commitment to her ongoing study and she should be rightly proud of her achievement especially as she has achieved all of this while continuing with carer responsibilities for close family members. She really is a shining example of all that is good within our organisation.

District Nurse Clinical Coordinators Team | **Community** | **Nominated by Jane Venable, colleague**

The Community Matrons and Community Team Leaders would like to nominate the District Nursing Clinical Co-ordinators for star awards. They consistently demonstrate the Trust values in challenging circumstances.

They are respected and valued team members willing to go the extra mile for patients and colleagues. The clinical co-ordinators support each other and their teams and share their good practice across the wider district nursing team. For example, one of the clinical co-ordinators has developed a training and information package to help newer members of their team to settle in.

They all support the nurse in charge and are self-sufficient and enthusiastic in their role and exhibit a positive attitude about community nursing.

Alice Nichols, Paediatric Doctor | **York** | **Nominated by Olivia Swain, colleague**

Alice has been going above and beyond in her job role as a paediatric registrar. She has been learning how to use equipment, performing observations, making patient beds (and much more) to support nursing staff on busy, understaffed shifts.

Alice is already a brilliant doctor, but nursing staff are even more grateful of her showing such enthusiasm and a willingness to learn. It really helps us all so much.

Rheumatology Team and Dr Quinn | **York** | **Nominated by Stephen Waring MBE, patient**

Dr Quinn and his staff were fantastic in their treatment of me. As well as X-ray where I was dealt with in 15 mins. Appointment and X-ray in 55 min. Better than going private. NHS comes out tops for me yet again.

Scarborough ICU Team | **Scarborough** | **Nominated by Annabel Francis, colleague**

Over the last few days, Scarborough intensive care unit (ICU) had no patients whilst ICU at York has been particularly busy. They have sent staff over every day to help us and have done so with care, grace and commitment to the safety of critically ill patients.

They have demonstrated the Trust values and shown great flexibility.

Laura Barron Staff Nurse | **York** | **Nominated by Lynda Imeson, relative**

My uncle had a sudden deterioration and the crash call was put out. Everyone was very fast to act. After the decision was made that it was in my uncle's best interest Laura went above and beyond making sure my uncle was properly cared for with sufficient medication to give him a 'good death'. He was very settled and after such a distressing scene with the crash team, this gave my auntie comfort near the end.

Laura had time for us all and I feel went above and beyond. She showed compassion to the patient and his family.

Please could Laura have a star award as she really is a credit to the Trust. I have been a qualified staff nurse for 20 years and I wish we had more Laura's.

A good death is the most precious thing you can give the patient and family. Laura ensured this happened and didn't wait for John to be in pain or get agitated. I thank Laura from the bottom of my heart.

Ward 11 Team **York** **Nominated by Lynda Imeson, relative**

My uncle suffered a massive acute deterioration which resulted in a crash call.

The consultant, anaesthetist, vascular matron, and staff designated to looking after my uncle went above and beyond to keep us in the picture. I didn't feel anyone was rushing my Auntie John's partner to realise how seriously ill John had become. Everyone in the meeting was so compassionate and honest. My auntie didn't feel like she was rushed or made to make a decision.

After the meeting everyone on the ward was compassionate towards myself and my auntie. John died peacefully with his partner with him. Thank you for giving my uncle a dignified and pain free death.

Alyshia Lane, Sister **York** **Nominated by ben Fletcher, colleague**

I left the Trust to progress my career as a registered home manger. I started my new role only to discover it was not what it was made out to be in the interview; within three days working I was very low in mood and wondering if I had made the right decision. I spoke to my husband and my family who all said I was happier in my job role within ward 33 and I had to make the decision which felt right for myself and my husband.

I then rang Alysia in a distressed state. Alysia was very understanding and put my mind at ease, but I had to make to make sure it was 100% the right decision for me. I rang Alysia back and said that yes this is what I wanted and that money isn't always more important than happiness. Alysia got back to me within the hour after speaking to the matron and said that I could come back. I feel that I have a good support network within ward 33 and this is due to how Alysia has made me feel from when I first started my job.

