York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors (Public) – Blue Box

16 March 2023

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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NHS
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Item 9

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	CQC Update Report
Director Sponsor:	Heather McNair – Chief Nurse
Author:	Hazel McAtackney - Head of Compliance and Assurance (Interim)

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

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

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

Summary of Report and Key Points to highlight:
This report provides the Council of Governors with an updated position in relation to the action being taken to address the CQC regulatory conditions.

On the 23rd January 2023 the Maternity action plan was submitted in line with CQC requirements.

Progress continues with the delivery of the actions from the Section 29A for Medicine. However, the dashboards to monitor risk assessment compliance require further development work to ensure that assurance can be provided via the dashboards.

Recommendation:
For the Council of Governors to receive the assurance provided in this report.

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

Meeting	**Date**	**Outcome/Recommendation**
Quality and Patient Safety Group	8th February 2023	Noted
Board of Directors	22 February 2023	Noted

CQC Report – February 2023

1. Introduction and Background

The purpose of this report is to provide assurance of action plan delivery and their impact. In addition, risks to delivery of the required improvements are also outlined.

2. Governance and Shared Learning

The governance structure continues to be embedded, however operational pressures and strike action in January have impacted the schedule for the Quality and Regulatory Assurance Group. The meeting held on 2nd February 2023 was used to receive assurance for topics that had been missed from previous meetings and to revise the programme of assurance.

Table 1: Quality and Regulatory Assurance Report timetable

Assurance Topic	Date
Nutrition & Hydration	11.11.22 – complete
Update MCA/DOLS	24.11.22 - complete
Clinical Risk Assessments	08.12.22 - complete
Deteriorating Patients	22.12.22- complete
Evaluation of Progress	02.02.23 complete
Workforce	16.02.23
Infection Prevention and Control	02.03.23

Lorna Squires from NHSEI was due to be in the trust for two days in January to start the review of corporate and clinical governance. Unfortunately, due to unforeseen circumstances she was not able to attend, and this piece of work is being rescheduled for 28 February 2023.

3. Section 29A – Scarborough Hospital - PEM Consultant

As previously stated, we have requested the removal of this warning notice, they have confirmed that removal of this condition is being considered as part of their recent inspection.

4. Section 31 – York and Scarborough Emergency Departments – Mental Health Risk Assessments

Performance in relation to mental health risk assessment reduced in December which corresponds to the increase in demand for the Emergency Departments during that month. York ED demonstrates more improvement with these assessments, but Scarborough are on an upward trajectory in four of the five areas. The mental health risk assessment is being built into Nucleus and it is hoped it will launch within the next 2-months.

Figure 1: Scarborough Mental Health Audit

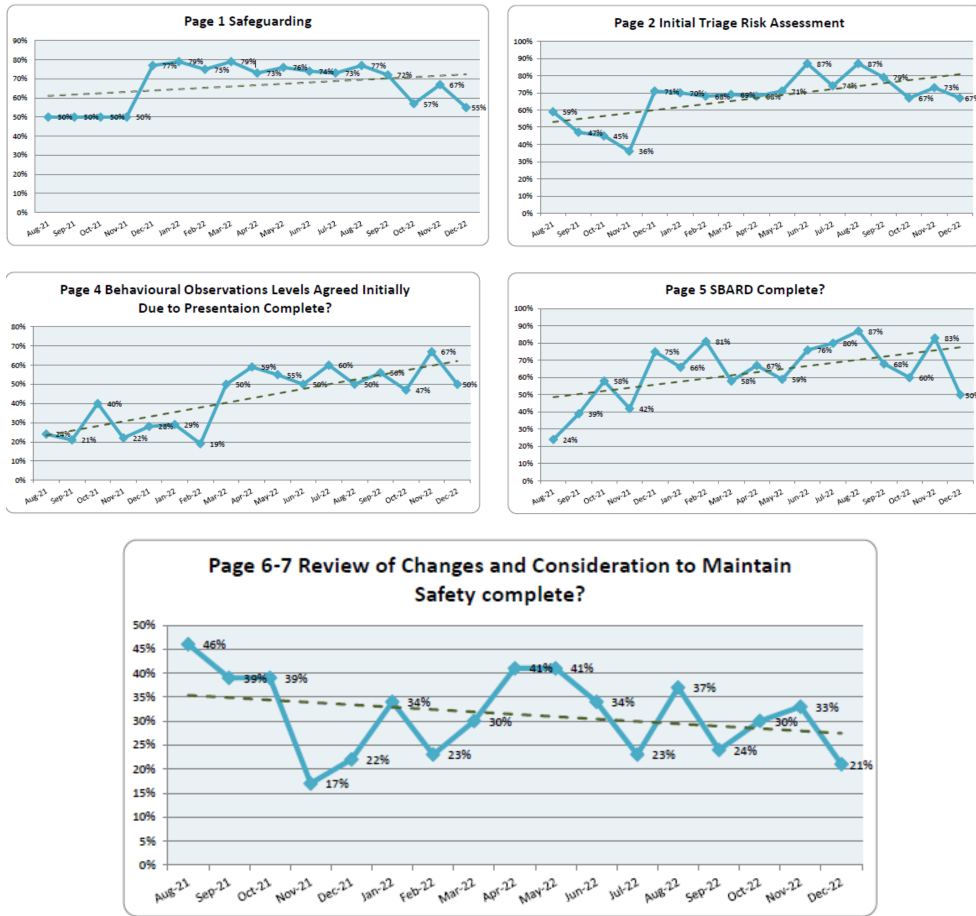
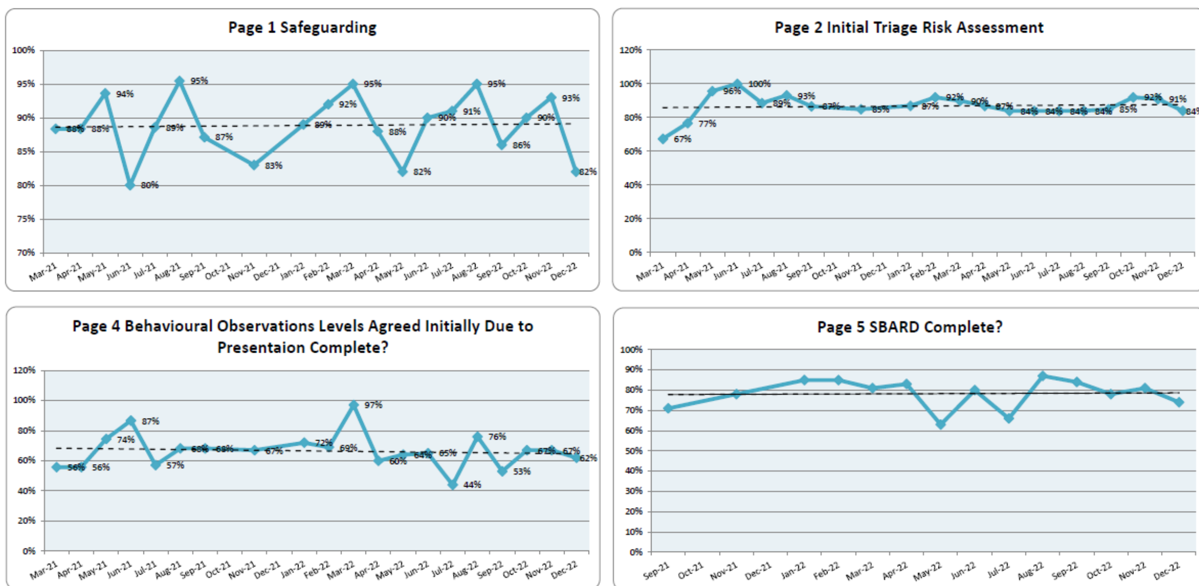
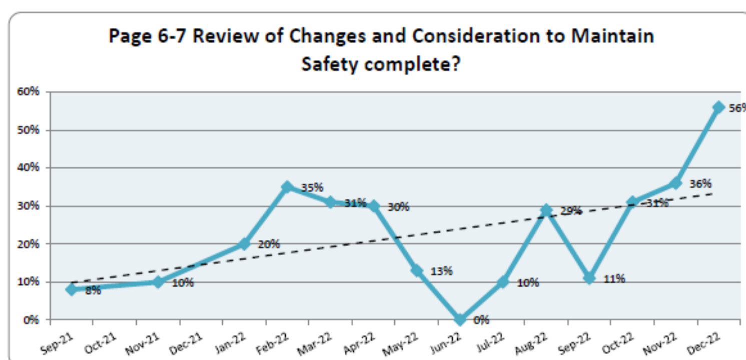


Figure 2: York Mental Health Audit





5. York Hospital Medicine Inspection (March 2022)

5.1 Section 29A (Hydration and Nutrition and management of Risk)

Thirty of the thirty-two actions identified in response to section 29A warning notice are complete. Two actions continue to be outstanding, and progress is reported in table 2.

Table 1: Overview of section 29A action progress

Overview – Section 29A		
	0	Off Track
	2	At risk of exceeding timescale for delivery
	0	On Track
	30	Complete

Table 2: Actions at risk of exceeding delivery timescales

CQC section 29A Requirement Off Track	Actions Taken to Mitigate	Mitigation in Place
Nutrition & Hydration Visiting Policy scoping Exercise – promote family and carers to support care delivery	Existing policy was revised and approved by Executive Committee Consultation exercise with carers and external agencies is now complete and the responses are being analysed. The public visiting guidance is due to be ratified at the Patient Experience Steering Group meeting on 28th February 2023. Final Policy due for ratification 30.4.23	John's Campaign carers card pilot initiative in place to encourage carers to visit at mealtimes to support care.

CQC section 29A Requirement Off Track	Actions Taken to Mitigate	Mitigation in Place
Risk Assessment Bumpers and Crashmats	Bumpers have been ordered for both ED departments. 3 suppliers have been identified that can provide the trust specification. Awaiting feedback from procurement re date.	Completion due date is 28th February 2023

5.2 Must Do Actions

Overall, there were 5 Must do recommendations and 25 actions have been put in place to address the recommendations. As reported previously, there are three actions which are not on track for delivery within the timescale. Although there has not been any progress since the last report the actions are detailed in table 4 for completeness.

Table 3: Overview of must do action progress.

Overview – Must Do's		
	0	Off track
	3	At risk of exceeding timescale for delivery
	1	On track
	21	Complete

Table 4: Must Do actions at risk of exceeding delivery timescales.

Must Do Requirement - At Risk of Exceeding Timescale	Actions Taken to Mitigate	Mitigation in Place
Mental Capacity Act MCA Advisors – Recruitment and Implementation	Attempts to recruit on two occasions. York post filled but Scarborough post has not been successfully recruited to. Interim Agency expert in place in Scarborough until April 2023.	Agency staff are in situ on the Scarborough site whilst the recruitment process is underway. The role is out to advert with a closing date of 10th February 2023.
Information Governance Review storage and location of medical records on wards	With the introduction of Nucleus, the number of paper nursing records will reduce. As more clinical information is recorded electronically this again will reduce the number of paper records. The IG team carry out regular walk rounds on ward areas giving advice on the	The clinical lead for Elderly Medicine has agreed that records will only be requested where necessary and not for all admissions. The storage of paper records on wards will continue to be monitored

	security of information. Recently a visit was undertaken in York ED by the Head of Information Governance to discuss the security of records and advised on the storage of records particularly in the reception area.	
Information Governance Scope requirements for medical records on wards	As above	As Above

5.3 Should Do Actions

There was one should do recommendation made by CQC. '*The trust should ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.'*

One action was put in place to establish a subgroup with the aim to develop consistently high-quality accessible programmes in the trust. This action does not fully address the recommendation and the further actions required will be scoped across February and proposed to the Quality and Regulations Assurance Group.

5.4 Impact of Improvements

In this section the impact of the improvements made to date is outlined.

5.4.1 Risk Assessments

Nucleus

Risk assessments for falls, nutrition, pressure ulcers and bed rails are completed on the Nucleus system. Currently there are 40 areas using Nucleus and performance can be tracked via the Signal BI dashboards. The dashboards capture the total numbers of assessments completed per month and whether they were compliant or non-compliant with the required scheduling of assessments. The data for November and December is shown in table 5 below.

Table 5: Nucleus Data (November 2022 to January 2023)

Assessment	November	December	January
Falls assessment 6 hrs	66.2%	60.6%	59.3%
Falls assessment 24 hrs	89.4%	85.4%	81.5%
Falls reassessment 7 days	73.8%	67.3%	67.3%
Bedrails assessment 6 hrs	64.3%	58.2%	58.8%
Bedrails assessment 24 hrs	88.2%	84.5%	82.3%
Bedrails reassessment 7 days	72.2%	66.2%	66.3%
MUST assessment 24 hrs	63.1%	59.6%	60.5%
MUST reassessment 7 days	61.7%	57.4%	57.6%
Purpose T assessment 6 hrs	69%	64%	63%

Purpose T assessment 24 hrs	Not available	Not available	Not available
Purpose T reassessment 7 days	80%	75%	74%

Table 6 below, show the initial assessment compliance in the 5 areas with highest number of admissions (>50% of admissions) AMU, AMB, Lilac, Ward 14, Maple.

Table 6: Nucleus data the 5 wards accounting for >50% of admissions

Assessment	November	December	January
Falls assessment 6 hrs	82.5%	77.6%	69%
Falls assessment 24 hrs	92.1%	93%	92.3%
Bedrails assessment 6 hrs	79.9%	77.6%	74%
Bedrails assessment 24 hrs	90.9%	89.8%	92.4%
MUST assessment 24 hrs	72.5%	76.1%	81.6%
Purpose T assessment 6 hrs	76.3%	71.9%	75%
Purpose T assessment 24 hrs	Not available	Not available	Not available

The reduction in performance in January is largely due to Maple Ward. The ward has had a lot of patients in January moving in and out of areas using Nucleus such as going to endoscopy. A review of 10 patient records from Maple Ward confirms that although the assessments were not compliant at 6 hours, the results are much improved at 24 hours.

Nucleus was introduced into the ED in January however it does not contain all the records that the department needs, and the main documentation is still paper based. There is currently no scheduling available within ED which means that the system cannot prompt staff to carry out any assessments, observations, or care tasks. This also means that there is no reliable reporting mechanism as there is no concept of compliance within the system. Any audits will still have to be done manually using the paper alongside the digital system.

Development work is underway to make Nucleus more user friendly for ED which includes;

- ED scheduling
- ED filters to enable shorter patient lists (the current patient list is long and therefore difficult to work with)
- Mobile observations on a page (the current mobile observation requires swiping onto different screens)
- Digital PAD document

Tendable data

5.4.2 Mental Capacity Act and DOLS

As reported last month, the Matrons have commenced a qualitative audit approach to assessing compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards. This is the first month this audit has been collated using Tendable and it is important to note that patient numbers are small which impacts on the overall scores. Initial impressions are that there is more work to do to make the “this is me” document readily available.

Table 7: MCA Qualitative Audit.

Audit criteria	Score %
Is a hospital passport or "what matters most to me" document completed and available?	58.8
If this document is available, is there evidence that care is being delivered as per this document?	75.0
If yes has this been completed fully including specifying the decision to be made?	95.2
Is there a capacity assessment completed within the notes?	96.8
Has a DoLS application been completed?	100.0
If yes, is DoLS application documentation accurate and complete?	100.0

6. Maternity and Midwifery services (November 2022)

The trust is required to submit monthly to the CQC;

- An updated copy of the action plan
- Any reports to senior leadership
- Training figures
- Maternity dashboard

The first monthly submission was completed on 23rd January 2023 and can be found at appendix A.

Progress continues to address the CQC findings and includes developing a weekly integrated audit to include;

1. Documentation standards
2. Consent
3. Fresh Eyes
4. ANRA
5. High Risk Care Pathways
6. MDT Ward round

This audit will replace some of the current individual audits and the outcomes will be overseen by the Specialty Governance Meeting. Any escalations will be provided to the triumvirate through the weekly escalation report.

The care group have established the following groups to drive forward the actions required to deliver the improvements.

- Security Improvement Task and Finish Group
- Maternity Theatres Oversight Group
- PPH Scrutiny Group

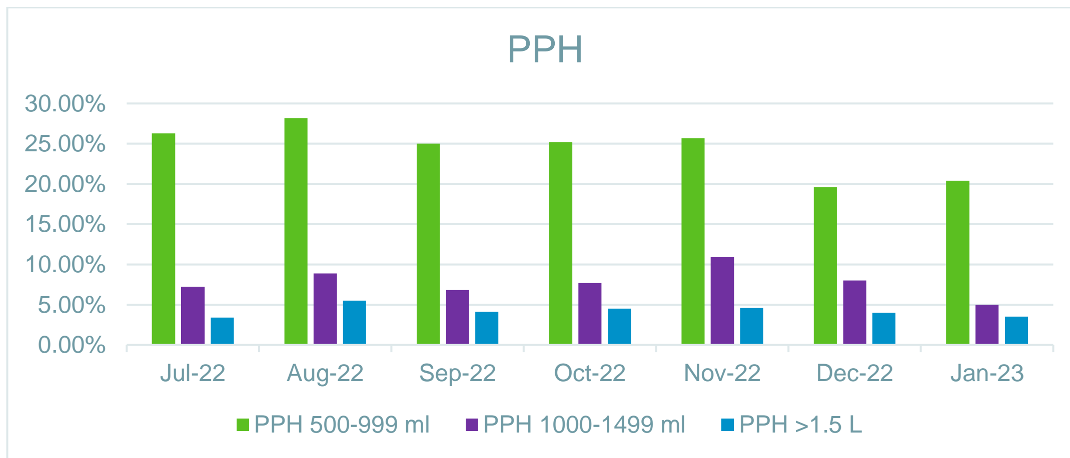
Post-Partum Haemorrhage (PPH)

Several actions have already been implemented since the inspection such as:

- introduction of a new PPH risk assessment form
- Introduction of dedicated easy-to-reach PPH trollies
- Implementation of an updated guideline for managing obstetric haemorrhage that includes changes in practice, the use of weighing scales to provide an accurate estimation of the blood loss to allow the appropriate treatment/blood replacement.

As can be seen in figure 3 there has been a consistent reduction in the incidents of PPH since July 2022.

Figure 3: PPH performance



7. The Emergency Department – York

In response to the concerns raised by the CQC during their inspection of ED in October 2022, a comprehensive action plan was implemented. As can be seen in table 8 below, there are five actions that are at risk of not achieving the required timescale.

Table 8: Action plan progress (York ED)

Overview of Actions		
	0	Off track
	5	At risk of exceeding timescale for delivery
	7	On track
	13	Complete

The actions at risk of exceeding the timescales are detailed in table 9 below.

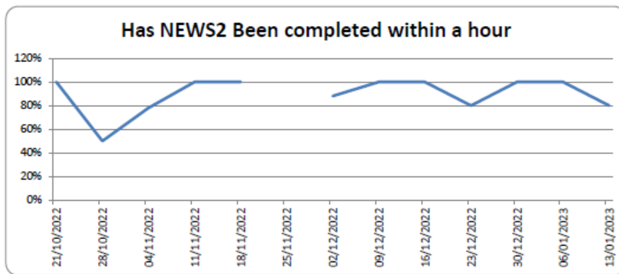
Table 9: Actions at risk of exceeding the timescales

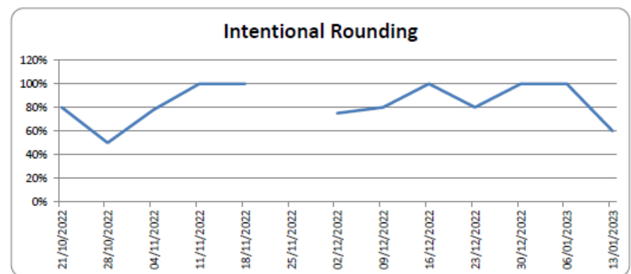
Action	Update
Develop IT solution to provide overview of ED patient NEWS2 scores at a glance for EPIC/NIC	An ability to see the ED ward list on Nucleus was finished and Nucleus went live in ED York on the 15th December and ED Scarborough on the 20th December. This included mobile devices and charging stations. There is still no ability to schedule in ED – this includes for observations. This is being worked on and will hopefully be ready in early February.
Provide additional registered/unregistered staff to support the ambulance overflow corridor to compliment current ambulance streaming nurse policy and processes	Currently staffing is being provided by agency staff.
Clinical educator to include deteriorating patient training in preceptorship.	10 registered nurses were due to start throughout October 2022.
Revise and relaunch SEPSIS screening tool to include pre-hospital NEWS and chemotherapy complications and undertake Trust SEPSIS Q3 audit	Q3 data is being collated and will be readyfor presentation in February 2023
ED Clinical Educators to deliver bite-size medicines management fundamentals training to all registered ED staff	This deadline has been extended from 17th November 2022 to 31st January 2023 due to pressures within the department.

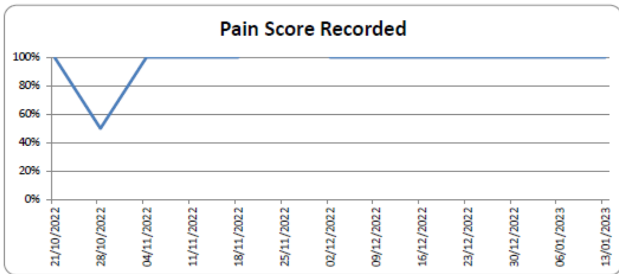
7.1 ED delays (including 12 Hour Stays)

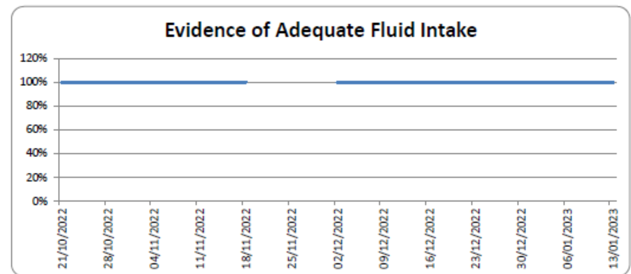
On a weekly basis the ED team undertake audits of key safety metrics for the 10 longest waits in both ED departments. The most recent audits are shown in figures 4 and 5.

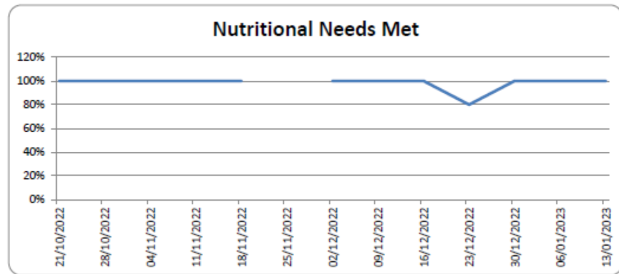
Figure 4: Scarborough ED

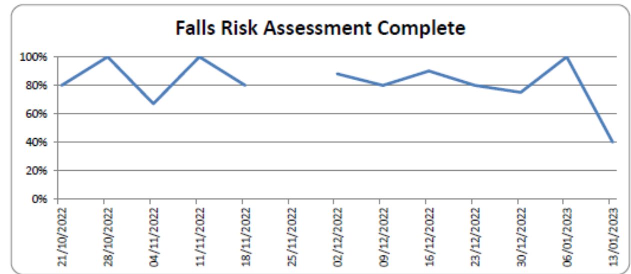


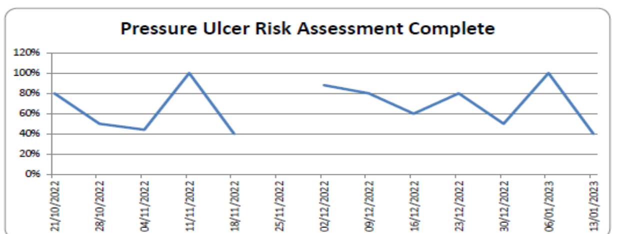


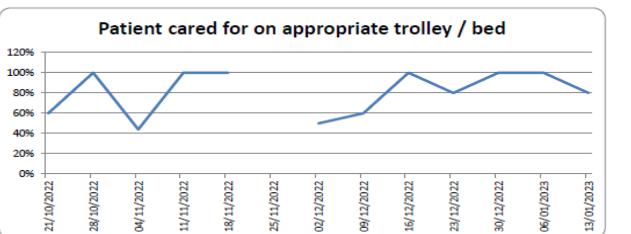


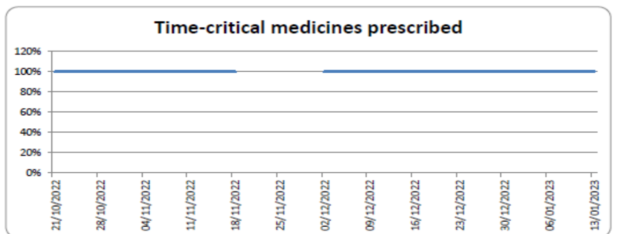


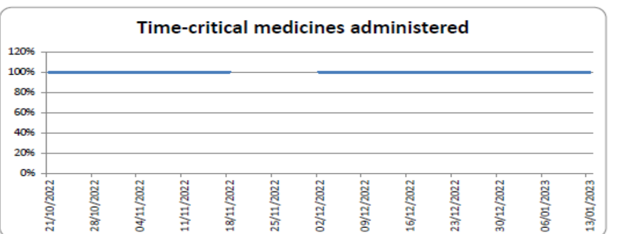


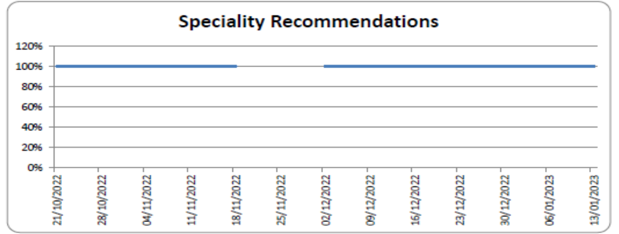


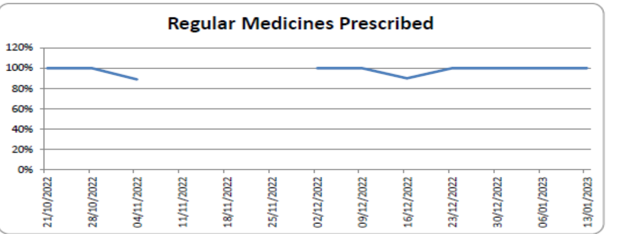


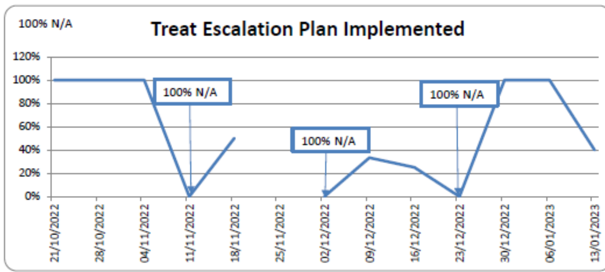


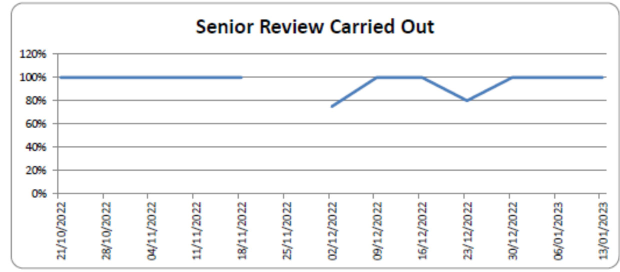


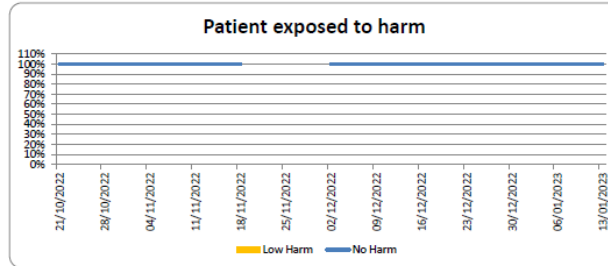








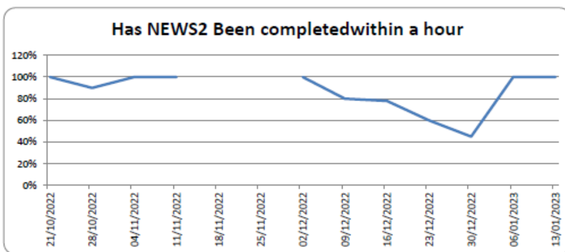


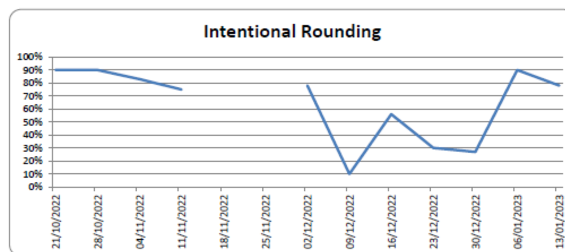


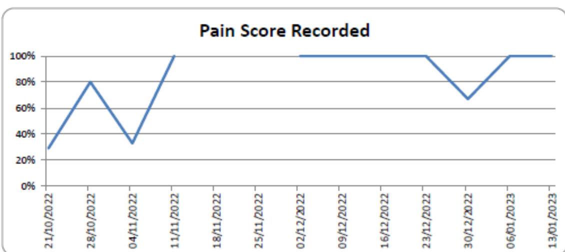
It can be seen that there has been a reduction in NEW2, intentional rounding and fall risk assessments being completed which is not surprising due to the operational pressures the department faced at the start of the year. Of concern is the reduction in treatment escalation plans being implemented.

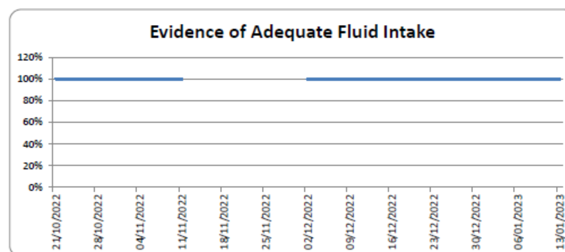
The reductions in performance noted at Scarborough ED are not mirrored by York ED as can be seen below in figure 5.

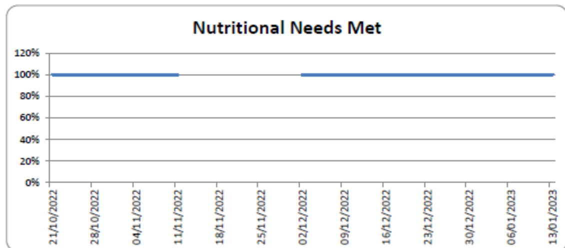
Figure 5: York ED

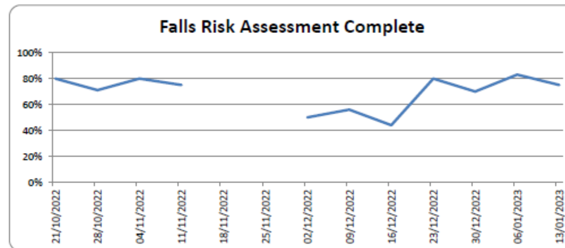


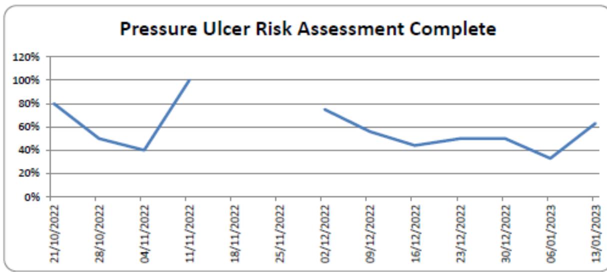


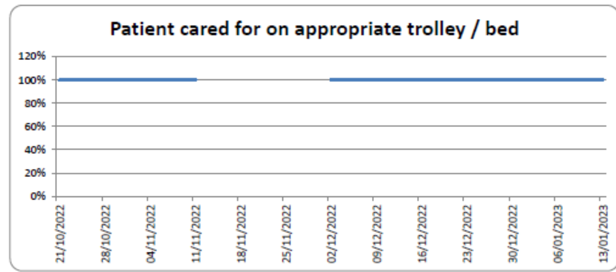


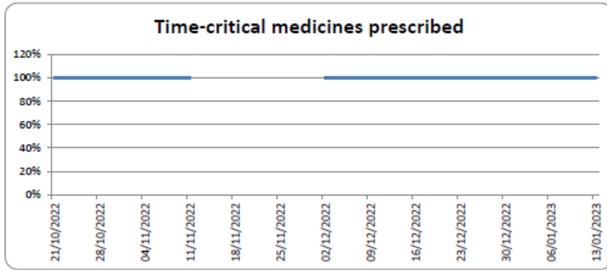


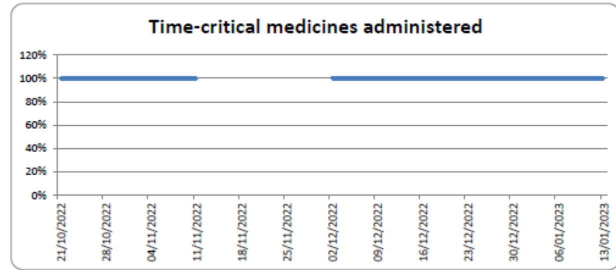


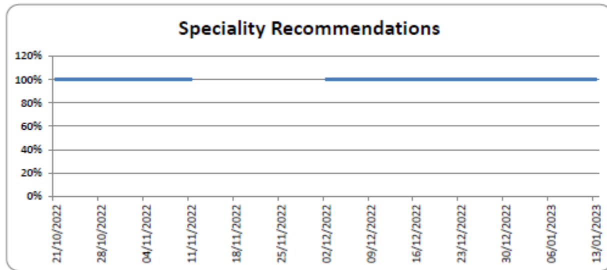


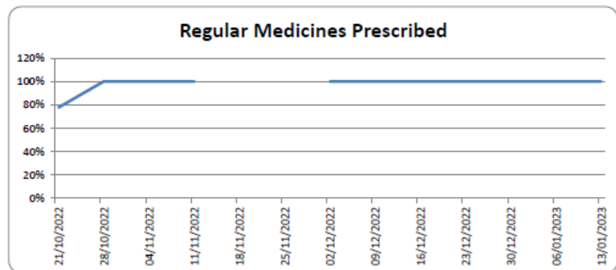


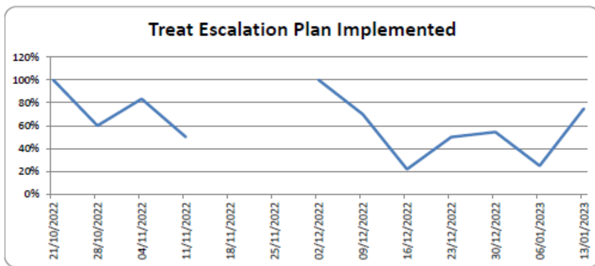


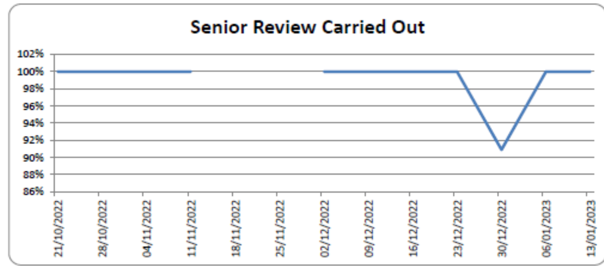


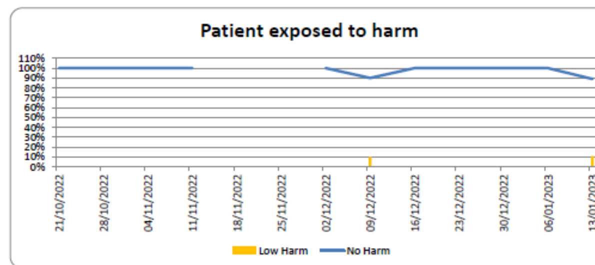












8. Recommendation

The Council of Governors is asked to receive the update and receive assurance of the delivery of key actions.

