

# Council of Governors (Public) – Blue Box

15 June 2023



<b>Agenda Item</b>	<b>ITEM</b>	<b>PAGE</b>
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## CoG Attendance Record

## Item 10.1

Name	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	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG
Alan Downey (Chair)				√	√	√	√	√	√	√	Ap
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√	√	√
Bernard Chalk (Public Governor - East Coast of Yorkshire)			√	√	√	√	√	√	√	√	√
Mary Clark (Public Governor - York)								√	Ap	√	Ap
Dawn Clements (Stakeholder Governor – Hospices)	√	Ap	Ap	Ap	Ap	Ap	√	√	Ap	√	√
Cllr Liz Colling (Stakeholder Governor - NYCC)							√	√	Ap	√	Ap
Beth Dale (Public Governor - York)			√	√	√	√	Ap	Ap	Ap	√	√
Abbi Denyer (Staff Governor - York)								√	√	√	√
Keith Dobbie (Public Governor - East Coast of Yorkshire)			√	Ap	Ap	√	√	√	√	√	Ap
Alistair Falconer (Public Governor - Ryedale & EY)			Ap	√	√	√	√	√	√	√	Ap
Colin Hill (Public Governor - East Coast of Yorkshire)								√	√	Ap	√
Sharon Hurst (Staff Governor – Community)	√	√	√	√	Ap	√	√	√	Ap	Ap	Ap
Maria Ibbotson (Public Governor - East Coast of Yorkshire)								√	√	√	√

## CoG Attendance Record

## Item 10.1

Name	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	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG
Paul Johnson (Staff Governor – York)	√	√	√	√	√	Ap	√	√	√	√	√
Sally Light – (Public Governor – York)	√	√	√	√	√	√	√	Ap	√	√	√
Maya Liversidge (Staff Governor – Scarborough/Bridlington)	√	√	√	√	√	√	√	√	√	√	√
Wendy Loveday (Public Governor - Selby)								√	√	√	√
Michael Reakes (Public Governor – York)	√	√	√	√	Ap	√	Ap	√	√	√	Ap
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	√	√	√	√	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	√	√	√

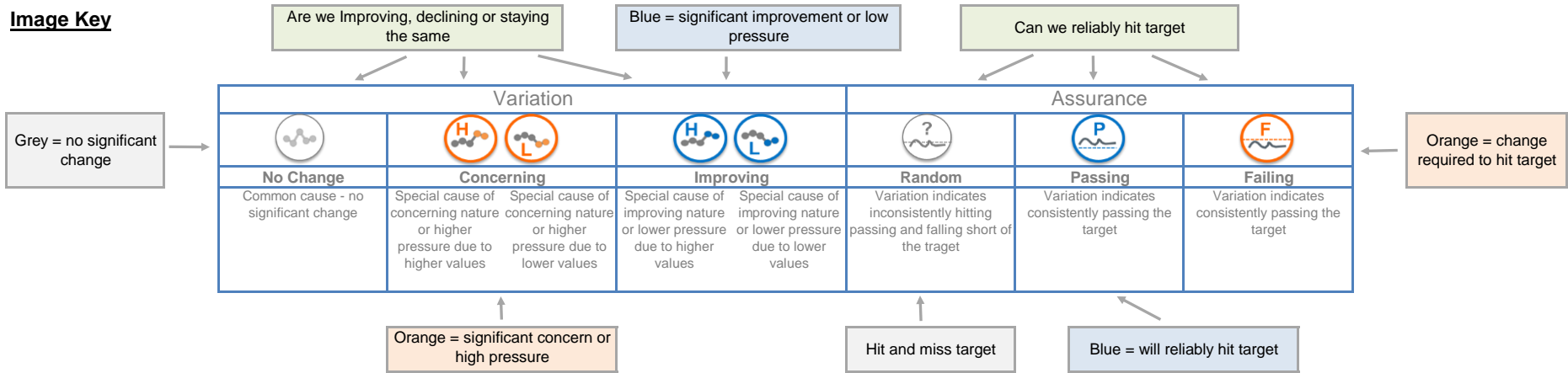
# TRUST PRIORITIES REPORT

May 2023

***Board Assurance Framework supporting information for:***

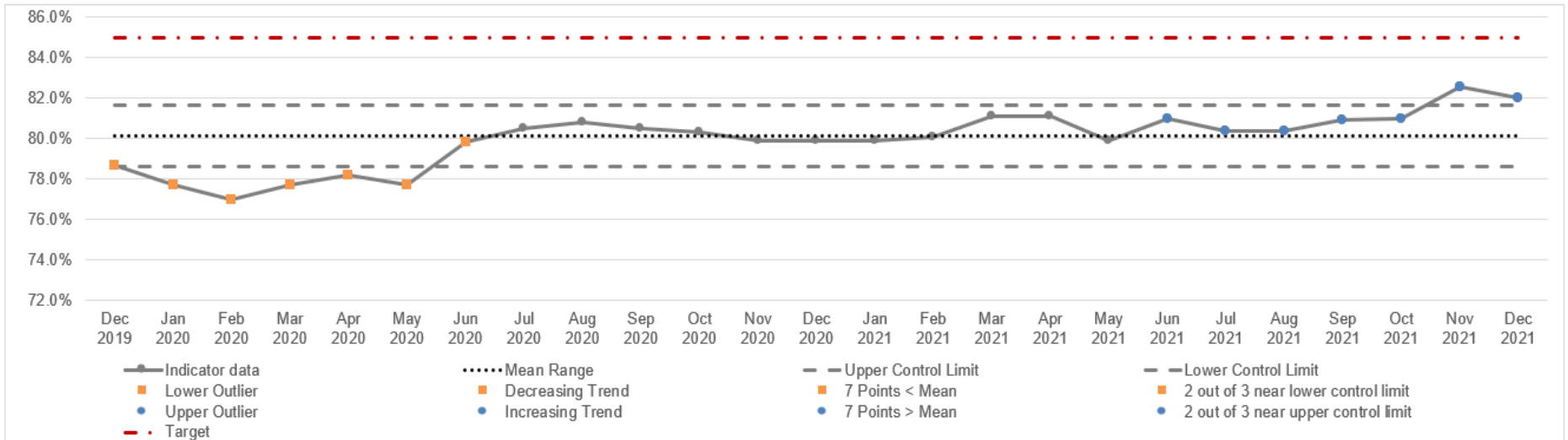
*PR1 Quality Standards, PR2 Safety Standards,  
PR3 Performance Targets, PR4 Workforce, PR5 Finance,  
PR6 DIS Service Standards, PR7 Integrated Care System (identified risk interdependencies)*

## 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

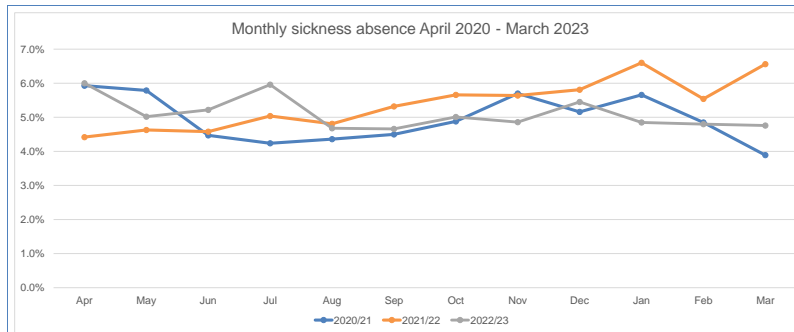


Orange Squares = significant concern or high pressure

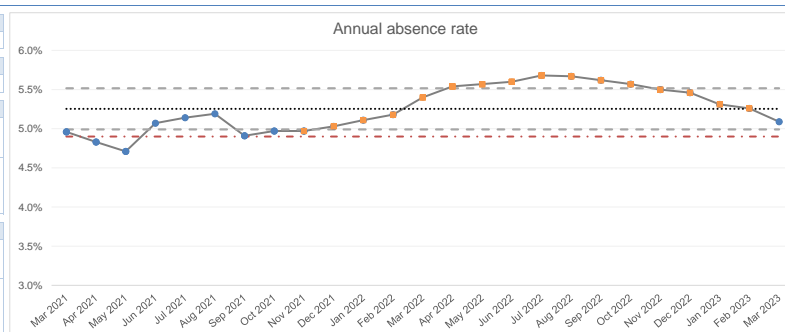
Blue Circles = significant improvement or low pressure

# OUR PEOPLE - Sickness Absence and Staff Survey

REPORTING MONTH : APRIL 2023



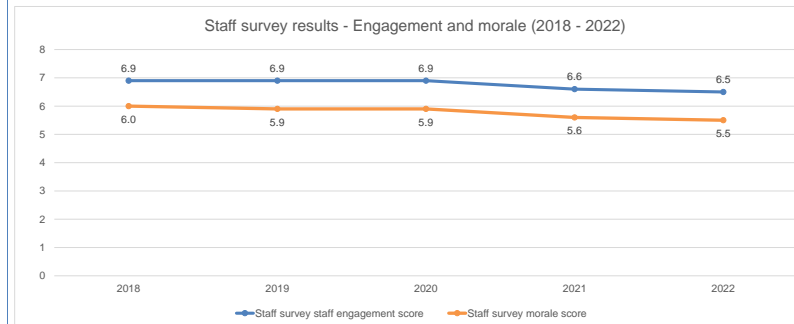
Mar 2023	4.76%
Target	No Target
Variance	
Assurance	



Mar 2023	5.09%
Target	4.90%
Variance	
Assurance	

Special cause of improving nature or lower pressure due to lower values

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 Mar 2023 (4.76%) is lower than that seen last year (6.56%).  
**Annual absence rate:** The indicator was showing special cause concern from November 2021 to October 2022, being above the upper control limit from April 2022. Recent months are showing improvement below the mean. The target is slightly below the lower control limit, so is consistently failing target.  
**Staff Survey Results:** The staff engagement and staff morale scores are showing a gradual decreasing trend compared to previous years (6.5 and 5.5 respectively, against scores of 6.9 and 6.0 for the 2018 staff survey)

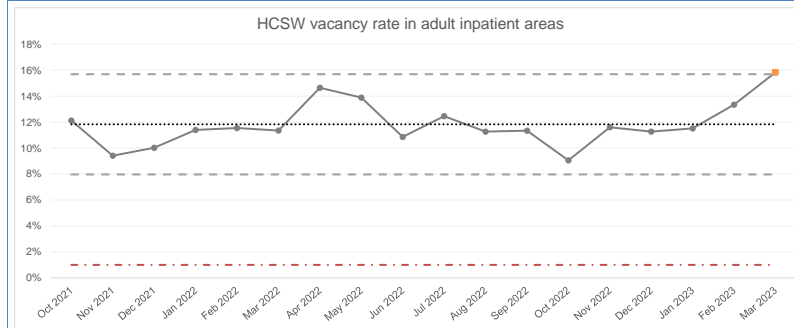
**Operational Update**

There has been very little change in the monthly absence rates between January and March 2023, and although the annual absence rate for the year to the end of March did reduce for the seventh month in a row it remains above 5%.

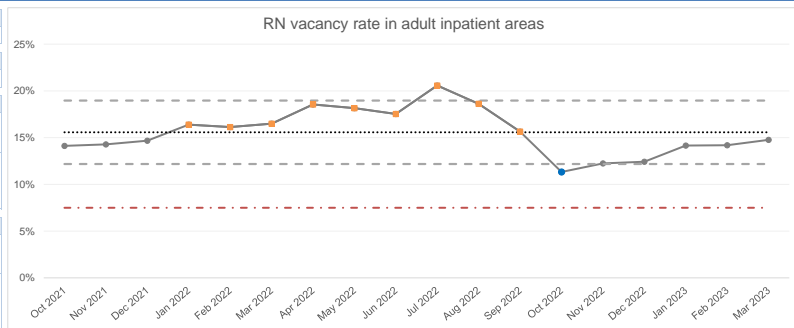
The HR teams have been placing a focus on sickness absence to try and understand where additional support is needed to help reduce absence rates across the organisation. This has included targetted support to sickness absence hot spot areas and more creative approaches to provision of training around absence mangement to reach wider audiences and improve attendance.

# OUR PEOPLE - Vacancy Rate

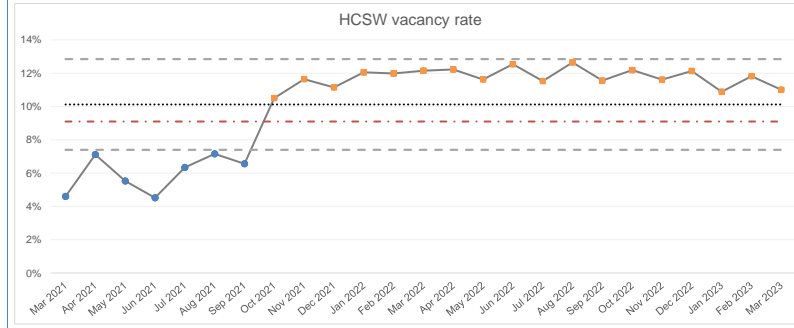
REPORTING MONTH : APRIL 2023



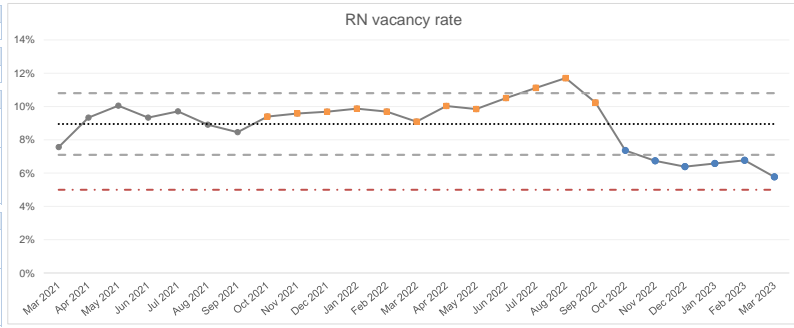
Mar 2023	15.83%
Target	1%
Variance	14.83%
Assurance	Special cause of concerning nature or higher pressure due to higher values
Assurance	Variation indicates consistently falling short of the target



Mar 2023	14.77%
Target	7.5%
Variance	7.27%
Assurance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target



Mar 2023	11.01%
Target	9.10%
Variance	1.91%
Assurance	Special cause of concerning nature or higher pressure due to higher values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Mar 2023	5.77%
Target	5%
Variance	0.77%
Assurance	Special cause of improving nature or lower pressure due to lower values
Assurance	Variation indicates consistently falling short of the target

**Data Analysis:**

**HCSW vacancy rate in adult inpatient areas:** The indicator is currently showing special cause variation above the upper control limit for Mar 2023, however please note the vacancy rate is shown from Oct 2021 only. The target is consistently not being met.  
**RN vacancy rate in adult inpatient areas:** The indicator is currently showing common cause variation with Oct 2022 being below the lower control limit, please note the vacancy rate is shown from Oct 2021 only. July 2022 was above the upper control limit. The target is consistently not being met.  
**HCSW vacancy rate:** The indicator is showing special cause concern, above the mean but below the upper control limit, from Oct 2021. The target is 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 from Nov 2022. The months of Jul and Aug 2022 were above the upper control limit. The target is consistently not being met.