From the bottom of my heart thank you Alysia and I know you will support me to do my nurse top up - your supports means a lot.

Ward 28 Team **York** **Nominated by Benjamin Wells, colleague and Lucy Powers, colleague**

Nomination 1

Every member of staff on Ward 28 is friendly, warm and welcoming with staff, patients and visitors. As a bank member of staff, I have always found that it's a fantastic team to work and grow in, no matter who is on, the team gels. I wanted the team to be recognised, for the contribution to York Hospital. Each and every member of staff is a star.

Nomination 2

As a bed manager the Ward 28 team are a pleasure to liaise with and work alongside.

Their positive 'can do' attitude is inspiring and has a big impact on patient flow. Their commitment to hard work, team work and working collaboratively despite the pressure we are all facing at the moment is truly aspirational.

Well done and thank you for all your hard work.

SCBU Nurse Team **York** **Nominated by Pedro and Antonio, patients**

We were born in March in York Hospital. We are twins and arrived early and with some difficulties, so we spent some time in York special care baby unit (SCBU).

All of the SCBU team were amazing, especially the nurses! They gave us lots of cuddles and love. They even sent us on a residential trip to Hull hospital. Our parents are always telling us how important their support was during these hard times for them and how they take care of our mother as well. They will be always our fairy godmothers because we are here thanks to all the love and care that they gave us. Every time we hear “You the sunshine of my life” we will think of all of you.

Gemma Wilson, Retinal Screener | **Scarborough** | **Nominated by Shelley Widdowson, colleague**

Gemma works in busy screening clinics, seeing patients face to face every day. Time can be pressurised in clinic, but Gemma still takes the time to recognise the needs of all her patients.

Recently a young girl in her early teens arrived for an appointment. Gemma looked at her records which indicated that this patient was not successfully screened at her last appointment because she had refused to have dilating drops. She also had a number of 'did not attend' (DNA) appointments against her record.

Gemma jumped into action. She talked her young patient through the screening appointment thoroughly. She explained that the dilating drops do sting, but it would mean that she would be able to capture clearer images and we would be able to detect any changes in the eye. Gemma told her that she would only need to put one drop in each eye as she was young, and her pupils would dilate easily. The young patient took this on board and allowed Gemma to administer the drops. She said that the drops weren't as bad as she expected them to be, and in future she would be happy to have the drops.

Gemma showed the patient and her mum the images so that they could see the clear images and appreciate why the drops were important. The patient had a positive screening experience because Gemma engaged with her, and her mum, and she is more likely to attend future screening appointments.

Gemma attended a Diabetic Eye Screening conference in September, and this has given her a better insight into why some people don't engage in screening, and how we as screeners can make a difference.

Jack Gay, Healthcare Assistant | **York** | **Nominated by a colleague**

Jack joined our ward a short while ago and has quickly become a valued member of the team. He is dedicated, humble and always happy to help. He displays excellence, openness and kindness on a daily basis, without even having to try.

He is a polite young man, who clearly is willing to work hard and make a difference to patients and staff. He shows compassion and empathy to all he meets and is a true team player. He appreciates diversity and respects people for who they are. He will ask for help if needed, but is keen to learn and achieve. He is a good listener and remembers details. Jack is honest and will always go the 'extra mile'. Jack is someone I look forward to working with. He is valued and shows others the same.

Nothing is too much for him and I would feel blessed to have him care for any of my family and friends. I really hope Jack knows he makes a difference.

Sharon Holt, Cleaning Catering Operative | **Bridlington** | **Nominated by a patient**

Sharon received a letter from a senior orthopaedic practitioner dated 20 October 2022. Sharon went above and beyond with a patient who was very nervous and anxious in regard to her hip operation. Sharon went out of her way to visit the patient after her procedure. The patient wanted to pass on her gratitude and thanks for Sharon and her caring nature.

Bridlington Eye Clinic | **Bridlington** | **Nominated by Anthony Halford, patient**

I have been attending the eye clinic for ten years and always all the staff are caring, pleasant and supportive. They deserve many stars.