Date: 16.02.23

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	Maternity Improvement Plan
Director Sponsor:	Chief Nurse - Heather McNair
Author:	Director of Midwifery - Sue Glendenning Caroline Johnson – Deputy Director of Governance and Patient Safety

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

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

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

Summary of Report and Key Points to highlight:

This report summarises the progress of the Maternity Improvement Plan. Positive progress is being achieved in relation to recruitment and actions to reduce PPHs.

Recommendation:

- Receive and note the improvements that have taken place during January 2023

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

Meeting	Date	Outcome/Recommendation
Board of Directors	22 February 2023	Noted

Maternity Improvement Plan

1. Introduction and Background

Our Maternity Service, has embarked on a programme of improvement, to ensure that the services we deliver are of the highest possible standard and address the findings from the Ockenden and East Kent reports and the Nottingham report when published, alongside the Maternity Incentive Scheme and the findings from a recent CQC Inspection. The programme of improvement is supported by the regional team and overseen by a Transformation Committee.

This report provides assurance regarding the progress to date in delivering the required improvements in response to CQC inspection feedback.

2. Current Position

2.1 Staffing.

In order to ensure that the right levels of midwives are available across our maternity services, a targeted recruitment drive underway. Progress has been positive however a small number of vacancies remain as shown in tables 1 and 2 below.

Table 1: Band 5-7 Midwife vacancies

	Budget	Vacancy	Percentage
York	104.24	6.32	6.06%
Scarb	56.82	-2.3	-4.05%

Table 2: Band 2-3 HCA/MSW vacancies

	Budget	Vacancy	Percentage
York	29.79	4.03	13.53%
Scarb	15.66	0.35	2.23%

2.2 Daily Staffing

To ensure that the appropriate levels of staff are on duty across each shift, daily staffing meetings were established. This enables senior oversight and consistency with appropriate and timely escalation and action to address gaps in assurance. The staffing huddles have been realigned to meet the escalation policy requirement of dedicated twice daily staffing forums for the MDT to deliver all staffing and activity updates for the 24 hours ahead.

As a result of this oversight closures and diverts have decreased over December, and January 2022 and to date in February which is a direct result of clearer communication and oversight of staffing resource and escalation. Staff feedback received via Regional Midwifery office and RCM is that staff on York site have noticed the improvements in staffing numbers and escalation. We recognise further work at Scarborough is now required to embed support and processes and is being led by the Outpatient Matron.

2.3 Incident Management

We are continuing to embed the process of after-action reviews to review incidents. This methodology is in line with the Patient Safety Incident Response Framework and has been positively received as it provides a safe space to review incidents and share learning. Daily huddles are in place to review all incidents as they are reported. Huddles are led by the Governance Midwives and ensure a rapid response to the review of incidents, enure that the th level of harm assigned to the incident can be reviewed and ensure immediate action is taken as required to prevent recurrence.

The Governance Lead continues to provide a weekly report to the Triumvirate of the moderate harm incidents and update on the status of Patient Safety Incident Investigation reports, and the outcomes and actions from any patient safety meetings. This provides both assurance and an opportunity to escalate issues/risks.

2.4 Policies and Guidelines

We continue to review and develop our policies and procedures, and we approved the following revised versions at our Specialty Governance Group on 10 February 2023:

Table 3: Guidelines and Polices

Guidelines/Policies
Routine Enquiry in Pregnancy and Completion of the CAADA DASH Risk Assessment Datix Trigger List Breast pump cleaning guideline

Table 4: Patient Information leaflets

Patient Information Leaflets
Sacrospinous Ligament Suspension
Post Natal Advice Following a third- or fourth-degree tear after the birth of your baby

The Corporate Quality Team are working with the Maternity Governance team to review the assurance mechanisms to provide assurance that policies have been appropriately embedded. This is to ensure that policies when implemented make the desired impact to care delivery.

2.5 Audit

The integrated weekly audit has commenced to include the following:

1. Documentation standards
2. Consent
3. Fresh Eyes
4. ANRA
5. High Risk Care Pathways

6. MDT Ward round

The initial findings of this audit will be included in next month's report.

Scrub shifts continue to be covered by bank and agency staff whilst the new team leader is going through the on boarding process. Once in post they will lead a dedicated recruitment campaign for permanent staff.

2.6 Fetal Monitoring

The audit of Fetal monitoring is being revised and, from week commencing 20 February a new service wide audit which will include a fresh eye element will support 20 sets of notes being reviewed weekly. This will inform the required improvement plan to improve compliance.

2.7 Training Compliance

The fetal monitoring compliance has been impacted by the requirement to undertake e-learning after the face-to-face training, which resulted in delays in completion Therefore, a change to the training programme has been instigated to ensure the e-learning is completed within the training day. The fetal monitoring figures have been calculated a different way starting from January 2023 and both elements to the training for fetal monitoring, the face-to-face session and then the e-learning are included, compliance is only achieved once both elements have been completed.

In February 2023 we added Bank Midwives and Health Care Assistants into our training numbers which has reduced our compliance figures initially. However, this will steadily improve.

Table 5 Training Compliance

January-23

OCKENDEN – 1 ROLLING YEAR

York %	PROMPT	NLS	Fetal Monitoring	SBLv.2 (5x e-learning courses)	Personalised Care – Year 2	Perinatal Mental Health	Bereavement	Learning from incidents claims & complaints
Midwives (164)	96% (158/164)	93% (152/164)	61% (100/164)	74%	5% (8/164)	98% 161/164)	89% 146/164)	79% (130/164)
HCA/MSW (37)	84% (31/37)	N/A	N/A	N/A	N/A	N/A	51% (19/37)	N/A
Obs Cons (15)	93% (14/15)	N/A	60% (9/15)	88%	100% (15/15)	93% (14/15)	N/A	100% (15/15)
All other Obs Drs (19)	68% (13/19)	N/A	37% (7/19)	66%	63% (12/19)	63% (12/19)	N/A	58% (11/19)
ODP (52)	77% (40/52)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Anaes Cons (11)	Learning Hub	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All other Anaes Docs (2	Down	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Scarborough %	PROMPT	NLS	Fetal Monitoring	SBLv.2 (5x e-learning courses)	Personalised Care – Year 2	Perinatal Mental Health	Bereavement	Learning from incidents claims & complaints
Midwives (68)	87% (59/68)	87% (59/68)	44% (30/68)	74%	7% (5/68)	87% (56/67)	58% (39/67)	66% (45/67)
HCA/MSW (19)	63% (12/19)	N/A	N/A	N/A	N/A	N/A	63% (12/19)	N/A
Obs Cons (8)	88% (7/8)	N/A	88% (7/8)	65%	75% (6/8)	75% (6/8)	N/A	88% (7/8)
All other Obs Docs (13)	77% (10/13)	N/A	69% (9/13)	91%	92% (12/13)	92% (12/13)	N/A	92 % (12/13)
Anaes Cons (7)	71% (5/7)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All other Anaes Docs (1	63% (5/8)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ODP (21)	24% (5/21)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2.8 Stillbirth

Stillbirths are closely monitored by the maternity service, and learning from every still birth investigation informs our ongoing improvement plans for the service as a whole. A recent independent review which also took into account learning from national reports and research evidence has resulted in a number of further actions we have taken. Refresh and embedding of the antenatal risk assessment at every contact to include advice about smoking cessation which we know is a risk factor. All women have an advice leaflet attached to their notes about reduced fetal movements and there are plans to utilise the televisions in the antenatal clinics to show the Tommy's advice videos to women and their families while waiting for appointments. The fetal growth guideline is being developed for launch with Badgernet our new Maternity Electronic Record which we anticipate will eb launched by June 2023.

The stillbirth rate while it rose above the mean in August 2022, had reduced to below the mean by November 2022. There have been no stillbirths in December 2022 and January 2023.

2.9 Post-Partum Haemorrhage

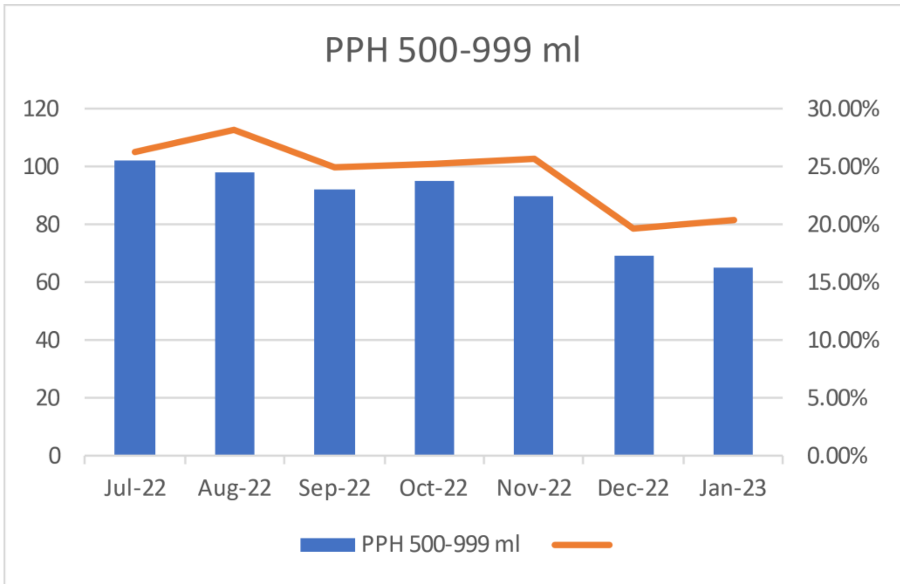
We commissioned an independent review of PPH by an independent consultant who is also an obstetrician; this review supported the work that the maternity department had already begun. The MDT also performed an internal review and a drill in order to address the Trust's PPH rate, this resulted in modifications to existing assessment forms, including a trigger list. An action plan has been developed in response to the report.

Several actions have already been implemented such as:

- introduction of a new PPH risk assessment form
- Introduction of dedicated easy-to-reach PPH trollies
- Implementation of an updated guideline for managing obstetric haemorrhage that includes changes in practice, the use of weighing scales to provide an accurate estimation of the blood loss to allow the appropriate treatment/blood replacement.

To ensure oversight of PPHs and the actions to reduce the incidence, a PPH scrutiny panel has been established. The group is chaired by an Obstetric Consultant or nominated deputy and meets bi- monthly. The aim of the group is to provide a consistent and comprehensive review of the themes identified through the reviews of individual PPH incidents. The improvement plan will be overseen and evaluated by this group. Since we have started using the new PPH risk assessment tool, there has been an improvement in anticipation and increased proactive approach for women at higher risk of bleeding (repeat FBC at 36 weeks, treatment of anaemia, 2 cannulas, prophylactic TXA) and this will be monitored through incident reporting.

We declared a serious incident on 23 January in relation to a major obstetric haemorrhage and will ensure that the learning from this investigation further informs our improvement plan and as can be seen in the charts below, the incidents of PPH continue to reduce throughout January 2023.


PPH 500-999 ml
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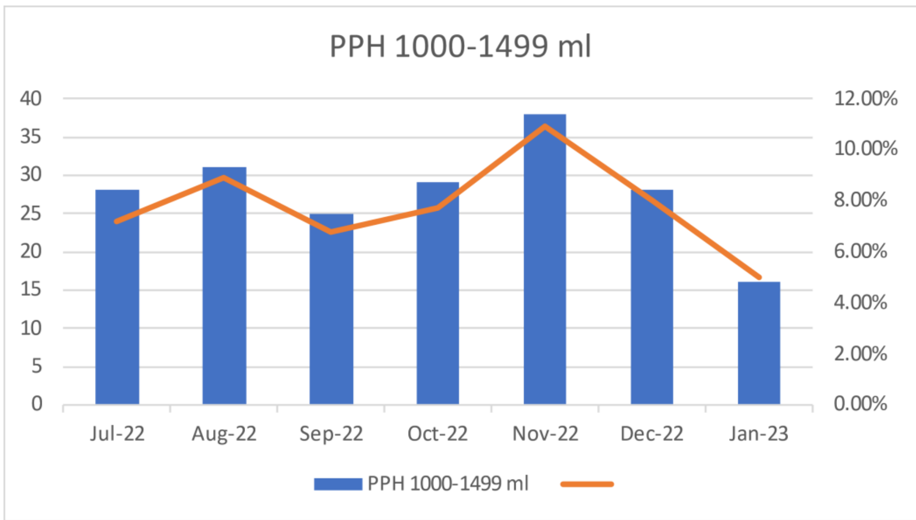
PPH 500-999 ml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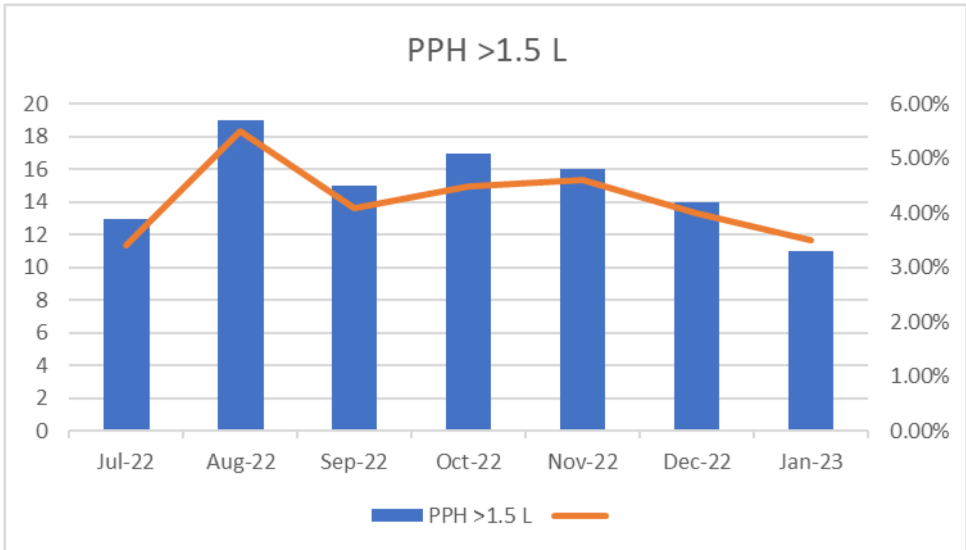
PPH 1000-1499 ml


PPH >1.5 L
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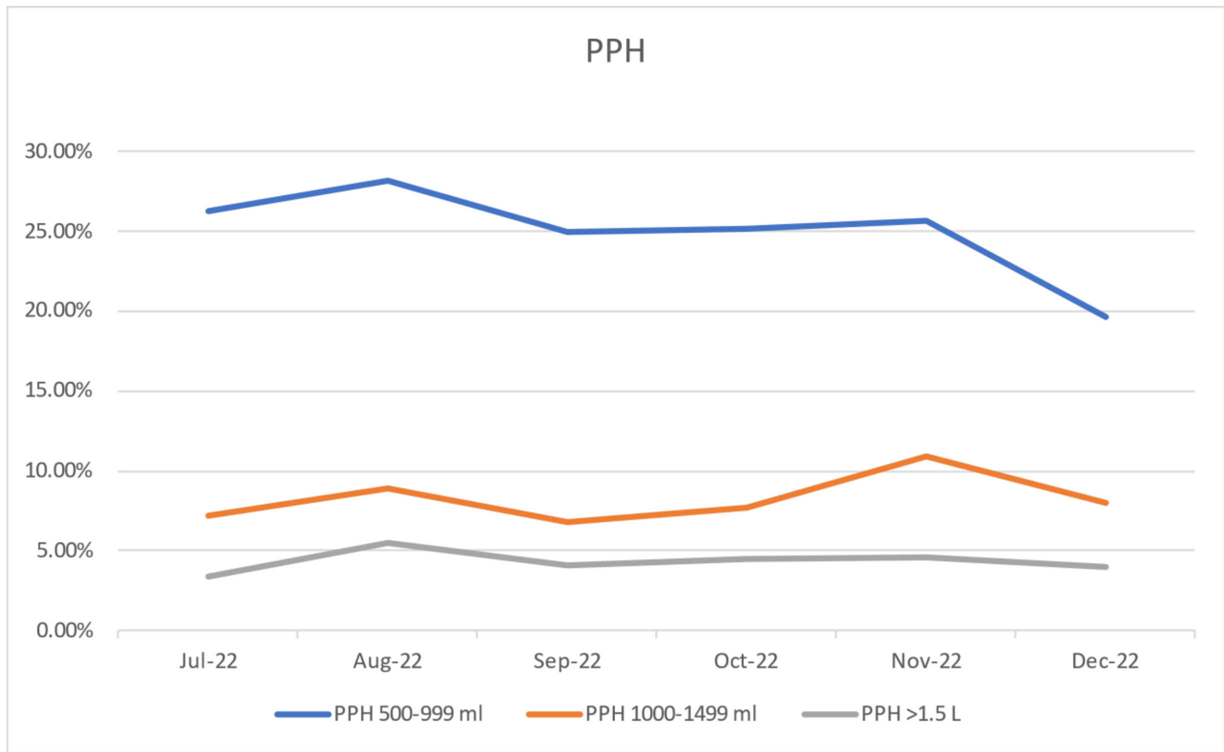
PPH >1.5 L



3. Next Steps

The Council are asked to note the improvements that are underway within the maternity department.

Date: 16.2.23

CoG Attendance Record

Item 13.1

Name	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG	27.06.22 XCoG	07.07.22 CoG	26.09.22 CoG	01.12.22
Alan Downey (Chair)								√	√	√	√	√
Rukmal Abeysekera (Public Governor – York)			√	√	√	√	√	√	√	√	√	√
Bernard Chalk (Public Governor - East Coast of Yorkshire)							√	√	√	√	√	√
Mary Clark (Public Governor - York)												√
Dawn Clements (Stakeholder Governor – Hospices)	√	√	√	√	√	Ap	Ap	Ap	Ap	Ap	√	√
Cllr Liz Colling (Stakeholder Governor - NYCC)											√	√
Beth Dale (Public Governor - York)							√	√	√	√	Ap	Ap
Abbi Denyer (Staff Governor - York)												√
Keith Dobbie (Public Governor - East Coast of Yorkshire)							√	Ap	Ap	√	√	√
Alistair Falconer (Public Governor - Ryedale & EY)							Ap	√	√	√	√	√
Colin Hill (Public Governor - East Coast of Yorkshire)												√
Sharon Hurst (Staff Governor – Community)	Ap	√	√	√	√	√	√	√	Ap	√	√	√
Maria Ibbotson (Public Governor - East Coast of Yorkshire)												√

Name	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG	27.06.22 XCoG	07.07.22 CoG	26.09.22 CoG	01.12.22
Paul Johnson (Staff Governor – York)			√	√	√	√	√	√	√	Ap	√	√
Sally Light – (Public Governor – York)	√	√	Ap	√	√	√	√	√	√	√	√	Ap
Maya Liversidge (Staff Governor – Scarborough/Bridlington)			√	√	√	√	√	√	√	√	√	√
Wendy Loveday (Public Governor - Selby)												√
Michael Reakes (Public Governor – York)	√	√	√	√	√	√	√	√	Ap	√	Ap	√
Gerry Richardson (Stakeholder Governor – York University)	Ap	√	√	√	√	√	√	√	√	√	√	Ap
Sue Smith (Public Governor - Ryedale & EY)							√	√	√	√	Ap	√
Julie Southwell (Staff Governor - York)												√
Andrew Stephenson (Public Governor - Selby)												√
Catherine Thompson (Public Governor- Hambleton)	√	Ap	√	√	Ap	√	√	√	Ap	√	√	Ap
Linda Wild (Public Governor - East Coast of Yorkshire)												Ap

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG
Sue Symington Chair	√	√	√	√	√	√	√	√		
Jeanette Anness (Public Governor -Ryedale and EY)	√	√	√	√	√	√	√	√		
Liz Black (Public Governor – Scarborough)	Ap	Ap	Ap	Ap	Ap	Ap	Ap	Ap		
Andrew Butler (Public Governor - Ryedale and EY)	√	Ap	Ap	√	√	√	Ap	√		
Stephen Hinchliffe (Public Governor – Whitby)	Ap	√	Ap	√	√	√	√	Ap		
Jo Holloway-Green (Stakeholder Governor – York MIND)	√	√	Ap	√	√	√	Ap			
Margaret Jackson (Public Governor - York)	√	√	√	√	√	√	√	Ap		
Sheila Miller (Public Governor – Ryedale and EY)	√	Ap	√	√	√	√	√	√		
Helen Noble (Staff Governor – Scarborough)	√	√	√	Ap	√	√	√	Ap		
Ian Mackay Holland (Public Governor – Scarborough)					√	√	√	√		
Gerry Robins (Staff Governor – York)					√	Ap	Ap			
Jenny McAleese Interim Chair Dec'21 - Jan'22									√	

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG	07.07.22 CoG
Amit Bhagwat (Public Governor - Out of Area)									√	√	
Doug Calvert (Public Governor – Selby)					√	√	√	√	√		
Keith Dawson (Public Governor – Selby)	√	Ap	Ap	Ap	√	√	√	√	√		
Helen Fields (Public Governor – York)	√	√	Ap	√	√	√	√	√	√	√	√
Ian Mackay Holland (Public Governor – East Coast)					√	√	√	√	Ap		
Mick Lee (Staff Governor - York)	√	√	√						√	√	√
Vanessa Muna (Staff Governor – York)					√	Ap	Ap	Ap	Ap	Ap	
Chris Pearson (Stakeholder Governor–NYCC)	√	Ap	√	√	√	Ap	√	√	√	Ap	
Byron Stevenson-Wightwick (Staff Governor - Scarborough/Bridlington)									√		
Angela Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap		
Josie Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap		
David Wright (Public Governor - Ryedale & EY)									√	√	Ap

York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Public Sector Equality Duty Annual Report - Patient Equality, Diversity and Inclusion April 2020 – June 2022

Summary

This report is intended to summarise the current position against our equality objectives. This report outlines progress, changes and limitations during the period 2020-2022, against the backdrop of the COVD-19 pandemic. It also begins to identify a number of key priorities and areas for review and development during 2022-23.

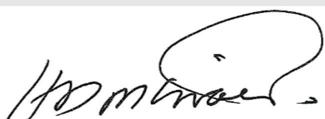
Our Commitment to Patient Equality and Diversity

York and Scarborough Teaching Hospital NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce, in the development of services and our hospital environments.

We are committed to promoting equality, diversity and human rights for all our patients, visitors and staff and ensuring we provide compassionate care for all, with no less favourable facilities or treatment on the grounds of age, disability, race or ethnicity, sex, gender re-assignment or identity, marriage and civil partnership, pregnancy and maternity, religion or belief, or sexual orientation.

We are opposed to all forms of unlawful and unfair discrimination and we will ensure that all patients are treated fairly and with respect. York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- ✓ being an organisation that is welcoming to all,
- ✓ not tolerating any forms of discrimination and will challenge it wherever we see it, ensuring that equality, diversity and inclusion is everybody's business,
- ✓ ensuring that there are no barriers to accessing our services,
- ✓ engaging with our communities, in a bid to ensure we meet the needs of the people who use our services.
- ✓ listening to our users, particularly those from "seldom heard" groups in our community (for example, the travelling community and people with learning disabilities),
- ✓ developing initiatives which help our staff to understand and support one another for the benefit of patients in our care, and
- ✓ working with partner organisations to reduce inequality within our local area as part of the Humber and North Yorkshire Integrated Care Partnership



Heather McNair	Jim Taylor	Simon Morritt
Chief Nurse	Medical Director	Chief Executive

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1. Equality Objectives 2020-24

1.1. Our Objectives and workstreams

In April 2020, the trust identified three patient equality objectives for the next four years and these were set out in our previous annual report (2019-2020):

Objective 1
To engage with patients, carers, governors, and local stakeholders and organisations, including Humber and North Yorkshire Integrated Care Partnership and Healthwatch, to listen and understand the needs of our patients.

Objective 2
To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools.

Objective 3
To achieve compliance with the Accessible Information Standard 2016

There are three workstreams to support our approach, each with a responsible executive director and operational lead:

Work stream	Executive Director	Operational Lead
Patient Equality	Chief Nurse	Patient Equality and Diversity Lead
Built Environment	Chief Nurse	Access Adviser for Inclusive Built Environment
Workforce	Director of Workforce and Organisational Development	Care Group 3 Workforce Lead and, HR Business Partner *

* From late 2022 it is intended this workstream will be led by the new Head of Equality, Diversity and Inclusion, who will also be the strategic lead for the trust's equality work, overall.

Some of this work is also supported by the trust's Patient and Public Involvement Lead.

2. Performance April 2020 - June 2022

This report is intended to summarise the current position against our objectives and to indicate changes and priorities for 2022-23.

2.1 Overview and context

During 2020-22 some work was started towards these objectives in several key new areas. Unfortunately, due to the COVID-19 pandemic some progress has been limited and work in some areas necessarily paused until 2022. In line with national expectations, no annual report was prepared in 2020-21 and work on the Equality Delivery System was also paused. During this period, many staff were redeployed and seconded to support the changing demands of the pandemic. This has also meant that the Patient Equality Lead and the Patient Involvement Lead posts have been vacant for some months and specific work has been limited.

However, work has continued where possible, including in the patient equality, built environment and workforce workstreams. Workforce equality and diversity work is covered in separate workforce equality reports. Patient equality and built environment work is covered in this report.

During 2021-22, as services began the recovery process, the Trust took the opportunity to carry out a number of key actions to support future delivery of our equality objectives. This has included;

- Formal review of the trust *Fairness Forum* with input from a range of key stakeholders – this helped identify priorities to share with the trust board.
- Trust board development session facilitated by Deputy Chief Nurse and workforce / access equality leads to present patient and staff experiences and current challenges. This led to;
- The Trust Chief Executive becoming Chair of the Fairness Forum and board members each making an individual pledge to support and champion the wider equality, diversity, inclusion agenda;
- Creation of a new Head of Equality, Diversity, Inclusion role for the trust and recruitment to the Patient Equality, Diversity and Inclusion Lead and Patient and Public Involvement Lead posts, to cover vacancies due to secondments (all due to start summer 2022);

- Commissioning of an External Review of the current equality, diversity and inclusion arrangements in relation to meeting our public sector duties. The review report and recommendations were received by the Fairness Forum in July 2022, with an initial action plan;
- Securing funding for three new roles to start in Summer 2022 in the Safeguarding team to support identified areas;
  - An Autism Service Lead - to develop support for autistic people and training for staff and;
  - Two Mental Capacity Advisors – two posts to support patients and staff with capacity assessments and decisions.

Together, these actions will strengthen resources and governance structures for patient equality and diversity work across the trust.

2.2 Progress against Equality Objectives 2020-2024

Below is a summary of progress towards our equality objectives, with actions completed to end of June 2022.

Where activity has been paused or changed due to the pandemic, our intention is to review and restart during the second half of 2022, following the external review and appointment of key personnel. We aim to align our equality priorities with key strategic objectives and future changes. We anticipate that Equality Impact Assessments, Quality Improvement projects, (and a refreshed approach to the Equality Delivery System) will likely be a key tool for embedding many of the equality objective actions, into our future ways of working.

During 2022-23, we plan to align reporting of progress against our patient equality objectives with our reporting on workforce equality, in a single report.

Objective 1: To engage with patients, carers, governors, and local stakeholders and organisations (including Humber and North Yorkshire Integrated Care Partnership and Healthwatch), to listen and understand the needs of our patients.

During 2020-22 our work towards this objective has included:

- ✓ Continuing to engage with stakeholder groups, such as Healthwatch North Yorkshire, Healthwatch York, Scarborough Disability Action Group, Healthwatch East Yorkshire to listen to feedback provided by patients and services users, to help understand how to shape our services (ongoing).
- ✓ Reviewing the reports published by Healthwatch partners on services in respect of equality and diversity and develop action plans to address, as far as practicable the concerns identified (ongoing).
- ✓ Engaging with our patients across the protected characteristics to understand their needs and concerns and engage with them on service developments and improvements. This has included support for complaints investigation where there is an equality and diversity or, accessible information standard concern.
- ✓ The trust Access Adviser continues to engage with disabled peoples' organisations, carry out access audits, and provide advice to capital planning and minor works teams on all new build development to address our accessibility and inclusivity needs (ongoing).

Actions for review/restart in 2022-24:

- Reviewing feedback provided from the inpatient surveys to identify any themes for equality and diversity improvements and take action on these.
- Engaging with Humber and North Yorkshire Integrated Care Partnership colleagues in the local area on shared actions for improvement.
- Working with partner organisations and the LGBTQ+ community, to develop appropriate processes to ensure that the health records of the transgender community are appropriately maintained, reflecting the wishes of the patient (paused due to pandemic).
- Working with our Facilities Management Compliance team on the process for Patient-led Assessments of the Care Environment (PLACE) assessments to ensure appropriate involvement and engagement of our patient and service users and respond to the outcomes of the assessments to deliver quality improvement (paused due to pandemic).
- Support the analysis of patient feedback to understand the experiences of people with different protected characteristics and identify areas for improvement.
- Working with patient groups/advocates to ensure that a wide range of communities have the opportunity to inform our service development and

help us understand how and what we can do differently to make a difference (paused due to pandemic).

- Working with patient groups, develop the arrangements to introduce the Hidden Disabilities Sunflower Lanyard Scheme to the trust, to provide support to patients with hidden disabilities. (Paused due to pandemic).
- Exploring the feasibility of the trust signing up to the *Safe Places Initiative*, where organisations agree to provide a safe and supportive space if someone who is vulnerable asks for help. (National programme paused due to pandemic – due for restart).

Objective 2: To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, people are treated with compassion and patients and staff are supported with appropriate tools.

During 2020-22 our work towards this objective has included:

- ✓ Work to review and strengthen the trust's Fairness Forum meetings, with the Chief Executive becoming Chair and commissioning an external review. With representation from across care groups, governors and non-clinical services, this group oversees progress on our objectives. (ongoing, for review)
- ✓ The trust has also continued work with *AccessAble* and York Hospital Charity to publish access guides for staff, visitors, and patients for our hospitals at Malton Community Hospital, and New Selby War Memorial Hospital and York Hospital, to add to the guides developed for the Scarborough Hospital site in 2019-20. *AccessAble* is a web-based directory of venues which provides photos and detailed information about physical access facilities, to enable people with access needs to plan a visit.
- ✓ Improving access to ablution facilities for patients and staff of differing faiths - work completed at Scarborough hospital and capital and charity funds identified for similar improvements at York hospital (planned for Nov 2022).
- ✓ Work has been completed to install a Changing Places toilet on the Scarborough hospital site (June 2022)
- ✓ Ongoing improvements to physical design or features to improve accessibility including;

  - Ensuring sufficient hearing loops and wheelchairs are available across the trust premises to support our patients' needs
  - Dementia-friendly refurbishment work on Chestnut Ward at Scarborough Hospital site and a dementia-friendly environment audit in the Emergency Department at York.
  - Improvements to access at entrances at Scarborough Hospital including North entrance, X-ray entrance and occupational health department, for example new ramp and steps added.
  - The accessible toilet facilities at main reception at York hospital have been refurbished (with York Wheels).
  - At Scarborough and Bridlington, improvements have been made to access for the Blue Badge accessible parking bays and to create additional parking spaces.
  - Following feedback from disabled people's organisations, we have improved road access at York hospital by removing some traffic calming measures at South entrance to provide a level surface.
  - At York Hospital, improvements have been made to improve visual contrast and accessible features for toilet facilities in the Neurosciences Department, to better meet the complex needs of these patients.

- ✓ Continuing the work of the *Dementia Improvement Group* - supporting dementia awareness week across hospital sites and delivering our dementia strategy implementation plan to better support people living with dementia and their families and carers.
- ✓ Establishing a new *Learning Disability and Autism Steering Group* which in time will have oversight of our developing work on supporting autistic people (and recognise where the needs of autistic people and people with a learning disability are separate).
- ✓ Establishing the *Mental Health working group*, with a strategy and action plan in development.

Actions for review / restart in 2022-24:

- Introducing a policy for assistance dogs across the trust, which recognises and supports the valuable contribution assistance dogs provide for their owners to lead independent lives. We developed a draft policy for assistance dogs within trust premises during 2020, which was paused due to the pandemic, before completion - to be finalised during 2022.

- Reviewing patient experience and patient safety information which relate to equality and diversity issues to understand the circumstances, identify improvements, and share best practice (Ongoing, for review)
- Exploring the development of 'Patient Equality Champions' across our hospital care groups and LLP to help drive the agenda (not started, for review).
- Working across services to promote health screening for seldom-heard or under-served patient groups (ongoing, for review).
- Promoting the trust as an organisation that respects the rights of parents to breastfeed their children within our open spaces, should they choose to do so (ongoing).
- Developing appropriate systems to ensure that a patient's identification details match their gender identity (started and paused).
- Ensuring that our workforce is educated about the needs of our patients living with dementia, d/Deaf people, autistic people, people with visual impairment or other sensory or learning disabilities or communication needs. Learning from patients with lived experience to help improve staff education and awareness (started and paused – also links to objective 3).
- Ensuring that our patients are supported irrespective of their marital or civil partnership status and their partners are afforded the same respect, care and compassion.
- Improving access to appropriate menu choices for patients of differing faiths.
- Providing a safe place for patients to be open with us about their gender identity.
- Increasing awareness and understanding of the health needs of the LGBTQ+ community.
- Ensuring that LGBTQ+ patients/people feel safe in our environment and feel safe to be open with us, without fear of victimisation, harassment or bullying.
- Introducing a system for patients to feel confident to share information about sexual orientation with us on a voluntary basis, to help us carry out equality monitoring, in line with national standards.
- Discussions with local partner organisations began during 2019/20 on supporting transgender men and women when accessing health services to ensure that health records presented their acquired, rather than their assigned at birth identity. We suspended this work in March 2020 due to the pandemic.