**Operational Update**

It is not possible to provide the most up to date vacancy position as at the end of April as the operational budgets, including budgeted establishments, for the new financial year are still being finalised.

During the last week of April, the Trust welcomed our first cohort of eight nurses from Kerala, along with two physiotherapists who were also recruited during the recruitment trip to India last November. Their arrivals mean we are the first organisation as part of the ICB collaborative to successfully on-board candidates. Further AHPs and nursing cohorts are planned to arrive over the coming weeks/months, although challenges with candidates completing their English language exam is having an impact on the number we expect to convert from the recruitment event. Around 100 nursing posts were originally offered but this reduced to around 80 due to withdrawals and we are predicting the numbers may reduce further to under 50, due to delays with English language exams. To ensure the Trust is on track to meet its NHSE funded target of 90 internationally trained nurses by the end of November, we have recommended direct international nursing recruitment and are interviewing pre-screened candidates with a view to bolster our cohort numbers. NHSE has confirmed that we have met our target to recruit six international midwives, making us the first organisation in the region to meet their target.

The Trust has recently made 20 offers of employment across site via our generic HCSW advert, in addition to this we have also made 10 offers via our bespoke theatres advert. There is a total of 47 candidates currently in the pipeline. There are 12 candidates booked onto the next York induction which will take place on 22ND May and 14 candidates booked onto the 9th May induction in Scarborough. 142 candidates have registered their interest in the York HCSW Recruitment Event on 15th May and are currently being pre-screened. The next recruitment event for Scarborough will take place 13th June.

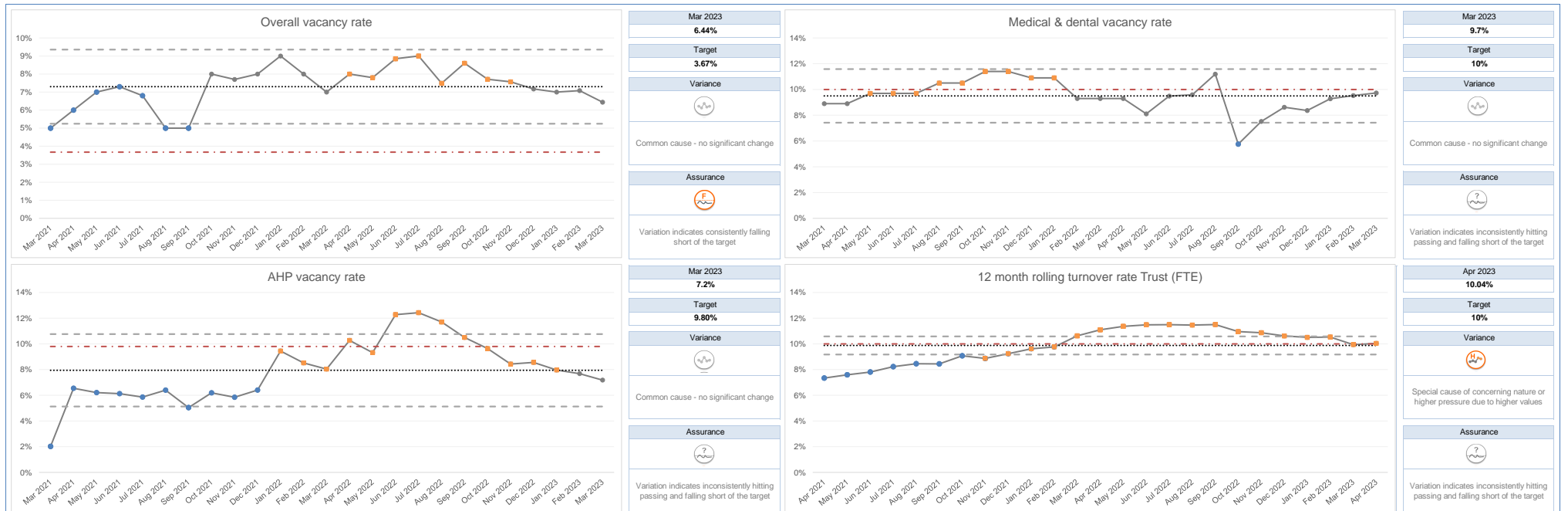
Central funding for Indeed to support NHS recruitment campaigns is no longer available. This is likely to have an impact on terms of reach when advertising HCSW events.

(Additional detail in relation to the HCSW vacancy position is provided on the next sheet)



# OUR PEOPLE - Vacancy Rate and Turnover Rate

REPORTING MONTH : APRIL 2023



**Data Analysis:**

**Overall vacancy rate:** The indicator was showing special cause concern from Apr to Nov 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 was 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 Jun-Sep 2022. The indicator has returned back towards the mean and is no longer showing concern. The target is showing under the upper control limit.  
**12 month rolling turnover rate - Trust (FTE):** The indicator is showing special cause concern since November 2021. The data points were above the upper control limit from Mar 2022 but, although still above the mean, are now showing a trend back towards the mean. The target is slightly above the mean.

**Operational Update**

In support of planning the recruitment of HCSWs for the current year, an analysis was undertaken of the HCSW staff in post and vacancy position. Reporting from the Trust's Electronic Staff Record (ESR) underpin the assumptions around expected leaver numbers to incorporate into the planning. The analysis identified however that there are many more changes happening within the HCSW workforce, which are not highlighted through the reporting of starter and leaver numbers but which do affect the staff in post numbers and associated vacancy position. These changes include: substantive staff moving to bank only positions; substantive staff reducing their contracted hours/FTE (this appears to happen far more regularly than increasing hours); HCSWs moving into other support roles or progressing to, for example, the Nursing Associate training programme.

In the year to the end of March 2023, there were 289 FTE HCSWs newly recruited to the organisation. However, between April 2022 and March 2023, the HCSW staffing position only increased by 53.90 FTE.

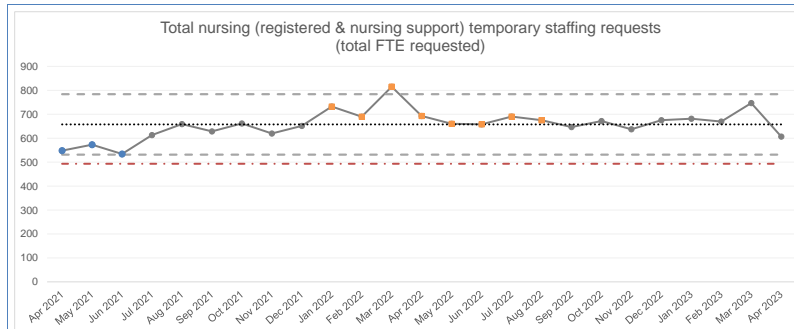
At the start of January 2022, there were 603.46 FTE HCSWs in post in adult inpatient areas. By the end of 2022, 37.81 FTE had left the organisation, whilst almost 70 FTE had moved to bank only posts. In addition, movements to other roles within the organisation, either as progression opportunities or to support roles outside of adult inpatient areas, accounted for over 71 FTE and there was a further net reduction in staff in post of 9 FTE as a result of increasing/reducing hours. Of those 603.46 FTE staff in post at the start of the year, 416.15 FTE remained in the same post at the end of the year (a stability rate of less than 70%).

Discussions are ongoing as to how to incorporate these difficult to predict workforce changes into the planning as, should such changes continue to the level that has been seen recently, HCSW recruitment plans for the coming year are likely to result in a break even position, rather than an overall reduction in vacancies. The issues around why these workforce changes are happening also need to be explored further, for example the significant shift to bank only work and reducing hours indicates that many staff are looking for a level of flexibility that is not being offered at the point that they are being recruited to join the organisation. This needs to happen alongside the work to reduce attrition of those who are actually leaving the organisation.

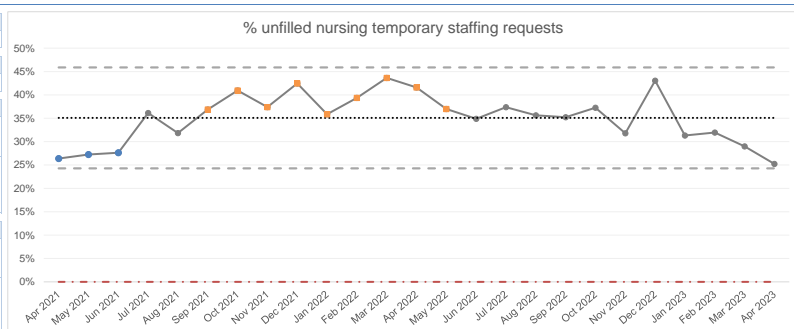
# OUR PEOPLE - Temporary Staffing



REPORTING MONTH : APRIL 2023



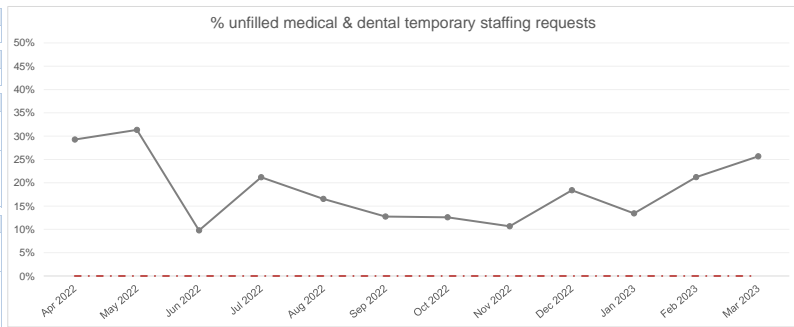
Apr 2023	607.05
Target	493.33
Variance	113.72
Assurance	F
Common cause - no significant change	
Variation indicates consistently falling short of the target	



Apr 2023	25.24%
Target	0%
Variance	25.24%
Assurance	F
Common cause - no significant change	
Variation indicates consistently falling short of the target	



Mar 2023	140.51
Target	135.93
Variance	4.58
Assurance	F
There is currently insufficient data, therefore variance and target assurance are not relevant	
There is currently insufficient data, therefore variance and target assurance are not relevant	



Mar 2023	25.68%
Target	0%
Variance	25.68%
Assurance	F
There is currently insufficient data, therefore variance and target assurance are not relevant	
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 was showing special cause concern above the upper control limit in Mar 2022. It is showing common cause variation for most recent months, 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%.

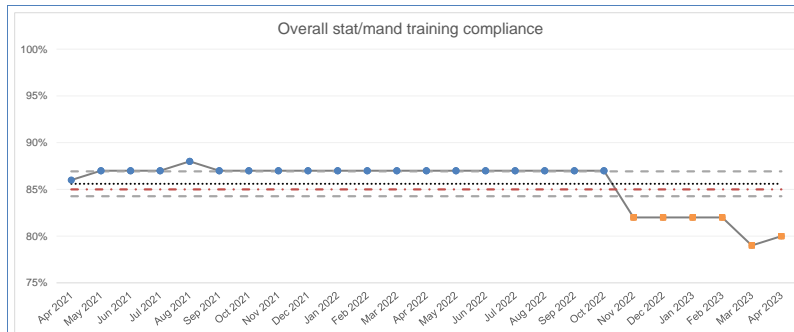
**Operational Update**

The winter incentives were extended until 16th April to cover the Easter holidays and junior doctor's industrial action but have now formally ended. Allocation on arrival shifts at double time were offered briefly, to help provide cover for the latest RCN strike.

To support the removal of winter incentives and in our efforts to reduce reliance on off framework agency, 16 framework agency nurse block bookings have been made to prioritise cover for areas with high levels of vacancy and staffing pressures, with additional capacity being used to provide allocation on arrival cover to help with staffing issues in the moment. The impact has been positive, and in conjunction with a push to reduce reliance on off framework, the Trust saw a significant reduction in Thornbury bookings by over 50% and a reduction in spend of around £170k for April. It is very positive to note that CG2 had no Thornbury bookings during the month.

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 and improve our utilisation of the workforce through effective eRostering.

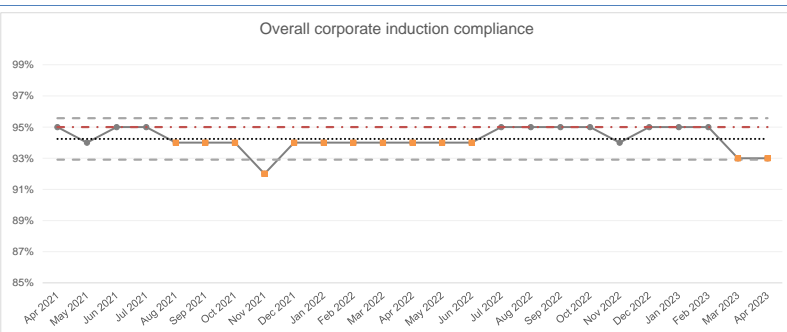
REPORTING MONTH : APRIL 2023



Apr 2023	80%
Target	85%
Variance	⊖
Assurance	?

