

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

on: **Wednesday 19 August 2015**

in: **The Boardroom, The York Hospital, Wigginton Road, York, YO31 8HE**

## PROGRAMME FOR THE DAY

Time	Meeting	Location	Attendees
9.00am – 10.00am	<b>Board of Directors held in public</b>	<b>Boardroom, York Hospital</b>	<b>Board of Directors and observers</b>
10.00am – 10.30am	Board of Directors held in private	Boardroom, York Hospital	Board of Directors
10.30am – 11.15am	Travel to Nestle	Nestle	Board of Directors
11.15am – 1.00pm	Nestle – James Ratcliffe, Head of Financial Services	Nestle	Board of Directors
1.00pm – 2.00pm	Travel to Rudding Park	Rudding Park	Board of Directors
2.00pm – 3.15pm	Customer Services– Peter Banks, Managing Director	Rudding Park	Board of Directors
3.15pm – 3.45pm	Refreshments		
3.45pm – 5.00pm	Hempsons – Devolution Manchester – Christian Dringwell and Andrew Davidson	Rudding Park	Board of Directors
5.00pm – 5.20pm	De-brief	Rudding Park	Board of Directors



**The Public Meeting of the Board of Directors:**

on: **Wednesday 19 August 2015**

at: **9.00am – 10.00am**

in: **The Boardroom, York Hospital**

**A G E N D A**

<b>No</b>	<b>Time</b>	<b>Item</b>	<b>Lead</b>	<b>Paper</b>	<b>Page</b>
<b>1.</b>	9.00 - 9.05	<b><u>Apologies for absence</u></b> <ul style="list-style-type: none"> <li>• Beverley Geary, Chief Nurse</li> <li>• Brian Golding, Director of Estates and Facilities</li> <li>• Sue Holden, Director of Workforce and Organisational Development</li> <li>• Dianne Willcocks, Non-executive Director</li> </ul>	Chair		
<b>2.</b>		<b><u>Minutes of the meeting held on 29 July 2015</u></b> To receive the minutes for approval	Chair	<a href="#">A</a>	5
<b>3.</b>		<b><u>Matters arising from the minutes</u></b> To address any matters arising from the minutes	Chair	Verbal	
<b>4.</b>	9.05 - 9.20	<b><u>Report from the Chief Executive</u></b> To receive a report from the Chief Executive	Chief Executive	<a href="#">B</a>	19
<b>5.</b>	9.20- 9.35	<b><u>Finance Report</u></b> To receive the latest finance report	Finance Director	<a href="#">C</a>	23
<b>6.</b>	9.35- 9.50	<b><u>Performance Report</u></b> To receive the latest performance report	Chief Operating Officer	<a href="#">D</a>	37
<b>7.</b>	9.50 - 10.00	<b><u>Community Services</u></b> Update on the Scarborough and Ryedale community services tender	Community Director	Verbal	
<b>8.</b>		<b><u>Any other business</u></b>			

9.		<p><b><u>Time and Date of next meeting</u></b></p> <p>The next meeting of the Board of Directors, in public, is arranged for Wednesday 30 September 2015 starting at 9.00am the Boardroom, York Teaching Hospital</p>
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The Annual General Meeting of the Trust is arranged for Thursday 10 September starting at 3.15pm. The meeting is being held in the Hospital Chapel, York District Hospital, Wigginton Road York YO31 8HE.

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Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom, The York Hospital on 29 July 2015.

**Present: Non-executive Directors**

Ms S Symington	Chairman
Mrs J Adams	Non-executive Director
Mr M Keaney	Non-executive Director
Ms L Raper	Non-executive Director
Mr M Sweet	Non-executive Director
Professor D Willcocks	Non-executive Director

**Executive Directors**

Mr P Crowley	Chief Executive
Mrs B Geary	Chief Nurse
Mrs S Holden	Director of Workforce and Organisational Development
Dr E Smith	Interim Medical Director
Mr J Taylor	Interim Medical Director
Mrs J Walters	Chief Operating Officer

**Corporate Directors**

Mr B Golding	Director of Estates and Facilities
Mrs S Rushbrook	Director of Systems and Networks

**In Attendance:** Mrs A Pridmore Foundation Trust Secretary

**Observers:**

Mr P Baines	Public Governor - York
Mrs A Bolland	Public Governor – Selby
Mr A Hammer	Security Manager – NHS
Mrs M Jackson	Public Governor - York
Mrs S Miller	Public Governor – Ryedale and East Yorkshire
Ms P McMeekin	Harrogate NHS Foundation Trust
Ms L Pratt	Healthwatch - York
Ms H Williams	Vale of York CCG

The Chairman welcomed the Governors and members of the public to the meeting.

**15/108 Apologies for absence**

Apologies were received from Mr P Ashton, Non-executive Director, Mr A Bertram, Director of Finance and Mr M Proctor, Deputy Chief Executive.

The Chair asked Mrs Pridmore to confirm the meeting was quorate. Mrs Pridmore confirmed the meeting was quorate.

## **15/109      Declarations of Interests**

The Board of Directors noted the current list of interests declared. The Board were reminded that if there were any changes to interests declared they should advise Mrs Pridmore. It was confirmed there were no additional declarations to be made affecting the business to be discussed at the Board meeting.

## **15/110      Minutes of the meeting held on the 24 June 2015**

Mrs Walters asked for minute 15/100 Quality and Safety Committee to be amended to show the work on bed reconfiguration modelling was ongoing and had not been completed. The Board noted the change. The remainder of the minutes were approved as a true record of the meeting.

## **15/111      Matters arising from the minutes**

### *15/099 Report from the Chief Executive – Care Quality Commission (CQC)*

Mr Sweet asked for an update on the CQC reports. Mr Crowley advised that the Trust had received a request from the CQC to hold the Quality Summit on 28 September 2015, where the final reports will be discussed. Prior to this date it is expected that the Trust will receive the draft reports (possibly during August) for comment.

The Board noted the comments. Ms Raper expressed dissatisfaction with the long period of time between the CQC's visit in March, and the availability of the reports. The Board noted that the visit provided a 'snapshot' of the organisation and the longer the delay in publishing the reports, the more distant that 'snapshot' becomes. Mr Crowley reminded the Board that the initial feedback received from the CQC had not indicated any serious concerns.

The Board asked Mr Crowley to inform the Board of any further developments.

**Action: Mr Crowley to advise the Board of any further developments.**

## **15/112      Patient Story**

Mrs Geary presented the story of a patient in Scarborough who had been diagnosed as terminally ill, but had planned to get married to his long term partner in September. The Board heard how the ward had made the arrangements for the couple to marry in hospital before the patient was transferred to the hospice.

The Board were delighted that the ward was able to arrange for the couple to get married and recognised it was a demonstration of our staff going the extra mile for our patients. Arranging this marriage at short notice impacted not only the patient who was at the end of his life, but also his close family. The Board agreed that special thanks should go to the team on the ward.

## 15/113 Report from the Chief Executive

**Turnaround Avoidance Programme (TAP)** - Mr Crowley outlined the background to the development of the Turnaround Avoidance Programme: whose key aim is to enable the Trust to control its own future. At the point of the acquisition of Scarborough, the Trust made certain financial assumptions in line with Monitor regulations. Given the current unanticipated national financial climate, these assumptions have become over-optimistic, and the Trust is this month reporting a £3.2 million deficit, compared with a £2.3 million planned deficit, this is a difference of £0.9 million from the plan.

The TAP work will be led by Mr Gordon Cooney and will be managed under the Finance Director's portfolio, overseen by the Chief Executive. The first step in the work has been to circulate a letter outlining the TAP and including a copy of the Scheme of Delegation to all leaders and managers across the Trust. All leaders and managers are required to brief their teams – at all levels – and the purpose of the TAP and the role of each member of staff can play in achieving TAP. All leaders and managers must confirm in writing to the Chief Executive that this has taken place.

Mr Crowley talked about the financial position of other organisations and the way it has been seen that a deficit can become significant very quickly if control is not maintained.

The Board discussed the programme and its importance to the continued success of the Trust. Mr Keaney asked how the fines would be controlled. Mr Crowley explained the discussions being held with the CCG about possible re-investment of the fines, as well as multiple performance improvement measures within the Trust.

Professor Willcocks reported she had observed the tangible impact the letter sent by the Chief Executive had had on Directorates. She cited an example of one Directorate who had spent 20 minutes discussing the letter within a Senior Team meeting.

Executive Members of the Board were all able to report that members of staff had been making suggestions and talking about the importance of the programme.

The Board discussed the communication of the programme and recognised the importance of continuing to provide dialogue about the programme as well as thanking people for their contribution. Mr Crowley gave examples of the approach being adopted. This year, the approach to winter planning is different; Staff are being asked to contribute their ideas to the development of the winter plan. The Trust introduced a 'you said, we did' format which has also proved successful. The Board recognised the approach was about engaging everyone and constantly re-enforcing the message.

Mr Sweet commented he was assured about the internal communication approaches, but enquired as to what work was being undertaken externally to ensure there was support from other stakeholders. Mr Crowley reported that locally, the financial challenge is being felt by both CCGs as well as the Trust. The Accountable Officer for the Vale of York CCG will be attending a meeting with NHSE to discuss the position, following which there will be a further meeting with the CCGs, NHSE, the Trust, and other partners such as Monitor to consider the whole system issues and resolutions. Clarification was sought about the

differences between this meeting and the Provider Alliance Board. The Chief Executive explained this meeting includes the system leaders in York looking at the whole system of leadership. It was recognised that the City of York Council has an interim Chief Executive with a specific remit to restructure the management of the Council.

The Board was assured by the discussion and the comments made.

**Approved business case** – Mr Crowley referred the Board to the comments in his report about the approval of a business case for the integration of services on the East Coast.

The case sets out a funding gap of £500k brought about by the national decision that specialist commissioners will only fund 70% of the growth of high cost cancer drugs. This will result in a further financial challenge for the Trust. The business case is important as it allows the Trust to continue to provide vital cancer treatment and services to the community.

The Board noted the challenge and the impact of the national tariff rules.

**Standard Hospital Mortality Indicator (SHMI)** – Mr Crowley advised the most recent SHMI figures had been published. The Trust had a SHMI of 101 reported up to December 2014. This demonstrates an improvement since the last report in September 2014 where the Trust was 103. Importantly it can be seen that individually both York and Scarborough sites have improved their SHMI since merger by 10 points each, which is a significant improvement in performance.

The Board was pleased to see the improvements and is assured by the progress made in the last few years.

**Equality and Diversity** – Mr Crowley referred to a debate to be held later in the meeting around the Equality and Diversity Annual Report. He outlined the importance of equality and diversity in the Trust.

The Board noted the comments and recognised the importance of the paper.

**Changes to the Board of Directors** – Mr Crowley confirmed that Mrs Holden would be leaving the Trust in September to take up a 15 month secondment with the NHS Trust Development Authority. He felt her appointment was recognition of the highly successful work she has undertaken in the Trust over many years.

The Board agreed with the comments and wished Mrs Holden every success.

#### **15/114 Quality and Safety Committee**

Ms Raper referred the Board to the minutes of the meeting and key topics to be raised, including mortality, nurse recruitment, domestics, and patient entertainment.

Ms Raper asked Dr Smith to comment on mortality.



Dr Smith echoed the comments made by Mr Crowley in his report about the SHMI and added he was undertaking some further investigations to understand the discrepancy between York and Scarborough. He reported he would be meeting with CHKS, the publishers of the data, to understand the statistics. The overall trend was positive and demonstrated improvement. The Board agreed with Dr Smith's comments and noted that improvements can take a year to be seen in the figures; Mrs Rushbrook gave the example of the improvements in the coding of co-morbidities using the Deptford coding.

Ms Raper assured the Board that the subject will remain on the Quality and Safety agenda throughout the year.

Ms Raper asked Mr Golding to update the Board on the Estates and Facilities issues discussed at the Committee.