- Ensuring that hospital passports for people with a learning disability (which help staff understand people's individual needs), are stored and appropriately accessible on the hospital electronic patient record system. More than 1000 passports are now uploaded into the system. Work continues to make these and other types of passports more accessible to staff.
- Working to move closer to having access to specialised Learning Disability teams seven days a week across our York and Scarborough sites. From having a single staff member split between the two sites (before 2020), this has increased to 3 days per week of Learning Disability Liaison Nurse support at each of the York and Scarborough hospitals sites, plus 6 hours of learning disability support assistant time on each site. Support from the team is now also spread more evenly throughout the week, which is more effective. Planning is underway to further increase the service to 4 days per week from September 2022.
- Continuing to improve access to hospital buildings and services, in line with our Access Strategy and Plan. Reviewing the trust's Equality Impact Assessment process to ensure that it remains robust and is implemented across all services (to ensure it meets our legal obligations and supports service improvement.
- Providing an advice and support service to colleagues reviewing policies, procedures, guidance to consider equality, diversity and inclusion.
- Working with LLP colleagues to create a physical environment that meets the needs of our patients with impairments, such as dementia and learning disabilities.

Objective 3: To achieve compliance with the Accessible Information Standard 2016

During 2020-21 our work towards this objective has included:

✓ Implementing our Accessible Information policy that seeks to ensure that all patients with a disability, impairment or sensory loss have the appropriate written and communication support to understand and consent to the healthcare being provided to them and can be supported in making decisions about their care including informed consent.

✓ Engaging with patients to improve the range and access to patient information in appropriate formats, which meet their needs. (ongoing).

✓ Improving the range and access to interpretation services for patients, including British Sign Language (BSL) and spoken language support. A remote British Sign Language service started in 2020 to provide access to an interpreter 24 hours a day, 7 days a week via a video link. Four digital tablets were made available to support this, across our two main hospital sites. Plans to roll-out further tablets to support video interpreting in relation to spoken languages also, were paused during 2020-21 and will be reviewed as part of our work to support accessible communication. We recognise this is a key area for further development, to improve access across services during 2022.

Actions for review / restart in 2022-24:

- Expanding staff training resources and access to the tools. Continuing to increase staff awareness and skills to support accessible communication and information by expanding the training resources and, access to the tools and support available is a key priority for 2022-24 (work started and paused due to pandemic).
- Ensuring that hospital appointment letters are clear, relevant, and available in a range of formats. Letters should tell patients how to inform the trust about their written and verbal communication needs and how to request information in different formats (work started and paused due to pandemic).
- Working with colleagues within Systems and Network services to develop and improve effective capture and flagging of patient communication needs. This includes improving how we meet people's needs when we provide letters and written information.
- Producing revised guidance on written patient information to ensure that any patient information produced is inclusive, meets our patients' needs, and is available in a range of formats, both online and in hard copy.
- Exploring opportunities for using appropriate technology to improve patient access to patient information.
- Improving the availability of information in an *Easy Read* format.
- Working towards the requirements outlined in the Website Content Accessibility guidelines autumn 2020 - currently partially compliant and working towards full compliance, as per our accessibility statement.

- Monitoring the performance of our interpreting, translation and transcription services, including for British Sign Language (BSL) and spoken languages due for review and restart in 2022.

2.3 Equality Delivery System

The Equality Delivery System, known as the EDS was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, whilst complying with the Equality Act 2010.

In line with national expectations, work on the Equality Delivery System was paused across the NHS in 2020-21 due to the pandemic. An updated version of the Equality Delivery System with a revised range of standards and future expectations is due to be published in Summer 2022, with a revised range of standards.

Our external review in Summer 2022 will help us refresh our approach to EDS from 2023, in line with local system partners and national expectations.

3.Patient and Public Engagement

3.1 Partnership working

During 2020-2022, the Trust has continued to engage with the following organisations where possible, to understand further the needs of patients across the protected characteristics:

- York Human Rights City Network
- Scarborough Disability Action Group
- York Disability Rights Forum
- Healthwatch York
- Healthwatch North Yorkshire
- York Dementia Action Alliance
- My Sight York
- York LGBTQ Forum

Colleagues from Healthwatch have supported us by attending trust Fairness Forum meetings and sharing feedback on equality and diversity themes.

The Patient Equality and Diversity Lead and Access Adviser have continued to listen to the views of patients and partner organisations to support the needs of our patients.

Thank you to all our partners who have supported us during this time.

3.2 Patient Complaints

During 2020-2021 and the peak period of the COVID-19 pandemic, the Trust received 11 complaints and 3 concerns from patients and families which were recorded as complaints or concerns about inequality or discrimination. This was higher than in previous years with 7 such complaints or concerns received in 2019.

Of these, 10 related to disability and 1 was related to religion / faith / belief. Following investigation, 3 complaints were upheld, 3 were partially upheld and 4 were not upheld.

In addition, we also received 1 concern relating to disability (mental health), 1 relating to gender identity or reassignment, and 1 relating to age (concerns are not a formal complaint). Each of these were considered and contact was made with the individuals to resolve their concerns and identify learning.

During 2021-22, we received 6 complaints, 2 concerns and 1 enquiry from patients and families which were recorded as complaints or concerns about inequality or discrimination. This was similar to 2019, when we received 7 complaints.

Of these, 5 related to protected characteristics - 2 related to disability; 2 related to race / ethnicity; and 1 related to harassment based on sexuality and gender reassignment. Following investigation, 1 complaint was upheld, 4 were partially upheld and 1 was not upheld.

In addition, we also received 1 concern (not a formal complaint) and 1 enquiry, both related to disability, specifically people's communication needs due to sensory impairment. Each of these were considered and contact was made with the individuals to resolve their concerns and identify learning.

There was also 1 complaint and 1 concern raised about prejudice towards people affected by drug or alcohol misuse which were resolved and upheld. These issues fall outside the remit of the Equality Act 2010, however they are noted here as they help us understand the wider issue of inclusion.

During 2021-2022, the most common complaint themes overall were;

- Communication with relatives, carers, patients
- Care needs not adequately met
- Appointment availability
- Delay or failure in treatment or procedure
- Discharge arrangements

We recognise some of these themes can potentially have a greater impact on some people with protected characteristics, including people with specific communication needs and people who have lived experience of discrimination.

Accessible Information Standard Complaints

During the period of the COVID-19 pandemic, accessible communication has become an increasing area of focus. More information about our work on accessible communication is covered in Section 2.2. Objective 3.

During 2021-2022, we received 6 concerns/complaints specifically about accessible communication. This is compared with 1 complaint and 1 comment about accessibility in 2019-2020 and 1 concern and 2 enquiries in 2020-2021.

We recognise that many disabled people who have made a complaint or concern, are likely to have experienced repeated problems with accessing information in their preferred format from a variety of health and care providers.

We have processes in place to support staff in meeting patient requirements including a transcription service which can put information into a variety of formats and video tablets to support BSL interpreting. We recognise these systems are not fully embedded across all parts of our organisation.

The trust is committed to ensuring that we communicate with patients in their chosen format and accessible information continues to be a key priority in our equality objectives 2020-24.

3.4 Other public and patient involvement and engagement

We note that face-to-face patient engagement work and some analysis of patient surveys has been paused or suspended due to pandemic and staffing challenges (as per Section 2.1) and is due to review and restart in 2022-2023.

Responding to information people share with us about their lived experiences, continues to be an area for development during 2022-24.

A new role of Patient and Public Involvement Lead has been created through a restructure of the Patient Experience Team to increase the support for patient engagement and involvement in service improvement. In addition, a Patient Experience Facilitator role has been created to support front-line staff with improving the use of patient engagement and a range of feedback initiatives, including local surveys.

4. Inclusive Built Environment

The inclusive built environment agenda across our the trust has a primary objective to make our built environments more inclusive and accessible to everyone including, patients, staff and visitors.

The approach to improving the inclusive built environment is twofold and includes:

1 Undertaking accessibility audits of our buildings and **e**state. The Equality Act Code of Practice states that the completion of an Access Audit by a, “suitably qualified person” [who] will ‘help service providers to meet their obligations under the Act’

2 Ensuring that any refurbishment works or new building development that takes place across our sites has principles of inclusive design embedded at the start of the project and throughout the project development stages.

The age of our buildings means that much of our estate does not meet current regulatory or good practice guidance in terms of access to, and the use of, buildings for people with a range of mobility, sensory and neurological impairments. Our completed access audit reports and prioritised recommendations are used to inform our trust access plan, which provides a framework to improve improvements to the built environment. Our Patient-Led Assessments of the Care Environment (PLACE) also inform our access strategy. he PLACE assessment programme was suspended nationally during the pandemic and is due to recommence in Autumn 2022.

Access audits at the Trust have continued wherever possible and around 70 audits have been completed across our sites, during 2020-2022. This work highlights areas for action and prioritisation with the trust’s estates and capital planning teams.

However, funding constraints mean there is a significant backlog of unaddressed accessibility issues across the estate which may limit patient and carer access to care. We continue to identify a recurrent funding stream in order to progress remedial work at a greater pace.

Work has been undertaken to secure a Changing Places toilet on the Scarborough Hospital site, which is due to open in Summer 2022.

Our Built Environment Lead has also given input on accessibility into the several proposals for new developments, including the new Emergency Department developments at York and Scarborough due to open in 2023/4.

The role of the Access Advisor will change in Summer 2022. The aim is to continue this work with the LLP and Capital Planning teams to advise on environmental improvements and to focus on design appraisals for new build developments; completing access audits and delivering staff training during 2022-2023.

5. Conclusion and next steps

This report is intended to summarise the current position against the equality objectives 2020-2024. This report outlines progress, changes and limitations during this period, against the backdrop of the COVD-19 pandemic. It also identifies a number of key priorities and areas for review and development during 2022-23.

We anticipate that over the next two years to 2024, the actions set against our objectives will evolve as the needs of our patients change, services are developed and technology changes, following the pandemic.

We will align our equality priorities with key strategic objectives and future changes, including changes in our local health and care system due in 2022-23.For example looking at the opportunities for aligning our work on embedding the Accessible Information Standard, with new technologies.
We anticipate that Equality Impact Assessments (and a refreshed approach to the Equality Delivery System) will likely be a key tool for embedding many of the equality objective actions, into our future ways of working.

We will continue to monitor progress against our equality objectives, via the Fairness Forum and our trust Board and we will respond to the recommendations of the external review due in Summer 2022.

5.1 Further information

For further information, questions about this report or if you require a different format, please contact:

Helen Ketcher
Patient Equality, Diversity and Inclusion Lead
Tel: 01904 724125
Email: yhs-tr.equalitydiversity@nhs.net

Dave Biggins
Access Adviser
Tel: 01723 385356
Email: yhs-tr.equalitydiversity@nhs.net

Appendix: our responsibilities

As an NHS healthcare provider, the NHS Constitution requires us to support our communities and wider society to reduce health inequalities and address imbalances for minority or diverse groups of people.

At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where health inequalities are seen in relation to access, experience and outcomes e.g. where life expectancy rates are poorer for some people with protected characteristics.

Legal and Regulatory Framework

In addition, the trust is required to meet a number of legislative and regulatory frameworks. These include:

- Human Rights Act 1998
- Mental Capacity Act 2005
- NHS Act 2006
- Autism Act 2009 and the national strategy for autistic children, young people and adults: 2021 to 2026 and statutory guidance for NHS trusts
- Equality Act 2010, including the Public Sector Equality Duties
- Health and Social Care Act 2012, 2014
- Children and Families Act 2014, Children Act 1989
- Care Act 2014
- Health, public health and social care outcomes frameworks
- CQC five key questions, framework and key lines of enquiry
- Care Act 2014
- Special Educational needs and disability (SEND) Code of practice 0-25 years 2015, Learning disability standards for NHS trusts 2018
- NHS England's long-term plan
- British Sign Language (BSL) Act 2022
- Health and Care Act 2022

Public Sector Equality Duty

Under the Equality Act 2010, all public sector bodies must abide by the Public Sector Equality Duty (PSED). The PSED has three key aims, which are to:

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

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

York Teaching Hospital Facilities Management
York and Scarborough Teaching Hospitals NHS Foundation Trust

NEWSLETTER EQUALITY, DIVERSITY & INCLUSION

ISSUE NO 2 | FEBRUARY/MARCH 2023 | WORKFORCE, PATIENTS & BUILDINGS ACCESS

Welcome to the second edition of York and Scarborough Teaching Hospitals Equality, Diversity and Inclusion (EDI) Newsletter. This publication is for York and Scarborough Teaching Hospitals and York Teaching Hospitals Facilities Management (YTHFM) colleagues.

The purpose of the newsletter is to share EDI news and information relating to workforce, services and buildings access.

Please share this newsletter with your colleagues, especially those who have limited access to a computer.

Hello my name is:

- The first edition published in January 2023 introduced:
- Virginia Golding, Head of EDI (pro-nouns she/her)
- Helen Ketcher, Patient EDI Lead - (pro-nouns she/her)
- David Biggins, Access Advisor

Learning Events:

Equality, Diversity and Human Rights Mandatory Training:

This is now part of all colleague's mandatory training and includes information on Health Inequalities. (Available online and on paper).

*PLEASE NOTE: As the Learning Hub is currently out of action, please book your place on the workshops below by emailing yhs-tr.HRSupportTeam@nhs.net

Cultural Competence – delivered by enei:

Description

- Understand culture and its importance to the matters that moment for people
- Explore different cultural models and consider the impact within the workplace
- Dive in to discovering the impact of cultural differences within every day interactions
- Discuss how individual and cultural preferences can influence interactions and working practices
- Consider empathetic approach to building an environment of cultural sensitivity and competence
- Identifying opportunities across our interactions, language, communication and practices
- Apply a practical approach to actions that can be taken following the session
- Session will include open discussion, exercises, quizzes and takeaway tips

Dates & method of delivery

Online

- 27 June 2023 1.00pm – 4.00pm
- 11 October 2023 1.00pm – 4.00pm
- 21 March 2024 9:30am – 12:30pm

Conscious Inclusion– delivered by enei:

Description

This informal, interactive session will provide you with an introduction to concepts relating to inclusivity and accessibility, across and beyond all 9 Protected Characteristics, with a focus on inclusive language and communication, micro-behaviours, and courageous conversations.

Dates & method of delivery

Online

- 19 September 2023 1:00pm – 4:00pm
- 6 November 2023 1.00pm – 4.00pm
- 5 March 2024 9:30am – 12:30pm
- 13 May 2024 1:00pm – 4:00pm

Neurodiversity in the Workplace for Managers:

Description

This webinar is an introduction to neurodiversity which covers key terms and concepts.

Neurodiversity is the concept that neurological differences should be both recognised and respected, in the same way as any other human variation.

These differences Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder (better known as ADHD or ADD), Dyscalculia, Autism and Tourette's Syndrome.

Dates & method of delivery– delivered by enei:

Online

- 17 April 2023 9:30am – 12:30pm
- 25 September 2023 1:00pm – 4:00pm
- 22 February 2024 9:30am – 12:30pm

Race and Racism Conversations at Work:

Description

This course is aimed at improving conversations that take place in the workplace which are related to race through the development of knowledge, skills and awareness. The outcome is to improve Black and Minority Ethnic colleague's work experiences and career progression, which is monitored on an annual basis through data drawn from ESR and the Staff Survey. The Trust's data shows that colleagues from a Black and Minority Ethnic background experience more barriers than their White counterparts. This workshop is aimed at all staff. Evidence shows that when 'we' get it right for race 'we' get it right for all protected characteristics!

Simon Morritt, CEO will introduce the workshops, stating there importance in relation to inclusive employment practices and patient care. Participants will need to be committed to attend the two half day workshops. This learning supports the Workforce Race Equality Action Plan and is good underpinning knowledge for mentees and mentors attending the Reverse Mentoring Programme.

Dates & method of delivery

Face to Face. Full attendance is required at these two half day face to face sessions so you would need to attend both sessions at the site you choose.

Workshop 1 : **Scarborough**

- 22 June 2023 9:15am – 12:45pm
- 19 July 2023 9:30am – 1:00pm

Workshop 2: **York**

- Autumn 2023 - date to be announced

Allyship in the Workplace – supported by Staff Networks Enable and LGBTQ+:

Creating an inclusive workplace culture where our people stay and thrive is a top priority for our Trust. Becoming an Active Ally is just one way of doing this, therefore we would like to offer all colleagues the opportunity to increase their understanding of being an Ally and Allyship in our workplace.

Date & method of delivery

Online

- 30 June 2023 10:00am – 1:00pm

Trans Awareness and Gender Diverse Communities:

Description

- Understanding terminology within the Transgender & Gender-Diverse Communities
- Micro-aggressions Transgender & Gender-Diverse people face in healthcare
- Welcoming Transgender & Gender-Diverse clients
- Medical care from a Transgender or Gender-Diverse person's view
- Understanding Transgender & Gender-Diverse people's experiences
- Personal Journey
- Record Keeping
- Question and Answers

Dates & method of delivery

- 20 April 2023 9.30am – 1.00pm, online*
- 29 June 2023 9.30am – 1.00pm **face to face in Scarborough**
- 27 September 2023 1.00pm – 4.30pm, online*
- 2 November 2023 1.00pm – 4.30pm, online*
- 16 November 2023 9.30am – 1.00pm **face to face in York**

- 16 May 20024 9.30am – 1.00pm **face to face in York**

** Online links will be sent upon confirmation of a place. No matter your base, anyone can join the online sessions.*

Other courses and information that may be of interest:

NHS Employers – Deaf and hard of hearing gathering, 13 March 2023

A unique opportunity for our deaf and hard of hearing health and care staff to gather and be part of a safe space, where they can connect, share and discuss inclusion in the workplace.

The event will take place on **13 March 2023, 10:30am - 3:30pm in Horizon Leeds.**

Why we are holding this event
The pandemic brought into focus some of the many challenges facing our deaf and hard of hearing colleagues. This event will provide an opportunity to explore some of the current challenges, share progress and good practice.

Our aim is to create the right working environment where our deaf and hard of hearing workforce are empowered to thrive, in line with the NHS People Plan and People Promise. We will also use this opportunity to discuss if there is an appetite for the formation of a national deaf staff network. This event is held in partnership with NHS England and co-designed with deaf and hard of hearing health and care staff.

Who should attend
At this is the first gathering of its kind and due to limited places, this event will purely be for deaf and hard of hearing health and care staff, of all levels and disciplines.

Registration
If you would like to attend please **register your interest**, providing details of any accessibility requirements for example, if you are a wheelchair user, deafblind or Usher, or will be bringing a BSL interpreter, hearing dog etc.

Please note due to venue capacity we may have to decline some registrations should we experience a high demand. Confirmation of attendance will be mailed at a later date.

We appreciate this event may be of interest to non-deaf colleagues such as line managers, EDI or HR colleagues. However, on this occasion we want to provide a safe space for staff to have open conversations. Places will therefore be closed to non-deaf or non-hard of hearing colleagues. You can however express your interest to attend future events around this topic – please provide your contact details by completing this short form.

Accessibility
During the event we will have live captions, BSL interpreters and a hearing loop. Should you have any questions around accessibility please email event.bookings@nhsconfed.org.

Bravery in the Boardroom – North East and Yorkshire's Session

Please find a link to a pre-recorded webinar about the Workforce Race Equality Standard 2021 results. Bravery in the Boardroom looks at race equality in our region - shared by the Chair of our Women's Staff Network in support of race equality.
https://youtu.be/qOxx-KMP-qo

TRANS-INCLUSIVE HEALTH AND CARE SURVEY

[ALT TEXT: A grey speech bubble on the Trans pride flag that reads: "How can we improve together?"

Survey looking at improving inclusivity for trans and non-binary people in health and care.

Tell us what would help to improve patient and colleague experience
Evidence shows us that trans and non-binary people experience poorer outcomes and poorer access when it comes to health and care and these same impacts affect trans and non-binary staff too.

We'd like to hear from colleagues across health and care about how we can improve this for both patients / service users and colleagues.

In partnership with East Riding of Yorkshire Council, we're launching a short, anonymous online survey to explore how we can improve experiences together.

Findings from the survey will inform a public consultation taking place at East Riding Council as well as wider work across Humber and North Yorkshire to improve inclusivity for people whose gender identity may be different from the gender they were assigned at birth.

For more information, please contact Martin Batstone, senior policy officer (equality and diversity) at East Riding Council by emailing Martin.Batstone@eastriding.gov.uk.

Watch this space!

- Allyship and Intersectionality Workshop planned for 30 June 2023.
- A Joint Staff Network meeting on 21 March 2023 11am – 12 midday. ***Please email HR Support Team to receive the Teams link.***
- The Trust is planning on introducing disability awareness training which will be available for staff and volunteers to access. The training will be available via Teams and face to face. The training goes live in the summer. ***For further information contact David Biggins, Trust Access Adviser via e mail***

General Information:

Employers Network for Equality and Inclusion (enei) Membership:

The Trust is now a member of the Employers Network for Equality and Inclusion (enei.) Some of the member benefits that you can access are:

- Free access to enei events, webinars, and resources for all Employees, see below: https://www.enei.org.uk/events/
- This includes conferences, roundtables, and networking opportunities with over 400 Member organisations
- Invites to their annual awards and conference

March Celebrations

International Women's Day (IWD) – 8 March 2023 – Campaign theme: #EmbraceEquity

- For International Women's Day and beyond, let's all fully **#EmbraceEquity**.
- Equity isn't just a nice-to-have, it's a must-have.
- A focus on gender equity needs to be part of every society's DNA.
- And it's critical to understand the difference between equity and equality.
- The IWD 2023 campaign theme drives worldwide understanding why *Equal opportunities aren't enough!*

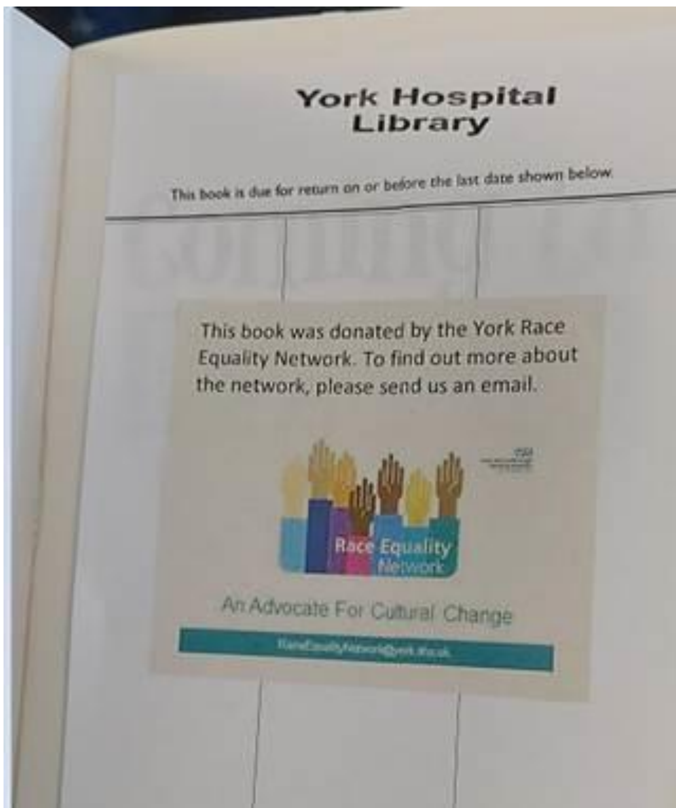
Ramadan:
A religious observance by Muslims around the word commences on the evening Wednesday 22 March 2023 to the evening of Friday 21 April 2023. For more further information on how to support colleagues at this time, please see Supporting Muslims at Work in Ramadan | Inclusive Employers.

St Patrick's Day:
is celebrated on 17 March 2023 and commemorates the arrival of Christananity in Ireland and also celebrates the heritage and culture of the Irish in general.

Trans Day of Visibility:
takes place every 31 March 2023. It marks a time to celebrate trans and non-binary people, and to raise awareness of the discrimination faced by the community worldwide.

A Good News Story

The Trust's Race Equality Network has purchased books on Race and Culture for all colleagues to access free of charge via the Trust's Library Service. Please note that the books can be transferred to the site you work on. On behalf of the Race Equality Network we hope you enjoy reading them.



Author: Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 13.3

Equality Act 2010: Public Sector Equality Duty (PSED) Workforce Annual Review Report 2022

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1. Introduction.

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

We manage 8 hospital sites and have a workforce of around 10,000 staff working across our hospitals and within the community.

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

Our hospitals

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

(Click location above to access link)

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

Our Public Sector Equality Duty (PSED) Workforce Annual Review report highlights the progress we have made in 2022 in line with our Equality Objectives.

A separate report is produced for York Teaching Hospital Facilities Management (YTHFM).

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

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

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

We are required to do this by:

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

The Protected Characteristics covered by the Equality Act 2010 are:

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

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

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

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

1.2 The NHS Equality Delivery System (EDS 2022).

The EDS 2022 replaces the EDS2 and is a new and revised approach which supports meeting the PSED. Therefore, it is advised that the EDS2 is now disregarded.

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

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, Staff Networks, community groups and trade unions - to review and develop their approach in addressing inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce health and Wellbeing and leadership. It is driven by data, evidence, engagement and insight and has been amended to be brought into line with the NHS Long Term Plan, and in response to COVID-19.

2022/23 has been used as a transition year, for organisations to use this period to get used to applying the EDS 2022 in a new way, in a new system.

EDS 2022 has 3 Domains and 11 Outcomes which are:

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

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

EDS Domain 3: Inclusive leadership:
Outcome 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.
Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.
Outcome 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Organisations must work with partners and stakeholders across the Domains. Each Outcome is to be scored based on the evidence provided. Once each Outcome has a score, they are added together to gain Domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating.

2. Our Commitment to Workforce Equality and Diversity.

York and Scarborough Teaching Hospitals NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce in the development of services and our hospital environments.

York and Scarborough Teaching Hospitals NHS Foundation Trust are dedicated to creating a supportive and inclusive culture in line with our Trust Values. We are dedicated to our patients receiving high quality, person-centred healthcare which meets their needs and our staff being able to feel valued, listened to and respected so they can bring their whole selves to work.

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

The 9 protected characteristics are what is covered by the Equality Act 2010 but it is important for the Trust to not only comply with legislation but to move beyond it, in seeing the 'whole person' by focusing on creating a culture of inclusion, as we know that when you do this, equality and diversity should naturally follow. We also acknowledge that there are vulnerable health groups that our staff may belong to and our staff might experience health inequalities too, so our work will endeavour to address their needs too.

We recognise the Trust has a long way to go, but we are dedicated in making the required changes and recognise that everyone has a responsibility to ensure that we are diverse, inclusive and equitable in all our practices.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

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

Polly McMeekin
Director of Workforce and OD

Simon Morritt
Chief Executive

3. Progress made with our Workforce Equality Objectives – Equality, Diversity and Inclusion Activity.

The Trust is required to publish its equality objectives every 4 years, therefore the objectives cover the period of 2020-2024. These are:

Patients:

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

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

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

To achieve compliance with the Accessible Information Standard 2016.

Buildings Environment:

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

Workforce:

To be regarded as a fully inclusive employer by:

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

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

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

The Trust currently has 2 reports which focus on the PSED. 1 relates to Patients and Buildings Environment, which provides a summary of the progress made against the corresponding objectives. The other (this report) focuses on Workforce.

Below is a thorough but not exhaustive overview of the work that has been carried out within the Trust in line with our Equality Objectives. In June 2022 an External Consultant worked with the Trust to conduct a review of where the Trust was in progressing the EDI agenda. This led to the employment of a Head of EDI who has strategic responsibility for EDI with an operational focus on workforce issues. A Trust wide workforce action plan has been created which will support the Trust in becoming more a more inclusive employer.

EDI Governance:

The Trust has a Fairness Forum which is chaired by Simon Morritt, Chief Executive. The Forum has an overview of EDI and discusses areas relating to patient and workforce EDI. Representatives from the Care Groups, Corporate Services, the Staff Networks, Staff Side, Trust Governors and external partners and stakeholders attend the meetings to ensure that there is partnership working and collaboration in addressing issues raised.

In 2023 the Head of EDI will be implementing an EDI Workstream which will consist of a group of representatives that have operational responsibility for focusing on EDI at a local level; creating action plans to address specific local issues as well as Trust wide issues.

This Workstream will update the Fairness Forum but will report to the People and Culture Committee for workforce issues and Quality and Safety Assurance Committee for patient issues. Both of these committees are sub-committees to the Trust Board.

Communication and Engagement:

In October 2022 the Trust's latest Communications and Engagement Strategy was approved by the Board of Directors. At its core, there are several communications principles which are rooted within the organisation's values and behaviors and aim to ensure that equality, diversity, and inclusion influence our communications approach and activities.

Within with the Trusts Values, these principles include:

Kindness:

- We seek to recognise colleagues who live our values and tell their stories.
- We use our expertise and experience to provide support to colleagues who need it, and are fair and objective in doing so, recognising different views.
- Staff should be first to find out about changes that affect them.

Openness:

- We keep staff informed with honest, timely and relevant information.
- We are open to feedback.
- We create and promote opportunities for leadership visibility.
- We use multiple channels (different people have different needs which may vary over time) and aim to meet accessible information standards and accessibility best practice.
- We use inclusive language and imagery, supporting and promoting diversity.
- We use clear, simple language and avoid jargon.

Excellence:

- We celebrate success at every level.
- Our communications activity is evidence-based and follows best practice, learning from other organisations in and out of the NHS and using feedback to develop.
- We are ambitious and innovative in our approach, always seeking to learn from the best.
- We look for opportunities where we can stand out from the crowd as an employer, both internally (for retention) and externally (for recruitment).

We previously conducted workshops with staff and the feedback we received confirmed that we needed a set of Values which provided a strong foundation for the organisation we want to become, and which will help us to create the future we want to experience. The Trust Values say who we are and what we stand for. The framework provides examples of the behaviours we love, the behaviours we expect and the behaviours we don't want. We started to embed the new Values in 2021 through annual appraisals and introducing the role of Values Ambassadors, who

explore what values mean and how they can be lived out in real life i.e. how they can be integrated into everyday work.

Celebration of Achievement Awards:

The Trust's annual recognition awards took place in 2022 for the first time since 2019 due to the pandemic. The awards recognise a wide range of staff for their achievements across several areas. In 2023 a new category will be included to recognise staff who have done significant work to champion diversity and inclusion and challenge discrimination, making a difference to patient and staff experience as a result. The Communications Team, working with the Head of EDI, will also review the annual and monthly awards process to identify ways of improving diversity amongst the nominations and winners, and increasing participation from all parts of the workforce including those with protected characteristics.

Events Planner:

The Communications and Workforce and Organisational Development teams are developing a calendar of events and awareness days for 2023. This will enable proactive planning to deliver several campaigns to highlight EDI priorities across the year, focussing on areas where the Trust needs to raise further awareness and/or take action to improve. Taking a campaign-style approach and using existing national and international awareness initiatives/days (e.g. Disability History Month, International Women's Day, Black History Month etc.) creates the opportunity to maximise impact and provides a platform for the Trust's local messages and priorities.

Recruitment and Selection:

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

We undertake our recruitment via a system called Trac, which ensures that candidate's details, other than those required to evaluate the application against the role requirements, are not available to the shortlisting panel until shortlisting has been finalised.

The Trust's Recruitment & Selection training, which is available to all staff, promotes a Values-based approach. The content of this training course is continually under review to ensure that it reflects current legislation and best practice. Due to the pandemic this course was developed to enable the Recruitment Team to deliver it remotely when necessary, and we are working with our Staff Networks and our Head of EDI to help make further improvements both in our Recruitment & Selection Training and in our recruitment practices generally.

We are a Disability Confident employer and eligible candidates are offered a guaranteed interview if they meet the essential criteria for the role.

All applicants who are invited for an interview via Trac are encouraged to make us aware if they require any adjustments to be made to their interview arrangements.

Careers Events:

We continue to attend careers events and link with Universities, Colleges and Job Centre Plus to attract a diverse range of candidates to apply to our Trust.

International Recruitment:

We continue with our project to recruit Nurses from overseas to work in both York and Scarborough. On arrival they work as Band 4 pre-registered nurses while they study for the exam which will enable them to register with the NMC and ultimately work as a Band 5 Nurse in the Trust.

Over 400 International Nurses have arrived at the Trust since inception of the project in 2019, and a vibrant Stay & Thrive network now operates in the Trust.

Over the past year we have also welcomed several international colleagues from professions such as Medics, Allied Health Professionals and Midwives. We continue to host the training programme for internationally trained Midwives for our region.

All international arrivals receive the same wrap around pastoral care from our International Recruitment Team.

We have started to help recruit and train internationally trained nurses for the Social Care sector.

Recruitment Website:

During 2022 a dedicated recruitment website was built and is now up and running. We are currently working to ensure that the site is representative of our diverse workforce.

Disability Confident and a Mindful Employer:

Disability Confident is a government scheme that encourages employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. There are 3 levels of in the scheme.

1. Disability Confident Committed.
2. Disability Confident Employer.
3. Disability Confident Leader.

During 2021 we achieved Disability Confident reaccreditation; this means that we have assessed ourselves against the framework as an employer that goes the extra mile in getting the right people for the Trust and keeping and developing those people. There is always more that we can do, and the associated actions are incorporated within the Trust Workforce Disability Equality Standard action plan, which was developed in consultation with our Staff Network, Enable. As a Trust we have an aspiration to be a Disability Confident Leader which is the highest level Disability Confident accreditation and this means that we will be acting as a champion in our local area for recruiting, retaining and developing disabled staff.

After submitting a wealth of information to Mindful Employer on its wide-ranging suite of health and wellbeing offerings for staff, we were successful in retaining Mindful Employer status. We have a group that meets regularly to discuss our current strategy and forthcoming health and wellbeing initiatives to ensure that the needs of our staff are met. Staff councils, which are designed to be safe space for employees to voice their views and co-produce ideas with their local management teams, are also being established in the Trust some of which have a specific focus on health and wellbeing.

The Trust has invested in training Mental First Aiders and are rolling out training on the effects of burnout which has a focus on supporting teams with their mental and physical wellbeing; through all of these initiatives, we aim to provide a gold standard of support for the entirety of our workforce.

The Mindful Employer charter sets out that all staff who are involved in recruitment activity should be trained on the Equality Act 2010. It is expected therefore, that recruitment and selection panel members have undertaken the recruitment and selection training; this training includes information on what it means to be a Disability Confident and Mindful Employer. It provides examples of how and where to apply the Disability Confident scheme, the legal framework of the disability legislation and how to make appropriate reasonable adjustments. These important schemes are also a key component of our recruitment and selection policy.