Special cause of concerning nature or higher pressure due to lower values

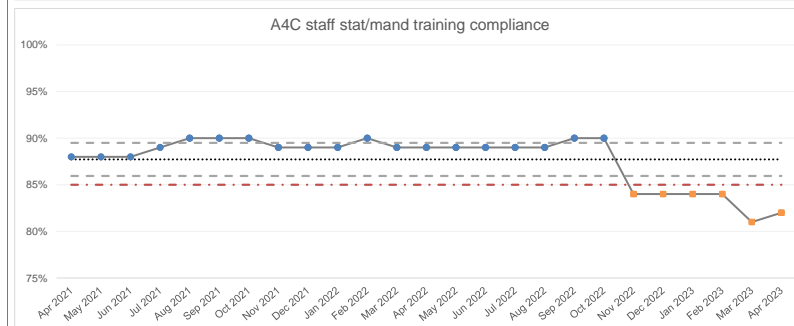
Variation indicates inconsistently hitting passing and falling short of the target



Apr 2023	93%
Target	95%
Variance	⊖
Assurance	?

Special cause of concerning nature or higher pressure due to lower values

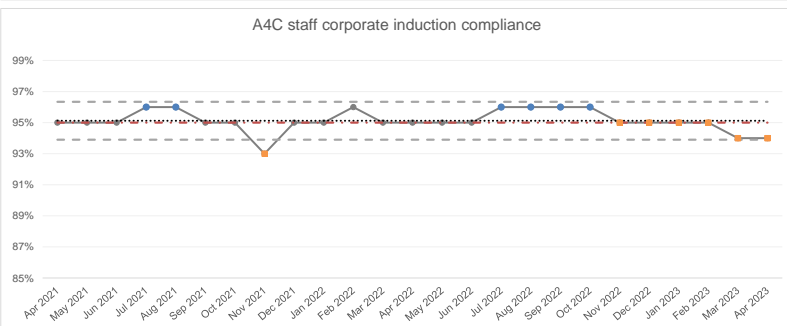
Variation indicates inconsistently hitting passing and falling short of the target



Apr 2023	82%
Target	85%
Variance	⊖
Assurance	P

Special cause of concerning nature or higher pressure due to lower values

Variation indicates consistently passing the target



Apr 2023	94%
Target	95%
Variance	⊖
Assurance	?

Special cause of concerning nature or higher pressure due to lower values

Variation indicates inconsistently hitting passing and falling short of the target

**Data Analysis:** (Please note Feb 2023 data is unavailable due to the Serious Incident on Learning Hub, the data points on the charts for Feb 2023 are the same as Jan 2023).

**Overall staff stat/mand training compliance:** This indicator was showing special cause improvement from Apr 2021 with all data points above the mean and Aug 2021 being above the upper control limit. From Nov 2022 the data points are below both the lower control limit and target, thus showing special cause concern.

**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 special cause concern close to the lower control limit in Mar and Apr 2023.

**A4C staff stat/mand training compliance:** This indicator was showing special cause improvement since Apr 2021 with all data points above the mean. The target is consistently being met, however from Nov 2022 the data points are below both the lower control limit and target, thus showing special cause concern.

**A4C staff corporate induction compliance:** The indicator is currently showing special cause concern from Nov 2021, with Mar and Apr 2023 close to the lower control limit. The months of Mar and Apr 2023 have also not met the target.

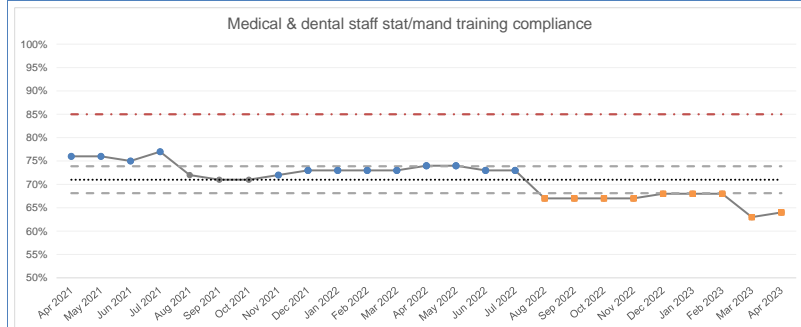
### Operational Update

Following the Serious Incident involving Learning Hub which occurred at the start of February, compliance with Statutory & Mandatory Training dropped to 79% at the end of March. The Trust set itself a target of recovering to 82% by the end of June. At the end of April, compliance had recovered to 80%. Automated reminder emails for staff have now been restored which is expected to support further progress against the initial target.

Corporate Induction completion remains at 93%; however, the Trust has re-started its process of flagging non-compliant staff with Management Teams and contacting new starters directly to ask them to complete Induction.

# OUR PEOPLE - Training / Induction (cont.)

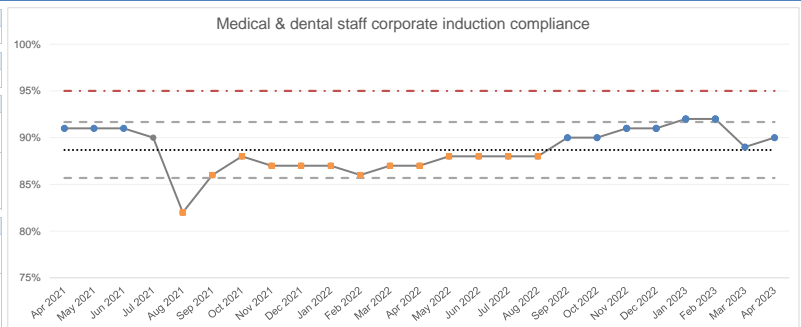
REPORTING MONTH : APRIL 2023



Apr 2023	64%
Target	85%
Variance	
Assurance	

Special cause of concerning nature or higher pressure due to lower values

Variation indicates consistently falling short of the target



Apr 2023	90%
Target	95%
Variance	
Assurance	

Special cause of improving nature or lower pressure due to higher values

Variation indicates consistently falling short of the target

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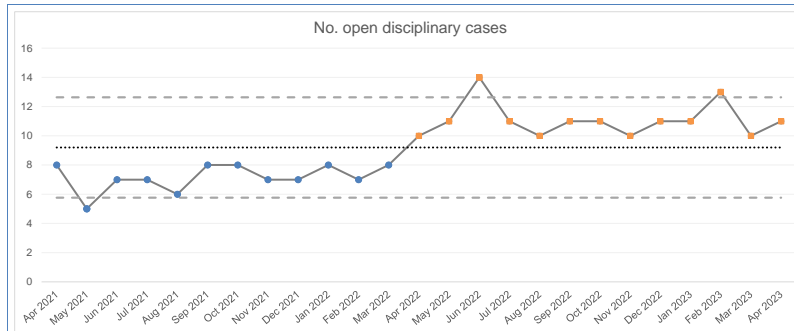
**Data Analysis:** (Please note Feb 2023 data is unavailable due to the Serious Incident on Learning Hub, the data points on the charts for Feb 2023 are the same as Jan 2023).

**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.

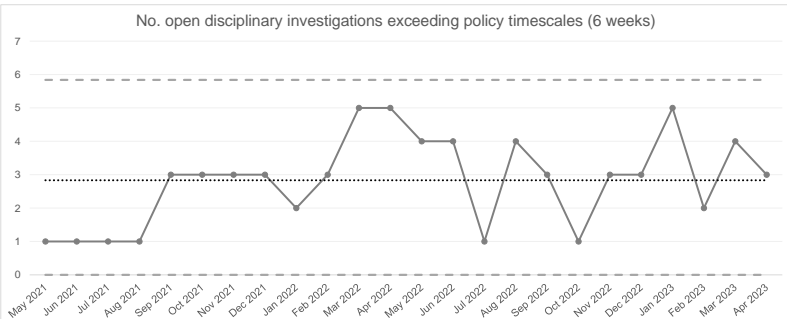
**Medical & dental staff corporate induction compliance:** The indicator was showing special cause concern with a run of points below the mean from Aug 2021 to Aug 2022. The last time the target was met was July 2020. The indicator is currently showing special cause improvement with data points showing above the mean since Sep 2022. The months of Jan and Feb 2023 were both above the upper control limit.

# OUR PEOPLE - Employee Relations Activity

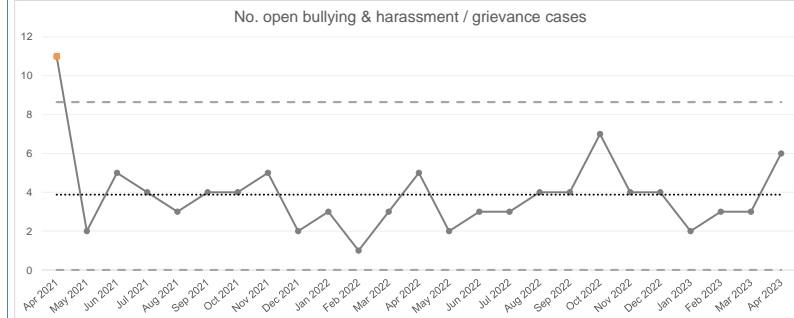
REPORTING MONTH : APRIL 2023



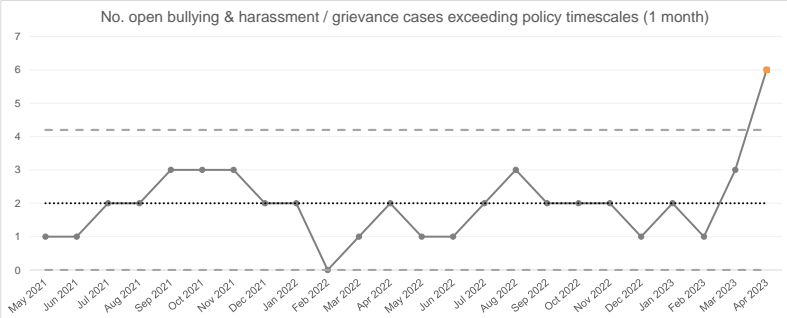
Apr 2023	11
Target	No Target
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	There is no target, therefore target assurance is not relevant



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



Apr 2023	6
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Apr 2023	6
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:**

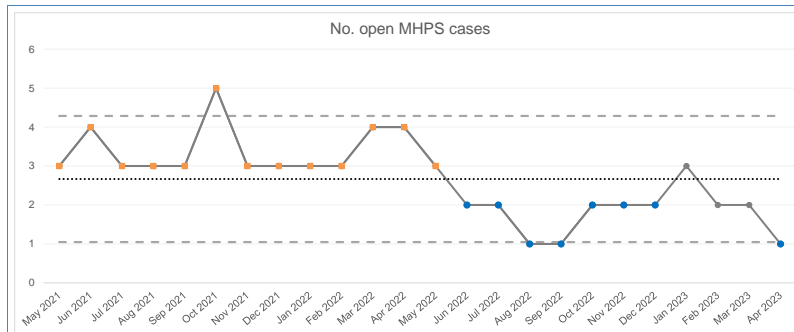
- No. open disciplinary cases:** The indicator is showing points above the mean from Apr 2022 and special cause concern above the upper control limit in Jun 2022 and Feb 2023.
- No. open disciplinary investigations exceeding policy timescales (6 weeks):** The indicator is currently showing common cause variation, 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 some degree of variation around the mean.
- No. open bullying & harassment / grievance cases exceeding policy timescales (1 month):** The indicator is currently showing special cause concern in Apr 2023, which has risen sharply above the upper control limit. Please note the figures are shown from May 2021 only.

**Operational Update**

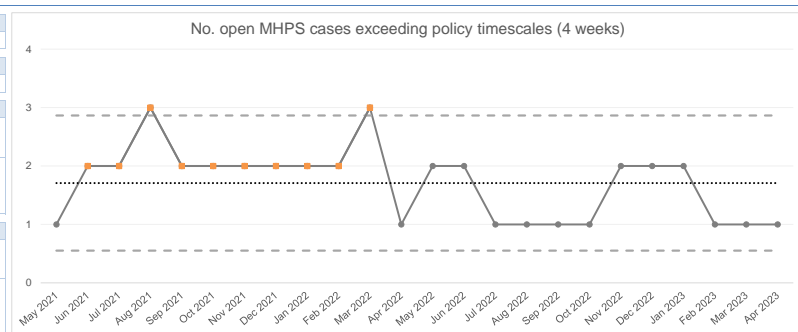
There has been a number of grievances that have exceeded one month policy timescales due to staff absence and time for investigations to be completed to ensure that the panel has sufficient information to reach a decision.

# OUR PEOPLE - Employee Relations Activity (cont.)

REPORTING MONTH : APRIL 2023



Apr 2023	1
Target	No Target
Variance	Special cause of improving nature or lower pressure due to higher values
Assurance	There is no target, therefore target assurance is not relevant



Apr 2023	1
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant

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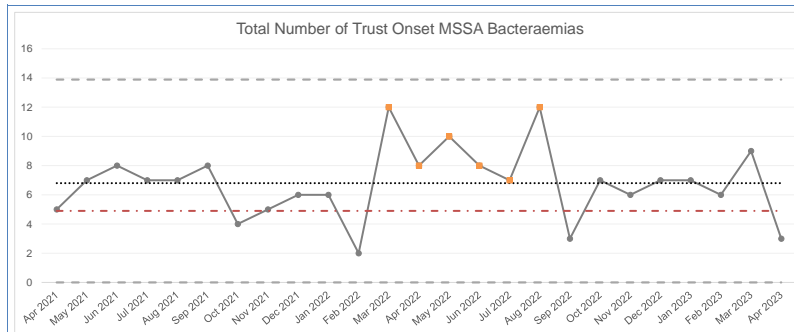
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**Data Analysis:**

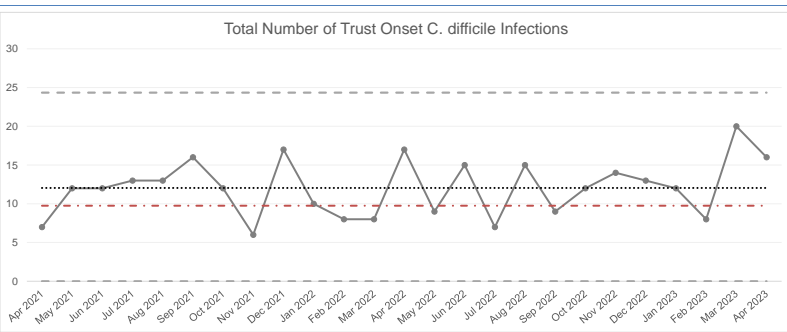
**No. open MHPS cases:** The indicator is showing special cause improvement again, following an earlier seven-month period of improvement, with Aug, Sep 2022 and Apr 2023 near the lower control limit. Prior to that the data points were all above the mean. Please note the figures are shown from May 2021 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.