Mr Golding outlined the work that has been undertaken to develop the Five Year Strategy. He explained an external consultant had been asked to review the work practices and identify any variation in service. The report from the consultant showed potential improvements to services that could save in the region of £600k in costs.

The savings could be found in three areas:

- cleaning schedules;
- using microfiber cleaning in Scarborough; and
- the management of staff rotas

Mr Golding outlined the discussion and action taken by the union and confirmed constructive discussions were now taking place. He confirmed that all proposed changes have been through a rigorous assessment to ensure they do not affect patient safety.

The Board discussed the changes being made. Mrs Adams was concerned there would be a reduction in the amount of cleaning undertaken. Mr Golding explained there was no reduction in cleaning; the change would ensure cleaning is undertaken at appropriate frequencies. He explained the challenges around the cleaning rotas and the adjustments would ensure there was harmonisation of terms and conditions.

The Board asked for assurance that there was no correlation between the changes in cleaning and the increase in infection. Mr Golding assured the Board there was no correlation.

Mr Golding referred to the changes being made in catering. He explained that the Trust was in the final stages of testing the food and receiving feedback. The Trust is now using the new kitchen to feed patients and visitors in York. The intention is to introduce the new catering system across the Trust gradually; the next location to receive the cook chill system will be Bridlington. This work should be completed by September.

Ms Raper asked Mrs Geary to comment on nurse recruitment.

Mrs Geary advised that 84 new staff would be in post from September/October and on the current figures this would leave the Trust with no ward vacancies. She outlined a

discussion held with fellow directors about the recruitment of European nurses. The executive team had agreed to undertake the recruitment of European nurses 'at risk'. An advert will be published in the next few days for European recruitment, with target interview dates set for September.

The Board was pleased to hear the news about the staffing levels and the European recruitment.

Professor Willcocks asked if the Board could be updated on the reconfiguration of wards. Mr Golding explained that the work had started with the joining of short stay ward and AMU. The other work has been paused until the outcome of the data analysis being undertaken by Mrs Rushbrook's team is known. Mrs Rushbrook explained the analysis work will support decisions about the modeling of the configuration of beds. She confirmed the work would be completed by September or October.

Ms Raper advised this would be routinely reported through the Quality and Safety Committee.

The Board noted that the percentage of harm free care had increased and congratulated all those involved.

The Chair asked Dr Smith if he had anything to add from his Medical Director report.

Dr Smith summarised his paper highlighting the importance of the appointment of the Stroke Consultant and the positive comments made by Public Health England (PHE) that the Trust was undertaking the right procedures in relation to antimicrobial stewardship. He reported that work was underway to reinvigorate the 'Think Glucose' campaign and improve the delivery of the Commissioning for Quality and Innovation (CQUIN) on sepsis.

The Chair asked Mrs Geary if there was anything further she would like to present on her papers.

Mrs Geary referred to the patient falls reduction quarterly update and highlighted the significant reduction in falls.

The Board commented that the report provided significant assurance. Professor Willcocks asked if the actions being taken were removing the responsibility that the patient has for themselves and should the actions reflect more that it is a shared responsibility. Mrs Geary accepted the point raised. The Board noted that the responsibility for the volunteer role was being transferred to the Chief Nurse. The Board saw this as an opportunity for the volunteers to have more visibility and a more tangible role on the wards. It was confirmed this was the intention.

Mrs Geary referred to her report on pressure ulcers. She explained the work being undertaken and the reduction in numbers. It was further reported that a new framework had been published and the Trust was currently working with the CCG to achieve more accurate reporting.

The Board commented that the report provided assurance and was very informative. Mrs Holden added that the stories behind the pressure ulcers were important, for example in this report there were four occasions where the patient had exercised their choice and chosen not to follow clinical advice.

Mrs Geary referred to the Chief Nurse report and highlighted that the Nursing and Midwifery Strategy would be reviewed at the Nursing Conference being held in September, where the priorities for the next 12 months would be agreed. A further paper would be presented to the Board of Directors in January 2016.

**Action: Mrs Geary to present a further paper on the Nursing and Midwifery Strategy in January 2016.**

Mrs Geary highlighted the decision to reconvene the Family and Friends Test Group.

The Board noted the information and assurance gained from the Quality and Safety Committee. Ms Raper noted the significant challenges and learning that could be taken from the Cheshire West ruling.

#### **15/115 Quarterly DIPC report**

Mrs Geary reminded the Board that following the retirement of Dr Turnbull, she had become the interim DIPC. She outlined the requirements of the quarterly DIPC report and highlighted the level of healthcare acquired infection in the Trust. Assurance was provided that an action plan had been developed to address current performance.

**C-Diff** – The Trust has reported 23 cases of C-Diff against an annual trajectory of 48. It was confirmed that regionally and nationally there had been an increase in incidents of C-Diff.

**MRSA** – the Trust has reported 6 cases, 1 in York and 5 in Scarborough. Mrs Geary advised that following a meeting to consider the reasons for the increase in MRSA, it had been established that there was no one cause for the cases, although the review of one antibiotic needs to be considered in more detail.

Mrs Geary outlined some of the work she has introduced in the last month, including a full reporting review of ward to board communication and the governance arrangements. She anticipated a report would be available within the next four weeks and she would be able to provide an update to the Board of Directors at the September meeting.

**Action: Mrs Geary to provide a further update on the governance review taking place in infection control at the September Board meeting**

The Board noted the comments; the work outlined and approved the DIPC quarterly report. The Board took assurance from the work and looked forward to receiving the report at the September meeting.

**15/116 Patient Experience Strategy**

Mrs Geary presented the strategy. She advised it would be launched at the AGM and the nursing conference in September. She advised that the implementation plan would be developed over the next month and presented to the Board of Directors at the September meeting.

The Board noted the comments and the presentation of the strategy. The Board was pleased to see its development and approved the document.

**Action: Mrs Geary to present the implementation plan for the Patient Experience Strategy to the Board of Directors in September.**

**15/117 Community Care update**

Mrs Scott updated the Board on the future of the community contract for Scarborough and Ryedale. She advised that the contract would be split into 6 lots, some of which will be part of an external procurement process including Scarborough community services.

Ryedale community services will not be tendered at this stage. The CCG intend to re-specify the service working with the current provider. At this stage there was no timeline or further detail published.

The Board noted the update and asked if Mrs Scott could bring more detail to the next Board meeting.

**Action: Mrs Scott to provide more detail on the Scarborough and Ryedale community services tender at the September Board meeting**

Mrs Scott reported that NYCC have embarked on an ambitious change programme. One of the work streams will concentrate on revising and redeveloping re-ablement services which may result in difficulties in discharging patients who might require re-ablement service from the Trust.

Mrs Walters raised concerns about the change programme and suggested this development could be included in the system leadership discussion. The Board agreed with her suggestion.

**Action: Mrs Scott to provide further detail on the re-ablement discussions when available.**

**Mrs Walters to include the issue in the system leadership discussion.**

Mrs Scott advised that NYCC and the Scarborough & Ryedale CCG had developed a framework and process to formally evaluate the Better Care Fund Schemes, of which the Ryedale and Selby Hubs are two examples. The process will support decisions being made about future funding of the Hubs.

The Board was concerned about the suggestion that a formal evaluation should be undertaken at this stage. Ms Raper commented that it would seem to be very early to evaluate the service.

## **15/118 Finance and Performance Committee**

Mr Keaney presented the minutes from the Committee meeting. He asked Mrs Walters to update the Board on the key aspects of operational performance.

Mrs Walters reflected on the four key areas included in the Performance Recovery Plan. She assured the Board of the current performance achievements on cancer, diagnostics, RTT and 18 weeks.

She advised that it is anticipated the Trust will achieve all cancer targets for Quarter 1 with the exception of 14-day week breast symptomatic. It is expected that this target will be achieved in June.

The Board noted the improvement in the delivery of Performance Recovery Plan.

**Emergency Care Standards Report** – Mrs Walters presented the report outlining the work being undertaken to address the way emergency care is managed in the organisation. It was also explained that there is a collective responsibility to formulate system recovery plans. She referred the Board to the challenges that have affected Trust performance in the past and described actions that have been taken to address some of the issues, adding she had written to the system leaders in local organisations asking them to re-establish the Urgent Care Working Group.

Mrs Walters outlined the work the service improvement team and operations team had been undertaking and the work being completed with the National Emergency Care Support Team (ECIST), which should relieve some pressure being felt in the emergency care pathway.

Mrs Walters referred the Board to the impact the actions taken have had on delivery and highlighted the reduction in ambulance turn round times, length of stay and time to assessment in the Emergency Department.

Mrs Walters outlined the actions that will be taken over the next six months to continue to support the recovery of the emergency care standards.

The Board thanked Mrs Walters for her clear and detailed presentation. The Board confirmed that they gained assurance from her report and verbal overview.

**Finance report** - Mr Keaney asked Mr Crowley if he would comment on the level of penalties in quarter 1 and agency costs.

Mr Crowley agreed the level of penalties was significant in the first quarter. He outlined discussions that were being held with the CCG about the level of re-investment of the fines and some mitigation factors have been acknowledged by the Vale of York CCG. He

anticipated that the Trust would recover a significant proportion of the fines. He confirmed that fine eradication was a critical element of the TAP.

Mr Crowley advised that agency costs were high and that the Trust continues to draw on the planned contingency to fund the premium agency costs. The Trust had recently seen appointments into consultant roles and continued to see the expenditure reducing. Work was underway to look at local costs. There was also some re-engineering work being undertaken, led by Mrs Walters and Dr Smith.

Mrs Holden added that the system currently in place required that agency staff were used as a last resort and approval was required before being arranged. Work had also been undertaken around ensuring there was some equality for Trust staff.

The Board noted the comments. Mrs Adams asked about the progress around the middle grade doctors.

Mrs Holden reminded the Board that Health Education England (HEE) had reduced the training posts some time ago and the Trust was now feeling the effect of that decision. The effect has been on the workforce profile and meant that detailed planning needed to be undertaken to find different ways of filling gaps in the workforce and using all the resources in the most economical way. Mr Crowley added that temporary middle grade doctors were being recruited into consultant posts.

Mr Keaney asked when the Trust could see an end to this type of staff shortage. Mrs Holden asserted that these types of staff shortages are likely to be part of the landscape for years to come.

### **Efficiency report**

Mr Sweet commented that the achievement up to quarter 1 was particularly good and would suggest that recurrent position was encouraging good rather than just good.

The Board agreed with his comment and noted the excellent performance around the efficiency agenda.

### **15/119 Equality and Diversity Report**

Mrs Holden presented the report and explained the importance of equality in the organisation. She reminded the board that decisions taken should be informed by the demographics and views of the society the Trust serves. She believed that the Trust needed to be more connected with the community around decisions and needed to consider how better engagement could be achieved.

Mrs Holden outlined there was still considerable work for the Trust to undertake to ensure that it continued to be compliant with the requirements of the equality legislation.

Mrs Holden asked the Board to approve the publication of the documents on the Trust website.

The Board considered the reports and recognised the work that had been undertaken to ensure the current compliance. The Board approved the publication of the documents and agreed to remain mindful of the importance of effective data collection and analysis.

#### **15/120 Staff Survey update report**

Mrs Holden explained that the report captured the decision made by the Board around taking a strategic view of the actions. The Board had agreed three key themes and this report updated the Board on the progress against those themes.

The Board reviewed the paper and reflected it was a powerful piece of work that did demonstrate progress against the themes. Mrs Holden added that Mr Crowley and Mrs Geary were now both holding regular surgeries and evidence was being captured from those events.

Mr Crowley commented that, at the point of acquisition, there had been a number of groups of disenfranchised staff who impacted on the results of the staff survey. Recent survey results have demonstrated improvements and the Trust has started to see encouraging results. Mrs Holden advised that the Trust would be asking all members of staff to complete the next staff survey.

The Board was encouraged by the comments made by Mr Crowley and the demonstration of action shown by the paper.