We have intranet pages dedicated to supporting disabled individuals in the workplace and the operational HR team have recently received bespoke EDI training. Our people professionals proactively support and provide appropriate challenge where required to our managers in the application of the equality legislation across our people management processes.

Staff Survey:

40.7% of eligible staff completed the 2021 Staff Survey. Several questions specifically relate to the WDES and WRES. Where the responses to these questions indicated that staff who either identified as Black and Minority Ethnic (BME) or having a long-term condition / illness had a less favourable experience than either staff identifying as white or not having a long-term condition / illness, specific actions have been identified and these are included in the Trust's 2022 and 2023 WRES and WDES action plans.

In addition, the Trust identified several actions as part of its Staff Survey improvement plan (2022-23). This will further support the actions to increase staff voice and change the culture:

- Refresh our leadership approach.
- Implement a Just & Learning culture.
- Launch the Behavioural Framework that supports the Trusts Values.
- Review our processes for addressing experiences of bullying and harassment.
- Appointment of Head of EDI for the Trust.
- Increase the profile of the Freedom to Speak Up Guardian (FTSUG).
- Listening events for BME staff with the CEO and Race Equality Network.
- Reintroduce CEO drop-in surgeries.
- Introduce Director of Workforce & Organisational Development staff surgeries.
- Review and increase two-way engagement opportunities for staff.

Further work is being delivered by several workforce-focused workstreams:

- Culture & Engagement.
- Health & Wellbeing.
- Flexible Working.
- Retention.
- Attraction & Workforce Planning; to improve staff experience generally.

Freedom to Speak Up and the Fairness Champions:

The purpose of creating a speaking up culture is to keep our patients safe, improve the working environment for staff and to promote learning and improvement.
A FTSUG within every NHS Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review in 2015. FTSU has also become part of the Care Quality Commission (CQC) Well Led inspection component since October 2016.

The Guardian is impartial, independent and reports directly to the Chief Executive. It is important that that the FTSUG is visible and accessible to all staff, therefore the Guardian has promoted the role, speaking up and the Fairness Champions via different mediums.

As well as a continuation of the above there are plans in place for the FTSUG and the Equality, Diversity and Inclusion Lead to conduct further “Speak Up and Inclusion Roadshows” in 2023 to help spread the message of speaking up and hopefully reach those staff groups who face barriers to speaking up.

Employee Relations Practices.

Just Culture:

We have continued to develop a Just Culture within the organisation, the HR team, work in line with the NHS England guidance and principles so we only commission formal disciplinary cases when all other options have been exhausted. We have updated our guidance for Investigating Officers and Panel Members over the last 12 months to ensure that we capture learning for all at every step of the process and ensure we have accountability for taking forward these actions. We are still developing a new disciplinary policy with Staff Side colleagues to develop this culture further within the Trust and this will be rolled out in 2023 with training for all line managers.

Policies:

We are reviewing all our HR policies to ensure that they are people focused and cater to the majority, not the minority, with the flexibility for managers to make decisions to meet the needs of the colleagues they are working with. We want our managers and leaders to have the autonomy and ability to meet the needs of individual staff members in the framework of our policies that are fair for all. A number of our policies are being re-written completely to ensure that they are fit to meet the needs of staff members and the organisation in these current times, to ensure they are easy for managers and staff members to follow and to ensure that they support staff members to achieve their best within the organisation.

Working with Staff Side:

We continue to work with our Staff Side colleagues on several improvements we are doing within the workplace. We have Staff Side representation within a range of meetings which address the workforce priorities. We regularly meet with Staff Side colleagues formally and informally to hear the employee voice and to try and find solutions to problems.

Organisational Development and Improvement and Learning:

The Trust continues to promote and embed the role of Values Ambassadors across all departments and roles. The Trust's Organisational Development Team continues to support the development of both new and existing Values Ambassadors. The Trust's Values and Behavioural Framework are also embedded in all internal leadership programmes and organisation development interventions.

The Development of its workforce has always been paramount for our Trust; the support and development of people maximises talent within the organisation, attracts and retains the best people and creates opportunities for career progression. This is key to the success in achieving our strategic goal of delivering safe and high-quality patient care as part of an integrated system.

There are development opportunities offered to all clinical and non-clinical staff regardless of background or level. Any programme or workshop ring-fenced for a

specific staff group has a clearly defined purpose. By engaging with and targeting the Trust's internal Staff Networks, our programmes support diversity and inclusion with equal access for all.

Leadership Framework:

The Trust has recently developed 'Our Leadership Framework'.
The ambition of our Leadership Framework is to support every leader, no matter their level across the Organisation, to recognise, reflect and role model 3 core principles of people centred leadership, which align to our Trust Values. A reflective tool supports and complements the framework and can be used by individuals to explore their behaviours and competency against the principles of the framework and allow others to give feedback on this.

It recognises that good leadership plays a vital role in improving services, building an inclusive and respectful culture where diversity and difference is valued and celebrated and one where staff are engaged and motivated. It will contribute to supporting both the attraction and retention of staff and ultimately a more positive patient experience and improved quality of care.

Reverse/Reciprocal Mentoring:

Following the evaluation of a successful pilot Reverse Mentoring programme which focused on pairing staff from a BME background with Executive and Senior Managers, a Reciprocal Mentoring Framework has been refined and developed in response to feedback from those who participated in the initial programme.

The Reciprocal Mentoring Framework can be implemented for any equality group and it is our intention to widen this participation. It is proposed that the Trust initially builds upon the success of the pilot programme and continues to focus on race with its next cohort in order to provide this significant learning opportunity for all our Executives and Senior Management. Recruitment for the next cohort will commence in January 2023.

By creating opportunities for staff from minority groups to share their experiences we are demonstrating our willingness to listen and learn in line with our Values and to shape a culture where every member of staff can thrive, belong, develop and perform.

Training:

Generic and specific EDI training and development ensures that our staff have the knowledge and skills to support them in the delivery of care and enables them to work cohesively with colleagues. Training has occurred at Trust Board level, locally and through accessing the EDI section of our Trust's Website. The EDI component of the Core Skills Framework is now mandatory training for all staff.

We know that we need to enable our colleagues to access a wider range of learning interventions and have plans to address this in 2023.

So far, the learning interventions that are to be delivered are:

- Trans Awareness and Gender Diverse Communities.
- Conscious Inclusion.
- Neurodiversity in the workplace for Managers.
- Race Conversations at Work for Leaders.

Chaplaincy:

The Trust's chaplaincy service provides pastoral, spiritual and religious care to patients, carers and staff. They play a huge role in helping people find strength and meaning in their experience of illness, anxiety, dying or bereavement regardless of their faiths and beliefs, including those with no faith.

The service has been stretched over the last year but a business case for support will help support delivery. Investment in the chaplaincy service would enable a more diverse team to offer support to a wider group of staff and patients, particularly those from a Muslim, Roman Catholic and non-religious background. Chaplaincy continues to recruit volunteers from diverse backgrounds and develop links with local faith groups and communities.

At Scarborough hospital the chapel is now a shared space for Muslim daily and Friday prayers thanks to the purchase of a curtain and a privacy screen.

The building work on a permanent ablution room at York Hospital has commenced and is due to be open soon. The department recently hosted the New York Imam who was very pleased with the work done on the facilities and the recent provision of Halal food for staff.

Staff Networks:

The number of Staff Networks has increased in the past 12-18 months, and their work continues to be promoted, alongside encouraging increased membership and involvement. **We have 5 Staff Networks, which are**:

- Enable (Disability)
- Women's Network
- LGBTQ+
- Caring for Carers
- REN (Race Equality Network)

All Networks are open to all staff and are included in the decision-making process of the Trust.

To progress our Staff Networks the Head of EDI will implementing Protected Time for Committee Members, exploring a permanent budget, having Executive Director Sponsors and intersectionality and how the Networks can work together.

Staff Benefits:

Staff Benefits aims to offer a wide variety of benefits and wellbeing initiatives accessible to all staff.

Financial Wellbeing:

A financial newsletter outlining all relevant help towards the cost of living issues is available and was translated into Polish on request from YTHFM who have a large proportion of Polish staff. This can be translated into any language upon request. Financial help and savings opportunities via Leeds Credit Union helping staff to save and gives access to ethical loans and debt consolidation with the option to pay direct from salary.

Cost of living initiatives:

A range of cost of living initiatives are available to support staff, from free feminine hygiene products, uniform swaps to prize draws.

Staff Wellbeing:

The Trust offers a wide range of Occupational Health (OH) and Staff Wellbeing offers and initiatives. The aim of the Health and Wellbeing services is to work with our staff to integrate health and wellbeing into day-to-day activities to enable us to create positive and healthy working environments across the Trust. This is achieved through wellbeing initiatives, employee support mechanisms and joint working with staff and their representatives. We also work with local partners such as the Integrated Care Board to identify and address areas of improvement. The OH and Wellbeing Team are proactive in empowering our staff to prioritise their wellbeing and support those around them in doing the same. The team works closely with the Communications Team to promote the wellbeing offer and collaboratively with a wide range of stakeholders across the Trust to ensure a robust health and wellbeing offer is provided.

A celebration of world cultures:

Team members from different parts of the world came together at Scarborough Hospital to create the first ever Festival of Culture where staff spent a week sharing, enjoying and learning about their colleague’s cultures.

York and Scarborough Teaching Hospitals NHS Foundation Trust has over 400 international nurses who play an essential role and contributions came from staff from India, Pakistan and Nepal, Philippines and Africa and the rest of the world. The week involved food, music and dancing, and culminated in a huge beach party at Scarborough’s North Bay with around 200 people joining in.

A quote from our Associate Chief Nurse at Scarborough Hospital: "*Sharing our cultures is such an important part of helping our international colleagues thrive, and we're proud to see it done so well in Scarborough. The full week event, which was driven by our international nurses in their own time, was amazing and really built the team spirit. The staff loved learning about different cultures and the beach party was extraordinary - full of joy and happiness. We look forward to having a similar event annually to continue to embrace our cultural differences and understanding."*

The International Nurse Project Manager at the Trust added: *"We are really proud to have hosted this festival. It's a wonderful acknowledgement of how welcome our international nurses have felt at Scarborough Hospital and a real testimony to the team spirit in Scarborough. The beach party was incredible and I'm sure it will stay in people's minds for a very long time."*

(The cover photo was taken at this event).

York Theatres Cultural Celebration Afternoon:

In the last two years, our Theatres Team have received 98 new starters, many of whom are international Nurses. It had been identified that staff needed to understand differences in intercultural communication, so a cultural celebration event was organised. The afternoon was brilliant, so much positive feedback and a real sense of joy in the department. The event will be replicated on a regular basis focusing on a different culture to really appreciate and celebrate each other.

Let's Celebrate together!

For our December Audit this year we would like to invite everyone to celebrate together. We have many new people in our department, and it would be great to get to know each other a little better.

- **Share our favourite food**
- **Share pictures or information of your culture, background or history**
- **Teach and learn basics of another language**
- **Bring your music**
- **Pin where you are from on a world map**

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4. Gender Pay Gap Report.

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

Our GPG Report was published in 2022 (the data is a snapshot taken at 31 March 2021) which provides an analysis of pay by gender. It also provides information regarding the areas of focus and the progress made against them. The report can be found here:

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6345

Progress:

- The Caring 4 Carers Network has been implemented along with the creation of a Carers Passport and a review of the Special Leave Policy which has given additional leave to benefit staff.
- EDI training has been implemented and is planned for 2023.
- The Leadership and Management Framework incorporates EDI.
- Recruitment adverts have been reviewed.

- Starting salaries guidance for staff on Agenda for Change terms has been updated.
- The Trust has completed the Flex programme and has a Flexible Working Workstream.
- The Family Leave Policy has been reviewed.
- The Retention Strategy has been incorporated into the Trust's Attraction and Retention Workstream.

The Trust's Women's Network has the Gender Pay Gap as a standing item on their meeting agenda's and have influenced policy change to support staff.

5. Workforce Race Equality Standard (WRES).

A review of our WRES metrics has enabled us to establish where we are with race equality. Progress has been slow across the metrics and dedicated actions have been created with internal stakeholders to address the issues that have been identified. It is important that we make more sustainable progress across the metrics and with race equality in general. The Head of EDI who is also the Trust's WRES Expert is working with staff to address local issues and the Care Groups and Corporate Services to look at the strategic process required to make change. The 2022 report and action plan can be found here:

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6816

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6820

6. Workforce Disability Equality Standard (WDES).

The Trust has reviewed data collected from the NHS Staff Survey and the Electronic Staff Record (ESR) in line with the 10 metrics of the WDES. The analysis shows that the Trust has made good progress with disability equality and was invited by NHS England to take part in a national focus group sharing best practice. We recognise that we cannot be complacent about our progress and our action plan shows the areas of focus for 2022/23. The documents can be found here:

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6817

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6819

7. Workforce Equality Monitoring Information.

This section focuses on internal demographics regarding staff employed by York and Scarborough Teaching Hospitals and has been extracted from Electronic Service Record (ESR) on a snapshot date of 30/11/2022. The 2021 Census data is being released in stages this year so a comparison with this will occur in the next reporting cycle. What we can ascertain from our data is that we employ a diverse workforce and this will influence the work that we carry out as a Trust.

In relation to gender, our workforce is heavily made up of females which is reflective of the NHS profile. The national ESR system does not yet enable organisations to collect data on other gender identities but information regarding this has been given to NHS Digital.

There is a significant proportion of staff that chose not to share whether they have a religious affiliation or not and this is their right. This will still be incorporated into our equality monitoring work.

Our age demographics show that there is an even spread of staff from ages 26-60, but below and above this, less staff are employed. This will influence our work on apprenticeships, retirement and workforce planning.

Our sexual orientation profile shows that many staff have not disclosed their orientation and there will be different reasons for this. This will influence our EDI work on engagement, culture, psychological safety, training and equality monitoring.

The staff ethnic profile of the Trust, whilst states BAME (Black, Asian and Minority Ethnic) in the pie chart is broken down further. This is important, to show the different ethnicities but also to acknowledge and recognise that different ethnic groups have a variety of different needs and therefore should not be treated as one homogeneous group.

The ethnic groups that are more represented that others are White, African, Asian and Indian. This is likely to be reflective of our localities with the non-white groups being in situ due to international recruitment and representation in certain professions.

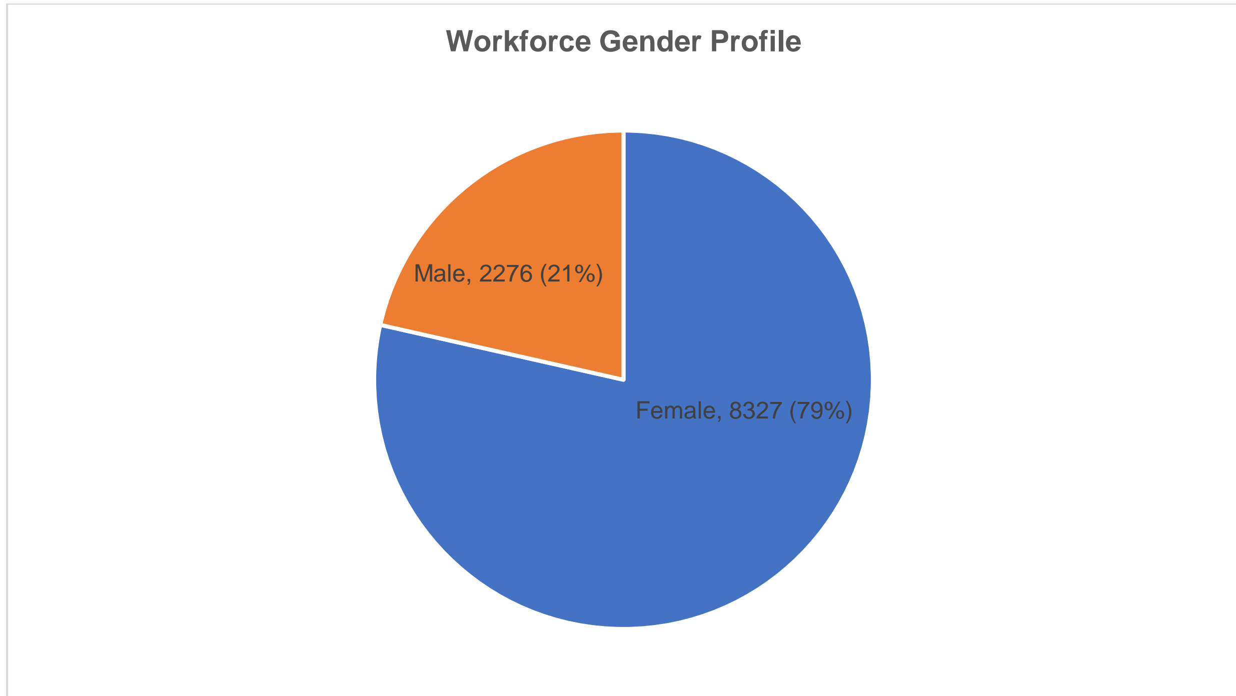
There has been an increase in staff sharing their disability identity and as it is important to continue to support staff, we have incorporated this in our equality monitoring work and WDES action plan.

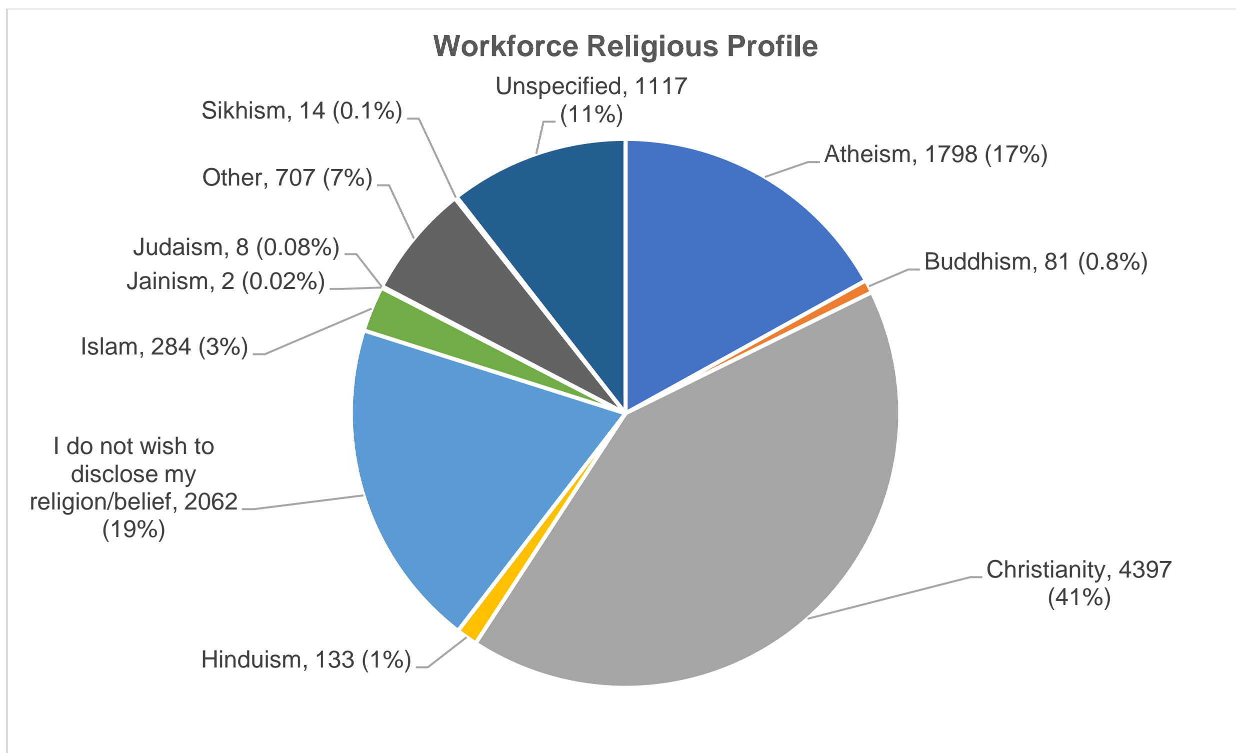
National population demographics tell us that as we become older, we are more likely to have a long-term health condition (LTHC). There will be various reasons why staff choose not to share whether they are disabled or have a LTHC but as an organisation we still need to offer support and talk about LTHC and the social and medical models of disability. This internal data will be monitored through our WDES data analysis.

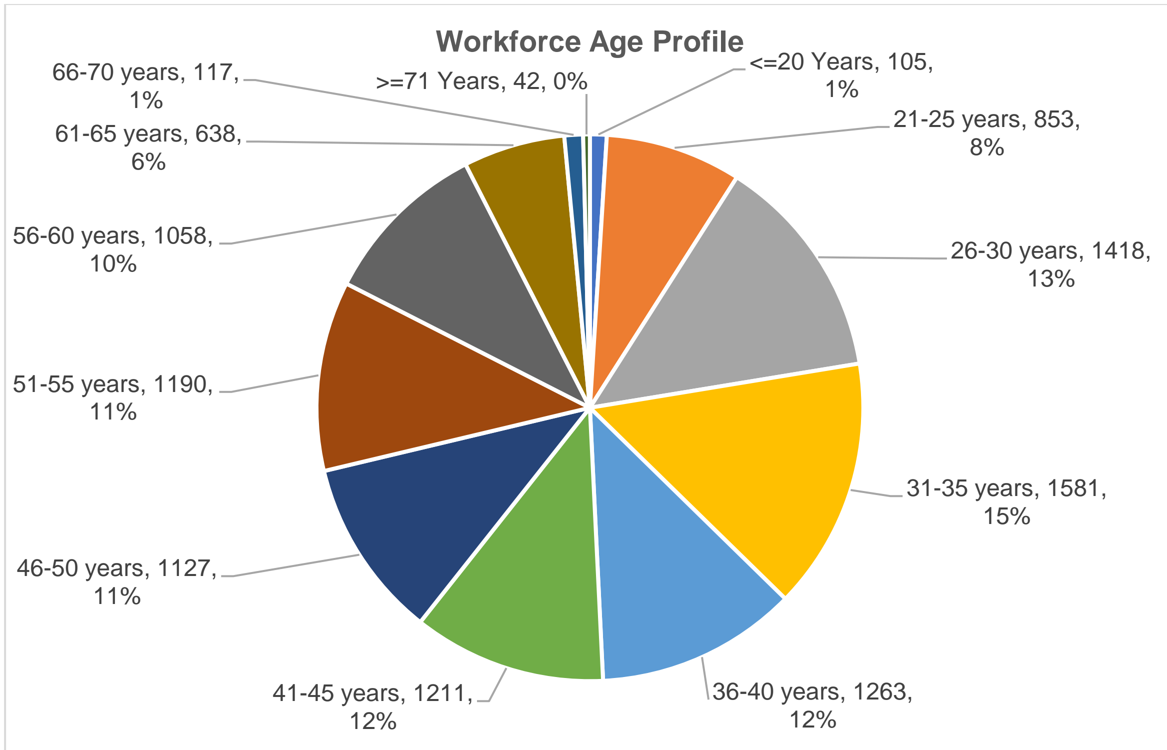
Our marital status and civil partnership data show that a high percentage of staff either identify as married or single. This will continue to influence the development of policies.

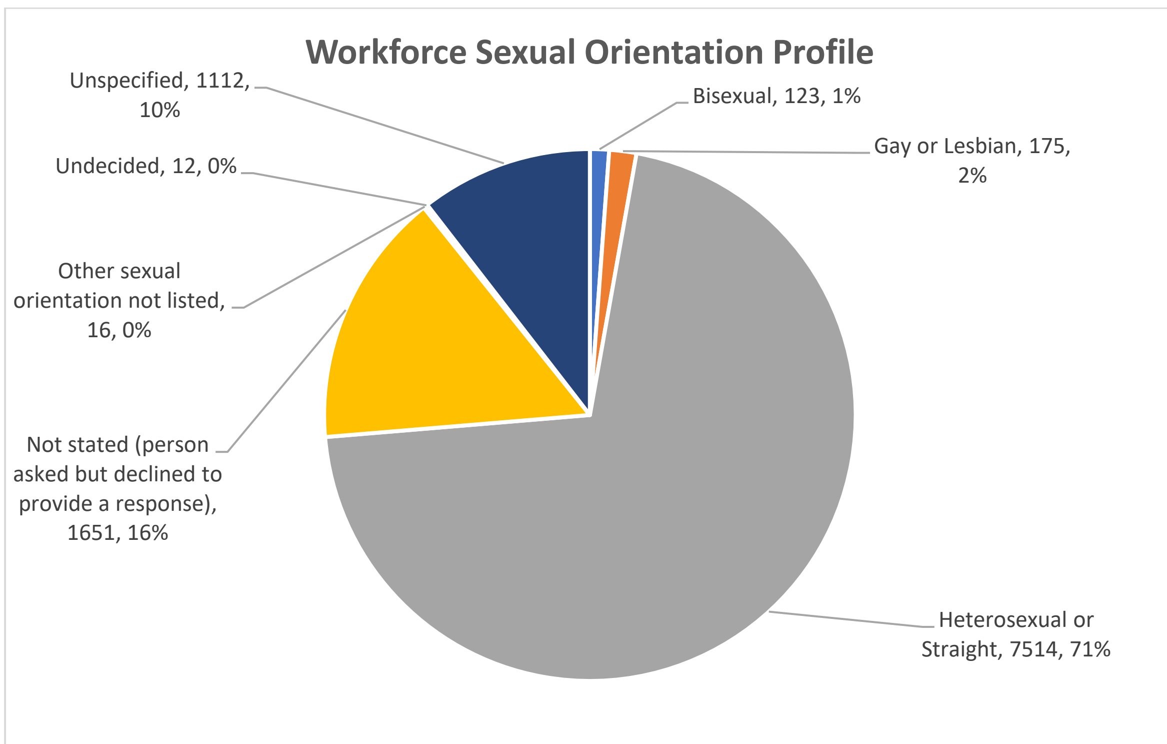
The below data covers York & Scarborough Teaching Hospitals only – bank, substantive and fixed term contract holders.

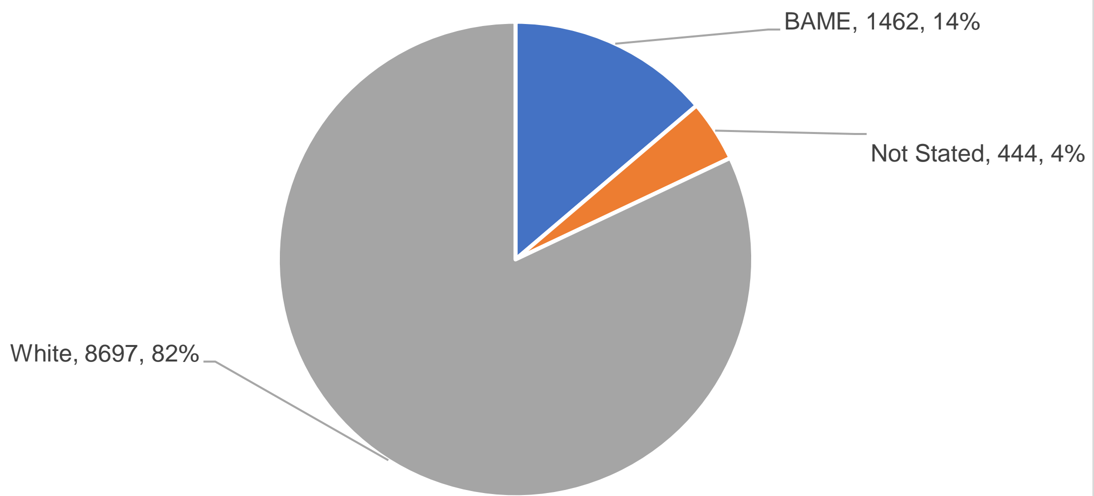
- **Staff in post headcount = 10,603**

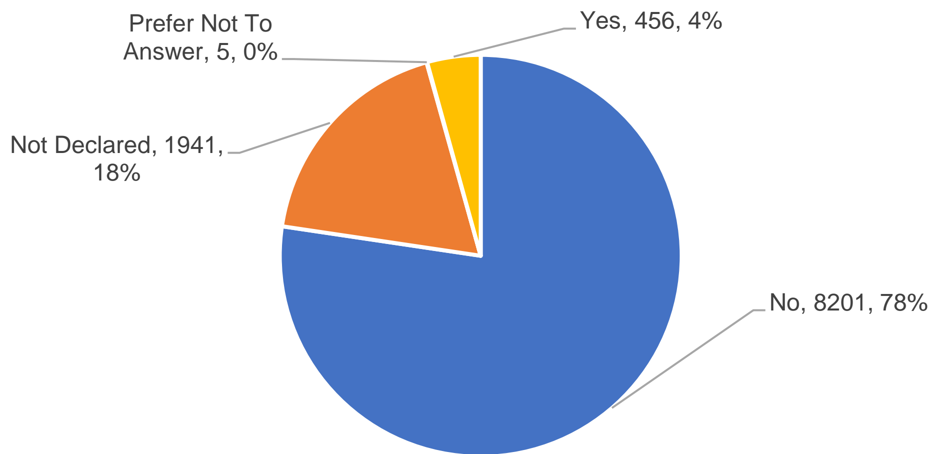


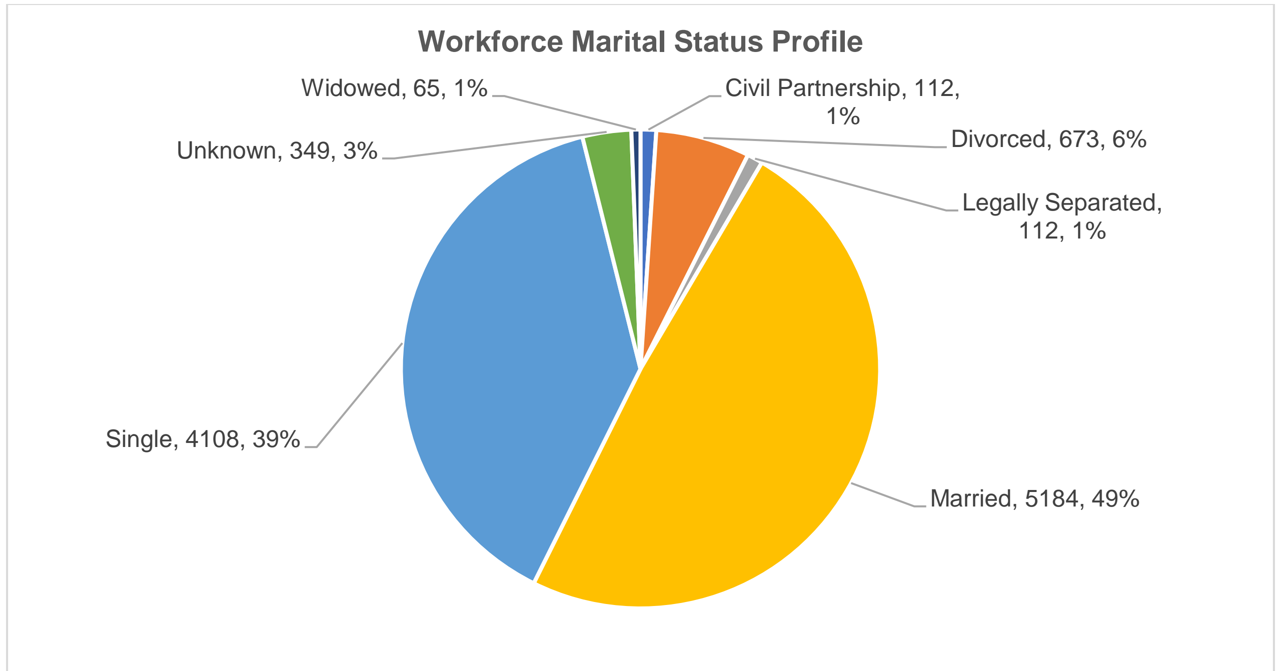



Workforce Age Profile
<=20 Years, 105, 1%
21-25 years, 853, 8%
26-30 years, 1418, 13%
31-35 years, 1581, 15%
36-40 years, 1263, 12%
41-45 years, 1211, 12%
46-50 years, 1127, 11%
51-55 years, 1190, 11%
56-60 years, 1058, 10%
61-65 years, 638, 6%
66-70 years, 117, 1%
>=71 Years, 42, 0%


Workforce Sexual Orientation Profile
Bisexual, 123, 1%
Gay or Lesbian, 175, 2%
Heterosexual or Straight, 7514, 71%
Not stated (person asked but declined to provide a response), 1651, 16%
Other sexual orientation not listed, 16, 0%
Undecided, 12, 0%
Unspecified, 1112, 10%


Workforce Ethnic Group Profile
BAME, 1462, 14%
Not Stated, 444, 4%
White, 8697, 82%


Workforce Disability Profile
Prefer Not To Answer, 5, 0%
Yes, 456, 4%
Not Declared, 1941, 18%
No, 8201, 78%



Employee ethnic origin	Employee headcount	Employee %
Any Other Ethnic Group	128	1.21%
Asian British	8	0.08%
Asian Mixed	3	0.03%
Asian or Asian British - Any other Asian background	240	2.26%
Asian or Asian British - Bangladeshi	17	0.16%
Asian or Asian British - Indian	347	3.27%
Asian or Asian British - Pakistani	64	0.60%
Asian Sinhalese	2	0.02%
Asian Sri Lankan	2	0.02%
Asian Tamil	1	0.01%
Asian Unspecified	4	0.04%
Black British	3	0.03%
Black Mixed	1	0.01%
Black Nigerian	13	0.12%
Black or Black British - African	343	3.23%
Black or Black British - Any other Black background	20	0.19%
Black or Black British - Caribbean	21	0.20%
Black Unspecified	1	0.01%
Chinese	49	0.46%
Filipino	50	0.47%
Malaysian	4	0.04%
Mixed - Any other mixed background	14	0.13%

Mixed - Asian & Chinese	1	0.01%
Mixed - Other/Unspecified	17	0.16%
Mixed - White & Asian	42	0.40%
Mixed - White & Black African	43	0.41%
Mixed - White & Black Caribbean	16	0.15%
Not Stated	336	3.17%
Other Specified	8	0.08%
Unspecified	108	1.02%
White - Any other White background	253	2.39%
White - British	7721	72.82%
White - Irish	58	0.55%
White Cypriot (non-specific)	1	0.01%
White English	392	3.70%
White Greek	3	0.03%
White Italian	2	0.02%
White Mixed	2	0.02%
White Northern Irish	9	0.08%
White Other European	71	0.67%
White Other Ex-Yugoslav	1	0.01%
White Polish	27	0.25%
White Scottish	18	0.17%
White Serbian	2	0.02%
White Turkish	2	0.02%
White Unspecified	131	1.24%
White Welsh	4	0.04%
Grand Total	**10603**	**100.00%**