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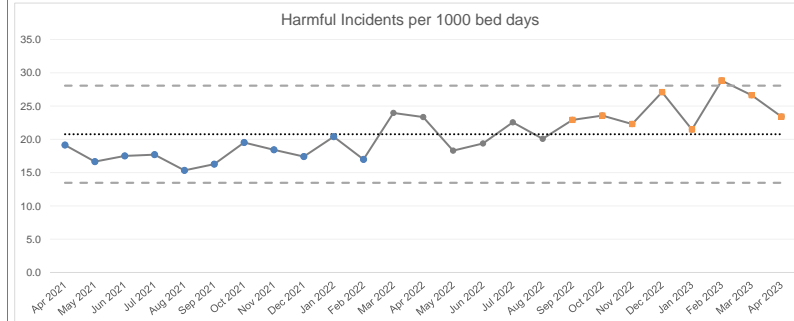
REPORTING MONTH : APRIL 2023



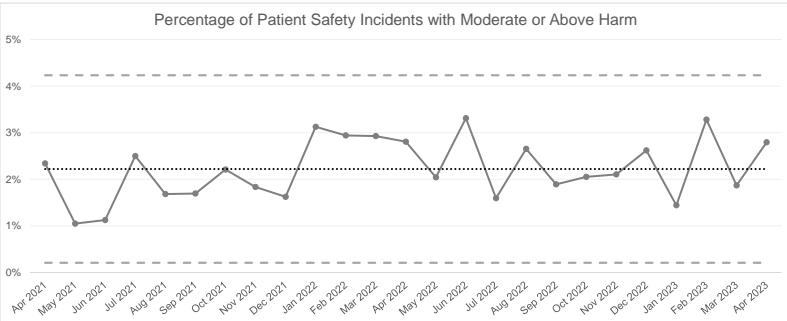
Apr 2023	3
Cumulative 12-month Target	59
Variance	⊖
Common cause - no significant change	
Assurance	?
Variation indicates inconsistently hitting passing and falling short of the target	



Apr 2023	16
Cumulative 12-month Target	117
Variance	⊖
Common cause - no significant change	
Assurance	?
Variation indicates inconsistently hitting passing and falling short of the target	



Apr 2023	23.4
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	



Apr 2023	2.8%
Target	No Target
Variance	⊖
Common cause - no significant change	
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. Latest monthly data is the lowest seen since Sep 2022.  
**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. There was an increase in Mar 2022 but still below the upper control limit.  
**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 Sep 2022, with Feb 2023 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 currently showing common cause variation.

**Operational Updates:**

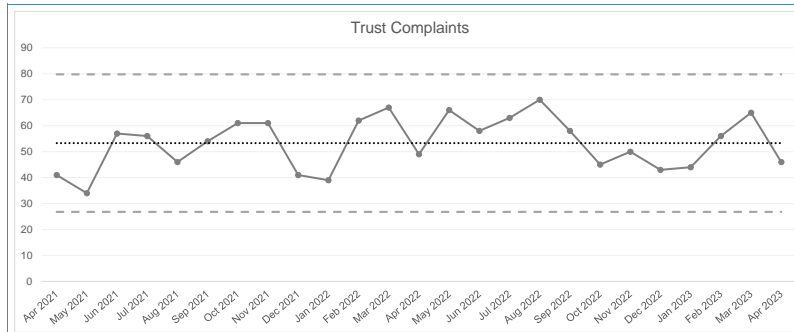
**Total Number of Trust Onset MSSA Bacteraemias**  
 There has been a total of 90 hospital attributed cases of MSSA bacteraemia for 2022/23 against an agreed internal target of 59 cases. The incidence shows no improvement from the previous 2 years. Staff practice around cannula management has been identified as an issue requiring improvement in the prevention of Staphylococcus aureus bacteraemia (SAB). A SAB working group formed in Q2, continued to meet throughout Q3 and Q4 focussing on Aseptic Non-Touch Technique training for staff, Visual Inspection of Phlebitis (VIP) score for cannula and cannulation equipment.

**Total Number of Trust Onset C. difficile infections**  
 The annual objective for 2022/23 was set at 117 cases for community-onset healthcare-associated (COHA) and healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. There were 151 trust-apportioned cases; COHA=59; HOHA=92. So, the target was exceeded by 34 cases. This is a deterioration from 2021/22 of 12.69% increase in total cases. Worn and tired clinical environments are a risk of environmental reservoirs for microorganisms such as C.difficile spores. Limited side room capacity results in delayed isolation of patients with diarrhoea thereby increasing the risk of environmental contamination. A CDI Improvement plan has been developed and shared with Care Groups to provide assurance of a reduction strategy for C.difficile.

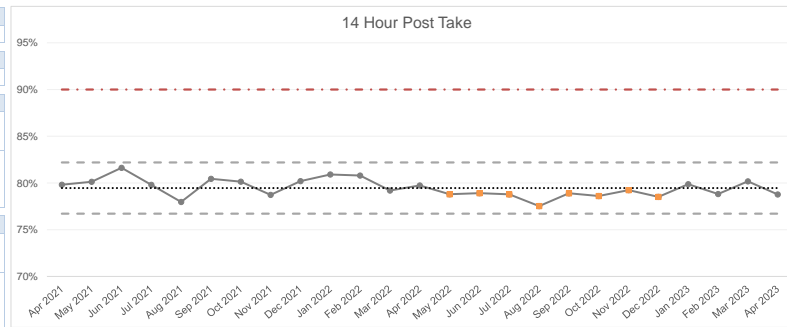
**Harmful Incidents per 1000 bed days / Percentage of Patient Safety Incidents with Moderate or Above Harm**  
 There are ongoing pressures, especially on emergency and urgent care impacting on quality of care and capacity of clinical teams. The pressure on services is especially severe at present with an enhanced level of OPEL 4 in January. There were Junior Doctor strikes for 4 workings days post Easter weekend in April, which could have had an impact on incidents with harm. 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 as well as the ongoing industrial strikes within nursing and medical staff. 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.

# QUALITY AND SAFETY - Priority Metrics (cont.)

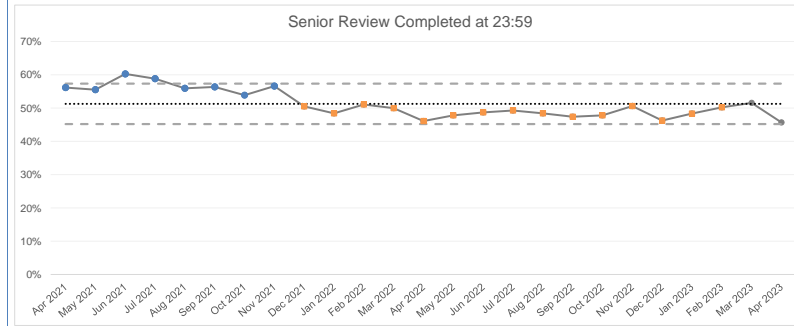
REPORTING MONTH : APRIL 2023



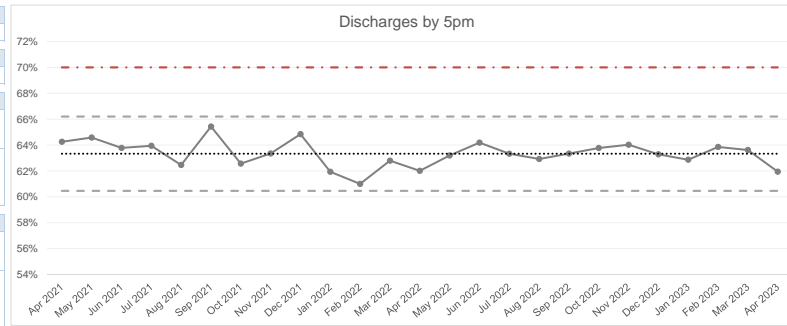
Apr 2023	46
Target	No Target
Variance	
Assurance	Common cause - no significant change
There is no target, therefore target assurance is not relevant	



Apr 2023	78.8%
Target	90%
Variance	
Assurance	Common cause - no significant change
Variation indicates consistently falling short of the target	



Apr 2023	45.7%
Target	No Target
Variance	
Assurance	Common cause - no significant change
There is no target, therefore target assurance is not relevant	



Apr 2023	61.9%
Target	70%
Variance	
Assurance	Common cause - no significant change
Variation indicates consistently falling short of the target	

**Data Analysis:**

**Trust Complaints:** The number of Trust complaints is currently showing common cause variation.  
**14 Hour Post Take:** This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target. A run below the mean has been seen from 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 from Dec 2021 to Feb 2023. Recent months are showing common cause variation.  
**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 around the mean.

**Operational Updates:**

**Trust Complaints**

Key Risks: Care groups continue to struggle to address complaints in timely way, with the exception of CG2.  
 Actions: No change from position last month.

**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. An effective process and review policy for the ED is being considered but has yet to be agreed / finalised.
- 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 and further assurance has been requested in the form of an agreed monitoring framework and audit plan, particularly from C5 where MEWS compliance has been low. This has also been escalated to the deteriorating patient group.



# TPR: Icon Summary Matrix (Priority)

## Filters:

METRIC ▼

All ▼

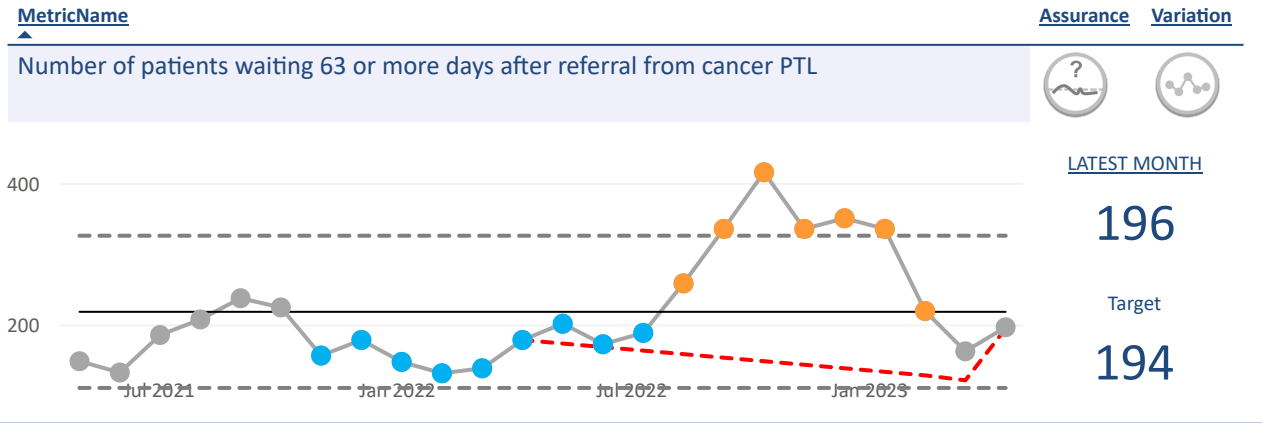
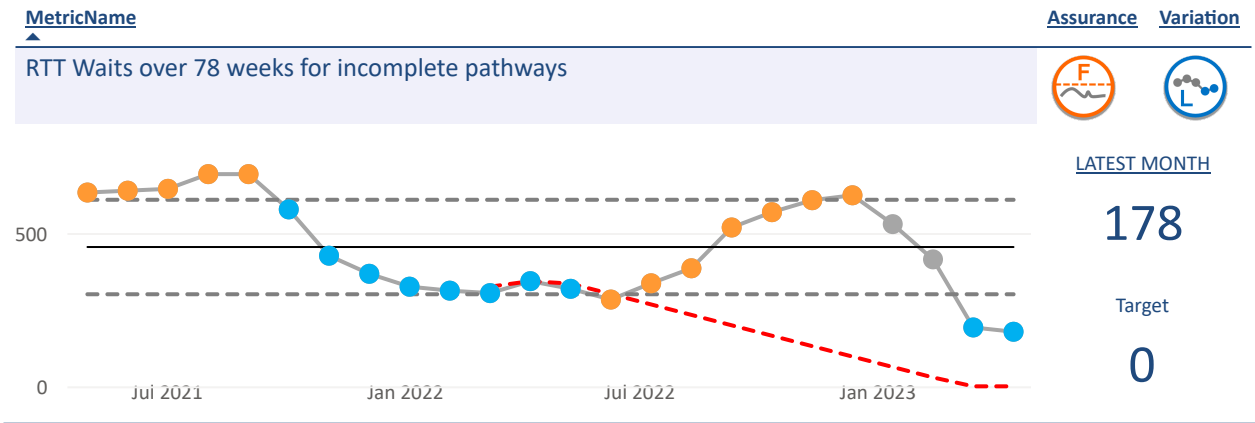
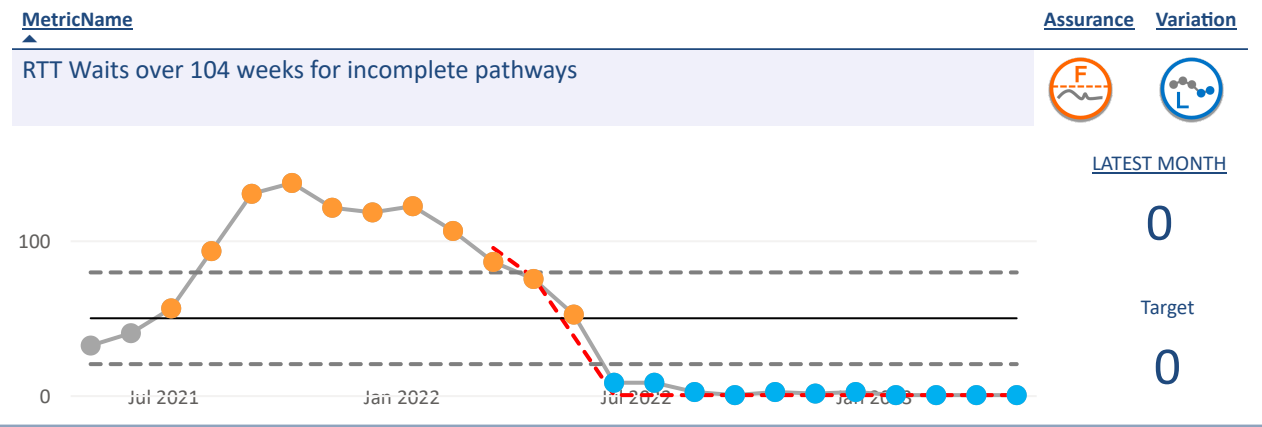
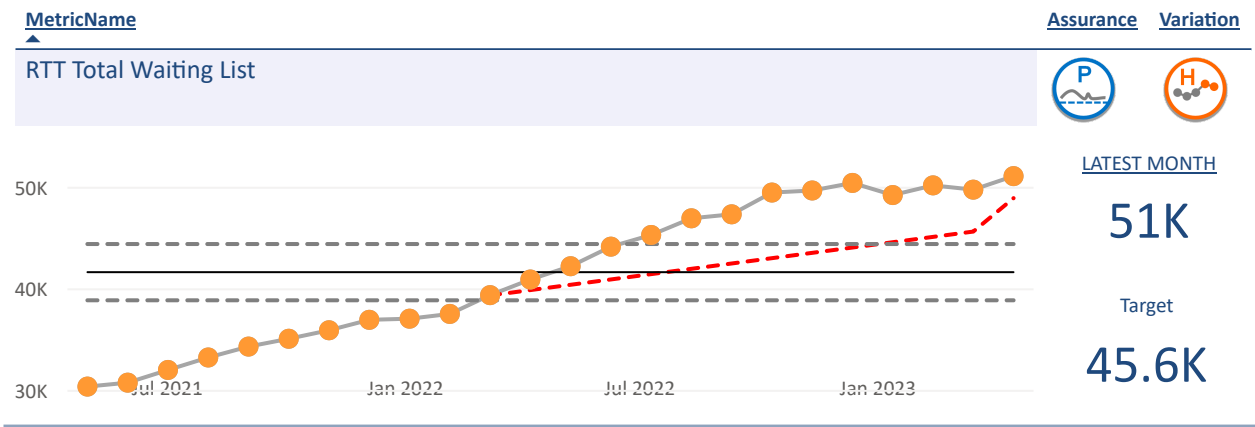
METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement			2	2
		2		2
Common Cause		2	3	5
		2	3	5
Concern	1			1
	1			1
Neither				
Empty				
<b>Total</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>8</b>