#### **15/121 Workforce Strategy Committee**

Professor Willcocks reminded the Board that this was an extra meeting in the programme to address the growing agenda the Committee is managing.

Professor Willcocks summarised the information included in the minutes. Professor Willcocks highlighted the introduction of the Workforce Strategy Risk Matrix. In the minutes she reflected on a number of areas, including the discussion the Committee had had about Health and wellbeing groups, the Coventry University Unit based in Scarborough, Volunteers and staffing levels.

Professor Willcocks referred to a business case that had been developed to centralise recruitment. Mrs Holden confirmed that the business case had been approved by the Corporate Directors earlier in the week.

The Board noted the content of the minutes and work being undertaken by the Committee.

#### **15/122 Monitor Quarterly Return**

Mr Crowley outlined the reporting to Monitor for quarter 1 and confirmed he and the Chair would review the final submission before it was made.

The Board noted the information included in the report and confirmed it was consistent with the understanding of the Board.

**15/123 Next meeting of the Board of Directors**

The next meeting, in public, of the Board of Directors will be held on 19 August 2015, Boardroom, York Hospital.

**15/124 Any other business**

DN Sue please can you advise I was out of the room.

**Outstanding actions from previous minutes**

<b>Minute number and month</b>	<b>Action</b>	<b>Responsible officer</b>	<b>Due date</b>
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	September
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grades in the future to be presented to the Board when developed	Mrs Holden	future

**Action list from the minutes of the 29 July 2015**

<b>Minute number</b>	<b>Action</b>	<b>Responsible office</b>	<b>Due date</b>
15/111 Matters arising from the minutes	Advise the Board of any further developments with the CQC Reports.	Mr Crowley	As soon as possible
15/114 Quality and Safety Committee	Present a progress paper on the Implementation of the Nursing and Midwifery Strategy	Mrs Geary	January 2016
15/115 Quarterly DIPC report	Provide a further update on the infection control governance review at the September Board meeting	Mrs Geary	September 2015
15/116 Patient Experience Strategy	Present the implementation plan for the Patient Experience Strategy	Mrs Geary	August 2015



15/117 Community Care update	Provide more detail on the Scarborough and Ryedale community services tender	Mrs Scott	August
	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
	Include the issue around review of re-ablement service with the system leadership discussions.	Mrs Walters	Report to Board when completed

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## Board of Directors – 19 August 2015

### Chief Executive Report

#### Action requested/recommendation

The Board is asked to note the content of the report.

#### Summary

This report is designed to provide a summary of the operational issues the Chief Executive would like to draw to the attention of the Board of Directors.

#### **Strategic Aims**

**Please cross as appropriate**

- |   |                                     |
|---|-------------------------------------|
| 1. Improve quality and safety                         | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement         | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships             | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

#### Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the comments in this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

#### Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report      Report developed for the Board of Directors.

Risk      No specific risks have been identified in this document.

Resource implications	The paper does not identify resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	August 2015
Version number	Version 1

## Board of Directors – 19 August 2015

### Chief Executive Report

There was widespread publicity at the start of the month as a result of Monitor's letter to all Foundation Trusts, asking us to look again at our 2015/16 plans and identify any further areas or adjustments to plan to contribute to the overall deficit reduction.

In a follow-up letter, Monitor confirmed that they are not taking formal regulatory action at this time.

It is encouraging that we are not considered by Monitor to be in breach of our licence for financial reasons, and there are no direct actions required of us, however they reinforced the original message that given the unaffordable sector-wide deficit forecast for 2015/16, all Trusts should look at their plans again, and specific suggestions were made regarding potential adjustments to our plans.

Also of note in the follow-up letter is our governance rating, which has moved to 'under review'. We picked this up at the meeting with Monitor's performance team last week and it is clear that whilst there is not a prescribed process for such a review it was clear that the manner in which we presented ourselves and the assurance they sought at the meeting would figure heavily in their considerations.

In response to the Monitor letter, NHS Providers' Chief Executive Chris Hopson has reinforced the importance of recognising the current financial situation as a system-wide problem, and not one caused by individual provider failure.

In a briefing to Trusts, he questions this more 'interventionist' approach by Monitor and the TDA, as they become more involved in operational issues. He strongly believes that provider boards are best placed to respond to the challenge, and that regulation should be both risk-based and proportionate.

Andrew Bertram, Finance Director, has already shared with the Board his high-level assessment of the content of the Monitor letters, and will update you further on our response, as well as on further dialogue we have had with Monitor.

Thanks to everyone who contributed on the day and in preparation for the Monitor visit. Paul Chandler, Monitor's Regional Director, visited both Emergency Departments and had chaired the tripartite meeting involving ourselves, both CCGs and our local authorities the previous day. His verbal feedback was that he was encouraged by how focussed we are on the issues facing us, the range of actions being taken and the approach we have adopted. He will be writing to us to set out his expectations and will also be writing to the whole system group to reinforce the importance of all partners playing their part in full to address the performance and operational challenges we face collectively.

### CQC Report

As you are all aware, we have received the first draft reports from the CQC following their Trust-wide inspection in March. These reports have been provided to us for accuracy checking, and various leads within the Trust are reviewing them in detail. There are eight

reports in total, seven of which are detailed reports into the York, Scarborough and Bridlington sites; adult, child and inpatient community services; and end of life care. The eighth report, which I shared with Board members, is the summary of all the reports and forms their assessment of the Trust as a whole.

I am grateful to those of you who have offered your personal reflections on the findings, this has been most helpful in terms of both informing and reinforcing our assessment.

Several members of the executive team are reviewing each of the reports in detail, which will take some time, however the first feedback as to their content is that there is nothing surprising. Nor is there anything significant that wasn't highlighted to the CQC inspectors during our Board level presentation on the first day of their visit. As you would expect, staffing and the ability to recruit to key posts is a recurrent theme, as is some of the challenge we face regarding our access targets and other elements of our performance. These have been well documented previously, and it should therefore be of no surprise that they feature in this report, and have an influence on our overall rating.

On first assessment of the reports, what comes across loud and clear is a strong sense of care, compassion, and absolute commitment of our staff to giving our patients the best possible treatment whilst in our care. This was shared in the verbal feedback at the end of the inspection, and comes through strongly as a theme in all of the reports.

They also describe us as open and honest, which is exactly how I would want us to receive such an inspection. Many staff spoke of the values of our organisation, and how these are at the core of how our organisation operates.

As is to be expected, some staff spoke of the challenges we still face and the work that is still to be done in integrating York and Scarborough Trusts and community services. Whilst we have significantly increased our efforts around staff engagement (and this is reflected in the report), we know there is still more to be gained in this area.

What was particularly pleasing was to see such a positive report on community services. This is all the more significant given this was a particularly disenfranchised group of staff who have been through several recent reorganisations and a constant level of uncertainty, however the observations made in the reports are a credit to these services and a real success story.

We are required to submit our comments and observations on the reports by 28 August and I hope to be in a position to brief you more fully on these, and the approach we have adopted, when we meet.

The final reports will be presented and discussed at a Quality Summit, attended by the CQC and representatives from both the Trust and our stakeholder organisations, for example our commissioners and Healthwatch. It is at this stage that the reports are public.

<b>Author</b>	<b>Patrick Crowley, Chief Executive</b>
<b>Owner</b>	<b>Patrick Crowley Chief Executive</b>
<b>Date</b>	<b>August 2015</b>

## Board of Directors – 19 August 2015

### Finance Report

#### Action requested/recommendation

The Board is asked to note the contents of this report.

#### Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31 July 2015.

At the end of June the Trust is reporting an Income and Expenditure (I&E) deficit of £4.7m against a planned deficit of £2.2m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

#### **Strategic Aims**

**Please cross as appropriate**

- |   |                                     |
|---|-------------------------------------|
| 1. Improve Quality and Safety                         | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement         | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships             | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

#### Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

This report is for noting only and contains no recommendations. It is therefore not expected to have any particular impact upon the requirements of, or on the protected groups identified by the Equality Act.

#### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance and Performance.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	August 2015
Version number	Version 1



**Briefing Note for the Board of Directors Meeting 19 August 2015**

**Subject: July 2015 (Month 4) Financial Position**

**From: Andrew Bertram, Finance Director**

**Summary Reported Position for the Period to July 2015**

The income and expenditure position has continued to deteriorate during July and now stands at an actual deficit of £4.6m against a planned deficit of £2.1m, showing an adverse variance from plan of £2.5m.

Income has been coded and costed for April through June and estimates have been used for the month of July based on prevailing activity levels.

Of note is a continuation of the increased NHS clinical income levels in June and July, reflective of the TAP efforts to improve elective throughput. An analysis of the run rate shows income continuing at between £35m and £36m per month for June and July (plus £4.5m non-clinical income and other income) in comparison to around £33m for both April and May. Unfortunately expenditure levels have also remained exceptionally high at £39m for June and over £40m for July, in comparison to a little over £37m in April and May.

The position in relation to contract penalties shows early signs of improvement with a reduction in the trend again this month of penalties incurred. Continuation of this work under the TAP programme is a clear priority for the Trust. The accrued position continues to have a material impact on our reported income and expenditure position at £1.2m. The performance report summarises the full implications of the penalties.

The income position reflects the national withdrawal of the 18-week admitted and non-admitted penalties. The Board should also be aware that the reported income position assumes a degree of success with our claim to the CCGs for re-investment of ED 4-hour penalties and ambulance turnaround penalties. S&R CCG have initially rejected our request for help but discussions continue about more specific targeted reinvestment support. The recent conversations with Monitor (both with the CCGs and in our internal meetings) have been supportive in this regard. VOY CCG have yet to formally respond to our letter but have indicated a willingness to support legitimate claims. The Board will be kept informed of progress with these claims.

As was the case last month the position returns a provisional COSRR rating of 3 but I reported last time the changed regulatory framework under which if either of the two components of the COSRR (liquidity or capital service cover) score 1 then this can be considered a trigger for investigation. The Board will see from the COSRR analysis in the performance report that the Trust's Capital Service Cover has scored 1 due to our deficit position.

As part of our routine submissions we are discussing this position with Monitor. I will keep the Board updated in this regard. At this stage, whilst formal investigation is an option for

Monitor, the regulatory framework does not mandate Monitor takes this action. To date there are no indications that Monitor are considering taking any further action.

Of note is that the regulatory framework will change again next month. We are in receipt of the new metrics from Monitor and are currently updating our reporting to move to these new measures. I will provide a fuller briefing to the Board next time alongside the new reporting requirements.

### **Expenditure Analysis**

Pay expenditure has fluctuated between £26.0m and £26.5m for the months of April through to June but in July exceeded £27.5m. An analysis of the increase points to exceptional growth in agency expenditure, particularly in the area of nursing. Posted to the ledger in July were nursing agency costs of £1.6m in contrast to an average of £0.6m in the period April to June. This expenditure increase is not supported by any material deterioration in vacancy rates or sickness absence. Agency nursing expenditure to date exceeds £3.5m (for the first 4 months of the financial year) in contrast to £4m for the whole of last financial year. An action plan has been agreed and implemented to address this crisis trend. The issue of extraordinary growth in usage costs of agency nursing is now the most material, adversely impacting, issue on our financial viability.

Drug expenditure is also high in month at £4.3m (compared to an average of £3.9m). It currently stands at £2.1m ahead of plan but this largely relates to high cost out of tariff drug costs for which direct recharges are made to commissioners. This area will be developed in terms of reporting this year as under the revised specialist commissioning arrangements payment of growth will only be made at 70%, potentially leaving the Trust with a new cost pressure.

Clinical supplies and services expenditure has remained high at £4.0m for the month in comparison to an average of £3.5m for April and May. And similarly other costs are high at £4.4m as opposed to a previous average of £3.6m. Investigations are underway to identify pressure areas and any necessary supplementary actions.

CIP delivery continues to be strong in full year terms (in comparison to previous year's performance at this stage) but the relentless impact of an even expected profile of delivery throughout the year is adversely impacting the I&E position by £2.6m.

