York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 22 February 2017**

in: **Boardroom, Foundation Trust Headquarters, 2nd Floor Admin Block, York Hospital, Wigginton Road, York, YO31 8HE**

Time	Meeting	Location	Attendees
8.45am – 10.15am	Board of Directors meeting held in private	Boardroom, York Hospital	Board of Directors
10.30am – 12.30pm	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and members of the public**

The values of the Trust are:

- **Caring about what we do**
- **Respecting and valuing each other**
- **Listening in order to improve**
- **Always doing what we can to be helpful**

…with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

York Teaching Hospital NHS
NHS Foundation Trust

The next meeting of the Trust's Board of Directors held in public will take place

On: **Wednesday 22 February 2017**

At: **10.30am – 12.30pm**

In: **Boardroom, Foundation Trust Headquarters, 2nd Floor Admin Block, York Hospital, Wigginton Road, York, YO31 8HE**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
General					
1.	10.30 – 10.40	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • Brian Golding • Sue Rushbrook	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	5
4.		**Minutes of the Board of Directors meeting held on 25 January 2017** To review and approve the minutes of the meeting held on 25 January 2017.	Chair	B	11
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		
6.	10.40 – 10.50	**Patient Story** To receive the details of a patient story.	Chief Executive	Verbal	

No	Time	Item	Lead	Paper	Page
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
7.	10.50 – 11.10	**Chief Executive Report** To receive an update on matters relating to general management in the Trust including an STP update.	Chief Executive	C (to follow)	
8.	11.10 – 11.30	**Quality and Safety Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing	Chair of the Committee	D D1 D2 D3 D4	25 39 75 85 105
9.	11.30 – 11.45	**Developing the York Care Collaborative** The Board of Directors is asked to note the partnership working with the City and Vale Alliance GP Federation.	Director of Out of Hospital Care	E	113
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
10.	11.45 – 11.55	**Workforce Metrics and Update Report** To receive a report updating the Board on HR issues.		F	119
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
11.	11.55 – 12.15	**Finance and Performance issues** To receive the minutes from the meeting and associated key papers: • Finance Report • Efficiency Report • Performance Report	Chair of the Committee	G G1 G2 G3	129 143 161 167

No	Time	Item	Lead	Paper	Page
12.	12.15 – 12.30	**2015/16-91 - Scarborough Estates, Facilities & Procurement Modular Accommodation Replacement Project** To receive and approve the business case.		H	175
Any Other Business					
13.	12.30	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 29 March 2017 in the Boardroom at York Hospital.			
14.		**Any Other Business** To consider any other matters of business.			

Register of directors' interests
February 2017

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Mrs Adams spouse is a Consultant Anaesthetist at the Trust

Changes: No changes

Deletions: No changes

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Mr Philip Ashton (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust **Member of the Board of Directors—**William Temple Academy Trust **Member of the Board of Directors**—York Diocesan Board of Finance Ltd.	Nil	Nil
Ms Libby Raper (Non-Executive Director)	**Director—**Yellowmead Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Governor** —Leeds City College **Chairman and Director -** Leeds College of Music **Member—**The University of Leeds Court	Nil
Michael Keaney (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	**Member—**Great Exhibition of the North (2018) Board	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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Juliet Walters (Chief Operating Of-ficer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representa-tive	Nil
Mr Mike Proctor (Deputy Chief Execu-tive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor (Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott (Director of Out of Hospital Care)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Sue Rushbrook (Director of Systems & Networks)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Brian Golding (Director of Estates and Facilities)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is Director of Strategy and Planning at HEY NHS FT	Spouse is a Director at HEY NHS FT and Trus-tee of St Leonards Hos-pice

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York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public at Scarborough Hospital on 25 January 2017.

Present: **Non-executive Directors**

Ms S Symington	Chair
Mrs J Adams	Non-executive Director
Mr P Ashton	Non-executive Director
Mr M Keaney	Non-executive Director
Ms Raper	Non-executive Director
Mr M Sweet	Non-executive Director
Professor D Willcocks	Non-executive Director

Executive Directors

Mr P Crowley	Chief Executive
Mr A Bertram	Director of Finance
Mrs B Geary	Chief Nurse
Mr J Taylor	Medical Director
Mrs J Walters	Chief Operating Officer

Corporate Directors

Mr B Golding	Director of Estates & Facilities
Mrs W Scott	Director of Out of Hospital Care

In Attendance:

Mrs L Provins	Foundation Trust Secretary

Observers:

Jeanette Anness - Public Governor – York
Ann Bolland – Public Governor - Selby
Mandy Exley – FEC Commission
Margaret Jackson – Public Governor - York
Mick Lee, Staff Governor – York
Lesley Proctor – Healthwatch – York
Michael Reakes – Public Governor - York

Ms Symington welcomed everyone to the first public Board meeting of 2017.

17/001 Apologies for absence

Apologies were received from Sue Rushbrook, Director of Systems & Networks and Mike Proctor, Deputy Chief Executive.

17/002 Declarations of interest

No further declarations of interest were raised.

17/003 Minutes of the meeting held on the 30 November 2016

The minutes of the meeting held on the 30 November 2016 were approved as a correct record subject to the following amendment:

Minute No. 16/163 Any Other Business – Cyber Attacks – path supplier should read pathology system supplier.

17/004 Matters arising from the minutes

No further matters arising were discussed.

17/005 Patient Story

Mr Crowley highlighted that the Trust had been under huge amounts of pressure for the last few weeks and therefore he had picked a letter which was uplifting in tone to remind the board of the continued good work going on in the organisation. Mr Crowley read out the patient letter.

Mr Crowley stated that he had been to talking at a recent conference of non-medical students on placement: he explained that the message he shared encouraged individuals to apply their skills and strive to do the best they can. The patient letter demonstrated the values of the organisation and confirmed that they were being practiced by staff in this case. Mr Crowley stated that despite the pressures being experienced there was a growing number of patients expressing their thanks for the services provided.

17/006 Chief Executive Report

Mr Crowley stated that the Board had had an opportunity to consider operational and clinical performance over the Christmas and New Year period and he highlighted the difficulties nationally. He stressed that some of the activity levels experienced had been greater than two years ago when the Trust had initiated a majax. He noted that half of all Trusts had declared the worst levels of pressure over the Christmas period with some declaring Operational Performance Escalation Levels (OPEL) 4. A recent conversation with an NHSI representative had recognised the pressures that the North Yorkshire system had been under and that the pressures in this region had been more severe than some of those declaring OPEL 4, when the Trust had only gone as high as OPEL 3.

Mr Crowley stated that a lot of time had been spend planning for winter and some risks had been taken by implementing projects so near to Christmas, but these had in effect helped to absorb some of the rapid growth seen. He noted that plans are always flawed to some degree and that the pressure faced by the Trust was at an unprecedented level.

Mr Crowley stated he genuinely believed that financial issues led to a tendency for partners to plan at the lowest level required to service the pressure rather than planning for the worst case scenario. He stated that as the Chair of the A & E Delivery Board, he

has insisted on the need to start future planning on the worst case scenario and that he has received the support of NHSE. He noted that there has been a much more open discussion about planning and the need to make it more robust for next winter.

Mr Crowley highlighted the real success of the Community Teams who had responded to the pressures under the leadership of Mrs Scott and Mrs Walters, which had provided a massive step forward and he wished to thank them for their hard work. He also wished to place on record the Board's thanks to all staff for the heroic way they faced the challenge especially due to the levels of demand and a paucity of support from other parts of the system.