MetricName	Date	Variation	Assurance	Target	Latest Value
Ambulance handovers waiting >60 minutes (%)	2023-04			10	17
ED - Total waiting 12+hours - % of all type 1 attendances	2023-04			8	16
ED: Median Time to Initial Assessment (Minutes)	2023-04			18	14
Number of patients waiting 63 or more days after referral from cancer PTL	2023-04			194	196
Proportion of patients discharged before 5pm (70%)	2023-04			70	62
RTT Total Waiting List	2023-04			45589	51050
RTT Waits over 104 weeks for incomplete pathways	2023-04			0	0
RTT Waits over 78 weeks for incomplete pathways	2023-04			0	178

# TPR: Elective Recovery Priority Metrics



## DATA ANALYSIS:

- **RTT Total Waiting List:** The indicator is showing deteriorating performance, with a series of points above the mean since May 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, since Jan 2023 there have been 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 has improved over the last few months bringing the value much closer to the target and under the lower control limit for the latest months. The national target was to reduce the number of 78+ week waiters to zero by March 2023.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** The indicator was showing variation within the upper and lower control limit since Sep 2020 to Aug 2022. The value has since been above the upper control limit but has shown significant improvement for the last 3 months and is now showing under the mean.

**Note:** Moving Internal Targets have been updated for 2023-24, this explains the change to the dashed red line on the SPC charts from Apr 2023.

Challenges & Risks	Actions & Mitigations
<p>Challenges:</p> <p>The Trust is in Tier 1 Elective Recovery support (National intervention) for RTT and Tier 2 for Cancer (Regional intervention).</p> <p>The Trust is off trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 196 against a target of 194 for April.</p> <p>Insufficient established workforce in MRI to meet demands on service.</p> <p>Gynaecology Nursing capacity to support delivery of planned care.</p> <p>Extended times to first appointment resulting in delays for patients and reduction in clock stop activity.</p>	<p>Actions:</p> <ol style="list-style-type: none"> <li>1. The Intensive Support Team and EY Consultancy continue to work with the Trust on a number of workstreams. 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.</li> <li>2. The Tier 1 regime has refocussed to a fortnightly meeting with the Chief Executive, Medical Director, and Chief Operating Officer. The Trust had 187 RTT 78-week waiters remaining at the end of April below the planned trajectory of 192.</li> <li>3. “Back to Basics” Programme for operational managers launched early April at an event at the Community Stadium.</li> <li>4. The 50-week theatre SLA has been agreed and is due to go live mid-June 2023.</li> <li>5. Waiting List Harms Task and Finish Group established.</li> <li>6. Electronic platform for patients to access guidance on keeping ‘fit for surgery’; ‘My Planned Care’ platform live with patient specific information ongoing.</li> </ol>
<p>Risks:</p> <p>Potential further COVID-19 variants and/or waves.</p> <p>Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work.</p> <p>Theatre staffing vacancy, retention, and high sickness rates.</p> <p>Further industrial action by BMA Junior Doctors and/or Royal College of Nurses.</p>	<p>Mitigations:</p> <p>Tier 1 fortnightly meetings with National Team on elective recovery.</p> <p>Trust continues to utilise the nationally provided Digital Mutual Aid System (DMAS) to offer long waiting patients who are willing to travel an alternative provider. At the time of this report ten patients have been accepted by alternative providers with five treated. DMAS live for non-admitted and diagnostic patients, the Trust continues to explore the opportunities this presents.</p> <p>Weekly Elective Recovery Meetings in place for long wait RTT patients.</p> <p>Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT). Additional mobile capacity to be supported by the ICS.</p> <p>Plans in place to mitigate impact of industrial action.</p>

RTT PTL by Ethnic Group

At end of April 2023

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	34,201	98.22%	94.34%
Black, Black British, Caribbean or African	25	74	0.21%	0.94%
Mixed or multiple ethnic groups	25	150	0.43%	1.26%
Asian or Asian British	22	273	0.78%	2.97%
Other ethnic group	20	122	0.35%	0.49%
Unknown	22	12,801	-	-
Not Stated	22	3,396	-	-
<b>Grand Total</b>	<b>22</b>	<b>51,017</b>	<b>-</b>	<b>-</b>

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 April 2023

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	22	5,974	11.95%	8.88%
2	22	7,018	14.04%	13.59%
3	22	10,566	21.13%	20.94%
4	22	10,939	21.88%	20.68%
5	22	15,499	31.00%	35.90%
Unknown	23	1,021	-	-
<b>Grand Total</b>	<b>22</b>	<b>51,017</b>	<b>-</b>	<b>-</b>

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.

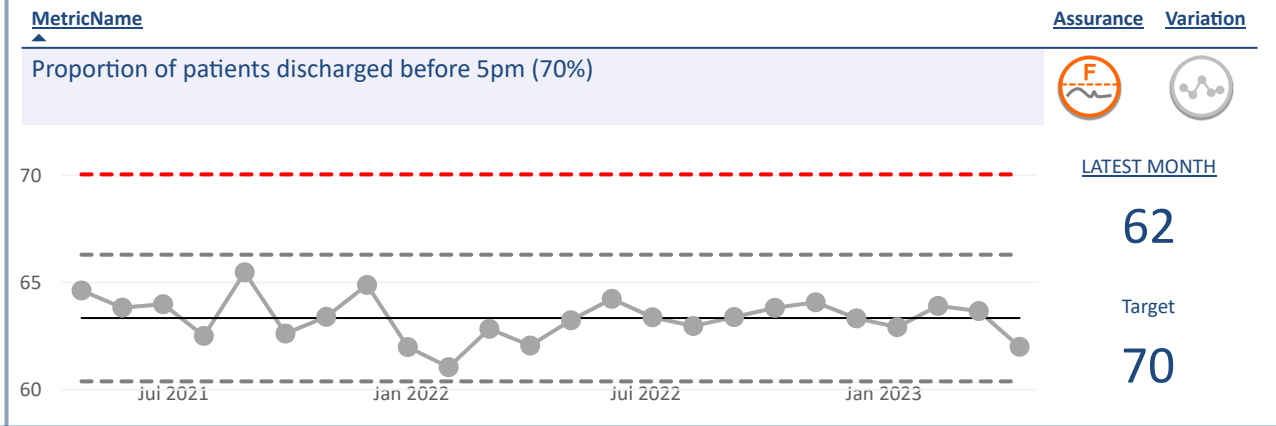
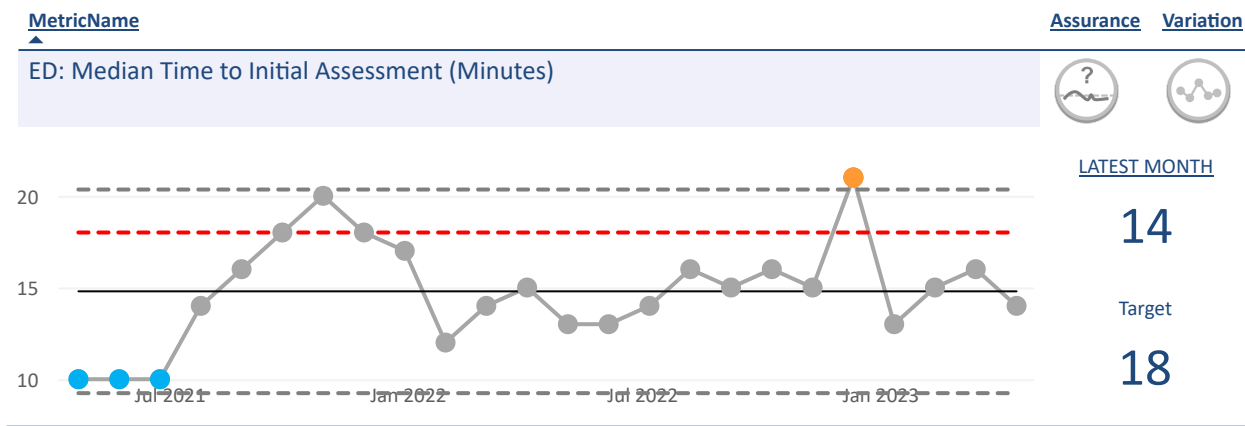
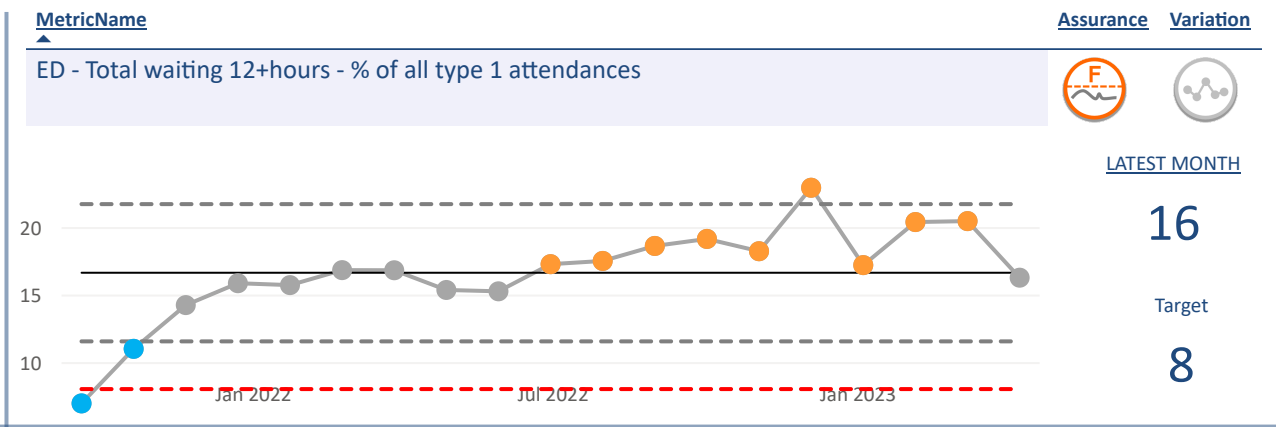
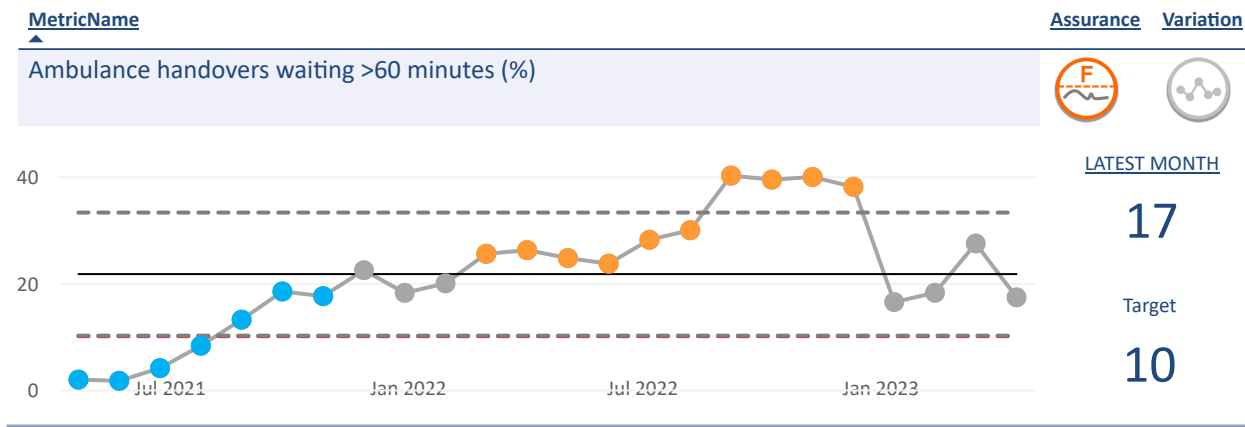
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals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



## 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 Mar 2022 to Dec 2022. The target has not been reached since Aug 2021. There was significant improvement since Jan 2023.
- **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 was significant improvement since Jan 2023.
- **Proportion of patients discharged before 5pm:** The indicator is showing common cause variation. The target will not be met without redesign (the closest data point to 70% was in Mar 2020).