Bridlington Stores Team | **Scarborough** | **Nominated by Barry Riley, colleague**

Jo Southwell, Strategic Capital Project Manager at Scarborough Hospital organised over £15,000 of equipment free of charge from Nightingale Hospital to support Trust departments.

Storage of this equipment was arranged at the Bridlington Hospital site. However, as there is no forklift capability at this site the haulier was requested to use vehicles with a tail lift to safely offload the pallets. This was disregarded and four articulated lorries arrived at Bridlington with no tail lift capability, resulting in Chris Bowes, Hannah Bailey, Richard Dobson, Sarah Goldsmith and David Burke offloading 96 pallets of heavy equipment manually with a single pallet truck. The pallets then had to be transferred across site from delivery point to storage area.

A mammoth logistical task, saving the Trust a lot of money in the process, undertaken by a small team, for some of whom this physical tasking would be totally alien.

Marc Buchanan
Patient Services Operative

York

Nominated by Rachel Platts, patient

I spent 12 long days on Ward 22 in an isolated room due to the condition I was suffering from. Not many people had the time to chat to me so it was a really difficult time and the only time I saw anyone was for medication and health checks, all my normality had gone.
This is where Marc came in. I hadn't eaten in five days, everything I ate made me unwell, yet he patiently kept giving me different options to try, whilst I was super fussy as everything I ate or drank made me unwell. Eventually I managed to try something and it turned out to be my favourite "strawberry jelly". I would save it until night time and try so hard to eat managing a few mouthfuls.
Marc didn't give up there, my mental health was suffering and I didn't want to open the curtains, I didn't think I was going to make it home I was so unwell. Marc came and kept trying with me, chatting as he worked, encouraging me to eat, making my water jugs fresh and ice cold so I could enjoy them as I was trying so hard to keep food and water down without being unwell. What for many might seem like little things were massive to me. He would make my hot chocolate with just a tiny scoop so it wasn't too rich, he never complained about my requests, he just did everything he could to try and help me feel as comfortable as possible.
The biggest thing Mark did for me was treat me like a human being, those days were very long, he listened to me cry and beg to go home to my partner and four children, he came in almost every day and checked on me asking how I was feeling. I was in pain and I was lonely and extremely scared, but Marc's little touches reassured me, kept me in touch with the outside world and kept me focused on getting better. Out of the whole experience in hospital I will never forget those little things Marc did and I am eternally grateful for him helping me get through those very dark days.

Harley Cockayne, Specialist Radiographer

York

Nominated by a colleague

Harley always goes above and beyond for patients and staff alike, she is the embodiment of the Trust values and a real credit to the team.

Alex Williams, Senior Physiotherapist **York** **Nominated by Pauline and Steven Hainsworth, relatives**

Our son Michael Hainsworth was a patient in the intensive care unit (ICU) in York for 89 days and was treated for Guillain- Barre Syndrome. He was on a ventilator to assist his breathing, meaning that the physios were involved from a very early stage in Michael's care.
All the physios were so good with Michael and we cannot thank them enough, but Alex Williams was exceptional. Realising early on that Michael's mental health and general wellbeing was very important and despite Michael having no verbal communication, she was able to work out that he wanted to go outside. Alex made this possible arranging that first trip outside complete with ventilator and an entourage of five staff, including the consultant. Alex even organised for another staff member to video call us so we could see Michael outside and how good this was making him feel, he even managed a hand movement which we took as a wave! This made our day, but also made us cry; we are firmly convinced that this day outside was a big turning point in Michael's recovery. Alex went on to ensure a trip outside was in Michael's physio plan, written on the board at least once each week and was achievable.