Ms Raper asked if lessons were being learnt for next winter and whether a change was being sensed. Mr Crowley stated that foundation trusts had been managing pressures and regularly taking risks with resources and managing the consequences over the years. However, these behaviours were not inherent in commissioning bodies, but there seemed to be a real recognition of the difficulties.

Mr Crowley provided an overview of how bed occupancy was counted and that an optimum level was 85%, but there was talk of raising this level to 95% as 85% was thought to be unachievable; however, he felt that this would compromise standards and lower quality. Mr Crowley stated that there needed to be a change in mind set.

Mrs Adams asked whether the A & E Delivery Board had the right partners around the table and if they were fully engaged. Mr Crowley stated that the A & E Delivery Boards were supposed to provided executive led direction, but to date he had been underwhelmed by the levels of engagement and attendance. Mr Crowley stated that he is always insistent that staff representing this Trust have the level of authority to act. Mr Crowley stated he was in the process of arranging a longer session for the A & E Delivery Board to look at how they are governed.

Mr Crowley highlighted to the Board the work that has been done with external organisations in Canada and China and that he had asked Mr Golding to lead on this work, which was about providing collaborative mutual support.

Ms Raper stated that she welcomed the work and the update on how it was all being brought together, but she wondered how this fit into the work on research. Mr Crowley stated that all this work sat together and that he had also asked Mr Golding to explore the idea of creating an Institute which would bring all the elements together. He envisaged that this work would be brought to a conclusion and launched at the Patient Safety Conference in June. He also highlighted that Don Berwick had been approached to open the Conference which was a measure of the ambition the Trust was portraying.

17/007 Quality & Safety Performance Issues

Mrs Adams stated that the Committee had received a presentation from CHKS in their quest to better understand and improve assurance on clinical effectiveness. She noted that the Committee will continue to pursue this by inviting the Chair of the Clinical Effectiveness Group to attend the next meeting.

Mrs Geary provided an overview of the pressures sustained in the past few weeks, which had been discussed at the Committee. Mrs Geary stated that in light of the huge demands, additional capacity had been opened which had required staffing and that the acuity of the patients admitted had been higher than normal. She noted the Committee had discussed the measures and safe guards put in place to ensure patient safety including an enhanced comfy round tool that had been used in ED to assess levels of nutrition, hydration and pain relief to ensure patients were being cared for. Regular audits of this had also been introduced to ensure the comfy rounds were happening. Patients were given apologies for the delays and followed up to ensure they were okay and settled on the ward and this was also recorded in the notes. Mrs Geary stated that almost all patients had thanked staff for the levels of honesty and acknowledged the pressures, which was incredibly humbling.

Mrs Geary stated that as well as the increased capacity being opened, there was also an increase in staff sickness which will have resulted in the agency spend going up, but patient safety had been paramount. She noted two occasions on the Scarborough site that had resulted in the initiation of a full capacity protocol which had meant patients being put on trolleys in wards, but this was clinically and executive led and patients were placed in beds as soon as possible. The protocol is being worked on and will be brought to the Board in the near future.

Mr Taylor stated that mortality and incidents had been closely monitored to ensure that the pressures had not contributed to events. He also provided assurance that life-saving operations were not cancelled.

Mr Taylor provided an overview of how mortality was reviewed and that all deaths were looked at each week so see what learning could be provided. Any deaths that caused concern were looked at in a formal and structured way to ensure learning is shared.

Mr Taylor stated that risk is being managed in the system to prevent harm to patients and to date there is no evidence of additional harm (although there may be more reports to come through.) He noted that senior doctors had been going down to see, assess and start treatment in the ED department and that everyone was working as a team to keep patients safe. He stated that elective operations had been cancelled due to the bed pressures and that cancellation of patients with cancer was no more than normal.

Mrs Adams stated that the Committee were assured that there had not been significant harm to patients and were very grateful to staff for their continued hard work. Mrs Adams stated that progress was being evidenced on items on the action log especially in terms of new arrangements for the radiology out of hours service. Mr Taylor stated that a different radiology out of hours service is being initiated in Scarborough to cover emergencies out of hours, which will improve staffing during the working day and the weekend.

Mrs Adams asked Mr Taylor to comment on the limited assurance Duty of Candour internal audit report. He stated that work had started on the actions including educating clinicians to raise levels of understanding, especially in relation to the verbal and written apologies required for incidents with a moderate or above level of harm as there is difficulties around what moderate means. A briefing note has gone out to clinicians and

the Executive Board has received updates. Mrs Adams was encouraged by how quickly the actions were being picked up.
Mrs Geary stated that recruitment effort was unrelenting and she was pleased to note that the Trust's fill rate was better than the national reports. Mrs Geary stated that work continues with education providers to scope new roles and in relation to the work on the nursing associate role and with Health Education England to look at the exchange programme with India. Mrs Geary stated that the Trust was starting to see the benefit of all the work, but stressed that work needs to continue.

17/008 Director of Infection Prevention and Control (DIPC) Report

Mrs Geary provided an overview of the DIPC report including the outbreak of CPE and influenza A. She noted the CPE had been managed well and a rapid response had been received from facilities and ward staff to ensure remedial work was carried out over a weekend.

Mrs Geary noted that there had been 13 cases of C Dif. reported in quarter 3, with no lapses in care for 11of those. There had been an additional 3 cases of MRSA reported, taking the total to 7- these had been really sick patients with multiple lines in place. Mrs Geary stated that the levels of Norovirus experienced last year had not materialised despite real difficulties being reported at other Trusts. She thought that the work progressed after the multi-agency review had really helped and training had been provided to social care staff to ensure they could come onto closed wards to help with discharges. Continued challenges were being experienced in isolating patients due to the lack of side rooms and the significant outbreak of flu on both sites.

17/009 Maternity Services Annual Report

Mrs Geary noted that that had been concerns around maternity in the past, but there had been a demonstrable improvement in the last 12 months. She noted that there are 5000 births per year across the Trust and the report focused on the real progress that had been made which had seen a change in culture and improving patient safety and governance.

Mrs Geary stated that the Trust had been a Regional outlier for still births and following the introduction of care bundles this had been successfully reduced. Third and fourth degree tears had also been reduced along with issues around new born and antenatal screening. Mrs Geary highlighted that an on call midwifery rota had been introduced for times of high acuity and when there was a significant increase in the number of deliveries.

Mrs Geary wished to celebrate the report at the Board as she felt it was well written and evidenced.

Ms Symington commended the progress and stated that the report was written with real enthusiasm.

Ms Raper was pleased to note that some challenging issues had been tackled and Prof. Willcocks was pleased to see that face to face training had been reintroduced.

Mrs Geary went onto talk about the Patient Experience Report which had been taken to the Quality and Safety Committee and evidenced significant improvements which were

being made. There had been changes to the way complaints were handled reducing delays and also better capture of positive feedback. Another area to benefit had been volunteering which now had access to staff support and statutory and mandatory training as well as the creation of new roles.

Mr Crowley stated that the Maternity Report evidenced a change in behaviours which was one of the most difficult things to change and this was down to consistent leadership and engagement. He was pleased to hear the Committee was assured.

Mr Ashton stated that this all linked to quality improvement and this really needed to be pulled together and branded as part of a learning organisation.

17/010 Workforce and Organisational Development Committee Issues

Prof. Willcocks highlighted some of the key points from the Workforce and Organisational Development Committees held in November and January including a presentation by the Head of Research and the introduction of the System Leadership Programme.