### Challenges & Risks

#### 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 an updated completion date of June 2023 rather than the anticipated March 2023 due to a delay in the delivery of building materials.

High number of patients without a 'Right to Reside' (228 on 9th of May 2023) in acute inpatient beds affecting flow and ability to admit patients from ED in a timely manner. Additionally, this is impacting Community Hospital inpatients beds (14 patients on 12th April 2023) and community response teams.

High number of patients with COVID-19 in inpatient beds, 99 on 9th of May. The need to manage high risk patients separately and cohort COVID-19 positive patients due to Infection Prevention Control (IPC) requirements creates flow (bed) issues and impacts on the Trust's ability to admit some elective patients.

Staffing constraints (sickness, vacancies, use of agency and bank staff).

### Actions & Mitigations

#### Actions:

1. Work is progressing on the ED build at Scarborough and is due for completion in 2024, with project resource identified to support the development of the revised acute care clinical model with all specialities.

2. The 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 programme was refreshed in late 2021 to develop three areas of focus and 7 priority workstreams.
- This was then reviewed in February 2023 against the national UEC recovery plan to confirm the priority areas were in line with the national ask.
- As part of the planning work for 23/24 the milestones for the programme have been set in line with the national expectations for achievement of the Emergency Care Standard, Ambulance response times and bed occupancy levels.
- The plan indicates key delivery points in the summer and in October ahead of the winter.
- The Programme metrics have been revised for April in line with national standards and workstream metrics developed which will be part of a new internal UEC dashboard.

Recruitment to the Programme Team has been completed with two Programme Managers, Deputy Programme Manager and two Project Managers all in post. The Programme Team will be working across the four priority programmes for the organisation: UEC, Elective Recovery, Maternity and People & Culture. In addition, work continues with the Quality Improvement team and Corporate Efficiency team to explore joint working opportunities and avoidance of duplication whilst progressing shared approaches. ECIST are working with the programme team and specifically an Improvement Manager for two days a week as well as the required clinical leadership from the ECIST Clinical Leaders team. One of the National NHSE Directors is also working with the Programme team specifically on the Urgent Care Project.

Whilst establishing the refreshed programme from August 2022 to March 2023 the following were key achievements:

- Revised programme, with detailed metrics, linked to system measures and national targets.



### Challenges & Risks

### Actions & Mitigations

- System relationship development.
- Scoping provision of a domiciliary care service and agreed direction for integrated intermediate care.
- Development of an integrated urgent care specification and initial workshops with all stakeholders for the new model of care.
- Establishing the trust strategy on virtual wards, i.e., the development of a virtual hospital infrastructure. As now recognised nationally as the most effective approach.
- York Frailty virtual ward beds on trajectory of 5 patients, with 157 bed days saved and excellent patient feedback scores.
- Significant analysis of understanding behaviour and populations in relation to children and young people. Identifying factors which drive family presentation and choice of location.
- Testing Integrated models of care for children and young people such as the CAT hub.
- SDEC benchmarking regionally and nationally identifying the areas which will have the most impact and identifying SDEC direct pathways to be implemented this year.
- Development of internal professional standards to address two of the priority seven-day standards and address the requirement for a pan trust discharge framework.

The April ECS position was 73% therefore achieving the trajectory (70.1%). The ECS is a system target and our work with system partners will continue. Both the York and North Yorkshire Place UEC plans are aligned with the Trust internal plan to cover Integrated Urgent Care and Transfer of Care projects. Regular meetings take place with partners in relation to the joint plans.

Each project within the UEC Programme contributes towards this and has its own detailed metrics to indicate progress with the project specifically. Each of the project's objectives have been highlighted below in terms of how they will contribute to ECS performance. The impact is mainly in terms of reducing attendances in ED and thus reducing overcrowding and associated delays or in terms of reducing bed days (admissions and LOS) which will reduce bed occupancy and improve flow out of the Emergency Department, for those who need to be admitted. It will also improve capacity available in the department for those who need to attend ED. Nationally there is also a focus on Category 2 Ambulance response times which the Trust will support through delivery of these projects which will each contribute to ambulance handover times, enabling improved response times.

The Trust has received a formal request from the Integrated Care Board to be the Prime Provider for Integrated Urgent Care services across the Trust's geographical footprint commencing 1st October 2023, subject to due diligence from both parties. The Trust is working through the due diligence and identifying risks and opportunities, an initial paper will be presented in May Trust Board with a detailed business case to be presented at July Board.



### Challenges & Risks

### Actions & Mitigations

The new metrics, by project, will be reported from next month once April data is available and routinely included in this report going forward.

#### Community Response Team

In relation to Transfer of Care, one key area of focus is the expansion of the Community response team for York. The Community Response Teams are a multi-disciplinary service of health care professionals providing assessment, intervention, rehabilitation and reablement for patients within their own homes, supporting admission avoidance and facilitating timely hospital discharges from Acute Hospital. The service is provided 8am – 8pm, 365 days per year, across the geographical localities of York, Selby and South Hambleton and Ryedale.

Over time, the service has grown incrementally, with additional investment supporting the expansion of the clinical model in line with the Trusts Home First Strategy, to improve acute hospital flow and to deliver patient care closer to home.

The service originated in the development of the York Intermediate Care Team, twelve years ago, providing rehabilitation and reablement for early supportive discharge, soon after amalgamating with the Community Fast Response Service to include an integrated admission avoidance function.

Although the service has been expanded through specific funding streams, ongoing service improvement and economies of the scale have enabled efficiencies and the flexibility to support increasing demand. The service now regularly manages a caseload of between 130 patients and above, up to 171 patients during winter/COVID pressures and national strike action. The service has also responded to the growing needs of acuity, dependency, and complexity of patients on the caseload.

The response to growing demand, has however relied heavily upon the good will and dedication of staff, regularly stepping down all non-essential work and the deployment of staff from other services to support patient flow. The current capacity of 109 is short of the demand of 145 patients who could use the service at any one time. Demand also continues to grow for the service and is in line with the strategic direction of the organisation in relation to caring for patients in their own homes.

3. CIPHER cohorting contract in place since December 2022 funded by NY and York place. Scarborough (ambulance clinical handover and PTS discharge) and York (ambulance clinical handover working with VCS-PTS) has now been extended to March 24 with confirmed ongoing funding.

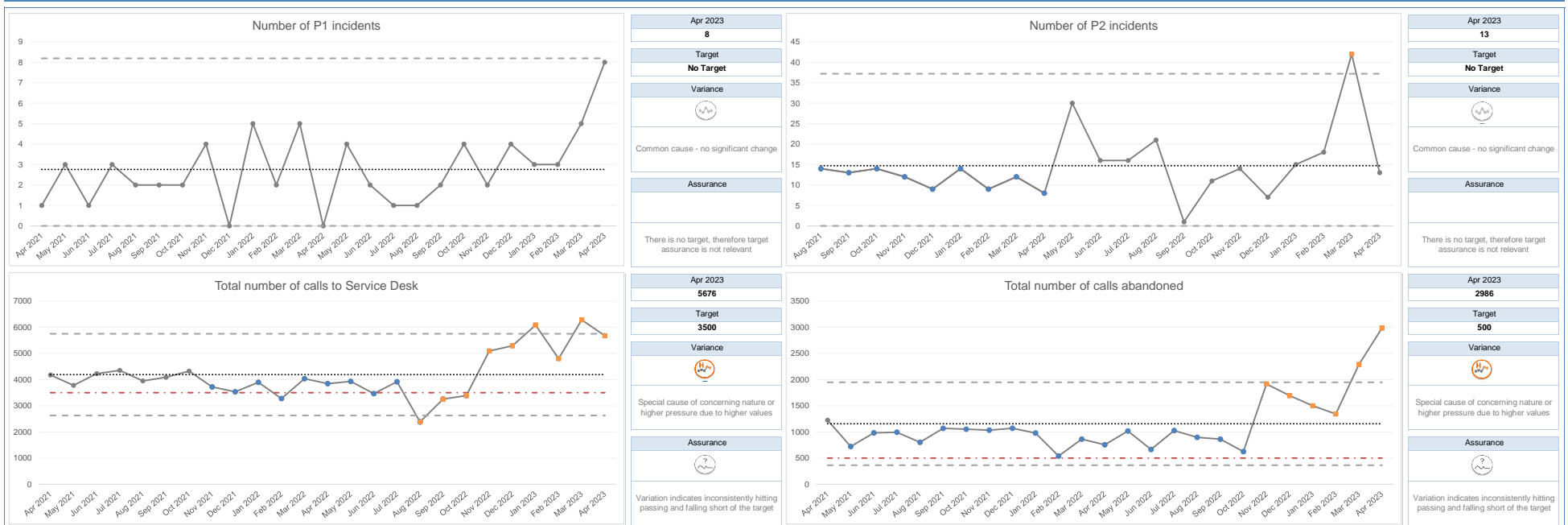




# Narrative for Acute Flow Priority Metrics

Challenges & Risks	Actions & Mitigations
<p>Risks:</p> <p>Staffing gaps in both medical and nursing workforce reducing the ability to open all bed capacity at York Site and requirement to reduce existing capacity to support safe staffing levels.</p> <p>Inability to achieve Ambulance Handover targets due to patient flow within the hospital although implementation of CIPHER has seen significant improvements</p> <p>Inability to meet patient waiting times in ED due to flow constraints at both sites.</p> <p>Staff fatigue.</p> <p>Further industrial action by BMA Junior Doctors and/or Royal College of Nurses.</p>	<p>Mitigations:</p> <p>Ongoing daily review of medical and nursing staffing to ensure appropriate skill mix.</p> <p>Weekly meeting to progress the Rapid Quality Review Action Plan.</p> <p>Urgent Care System Programme Board established across the Integrated Care System.</p> <p>Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests.</p> <p>Plans in place to mitigate impact of industrial action.</p>

REPORTING MONTH : APRIL 2023



**Data Analysis:**

**Number of P1 incidents:** The indicator is currently showing common cause variation, the last five months have been above the mean.  
**Number of P2 incidents:** The indicator is currently showing special cause concern, with a sharp increase in P2 calls in Mar 2023 above the upper control limit. A wider degree of variation around the mean has been seen in the last year.  
**Total number of calls to Service Desk:** The indicator is showing special cause concern due to an increasing trend from Aug 2022. Jan 2023 was above the upper control limit, Feb 2023 was closer to the mean but rose above the upper control limit again in Mar 2023. 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 Mar 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 above the upper control limit. Improvement was seen in recent months, but Mar and Apr 2023 are sharply 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 target is not being met consistently, but the target line is above the lower control limit.

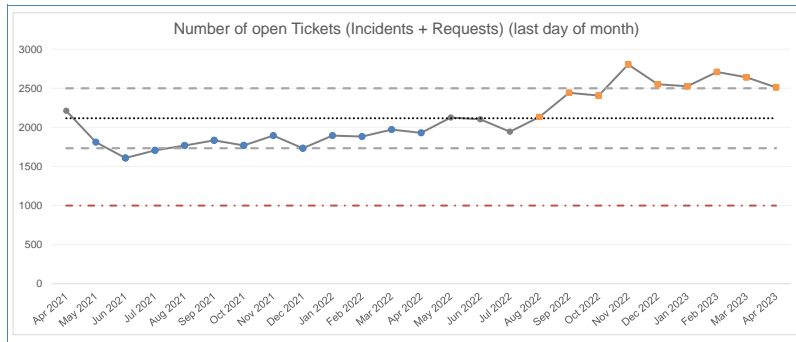
**Operational Update:**

- P1 incidents:**
- 1/4 - G2 system unavailable, licence not renewed by supplier
  - 3/4 - Wireless authentication problem affected Cisco wifi phones and laptops across several locations
  - 4/4 - Ricoh printer issues at Scarborough and Bridlington Hospitals
  - 6/4 - CPD Scanning problem
  - 11/4 - Bridlington incoming phone lines briefly offline
  - 24/4 - Always On VPN connection problems
  - 27/4 - CPD RAC4 server issues (Dev/Test/Training environments) not impacting Live services

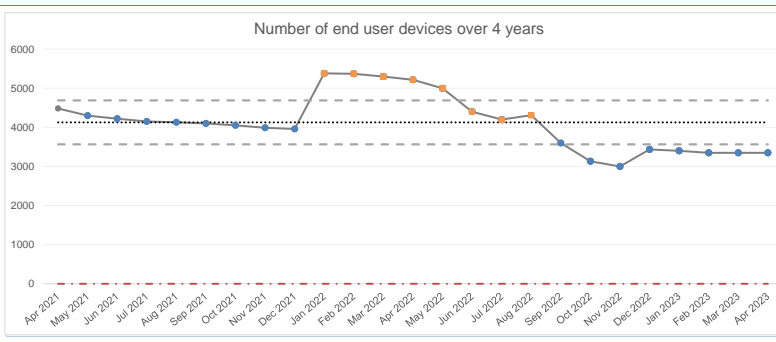
**Total number of calls / number of abandoned calls**

- Increase due to user impacting P1 incidents, and start of migration of user mailboxes to NHSmail commencing at 200/night and increased to 400/night
- Response times/abandon rates spike during P1 incidents

REPORTING MONTH : APRIL 2023



Apr 2023	2511
Target	1000
Variance	
Special cause of concerning nature or higher pressure due to higher values	
Assurance	
Variation indicates consistently falling short of the target	



Apr 2023	3350
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 May 2021, however from Aug 2022 all data points have been above the mean and therefore is showing special cause concern. From Nov 2022 all data points have been above the upper control limit. 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 devices (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 Oct 2022 onwards, with 3350 devices now over 4 years old.