Care Group Area vs Employee Gender	Headcount of Gender	Percentage of Gender
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
Female	1665	15.70%
Male	359	3.39%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
Female	776	7.32%
Male	205	1.93%
CG3 Surgery	**1640**	**15.47%**
Female	1235	11.65%
Male	405	3.82%
CG4 Cancer and Support Services	**1531**	**14.44%**
Female	1165	10.99%
Male	366	3.45%
CG5 Family Health & Sexual Health	**897**	**8.46%**
Female	843	7.95%
Male	54	0.51%

CG6 Specialised Medicine & Outpatients Services	1090	10.28%
Female	849	8.01%
Male	241	2.27%
CG Corporate Services	**2434**	**22.96%**
Female	1789	16.87%
Male	645	6.08%
CG Trust Estates and Facilities Management	**6**	**0.06%**
Female	5	0.05%
Male	1	0.01%
Grand Total	**10603**	**100.00%**

Care Group Area vs Religion	Headcount of Religious Belief	Percentage of Religious Belief
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
Atheism	321	3.03%
Buddhism	24	0.23%
Christianity	952	8.98%
Hinduism	33	0.31%
I do not wish to disclose my religion/belief	368	3.47%
Islam	54	0.51%
Judaism	3	0.03%
Other	138	1.30%
Sikhism	2	0.02%
Unspecified	129	1.22%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
Atheism	107	1.01%
Buddhism	12	0.11%
Christianity	451	4.25%
Hinduism	12	0.11%
I do not wish to disclose my religion/belief	196	1.85%
Islam	44	0.41%
Judaism	1	0.01%
Other	57	0.54%
Sikhism	1	0.01%
Unspecified	100	0.94%
CG3 Surgery	**1640**	**15.47%**
Atheism	264	2.49%
Buddhism	9	0.08%
Christianity	641	6.05%
Hinduism	22	0.21%
I do not wish to disclose my religion/belief	335	3.16%
Islam	39	0.37%
Other	98	0.92%

Sikhism	1	0.01%
Unspecified	231	2.18%
CG4 Cancer and Support Services	**1531**	**14.44%**
Atheism	315	2.97%
Buddhism	3	0.03%
Christianity	551	5.20%
Hinduism	12	0.11%
I do not wish to disclose my religion/belief	306	2.89%
Islam	34	0.32%
Judaism	2	0.02%
Other	115	1.08%
Sikhism	1	0.01%
Unspecified	192	1.81%
CG5 Family Health & Sexual Health	**897**	**8.46%**
Atheism	166	1.57%
Buddhism	3	0.03%
Christianity	360	3.40%
Hinduism	9	0.08%
I do not wish to disclose my religion/belief	162	1.53%
Islam	19	0.18%
Other	66	0.62%
Sikhism	1	0.01%
Unspecified	111	1.05%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
Atheism	168	1.58%
Buddhism	9	0.08%
Christianity	478	4.51%
Hinduism	17	0.16%
I do not wish to disclose my religion/belief	186	1.75%
Islam	18	0.17%
Jainism	1	0.01%
Other	62	0.58%
Sikhism	1	0.01%
Unspecified	150	1.41%
CG Corporate Services	**2434**	**22.96%**
Atheism	456	4.30%
Buddhism	21	0.20%
Christianity	961	9.06%
Hinduism	28	0.26%
I do not wish to disclose my religion/belief	508	4.79%
Islam	76	0.72%
Jainism	1	0.01%
Judaism	2	0.02%
Other	170	1.60%
Sikhism	7	0.07%
Unspecified	204	1.92%

CG Trust Estates and Facilities Management	6	0.06%
Atheism	1	0.01%
Christianity	3	0.03%
I do not wish to disclose my religion/belief	1	0.01%
Other	1	0.01%
Grand Total	**10603**	**100.00%**

Care Group Area vs Age	Headcount of Age	Percentage of Age
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
<=20 Years	40	0.38%
21-25 years	187	1.76%
26-30 years	290	2.74%
31-35 years	311	2.93%
36-40 years	243	2.29%
41-45 years	218	2.06%
46-50 years	213	2.01%
51-55 years	218	2.06%
56-60 years	179	1.69%
61-65 years	104	0.98%
66-70 years	13	0.12%
>=71 Years	8	0.08%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
<=20 Years	9	0.08%
21-25 years	96	0.91%
26-30 years	148	1.40%
31-35 years	173	1.63%
36-40 years	104	0.98%
41-45 years	104	0.98%
46-50 years	122	1.15%
51-55 years	98	0.92%
56-60 years	75	0.71%
61-65 years	39	0.37%
66-70 years	10	0.09%
>=71 Years	3	0.03%
CG3 Surgery	**1640**	**15.47%**
<=20 Years	5	0.05%
21-25 years	122	1.15%
26-30 years	208	1.96%
31-35 years	250	2.36%
36-40 years	186	1.75%
41-45 years	188	1.77%
46-50 years	190	1.79%
51-55 years	186	1.75%

56-60 years	179	1.69%
61-65 years	109	1.03%
66-70 years	13	0.12%
>=71 Years	4	0.04%
CG4 Cancer and Support Services	**1531**	**14.44%**
<=20 Years	7	0.07%
21-25 years	120	1.13%
26-30 years	187	1.76%
31-35 years	215	2.03%
36-40 years	226	2.13%
41-45 years	199	1.88%
46-50 years	173	1.63%
51-55 years	176	1.66%
56-60 years	128	1.21%
61-65 years	86	0.81%
66-70 years	10	0.09%
>=71 Years	4	0.04%
CG5 Family Health & Sexual Health	**897**	**8.46%**
<=20 Years	3	0.03%
21-25 years	73	0.69%
26-30 years	103	0.97%
31-35 years	140	1.32%
36-40 years	131	1.24%
41-45 years	125	1.18%
46-50 years	90	0.85%
51-55 years	100	0.94%
56-60 years	89	0.84%
61-65 years	40	0.38%
66-70 years	2	0.02%
>=71 Years	1	0.01%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
<=20 Years	2	0.02%
21-25 years	37	0.35%
26-30 years	103	0.97%
31-35 years	123	1.16%
36-40 years	118	1.11%
41-45 years	140	1.32%
46-50 years	117	1.10%
51-55 years	164	1.55%
56-60 years	157	1.48%
61-65 years	103	0.97%
66-70 years	18	0.17%
>=71 Years	8	0.08%
CG Corporate Services	**2434**	**22.96%**
<=20 Years	39	0.37%
21-25 years	218	2.06%

26-30 years	378	3.57%
31-35 years	367	3.46%
36-40 years	255	2.40%
41-45 years	234	2.21%
46-50 years	222	2.09%
51-55 years	248	2.34%
56-60 years	251	2.37%
61-65 years	157	1.48%
66-70 years	51	0.48%
>=71 Years	14	0.13%
CG Trust Estates and Facilities Management	**6**	**0.06%**
26-30 years	1	0.01%
31-35 years	2	0.02%
41-45 years	3	0.03%
Grand Total	**10603**	**100.00%**

Care Group Area vs Sexual Orientation	Headcount of Sexual Orientation	Percentage of Sexual Orientation
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
Bisexual	28	0.26%
Gay or Lesbian	39	0.37%
Heterosexual or Straight	1495	14.10%
Not stated (person asked but declined to provide a response)	332	3.13%
Other sexual orientation not listed	3	0.03%
Undecided	1	0.01%
Unspecified	126	1.19%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
Bisexual	13	0.12%
Gay or Lesbian	13	0.12%
Heterosexual or Straight	726	6.85%
Not stated (person asked but declined to provide a response)	126	1.19%
Undecided	1	0.01%
Unspecified	102	0.96%
CG3 Surgery	**1640**	**15.47%**
Bisexual	16	0.15%
Gay or Lesbian	15	0.14%
Heterosexual or Straight	1064	10.03%
Not stated (person asked but declined to provide a response)	312	2.94%
Other sexual orientation not listed	2	0.02%
Undecided	2	0.02%
Unspecified	229	2.16%
CG4 Cancer and Support Services	**1531**	**14.44%**
Bisexual	16	0.15%

Gay or Lesbian	48	0.45%
Heterosexual or Straight	1041	9.82%
Not stated (person asked but declined to provide a response)	225	2.12%
Other sexual orientation not listed	3	0.03%
Undecided	4	0.04%
Unspecified	194	1.83%
CG5 Family Health & Sexual Health	**897**	**8.46%**
Bisexual	5	0.05%
Gay or Lesbian	9	0.08%
Heterosexual or Straight	641	6.05%
Not stated (person asked but declined to provide a response)	129	1.22%
Other sexual orientation not listed	2	0.02%
Undecided	1	0.01%
Unspecified	110	1.04%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
Bisexual	6	0.06%
Gay or Lesbian	9	0.08%
Heterosexual or Straight	764	7.21%
Not stated (person asked but declined to provide a response)	161	1.52%
Other sexual orientation not listed	1	0.01%
Unspecified	149	1.41%
CG Corporate Services	**2434**	**22.96%**
Bisexual	39	0.37%
Gay or Lesbian	42	0.40%
Heterosexual or Straight	1778	16.77%
Not stated (person asked but declined to provide a response)	365	3.44%
Other sexual orientation not listed	5	0.05%
Undecided	3	0.03%
Unspecified	202	1.91%
CG Trust Estates and Facilities Management	**6**	**0.06%**
Heterosexual or Straight	5	0.05%
Not stated (person asked but declined to provide a response)	1	0.01%
Grand Total	**10603**	**100.00%**

Care Group Area vs Disability	Headcount of Disability	Percentage of Disability
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
No	1647	15.53%
Not Declared	282	2.66%
Prefer Not To Answer	1	0.01%
Yes	94	0.89%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
No	763	7.20%

Not Declared	187	1.76%
Prefer Not To Answer	1	0.01%
Yes	30	0.28%
CG3 Surgery	**1640**	**15.47%**
No	1227	11.57%
Not Declared	344	3.24%
Prefer Not To Answer	1	0.01%
Yes	68	0.64%
CG4 Cancer and Support Services	**1531**	**14.44%**
No	1108	10.45%
Not Declared	361	3.40%
Yes	62	0.58%
CG5 Family Health & Sexual Health	**897**	**8.46%**
No	680	6.41%
Not Declared	178	1.68%
Yes	39	0.37%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
No	795	7.50%
Not Declared	247	2.33%
Yes	48	0.45%
CG Corporate Services	**2434**	**22.96%**
No	1976	18.64%
Not Declared	341	3.22%
Prefer Not To Answer	2	0.02%
Yes	115	1.08%
CG Trust Estates and Facilities Management	**6**	**0.06%**
No	5	0.05%
Not Declared	1	0.01%
Grand Total	**10603**	**100.00%**

Care Group Area vs Ethnic Group	Headcount of Ethnic Group	Percentage of Ethnic Group
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
BAME	336	3.17%
Not Stated	71	0.67%
White	1617	15.25%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
BAME	247	2.33%
Not Stated	41	0.39%
White	693	6.54%
CG3 Surgery	**1640**	**15.47%**
BAME	278	2.62%
Not Stated	89	0.84%

White	1273	12.01%
CG4 Cancer and Support Services	**1531**	**14.44%**
BAME	150	1.41%
Not Stated	44	0.41%
White	1337	12.61%
CG5 Family Health & Sexual Health	**897**	**8.46%**
BAME	68	0.64%
Not Stated	17	0.16%
White	812	7.66%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
BAME	84	0.79%
Not Stated	35	0.33%
White	971	9.16%
CG Corporate Services	**2434**	**22.96%**
BAME	299	2.82%
Not Stated	147	1.39%
White	1988	18.75%
CG Trust Estates and Facilities Management	**6**	**0.06%**
White	6	0.06%
Grand Total	**10603**	**100.00%**

Care Group Area vs Marital Status	Headcount of Marital Status	Percentage of Marital Status
CG1 Acute Elderly Emergency General Medicine and Community Services York	**2024**	**19.09%**
Civil Partnership	22	0.21%
Divorced	142	1.34%
Legally Separated	18	0.17%
Married	972	9.17%
Single	807	7.61%
Unknown	50	0.47%
Widowed	13	0.12%
CG2 Acute Emergency and Elderly Medicine-Scarborough	**981**	**9.25%**
Civil Partnership	14	0.13%
Divorced	53	0.50%
Legally Separated	15	0.14%
Married	486	4.58%
Single	368	3.47%
Unknown	40	0.38%
Widowed	5	0.05%
CG3 Surgery	**1640**	**15.47%**
Civil Partnership	13	0.12%
Divorced	97	0.91%
Legally Separated	18	0.17%

Married	823	7.76%
Single	609	5.74%
Unknown	71	0.67%
Widowed	9	0.08%
CG4 Cancer and Support Services	**1531**	**14.44%**
Civil Partnership	12	0.11%
Divorced	84	0.79%
Legally Separated	11	0.10%
Married	715	6.74%
Single	655	6.18%
Unknown	43	0.41%
Widowed	11	0.10%
CG5 Family Health & Sexual Health	**897**	**8.46%**
Civil Partnership	8	0.08%
Divorced	55	0.52%
Legally Separated	6	0.06%
Married	485	4.57%
Single	322	3.04%
Unknown	19	0.18%
Widowed	2	0.02%
CG6 Specialised Medicine & Outpatients Services	**1090**	**10.28%**
Civil Partnership	14	0.13%
Divorced	78	0.74%
Legally Separated	9	0.08%
Married	633	5.97%
Single	319	3.01%
Unknown	31	0.29%
Widowed	6	0.06%
CG Corporate Services	**2434**	**22.96%**
Civil Partnership	29	0.27%
Divorced	164	1.55%
Legally Separated	35	0.33%
Married	1069	10.08%
Single	1023	9.65%
Unknown	95	0.90%
Widowed	19	0.18%
CG Trust Estates and Facilities Management	**6**	**0.06%**
Married	1	0.01%
Single	5	0.05%
Grand Total	**10603**	**100.00%**

8. Conclusion and Next Steps.

Our PSED report provides a thorough account of the work undertaken by the Trust to promote equality, equity, diversity and create an inclusive culture for staff and ultimately patients.

A substantial amount of work has been carried out in order to meet our Equality Objectives and this demonstrates the Trust's commitment in working towards creating an inclusive environment in support of the Trust Values, which show kindness, openness and excellence and how we value the identity of all of our staff. We acknowledge that there is still work to do and that we are always on a journey.

This report provides assurance that the Trust is continuously making progress against its Equality Objectives. The next step for reporting will be to combine the Patient and Workforce reports into one to demonstrate the correlation between the two portfolios of work.

Virginia Golding
Head of Equality, Diversity and Inclusion, Workforce.

Trust Priorities; Quality and Safety

Risk description	PR1 - Unable to deliver treatment and care to the required standard	Causes *What has to happen for the risk to occur?*	- Insufficient workforce resources - Professional competency of clinical staff - Lack of funding - Inadequate buildings and premises - Lack of space - Inadequate or aged medical equipment
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Increased financial costs - Reputational damage - Regulatory attention

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Quality & Safety Assurance Committee	
Likelihood	4	4	3	Risk Appetite: Exceeding		
Impact	5	4	2	Date to achieve target score: Year-End Review	Risk Owner:	Chief Nurse
Overall risk rating	20	16	6		Links to CRR:	CN1, COO1-2, WFOD1-3, DIS1-5, MD1

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Internal effectiveness reviews against national standards	None identified	-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF	- Volume of data makes it difficult to focus on key issues - Data does not always flow through correct governance	-Healthcare Evaulation Data (HED) -Clinical Effectiveness Audits -NICE	- HED reports - National Survey results	None identified
Implementation of Clinical standards	None identified	- Board of Directors - Quality and Safety Assurance Committee	- TPR reported to April- June (IBR) and July-October Board of Directors and April-June (IBR) and July-December Quality & Safety Assurance Committee - Minutes and actions of papers April- June (IBR), July-December Board of Directors , Executive Committee and Quality & Safety Assurance Committee inc Nurse Staffing, Ockenden, CQC, IPC	None identified
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Revalidation Report to Sept Board	- Revalidation requirements and links to appraisal

Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- TPR reported to April- June (IBR) and July-October Board of Directors and April-June (IBR) and July-December Quality & Safety Assurance Committee - Minutes and actions of papers April- June (IBR), July-December Board of Directors , Executive Committee and Quality & Safety Assurance Committee - KPIs in Care Group dashboards - Q2 Minutes of Oversight & Assurance meetings	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Q2 Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified
Implement Workforce & OD Strategy	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Digital, Performance and Finance Assurance Committee.	- Board/Committee papers - Oct Board Equality, diversity and inclusion data reporting	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	-TPR reported to April- June (IBR) and July-November Board of Directors and July, September and November People & Culture Assurance Committee - Executive Committee Agency Usage Report	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	-Training deferred/delayed due to operational pressures.
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	- Diagnostic waiting lists to be risk stratified in July; outpatient list to follow.
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	- April & May Executive Committee and Board of Directors approved plan - Capital planning process underway for 2023/24	None identified
Redeployment of speclialist nurses	None identified	Risk assessed each service; low, medium, high	- Quality Impact Assessments for each service	None identified

Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG), Digital, Performance and Finance Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Recruitment	Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Jan 23)	Polly McMeekin	**Mar-23**

Trust Priorities; Quality and Safety

Risk description	PR2 - Access to patient diagnostic and treatment is delayed	Causes *What has to happen for the risk to occur?*	- Increased waiting times - Insufficient bed capacity - Failure to transform patient pathways - Inefficiencies in buildings, premises and medical equipment - Insufficient and appropriately qualified staff - Failure of clinical staff to meet required professional standards - Lack of space for patient treatment and staff handovers
		Consequences *If the risk occurs, what is its impact?*	- Patients suffering avoidable harm - Damage to the trust reputation - Regulatory attention - Increased Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Quality & Safety Assurance Committee	
Likelihood	5	4	3	Risk Appetite: Exceeding		
Impact	5	5	4	Date to achieve target score: Q4	Risk Owner:	Medical Director
Overall risk rating	25	20	12		Links to CRR:	COO1-2, WFOD1-3, DIS1-5, MD1

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Clinical standards	None identified	-Board of Directors -Quality & Safety Assurance Committee	- TPR Committee reporting of learning from Patient Safety Incidents - Minutes and actions of papers (Board, Executive, Quality Committee) - National Audit Clinical Standards	System pressures including ambulance and across local authorities with surges in activity leads to difficulties in applying consistent high clinical standards
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Organisational Audit Report to Sept Board	None identified
Conduct Incident Reporting and learning from Safety incidents	None identified	- Datix - Care Group Boards - Oversight & Assurance meetings - CPD	- Action plans following investigation of incidents on a case by case basis - Datix incident reports - Monthly SI/Never Event reports presented to Quality & Safety Committee, QPaS, Care Group Boards and Oversight & Assurance meetings April-December 2022 - Learning from deaths and 6 monthly Cancer Harm report to QPaS - Patient experience report Q1 & Q2 reported to Quality & Safety Assurance Committee - Medical Legal report - Escalations recorded on CPD	Overarching analysis and triangulation of all information

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Learnings from Serious Incidents (SIs) communicated to Care Groups	Reviewed SIs reported through Quality and Patient Safety Group, Quality and Safety Assurance Committee and Board of Directors. Learnings communicated to Care Groups.	Karen Stone	**Dec-23**

Trust Priorities; Elective Recovery - Acute Care Flow

Risk description	PR 3 - Failure to deliver constitutional/regulatory performance and waiting time targets	Causes *What has to happen for the risk to occur?*	- Covid 19, increased waiting times - Insufficient bed capacity - Inefficient patient pathways - Nursing and speciality workforce recuitment challenges
		Consequences *If the risk occurs, what is its impact?*	- Patient harm - Reputational damage - Regulatory attention - Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Finance and Performance Assurance Committee	
Likelihood	4	4	4	Risk Appetite: Exceeding		
Impact	5	4	3	Date to review target score: Feb 2023	Risk Owner:	Chief Operating Officer
Overall risk rating	20	16	12		Links to CRR:	CN1, COO1-2, WFOD1-3, DIS1-5, MD1

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- TPR reported to April- June (IBR) and July-November Board of Directors and July-December Digital, Performance and Finance Assurance Committee - Minutes and actions of papers April- June (IBR), July, Sept, Oct (Board, Executive, Digital, Performance and Finance Assurance Committee) - KPIs in Care Group dashboards - Minutes of Q2 & Q3 Oversight & Assurance meetings and Care Groups	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Minutes of Q2 & Q3 Oversight & Assurance meetings - Minutes and actions of papers April- June (IBR) and TPR July-December (Board, Executive Committee , Digital, Performance and Finance Assurance Committee)	None identified

Implementation of surge plans	None identified	- Scenario testing of surge plans (Winter resilience) - Silver and Gold Command standard operating procedures	- Results of scenario testing - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround when required - Bronze/Silver/Gold Command for exeptional pressures documented actions throughout January 2023	None identified
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Implementation of winter plans and resilience plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Sept Board and Sept Executive Committee where winter and resilience plans were discussed.	None identified
Delivery of Building Better Care programme	Programme initiated but not fully embedded	- Programme structure established.	- April-Sept Transformation Committee reports and minutes inc KPIs	- None identified
Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists	- Reporting on progress of meeting waiting lists	- None identified
Urgent Care working at place	None identified	- Collaboration of Acute Providers	- Engagement and participation at Collaboration of Acute Providers for elective recovery	- None identified
Deployment of health inequality assessment to inform waiting list management	None identified	- Board and Executive Committee	- Oct Executive Committee York City Council reporting of Health Inequalities across Trust area	- Specific system reporting against health inequalities

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Deliver the 2022/23 Plan on activity	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Melanie Liley	**Mar-23**
Rapid Quality Review System action plan	Weekly place based monitoring meeting of actions and performance trajectories. Monthly ICB assurance meeting.	Melanie Liley	**Mar-23**
Deliver the Building Better Care Programme	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Melanie Liley	**Mar-23**

Trust Priorities; Our People

Risk description	PR4 - Inability to manage vacancy rates and develop existing staff predominantly due to insufficient domestic workforce supply to meet demand	**Causes** *What has to happen for the risk to occur?*	- Insufficient supply of workforce - Lack of succession planning - Limited career opportunities - Operational pressures (inc Covid impact on staff absence/redeployment/release) - Inadequate buildings and premises
		Consequences *If the risk occurs, what is its impact?*	- Deterioration of staff wellbeing - High attrition rates - Increased financial costs from interim arrangements - Potential patient harm - Reputational damage - Regulatory attention

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: People and Culture Assurance Committee	
Likelihood	5	4	4	Risk Appetite: Exceeding		
Impact	5	4	3	Date to review target score: March 2023	Risk Owner:	Director of Workforce and OD
Overall risk rating	25	20	12		Links to CRR:	WFOD1

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implement Workforce Strategy and People Recovery Plan	- Poor diversity in leadership positions (gender pay, race equality) - Lack of resources to fund intiatives	- Board, Executive and People and Culture Committee.	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting of WRES/WDES Oct Board of Directors report	None identified
Deliver Board development sessions	None identified	-Board meetings	- Board development independent review	None identified
Conduct Talent Management Framework	None identified	-Trust intranet - Board of Directors papers	- Learning Hub - PREP	None identified
Design and Deliver Internal Leadership Programmes	None identified	-Trust intranet - Shadow Board development with NHS Elect	- List of programmes on Learning Hub	None identified
Leadership succession plans	None identified	- Board, REMCOM, Executive Committee - Shadow Board development with NHS Elect	- Board papers (agenda, minutes, action log) - REMCOM papers (Oct agenda, minutes, action log)	None identified
Implement ICS initiatives e.g. Ambassador Scheme	Poor diversity in leadership positions (gender pay, race equality)	- Board (reporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified

Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified
Target overseas qualified staff	None identified	- Overseas AHP and medical recruitment programme	- QIA for new nurse roles - CHPPD - ICS international recruitment programme (Kerala)	None identified
Incentivise recruitment & reintroduced recruitment open days. Launched careers website.	None identified	-Reduced vacancy rates in TBR	- TPR and workforce reporting at July, September, November and January People and Culture Workforce Committee	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , People & Culture Assurance Committee) - Executive Committee Agency Usage Report	None identified
Oversight of rotas - e-Rostering	Approximately 50% of AHP rotas remain manual	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD	None identified
Oversight of Establishments and establishment reviews (nursing and AHP)	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	Limited visibility to investments required but not progressed.
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	- Sept Minutes People and Culture Committee	None identified
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- People & Culture Assurance Committee updates July, September, November and January	None identified
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%) - July and November People and Culture Committee reporting, action plan and minutes	None identified
Workforce resilience model	None identified	Executive Committee	- Executive Committee approval October 2021	None identified
Communicate guidance for Managers for remote working	Space restrictions	- Trust intranet	- Agile Working Policy	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Culture change (Retention)	Values and Behaviours roll out continues; Behavioural framework launched; re-introduce face to face comms (staff brief to be re-launched (July); Relaunch reward and recognition awards (Sept); ceased command and control structure; Implement E,D & I gap analysis.	Simon Morritt	**Mar-23**

Working Life (fixing the basics)	Working group established. Rest areas identified – bid to be submitted to NHS Charities (Aug); transparent & equitable local pay (to be agreed); Medical rostering roll-out continues (to be completed by Mar 23); to be complete Mar 23); New intranet	Polly McMeekin	**Mar-23**
Recruitment	International nurse recruitment (90 by Jan 23);	Polly McMeekin	**Mar-23**
Workforce Plan	Clinical Establishment review underway; Develop further alternative roles (Nov); CESR 'toolkit' (Dec); Transparent career pathway options (Mar 23); Increase Apprenticeship levy spend	Polly McMeekin	**Mar-23**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 5 - Financial risk associated with delivery of Trust and System strategies	**Causes** *What has to happen for the risk to occur?*	- Insufficient financial allocation distributed via the Humber and North Yorkshire Integrated Care Board - Failure of the Trust to manage its finances
		Consequences *If the risk occurs, what is its impact?*	- Inadequate revenue funding to meet the ongoing running costs of service strategies - Inadequate capital funding to meet infrastructure investment needs at the Trust - Inadequate cashflow to support operations - Net carbon zero objectives addressing environmental hazards not achieved - Imposition of financial special measures or licence conditions

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Digital, Finance and Performance Assurance Committee**	
Likelihood	5	4	2	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to achieve target score: Achieved**	**Risk Owner:**	**Director of Finance**
Overall risk rating	25	16	6		**Links to CRR:**	**FIN1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Annual Business Planning process including Trust Strategy	Lack of clarity over funding from NHSE/I due to pandemic emergency financial regime.	-Business Planning process - Internal Audit	-Business planning schedules. - Internal audit reports on effectiveness of controls around the Business Planning process.	None identified
Preparation and sign off of annual Income and Expenditure plan, balance sheet and cash flow	None identified	-Executive Committee and Board of Directors.	-June Final Approved I&E plan (Board, Executive Committee, NHSE and ICS).	None identified
Routine monitoring and reporting against I&E plan	None identified	-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.	- Minutes and actions of papers April- June (IBR) and TPR July - December (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - Reports provided to external bodies (PFR monthly to NHSE)	None identified

Expenditure control; scheme of delegation and standing financial instructions.	None identified	-Board of Directors	-Approved scheme of delegation and SFIs November Board of Directors -System enforced delegation and approval management. - Written confirmation by prime budget holders or responsibilities	Operational pressures and CQC safe staffing level concerns may cause Care Groups to spend outside of budget resource envelopes.
Expenditure control; business case approval process	Investments approved outside of the business case process. Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis.	None identified
Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders.	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post	Limited visibility to issue
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan 2022/23 - Capital Programme 2023/24 process underway	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	- Minutes and actions of papers April- June (IBR) and TPR July-December (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) and CPEG - Ad hoc reports to external bodies (the ICS and NHSE)	None identified
Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to CPEG.	None identified
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	- Minutes and actions of papers April- June (IBR) and TPR July-December (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - PFR monthly to NHSE	None identified

Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups. -Trend data reported to Executive Committee, Resources Committee and Board of Directors. -Better Payment Practice Code (BPPC) - monthly report	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Planning guidance and funding allocations in the process of being released for 2023/24	Trusts to prepare 2023/24 I&E plan. Next deadline is 23 February 2023 for the first draft plan submission. End of March for final plan submission.	A Bertram	**Mar-23**
Confirm efficiency requirement and match to identified plans with a view to identifying any residual requirement.	Ongoing as part of the 23/24 planning process. Details of the new national efficiency requirement will be worked through along with any residual carry over from 22/23.	A Bertram	**Mar-23**
Model Elective Recovery Fund costs and income earning potential to maximise funded elective recovery activity.	To be evaluated as part of the 23/24 planning round. Details on how the elective payment scheme will operate are still awaited from the national team.	A Bertram	**Mar-23**
Revenue investment programme to be agreed for 23/24	Care Group initial prioritisation has been completed. This needs to be assessed alongside funding allocation details when they are released. This will be managed as part of the I&E plan preparation.	A Bertram	**Mar-23**

Trust Priorities; Quality and Safety

Risk description	PR 6 - Failure to deliver safe, secure and reliable digital services required to meet staff and patients needs.	Causes *What has to happen for the risk to occur?*	- Vulnerabilities in the trusts hardware and softwareInadequate policies and procedures - Lack of IT/IG training - Failure to report information incidents in a timely manner - Cyber attacks to Trust systems and data
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Regulatory attention (ICO) - Reputational damage - Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Performance and Finance Assurance Committee	
Likelihood	5	4	3	Risk Appetite: Exceeding		
Impact	4	4	3	Date to achieve target score: April 2023	Risk Owner:	Chief Digital and Information Officer
Overall risk rating	20	16	9		Links to CRR:	DIS1, DIS3, DIS4

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Data Security and Protection Toolkit standards	Longstanding audit actions not implemented or partially implemented and not closed	Yearly internal audit report (audit committee) Bi-annual submission to DSPT improvement plan development and submission Quarterly report on updates to the Information Governance Exec Group - minutes provided to Digital, Performance & Finance Assurance Committee Monthly update on open actions from Audit Yorkshire	- Internal Audit report of IG compliance IGEG meeting minutes	Audit actions still active from 2020
IG and Security Governance arrangements in place e.g. IG Executive	No specific security group to feed into IGEG and committee	Quarterly report on updates to the Information Governance Exec Group - minutes provided to Digital, Performance & Finance Assurance Committee	- Digital, Performance & Finance Assurance Committee July, September and November minutes, papers, agenda, action log - IG Executive Group August and November minutes, papers, agenda, action log - Responsibilites identified within the Information Governance Strategy	Due to pressures and inability to get full attendance to the IGEG meetings

Trust Portable devices encrypted - mobiles and laptops	None identified	- IT Systems	- System enforced control e.g. bit locker encryption on Trust laptops	None Identified
Implementation of IG policies and procedures	No documented IG policy framework which identifies relevant IT protocols	Policies are available on the IG pages of Staffroom IGEG meeting minutes discuss new policies and processes	- Approved IG policies - Statutory/mandatory IG training for all staff - Regular Trust wide comms from the IG team regarding new policies and procedures	Resources and capacity to complete the necessary review and rewrite of these Old versions of process and protocols on staffroom pages
The identification, investigation, recording and reporting of IG incidents	Awareness of the breach management process is not tested	- Information Governance Team weekly review - Datix reports - Information Breach Management guidance	- IG breach reports - IGEG meeting minutes July and November - breach information is reported monthly - TPR statistics monthly - Regular communications from the IG team regarding breach trends	Gap in terms of full awareness TRUST WIDE of the incident report process Access and understanding of datix in corporate areas
Review and sign-off of IG documentation	None identified	-Information Governance Team	- IG team sign-off	Resources and capacity to complete the necessary review and rewrite of these and engagement at IGEG
Delivery of Essential Services Programme/Delivery of IT Service	Funding to deliver the full commitments/ scope of the ESP Programme Capacity/ Capability to deliver the full commitments/ scope of the ESP Programme	- ESP Programme Board - Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log - Funding Forum - CPEG	- Multiple applications for external funding applied for including EPR - Holistic partner tender to ensure technical expertise - Reduction in open vacancies and increase in our retention rates	No successful funding bid that the trust is able to draw down capital funding.
Vulenerabilites across end user compute, platform and network	Linked to Delivery of ESP reducing risk	- DIS SLT - Technical Steering Group - Cyber Security Focus Group '- Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log	- Production of Cyber Security Strategy	Comprehensive Pen Test across entire IT estate
IT Service management standards / processes	- Lack of modern Service Desk system with improved capabilities - High vacancies on Service Desk impacting serve - Low maturity due to lack of training	- DIS SMT - Technical Steering Group '- Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log	- Business Case in production for a number Service Desk Tool - Reduction in vacancies on Service Desk - Regular communications from IT Service Mgt team	Gaps in awareness of reporting using the correct mechanism for reporting incidents by end users No robust security and IG major incident management process

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*

Actions for further control	Progress to date / Status	Lead action owner	Due Date
Continue to review funding for ESP	COMPLETED - funding secured from Trust and UTF for 21/22. ONGOING - reviewing funding opportunities for 22/23 from Trust/external funding 11/10 multiple external funding opportunities applied for	J Hawkins	**Mar-23**
Implement the proposed DIS structure	ONGOING - Minimum funding secured and formal consultation process starting. Initial roles (i.e. CTO/Head of Delivery) in position. Further identified roles in recruitment process. 11/10 to support Trust Priority of Retention, career development paths created with runthrough opporunities over 10 people promoted with more responsibility	J Hawkins	**Mar-23**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 7 - Trust unable to meet ICS expectations as an acute collaborative partner	Causes *What has to happen for the risk to occur?*	- Ongoing Trust operational pressures; Urgent, Elective and Community Care
		Consequences *If the risk occurs, what is its impact?*	- Challenges in delivering overall quality of care provision to patients - Reputational harm in meeting system contribution targets required across the Humber and North Yorkshire region

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Executive Committee	
Likelihood	3	3	3	Risk Appetite: Inside Tolerance		
Impact	3	2	2	Date to achieve target score: Achieved	Risk Owner:	Chief Executive
Overall risk rating	9	6	6		Links to CRR:	N/A

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Integration with ICS on system wide planning	None identifed	- Attendance of members of Trust Executive Team across H&NY ICS governance structure	- Chief Executive update reports on Board of Directors Minutes and actions of papers April-Oct	None identified
Operational and Finance Plans 2022/23	None identified	- Board of Directors approval processes and sub-committee assurances of delivery	- Approval at Board of Directors and submission to NHSE&I for H1 and H2 plans	None identified
Trust involvement in the Collaborative of Acute Providers	None identified	Acute providers governance in decision making across 5 strategic themed transformation programmes; cancer, diagnostics, electives, maternity and paediatrics, urgent and emergency care	- Trust Building Better Care Transformational Programme - Engagement with H&NY ICS - Managing Director of Collaboration of Providers engagement with Executive Team - Workshop of the Humber and North Yorkshire Collaboration of Acute Providers (CAP) - OD Programme of Work - Drafting of CAP terms of reference and joint working agreement	None identified
Trust CEO Provider representative on H&NY Interim Executive Group	None identified	H&NY Interim Executive Group meetings	Engagement with the H&NY Interim Executive Group	None identified