Alex spoke to Michael throughout his time in ICU as though his thoughts and feelings really were a priority, even when he was unable to communicate verbally at all, she made the time to get him to respond to her, including him in her ideas of his physio plan. She just chatted on, even though he could not answer. Alex inspired Michael, giving him the thirst to fight this Guillain- Barre Syndrome, a dreadful condition. Although remaining professional throughout, Alex told Michael as it really was, which he really did appreciate and respond to. She was very honest with him and she really made him feel that he was up to this immense challenge.
She treated Michael as a person, not just a patient; telling him that she could be his biggest friend or his worst enemy, whilst all the time really encouraging him with his physio, giving him the confidence to want to push a bit further and harder, but importantly she also gave him plenty of time to rest when he became too fatigued. Throughout Michael's ICU journey when Alex was on duty she always came during our visit to give a daily update of what he had achieved, any issues and let us know about the following days plan. We do think that once his improvement started Alex really motivated Michael to continue and he is continuing to improve now in neuro rehabilitation!

York ICU Team **York** **Nominated by Pauline and Steven Hainsworth, relatives**

The expertise, professionalism and care of Michael from this extra special team has been absolutely first class and it really is down to them all that our son Michael, is alive today. Throughout all the complications during Michael's long Intensive Care Unit (ICU) stay with Gillian-Barre Syndrome, the care and support given to both Michael and us, from this team really was amazing.

Throughout Michael's stay they kept us updated, answering all our questions honestly and openly, all the time ensuring that Michael was well cared for, treating both Michael and ourselves with kindness, compassion and respect. After a month Michael was awake, although remaining on the ventilator and unable to communicate. So many of the staff took the time to try to communicate with him by saying or pointing at each letter of the alphabet, allowing him the time to nod at the correct individual letter, then the words and finally the sentences. Very time consuming and frustrating, but it was also very important to Michael and the start of giving him some control back in his life to communicate his needs.

The staff then found that he had a personality and had not always been this ill, emaciated 39 year old guy, attached to all these lines, wires and breathing tubes. All the staff involved in the huge task of taking him outside on the ventilator, also made such a difference to Michael's recovery. We are convinced that the first day he went outside was a turning point. To also video call us from outside, so we were able to be part of this huge achievement was amazing. It really did help to improve Michael's general wellbeing, he saw a bit of life on these trips outside, so very important for long stay patients who feel very cut off from normal life. As his recovery continued, the efforts that went into creating a Blue Peter style call bell, enabling Michael to practise ringing this bell, which he eventually did so the nursing staff knew he actually wanted something. Before this all he could do to attract attention was grind his teeth. The physios and the lead nurse lent him iPads, which were attached to a metal arm on the bed so Michael could see this, as he was unable to see the TV due to his altered vision. Once he received his ECHO show, from the GAIN charity, nursing staff helped with the setup of this so he could watch Netflix and movies, eventually managing to operate this himself, although initially quite haphazardly! For enabling us to bring Pepper up to the hospital to see Michael, this was so important as this felt to Michael as though life was coming to see him.

All of the medical and nursing hurdles that the whole ICU team helped Michael to overcome and the motivation that he received from so many wonderful people there have given him the encouragement that he needed to start the long challenging fight back from this awful illness.

Olivia Shelton and Anna Goode, Retention and Recruitment Midwives | **Scarborough** | **Nominated by Bev Waterhouse, colleague**

Oliva and Anna are the recruitment and retention midwives working across site, covering inpatients and community. They have overseen and led the recent recruitment of our new graduate midwives, creating detailed and individualised plans for each new member of the team.

Maternity services have been severely affected by challenging times within the NHS, and feedback from staff demonstrates how valued Oliva and Anna are to their colleagues. As well as overseeing a large cohort of new starters, Olivia and Anna work incredibly hard to listen to all staff concerns and are able to implement practical solutions to address staff concerns where this is possible.

We are so lucky to have Anna and Olivia in our service.

Lois Bennett and Charlotte Nixon, Clinical Educators | **York** | **Nominated by Bev Waterhouse, colleague**

Lois and Charlotte are the clinical educators for maternity working across site, covering inpatients and community. Having just returned to the Trust, I have been fortunate enough to work with both Lois and Charlotte to gain confidence in skills I haven't used for some time.