### **Contracting Matters**

All contracts have been signed with the exception of the contract with S&R CCG. This contract includes S&R CCG as the lead commissioner but also includes ER CCG and H&R CCG as associates. There are no delays with either S&R CCG or ER CCG and all paperwork has been completed but the continued delays on the community contract award from H&R CCG to Virgin is holding up agreement and signature on this contract. This matter has now been escalated to Chief Officer level.

### **Other Issues**

Cash levels are satisfactory and capital programme spending is as expected.

There are no other issues I would wish to bring to the Board's attention.

# Finance Performance Report

August 2015

**Our ultimate objective** To be trusted to deliver safe, effective and sustainable healthcare within our communities.



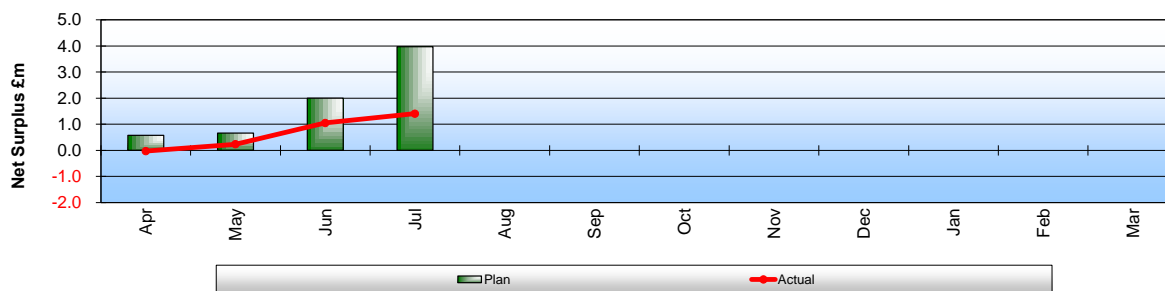
# Summary Income and Expenditure Position

## Month 4 - The Period 1st April 2015 to 31st July 2015

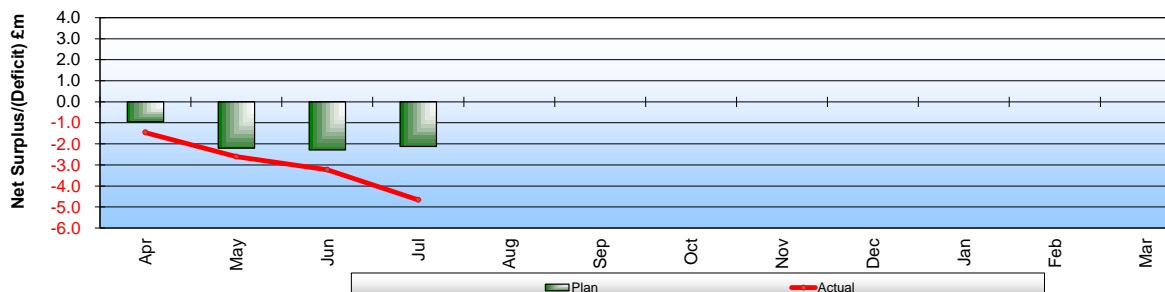
### Summary Position:

- \* The Trust is reporting an I&E deficit of £4.7m, placing it £2.5m behind the operational plan.
- \* Income is £4.5m ahead of plan, with clinical income being £3.1m ahead of plan and non-clinical income being £1.4m ahead of plan.
- \* Expenditure is ahead of plan by £7.1m, with further explanation given on the 'Expenditure' sheet.
- \* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £1.4m (0.90%) compared to plan of £4.0m (2.63%), and is reflective of the reported net I&E performance.

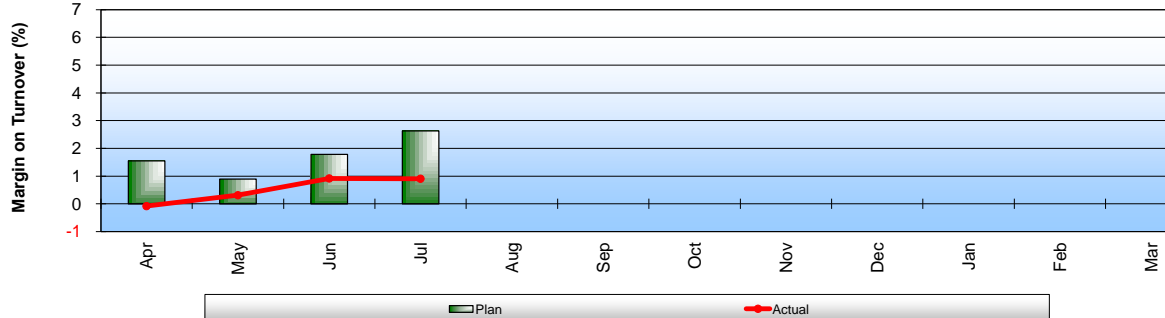
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)



Income and Expenditure



EBITDA Margin



### NHS Clinical Income

Elective Income	24,972	8,182	8,299	117
Planned same day (Day cases)	33,358	10,931	11,805	874
Non-Elective Income	101,911	33,231	36,006	2,775
Outpatients	65,826	21,141	20,880	-261
A&E	14,891	4,854	5,178	324
Community	33,047	12,362	12,615	253
Other	131,693	43,531	42,559	-972
<b>Total</b>	<b>405,698</b>	<b>134,232</b>	<b>137,342</b>	<b>3,110</b>

### Non-NHS Clinical Income

Private Patient Income	1,036	345	339	-7
Other Non-protected Clinical Income	1,790	597	589	-7
<b>Total</b>	<b>2,826</b>	<b>942</b>	<b>928</b>	<b>-14</b>

### Other Income

Education & Training	14,333	4,778	5,012	234
Research & Development	3,344	1,115	1,612	497
Donations & Grants received (Assets)	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	200	246	46
Other Income	17,177	5,729	6,403	675
Transition support	10,907	3,636	3,635	-0
<b>Total</b>	<b>46,361</b>	<b>15,457</b>	<b>16,909</b>	<b>1,452</b>

### Total Income

<b>454,885</b>	<b>150,631</b>	<b>155,179</b>	<b>4,548</b>
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### Expenditure

Pay costs	-315,312	-103,220	-106,369	-3,149
Drug costs	-43,958	-14,461	-16,546	-2,085
Clinical Supplies & Services	-47,385	-15,564	-15,233	331
Other costs (excluding Depreciation)	-47,916	-16,042	-15,607	435
Restructuring Costs	0	0	-22	-22
CIP	15,351	2,625	0	-2,625
<b>Total Expenditure</b>	<b>-439,220</b>	<b>-146,662</b>	<b>-153,777</b>	<b>-7,115</b>

### Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)

<b>15,665</b>	<b>3,969</b>	<b>1,402</b>	<b>-2,567</b>
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Profit/ Loss on Asset Disposals	-4,500	0	3	3
Fixed Asset Impairments	-300	0	0	0
Depreciation	-11,000	-3,667	-3,667	0
Interest Receivable/ Payable	100	33	52	19
Interest Expense on Overdrafts and WCF	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0
Interest Expense on Commercial borrowings	-335	-112	-101	11
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	-6	-6
PDC Dividend	-7,040	-2,347	-2,347	-0
Taxation Payable	0	0	0	0

### NET SURPLUS/ DEFICIT

<b>-7,410</b>	<b>-2,124</b>	<b>-4,664</b>	<b>-2,540</b>
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# Contract Performance

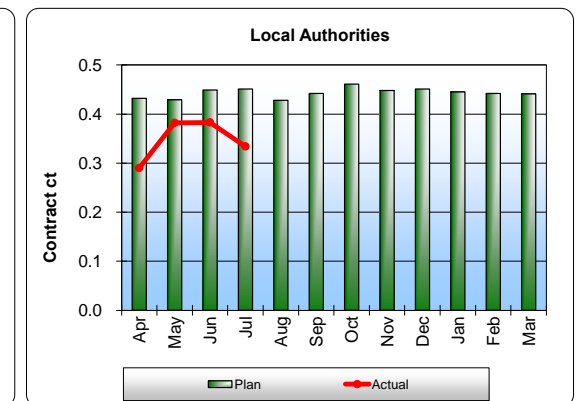
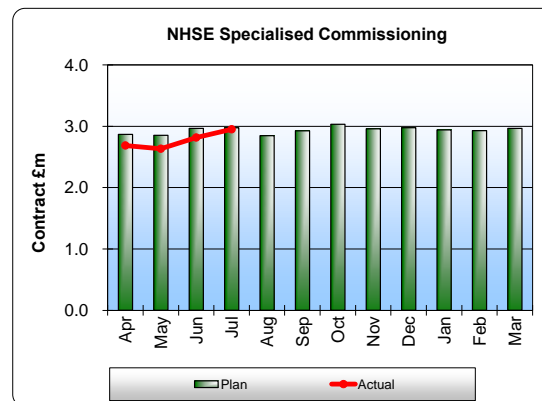
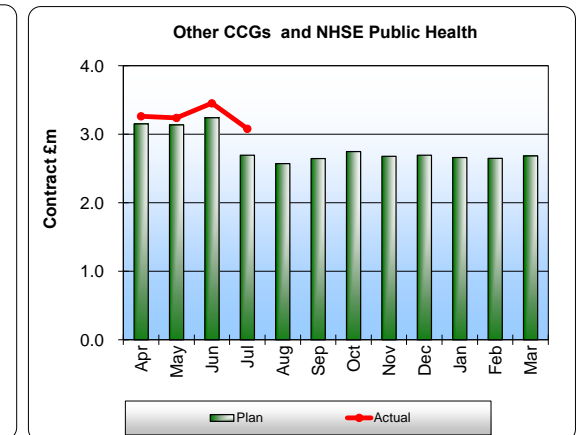
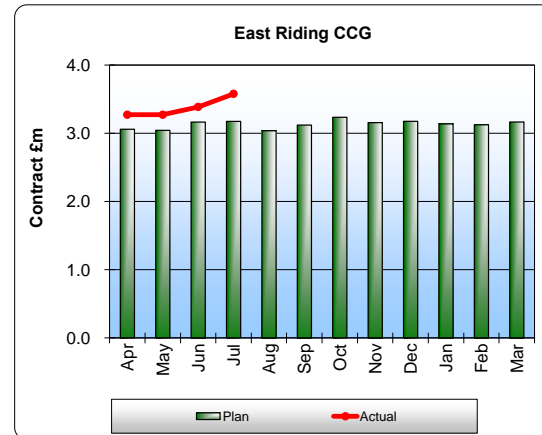
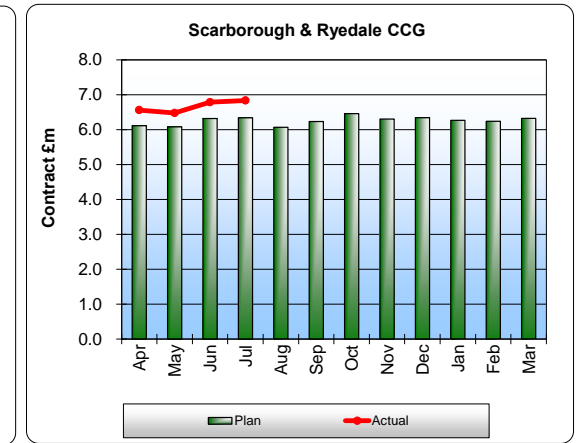
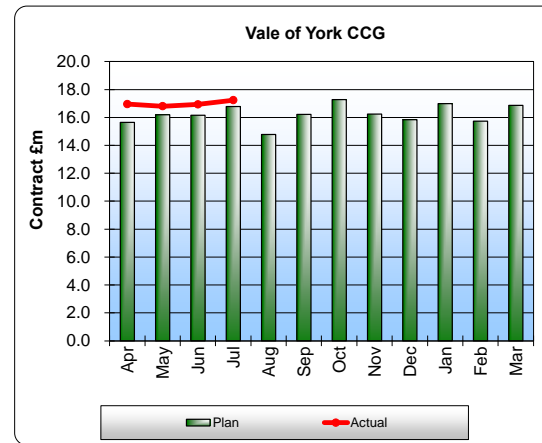
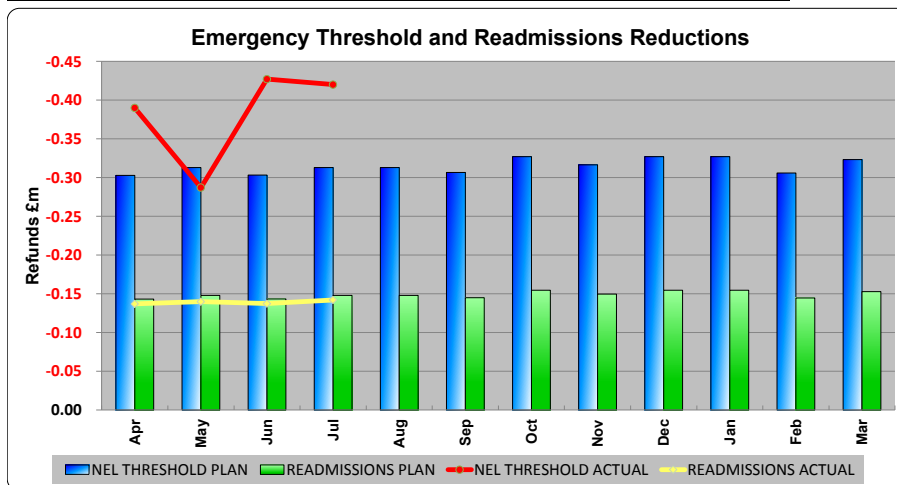
## Month 4 - The Period 1st April 2015 to 31st July 2015

Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	194,692	64,768	67,931	3,163
Scarborough & Ryedale CCG	75,075	25,847	26,661	814
East Riding CCG	37,600	12,444	13,507	1,063
Other Contracted CCGs	19,111	7,425	8,104	679
NHSE - Specialised Commissioning	35,241	11,663	11,090	-573
NHSE - Public Health	14,465	5,118	4,931	-187
Local Authorities	5,319	1,761	1,389	-372
<b>Total NHS Contract Clinical Income</b>	<b>381,503</b>	<b>129,026</b>	<b>133,613</b>	<b>4,587</b>

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	9,037	2,259	3,796	1,537
Risk Income	15,158	2,947	0	-2,947
<b>Total Other NHS Clinical Income</b>	<b>24,195</b>	<b>5,206</b>	<b>3,796</b>	<b>-1,410</b>

<b>Total NHS Clinical Income</b>	<b>405,698</b>	<b>134,232</b>	<b>137,409</b>	<b>3,177</b>
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Specialist registrar income moved to other income non clinical	-462
Winter resilience monies in addition to contract	395
<b>Agrees to Clinical Income reported to board</b>	<b>137,342</b>



# Expenditure Analysis

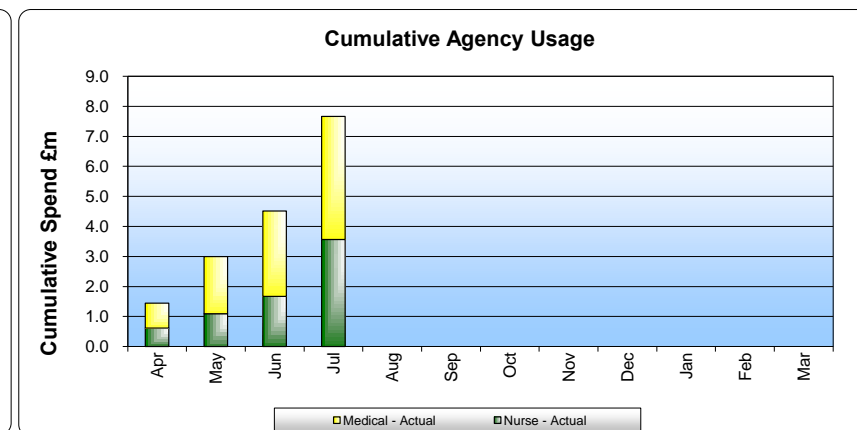
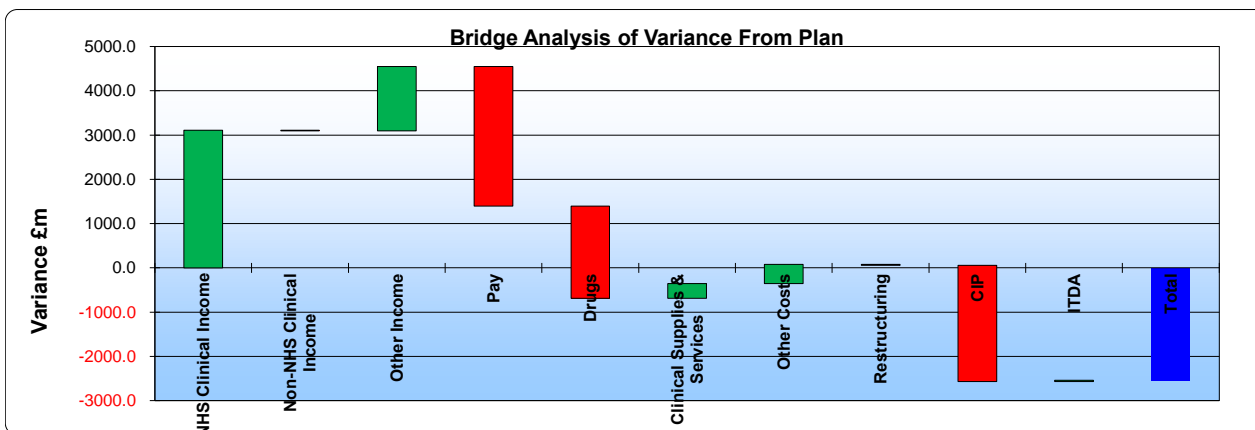
## Month 4 - The Period 1st April 2015 to 31st July 2015

### Key Messages:

There is an adverse expenditure variance of £7.1m at the end of July 2015. This comprises:

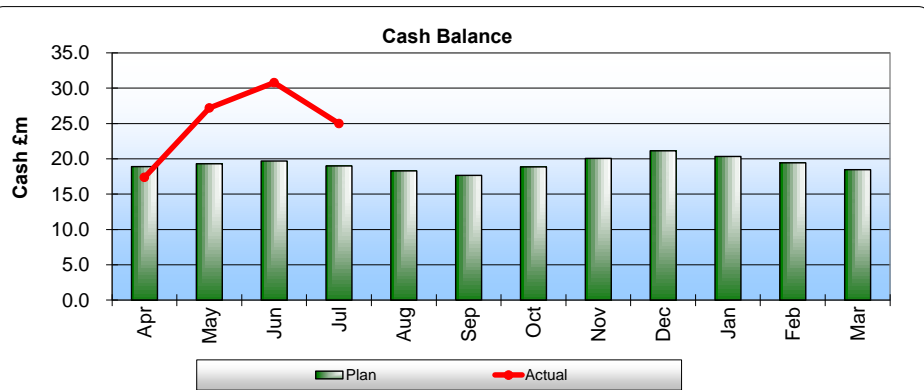
- \* Pay budgets are £3.1m adverse, linked to continued high locum and agency costs.
- \* Drugs budgets are £2.1m adverse, mainly due to pass through costs for drugs excluded from tariff.
- \* CIP achievement is £2.6m behind plan.
- \* Other budgets are £0.7m favourable.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	54,188	18,008	15,913	0	610	0	2,006	18,530	-522	-66	
Medical & Dental	29,691	9,579	8,628	0	56	0	2,091	10,775	-1,196	-919	
Nursing, Midwifery & Health Visting	93,934	31,310	27,201	168	112	1,033	3,564	32,078	-768	252	
Professional & Technical	9,347	3,046	2,604	42	51	0	222	2,919	127	191	
Scientific & Professional	17,376	5,732	5,163	33	14	0	10	5,221	511	375	
P.A.M.s	22,502	7,604	6,522	21	101	0	121	6,766	838	661	
Healthcare Assistants & Other Support Staff	43,683	14,754	14,331	218	44	14	51	14,658	96	-4	
Chairman and Non-Executives	161	54	54	0	0	0	0	54	0	0	
Executive Board and Senior Managers	14,692	4,878	4,440	4	0	0	15	4,459	419	267	
Administrative & Clerical	34,012	11,262	10,680	71	46	0	113	10,909	353	318	
Agency Premium Provision	4,000	1,333	0	0	0	0	0	0	1,333	1,000	
Vacancy Factor	-8,274	-4,342	0	0	0	0	0	0	-4,342	-3,295	
<b>TOTAL</b>	<b>315,312</b>	<b>103,220</b>	<b>95,537</b>	<b>556</b>	<b>1,036</b>	<b>1,047</b>	<b>8,194</b>	<b>106,369</b>	<b>-3,150</b>	<b>-1,220</b>	



**Key Messages:**

- \* The cash position at the end of July was £25m. This is above plan due to the receipt of £10.9m transitional funding from NHS England.
- \* The receivables balance at the end of July was £9.05m which is below plan due to improved debt collection systems
- \* The payables balance at the end of July was £7.04m which is above plan.
- \* The Continuity of Service Risk Rating (CoSSR) is assessed as a score of 3 in July, and is reflective of the I&E position.

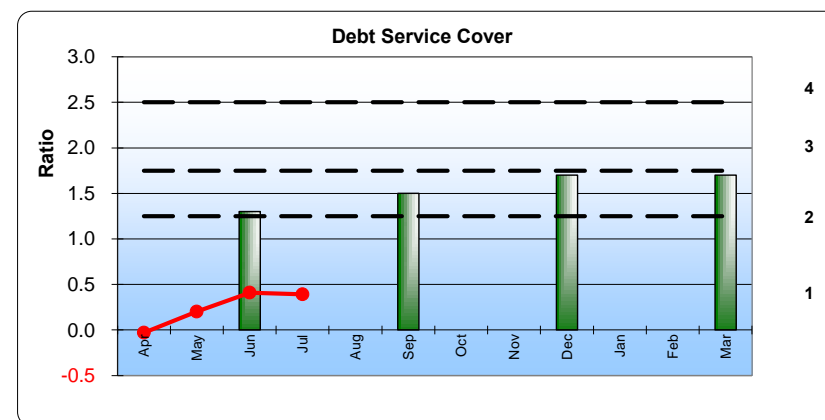
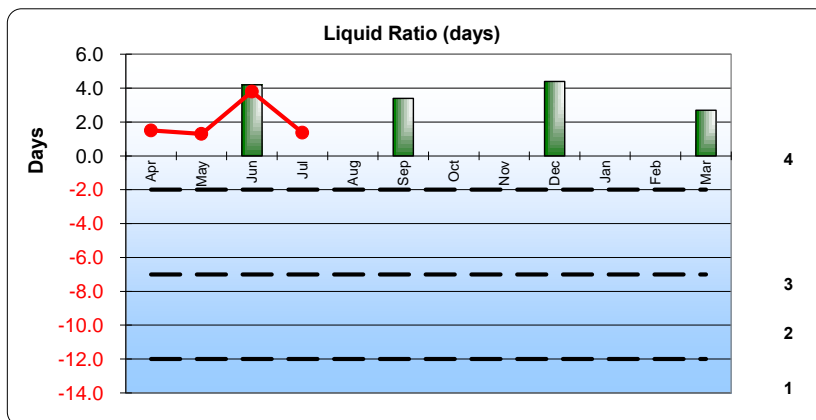


	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	5.40	0.87	0.58	0.19	7.04
Receivables	5.73	2.14	0.58	0.60	9.05

**Significant Aged Debtors (+6mths)**

Harrogate and District NHS FT	£584K
Leeds Teaching NHS Trust	£62K
NHS Property Services	£58K