**Operational Update:**

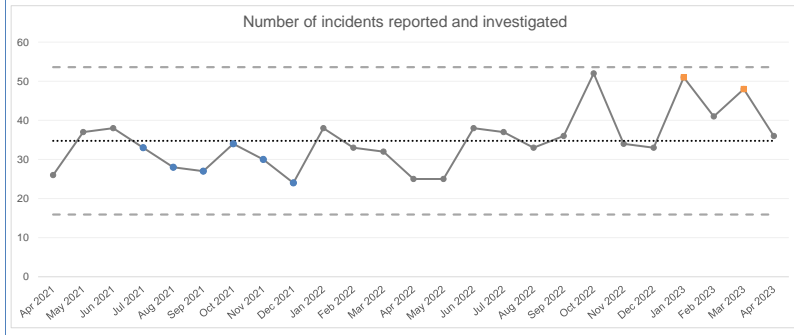
**Number of open calls (last day of the month)**

- 31% open tickets are deferred awaiting user response/confirmation resolved. 6197 tickets were opened in April
- NHSmail project driving significant demand, user migrations commenced and rate of change at 400/night by end of April
- New Service Desk team members are making progress with reducing deferred ticket backlogs, and processing support incidents

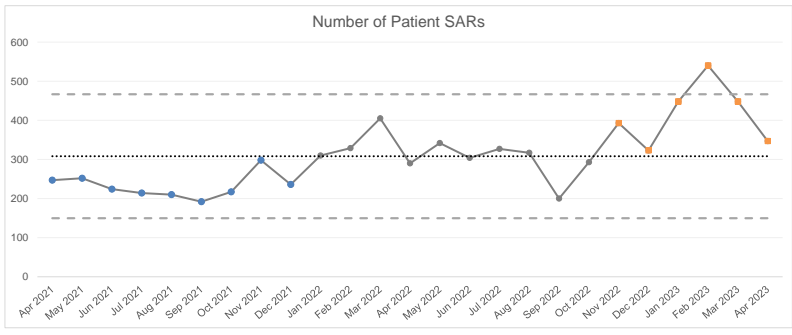
**Number of End User Devices over 4 years**

The 237 machines that we have engaged users has identified no return of machines. Formulating a policy that remote IT equipment (i.e. laptops) to come onsite once every 30 days to ensure they receive the correct patches.

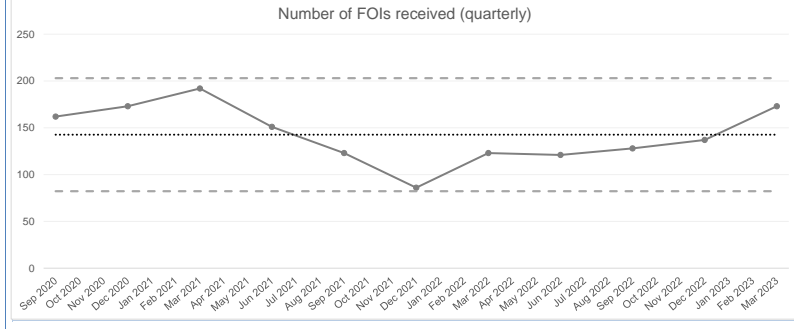
REPORTING MONTH : APRIL 2023



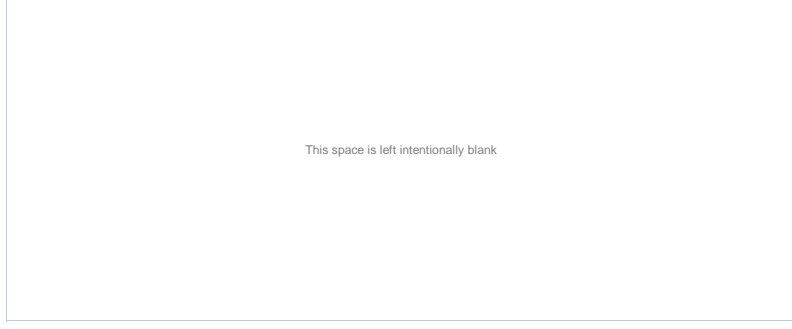
Apr 2023
36
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Apr 2023
347
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



Mar 2023
173
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant




**Data Analysis:**

**Number of incidents reported and investigated:** This indicator is showing common cause variation, however Jan and Mar 2023 saw an increase closer to the upper control limit.  
**Number of Patient SARs:** This indicator is currently showing special cause variation with Jan to Mar 2023 close to or above the upper control limit.  
**Number of FOIs received (quarterly):** This indicator is showing common cause variation, with the latest trend rising above the mean.

**Operational Update:**

**Fols:**  
Challenges faced are sufficient resources to manage Fols, 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)

<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	24 May 2023
<b>Subject:</b>	Financial Position – April 2023 (Month 1)
<b>Director Sponsor:</b>	Andrew Bertram, Finance Director
<b>Author:</b>	Graham Lamb, Deputy Finance Director

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

Approve  Discuss  Assurance  Information  A Regulatory Requirement

<p><b>Trust Priorities</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Our People</li> <li><input checked="" type="checkbox"/> Quality and Safety</li> <li><input checked="" type="checkbox"/> Elective Recovery</li> <li><input checked="" type="checkbox"/> Acute Flow</li> </ul>	<p><b>Board Assurance Framework</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality Standards</li> <li><input type="checkbox"/> Workforce</li> <li><input type="checkbox"/> Safety Standards</li> <li><input checked="" type="checkbox"/> Financial</li> <li><input type="checkbox"/> Performance Targets</li> <li><input type="checkbox"/> DIS Service Standards</li> <li><input type="checkbox"/> Integrated Care System</li> </ul>
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**Summary of Report and Key Points to highlight:**

The Trust is reporting an adjusted deficit of £3.6m against a planned deficit of £2.6m for the period to April 2023 (month 1). The Trust is £1.0m adversely adrift of plan.

**Recommendation:**

The Board of Directors is asked to discuss and note the April 2023 financial position.

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

No  Yes

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

**Report History**

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

Meeting	Date	Outcome/Recommendation
Digital, Performance & Finance Assurance Committee	16 May 2023	The report was discussed, and the financial position of the Trust was noted.

## Financial Position – April 2023 (Month 1)

### 1. Introduction

Following an extended period of negotiation with both HNY ICB and NHSE, the Group's final financial plan for 2023/24 was presented to and approved by the Board at its April 2023 meeting. With the agreement of NHSE to vary from a normally required balanced I&E plan, the plan approved by the Board presented a £15.4m I&E deficit.

### 2. Income and Expenditure Position

#### Summary Position

The I&E table below confirms an actual adjusted deficit of £3.6m against a planned deficit of £2.6m for April. The Trust is £1.0m adversely adrift of plan.

## TRUST PRIORITIES REPORT : April-2023

### SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

#### Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	80,464	6,705	7,209	504	80,279
Integrated Care Boards	537,929	44,827	44,819	-8	533,000
Local authorities	4,821	402	402	0	4,815
Non-NHS: private patients	344	29	64	35	426
Other Operating Income from Patient Care	1,466	122	140	18	1,799
<b>Operating Income from Patient Care Activities</b>	<b>625,024</b>	<b>52,085</b>	<b>52,633</b>	<b>548</b>	<b>620,319</b>
Research and development	1,816	151	248	97	2,557
Education and training	21,580	1,798	2,098	300	25,812
Other income	44,605	3,717	3,402	-315	49,521
<b>Other Operating income</b>	<b>68,001</b>	<b>5,667</b>	<b>5,749</b>	<b>82</b>	<b>77,890</b>
Employee Expenses	-473,942	-39,495	-40,367	-871	-457,048
Drugs Costs	-62,599	-5,217	-6,267	-1,050	-66,083
Supplies and Services - Clinical	-65,788	-5,482	-5,326	156	-65,958
Depreciation	-20,401	-1,700	-1,690	10	-17,456
Amortisation	-1,521	-127	-137	-10	-1,521
CIP	31,235	2,017	0	-2,017	0
Other Costs	-104,476	-9,435	-7,383	2,053	-72,647
<b>Total Operating Expenditure</b>	<b>-697,492</b>	<b>-59,440</b>	<b>-61,169</b>	<b>-1,729</b>	<b>-680,713</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>-4,467</b>	<b>-1,688</b>	<b>-2,787</b>	<b>-1,099</b>	<b>17,496</b>
Finance income	830	69	211	142	621
Finance expense	-956	-80	-82	-2	-976
PDC dividends payable/refundable	-10,800	-900	-900	0	-8,014
<b>NET FINANCE COSTS</b>	<b>-15,393</b>	<b>-2,598</b>	<b>-3,558</b>	<b>-959</b>	<b>9,127</b>
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
<b>Surplus/(Deficit) for the Period</b>	<b>-15,393</b>	<b>-2,598</b>	<b>-3,558</b>	<b>-959</b>	<b>9,127</b>
Remove Donated Asset Income	-800	-67	-67	0	-9,607
Remove Donated Asset Depreciation	740	62	70	8	740
Remove Donated Asset Amortisation	28	2	2	0	28
Remove Peppercorn Depreciation	11	1	0	-1	11
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
<b>NHSI Adjusted Financial Performance Surplus/(Deficit)</b>	<b>-15,414</b>	<b>-2,600</b>	<b>-3,552</b>	<b>-952</b>	<b>288</b>



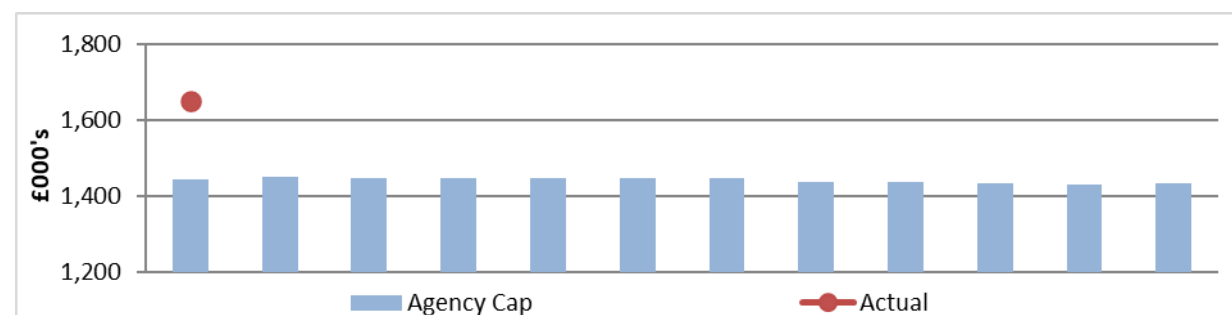
## Key Variances

The main drivers of the material variances are explained below:

Variance	Favourable/ (-)adverse £000	Main Driver(s)	Mitigations and Actions
NHS England income	504	Increased usage of high-cost drugs for which income is earned on a pass-through basis. Offset by increased expenditure.	No mitigation or action required
Education & Training income	300	Income received from HEE more than plan. No corresponding expenditure increases.	No mitigation required. To clarify reason for over payment with HEE.
Other income	-315	Reduced income on SHYPS due to the delay in securing the blood contract novation. Offset by reduced expenditure.	No mitigation required. Continue to work to secure the blood contract novation.
Employee expenses	-871	Agency spending ahead of plan (£0.2m). Balance spending ahead of plan primarily linked to York ED and GP trainees.	To control agency spend within the cap. To investigate and confirm whether extra HEE income is to cover the additional spending on GP trainees. To investigate reasons for overspending; develop and implement an appropriate response.
Drug expenses	-1050	Increased spending on high-cost drugs (£0.5m), offset by additional income. Balance spending ahead of plan.	To investigate reasons for overspending; develop and implement an appropriate response.
CIP	-2017	CIP behind plan	Continued focus on delivery of the CIP.
Other expenses	2053	Delay in SHYPS securing the blood contract novation (£0.3m). Balance is primarily budgets in reserve not yet released, and for which no spending.	Budgets to be released as spending for which they were designed to meet commences.

## Agency Controls

2023/24 has seen the reintroduction of controls around agency spending, which had been suspended since the Covid-19 pandemic. The Trust's agency spend is capped at 3.7% of its overall pay spend, and this has been factored into the plan. The table below illustrates the Trust's actual agency spend against the plan and shows in April agency spend at £1.65m is £0.2m ahead of plan.



### 3. Cost Improvement programme

The total cost improvement programme for 2023/24 is £37.9m, with the table below detailing the full programme. Of this the core efficiency programme requirement is £21.4m, which 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 £16.5m (shown against Corporate CIP below).

2023/24 Cost Improvement Programme - April									
2023/24 Cost Improvement Programme - Technical CIP - April									
	Full Year CIP Target	April Position			Planning Position		Planning Risk		
		Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
Technical CIP	£16,525	£371	0	£371	£16,525	£0	£14,877	£0	£1,648
2023/24 Cost Improvement Programme - Core CIP - April									
	Full Year CIP Target	April Position			Planning Position		Planning Risk		
		Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£4,592	£383	£9	£374	£1,061	£3,530	£923	£82	£56
2. Acute, Emergency and Elderly Medicine (Scarborough)	£2,379	£198	£1	£198	£1,607	£772	£918	£689	£0
3. Surgery	£4,913	£409	£4	£406	£2,209	£2,704	£1,754	£455	£0
4. Cancer and Support Services	£3,084	£257	£16	£241	£2,384	£700	£891	£190	£1,303
5. Family Health	£2,073	£173	£53	£120	£1,982	£91	£975	£0	£1,007
6. Specialised Medicine	£1,863	£155	£22	£134	£977	£886	£871	£106	£0
7. Corporate Functions									
Chief Exec	£105	£9	£0	£9	£0	£105	£0	£0	£0
Chief Nurse Team	£270	£22	£4	£18	£154	£115	£154	£0	£0
Finance	£92	£8	£0	£8	£235	£-143	£235	£0	£0
Medical Governance	£83	£7	£0	£6	£130	£-47	£130	£0	£0
Ops Management	£187	£16	£0	£16	£5	£182	£5	£0	£0
Corporate CIP	£0	£0	£0	£0	£5,128	£-5,128	£450	£200	£4,478
DIS	£205	£17	£4	£13	£138	£67	£138	£0	£0
Workforce & OD	£145	£12	£0	£12	£535	£-391	£535	£0	£0
<b>Sub total</b>	<b>£19,988</b>	<b>£1,666</b>	<b>£113</b>	<b>£1,553</b>	<b>£16,545</b>	<b>£3,443</b>	<b>£7,979</b>	<b>£1,723</b>	<b>£6,845</b>
YTHFM LLP	£1,400	£117	£23	£93	£1,237	£163	£332	£730	£175
<b>Core Programme - Group Total</b>	<b>£21,389</b>	<b>£1,782</b>	<b>£136</b>	<b>£1,646</b>	<b>£17,783</b>	<b>£3,606</b>	<b>£8,311</b>	<b>£2,453</b>	<b>£7,020</b>
<b>CIP PROGRAMME TOTAL</b>	<b>£37,914</b>	<b>£2,153</b>	<b>£136</b>	<b>£2,017</b>	<b>£34,308</b>	<b>£3,606</b>	<b>£23,188</b>	<b>£2,453</b>	<b>£8,668</b>

Delivery in month 1 of the Core Programme is £1.6m behind plan. Recurrent delivery is 7.6% of the Target which in the main is the full year effect of schemes delivered in 2022/23 and schemes delivered non-recurrently last year.