It was noted that 69% of front line staff had been vaccinated against flu which was a huge improvement on last year although short of the 75% target the Trust had been aiming for. It was highlighted that if the Trust had vaccinated another 375 front line staff, then a further £375k would have been received. Agency staff will be offered the vaccine in future and Mr Golding stated that the super clinics provided this year would be developed next year. Mr Bertram noted that there was a lot of noise nationally about such a challenging target.

Mrs Geary stated that it had been really frustrating that due to the pockets of flu outbreaks there had been a stampede of people wanting to be vaccinated- after the target deadline had passed. Mr Crowley stated that this was a really challenging target, but it should also be remembered that it also came down to personal choice of individuals to have the jab.

Mr Golding provided a short overview of the new apprenticeships requirements. He stated that from April the Trust would be required to hand over £1.3m into a central pot which would be ring-fenced for apprenticeship training. The Trust was exploring being a provider for the STP patch, but this would also mean the Trust would be subject to OFSTED. Mr Golding stated that the Trust was working on apprenticeships for new roles and succession planning, but more work was required to rebadge positions as apprenticeships at all levels. Mr Golding stated that all apprenticeships would need to incorporate an approved training programme.

Prof. Willcocks stated that there would be opportunities to look at the gaps in bandings especially bands 2 to 5.

Ms Raper noted that Mr Proctor was already engaging with educations providers.

Mr Taylor provided an overview of the new job planning arrangements and that control and support was being built into the process.

Mrs Adams expressed concern about the language used in the consultant job planning piece and wondered whether the Trust was adopting a confrontational position. Prof. Willcocks stated that the Committee had received information which showed the flexibility of the system and thought this was much more about a supportive process. She acknowledged the increased rigor and the balance of professional approach across staff groups. It was noted that the modification to job planning guidance had been subject to discussion with the LNC.

Mr Crowley stated that the guidance provided a sense of clarity and greater personal responsibility and was also to ensure that ignorance could not be claimed as a defence, which has happened in the past.

Prof. Willcocks stated that she had asked for evaluation and an update on job planning to come to the Committee in due course. Mr Taylor stated that Leeds were using an identical system and those of Harrogate, Bradford and Mid Yorkshire were similar.

Prof. Willcocks stated that the Committee had received an excellent presentation on community workforce and the challenges being experienced including skill-mix, training, roles and differences in practice. She noted the interesting discussion about moving staff from where they are now to where the Trust needs them to be.

Mrs Scott stated that there are national and local emerging models that improve outcomes for the population and empower self-care and prevention across teams. She noted that there are a number of different strands to the work and a need to challenge some of the thinking and change culture. Mrs Scott stated that it is about providing a more generic approach and moving away from the idea that certain tasks have to be provided by certain groups of staff. It is more about what are the needs in the locality and how the service is configured to provide it? Mrs Scott also highlighted work being done with the CAVA group of GPs about extending the work of practice nurses to embrace new roles and provide a more integrated approach.

Ms Raper welcomed this significant work which would result in fewer boundaries, but asked whether more use of electronic equipment may further develop new ways of working. Mrs Scott stated that community staff are being supported with mobile devices to improvement in productivity and efficiency, but there is a cost to this. She also noted that there were different ways of working using things liked telehealth. Mrs Scott stated that the key issue for her was to drive the integration agenda and develop the intra-operability between providers.

Prof. Willcocks stated that she is also of the opinion that older people do use technology so there is digital inclusivity as many people claiming benefits were now required to do so electronically.

Prof. Willcocks stated that the Committee had received an update on the work of the Psychological Wellbeing Mental Health Working Group and the advantages of being part of a national project.

In relation to e-rostering, Prof. Willcocks stated that enormous progress had been made under the leadership of Becky Hoskins. Mrs Geary stated that the deep dives continue as

well as work with Occupational Health to understand restrictions. Key themes are being identified across the organisation.

17/011 Workforce Metrics and Update Report

Mr Crowley highlighted the key elements of the report including the spikes in sickness which had recently occurred and had led to the increased use of bank and agency staff. Mr Crowley stated that he was comfortable with the massive improvement that there had been in scrutiny of the use of nursing bank and agency staff, but did highlight that the scrutiny of medical spend was often more difficult. He noted that one or two individual clinicians continued to be very highly paid due to our reliance on their specific skills, but that decisions often come down to a balance of risk between paying high premiums and continuing to provide service provision.

Mr Crowley stated that levels of completed staff appraisals are slowly increasing, which he noted from the staff survey was important to staff. Some reduction in turnover levels had been seen which correlates with the huge amount of work on retention that had been progressed. He welcomed the consistency of application in respect of e-rostering which was being reported and that it was helpful to understand the human and behavioural issues being uncovered.

Mr Crowley highlighted the continued support of the Arts Strategy Group especially in times of financial difficulty. He noted that it was easy to strip out activities like this as the value added could easily be under estimated.

Ms Symington stated that the correlation between these metrics and other reports was clearly visible, with the 'people' issues threading through all other board reports.

17/012 Freedom to Speak Up/Safer Working Guardian Report

Mr Crowley introduced Lisa Smith, Freedom to Speak Up/Safer Working Guardian who had been appointed in September 2016. He noted that the Trust were in the unique position of having combined the roles which he thought complimented each other and stated that Lisa had been provided with unconditional support. Mr Crowley stated that the LNC was also clear that there was a complimentary factor between the two roles.

Lisa noted that the position had moved on from that detailed in the report and that the report will evolve as the roles become more established. She provided an overview of her role as the Safer Working Guardian and noted that juniors were now exception reporting when working over and above their role and the reporting should also happen in respect of missed training opportunities. She noted that there had been glitches in the system, which was working now, but was not without its challenges. Attendance at the last forum meeting had increased by 50% and Lisa noted that she was being directly approached by staff. Lisa highlighted that the BMA are telling other Trusts that this Trust has a good model. Lisa noted that there had been no fines to date and hopefully the system in place allowed action to be taken before the need for fines to be imposed.

Lisa stated that she has intervened in 4 cases so far and this has resulted in the introduction of immediate practical solutions. Lisa has received 38 exception reports, but

highlighted that these reports have been generated by 9 of the doctors. Currently, there are 18 open reports, but she felt that the number of reports will escalate as the number of doctors involved rises.

Mr Sweet asked how it was decided that a fine was due and whether the position was sufficiently independent. Lisa stated that it is quite difficult to reach breach levels so fines are unlikely and that although well supported by the Trust, she is independent and reports centrally.

Mrs Scott asked what the criteria for exception reporting was and Lisa stated that if juniors work anything over 20 minutes above their contracted time then a payment or time off in lieu is due.

Ms Symington noted the concern around parity with other staff groups from the Board members and stated that this item should receive further discussion.

Action: Parity of other staff groups with junior doctors in relation to exception reporting to be added to the work programme.

In relation to the Safer Working Guardian role, Lisa stated that she felt extremely supported by the Trust and noted that some of her colleagues in other Trusts were not in the same position. Lisa has updated the whistleblowing policy which will require approval. Lisa attends the network for guardians and stated that the next meeting is being held at York and will coincide with a visit from the National Guardians Office.

Lisa stated that up to the end of December she had received 35 contacts which placed the Trust as an outlier. She stated that most of the concerns were around patient safety and that a number had been raised in relation to the recent pressures in the system. Lisa stated that she is working with the Patient Safety Team. Lisa stated that she will report quarterly to the Board.

Mrs Adams stated that it was interesting to see the themes identified which centred on attitude and behaviour. Lisa noted that there is a small amount of data currently, but she engages in fact finding and verifying information and then asks the manager to look into the issue identified and report back.