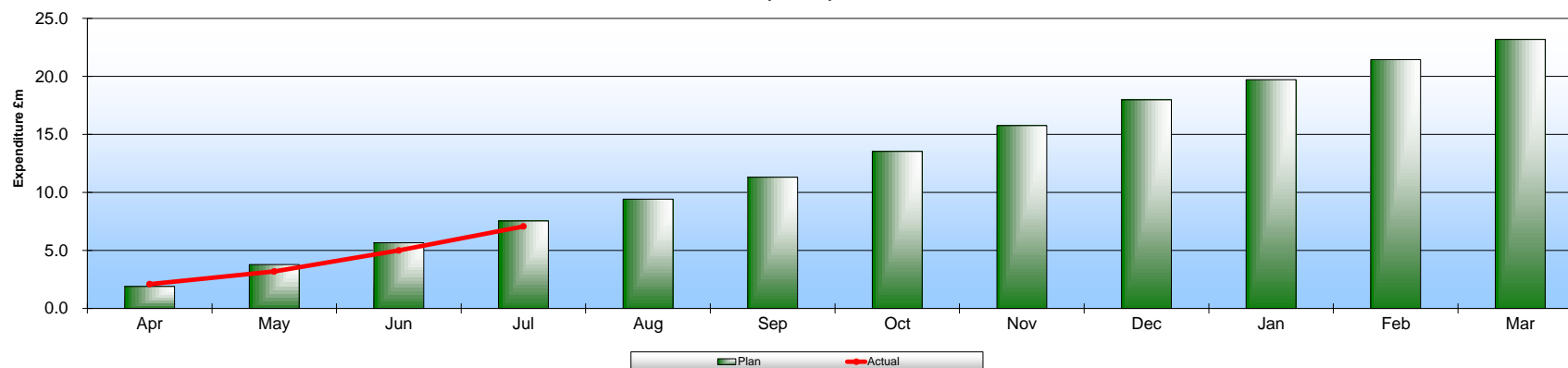
COSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquid Ratio (50%)	4	4	4	4
Debt Service Cover (50%)	2	2	1	2
Overall Continuity of Service Risk Rating	3	3	3	3



**Key Messages:**

- \* The Capital Programme for July is running in line with plan.
- \* Strategic funding has been allocated to existing projects including the Scarborough Fire Alarm and Lift replacement schemes.
- \* The Scarborough and Bridlington Carbon Energy Scheme has the largest projected in year spend at £5.087m
- \* At this point in the year the forecast outturn is as per the plan

**Capital Expenditure**



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
CT Scanner replacement- York (Owned)	2,015	800	2,015	0	
Strategic Capital Schemes	1,870	393	1,870	0	
York ED Phase 2	1,264	1	1,264	0	
SGH/ Brid Carbon & Energy Project	5,087	2,188	5,087	0	
Radiology Equipment Upgrade	3,085	-	3,085	0	
IT Wireless Upgrade - Trustwide	1,400	302	1,400	0	
Other Capital Schemes	2,665	1,455	2,665	0	
SGH Estates Backlog Maintenance	1,000	333	1,000	0	
York Estates Backlog Maintenance - York	1,000	424	1,000	0	
Medical Equipment	650	237	650	0	
IT Capital Programme	1,500	269	1,500	0	
Capital Programme Management	1,150	663	1,150	0	
	-	-	-	0	
Contingency	500	-	500	0	
	-	-	-	0	
	-	-	-	0	
<b>TOTAL CAPITAL PROGRAMME</b>	<b>23,186</b>	<b>7,065</b>	<b>23,186</b>	<b>-</b>	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	9,614	3,499	9,614	-	
Loan Funding b/fwd	1,386	353	1,386	-	
Loan Funding	9,577	2,635	9,577	-	
Charitable Funding	739	185	739	-	
Strategic Capital Funding	1,870	393	1,870	-	
<b>TOTAL FUNDING</b>	<b>23,186</b>	<b>7,065</b>	<b>23,186</b>	<b>0</b>	



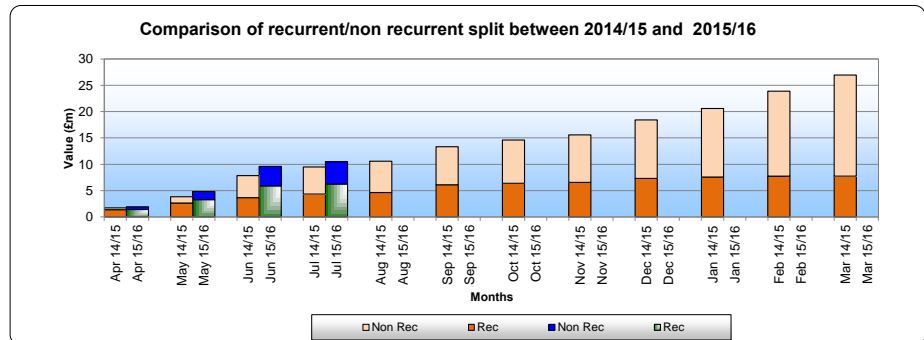
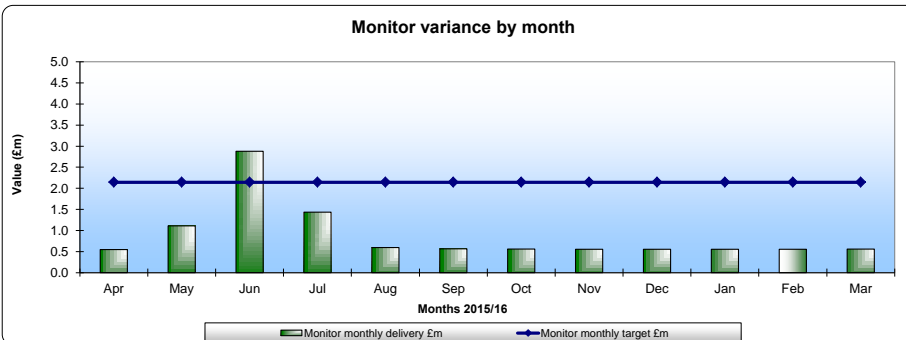
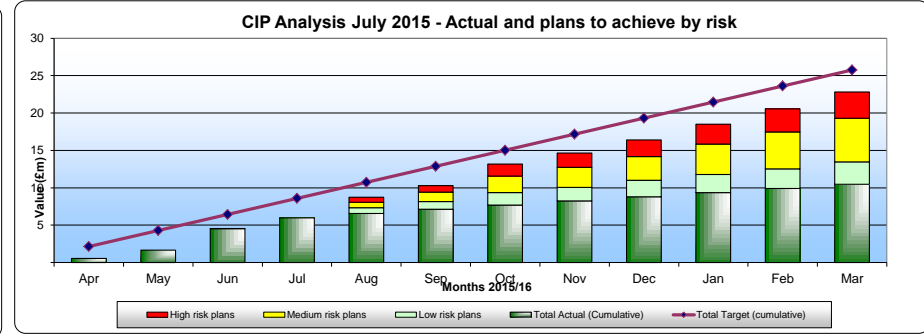
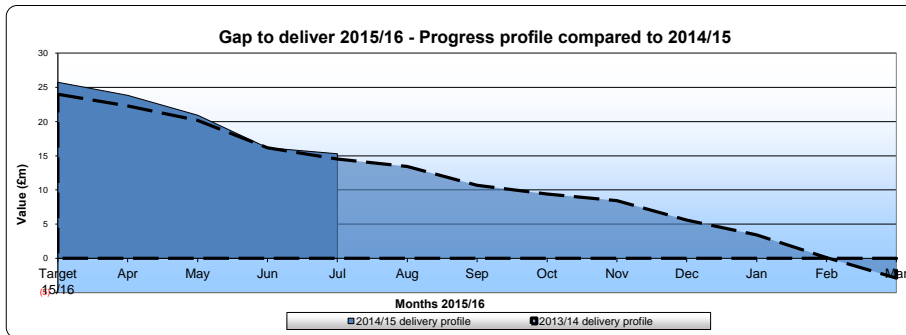
**Key Messages:**

- \* Delivery - £10.5m has been delivered against the Trust annual target of £25.8m, giving a shortfall of (£15.3m).
- \* Part year Monitor variance - The part year Monitor variance has a shortfall of (£2.6m).
- \* In year planning - The in year planning gap is currently (£2.9m), work is continuing to close this gap.
- \* Four year planning - The four year planning gap is (£24.2m).
- \* Recurrent delivery - Recurrent delivery is £6.2m, which is 24% of the 2015/16 CIP target.

Executive Summary - July 2015	
	Total £m
<b>TARGET</b>	
In year target	25.8
<b>DELIVERY</b>	
In year delivery	10.5
In year delivery (shortfall)/Surplus	-15.3
Part year delivery (shortfall)/surplus - monitor variance	-2.6
<b>PLANNING</b>	
In year planning surplus/(gap)	-2.9
<b>FINANCIAL RISK SCORE</b>	
Overall trust financial risk score	(1 - RED)

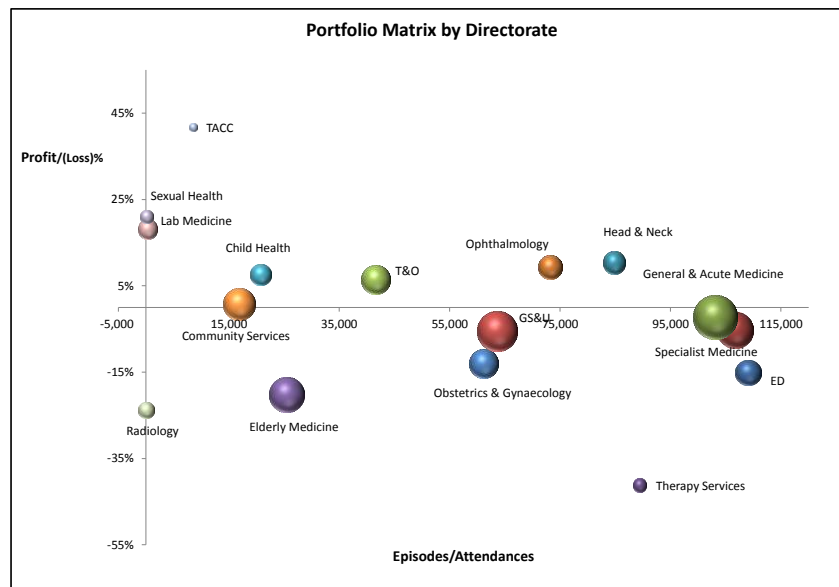
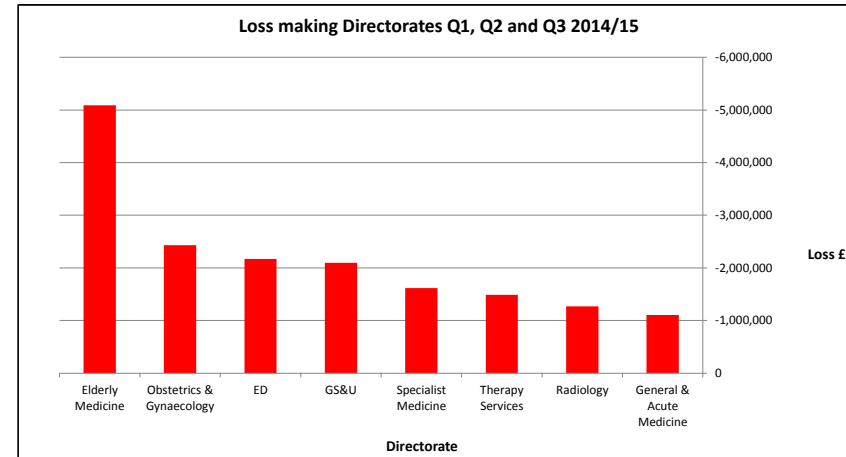
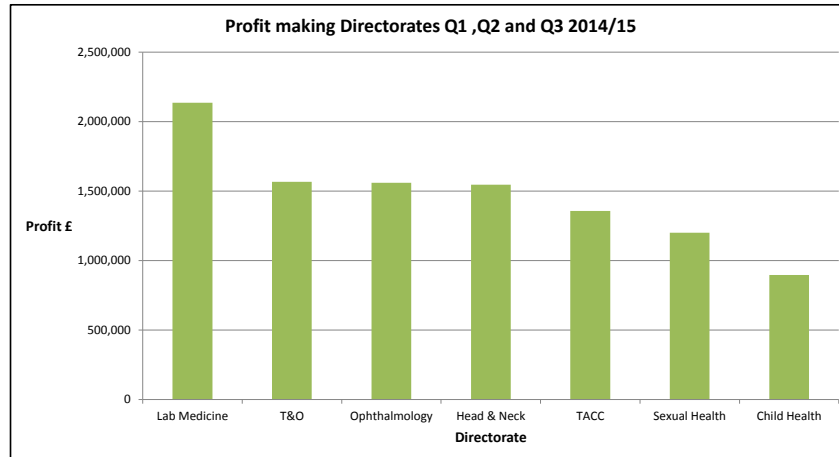
4 Year Efficiency Plan - July 2015					
Year	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m
Base Target	25.8	15.3	15.2	15.2	71.4
Plans	22.8	13.9	7.0	3.5	47.2
Variance	-2.9	-1.3	-8.2	-11.7	-24.2
%	89%	91%	46%	23%	66%