They are both incredibly kind and patient, and nothing is too much trouble for them. They both regularly change their shifts to adjust to staff's needs, and all too often need to drop their planned work to support clinical areas.

Maternity services have been severely affected by challenging times within the NHS, and feedback from staff demonstrates how valued Lois and Charlotte are to their colleagues.

We value Lois and Charlotte so much and are so lucky to have them both in our service.

Selby Phlebotomy and Selby Reception Teams	**Selby**	**Nominated by a colleague**

The Phlebotomists who work at Selby are excellent and they treat each and every patient with dignity and respect.

There is a lovely patient who has severe mental health challenges who comes for regular blood tests. He is unable to cope with sitting in a busy waiting room. With the help of the phlebotomists/reception and the with the patients agreement, we have a plan in place to bring the patient in a different entrance and straight into the blood taking room and back out again. This makes such a massive difference to the patient, his mental health and he is always extremely grateful.

Both teams go above and beyond not just for this patient, but for each individual. Special mention to the following phlebotomists, Jane Harper, Clarice McAlistair, Carolyn Brown and Tash Howland.

Ward 35 Team	**York**	**Nominated by Beverly Nowell, relative**

My mum was admitted to ward 35 two weeks ago. She was diagnosed with acute delirium, vascular dementia and Alzheimers. In the first week she was very aggressive and confused, but the whole team on ward 35 put her at ease. She is 86 and had her birthday in there. The night staff rang me to come and settle her and the care and compassion they have shown my mum is amazing.

Jackie Carr, Patient Services Operative	**York**	**Nominated by Caroline Cushen, colleague**

I have worked with Jackie on and off for three years and she has been with the team in all its forms as a patient services operative. She's amazing and always knows all her patients names, they all love her. She knows their likes, dislikes and nutritional requirements. She has washed patient's clothes and towels, she is always there to help and she goes above and beyond.

The ward would be lost without her. She is all the NHS values embodied - kindness, caring and excellence.

Sarah Casey
Healthcare Assistant

Scarborough

Nominated by Andy Dunlop, relative

I've been watching Sarah deal with patients in the emergency department, in particular with an old fellow called Derek, sat next to me as my wife awaits treatment.

Her manner is wonderful. She's caring and considerate. Derek is being sent to York for treatment and she knows there's going to be a wait until the transfer ambulance arrives. She's ascertained that he should ring people and made sure he can. She's asked him about food and fed and watered him. She maintained the personal feeling and touched his hand…she's caring.

It's Friday night, the place is packed, but she is maintaining the personal care of all those she's dealing with. She is doing a wonderful job.

Jason Angus,
Healthcare Assistant

York

Nominated by Imogen Haigh, relative

I brought my three year old Sebby in to the emergency department with a very messy finger. Jason came to clean and dress Sebby's finger and take us to X-ray. I felt Jason went above and beyond so effortlessly to make my son feel better. He was so kind to him and had an amazing way of distracting him. Even when Sebby was fine Jason still entertained him, making him curious and making him laugh.

He made our experience so much nicer, we went in horrified at what had happened, but we came out smiling with the care we had received from the whole emergency team, but especially Jason. He should be so proud of the work he did today because he really made a difference, not just to Sebby, but to us as parents too.

Kate Hudson, Discharge Liaison Officer | **York** | **Nominated by a colleague**

Kate has been an amazing colleague since I started working in Ward 33 - very pleasant, easy to approach, a team player and proactive. She's shown exemplary patience and resilience given the acuity of the ward and the staffing numbers are not always optimum. She works hand in hand with registered nurses in Ward 33 to ensure that discharges are as easy and quick in the safest possible way.

Seeing her liaise with different parts of the multidisciplinary team, external point of care staff, other Trusts, transportation and family - which sounds like a lot to deal with, but she makes it look easy and always has a smile under her mask. She's kind, open and excellent - embodies the Trust values and her presence is very much appreciated in our ward.

Chris Blackstone, Electrical Technician | **Scarborough** | **Nominated by Tanya Barber, colleague**

Chestnut Ward has been undergoing a refurbishment for the last few months and Chris has always kept the ward manager and myself updated with when contractors will be on site and what timelines they are hopefully working to.