Ms Symington stated that the Board will look forward to receiving regular reports.

17/013 Finance and Performance Issues

Mr Keaney stated that the Committee had worked through a very full agenda and discussed in detail the current challenges, but also highlighted the hard work and commitment of staff. He noted the Committee had received assurance in relation to performance, but was also made aware of the high levels of risk involved and the work being done to recover the position. In respect of the financial update he asked Mr Bertram to cover the risks around the year end, the control total, agency spend and the on-going appeal in respect of STP funding. He also noted that updates on arbitration and the capital plan would be provided.

Mrs Walters provided an update on the winter plan including the significant surges between 24 December and 2 January. She noted that there had been significant increases in GP admissions and acuity of patients. Ambulance attendances had increased by 14% and there were 107 more than the year before. Mrs Walters stated that there had been extensive discussions around the pressures and what further work could be done to improve efficiency. However, she noted the lack of investment and also the increase in staff sickness. She stated that all these elements had come together to compound issues, but things were starting to settle down.

Mrs Walters stated that work was now being done to reschedule non-urgent elective work and manage patients medically fit for discharge with partners. She noted that the assessment units had been converted into bedded areas and that staff were working incredibly hard. She stressed that wider discussion was required across the whole of the health economy.

Mrs Walters stated that 18 weeks continued to be a challenge especially as 50% of operations in December had been cancelled. Lengthy discussions had taken place about how to get back on track and this would include working with the independent sector. She noted that recruitment in theatres had improved, but due to the bed capacity keeping theatres working had been a balancing act.

Mrs Walters stated that the cancer information was one month behind and the Trust had achieved 6 out of 7 targets. The Trust expected to fail the 62 day target in quarter 3. However, the Trust would appeal the loss of income from the STP funding.

Mr Bertram provided an update on the finances. He noted that the quarter 3 control total had been achieved, but that there was concern going into to quarter 4. The Trust would receive the 70% STP funding for delivery of the financial position. However, due to the difficulties with ECS and 18 weeks the Trust would lose £900k of the funding, but he stressed that the Trust will appeal as significant pressures beyond the Trust's control could be evidenced. Appeals from Trusts in quarter 2 had been favourably received, but he did highlight that this may change as the Treasury had now become interested in this process.

Mr Bertram stated that quarter 4 remains under pressure due to agency spend. He noted that the efforts in relation to nursing recruitment were paying off, but that there were significant issues in relation to medical staffing. The annual process to defer, delay or avoid any discretionary spend is being put in place.

Mr Bertram stated that in relation to contracting there are a handful of issues which remain unresolved and include developments around sepsis, ambulatory care and a technical issues in relation to the capture of rehabilitation patients on the system. The Trust has entered an arbitration process which is rigorous and will provide clarity. Mr Bertram highlighted that if the Trust win everything, the best case scenario is that £3m will be received, but if everything is lost, this will result in a £3.8m loss.

Ms Symington stated that February still "felt difficult ", due to the unpredictable external factors.

Mr Golding provided an update on the Capital Programme which reviewed this year's performance and future plans. He highlighted that the Trust would underspend on this year's capital programme by £5m which was more than 15% so would be required to explain the position to NHSI. This was due to the delay of the work on the Endoscopy build due to the lack of capital provision.

Mr Golding outlined the funding sources for 2017-18 including depreciation, charitable funds and loans for significant projects. The Trust has approached the Foundation Trust funding facility, but unfortunately they currently have no capital to lend. Alternative funding sources are being explored and Mr Golding will bring a report to the Board in April.

Mr Golding stated that it had been agreed to spend the residual strategic capital monies for Scarborough Plans were being put in place to spend the money on backlog issues or enabling works. The fifth source of funding was the disposal of property. The disposal of Groves Chapel had resulted in £750k being added to the capital fund and there may be the prospect of some other minor sales at Scarborough.

Mr Golding highlighted the plans in the Board pack which included the centralisation of the Laboratory Service and enabling works at Scarborough for the area adjacent to ED. However, he stressed that business cases will continue to go through the routine process.

17/014 2016/17-37 – Development of the Plastic Surgery Service

Mr Crowley provided an overview of the business case. Mr Bertram linked one of the individuals mentioned in the patient story to this case, as plastic surgery is involved in reconstruction work for breast cancer sufferers. He strongly recommended approval of the business case.

Mrs Adams expressed concern about some of the financial data and Mr Bertram stated that it did relate to the whole of the income for general surgery which was not helpful.

The Board approved the business case.

17/015 Governance Documents

Mrs Provins gave a brief overview of the minor changes to the Standing Orders, Standing Financial Instructions and Reservation of Powers/Scheme of Delegation and that the documents had been to the last Audit Committee who recommended their approval.

The Board approved the documents.

17/016 Environment and Estates Committee

Mr Sweet stated that the Environment and Estates Committee is still fairly new so he feels there is a slight advantage in that the work programme is not as fixed or traditional. The Committee had reviewed the Estates and Facilities Risk Register which had been redrafted in a slightly different format and allowed responsibility to be assigned and progress chased. Mr Sweet has forwarded the risk register to Mr Ashton to review as Chair of the Audit Committee. The risks to note were the shortage of capital and the

issues around the fire alarm at Scarborough. Mr Golding stated that the fire alarm at Scarborough will be addressed shortly using the strategic capital for Scarborough, which was discussed earlier in the meeting.

Mr Sweet highlighted that sustainable development forms part of the agenda and that to date has focused on energy purchase and generation, but the Trust is looking to broaden this by engaging external consultants. The ideas and schemes generated by the external consultants should deliver cost savings over and above the fees incurred.

In relation to the Good Corporate Citizenship programme, the sustainability annual report measures against 8 standards which incorporate procurement, workforce, travel and transport, use of energy and governance of the organisation.

Mr Sweet also noted that the Committee plans to review the BAF every two months as well as significant risks.

17/017 Any other Business

No further business was discussed.

17/018 Date and Time of next meeting

The next meeting of the Board will be held on Wednesday 22 February 2017 in the Boardroom at York Hospital.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
17/012	Parity of other staff groups with junior doctors in relation to exception reporting criteria (20 mins) to be added to the work programme.	Mrs Provins	immediate
16/158	ED and Community Developments	Mrs Walters Mrs Scott	June 2017
16/140	Mr Taylor to provide antibiotic monitoring in his next report	Mr Taylor	November 2016
16/112	The Board to receive the refreshed Equality and Diversity objectives	Mr Golding	April 2017
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grad4e doctors in the future to be presented to the Board when developed	Mr Crowley	When available

16/057 Communications Strategy Update	Present a further update on the Communications Strategy at the November Board meeting	Mrs Brown	November 2016
16/048 Environment & Estates Committee	Programme a session on Health & Safety into the Board day	Mrs Provins	January 2017

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Board of Directors – 22 February 2017

Meeting Minutes

Action requested/recommendation

The Board is asked to note the items discussed at the Quality and Safety Committee, the assurance taken from these discussions and the key items of interest that have been highlighted for the attention of the Board.

Executive Summary

The purpose of the Committee is to receive assurance and to provide challenge and scrutiny around matters of patient safety, patient experience and clinical effectiveness within the Chief Nurse and Medical Director's areas of responsibility. Each month a small number of items will be selected for escalation to the Board of Directors for information and/or debate. The agenda follows an established structure to include:

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month

- Nurse Staffing
- Infection Prevention and Control
- Pressure Ulcer Quarterly Reports
- Falls Quarterly Reports
- Serious Incidents (SIs)

Clinical Effectiveness items for this month

- Mortality
- Cardiac Arrest Audit
- Duty of Candour (DoC) – Internal Audit Report

Patient Experience items for this month

- Friends and Family Test and complaints.
- Helpforce Initiative
- Safeguarding
  - Deprivation of Liberty
  - LeDer Programme

This month the Committee has selected the following for the particular attention of the Board.