Trust CEO Provider representative on North East and Yorkshire ICS transition oversight group	None identified	North East and Yorkshire ICS transition oversight group	Engagement with the North East and Yorkshire ICS transition oversight group	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider H&NY fo during 2022/23	Progress to be reviewed end of Q4 2022/23	Exec Team	**Mar-23**
Finance and activity delivery for 2022/23 as part of H&NY system delivery	Progress to be reviewed Q4 2022/23	Exec Team	**Mar-23**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 8 - Failure to achieve net zero targets, air quality targets and changing climate adaptation requirements from the Health and Care Act 2022 and Humber & North Yorkshire ICS Green Plan	**Causes** *What has to happen for the risk to occur?*	- Failure to reduce greenhouse gas emissions from the Provider's Premises in line with targets in 'Delivering a 'Net Zero' National Health Service' (targets are 80% carbon reduction by 2032 and Net Zero by 2040) - Not achieving standard contract 18: Requirement to provide detailed plans as to how the Trust will contribute to a Net zero NHS in relation to a) reducing carbon emissions from Trust premises 80% by 2032; b)reducing air pollution through transitioning fleet to Zero and Ultra Low Emission Vehicles, installing EV charging for fleet and establishing policies which exclude high emission vehicle use and promote sustainable travel choices; and c)adapting premises to reduce risks associated with climate change and severe weather;
		Consequences *If the risk occurs, what is its impact?*	- Reputational risk in not achieving targets - Potential NHS England action

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Digital, Performance and Finance Assurance Committee**	
Likelihood	4	4	3	**Risk Appetite: Exceeding**		
Impact	5	4	2	**Date to achieve target score: 2040**	**Risk Owner:**	**Director of Finance**
Overall risk rating	20	16	6		**Links to CRR:**	**N/A**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Sustainable Design Guide	Internal Audit identified need to review the Sustainable Design Guide and its role to strengthen its contribution to the delivery of Net Zero	Design Guide being implemented for Scarborough new emergency department to reduce carbon emissions	UECC designed with reference to Sustainable Design Guide	None identified
York Hospital part of Carbon Reduction Pathway Modern Energy Partners Programme which estimated the cost to get York Hospital on track. Trust signed up to NHS Living Labs Innovation Programme to investigate new and developing technologies for achieving carbon reduction.	None identified	Modern Energy Partners (MEP) Concept design report received for York Hospital 18/01/21 NHSE Living Labs - MoU signed following Executive Committee approval 20/04/22	MEP Concept Design used as a basis for grant applications for PSDS projets NHSE Living Labs - first meeting held to discuss Innovation Projects	None identified
PSDS3 grant applications approved for £5million for Bridlington Hospital to achieve Net Zero and £5million scheme for York Hospital to start the decarbonisation prcess	None identified	Planning applications submitted and community renewal fund Business case objectives	PSDS Grant work commenced in March for delivery in 2022/23.	None identified
Feasibility funding awarded for reviewing carbon reduction potential at Scarborough and Selby Hospitals	None identified	Feasibility work to identify funding needs and practical implementation issues for Scarborough and Selby complete	Grant application submitted for Scarborough York and North Yorkshire Net Zero Fund launched in January for expression of interest by 6th February- options being discussed.	None identified

Green Plan published setting out the overall Trust approach and latest carbon footprint	Internal Audit identified need to review the Trust Green Plan and its role to more closely align its plans , projects and business cases with contributions to the delivery of Net Zero	Trust travel plan Energy Saving Trust (EST) undertaken and a Fleet and Travel review and draft report realeased in April 2022 by EST.	Energy Saving Trust (EST) undertaken a Fleet and Travel reviewand draft report realeased in April 2022 by EST	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
New procurement exercise to commenced with CEF to take advantage of next round of grant funding and develop a plan for achieving reductions in line with Net Zero 2040 target	Procurement exercise completed and grant application now being progressed for Scarborough Hospital . Works on going at York and Bridlington will achieve a carbon reduction of approx 8% at York and 80-85% at Bridlington. Work on-going and currently on time and on budget.	Head of Sustainability	**Reviewed Mar-23**
Contract negotiations on going for a contract which develops plans for York, Scarborough and Bridlington to 2040	York contract signing planned for November after gaining Board approval . Bridlington contract discussions on-going.	Head of Sustainability	**Reviewed Mar-23**
Trust Travel Plan to be updated to incorporate plans to achieve carbon emissions reductions in line with NHS requirements	Current focus of work is a business case which explores support for staff commute options and facilities for York and Scarborough Hospital.	Head of Sustainability	**Reviewed Mar-23**
Improve internal temperature monitoring and control for vulnerable groups within the hospital estate to develop a plan in response to the changing climate	Funding agreed for a pilot ward project to improve monitoring, to start to develop a business case for hospital sites. Pilot now underway and prices being sought. The prices requested are to supply and install temperature monitoring systems in 2 phases as follows: •Phase 1 York Hospital covering all inpatient Wards •Phase 2 Other sites with inpatient beds	Head of Sustainability	**Reviewed Mar-23**
Sustainable Design Guide to be reviewed when Net Zero Carbon Guide published	Awaiting Net Zero Carbon Guide from NHSE	Head of Capital Projects	**Reviewed Mar-23**
Green Plan to be reviewed	Delayed due to prioritisation of PSDS grant project and lack of progress to recruit/replace Environmental Awareness Officer. Part time support to collate carbon footprint monitoring data commenced December 2022.	Head of Sustainability	**Reviewed Mar-23**

York and Scarborough Teaching Hospitals NHS Foundation Trust

TRUST PRIORITIES REPORT

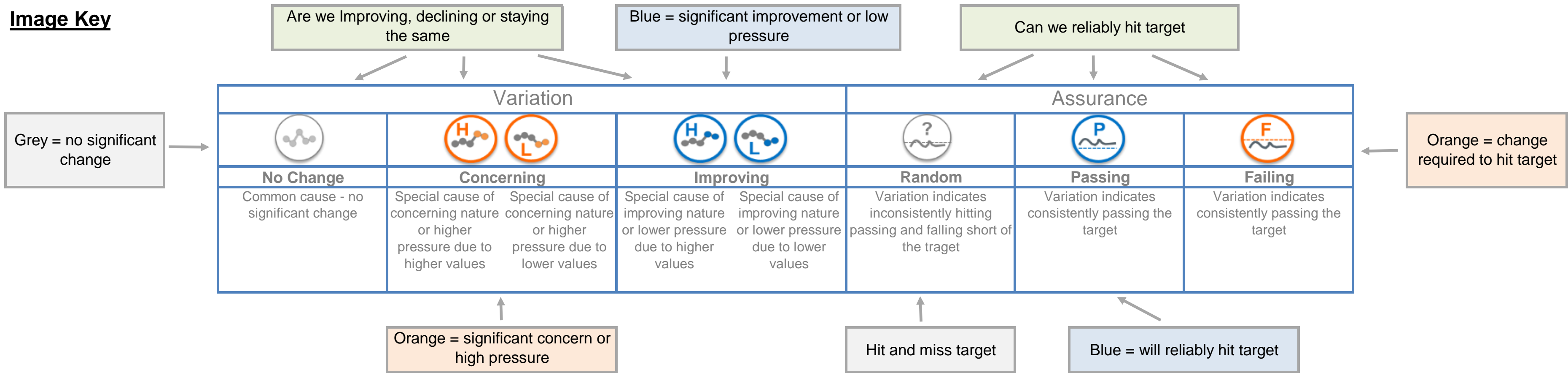
January 2023

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

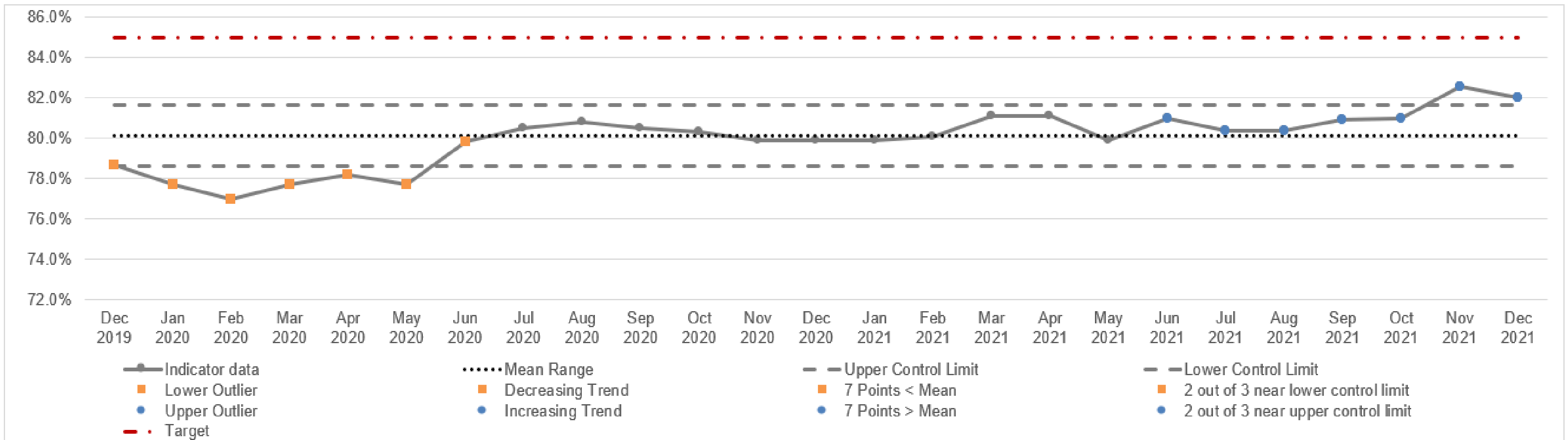
NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

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



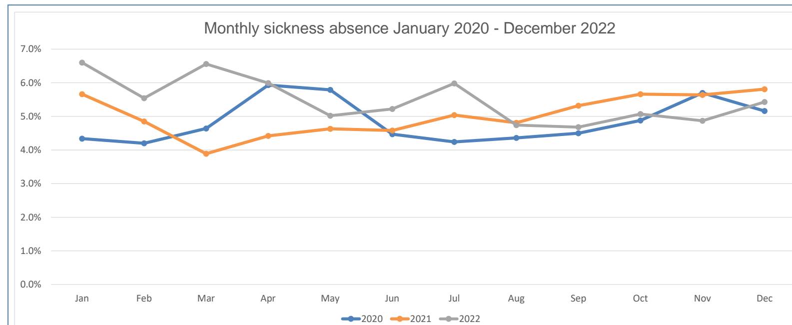
Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

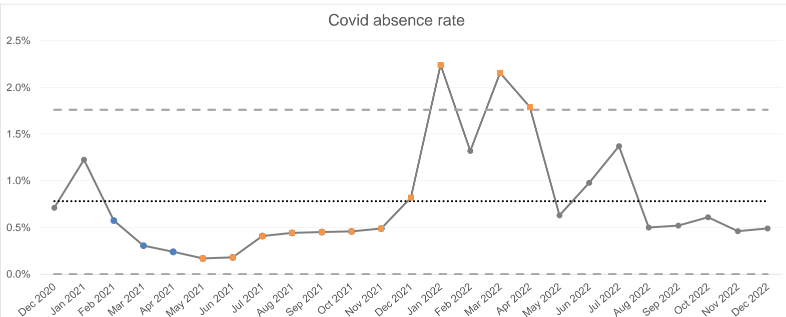
OUR PEOPLE - Sickness Absence

York and Scarborough Teaching Hospitals NHS Foundation Trust

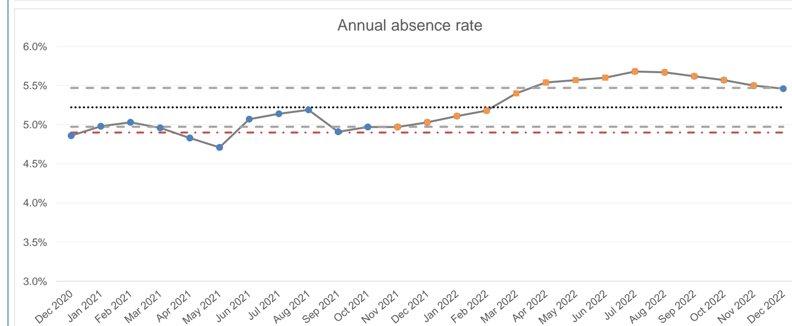
REPORTING MONTH : JANUARY 2023



Dec 2022
5.43%
Target
No Target
Variance
Assurance



Dec 2022
0.49%
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Dec 2022
5.46%
Target
4.9%
Variance
Special cause of improving nature or lower pressure due to lower values
Assurance
Variation indicates consistently 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 Dec 2022 (5.43%) is lower than that seen last year (5.81%).
Covid absence rate: The indicator is currently showing common cause variation since May 2022, with special cause concern seen in January, March and April 2022 with both data points above the upper control limit. There was also a peak in Jul 2022.
Annual absence rate: The indicator was showing special cause concern since November 2021, with an increasing trend. The data points were above the upper control limit from April to November 2022. For December 2022 improvement is shown after a consistent decreasing trend, and is slightly below the upper control limit. The target is slightly below the lower control limit, so is showing as consistently failing target.

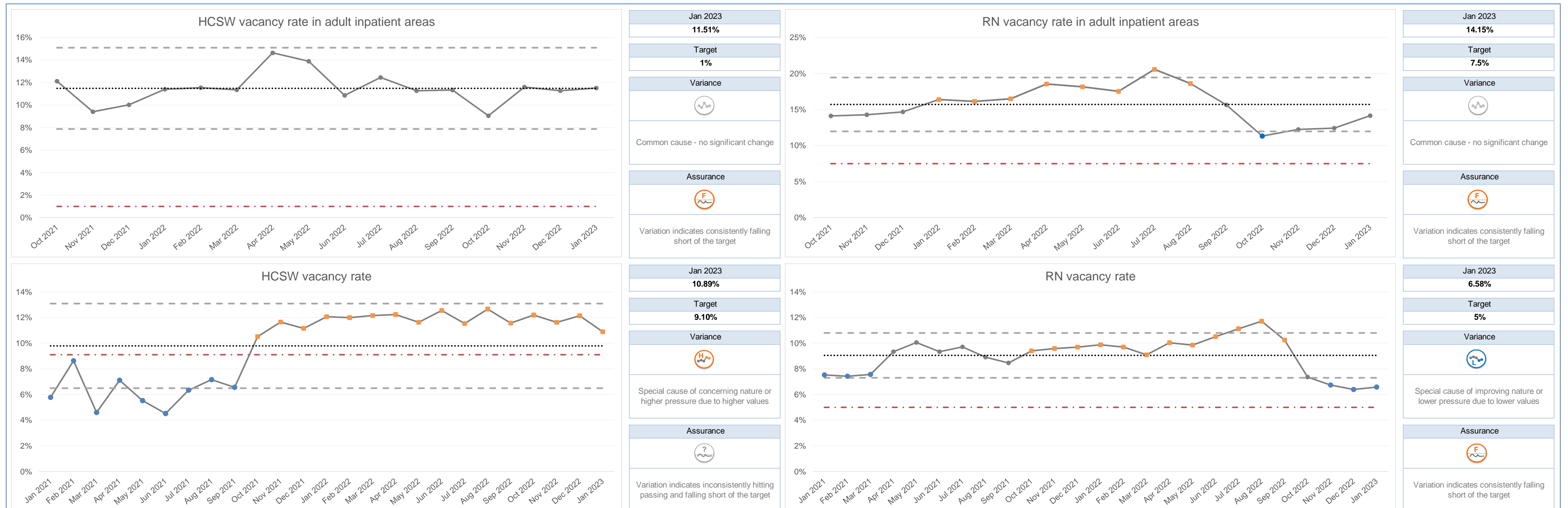
Operational Update

The annual absence rate has reduced in each of the last five months but it is still higher than it was at the same point last year and above 5%. We did see an increase in the monthly rate for December. High absence rates are indicative of low levels of engagement within the workforce. The embargo for the staff survey reuslts from the 2022 survey will be lifted on 9th March 2023 and a Trust action plan will follow.

OUR PEOPLE - Vacancy Rate

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



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 and has been re-calculated on this month's report. The target is consistently not being met.
RN vacancy rate in adult inpatient areas: The indicator is showing common cause variation with Oct 2022 being below the lower control limit, please note the vacancy rate is shown from Oct 2021 only and has been re-calculated on this month's report. 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. The target is just below the mean and has not been met since Sep 2021.
RN vacancy rate: The indicator is showing special cause improvement, below the lower control limit in Nov 2022 to Jan 2023. The months of Jul and Aug 2022 were above the upper control limit. The target is consistently not being met.

Operational Update

Following the recruitment trip to Kerala, India, the Trust has made offers to 97 RN's and 10 AHP's. Work is underway to process applications and support candidates with their English to enable cohorts to be drafted so we can plan commencement dates across 2023/24.

The Trust has started the process to bid for NHSE funding to support international nursing recruitment between April – November 2023 and has indicated a target of 90 international nurses which could generate £450k in funding.

NHSE has confirmed that we have met our target of international nursing recruitment in 2022/23, with 134 nurses recruited. The Trust is on track to deliver our international AHP recruitment target of 18 and has been recognised as the organisation with the highest level of international AHP's on-boarded in the region.

A HCSW recruitment event is planned for 15 February. Recruitment events held in September and October for HCSWs and PSOs, resulted in over 80 HCSW new starters and over 40 PSO new starters to date, with a small number of successful applicants for both roles still in the pipeline with start dates to be confirmed.

A recruitment workshop facilitated by NHSE has been scheduled for 20 February. It will consider the Trust approach to recruitment and explore new ways of working to improve engagement and time to hire.

The figures shown in the graph above for vacancy rates on adult inpatient wards does not account for those international nurses who have recently joined us but are still completing their OSCE training or awaiting their PIN. When these numbers are taken into the account the vacancy rate on adult inpatient wards across the Trust is reduced to 7.68%.

OUR PEOPLE - Vacancy Rate and Turnover Rate

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023

Overall vacancy rate

Jan 2023
7.00%
Target
3.67%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target

Medical & dental vacancy rate

Jan 2023
9.3%
Target
10%
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

AHP vacancy rate

Jan 2023
8.0%
Target
9.80%
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

12 month rolling turnover rate Trust (FTE)

Jan 2023
10.43%
Target
10%
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

Data Analysis:

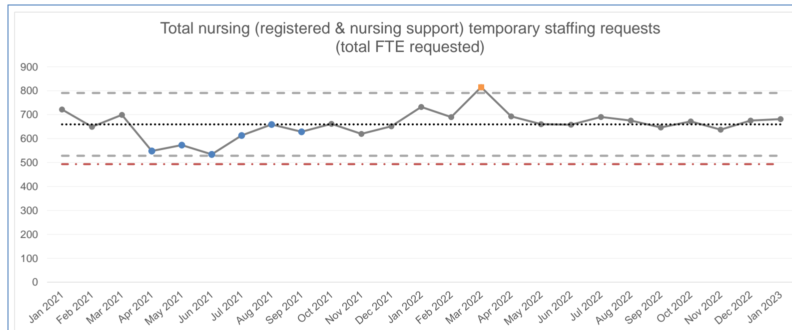
Overall vacancy rate: The indicator was showing special cause concern from April 2022 with a run of points above the mean, but is now showing common cause variation. The indicator is consistently failing target.
Medical & dental vacancy rate: The indicator is showing a period of nine points above the mean from May 2021 to Jan 2022, for Sep 2022 this was showing special cause improvement below the lower control limit, but has since returned nearer to the mean. The target is showing above the mean.
AHP vacancy rate: The indicator is showing special cause concern with a period of points above the mean since Jan 2022 and points above the upper control limit in Apr 2022 and Jun-Sep 2022. There are signs of a decreasing trend back towards the mean from Jul 2022. The target is showing as consistently passing.
12 month rolling turnover rate - Trust (FTE): The indicator is showing special cause concern since November 2021, with data points above the mean. The data points have been above the upper control limit from Mar 2022. The target is slightly below the upper control limit.

Operational Update

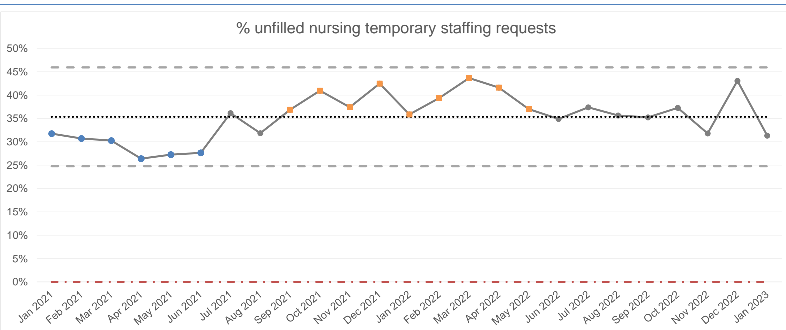
OUR PEOPLE - Temporary Staffing

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

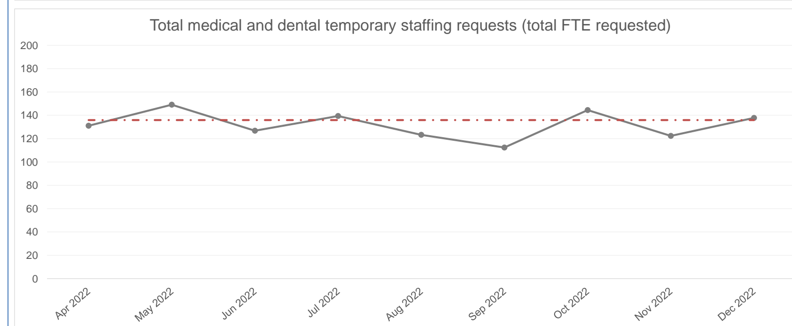
REPORTING MONTH : JANUARY 2023



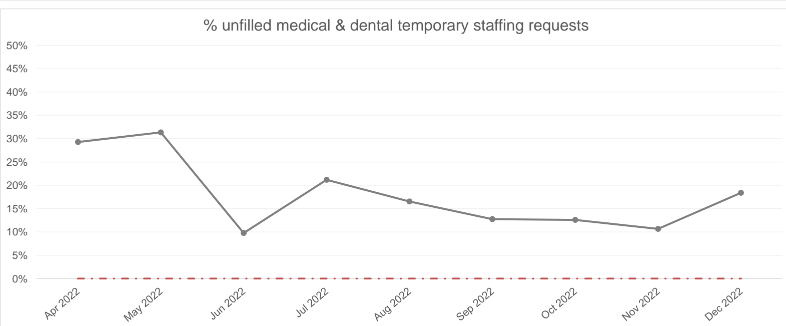
Jan 2023
681.42
Target
493.33
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Jan 2023
31.31%
Target
0%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Dec 2022
137.79
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



Dec 2022
18.39%
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:

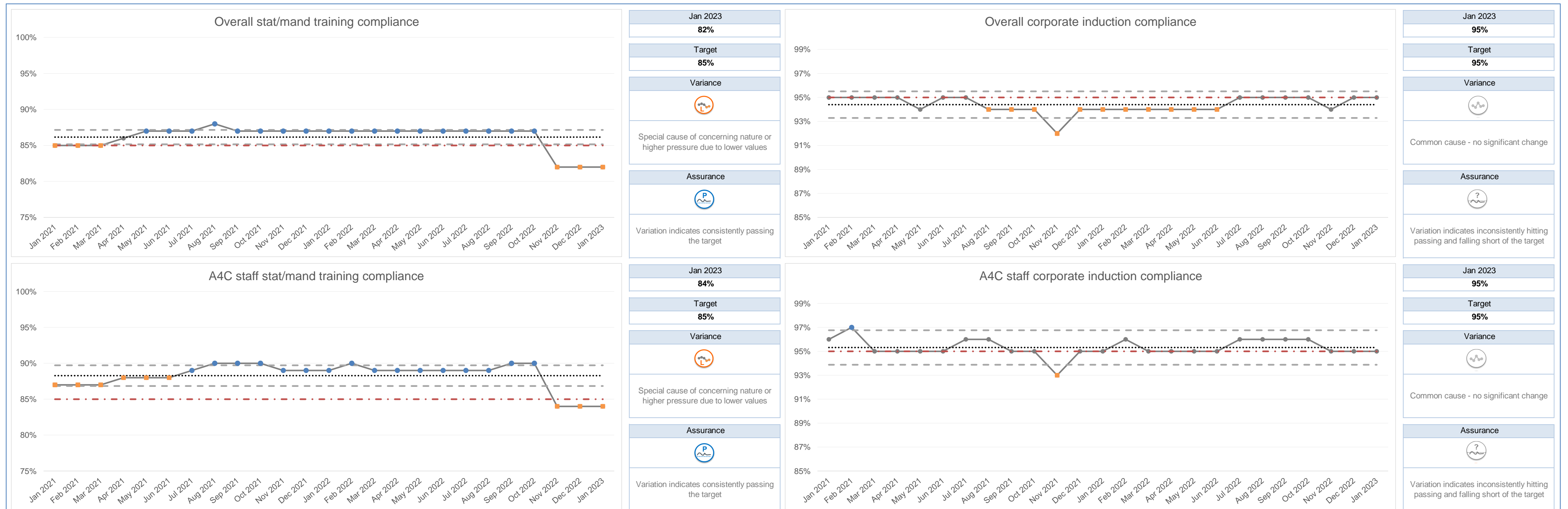
Total nursing (registered & nursing support) temporary staffing requests (total FTE requested): The indicator is showing special cause concern above the upper control limit in March 2022. It is showing common cause variation for most recent month, and is consistently failing target with the target just 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 but is currently showing common cause variation. 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 month above 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%.

Operational Update

Feedback has been that the Winter incentives introduced in December continue to work well to support operational pressures, of note is that more than 2,000 bank shifts were filled during January for Allocation on Arrival at double time pay rate.

From 1st November, a flexibility payment was available to substantive staff who moved specialty during their shift. As these payments are made in arrears they are reported retrospectively, with the most recent reports showing that in December 2022, the flexibility payment was used 219 times, which was similar to usage of this incentive in the previous month.

Despite a significant reduction of Thornbury use in December, this has increased again in January with the number of shifts covered almost doubling in the space of a month, at an estimated cost of over £420k due to significant operational pressures. NHS England continue to scrutinise the Trust's off framework agency use and are working with us to develop action plans to remove the reliance on off framework supply.



Data Analysis:

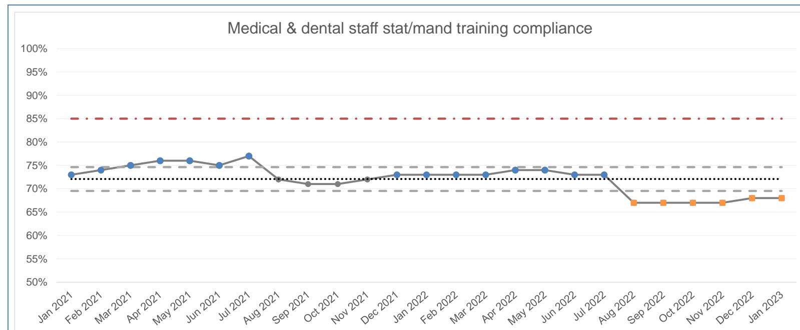
Overall staff stat/mand training compliance: This indicator was showing special cause improvement since May 2021 with all data points above the mean and Aug 2021 being above the upper control limit. The target is consistently being met, however Nov 2022 to Jan 2023 are below the lower control limit and target.
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 indicator is currently showing common cause variation, however the target was not met in Nov 2022.
A4C staff stat/mand training compliance: This indicator was showing special cause improvement since Jul 2021 with all data points above the mean. The target is consistently being met, however Nov 2022 to Jan 2023 are below the lower control limit and target.
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. The target has been met since Nov 2022.

Operational Update

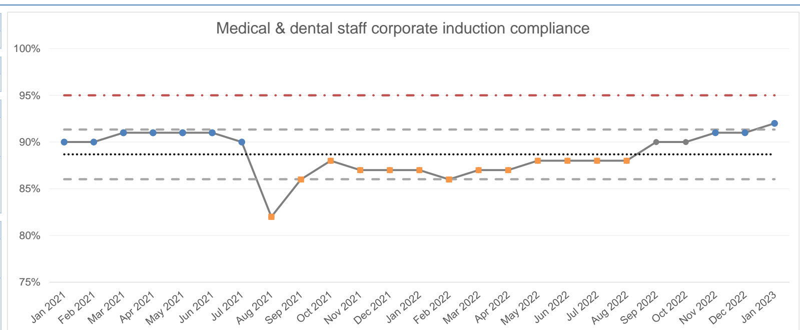
Statutory and Mandatory training compliance rates for all staff groups remain below target at 82%. Compliance increased steadily during the pandemic (85% in February 2020 compared with 87% in October 2022) due to increased provision through elearning and adoption of the Core Skills Training Framework (CSTF) standards which reduced requirements; however, the addition of Equality, Diversity and Human Rights (ED&HR) training to the programme in November has pulled compliance down.

There has been good progress on Equality, Diversity and Human Rights (ED&HR) completions (34% of Trust staff have now completed this; up by 15% over the past month); however, this has had no effect on the bottom-line compliance rate for Statutory and Mandatory training because of the roll-out to YTHFM staff in January (this follows development of an offline version). ED&HR training will remain a key focus in February, which marks the end of the grace period for completion. We aim to embed this programme and recover overall compliance rates by the end of May 2023.

Outside of this programme, the Trust is continuing to track below the 85% target across a number of programmes, most significantly for Resus (compliance with specific programmes ranges from 53% for Paediatrics Advanced Life to 76% for Basic Life Support), Deprivation of Liberty Safeguards (DOLs L1 – compliance is 73%) and Safeguarding Children training (core training compliance for Level 3 at 79%). Resus and DOLS training rates did show nominal improvement across some subjects; however, this was stunted by the cancellation of 12 sessions in January due to industrial action. A further eight sessions were been cancelled in February because of industrial action. Going forward mandatory training will be ringfenced and retained during periods of industrial action to protect complaince levels.



Jan 2023
68%
Target
85%
Variance
Special cause of concerning nature or higher pressure due to lower values
Assurance
Variation indicates consistently falling short of the target



Jan 2023
92%
Target
95%
Variance
Special cause of improving nature or lower pressure due to higher values
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 from Aug 2022 is 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 special cause improvement with Nov and Dec 2022 close to the upper control limit and Jan 2023 above the upper control limit.

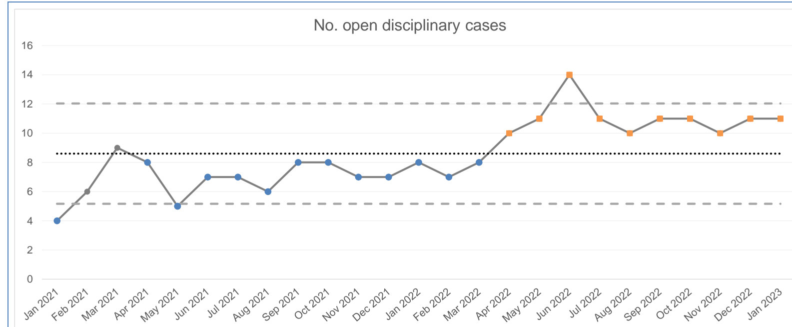
Operational Update

At the end of December, Corporate Induction compliance returned to 95% in line with the Trust's target (and remained at this level in January 2023). Compliance rates in the medical and dental staff group, where there is greater movement of staff, is continuing to sit below target. There are plans for some bespoke induction sessions targeted in particular at doctors in Trust and Careers Grade roles to improve performance in this area. More generally, work continues to develop the content and delivery of induction with a focus on strengthening the quality of new staff members' early experiences. New Starters' Fairs were launched in November 2022 and a new Welcome Booklet launched in December. Further options to provide opportunities to increase people's understanding of and sense of belonging to the organisation on joining are being explored, including development of video content and options for virtual or face-to-face sessions.

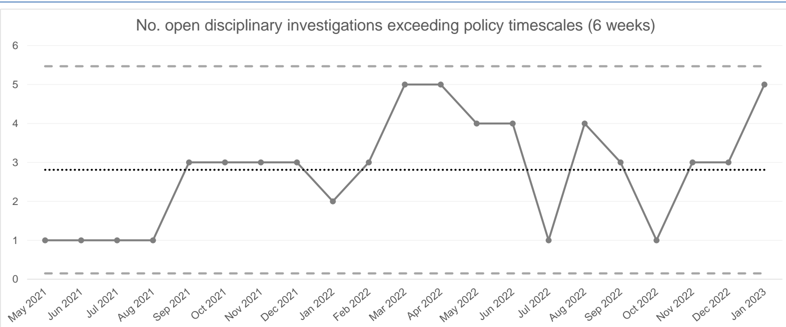
OUR PEOPLE - Employee Relations Activity

York and Scarborough Teaching Hospitals NHS Foundation Trust

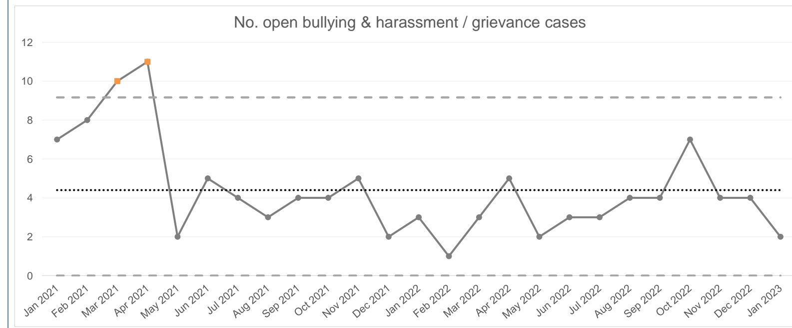
REPORTING MONTH : JANUARY 2023



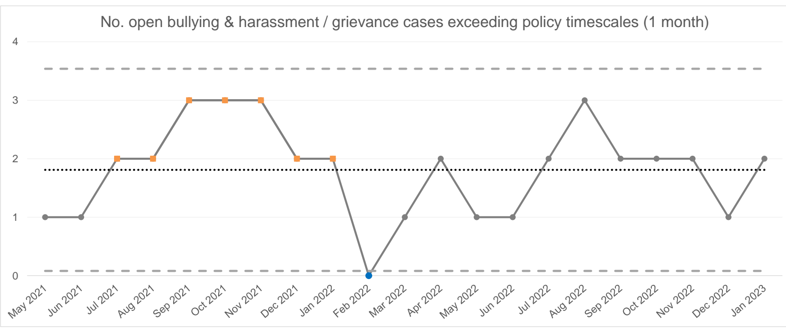
Jan 2023
11
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
5
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
2
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
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 with recent months mostly falling below the mean.
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.