He is always on hand if anything unexpected arises and nothing is too much trouble for him, even the little things. He is always cheerful and has a smile on his face whenever he comes to the ward. Just wanted him to know how much I appreciate everything he has done over the last few months.

Marta Marmaj, Deputy Sister **York** **Nominated by Nicky Kerslake, colleague**

Marta is an absolute asset to the Ophthalmology management team and always goes above and beyond to look after her patients and her team. Marta is consistently reliable in everything she does and has real insight into the department and team and how to help it run effectively. Marta has really developed her skills as a leader since my time in post managing her and is really keen to learn and develop. She is always trying to improve her knowledge and management skills and she has a real 'can do' attitude towards trying something new.
When Marta is in charge, she has a full awareness of the whole team across the department and makes sure that everyone is considered. She will always put the other staff needs before her own and consistently looks out for her colleagues. Marta is an incredible deputy sister - she is supportive, knowledgeable and forward thinking. She would deserve a star award every day of the week and deserves recognition for her constant demonstration of her dedication to the team and of our Trust values.

Lesley Harrison, Staff Nurse **York** **Nominated by a colleague**

We had a 60 year old patient brought down from the ward he had been on for four days. He simply couldn't understand why no-one paid attention when he kept re-iterating about not having any medication and this left him in tears. Lesley went to talk to him and found initially he had received a garbled phone call from his G.P. to let him know that he would not be able to request his medication anymore. This left him with nothing for two months leading up to when he went into hospital. Lesley proceeded to contact Priory Medical Group and was able to get a list of all his medicines. Then she systematically went and collected most of them, having to wait until the next day to get the remainder. She allowed him to be discharged re-assuring him that when she finished work she would phone him and bring his medicines to his house, sit down and go through everything with him to make sure he understood. She did the same the next day as well.

This to me is some-one who went out of her way and the extra mile to help this patient and I feel she needs to be recognised for unselfish commitment to her work.

Joanne Harman, Staff Nurse **York** **Nominated by Sarah York, relative**

My mother-in-law was an inpatient on ward 14 recently. She received excellent care from Joanne Harman during her short stay. Joanne was professional and compassionate at all times. She was caring and so knowledgeable and kept us well informed even when she was obviously very busy.
She is a credit to the ward and the Trust. As a staff member myself I was extremely grateful for her time and excellent care provided to my mother-in-law.

Helen Pashby, Staff Nurse **Scarborough** **Nominated by Anne Devaney, patient**

I arrived on Juniper ward mid-afternoon after spending 38 hours in the Scarborough emergency department. I was feeling ill, upset due to a suggested health diagnosis, dehydrated and exhausted.

Helen became involved in my care once I had been settled on the ward and I became more unwell around 7pm. Helen dealt with my symptoms professionally and was kindness itself. One issue was a cannula inserted earlier in the day making the application of an intravenous anti-emetic painful. I got partial dose, but then had a reaction to the drug. Helen was concerned enough at that point to contact the on call doctor.

All of this you would expect from a good nurse, however Helen went above and beyond. Even though her shift was over, she waited until the doctor had arrived before she left. The next morning one of her colleagues told me that she had phoned them a couple of times to check on my progress. At a moment of extreme vulnerability I felt I was being treated as a fellow human being and was in safe hands.

I also need to mention the wider team on Juniper, which as you know have challenging patients to support and nurse. All I can say is they are a fabulous group of empathic people. They go the extra mile every day with cheerfulness and positivity.

Eyes Theatres Team **York** **Nominated by a colleague**

Eye theatres has come a very long way. Everyone works fantastically well as a team with patients at the forefront of everything they do. The dynamics of the team has changed in a very positive way with support, continued professional development and always maintaining the Trust values. Team members are diverse and everyone is unique bringing their own individual experiences and knowledge to the table. The leadership is strong and both Alison and Mike offer encouragement and motivation showing trust and respect. The team sets goals and sets out to achieve these objectives as a collective, communicating well and contributing their fair share. There are weekly team meeting's highlighting any area's where improvement would be beneficial and an opportunity for staff to offer idea's and promoting the integrity of the team.