1. Developments within radiology service
2. Assurance on Serious Incidents declared in January
3. An update from the DIPC on recent cases of c-difficile.

4. Highlights of recent actions within adult safeguarding (DoL/LD)

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 recommendations of 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 regulations

References to CQC outcomes.

(Regulations can be found here: http://www.cqc.org.uk/content/regulations-service-providers-and-managers)

Progress of report	These minutes have only been submitted for the Board.
Risk	
Resource implications	Resources implication detailed in the report.
Owner	Jennie Adams, Non-Executive Director
Author	Liz Jackson, Patient Safety Project Support Officer
Date of paper	February 2017
Version number	Version 1

Quality & Safety Committee – 14th February 2017 Boardroom, York Hospital

Attendance: Jennie Adams, Philip Ashton, Libby Raper, James Taylor, Beverley Geary, Lynda Provins, Liz Jackson

Apologies: Diane Palmer

Clinical Effectiveness Committee Representative: Glenn Miller (GM)

Governors Observing: Emma Sellwood, Jeanette Anness, Ann Bolland, John Cooke, Andrew Bennett

	Agenda Item	Comments	Assurance	Attention to Board
	Last meeting notes dated 17 January 2017	The Committee welcomed the Trust Governors who had been invited to observe the meeting. The minutes of the meeting held on the 17 January 2017 were agreed as a true and accurate record.		
	Clinical Effectiveness Committee	The Committee invited Glenn Miller to the meeting to gain further understanding around the work of the Clinical Effectiveness Group and how it may be able to provide the Committee with assurance around clinical governance, best practice guidelines and treatment outcomes throughout the Trust. GM explained that the Clinical Effectiveness Group is a sub-group of the Audit Committee and is chaired by Fiona Jamieson and he attends as a representative of the Medical Director. GM advised that the Clinical Audit Policy, the Terms and References of the Committee and the attendees have recently been amended and then led the Group through a detailed presentation of the focus of this Committee, which included; - National and local audits and the monitoring of directorate audit plans - Monitoring of Quality Improvement Projects (now needed as evidence for junior doctor training and Consultant revalidation) - Governance assurance (including progress with action plans) - NICE Guidelines - Drug Related guidance (including complexities of commissioning) - Directorate engagement - Governance frameworks for new procedures - Governance Leads have been appointed to each Directorate so each	The Committee were assured by the work undertaken by the Clinical Effectiveness Committee and were content that the process of clinical audit was monitored by the Audit Committee; however they requested that some thought be given to how specific clinical issues could be reported when necessary via the MD.	

	Agenda Item	Comments	Assurance	Attention to Board
		directorate owns their own audit plan. **Action: Committee members to feed back to GM, what assurance they would like from the Clinical Effectiveness Committee.**		
	Matters Arising – Action Log CRR Ref: MD2 & MD8	Item 1 – JA advised that she and JT had attended a Patient Safety Walk round of the Scarborough Radiology Department, where many positive changes had been highlighted. JT explained that, following the difficulties recruiting to the Radiologist posts, the rota has been changed to a 1:4; however this will be reduced to 1:3 when one of the individuals retires. The out of hours on call service will be outsourced from the end of February and the introduction of an integrated reporting system has enabled York Consultants to support the already improved day time service. Plans are in place to improve the environment and equipment, with the project maximising the use of the existing site. After failing to recruit for CT Radiographers, a new advert is now live following a complex piece of work around the inclusion of a premium for the role. Item 2 – The Internal Audit of the Duty of Candour is an agenda item. Item 3 – Glenn Miller has now visited to give an overview of the Clinical Effectiveness Group-and an action point has been noted. Item 8 – JT updated the Committee around the review of the General Medicine rota in Scarborough. Ed Smith is undertaking a job plan review with each individual and JT will visit to support this over the coming weeks. Item 14 – A new Critical Care bed is now in place on each of the acute sites, both of which are now 80% staffed due to workforce realignment (SGH) and new recruitment (York). Both the Intensive Care rota and the General Anaesthetic rota are being changed to a 1:8 at SGH to comply with commissioner requirements. However there have been difficulties in recruiting to these posts. The York Intensivists will support the Scarborough rota; however the York General Anaesthetists will be unable to support Scarborough without this affecting the service they provide in York. BG added that each ICU bed requires 6.5 WTE staff nurses and this is currently being		JT to highlight developments within radiology service

	Agenda Item	Comments	Assurance	Attention to Board
		managed by redeployment of existing staff at SGH – adding to nurse staffing challenges elsewhere. Item 24 – DP was going to provide a report containing the back log of SI reports and the Committee expressed some concern that, as only 3 or 4 SIs were being closed every month, the backlog may build up again. JT explained that the work being undertaken by Adrian Evans should ensure that more investigators will be available and the process should be streamlined. JT added that the delay in the production of the report may be due to the Executive Board cancellations. The Committee asked if the SI backlog could be presented in May along with item 29 – the high level governance overview of SI numbers. Item 26 – JT has revised the Medical Directors Risk Register in order to clarify the nature of these risks.		
	Risk Register for the Medical Director and Chief Nurse CRR Ref: MD1 CRR Ref: MD3 CRR Ref: MD9	The Committee reviewed the Corporate Risk Registers and identified, for discussion, those that were not included as agenda items. **Medical Directors Risk Register** Medicine Errors – The Committee queried the increase in prescribing errors shown on page 24 of the integrated dashboard, the chart is annotated to say that an update is awaited from the Deputy Chief Pharmacist. JT agreed to look in to this further. This follows a recent issue with the York foyer pharmacy run by Healthcare at Home which has improved in the last few months. **Action: JT to look in to further.** An update around Information Governance will be received in April. JT advised that this will include information around the new process. The Committee queried the new risk on the Medical Directors Risk Register around non-invasive ventilation. JT explained that this is in regard to the lack of the resources required for supporting patients who require level one care outside of ICU – highlighted at a recent Patient Safety Group meeting. BG		

	Agenda Item	Comments	Assurance	Attention to Board
		advised that the Surgical HOB on the Scarborough site and the Nurse Enhanced Unit on the York site are available for surgical patients, however, there is a lack of skilled nursing staff on Ward 34 for medical patients. **Chief Nurse Risk Register** The Committee noted the new risk around Bank Staff. BG explained that this is a piece of work that is being led by Becky Hoskins. It has been identified that bank staff employed by the trust do not receive regular appraisals and training which poses a significant risk to the organisation and also affects the individuals' revalidation. The implementation of a senior nurse for bank staff is being looked in to and this risk has been raised at the Workforce Committee. The Committee noted that the completion dates for both MD4 and CN2 had past and need to be updated. **Action: BG and JT to update completion dates.**		
	CRR Ref: CN11			
	Patient Safety			
	Nurse Staffing CRR Ref: CN2	BG explained to the Committee that recruitment of registered nurses is becoming increasingly challenging. Directorate Business Cases are outlining the need for more registered nurses and they are a scarce resource. This means that service redesign is likely to see the vacancy numbers increasing. The Committee queried if the Health Education England (HEE) Indian Nurse project has moved on. BG explained that HEE has come up against some political issues, however these have now been resolved and a number of nurses have been identified. BG confirmed that the Trust will be part of the first cohort. Following discussion with the NMC Employee Relations Officer, it would appear that the NMC are unaware of this initiative and have highlighted that these nurses will need to complete OSCE training and IELTs before obtaining their NMC registration. The Committee agreed that this could be a limiting factor of this recruitment initiative. BG explained that the role redesign project is proving to be a challenge. HEE have increased the cohort numbers for the Nurse Associate role and the	The Committee took assurance from the continued focussed work in this area.	