Risk Ratings			
Financial			
Score	June	July	Trend
1	12	16	↑
2	8	5	↓
3	2	1	↓
4	3	3	→
5	1	1	→
Governance			
Score	June	July	Trend
Red	2	1	↓
Green	24	25	↑



**Key Messages:**

- \* Current data is based on Q1, Q2 and Q3 of 2014/15
- \* It is expected Q4 will be completed in October 2015
- \* The Reference cost calculation was successfully submitted on 30 July 2015
- \* SLR drop in sessions have been arranged for the Directorate and Finance teams, the first three sessions have been held and were well attended
- \* 2 staff have been appointed to the team - start dates are September 2015 and January 2016



DATA PERIOD	QUARTER 1, 2 and 3 2014/15
CURRENT WORK	<ul style="list-style-type: none"> <li>* The reference cost calculation was successfully submitted to the Department of Health on 30th July 2015</li> <li>* Q4 SLR data is now the key focus following the reference cost submission, this is expected to be completed in October 2015</li> <li>* 3 drop in sessions have taken place for Directorate teams to attend to familiarise themselves with the SLR system, it is intended to continue with these sessions as regular events</li> <li>* Directorate teams continue to use the system for example Medicine at Scarborough have started to use the SLR system to review their clinics and Specialist Medicine have recently used the SLR system to appropriately code the Lymphodema service, offering a £200k opportunity</li> </ul>
FUTURE WORK	<ul style="list-style-type: none"> <li>* Q1 2015/16 SLR data will be the priority following the completion of Q4</li> <li>* A deep dive for interventional radiology is underway as this service is not profitable</li> <li>* The SLR team are continuing to work with Directorate teams to improve the quality of consultant job plan allocation within the SLR system, a similar piece of work is on going to improve staff allocation to clinics.</li> <li>* A detailed deep dive piece of work will be undertaken with Obs &amp; Gynae between September 2015 and December 2015 with the aim of identifying what the true underlying financial position of the service is.</li> </ul>
BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	<b>£2.6m</b>

Executive Summary	Inpatient Elective				Inpatient Non-Elective				Inpatient Day Case				Outpatient (1st Att)				Outpatient (Sub Att)				Non Face-To-Face				Outpatient Procedures			
	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var
Accident And Emergency	0	0	0	0	2910	949	1099	150	0	0	4	4	945	310	123	-187	818	268	47	-221	0	0	0	0	0	0	0	0
Acute Medicine	0	0	1	1	219	71	284	213	92	30	67	37	774	254	395	141	1004	329	380	51	94	31	12	-19	0	0	0	0
Anaesthetics	54	18	12	-6	17	6	6	0	1750	573	634	61	1650	541	654	113	2466	608	999	191	0	0	0	0	24	8	34	26
Cardiology	670	220	108	-112	2841	926	734	-192	1098	360	412	52	12125	3973	4844	871	19537	6402	5409	-993	155	51	94	43	5627	1844	1665	-179
Chemical Pathology	0	0	0	0	0	0	0	0	54	18	25	7	50	17	45	28	82	27	79	52	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1254	411	425	14	70	23	32	9	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	8	3	1	-2	365	120	30	-90	7292	2389	1860	-529	16299	5341	5036	-305	424	139	7	-132	15441	5060	7219	2159
Ear, Nose And Throat	748	245	249	4	998	325	341	16	952	312	408	96	7810	2559	2686	127	8307	2722	3427	705	12	4	5	1	8987	2945	2641	-304
Endocrinology	8	3	2	-1	3698	1206	900	-306	482	158	201	43	2203	722	723	1	7137	2339	2532	193	506	166	14	-152	0	0	0	0
Gastroenterology	292	96	73	-23	4581	1494	1803	309	9568	3135	2961	-174	4591	1504	1617	113	9353	3065	2900	-165	1026	336	364	28	60	20	24	4
General Medicine	5	2	3	1	434	142	205	63	2867	939	876	-63	92	30	32	2	133	44	7	-37	18	6	3	-3	79	26	9	-17
General Surgery	2880	944	886	-58	7253	2365	2342	-23	10460	3427	3431	4	15012	4919	5170	251	22695	7436	6741	-695	794	260	308	48	3999	1310	1210	-100
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	25550	6073	4770	-1303	11980	2840	2184	-656	0	0	0	0	0	0	0	0
Geriatric Medicine	6	2	5	3	9421	3072	3679	607	172	56	69	13	3844	1260	1411	151	3851	1262	1197	-65	941	308	79	-229	46	15	24	9
Gynaecology	822	269	314	45	980	320	410	90	1474	483	534	51	7670	2513	2543	30	5650	1851	2042	191	0	0	1	1	4761	1560	1564	4
Haematology (Clinical)	42	14	11	-3	156	51	73	22	3672	1203	1403	200	1898	622	613	-9	12610	4132	4388	256	668	219	227	8	126	41	11	-30
Maxillofacial Surgery	352	115	106	-9	378	123	113	-10	1951	639	760	121	7009	2297	2316	19	8372	2743	2772	29	0	0	0	0	1846	605	844	239
Medical Oncology	58	19	16	-3	148	48	39	-9	6952	2278	2605	327	4186	1372	1449	77	22970	7527	8222	695	25582	8382	6537	-1845	90	29	46	17
Nephrology	72	24	32	8	1606	524	387	-137	784	257	273	16	791	259	244	-15	8311	2723	2505	-218	3714	1217	1350	133	0	0	0	0
Neurology	14	5	1	-4	132	43	56	13	746	244	302	58	3286	1077	1021	-56	6115	2004	1861	-143	910	298	262	-36	56	18	0	-18
Obstetrics & Midwifery	24	8	18	10	5338	1741	2382	641	0	0	0	0	46	15	11	-4	1166	382	433	51	0	0	0	0	168	55	38	-17
Ophthalmology	251	82	83	1	86	28	16	-12	5385	1764	1943	179	16145	5290	5181	-109	57783	18934	16390	-2544	0	0	0	0	12929	4236	3619	-617
Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	1491	489	411	-78	1886	618	600	-18	0	0	0	0	9636	3157	2854	-303
Paediatrics	65	21	19	-2	7156	2333	2485	152	214	70	98	28	5217	1708	1724	16	10180	3325	3333	8	424	139	117	-22	670	220	213	-7
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1048	343	408	65	3938	1290	1851	561	418	137	87	-50	0	0	0	0
Plastic Surgery	34	11	14	3	8	3	1	-2	338	111	163	52	407	133	204	71	512	168	207	39	0	0	0	0	29	10	1	-9
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	206	253	47	441	145	135	-10	0	0	0	0	1619	530	415	-115
Rheumatology	6	2	1	-1	14	5	1	-4	2160	708	770	62	2732	895	860	-35	13097	4291	4759	468	1254	411	515	104	0	0	0	0
Thoracic Medicine	86	28	13	-15	3611	1177	1184	7	498	163	152	-11	3859	1264	1057	-207	10544	3455	3109	-346	134	44	32	-12	296	97	83	-14
Trauma And Orthopaedic Surgery	1824	598	679	81	3258	1062	1125	63	2283	748	784	36	18700	6127	6496	369	27248	8928	9539	611	0	0	0	0	1460	478	422	-56
Urology	1566	513	561	48	1598	521	528	7	5844	1915	2974	1059	2662	872	1714	842	4243	1390	3112	1722	14	5	16	11	3788	1241	91	-1150
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6332	2065	1734	-331	0	0	0	0	8090	2651	2868	217	35308	11569	8931	-2638	0	0	0	0	9460	3100	3405	305
Gynaecology Zero Tariff	4	1	0	-1	362	118	106	-12	2	1	1	0	4	1	1	0	42	14	5	-9	0	0	0	0	20	7	7	0
<b>Total</b>	<b>9883</b>	<b>3238</b>	<b>3207</b>	<b>-31</b>	<b>63543</b>	<b>20720</b>	<b>22034</b>	<b>1314</b>	<b>60163</b>	<b>19713</b>	<b>21880</b>	<b>2167</b>	<b>169062</b>	<b>53097</b>	<b>54129</b>	<b>1032</b>	<b>334148</b>	<b>108394</b>	<b>105164</b>	<b>-3230</b>	<b>37088</b>	<b>12153</b>	<b>10030</b>	<b>-2123</b>	<b>81217</b>	<b>26612</b>	<b>26439</b>	<b>-173</b>

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# Monthly Performance Report

August 2015

**Our ultimate objective** To be trusted to deliver safe, effective and sustainable healthcare within our communities.



### Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	<b>Specialty fail:</b> £150 fine per patient below performance tolerance <b>Quarterly:</b> 1 Monitor point TBC	<b>92%</b>	93.4%	93.0%	92.5%	92.8%	92.1%	92.8%	92.3%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	<b>0</b>	0	0	2	3	1	1	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	<b>Not a 2015/16 target - Internal monitoring only</b>	81.6%	82.0%	80.7%	75.6%	78.2%	74.2%	75.7%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	<b>Not a 2015/16 target - Internal monitoring only</b>	95.9%	95.5%	95.4%	95.2%	95.5%	95.0%	95.0%

### Access Targets: Cancer

NB: Cancer Figures Run One Month Behind Due to National Reporting Timescales

Indicator	Consequence of Breach	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Apr	May	Jun
14 Day Fast Track	<b>Quarterly:</b> £200 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>93%</b>	85.9%	85.4%	89.8%	93.9%	93.8%	93.9%	94.0%
14 Day Breast Symptomatic	<b>Quarterly:</b> £200 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>93%</b>	78.6%	90.5%	91.0%	91.4%	90.2%	90.1%	93.6%
31 Day 1st Treatment	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>96%</b>	97.9%	98.4%	96.1%	96.2%	97.6%	96.3%	94.8%
31 Day Subsequent Treatment (surgery)	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>94%</b>	94.9%	95.3%	95.6%	94.4%	94.7%	91.3%	96.4%
31 Day Subsequent Treatment (anti cancer drug)	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>98%</b>	99.1%	100.0%	98.5%	99.6%	100.0%	98.2%	100.0%
62 day 1st Treatment	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	<b>85%</b>	87.6%	85.0%	76.5%	87.8%	88.0%	86.9%	88.7%
62 day Screening	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	<b>90%</b>	93.8%	92.5%	92.2%	98.4%	94.1%	100.0%	100.0%
62 Day Consultant Upgrade	General Condition 9	<b>85%</b>	50.0%	-	-	-	-	-	-

## Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£120 fine per patient below performance tolerance (maximum 10% breaches) <b>Quarterly:</b> 1 Monitor point TBC	<b>95%</b>	92.6%	89.1%	89.1%	88.3%	87.7%	89.3%	92.9%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	<b>0 &gt; 30min</b>	489	514	520	539	176	156	82
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	<b>0 &gt; 60min</b>	255	371	383	415	177	74	31
Ambulance Handovers over 30 and 60 Minutes by CCG	<b>Ambulance Handovers over 30 and 60 Minutes by CCG</b>	<b>Breach Category</b>	<b>Q2 2014/15</b>	<b>Q3 2014/15</b>	<b>Q4 2014/15</b>	<b>Q1 2015/16</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>
	NHS VALE OF YORK CCG	30mins - 1hr	70	154	161	163	48	45	26
		1hr 2 hours	19	109	109	114	37	32	12
		2 hours +	13	54	44	26	17	0	6
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	202	176	177	152	57	40	25
		1hr 2 hours	88	77	83	101	49	17	9
		2 hours +	12	25	25	28	12	0	0
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	122	127	134	146	47	47	20
		1hr 2 hours	73	54	70	76	33	11	2
		2 hours +	9	13	17	22	12	2	0
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	34	17	20	27	6	8	3
		1hr 2 hours	12	13	15	14	5	4	1
		2 hours +	2	1	2	3	1	1	0
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	1	2	6	1	0	1	0
		1hr 2 hours	1	1	0	0	0	0	0
2 hours +		0	0	0	0	0	0	0	
OTHER	30mins - 1hr	60	38	22	50	18	15	8	
	1hr 2 hours	25	16	12	27	9	7	1	
	2 hours +	1	8	6	4	2	0	0	
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	<b>0 &gt; 12 hrs</b>	2	2	11	0	0	0	1
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	<b>95%</b>	96.9%	97.0%	97.6%	To follow	98.0%	To follow	To follow

## Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14
Mortality – SHMI (YORK)	<b>Quarterly:</b> General Condition 9	<b>A banding of "Significantly higher than expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported</b>	96	93	93	95	98	99	97
Mortality – SHMI (SCARBOROUGH)	<b>Quarterly:</b> General Condition 9		108	104	105	107	108	109	107

## Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Minimise rates of Clostridium difficile	<i>Schedule 4 part G</i> <b>Quarterly:</b> 1 Monitor point tbc	<b>48</b>	10	16	21	21	8	6	3
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	<b>TBC</b>	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	<b>Quarterly:</b> General Condition 9	<b>108 (TBC)</b>	20	28	27	24	8	8	4
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	<b>Quarterly:</b> General Condition 9 (identified in 15/16 contract as HPA MESS monthly)	<b>30</b>	9	19	13	11	5	3	4
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	<b>0</b>	0	0	1	6	2	2	0
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	<b>100%</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	<b>100%</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	<b>TBC</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	<b>Quarterly:</b> General Condition 9	<b>95%</b>	88.7%	88.5%	86.0%	85.1%	85.5%	85.7%	86.3%
Emergency admissions are screened for MRSA within 24 hours of admission	<b>Quarterly:</b> General Condition 9	<b>95%</b>	72.7%	70.1%	66.2%	72.2%	73.6%	70.3%	74.5%



## Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	99%	98.0%	97.9%	95.9%	95.2%	91.6%	95.2%	97.0%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	2	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hosp	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	0	3	15	9	5	4	0
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	75	229	548	205	123	22	15
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	95%	96.9%	97.1%	96.9%	97.1%	97.1%	97.2%	97.3%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99%	99.6%	99.7%	99.9%	0.0%	99.7%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%	6.5%	5.1%	4.3%	0.0%	3.0%	n/a	n/a
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	Q1 - 87% Q2 - 89% Q3 - 91% Q4 - 93%	86.4%	86.3%	92.0%	89.1%	87.0%	89.4%	90.1%
Delayed Transfer of Care to be maintained at a minimum level	As set out in General Condition 9 - Trust only to be accountable for Health delays.	<1%	1988	1612	1160	1476	529	562	435
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	90%	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	200 per month	518	563	514	452	143	160	168
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	End Q2 745; end Q4 721	2287	2381	2375	2365	758	865	884
% Compliance with WHO safer surgery checklist	General Condition 9	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	367	392	386	389	140	108	1 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	1238	1391	1419	1341	454	418	1 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	100 per month	269	353	374	302	103	106	92

## Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	General Condition 9	<b>80% by site</b>	84.0%	83.4%	80.8%	87.5%	89.1%	89.9%	89.9%
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	<b>90%</b>	98.6%	98.3%	99.3%	99.7%	100.0%	100.0%	98.6%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	<b>Best Practice Standards</b>	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
Immediate Discharge letters - 24 hour standard: Overall Trust Position Monthly report and quarterly audit . Action plan to be provided where the target failed in any one month. 25 cases from SR and 25 cases from ERY.	General Condition 9	<b>&gt;98% for admitted patients discharged and &gt;98% for A&amp;E patients discharged</b>	Quarterly audit						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology). 25 cases from SR and 25 cases from ERY	General Condition 9	<b>Q1 - 94% Q2 - 95% Q3 - 96% Q4 - 97%</b>	Quarterly audit						
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	General Condition 9	<b>Q1 - 90% Q2 - 92% Q3 - 94% Q4 - 96%</b>	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	<b>100% list to be agreed</b>	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	<b>100% list to be agreed</b>	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	<b>None</b>	86.9%	86.3%	85.9%	87.0%	87.0%	87.3%	87.5%

## Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Never Events	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	1	0	1	0

## District Nursing Activity Summary

Indicator	Source	Threshold	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	May	Jun	Jul
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1871	1975	1768	2443	637	1042	770
	Community nurse/service	n/a	1018	767	741	825	264	317	291
	Acute services	n/a	912	845	859	949	341	351	367
	Self / Carer/family	n/a	398	291	364	406	103	162	223
	Other	n/a	253	226	202	283	89	113	113
	Grand Total	n/a	4452	4104	3934	4906	1434	1985	1764
Community Adult Nursing Contacts	First	n/a	2758	2895	2931	3847	1190	1596	1484
	Follow up	n/a	31976	31372	33380	39244	13125	14145	14633
	Total	n/a	34734	34267	36311	43091	14315	15741	16117
	First to Follow Up Ratio	n/a	11.6	10.8	11.4	10.2	11.0	8.9	9.9
Community Hospitals average length of stay (days)	Archways	n/a	22.1	20.6	26.8	21.1	17.3	27.7	28.1
	Malton Community Hospital	n/a	18.6	17.1	16.0	19.9	22.7	17.6	13.9
	St Monicas Hospital	n/a	23.2	22.0	24.0	15.5	12.5	14.6	18.3
	The New Selby War Memorial Hospital	n/a	15.6	13.7	17.6	15.3	13.9	17.6	13.1
	Whitby Community Hospital	n/a	20.3	20.9	21.9	20.0	23.1	17.3	16.6
	Total	n/a	19.4	18.1	20.2	18.5	18.7	18.4	16.3
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	4	8	5	8	4	1	3
		Emergency	91	77	71	73	27	24	22
	Malton Community Hospital	Elective	10	21	48	19	2	11	27
		Emergency	114	121	110	101	34	39	38
	St Monicas Hospital	Elective	13	9	16	17	4	6	5
		Emergency	35	27	27	43	15	14	11
	The New Selby War Memorial	Elective	62	69	57	59	20	18	28
		Emergency	66	69	55	68	23	20	27
	Whitby Community Hospital	Elective	1	4	0	0	0	0	0
		Emergency	123	142	140	136	46	47	54
	Total	Elective	90	111	126	129	30	36	63
		Emergency	429	436	403	441	145	144	152

# Monthly Quantitative Information Report

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
<b>Complaints and PALS</b>												
New complaints this month	46	47	43	60	31	39	37	47	43	41	33	41
Complaints at same month last year	42	56	52	45	27	52	16	16	50	38	58	38
Number of complaints upheld (cumulative)*	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet
Number of complaints partly upheld (cumulative)**												
Number of Ombudsman complaint reviews	0	0	0	0	0	3	4	7	2	4	1	1
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	0	0	0	0	0	1	1	2	0	0	0	0
Late responses this month (at the time of writing)***	4	1	8	5	5	4	1	0	3	2	10	7
Top 3 complaint issues												
Aspects of clinical treatment	37	35	31	44	18	21	20	32	30	27	21	29
Admission/discharge/transfer arrangements	2	0	5	4	0	2	3	2	1	3	1	1
Appointment delay/cancellation - outpatient	1	0	0	0	4	1	2	2	2	2	0	1
Staff attitude	6	5	0	5	5	10	7	5	3	7	3	3
Communications	0	4	0	0	0	2	2	4	4	1	3	2
Other	0	2	0	0	0	1	0	0	1	1	0	
New PALS queries this month	488	570	653	552	443	620	559	478	430	416	498	643
PALS queries at same time last year	498	445	536	419	385	503	470	367	378	369	406	442
Top 3 PALS issues												
Information & advice	158	192	42	150	136	189	173	126	158	155	171	237
Staff attitude	15	0	0	0	17	19	14	12	19	14	23	24
Aspects of clinical treatment	93	86	89	105	66	77	47	84	69	63	72	101
Appointment delay/cancellation - outpatient	56	65	24	63	41	47	28	52	29	35	46	59

\*note: upheld complaints are reported quarterly to allow for investigation timescales

\*\*note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is reorded as upheld

\*\*\*note: if extensions are made in agreement with the complaint, responses are not considered late

<b>Serious Incidents</b>												
Number of SI's reported	16	12	34	13	24	17	16	18	12	14	12	20
% SI's notified within 48 hours of SI being identified*	100%	92%	100%	92%	96%	100%	100%	100%	100%	100%	100%	95%
% SI's closed on STEIS within 6 months of SI being reported	0%	0%	0%	8%	0%	0%	0%	66%	100%	TBC	TBC	TBC
Number of Negligence Claims	21	8	16	8	8	12	17	15	15	15	12	14
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG (Threshold - 90% by Q4)									0	2	0	1
Duty of Candour demonstrated within SI Reports (Threshold 100%)									100%	100%	100%	100%
Percentage of reported SI's, investigated and closed as per agreed timescales**** (Threshold (90%))									83%	85%	83%	93%
Percentage of reported SI's with extension requested.									0.0%	15.4%	0.0%	6.7%

\* this is currently under discussion via the 'exceptions log'

# Monthly Quantitative Information Report

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
<b>Pressure Ulcers**</b>												
Number of Category 2	29	28	31	32	30	50	35	44	37	50	34	
Number of Category 3	5	8	7	6	3	4	2	5	5	4	7	
Number of Category 4	0	0	1	1	0	1	0	1	0	1	1	
Total number developed/deteriorated while in our care (care of the organisation) - acute	24	28	39	32	42	47	30	41	31	41	36	
Total number developed/deteriorated while in our care (care of the organisation) - community	18	20	22	37	18	25	25	33	26	49	27	

<b>Falls***</b>												
Number of falls with moderate harm	3	3	6	1	7	3	2	3	2	4	5	
Number of falls with severe harm	2	2	3	2	5	1	5	4	2	7	3	
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	1	

<b>Safeguarding</b>												
% of staff compliant with training (children)	47%	51%	54%	53%	55%	58%	59%	62%	65%	68%	74%	
% of staff compliant with training (adult)	43%	40%	42%	43%	45%	56%	59%	62%	64%	69%	74%	
% of staff working with children who have review CRB checks												

<b>Prevent Strategy</b>												
Attendance at the HealthWRAP training session	3 in total	3 in total	3 in total									
Number of concerns raised via the incident reporting system	nil	nil	nil									

Note \*\* and \*\*\* - falls and pressure ulcers subject to validation. Fall resulting in death currently being investigated as Serious Incident and the degree of harm will be confirmed upon completion of investigation.

\*\*\*\* - data revised to exclude SIs which have been delogged since declaration