One particular area of improvement is paediatric ophthalmology. The children come to theatre and can collect a toy or a book to take into the anaesthetic room as a distraction aid. This helps to improve the child's theatre experience by making their visit to theatres more interactive, immersive, calming and fun. Coming to theatre can be very stressful for children and their families, so staff are very mindful of this, creating a fun and welcoming environment. Each child also gets to take home a goodie bag which helps them feel less anxious before their procedure. The goodie bags include an activity sheet, crayons and a toy all kindly donated by the Starlight Trust. This helps put a smile on their faces at a time that can be extremely stressful and very scary.

This is such an amazing team and the recognition about how far they have come in such a short amount of time should be commended.

Sallie Smith, Staff Nurse **Scarborough** **Nominated by Louise Metcalf, colleague**

The ward was at capacity with a high acuity, and unfortunately a staff member had phoned in sick leaving just myself and Sallie to manage the ward. Sallie went above and beyond to ensure all patients were cared for to the best of her ability, working tirelessly to the very end of the shift. Although we were unable to have a break, she displayed continuous enthusiasm and good humour, getting us both through a very challenging day. She was a pleasure to work with.

Donna Tindall, Team Leader | **Bridlington** | **Nominated by Amy Davidson, colleague**

I would like to nominate Donna as she has been amazing. She has helped me so much and welcomed me into the team.

Firstly, just wanting to learn the role of what is what in medical records and seeing how the team does this work instantly took my interest. I wanted to do the job more and more which led to me doing bank work in medical records and giving me the experience of doing different tasks. And now I am with the help of Donna being there for me and the team.

I am now also doing a secondment for six months which I just love and I cannot thank you all enough for helping me achieve my goal in a career change from being a domestic cleaner.

Geraldine Downing, Specialist Renal Nurse | **York** | **Nominated by Laura Beswick, colleague**

Working in the private sector it can be difficult to get information for patients who require intervention. Geraldine was fantastic in facilitating the acute care that was needed for the patient currently having neurological rehabilitation.

Her ability to communication with myself and the patient was amazing, keeping us in the loop with treatment options and facilitating medications and deliveries.

She really has gone above and beyond.

Carole Draper, Staff Nurse and Nerys Pickup, Healthcare Assistant | **Scarborough** | **Nominated by Anne Devaney, patient**

After various clinical tests over eight weeks with my overall symptoms gradually getting worse my sister took me into Scarborough emergency department suffering from pain, nausea and light headedness.

I informed the nurse I was feeling very dizzy and was taken through to a cubicle and a trolley I could lie on. The other cubicles were full and it was busy and very noisy, but I was so grateful to be able to lie down. As the hours passed my pain worsened while I saw doctors and had a CT scan. I could not sleep or get comfortable.

It's during this time that I came under the direct care of Carole and Nerys. I was so dehydrated that several attempts at inserting a cannula failed. Instead I was asked to sip water. Overnight between the two of them they ensured that my water bottle was topped up, I was also offered hot drinks and something to eat. This meant that in the morning it was possible to insert a cannula. I could hear them regularly phoning the bed managers and they kept me appraised of the situation. The most significant thing of all though was the production of a 'proper' bed in the early hours of the morning which enabled me to finally get some sleep. I'm aware that this took some hunting down and they kept going until one was found.

This may not seem especially significant, but given the business of the unit and managing the complex needs of other patients, some with dementia, for me it was nothing short of a miracle. It made the unendurable, bearable when I was at the end of my resources. This is going above and beyond.

Lesley Johnson, Ward Clerk | **York** | **Nominated by Thalia on behalf of Ward 16 colleagues**

Lesley is the definition of an outstanding individual. She is an integral member of our team and always makes things run smoothly. She is proactive, always ready and eager to help no matter the task or individual. She regularly goes to support other teams despite her own workload as she is just that kind of selfless, motivated worker. She is compassionate and respectful to patients and their relatives. Everybody loves Lesley and recognises her worth. She makes us all a family.