	Agenda Item	Comments	Assurance	Attention to Board
		process is being reviewed. Following the Calderdale Framework, Associate Practitioners are receiving additional training in areas of high acuity. Other roles, including housekeepers, are being reviewed. The removal of the bursary for nurse training has seen a reduction in the number of applications meaning that the supply of registered nurses may go down as the demand is increasing. A recruitment day is taking place on the York site on the 25th March and opportunities to attend Universities and other job fairs are being sought. The work with Coventry University is on-going on the Scarborough site.		
	Infection Prevention and Control CRR Ref: CN7 & CN8	Following a strong performance in the early part of the winter, the Trust has seen a significant increase in the instances of Clostridium Difficile in the last six weeks. Post Infection Reviews (PIRs) are taking place and some lapses in practice have been identified. All Matrons are giving additional focus to the cleanliness of their areas. The increased bed occupancy in January and February and lack of negative pressure rooms and isolation facilities could also be a factor. BG advised that Brian Golding will be attending the Infection Prevention and Control Meeting to discuss medium to long term plans for the estate. The Committee queried if anti-microbial stewardship was being closely monitored. BG advised that Neil Todd, Consultant Microbiologist, has been consulted and AB prescribing was actively audited. The winter season has seen many patients with influenza and an increased use of antibiotics, which may correlate with the instances of C-DIFF. JT also explained that cases of multi-resistant bacteria are increasing with many coming from other countries, such as Greece where AB usage is less controlled, and once established are difficult to eradicate from Health Care Organisations. The committee expressed concern as to whether our estate plans are giving adequate priority to this growing risk to patient safety.		BG to highlight recent increase in c-diff cases and immediate actions identified plus the longer term risks around multi-resistance
	Pressure Ulcer Quarterly Reports	The last quarter has seen a rise in the number of pressure ulcers; however, there has been a decrease in the severity of harm. More patients are coming in with existing pressure damage and they are being categorised as		

	Agenda Item	Comments	Assurance	Attention to Board
		'developed in less than 72 hours of admission' or 'transferred in to our care'. It has been identified that there are inaccuracies in categorisation and documentation. The launch of the new policy is imminent and will include an education programme. The Committee queried if there was a strong link between the patient safety team, who provide this analysis, and the ward nursing teams. BG advised that the Assistant Directors of Nursing attend the Pressure Ulcer steering group and panels.		
	Falls Quarterly Reports	There are good levels of reporting around falls and the severity of harm is decreasing. The Committee noted that the recommendations in the report were similar to that of previous reports and queried if learning was embedded. BG explained that continuous education is necessary due to staff turn-over. The COMFE tool has been revised and is now being piloted on more wards. The new tool focusses more on individualised patient care and it is hoped that this will help to reduce avoidable falls.		
	Serious Incidents (SIs)	The Committee noted that 28 new SIs had been declared, 17 of which were clinical. JT advised that there was no further information around this at the moment but this will be provided as part of the 6 monthly analysis in May. The long waits in Emergency Medicine are no longer declared as Sis and to date there was no evidence of harm. Further details were requested from the more recent incidents given the unusually high number to provide immediate assurance there was not a single theme involved. The Committee drew its attention to the three completed SI investigations included in the Medical Directors report and highlighted that the detail of SIs will no longer go to board, who will now concentrate on the overarching trends. The Committee queried if the SI around the retained screw should have been declared as a never event. JT explained that this has been reviewed in detail by the SI Group. The guidance changed in 2015, this SI is categorised as an		JT to provide assurance to Board on increase in Serious incidents declared in January

	Agenda Item	Comments	Assurance	Attention to Board
		operative error and the MHRA has been informed. **Action: JT to send guidance to the Committee members.** The Committee discussed the incident of carbapenemase-producing enterobacteriaceae (CPE). JT explained that this has been investigated by a microbiologist and washing facilities in this ward area have been improved. The Trust is likely to see an increase in this type of infection and availability of isolation facilities is going to be a key strategic issue for estates planning. JT introduced the SI around local anaesthesia and explained to the Committee that the amount of anaesthesia given was not extremely excessive, however; due to the area to which it was injected it was rapidly absorbed intra-vascularly causing symptoms of anaesthetic toxicity. The Clinical Lead for Anaesthetics will implement a safety checklist and much learning has been taken from this incident. The Committee queried if compliance with the duty of candour could be included on the SI reports in the Medical Directors report to provide additional assurance that this is being monitored. **Action: DoC compliance to be added to the SI reports in the MD report.**	The committee were assured by the detailed review of this case of local anaesthesia toxicity and the learning and actions that have been identified	
	Patient Safety Group	The Committee noted the update from the Patient Safety Group in the Medical Directors Report and were pleased to see that the patient safety alert around NIV had been escalated to the corporate risk register.		
	Clinical Effectiveness			
	Mortality	JT explained that the calculation of SHMI is heavily reliant on the effort and accuracy of coding and in particular the relative usage of palliative care coding, which makes this a very crude tool to assess an organisation's clinical performance. The Committee queried where the organisation is in relation to the introduction of the 'Avoidable deaths' mortality process. JT advised that the internal process has been established and a regional meeting is scheduled to take place in March, more information will be available after this has taken place. The committee has requested that it receives the new mortality report as a standard agenda item given the need to maintain focus	The Committee were assured by the establishment of the new process and highlighted that this is an area of continued focus.	

	Agenda Item	Comments	Assurance	Attention to Board
		on this important subject. **Action: MD to present Mortality Report to the committee as a regular agenda item**.		
	Cardiac Arrest Audit	The Committee noted the inclusion of the Cardiac Arrest Audit data and agreed that it may be more useful to have some narrative. The Committee were aware of the differences in processes on the York and Scarborough site and look forward to reviewing the more thorough annual audit report in six months.		
	Duty of Candour (DoC) – Internal Audit Report	The Committee discussed the contents of the DoC Internal Audit Report noting the limited assurance and low levels of compliance. JT advised that this was a re-audit with the initial audit taking place in September 2014. The recommended actions are underway, the updated policy has been disseminated to all directorates and Patrick Crowley has been requested to send an organisational letter to all staff to remind them of their duty to comply. Evidencing that that an apology has taken place remains a problem, staff are having conversations with patients but follow up letters are not being sent and filled in the patient record. The Committee agreed that this is a considerable risk which needs to be monitored. A potential fine of £10,000 per case for non-compliance could be very significant. The Committee queried the quality of the data presented in the dashboard, which will be highlighted to Sue Rushbrook. This data shows a very low rate of compliance with sending letters of acknowledgement/apology. In addition this data relates only to Sis and does not include incidents that have caused moderate levels of harm – which may be more numerous. The audit clearly indicated that the Q&S committee had a responsibility to ensure that compliance was adequately measured and scutinised. LP has therefore added DoC compliance to the committee annual work programme. Once reliable data has been established a bi-annual report will come to the Committee.		
	Patient Experience			
	Friends and Family Test and	The Committee noted the good satisfaction scores and the additional focus on complaints that featured in the Chief Nurse report. Communication around		