Operational Update

Whilst we have seen a reduction in the number of formal grievance and bullying & harassment cases the number of informal concerns being raised remains high; the HR team continue to work with managers to try and resolve these cases informally in line with a Just and Learning approach to cases.

OUR PEOPLE - Employee Relations Activity (cont.)

REPORTING MONTH : JANUARY 2023

No. open MHPS cases

Jan 2023
3
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

No. open MHPS cases exceeding policy timescales (4 weeks)

Jan 2023
2
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

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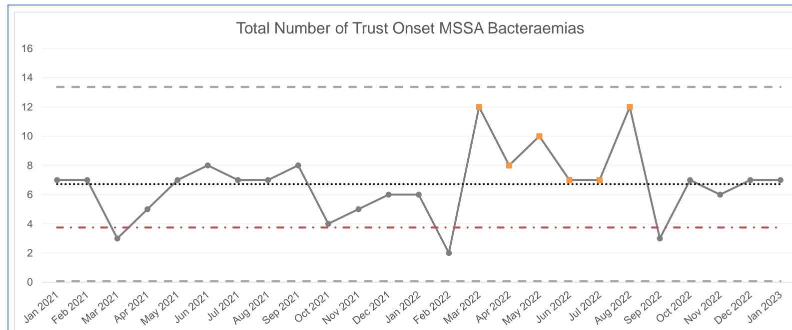
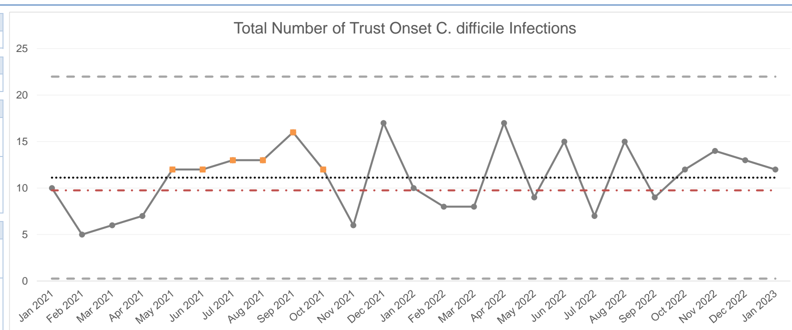
Data Analysis:

No. open MHPS cases: The indicator is showing common cause variation after a seven-month period of special cause improvement, with Aug and Sep 2022 below the lower control limit. 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 Jun 2021 to Mar 2022. Please note the figures are shown from May 2021 only.

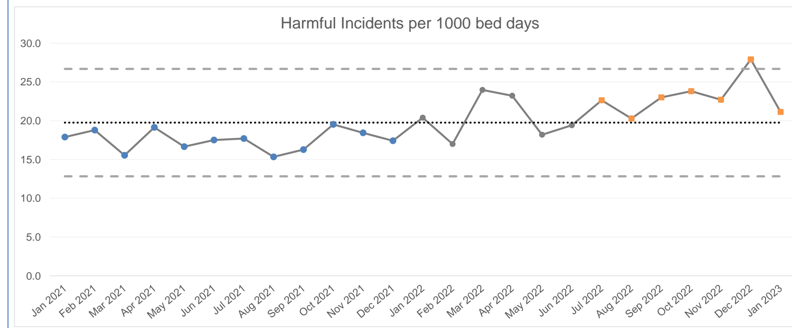
Operational Update



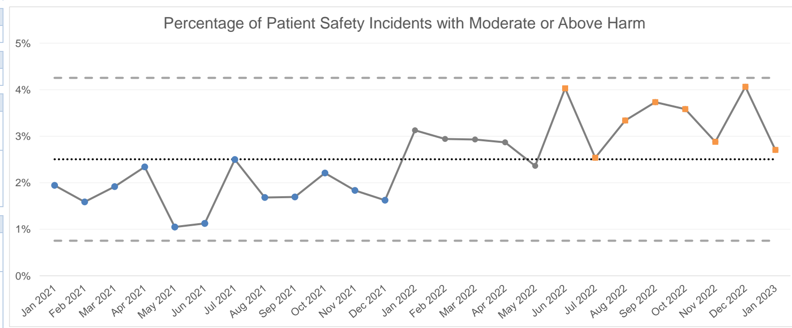
Jan 2023
7
Cumulative 12-month Target
45
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023
12
Cumulative 12-month Target
117
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023
21.1
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



Jan 2023
2.7%
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

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 around the mean.
Total Number of Trust Onset C. difficile infections: The number of infections of patients with C.difficile is currently showing common cause variation, with some degree of variation around the mean.
Harmful Incidents per 1000 bed days: The number of harmful incidents per 1000 bed days is showing special cause concern due to the data points above the mean from Jul 2022, with Dec 2022 being above the upper control limit.
Percentage of Patient Safety Incidents with Moderate or Above Harm: The percentage of patient safety incidents with moderate or above harm is showing special cause concern, this is due to a trend above the mean from Jun 2022 with Dec 2022 being close to the upper control limit.

Operational Updates:

Total Number of Trust Onset MSSA Bacteraemias
The internal agreed target for 2022/23 for combined HOHAs and COHAs MSSA bacteraemia is 59. The trust is above trajectory for MSSA bacteraemia by 24 cases to the end of January 2023. There were 7 trust apportioned cases of MSSA bacteraemia in January 2023. To target Staphylococcus aureus bacteraemia reduction, QI work will focus on improving Aseptic Non-Touch Technique (ANTT) training compliance, Visual Infusion Phlebitis (VIP) scoring, education around prompt removal of cannula and reintroduction of cannulation trollies. The MSSA PIR process roll out has commenced, utilising the Datix system. Staphylococcus aureus bacteraemia risk remains whilst this work is still developing.

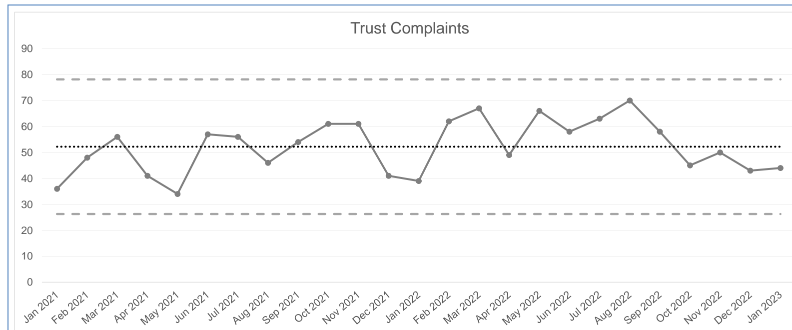
Total Number of Trust Onset C. difficile infections
There were 12 cases of hospital attributed cases of C.difficile in January 2023. There has been a total of 123 hospital attributed cases to the end of January 2023 against a trajectory of 117 for 2022/23. The trust is over trajectory by 24 cases to the end of January 2023. The C.difficile high incidence in the trust could be associated with the environmental contamination whilst there's no decant space particularly in Scarborough.
A decant and minor refurbishment of the wards at York continued in January 2023 as part of the window replacement project. In Scarborough the proactive HPV program of all the wards including the Emergency Department was completed in January 2023.

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. The pressure on services is especially severe at present with an enhanced level of OPEL 4 in place in January. 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 few months on Datix. A discrepancy with IPC new positive incidents at York means that over-reporting is likely to have caused skew in the data. This is currently being investigated to ensure consistency with reporting across sites.

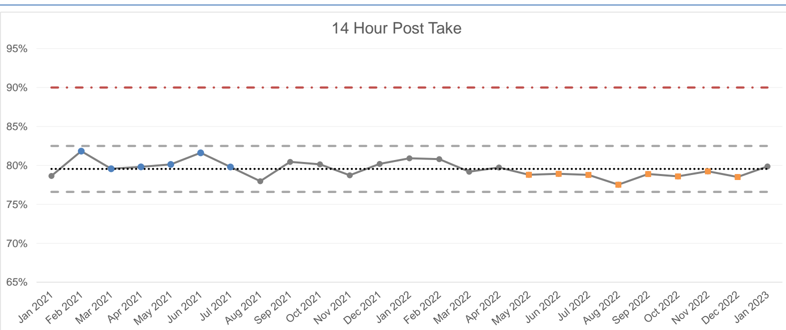
QUALITY AND SAFETY - Priority Metrics (cont.)

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

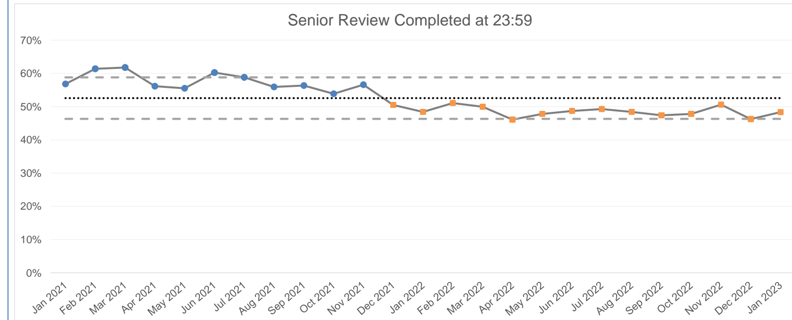
REPORTING MONTH : JANUARY 2023



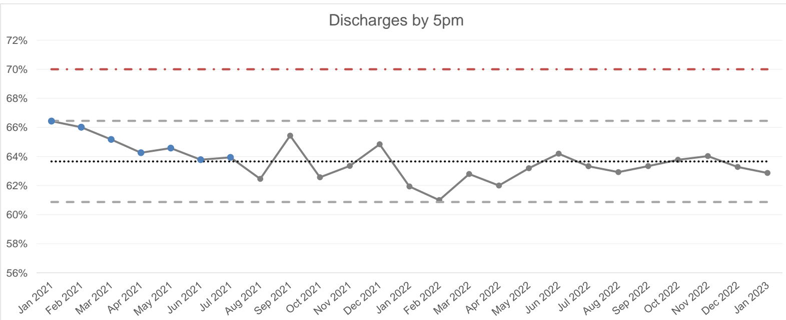
Jan 2023
44
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
79.9%
Target
90%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Jan 2023
48.4%
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to lower values
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
62.9%
Target
70%
Variance
Common cause - no significant change
Assurance
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 to Dec 2022 but is currently showing common cause variation.
Senior Review Completed at 23:59: Special cause concern is showing with a run below the mean since Dec 2021. April and Dec 2022 were 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.

Operational Updates:

Trust Complaints
Challenges: CG5 currently has 28 open cases (34% of all Trust cases).
Key Risks: Care groups still struggling to address complaints in timely way, with the exception of CG2.
Actions: Patient Experience Improvement Plan developed to address main themes - monitored by Patient Experience Steering Group

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

These factors present a risk of patient harm due to delays in appropriate treatment or diagnosis. 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. NEWS2 compliance has been escalated to QPAS. The effects are being mitigated through the wider Trust response to current and anticipated service pressures.

TPR: Icon Summary Matrix (Priority)

Filters:

METRIC: All

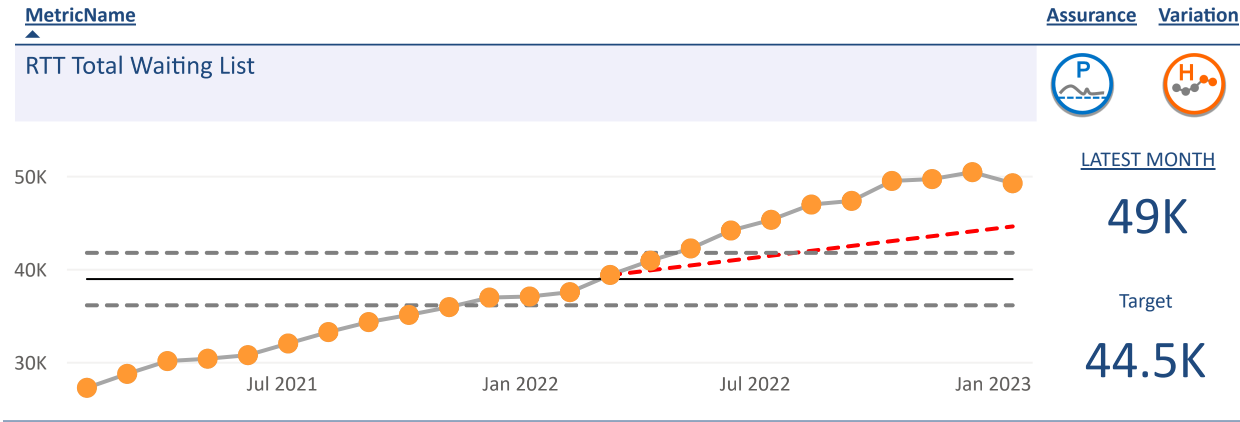
METRIC GROUP: All

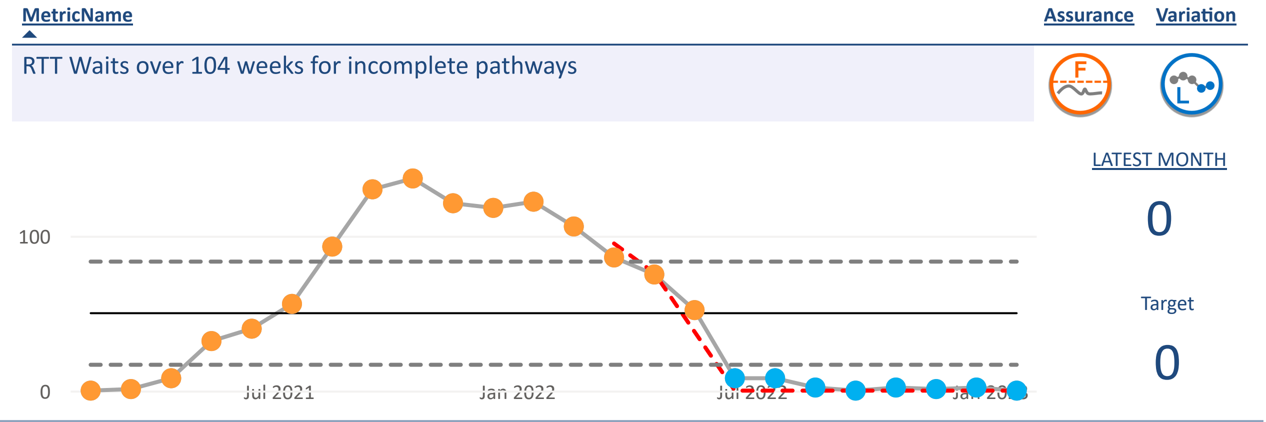
VariationIcon	P	?	F	◌	Total
Improvement			**1**		**1**
H					
L			1		1
Common Cause		**2**	**2**		**4**
		2	2		4
Concern	**1**	**1**	**1**		**3**
H	1	1	1		3
L					
Neither					
↗					
↘					
Empty					
◌					
Total	**1**	**3**	**4**		**8**

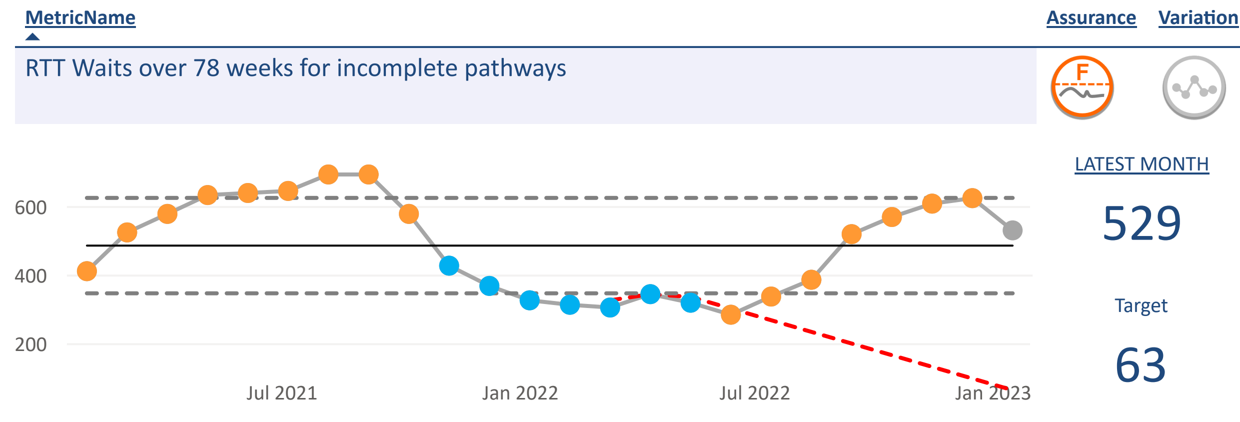
MetricName	Date	Variation	Assurance	Target	Latest Value
Ambulance handovers waiting >60 minutes (%)	2023-01		?	10	16
ED - Total waiting 12+hours - % of all type 1 attendances	2023-01	H	F	8	17
ED: Median Time to Initial Assessment (Minutes)	2023-01		?	18	13
Number of patients waiting 63 or more days after referral from cancer PTL	2023-01	H	?	133	335
Proportion of patients discharged before 5pm (70%)	2023-01		F	70	63
RTT Total Waiting List	2023-01	H	P	44541	49186
RTT Waits over 104 weeks for incomplete pathways	2023-01	L	F	0	0
RTT Waits over 78 weeks for incomplete pathways	2023-01		F	63	529

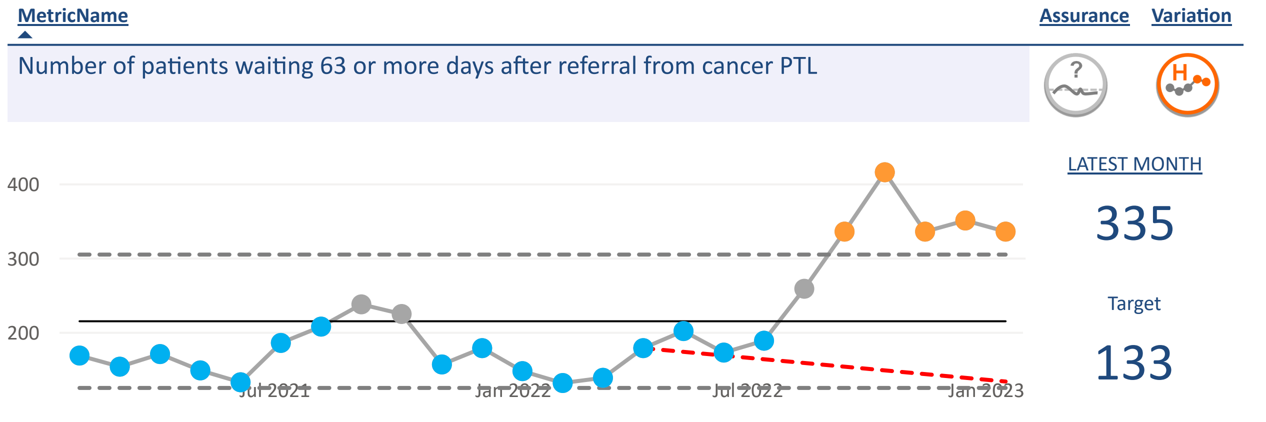
TPR: Elective Recovery Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust









DATA ANALYSIS:

- **RTT Total Waiting List:** The indicator is showing deteriorating performance, with a series of points above the mean since Mar 2022. The target is consistently not being reached.
- **RTT Waits over 104 weeks for incomplete pathways:** The indicator has been improving since Nov 2021 and for Sep 2022 and Jan 2023 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:** The indicator was improving from Oct 2021, but the value is now back above the target and the mean. The national target is to reduce the number of 78+ week waiters to zero by March 2023. Since Jul 2022, we have generally seen the trend deteriorating in performance with some improvement for Jan 2023.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** The 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.

TPR: Narrative for Elective Recovery Priority Metrics

BI&IREF : 10042

Challenges & Risks	Actions & Mitigations
Challenges: The Trust is in Tier 1 Elective Recovery support (national intervention). Delivery of 78 week trajectory is challenged. The Trust is off trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 335 against a target of 133 for January. 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 50 week theatre SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Mutual aid arrangements are in place but as yet have not been able to offer significant support for the Trust.	Actions: 1. The Intensive Support Team and EY Consultancy have commenced on site at York Hospital at the end of January. The teams are working to support the Trust on a range of issues including governance, speciality recovery planning, skills and development of the teams and data to support operational teams. 2. The Tier 1 regime has refocussed to a weekly meeting with the Chief Executive and Chief Operating Officer as the end of March target approaches. The Trust is currently forecasting to be below the planned trajectory of 397 at the end of March. Additional support had been offered through the national Digital Mutual Aid System (DMAS) and NHSE expertise to Humber and North Yorkshire. The focus of the Tier 1 meetings is ensuring all 78 week patients have booked appointments or TCI dates for surgery, ensuring chronological booking of patients and validation of all long waiters. 3. The 50 week theatre SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Planned to go live at the beginning of April 2023. 4. The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been approved by the national team. 5. Waiting List Harms Task and Finish Group established. 6. The Trust is reviewing the theatre productivity approach and data quality. 7. Insourcing is in place, with a contract extension to March 2023 for theatres. Potential additional insourcing and outsourcing has been scoped by Care Groups. 8. 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. 9. The Outpatients Transformation Programme is in place with PIFU moving to business as usual and pilot work for Room Booker. REI launched in October. 10. The Executive approved additional capacity to support patient pathways, including use of Clinical Assessment Services, booking processes and improved PTL management. Work is ongoing to recruit to these positions. 11. Training Programme for operational managers to commence in February, with pre-requisite training on RTT, Cancer and Waiting List management.

Challenges & Risks	Actions & Mitigations
Risks:	Mitigations:
Potential further COVID-19 variants and/or waves.	Tier 1 weekly meetings with National Team on elective recovery.
Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work. Elective activity impacted in early January by Urgent and Emergency Care pressures.	Trust is seeking to utilise the nationally provided Digital Mutual Aid System (DMAS) to offer long waiting patients who are willing to travel an alternative provider.
Growth in the non-admitted waiting list.	Weekly Elective Recovery Meetings in place for long wait RTT patients and outpatient performance.
Theatre staffing vacancy, retention, and high sickness rates.	Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT). Additional mobile capacity to be supported by the ICS.
Industrial action throughout February.	Plans in place to mitigate impact of industrial action.
	COVID surge plan in place and our RVI Flu plan has been published.

TPR: Health Inequalities (RTT)

RTT PTL by Ethnic Group
At end of January 2023

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	33370	98.24%	94.34%
Black, Black British, Caribbean or African	27	61	0.18%	0.94%
Mixed or multiple ethnic groups	22	157	0.46%	1.26%
Asian or Asian British	22	259	0.76%	2.97%
Other ethnic group	22	122	0.36%	0.49%
Unknown	22	11977	-	-
Not Stated	21	3279	-	-
Grand Total	**22**	**49225**	**-**	**-**

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

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile
At end of January 2023

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	22	5842	12.20%	8.88%
2	22	6638	13.86%	13.59%
3	22	10032	20.95%	20.94%
4	23	10402	21.73%	20.68%
5	23	14962	31.25%	35.90%
Unknown	18	1349	-	-
Grand Total	**22**	**49225**	**-**	**-**

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.
*Proportion on waiting list excluding unknown.

Highlights For Board To Note:

As per the 2022-23 national planning mandate, RTT Waiting List data has, in order to identify any potential health inequalities, been split to view Ethnic Groups and IMD Quintile.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

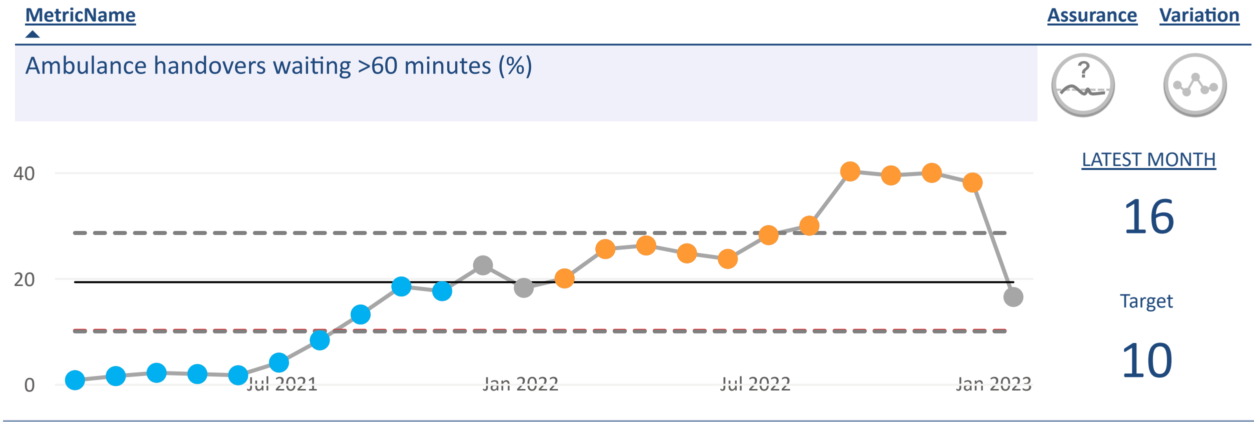
IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

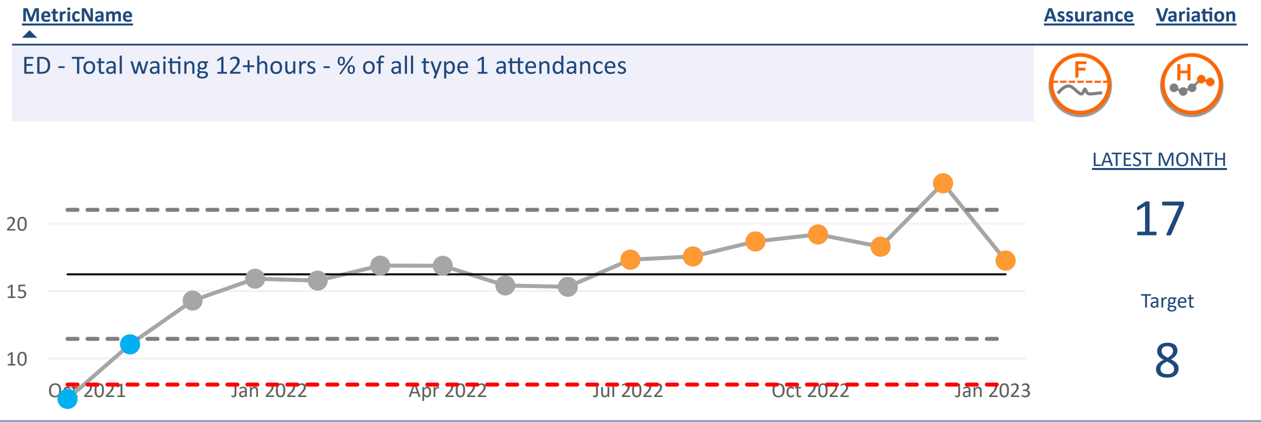
Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either ‘Unknown’ or ‘Not Stated’ is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that Clinical Prioritisation can bring to weeks waiting.

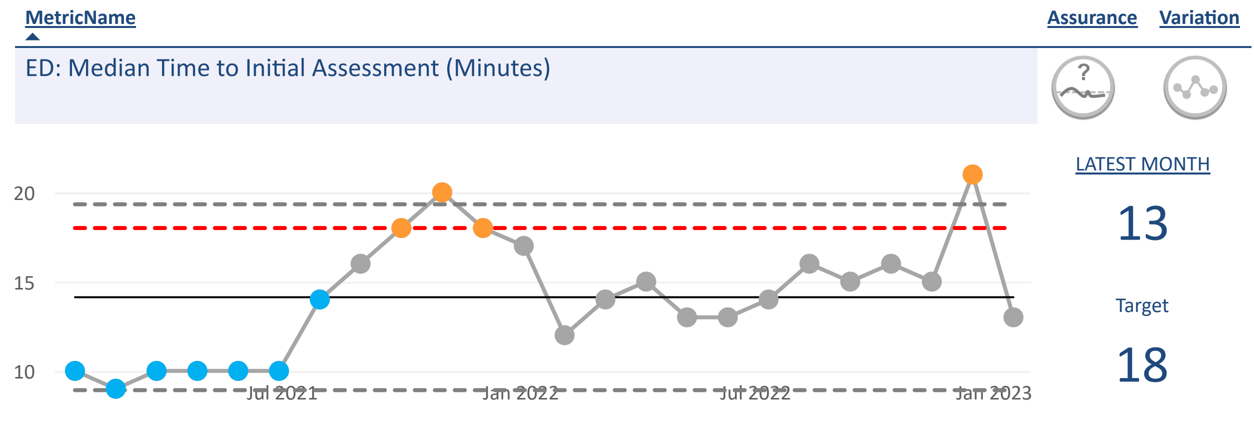
The next steps for this work will be to understand any differentials between the population base and the waiting list. Further analysis will be undertaken in coming months, and this piece of work will also be expanded to include Urgent Care, Cancer, Learning Disabilities and Military Veterans.

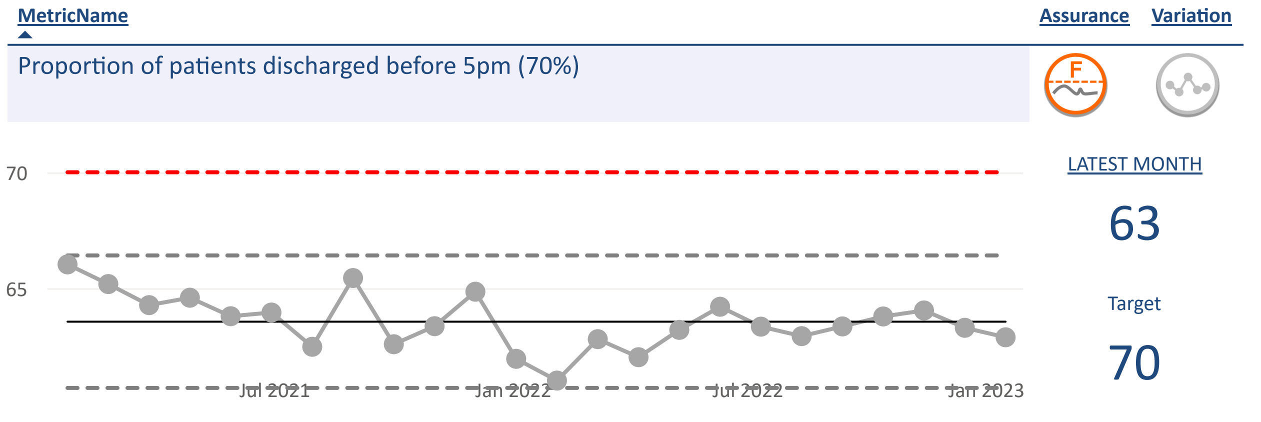
TPR: Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust









DATA ANALYSIS:

- **Ambulance handovers waiting >60 minutes (%):** The indicator is generally showing deteriorating performance over the last year with a series of points above the mean since Feb 2022 to Dec 2022. The target has not been reached since Aug 2021. There has been a significant improvement for Jan 2023 coming below the mean.
- **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 Jul 2022. The target has not been reached since Oct 2021.
- **ED - Median time to initial assessment (minutes):** The indicator is showing a trend above the mean in recent months, with Dec 2022 going above the upper control limit. There has been a significant improvement for Jan 2023 coming below the mean.
- **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).

Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

BI&IREF : 10042

Challenges & 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. The development has been delayed with a completion date of May 2023 rather than March 2023 anticipated. 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. Trust participated in an ICB led Winter Pressures tabletop exercise entitled 'Arctic Willow'. Best practice and lessons learnt have been shared across the ICB. 2. 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. 3. Emergency Assessment Units now open 24/7, work ongoing to extend the clinical criteria and pathways. 4. Project on track to extend the range of specialities operating through a Surgical Assessment Unit E.g. Orthopaedics and Gynaecology. 5. 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. 6. The refreshed Urgent and Emergency Care Programme key aim is: To deliver high quality, safe, urgent and emergency care, for our communities, with our partners, delivered in the right place, at the right time, appropriate to our patient's needs. The focus of the programme in the last month has been on expanding the Programme Team's resource. The Programme Lead has now been appointed on a permanent basis and two Programme Managers and two Project Managers will be joining the team on a permanent basis from 1st April. External support has also been sought to further build the capacity and strengthen the team. An Improvement Manager from ECIST has joined the team at the end of January for 2 days a week and a Senior Manager from NHS England is joining the team for 1 day a week from February. The national UEC Recovery Plan was published on 30th January and an initial assessment has taken place to ensure key actions are covered by the programme. In February a more detailed analysis will take place and the programme updated if required to ensure the plan will be fully addressed. Each workstream has continued to be developed with key updates PTO for further details

Challenges & Risks	Actions & Mitigations
	6.1 Urgent Care: The first workshop is being scheduled in February to bring together Place teams, commissioners and clinical teams to further build upon the discussions to co-produce the new Integrated model of Urgent Care. 6.2 Children and Young people Integrated Care and Assessment: The initial focus has been on understanding children and their family's behaviour around accessing healthcare. The partnership group will be reviewing this in February and starting to discuss options for integrated models of care which can be tested ahead of next winter. The CAT hub continues as the initial test of an integrated model of care with recurrent funding options being discussed with the Place team this month. 6.3 Virtual Ward: Virtual Wards are specifically identified in the national recovery plan with a requirement to expand capacity. Clinical leaders are to be identified in February, with a clinical workshop being scheduled for March, to review learning from other organisations and identify the requirements for implementation here. 6.4 SDEC: The actions identified in the December UEC Programme Board continue to be progressed alongside developing the improvement support from ECIST. A missed opportunity audit will take place to clinically identify opportunity to maximise SDEC services across the organisation. Additionally, the Acute Provider collaborative has prioritised SDEC, and the Trust is taking part in an assessment and associated development work with The Collaborative. 6.5 Discharge: The January Programme Board focused on the development of a pan trust discharge framework. The proposal will be further developed at the February board and will cover the full patient pathway from admission. The ECIST Improvement Manager and Clinical Lead will also support this work initially with a criteria to admit audit in March which will be carried out in both hospitals with the clinical teams. The framework will set standards for consistency across the organisation and build upon existing work in this area. It will provide a refreshed focus especially for patients on Pathway 0 (no additional support required on discharge). 6.6 7 day standards: Work is continuing towards the four priority standards in relation to post take, diagnostics and review of patients. Standard 6 is achieved by the organisation and an internal audit has been completed which provides clearer assessment of performance against standards 2 (post take) and standard 8 (daily senior review). The audit is now being reviewed with the Medical Director and Care Group Directors to agree actions. 6.7 Access to post hospital care: In relation to Transfer of Care a commitment has been made with the York Place Director to progress work in relation to developing integrated intermediate care. The system plan continues to be developed with partners covering all three areas of pre hospital, in hospital and transfer of care. A monthly partnership session is now being established to support further development and delivery of the plan alongside the weekly action meetings. 7. Continued focus on the 100-day Discharge Challenge to optimise discharge planning and flow. Ongoing engagement with system partners. A pan-Trust discharge framework is being developed as part of the wider system plan. 8. Exploration of the development of a domiciliary social care service to support the discharge of patients who do not have the right to reside. 9. NY and York place have agreed to fund CIPHER at Scarborough (ambulance clinical handover and PTS discharge) and York (ambulance clinical handover working with VCS-PTS) through to the end of March 2023. This commenced in December 2022.