Katie Smallwood, Administrative Assistant **York** **Nominated by Joanna Meier, colleague**

I would like to nominate Katie as she is an amazing colleague to work with and has helped me through some tough times. Katie is never one to judge and will always help wherever she can. Nothing is ever too much for her. She has helped me become more confident with the excel system which I found hard and got me where I am today. Katie is also supportive in many different ways. Katie works hard and helps others. As Katie hasn't worked at the Trust a long time I think she deserves recognition.

Miroslawa Bakalarska, Domestic Assistant **York** **Nominated by Helen Baffoe, colleague**

Mira has been very exceptional in her work, by going above and beyond in helping the intensive care unit (ICU) staff nurses support our patients. We sometimes have language barriers on the unit for many of our patients and therefore her multilingual skills in translating languages has been so very helpful. She is very sensitive and compassionate in her job and has a good sense of humour. Mira I just want you to know that you are a valued member of staff on our unit, and we appreciate all that you do for us.

Imola Bargaoanu, Consultant Physician **Scarborough** **Nominated by Joanna Fox-Haw, colleague**

Dr Bargaoanu is a thoughtful, kind, meticulous doctor who appreciates fully the distress experienced by bereaved families and always ensures she is proactive in alleviating any additional stress by attending to the legal documentation that is required as soon as possible after a patient dies.

In the medical examiner service we hear from families of the bereaved on a daily basis and Dr Bargaoanu has been complimented by bereaved relatives many times for the quality of her care, and for the lengths she goes to in order to ensure that patients and their families are communicated with and informed of rationale behind care given. She ensures when someone is dying that the prognosis is made clear to the families and this enables families to spend time with the dying. She is always willing to discuss her patients openly with the medical examiners and medical examiner officers which makes the process much quicker for families

Name Debra Archer, Clerical Officer | **York** | **Nominated by a colleague**

Debbie is such a star. Always happy and cheerful, a real team player, she is great with patients and staff and always makes patients feel welcome to the department. Debbie goes above and beyond to make everyone that attends ante natal feel special. Debbie has an infectious personality and makes everyone around her feel happy. She is a real ray of sunshine and such an asset to the department and the Trust. Debbie is a hard worker and nothing is too much trouble for her.

Empathy and understanding towards patients and the wider admin team is what makes Debbie a real joy to work with. Ante natal and obstetrics just wouldn't be the same without our Deb's.

Brad Davidson, Platform Analyst | **York** | **Nominated by Joanna Meier, colleague**

Brad always goes above and beyond and goes the extra mile within his role. Nothing is ever too much of a bother for him, and he is always friendly and helpful. He is our IT master and he always helps me with IT problems even if he is busy with his own work. I have learned so much from him. You are a star!

ESA Team | **York** | **Nominated by Katie Squire, colleague**

All of the staff on ESA are amazing and display the trust values daily. They are extremely patient centred whilst also being an outstanding team that supports and cares about each other and I have had the absolute pleasure of working with them all for the last four months up to my last day today in post as a discharge liaison officer.

I will miss them all terribly and wish them all the best for the future and this is a small way to show my appreciation of them all.

SAU Ward 14 Team **York** **Nominated by Katie Squire, colleague**

I have had the absolute pleasure of working with the SAU team as their discharge liaison officer over the last four months and what a team they are, patient focused, kind and helpful.

They display the Trust values daily in everything they do and made me feel part of the team. I can't thank them enough for making my time working with them so enjoyable and will miss seeing all their faces on a daily basis. This is a small token of my appreciation and the least they deserve in terms of recognition for the fantastic work they do.

Transfer Team **York** **Nominated by Katie Squire, colleague**

What can I say about the transfer team, they are like my second family! On tough days they made me smile and always made me feel included and a part of their team. They display the Trust values daily. They work so hard and they are never shown the recognition they deserve. The team are a hidden gem within the hospital I feel privileged to have worked with them.