	Agenda Item	Comments	Assurance	Attention to Board
	complaints.	DNACPR decisions has been identified as a theme from complaints, this has been investigated by the Lead Nurse for End of Life Care and is likely to feature in future actions. The Committee noted the inclusion of comments regarding the Bronte Unit on the Scarborough site and agreed that these should be raised with the Environment and Estates Committee. **Action: JA to raise at the Environments and Estates Committee/ COO.**		
	Helpforce	BG advised the Committee that the work around the national Helpforce Initiative is currently at a relatively exploratory stage. The Trust will be part of a follow up group and a timetable is not available as yet. The Committee expressed concern that this initiative may upset the good work that has been undertaken internally around the roles and governance of our own volunteers. BG confirmed that steps will be taken to ensure that this is not the case.		
	Safeguarding • Deprivation of Liberty • LeDer Programme CRR Ref: CN6	Deprivation of Liberty BG explained that this re-audit had provided limited assurance around Deprivation of Liberty (DoL). Following the Cheshire West ruling admin support has been introduced so that applications can be chased and a database recording assessment outcomes can be maintained. The Committee drew its attention to the DoL Safeguarding Systems report, which included the detail around DoL applications. 71 applications were made from October 2016 to December 2016, only 11 of these were granted and the remainder were no longer applicable due to discharge or death. These figures indicated the lengthy delays inherent in this complex system. BG advised that assurance can be taken from the management and processes that have been put in place which address the actions identified in the internal audit report. The Trust has a good level of resource in this area relative to peers which includes a Senior Lead, an Organisational Safeguarding Nurse, an Adult Safeguarding Nurse, a Learning Difficulties Nurse and Specialist Nurses.	The committee were assured by the actions taken to address issues highlighted by the internal audit	BG to update the Board on steps taken to address the limited assurance audit of DoL compliance and the LeDer programme

	Agenda Item	Comments	Assurance	Attention to Board
		LeDer Programme BG explained that this programme, led by NHS England, focusses on local reviews of the deaths of people with learning difficulties. All of these deaths are highlighted and reviewed at the Serious Incident meeting and Nicola Cowley has now been trained as a reviewer for the locality. Three patients have been reviewed so far and any learning will be reported to the Committee through the Chief Nurse Report.		
	Additional Items			
	Quality and Safety Committee: Summary of Governance	The Committee agreed to feedback to LP on the draft terms and conditions and work programmes. **Actions: Committee members to feed back to LP.**		
	Board Assurance Framework	LP advised the Committee that the Board Assurance Framework had been compiled by the Executive Directors. The main board subcommittees have been tasked with finding an appropriate method of validating the risk rankings allocated to each of their domains. A starting point might be the established risk register scores where these can be linked to the BAF ambitions. The Committee agreed to give this task some thought and to review the first strategic risk at the March meeting.		
	Next meeting of the Quality and Safety Committee: 21 March 2017 Boardroom, York Hospital at 1.30pm.			

Quality & Safety Committee – Action Plan – February 2016

No.	Month	Action	Responsible Officer	Due date	Completed
1	Sept 2016	To provide an update on the options being looked at with regard to the new radiology risk – Discussion at Sept Board. Discussed at February meeting, the Committee requested an update in 6 months.	Medical Director	August 2017	Completed – added to work programme
2	Sept 2016	The Committee Requested feedback from the internal audit of Duty of Candour. Nov 16 – The final report will be reviewed by the Dec Audit Committee and to Q & S in Jan 17. Jan 17 – JT to feedback progress of the action plan in Feb 17. Feb 17 – 6 monthly update to come to board	Medical Director (Health Care Governance)	Sept 17	Completed – added to work programme
6	Aug 2016	To discuss with the Deputy Director of Healthcare Governance a simple system to flag concerns with National Audits - DP noted that the Clinical Effectiveness Committee is being reviewed which should incorporate this action.	Deputy Director for Patient Safety	Nov 16– moved to Jan 17	Completed
8	Jun 2016	Outcome of discussions with CD for Medicine and action plan (Re: Scarborough Physicians time out 27.09.16)	Medical Director	Nov 16 Jan 17 Monthly updates	
14	Jul 2016	Review the Critical Care Action Plan at the end of the year	Medical Director	Dec 2016 – moved to Jan 17 Update Feb 17 Update Mar 17	
16	Jul 2016	Annual National Cardiac Arrest Audit with trends and benchmarks to be presented when published Annual report due in May/June 17	Deputy Director for Patient Safety	Nov 16– moved to Jan 17 Jun 17	
21	Oct 2016	Night Owl Initiative update following receipt of the National Inpatient Survey.	Deputy Chief Nurse	Following receipt of National Inpatient Survey – May 2017	

23	Oct 2016	Patient Experience Volunteer findings to be reported back to the Committee	Deputy Chief Nurse	March 2017	
29	Nov 2016	High level governance overview of SI numbers Feb 17 – SI backlog to be presented.	Medical Director	To be provided on a 6 monthly basis May 2017	Completed – on work programme
30	Jan 2017	7 Day services in hospitals: clinical standards DP to provide review paper	Deputy Director for Patient Safety	Mar 17	
31	Feb 2017	6 monthly update on compliance with the Duty of Candour	Medical Director	Sept 17	Completed – on work programme
32	Feb 2017	Board Assurance Framework – The Committee agreed to review one strategic risk a month.	Foundation Trust Secretary	Mar 17 (SR1)	Completed – on work programme
33	Feb 2017	The committee requested members to contact LP with any amendments to the Terms of Reference and Committee Workplan and Organisational Chart for presentation of final version in March	Foundation Trust Secretary	Mar 17	
34	Feb 2017	The Committee will liaise with JT and GM in order to develop the format of a biannual report from the Clinical Effectiveness Group	Medical Director	May 2017	

Providing care together in York, Scarborough, Bridlington, Malton, Whitby, Selby and Easingwold communities.

York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety and Quality Performance Report

February 2017

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

Patient Safety & Quality Performance Report

Chapter Index

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Litigation - Clinical Claims Settled	-	-	1	2	3	6	2	5	9	5	1	8	2	2
Complaints	-	-	40	46	36	30	33	33	50	44	36	37	33	43

Care of the Deteriorating Patient	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
12 hour Post Take - York	85%	85%	85%	87%	90%	84%	87%	84%	84%	82%	82%	85%	87%	84%
12 hour Post Take - Scarborough	80%	80%	53%	64%	63%	60%	58%	58%	52%	52%	53%	61%	60%	69%
14 hour Post Take - Trust	100%	100%	80%	86%	86%	83%	84%	82%	80%	79%	80%	84%	83%	85%
Acute Admissions seen within 4 hours	80%	80%	85%	84%	87%	83%	81%	87%	80%	74%	77%	81%	88%	87%
NEWS within 1 hour of prescribed time	90%	90%	85.6%	85.2%	86.8%	87.6%	87.1%	87.7%	87.8%	88.1%	87.8%	87.9%	87.1%	n/a
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	Q1 91% Q2 91% Q3 93% Q4 93%	93%	93%	94%	89%	87%	86%	88%	88%	88%	88%	88%	85%	87%