TPR: Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals
NHS Foundation Trust

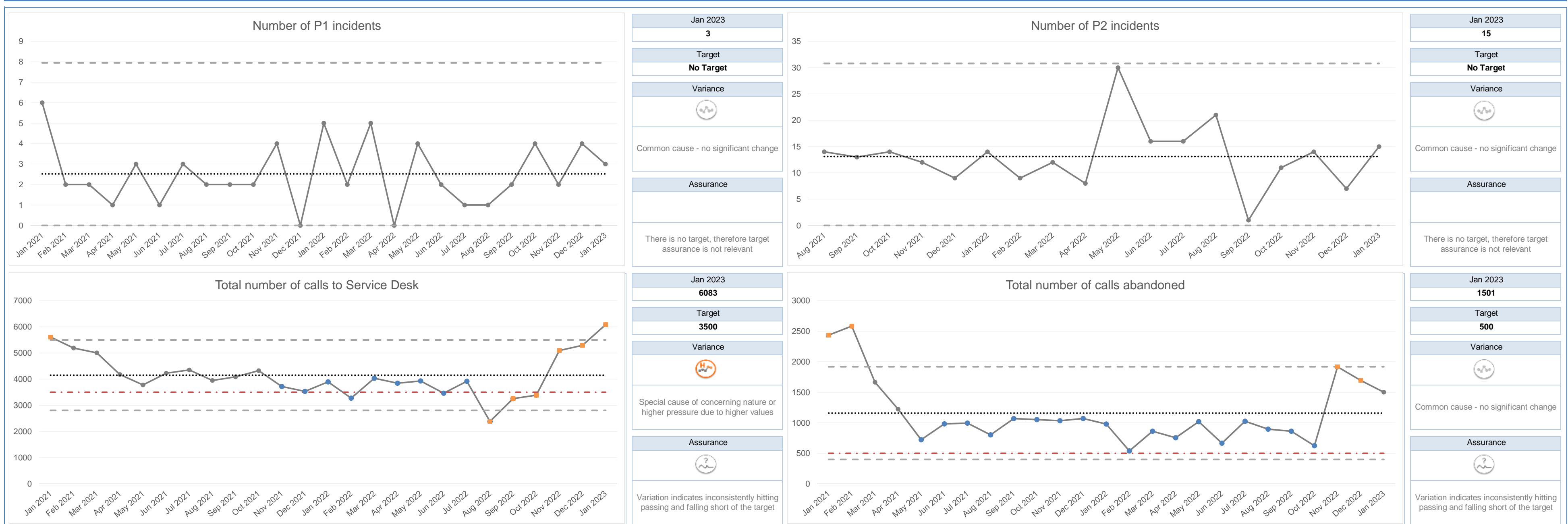
BI&IREF : 10042

Challenges & Risks	Actions & Mitigations
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 Industrial action in February following the Unison, GMB and Royal College of Nursing ballot action	Mitigations: Daily review of medical and nursing staffing to ensure appropriate skill mix – ongoing. Weekly meeting to progress the Rapid Quality Review Action Plan. Urgent Care System Programme Board established across the Integrated Care System. Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests. Plans in place to mitigate impact of industrial action. COVID surge plan in place and RVI Flu plan has been published.

DIGITAL - Digital Indicators

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



Data Analysis:

Number of P1 incidents: 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 incidents: The indicator is currently showing common cause variation, with a sharp increase in P2 calls in May 2022, and only one P2 call showing in Sep 2022. A wider degree of variation around the mean has been seen in the last nine months.
Total number of calls to Service Desk: The indicator is showing a run of points below the mean from Nov 2021 to Oct 2022, with a sharp rise in Nov and Dec 2022 close to the upper control limit. January 2023 is now above the upper control limit. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. The months from Nov 2022 to Jan 2023 have not met the target, and the target is not being met consistently.
Total number of abandoned calls: The indicator is showing a run of points below the mean from May 2021 to Oct 2022, with a sharp rise in Nov 2022 close to the upper control limit. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. The target is not being met consistently, but the target line is above the lower control limit.

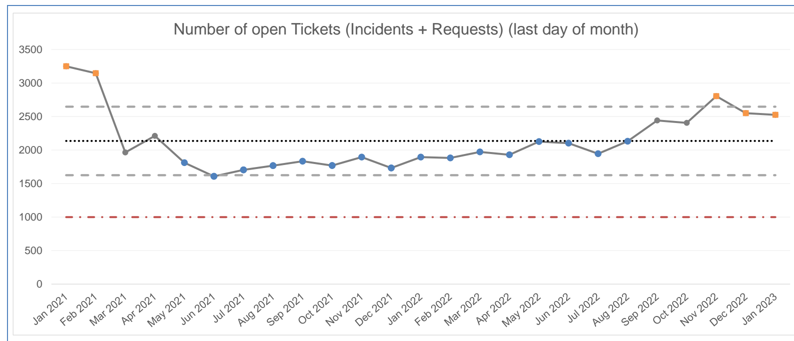
Operational Update:
P1 incidents:
- 4/1 - CPD performance incident affecting users across all sites and modules, including EPMA and Nucleus
- 4/1 - eRS server offline affecting eReferrals bookings. Network connection issue resolved

CPD performance problems are being investigated and tuning/optimisation actions taken where opportunities arise. Ongoing actions to monitor and review for root causes
16/1 - Inbound telephone lines to York Hospital affected overnight due to fault with BT ISDN services.

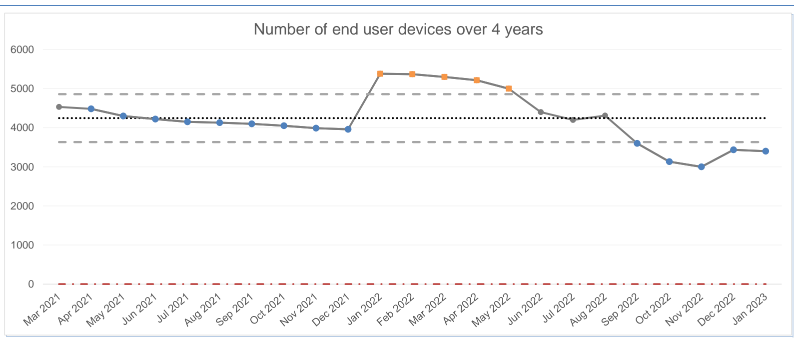
Total number of calls / number of abandoned calls
- Continued high demand arising from rollout of Office 365 / NHSmail, and CPD performance incident on 4/1
- Staffing situation improving and new recruits start in March

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



Jan 2023
2525
Target
1000
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
Variation indicates consistently falling short of the target



Jan 2023
3400
Target
0
Variance
Special cause of improving nature or lower pressure due to lower values
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 to Dec 2022 were all above the mean. Nov 2022 rose above the upper control limit, with Dec 2022 and Jan 2023 just below it. 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 five 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 from Sep 2022 to Jan 2023, with 3400 devices now over 4 years old.

Operational Update:

Number of open calls (last day of the month)
- Number of open calls remains high, although it should be noted that **917 / 2551 (36%)** are deferred and awaiting replies/action by users, or delivery of equipment.
- Service Desk capacity will increase in March and focus on review/closure of deferred tickets
- Continued elevated demand for support relating to NHSmail and Office 365 project

Number of End User Devices over 4 years
An increase of 436 devices from first January and small % increase in growth in the last year with more proactive management of our estate. Multiple pieces of work, we have identified 237 machines that had not touched our physical network (onsite) for 90 days we have engaged the users who have provided assurances this piece is still on going. The next steps are for us to introduce a policy that remote IT equipment (i.e. laptops) to come onsite once every 30 days. There are multiple benefits in doing this.

DIGITAL - Information Governance Indicators

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023

Number of incidents reported and investigated

Jan 2023	51
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant

Number of Patient SARs

Jan 2023	448
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

Number of FOIs received (quarterly)

Dec 2022	137
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 and Jan 2023 saw an increase closer to the upper control limit.
Number of Patient SARS: This indicator is currently showing special cause variation with Jan 2023 above the upper control limit (448 SARs), after a run of eight points above the mean from Jan to Aug 2022.
Number of FOIs received (quarterly): This indicator is showing common cause variation, with the latest trend moving back towards 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)

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 – January 2023 (Month 10)

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 £5.1m against a planned deficit of £0.2m for January. The Trust is £4.9m adversely adrift of plan. This represents a slight deterioration of the position reported in prior months.

The largest adverse variance relates to pay at £12.2m. Premium rate pressures linked to vacancies and high sickness levels are continuing to contribute to the adverse position. As reported last month, funding has been confirmed for the unfunded pay award and this is now factored into the reported position.

The position also remains 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. Although discussions have continued through NHSE to access national Community Diagnostic funding, we have just been informed that no funding will be possible through this route. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 10 this is adversely impacting our position by £1.17m.

Of the £4.9m total reported adverse variance, after discounting the financial impact of the additional CT scanner accounts of £1.17m, this leaves a balance of £3.73m created through other pressure for which additional income is not expected.

Following the CQC visits the Trust has responded to identified improvement requirements to its maternity and emergency services at additional cost. To date this amount to £262k and is contributing to the overall adverse financial position.

On top of the locum and agency pay pressure noted above other notable variances include drugs overspend of £3.4m (£2.3m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £3.0m (including particularly a pressure on utilities of £1.9m due to the further price increases seen last autumn) and a CIP shortfall of £2.0m with some compensation from an underspend on clinical supplies and services of £5.7m.

Also of note is that we spent £8.0m for the year to date on covid costs compared to a plan of £6.2m; therefore we are £1.8m adversely adrift of our covid plan.

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	75,290	62,977	66,899	3,922	80,279
Clinical commissioning groups	528,607	440,533	442,668	2,135	533,000
Local authorities	4,793	3,990	4,012	22	4,815
Non-NHS: private patients	514	428	355	-73	426
Non-NHS: other	1,185	989	1,240	251	1,799
Operating Income from Patient Care Activities	**610,389**	**508,917**	**515,174**	**6,257**	**620,319**
Research and development	1,765	1,471	2,131	660	2,557
Education and training	24,231	20,133	21,466	1,333	25,812
Other income	49,084	40,854	41,567	713	49,521
Other Operating Income	**75,080**	**62,458**	**65,164**	**2,706**	**77,890**
Employee Expenses	-446,037	-371,224	-383,400	-12,176	-457,048
Drugs Costs	-61,987	-51,686	-55,044	-3,358	-66,083
Supplies and Services - Clinical	-74,868	-61,914	-56,248	5,666	-65,958
Depreciation	-18,291	-15,243	-14,544	699	-17,456
Amortisation	-1,521	-1,268	-1,268	0	-1,521
CIP	3,776	2,007	0	-2,007	0
Other Costs	-68,455	-57,225	-60,177	-2,952	-72,647
Total Operating Expenditure	**-667,383**	**-556,552**	**-570,680**	**-14,128**	**-680,713**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**14,823**	**9,658**	**-5,165**	**17,496**
Finance income	30	25	701	676	621
Finance expense	-975	-813	-726	87	-976
PDC dividends payable/refundable	-8,014	-6,678	-6,625	53	-8,014
NET FINANCE COSTS	**9,127**	**7,357**	**3,008**	**-4,349**	**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 liabilitie	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**7,357**	**3,008**	**-4,349**	**9,127**
Remove Donated Asset Income	-9,607	-8,006	-8,510	-504	-9,607
Remove Donated Asset Depreciation	452	377	377	0	452
Remove Donated Asset Amortisation	28	23	23	0	28
Remove net impact of DHSC centrally procured invento	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**	**-249**	**-5,102**	**-4853**	**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 - January									
		January 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	£2,394	£1,239	£1,155	£1,601	£1,413	£1,519	£82	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£1,115	£1,115	£0	£1,404	£0	£1,404	£0	£0
3. Surgery	£3,008	£2,389	£1,450	£939	£2,309	£699	£2,225	£84	£0
4. Cancer and Support Services	£2,552	£2,027	£1,319	£708	£1,843	£709	£1,843	£0	£0
5. Family Health	£1,595	£1,266	£1,140	£126	£1,394	£201	£1,394	£0	£0
6. Specialised Medicine	£1,639	£1,301	£1,487	-£186	£1,902	-£264	£1,902	£0	£0
7. Corporate Functions									
Chief Exec	£65	£52	£76	-£24	£77	-£11	£77	£0	£0
Chief Nurse Team	£164	£130	£128	£2	£134	£29	£134	£0	£0
Finance	£184	£146	£648	-£502	£683	-£499	£683	£0	£0
Medical Governance	£15	£12	£125	-£113	£125	-£110	£125	£0	£0
Ops Management	£101	£80	£50	£30	£50	£51	£50	£0	£0
Corporate CIP	£16,890	£14,075	£14,160	-£85	£18,547	-£1,657	£18,547	£0	£0
DIS	£289	£229	£234	-£5	£319	-£30	£319	£0	£0
Workforce & OD	£314	£250	£605	-£355	£800	-£485	£800	£0	£0
				£0					
Sub total	**£31,234**	**£25,466**	**£23,775**	**£1,691**	**£31,188**	**£46**	**£31,022**	**£166**	**£0**
YTHFM LLP	£1,123	£892	£576	£316	£1,169	-£46	£1,073	£95	£0
Group Total	**£32,357**	**£26,358**	**£24,351**	**£2,007**	**£32,357**	**£0**	**£32,096**	**£261**	**£0**

Delivery in month 10 remains £2m behind plan in terms of the core programme delivery. Plans have been identified to deliver the total programme of £32.4m, and of this sum £32m (99%) is identified as low risk.

Recurrent delivery is 35.4% of the year-to-date target and remains a key risk to the programme.

Productivity and Efficiency Review Sessions

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

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.

Ongoing Developments

- ### Robotic Process Automation

  Work is under-way with Robotic Process Automation (RPA) with a 'proof of concept' project in Accounts payable. This has the potential to be rolled out into other areas within Finance and across the Trust where appropriate and was approved at the Finance and Procurement Transformation Board. This is also being looked at across the ICS. Currently awaiting a DPIA (Data Protection Impact Assessment) to be complete.

- ### Collaborative Programme of Work

  We are working with the North Yorkshire and York Place Finance Director Forum (NY&YPFDF) to pull together a programme of work that will support delivery of System savings. The table below identifies some of the schemes that have been discussed and will be worked up and prioritised. Work is ongoing with regular progress meetings in place.

Scheme no	Care Group/Trustwide/System	Benefits	Next Steps
1	Inventory Management within Community – CG1	Improved stock control Improved pricing through purchasing of products via Supply Chain Gain/Share savings circa £40k recurrent FY 22/23. Further opportunity to make savings through roll-out to other community sites – circa £80k recurrent.	Direction of travel: scanning of 'product to patient'; all about patient safety, better governance and compliance Part 2: Trial at Tang Hall HC (BC attached) eventually roll out to other Health Centres in York area. Review formulary with TVN's once switch to Supply Chain Possibility of rolling out across ICS. NHS Supply Chain Key Stakeholder in process.
2	Pharmacy - Excluded Drugs : Set Target for Pharmacy	Regional Collaboration. Improved pricing.	MH System Top Ten Drugs/Biosimilars. Drugs Spend Provider/Community/Place Agree appropriate Task and Finish group. DoF Place Group to agree & Assign Target
3	Pharmacy: Prescribing	Improved prescribing Reduction in Waste Reduce number of products prescribed Cash reduction £TBA	Review current practice, delivery, spend & volume. Review across ICS and Health sectors. Identify existing Pharmacy collaborative forum across ICS S Parkes, Chief Pharmacist Y&S happy to talk to group Identify opportunity and timescale. Agree appropriate Task and Finish Group DoF Place Group to agree and priortise.
4	Pharmacy & CG1 - Nebulised Drugs	CF Drugs, High Cost Nebulised Medications	Share CG1's paper identify saving and evidence from other Trusts. Savings opportunity reflects Hull and York activity (York are commisioned to provide both). CG1 are leading on this. Is there opportunity for Harrogate.
5	Pharmacy - Formulary Review	Rationalisation of products. Improve patient outcomes. Reduction in Cost.	Formulary review and rationalization of products across ICS and health sectors Agree appropriate Task and Finish Group. DoF Place Group to agree and prioritise.
6	Community - Stoma Care	Improved prescribing	Approach as New scheme. Review current practice, delivery, spend & volume across ICS
10	Community Loan Equipment	Improved stock control. Rationalisation of equipment	Decision maker (prescriber) separate from budget responsibilitiy. Undertake review to scope aligning funding with decision maker. Project manager funded through £500m fund to support

Getting It Right First Time (GIRFT) Update

Work is ongoing in relation to Gynaecology. The national Team will benchmark this service against the GIRFT recommendations.

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.	Confirmation of no funding now received.	Continuing in operation. NHSE and ICS aware. Causing £1.17m pressure on our plan. ICS have now confirmed that no funding is available to support this.
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

January cash balance showed a £3.5m adverse variance to plan; this is mainly due to the payment of outstanding capital invoices. £11.5m of PDC funding has been drawn down in February in readiness for payment of additional capital invoices. 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	35,012	30,711	32,745		

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 10 Planned Spend £000s	Mth 10 Actual Spend £000s	Variance £000s
86,513	63,047	35,074	(27,973)

The capital programme at month 10 is £27.9m behind plan. £9.6m of this relates to IFRS 16 leases; Community Stadium lease of £8m not being finalised and £1.6m due to delays in equipment leases running behind plan.

If we remove the impact of IFRS 16 figures the capital programme is £18.3m (39%) behind plan. The 3 main schemes contributing to this adverse variance are Scarborough UEC scheme (£11.0m), Decarbonisation Salix Scheme (£3.4m) and York Cardiology VIU (£3.2m).

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 has recommenced. CIP panel meetings have been reconvened with the CEO.	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.	This review work has been completed and all the £4.3m reduction requirement has been identified.
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 now 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	618,146
Non-Clinical Income	80,063
Expenditure	-689,082
Surplus/(deficit)	9,127
NHSE Adjustments	-9,127
NHSE Adjusted Position	0

Key assumptions that been made in the forecast include:

- All ERF income is received.
- Covid in the envelope expenditure returns to plan for the final two months of the year.
- The remaining CIP left to achieve will have a 36% impact on run rate.
- Utilities expenditure does not exceed the £2.2m pressure currently forecast.
- The financial recovery plan discussed at the last Board is developed and is successful in reducing predicted spending by £2.9m.
- Support from the ICB is assumed at £2m based in part on conversations in light of no support being forthcoming from NHSE for the CT scanner.

This forecast has formed the basis of our forecast submission to NHSE/ICB for M10.

Within the overall Trust forecast are differing forecast variances across the Care Groups. Linked to the recovery plan agreed by the Board at its last meeting, the Care Groups have been asked to develop their own recovery plan using the initiatives identified in the Board paper, and to report on their assessed impact on the Care Groups forecast outturn position as at M7.

The table below illustrates the Care Groups respective forecast net expenditure positions at M7, and how their identified recovery actions improve on these positions. Overall the table shows that of the £2.9m target for the financial recovery plan £2.1m of low to medium risk initiatives have been identified to date. Work continues with the Care Groups to reach the target and on lowering the overall delivery risk.

Care Group etc.	Budget	Actual Forecast	Forecast Expenditure Variance	Offset by income	Underlying expenditure variance	Sum of Recovery Actions	Revised Forecast Outturn
Acute Elderly Emergency General Medicine and Community Services - York	105,243,917	109,324,147	-4,080,230	-992,417	-3,087,813	-236,000	-2,851,813
Acute Emergency and Elderly Medicine-Scarborough	53,495,453	58,470,342	-4,974,889	-811,472	-4,163,417	-97,000	-4,066,417
Surgery	100,407,767	104,350,540	-3,942,773	-1,359,741	-2,583,032	-236,113	-2,346,919
Cancer and Support Services	119,305,973	120,548,156	-1,242,183	-709,172	-533,011	-221,000	-312,011
Family Health & Sexual Health	49,970,411	50,668,590	-698,179	0	-698,179	-308,490	-389,689
Specialised Medicine & Outpatients Services	86,648,645	85,596,359	1,052,286	0	1,052,286	-165,000	1,217,286
Other	0	0	0	0	0	-874,000	874,000
TOTAL	**515,072,166**	**528,958,134**	**-13,885,968**	**-3,872,802**	**-10,013,166**	**-2,137,603**	**-7,875,563**

Using the deficit position with the Care Groups reported above, after recovery actions, and after considering the full corporate reported position and YTHFM position we remain targeting a balanced outturn position for the wider group.

Recommendation:

The Board of Directors is asked to discuss and note the January 2023 financial position for the Trust.

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

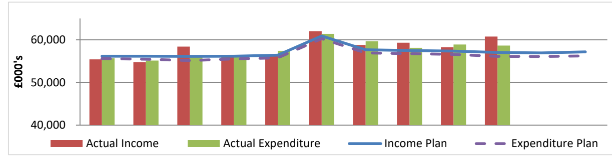
Date: Feb-2023

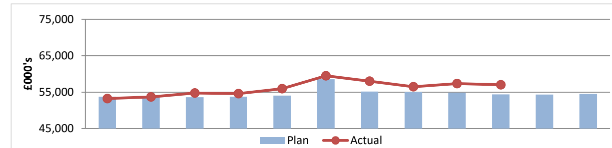
TRUST PRIORITIES REPORT : January-2023

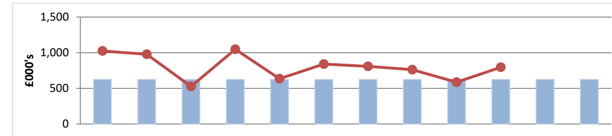
SUMMARY INCOME AND EXPENDITURE POSITION

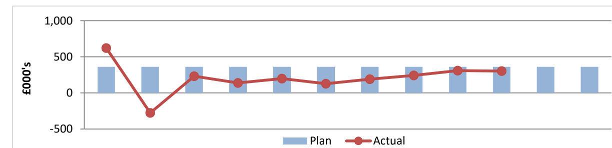
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

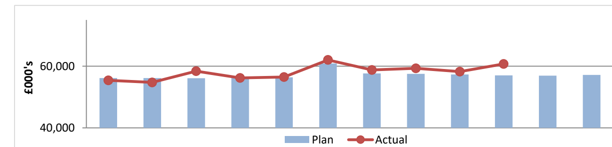
Jan-23	METRIC:	PLAN:
£3,008	6.01 Income and Expenditure	£7,357
£57,034	6.02 Operational Expenditure against Plan (exc. COVID)	£54,373
£796	6.03 COVID-19 'Inside the Envelope' Expenditure	£624
	Monthly % Covid Spend of Operational Spend:	1.4%
£303	6.04 COVID-19 'Outside the Envelope' Expenditure	£360
£60,738	6.05 Income against plan	£57,036



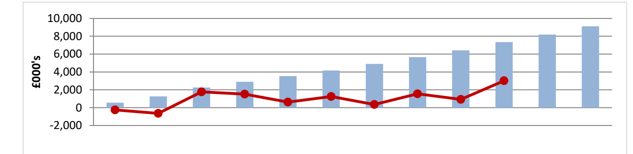


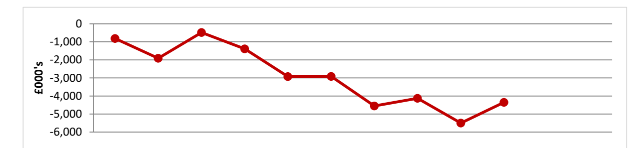


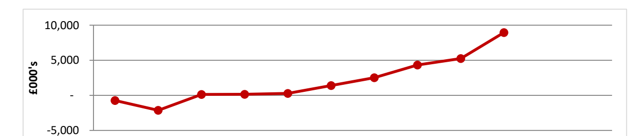


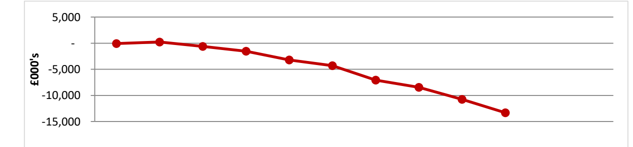


	METRIC:	PLAN:
£3,008	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	£7,357
-£4,349	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0
£8,963	6.08 Cumulative Income Variance to Plan	£0
-£13,312	6.09 Cumulative Expenditure Variance to Plan	£0









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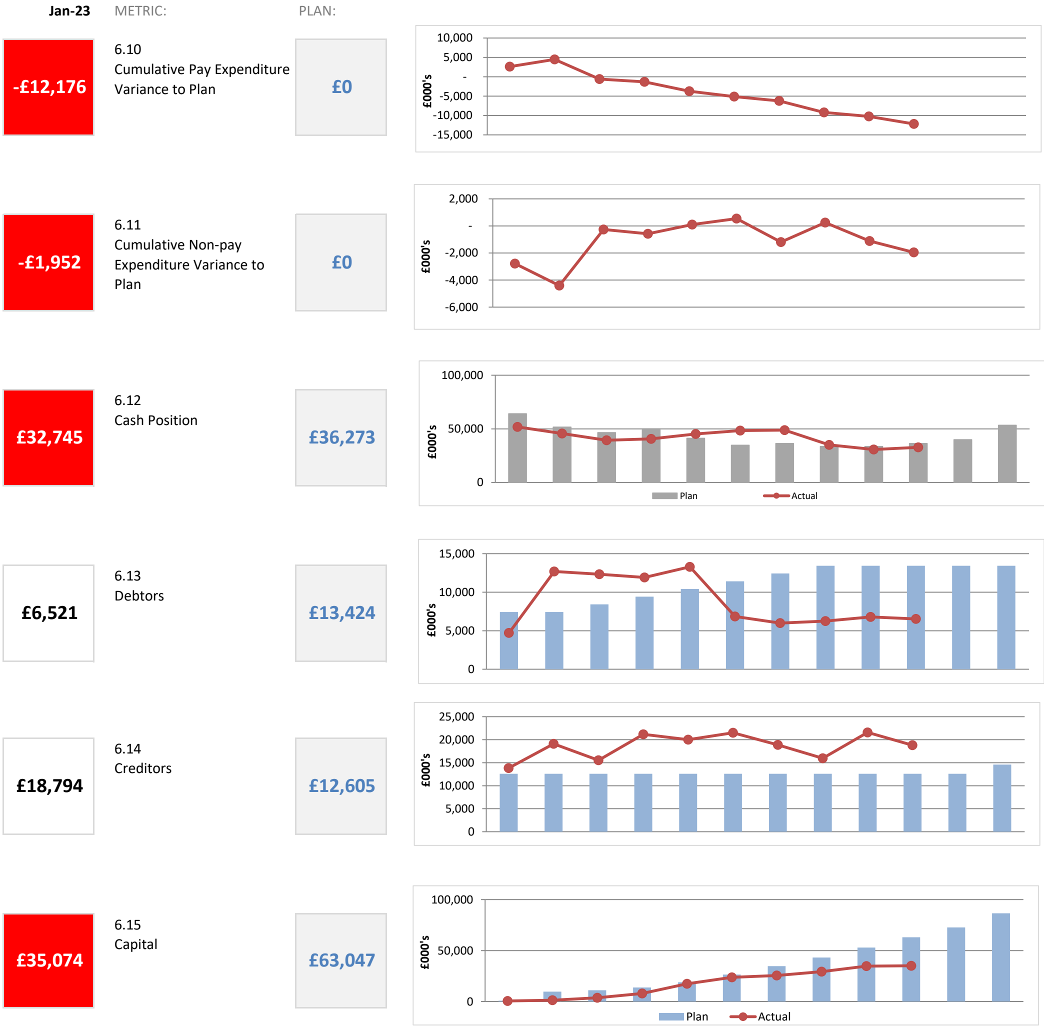
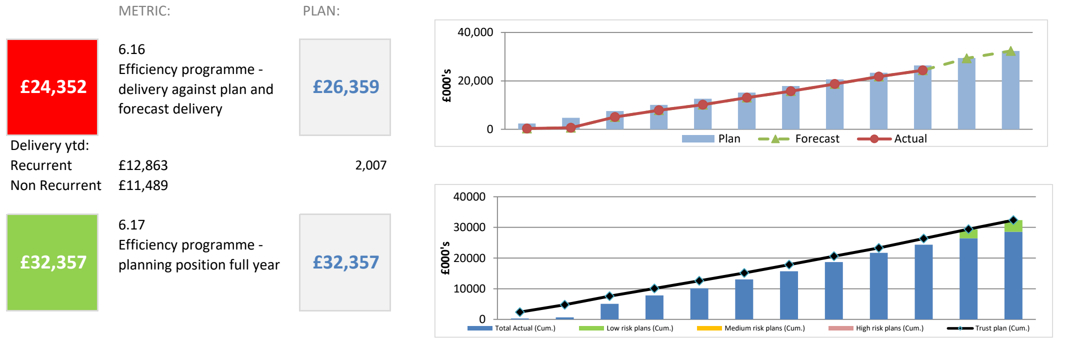
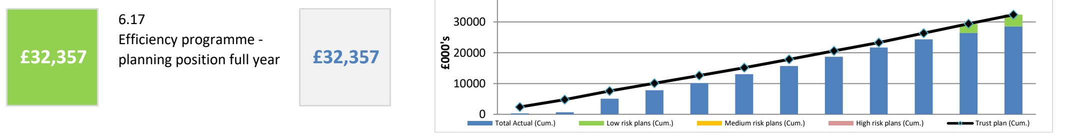
TRUST PRIORITIES REPORT : January-2023

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY







Planning (Gap)/Surplus

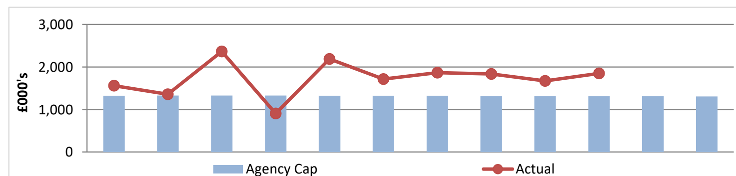
	January £'000	EOY £'000	Comments
Target	26,359	32,357	
PLANS			
Low Risk	26,291	32,357	
Medium Risk		0	Medium Risk Plans being reviewed re risk status and if deliverable in-year.
High Risk		0	No High Risk plans in 2022/23
Total Plans	26,291	32,357	
Planning (Gap)/Surplus	-68	0	
Actions			**New Plans** - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term)

TRUST PRIORITIES REPORT : January-2023

SUMMARY INCOME AND EXPENDITURE POSITION

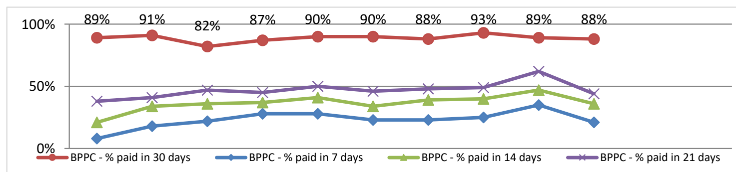
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jan-23	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
£1,850	6.24 Agency Spend against Agency Cap	£1,312



BPPC Performance

Within 30 days		Within 7 days
88%	6.25 BPPC - % paid in 30 days 6.26 BPPC - % paid in 7 days	21%
Within 14 days		**Within 21 days**
36%	6.27 BPPC - % paid in 14 days 6.28 BPPC - % paid in 21 days	44%



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 : Jan-2023

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 3555 patients into clinical trials so far this financial year, against a target of 3506, so we have exceeded our accrual target with two months to go!
- We are exploring the possibility of creating some joint clinical and academic posts within Dermatology, including the possibility of a Clinical Lectureship post. Our first meeting with HYMS/UoY was very encouraging with a second meeting planned soon
- We have submitted to HYMS (with Care Group Manager support) 10 staff who would like to have a HYMS funded research PA within their job plans, These are currently being reviewed by HYMS and we remain hopeful!
- We have advertised for new Care Group Research Leads in CG1 and CG5 (Due to Professor James Turvill being promoted to Clinical Director of Research & Innovation and the stepping down of Dr Adrian Evans)
- We are having exciting conversations regarding joint support within the new Institute of Health at the University of York St John, under Professor Garry Tew.
- Our bid to the Clinical Research Network to add some additional staff to the Scarborough MLTC Hub for the next 12 months has unfortunately been unsuccessful. We are now considering what do to with the MLTC Hub going forward.
- We are working on several grants for applications currently, all due for submission in the next two months
- Members of the Team supported the Learning & Development away day that has come up with some exiting ideas we hope to support going forward
- We are also supporting the New Starter Fairs and Careers Days in schools
- Head of R&D and Director of Research and Innovation are currently exchanging ideas on how we can create a better Care Group research infrastructure and the future of the Trusts research Committee

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: Feb-2023

TRUST PRIORITIES REPORT : January 2023

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	494	570	225	237	217	362	774	221	223	232			3555
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 January 2023

Care Groups	Accruals Running Total 22/23
CG1 Total	424
CG2 Total	174
CG3 Total	413
CG4 Total	136
CG5 Total	63
CG6 Total	107
RP's Total	600
Cross Trust Studies Total	1638
ACCRUAL TOTALS	3555

Accruals Still Required	0
Trials Open to Recruitment	94

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	33%	13%	*Weighted 11*
Observational	51%	60%	*Weighted 3.5*
Large Interventional	4%	4%	*Variable weighting by study*
Large Observational	5%	16%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	7%
Non Commercial	93%

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

APPENDIX : National Benchmarked Centiles

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023

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 08/02/2023
* 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%)	Jan-23	63.0%	70%	83	21/121	*Dec 22
	UEC	ED: Median Time to Initial Assessment (Minutes)	Jan-23	13	18	21	94/118	*Nov 22
	RTT	RTT Total Waiting List	Jan-23	49186	44541	30	118/168	*Nov 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Jan-23	0	0	38	105/168	*Nov 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Jan-23	529	63	13	147/168	*Nov 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Jan-23	7	45 (12-month)	3	133/137	*Oct-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Jan-23	12	117 (12-month)	21	109/137	*Oct-22
	Patient Experience	Trust Complaints	Jan-23	44	No Target	23	162/210	*Q4 21/22