Non-core CIP relating to technical efficiencies, covid spend reductions and estimated productivity gains will be reflected from May reporting, but the Board are asked to note that the April target of £0.4m has been met but not transacted.

#### **4. Elective Activity: Variable Element of the Clinical Contract**

For 2023/24, the Trust's main clinical contract with its commissioners (ICBs and NHSE) includes a variable and fixed element. The variable element primarily covers all elective activity, other than outpatient follow up activity. All other activity is captured under the fixed element of the contract.

For elective activity captured under the variable element of the contract, income is earned based on actual activity delivered to which the appropriate tariff under the NHS Payment Scheme is applied. Income is therefore directly variable based on activity delivered, and therefore presents both a risk and an opportunity depending on whether actual activity is under or over plan.

For month 1, the Trust is not yet in possession of fully coded elective activity data due to the natural time delay in the full coding of all the elective activity before a tariff can be applied. The normal time frame before activity is near fully coded is usually 3-4 weeks following the month in question.

However, to give an early indication of how well the Trust is performing we have developed an early 'heads-up' approach using the first three weeks of April partially coded actual elective activity data and extrapolated this for the full month before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the early indications are that activity is down against plan and potentially presents a £1m shortfall on planned income for the period. It should be noted that some data anomalies have been identified and require further investigation and clarification. It is likely that the impact of the strike action during April in terms of cancelled elective will have contributed materially to this position, and a process is to commence to identify and value the lost activity should any national recognition be made for lost income due to strike action.

Given the limitations of this approach, the early data anomalies and the early stage of the financial year, it has been decided not to factor the £1m potential income loss into the reported position at this stage, but clearly this will be monitored closely against position once activity is fully coded and corrective action taken as necessary.

## 5. Current Cash Position

The Group's cash plan for 2023/24 is for the cash balance to reduce from £50.3m at March 2023 to £40.6m at March 2024, with clearly the planned I&E deficit being a key driver in the reduced balance.

April's cash balance showed a £8.4m adverse variance to plan, which is mainly due to payment of capital & other invoices from the March position. 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	47,455	37,960	40,729	39,099	37,524	29,841	32,947	34,072	32,068	34,842	41,691	40,625
Actual	39,054											

There are no cash issues to bring to the attention of the Board.

## 6. Current Capital Position

The total capital programme for 2023/24 is £45.9m; this includes £7.3m of lease budget that has transferred to capital under the IFRS16 accounting standard and £19.4m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

Capital Plan 2023-24 £000s	Mth 1 Planned Spend £000s	Mth 1 Actual Spend £000s	Variance £000s
45,852	2,266	592	1674

The capital programme at month 1 is £1.7m behind plan. £500k of this relates to IFRS 16 leases, mainly influenced by delays in completion of equipment leases.

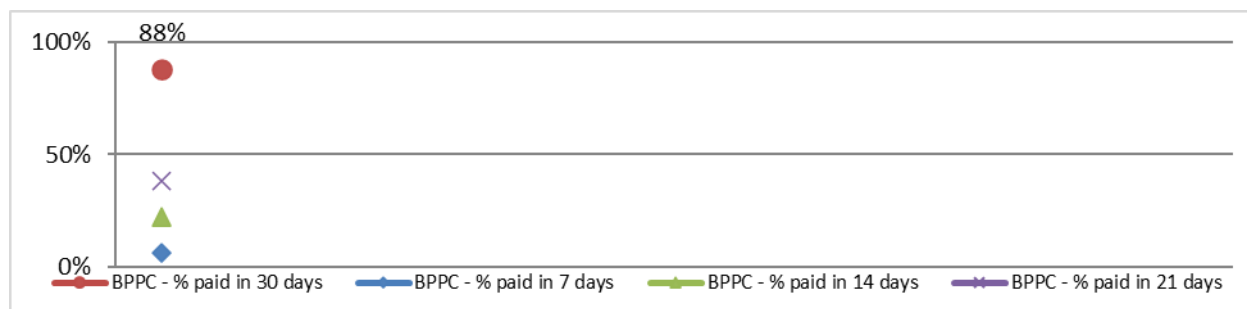
If we remove the impact of IFRS 16 figures the capital programme is £1.2m (66%) behind plan. This is due to the Scarborough UEC scheme (£1.5m) running behind the plan expenditure profile partially offset by other schemes running ahead of plan.

Most capital schemes have been approved and are commencing. There remains final agreement to be reached with Care Groups on the prioritisation of the £4m discretionary element of the capital programme. This is expected to be concluded by the end of May 2023.

## 7. Better Payment Practice Code (BPPC)

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice. Although this target has been around for several years, its delivery has recently regained increased focus by NHSE, with Julian Kelly (NHSE Finance Director) frequently making reference to its delivery.

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



## 8. Risk Overview

The financial plan includes significant risk, discussed, and acknowledged at the time of Board approval. The table below summarises the final remaining risks as we move to close the current financial year. These are current risks being managed.

Risk Issue	Comments	Mitigation/Management	Current Update
Delivery of the efficiency requirement	At £21.4m (3% of turnover) the cost out efficiency programme is comparable to pre-covid years, however the Trust is still getting back up to speed following the programme being halted during the Covid-19 pandemic, and clinical teams are focused elsewhere in terms of workforce issues and elective recovery. Also risk in terms of the proportion of the programme being met historically through non-recurring means, and its legacy impact on following years.	The Corporate Efficiency Team providing a full support programme. The Urgent & Emergency Care Transformation Programme and Elective Recovery Programme are linked to efficiency delivery opportunities. Rigorous reporting of CIP progress and action planning through the efficiency panel meetings with the CEO. Greater focus on recurrent delivery of the programme including Care Groups being asked to review the prospects for converting existing non-recurrent CIPs onto a recurrent basis.	In full year terms £1.6m (7%) of the programme has been delivered.
Delivery of cost reduction/ cost avoidance targets.	Delivery of the plan is dependent on finding £17.5m of cost avoidance/ reductions within the Trust's plan.	Reviews undertaken by both the central finance and Operations teams. FD direct request to the Exec committee, and Care Groups to review: <ul style="list-style-type: none"> <li>• Covid spend plans considering reduced income to support.</li> </ul>	Cost reduction/ avoidance savings of £7.7m (44%) have been identified to date.

		<ul style="list-style-type: none"> <li>Budget lines for non-essential spending in 2023/24.</li> <li>Investments not supported by income.</li> </ul>	
Delivery of the elective variable element of the clinical contracts.	The elective variable income element of the clinical contracts is lost/ gained at 100% of the NHS payment scheme tariff. As a minimum delivery of elective activity consistent with the activity levels underlying the income in the financial plan is crucial if the plan is not to be undermined.	A full activity plan has been devised with the Care Groups to deliver the 103.8% required elective improvement on 2019/20 outturn activity. The income associated with this is implicit in the financial plan. Full monitoring of delivery is being implemented and reported through to Care Groups in terms of early 'heads-up' feedback, and more detailed reporting when activity has been more fully coded.	Fully coded activity data is not available until 3-4 weeks after the month end; however an early 'heads-up' estimated approach suggests activity and income is below plan by £1m. It is expected that strike action will have materially contributed to cancelled elective activity, and an exercise is to commence to try and identify and value the impact of this.
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 financial governance including the scheme of delegation regarding expenditure approval is being promoted and monitored.	A 'back to basics' approach in terms of raising awareness of financial governance arrangements is being prompted through the Finance Managers within Care Groups.
Management of the Capital Programme	The 2023/24 capital programme is £45.9m. 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. A key focus is given to managing with in CDEL.	Approved capital schemes have been given permission to proceed and account for most of the programme. Just £4m of the programme is still subject to the conclusion of a prioritisation exercise of Care Group bids, which is expected to be concluded by the end of May 2023.

## 9. Income and Expenditure Forecast

As the financial year progresses, we will 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 2024.

As we are reporting the first month of the financial year against the new plan, the tool has not yet been employed with the assumption that at this early stage of the year the plan will be delivered. The tool will be employed in earnest after quarter 1 once further data on actual performance against the plan has become more established.

## 10. Recommendation

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

**Date:** May 2023

## Research & Development Performance Report : Apr-2023

### Executive Summary

#### **Trust Strategic Goals:**

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- 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 made a slow start to our accruals this year (does with financial year) but that is nothing unusual or alarming at this stage. We have included a section on our recruitment to time and target figures within the accrual report as this is now the main metric that the CRN will look at (both open and closed studies)
- We have submitted three grants this month to try and win some funding
  - £98,827.00 to Glaucoma UK the study is called Application of Artificial Intelligence in Glaucoma Diagnosis Utilising Multimodal Imaging Approach: Led by Dr Pouya Alaghband
  - £29,772.40 to National Institute of Academic Anaesthesia the study is called Multimodal prehabilitation in patients awaiting open AAA repair to reduce postoperative complications, improve perioperative functional capacity and quality of life: Led By Dr David Yates
  - £505,992.02 to National Institute for Health Research the study is called Shift Workers and Menopause (SWaM): Understanding lifestyle and workplace risk factors for menopausal symptoms among perimenopausal and menopausal NHS shift workers to support the development of a workplace intervention strategy: Led by Dr Sarah Baker
- We have heard that two of our recent grant submissions have been successful Haemochromatosis UK (small Fellowship Grant Simran Singh) £20K and an NIHR RfPB application looking at co-designing an intervention for implementing and sustaining supported for self-management in chronic breathlessness with HYMS £154K
- We have been shortlisted in a capital bid to convert two rooms (one each at York and Scarborough sites) to see research patients, which is a major block to us currently. The Department of Health are considering our request now. This will allow us to support commercial vaccine trials that will offer significant income to the Trust and means we can still compete with the large Trusts such as Leeds and Sheffield.
- We have kindly been offered 4 research PAs from HYMS and have 8 staff who have applied, we are currently reviewing applications.
- We have agreed to submit an NIHR Research for Patient Benefit bid to evaluate the new Acute Care Model at Scarborough along with University of York colleagues, this will be submitted in July.
- Upcoming event- Our second Celebration of Research event that will be held on 15th November at the Principal Hotel, York

#### **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: May-2023

# TRUST PRIORITIES REPORT : April 2023

## CLINICAL RESEARCH PERFORMANCE REPORT

### Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2023-24	139												139
2022-23	493	570	226	239	217	362	777	222	224	259	171	122	3882
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



### Breakdown as of end April 2023

Care Groups	Accruals Running Total 23/24
CG1 Total	41
CG2 Total	8
CG3 Total	9
CG4 Total	10
CG5 Total	0
CG6 Total	7
RP's Total	64
Cross Trust Studies Total	0
<b>ACCUAL TOTALS</b>	<b>139</b>

Accruals Still Required	3361
Trials Open to Recruitment	108

### Non-Commercial Studies 23/24 - 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	31%	35%	Weighted 11
Observational	62%	12%	Weighted 3.5
Large Interventional	4%	6%	Variable weighting by study
Large Observational	4%	46%	Weighted 1

### Breakdown of Trial Category % - All Open Studies

Commercial	6%
Non Commercial	94%

### Recruitment to Time & Target (RTT)

RTT is a key NIHR Higher Level Objective that measures the Trust's performance at achieving target participant recruitment for each study within the planned study timelines.

The below demonstrates the overall % of studies that are achieving to RTT alongside the target set by the NIHR.

Open studies	Percentage to Date	Target
Non-Commercial	75%	60%
Commercial	20%	60%

Closed FY 2023-2024	Percentage to Date	Target
Non-Commercial	100%	80%
Commercial	N/A	80%

If you would like a breakdown of Accruals in each CG, please contact [jordan.toohie@nhs.net](mailto:jordan.toohie@nhs.net)



## APPENDIX : National Benchmarked Centiles



REPORTING MONTH : APRIL 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 09/05/2023

\* 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

TPR Section	Category	Indicator	Local Data (TPR)			National Benchmarked Centile		
			Period	Actual	Target	Centile	Rank	Period
Acute Flow and Elective Recovery	UEC	Proportion of patients discharged before 5pm (70%)	Apr-23	63.6%	70%	82	23/121	*Feb 23
	UEC	ED: Median Time to Initial Assessment (Minutes)	Apr-23	16	18	26	92/124	*Feb 23
	RTT	RTT Total Waiting List	Apr-23	51050	48878	29	121/171	*Feb 23
	RTT	RTT Waits over 104 weeks for incomplete pathways	Apr-23	0	0	100	1/171	*Feb 23
	RTT	RTT Waits over 78 weeks for incomplete pathways	Apr-23	178	0	15	146/171	*Feb 23
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Apr-23	3	59 (12-month)	4	132/137	*Feb-23
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Apr-23	16	117 (12-month)	19	111/137	*Feb-23
	Patient Experience	Trust Complaints	Apr-23	46	No Target	23	162/210	*Q4 21/22

Trust Priorities; Quality and Safety						
Risk description	PR1 - Unable to deliver treatment and care to the required standard			Causes	- Insufficient workforce resources - Professional competency of clinical staff	
				What has to happen for the risk to occur?	- Lack of funding - Inadequate buildings and premises - Lack of space - Inadequate or aged medical equipment	
				Consequences	- Potential patient harm - Increased financial costs - Reputational damage - Regulatory attention	
				If the risk occurs, what is its impact?		
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:	3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18
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 Evaluation 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 and discussed at every Board of Directors and Quality & Safety Assurance Committee - Minutes and actions of papers April- June, 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

## Item 10.3

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
Ongoing Implement Workforce & OD Strategy (Being Renewed)	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
Ongoing 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 Bank only training for non-medical is at 77% (dropped due to LH incident) and Medical is at 41%.	-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

## Item 10.3

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