Measures of Harm	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Serious Incidents	-	-	27	21	17	12	31	15	17	12	9	18	14	28
Incidents Reported	-	-	1370	1313	1281	1196	1229	1253	1252	1058	1168	1199	1219	1369
Incidents Awaiting Sign Off	-	-	1389	1348	987	780	724	686	763	813	752	670	768	963
Patient Falls	-	-	315	274	273	236	255	225	218	194	226	213	259	270
Pressure Ulcers - Newly Developed	-	-	69	86	69	73	62	56	65	96	122	126	117	145
Pressure Ulcers - Transferred into our care	-	-	132	126	125	116	123	150	109	62	64	65	72	94
Degree of harm: serious or death	-	-	7	7	7	4	11	10	12	11	5	8	7	5
Degree of harm: medication related	-	-	97	132	129	118	107	143	144	112	139	149	152	157
VTE risk assessments	95%	95%	98.4%	98.5%	98.6%	98.9%	98.7%	98.6%	98.3%	98.5%	98.7%	98.3%	98.3%	98.3%
Never Events	0	0	1	0	1	0	1	1	1	0	0	0	0	0

Drug Administration	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Insulin Errors	-	-	6	16	7	9	10	9	10	9	13	9	8	7
Omitted Critical Medicines	-	-	17	11	19	13	12	8	15	17	15	17	18	18
Prescribing Errors	-	-	24	27	26	28	25	35	42	32	31	27	25	48
Preparation and Dispensing Errors	-	-	10	10	15	13	13	12	14	10	22	36	19	15
Administrating and Supply Errors	-	-	39	68	60	57	46	64	56	41	59	48	60	48

Safety Thermometer	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
% Harm Free Care - York	-	-	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%
% Harm Free Care - Scarborough	-	-	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%
% Harm Free Care - Community	-	-	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%
% Harm Free Care - District Nurses	-	-	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%

Mortality Information	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Summary Hospital Level Mortality Indicator (SHMI)	100	100	97	98	99	102	103	101	101	99	99	99	100	99

Infection Prevention	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Clostridium Difficile - meeting the C.Diff objective	48 (year)	48 (year)	5	3	3	1	3	3	2	1	3	2	8	10
Clostridium Difficile -meeting the C.Diff objective - cumulative	48 (year)	48 (year)	62	65	3	4	7	10	12	13	16	18	26	36
MRSA - meeting the MRSA objective	0	0	1	0	1	0	1	0	2	0	2	0	1	0
MSSA	30 (year)	30 (year)	2	3	9	2	2	2	5	0	8	4	5	5
MSSA - cumulative	30 (year)	30 (year)	34	37	9	11	13	15	20	20	28	32	37	42
ECOLI			15	7	5	5	7	8	14	10	4	5	5	9
ECOLI - cumulative			89	96	5	10	17	25	39	49	53	58	63	72
MRSA Screening - Elective	95%	95%	69.2%	74.1%	82.9%	84.5%	85.8%	89.9%	83.7%	85.0%	89.8%	86.3%	84.8%	87.2%
MRSA Screening - Non Elective	95%	95%	73.9%	75.6%	82.2%	83.6%	86.3%	86.6%	86.7%	86.4%	86.0%	85.9%	84.7%	84.4%

Stroke (one month behind due to coding)	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Proportion of patients spending >90% on their time on stroke unit	80%	80%	86.9%	82.4%	84.9%	92.1%	85.2%	82.9%	88.3%	93.6%	90.6%	87.1%	89.5%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	85.7%	100.0%	88.9%	100.0%	68.8%	79.0%	73.7%	73.9%	92.6%	64.7%	90.5%	1 month behind
Scanned within 1 hour of arrival	50%	50%	70.0%	72.2%	73.3%	76.2%	50.0%	60.0%	54.2%	63.6%	75.0%	68.0%	79.0%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	95.4%	90.8%	93.4%	94.1%	93.2%	92.9%	93.5%	92.5%	96.5%	96.3%	93.6%	1 month behind
Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	1 month behind

AMTS	Target/ Threshold 2016/17	Monthly Target/ Threshold	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
AMTS Screening	90.0%	90.0%	90.1%	89.7%	92.1%	91.3%	90.4%	92.5%	85.4%	86.5%	91.2%	87.8%	87.8%	90.1%

Patient Experience (Patient Experience Team)

Friends and Family
Trust-wide the target for 90% of patients recommending the Trust was achieved. Recommend rates for all areas except ED are above national average. ED is 84.4% vs a national average of 86%.

Response rates for inpatients remain above 30% for a second month. For maternity they remain above 40% for a second month. ED response rates have dropped by 4% in November and December to 14.7% and 14.6% respectively. Response rates for all areas are above national averages. 93 responses were received for community services (not including community hospitals).

Complaints
Complaint numbers for January were higher than those in the preceding three months. The top two directorates receiving complaints in January were: Acute and General Medicine (8) and Emergency Medicine (8). No directorate saw a peak in numbers beyond the usual range.

Compliments
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included.

Measures of Harm

No Never Events were declared in January. 4 have been declared year to date under 'Wrong Site Surgery' and 'Wrong Route Administration'.

28 Serious Incidents were declared in January (14 x York, 10 x Scarborough, 1 x Bridlington & 3 x Community).
17 of the SIs were attributed to 'clinical incident', 7 were attributed to 'slips, trips and falls' and 4 to pressure ulcers. A total of 173 SI's have been declared YTD.

Infection Prevention

No cases of healthcare associated MRSA bacteraemia were identified during January. 7 cases have been identified YTD, 4 at York, 2 at Scarborough and 1 Community.

10 cases of Cdiff were identified in January, this takes the YTD total to 36. The yearly threshold for 2016/17 remains at 48 cases however monthly allocation allows for more cases during the winter months. The Trust is currently within threshold for the year, however breached the January threshold of 5.

5 MSSA cases were identified during January. A total of 42 cases have been identified YTD, the Trust has breached the yearly threshold of 30.

9 cases of E-Coli were identified during January. A total of 72 cases have been identified YTD.

Quality and Safety - Miscellaneous

Stroke (reported 1 month behind due to coding)
All targets achieved in December; 90% stay on a stroke ward, high risk TIA seen & treated within 24 hours, urgent scans within 1 hour and scans within 24 hours.

Cancelled Operations
191 operations were cancelled within 48 hours of the TCI due to lack of beds in January, the highest number declared year to date.

Cancelled Clinics/Outpatient Appointments
185 clinics were cancelled with less than 14 days notice across the Trust in January; an increase of 50 compared to January 2016 (135). 883 outpatient appointments were cancelled for non clinical reasons; 563 at York and 320 at Scarborough.

Ward Transfers between 10pm and 6am
138 ward transfers after 10pm for non clinical reasons were declared in January. The Trust has breached the contractual threshold of 100 per month for the second time this financial year.

AMTS
The Trust achieved the 90% target for AMTS screening in January, performance was 90.1%. The Trust has failed to achieve the target in 4 months of 10 this financial year.

Care of the Deteriorating Patient

The Trust achieved 77.1% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in January. The targets were failed across both sites; York achieved 83.7% against the 85% target and Scarborough achieved 68.9% against the 80% target.

The Trust achieved 87.2% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. The target was also achieved across both sites; York achieved 81.5% and Scarborough achieved 94.1%.

Drug Administration

The Trust reported a total of 48 Prescribing errors in January (December 2016; 25), including 37 at York. A response is currently awaited from the Deputy Chief Pharmacist on the increase seen in January.

Mortality

The latest SHMI report indicates the Trust to be in the 'as expected' range. The July 2015 - June 2016 SHMI saw a 1 point decrease for the Trust and Scarborough, and a 1 point increase for York. Trust - 99, York 96 and Scarborough 106.

There were a total of 238 inpatients deaths across the Trust in January; 80 at Scarborough and 146 at York.

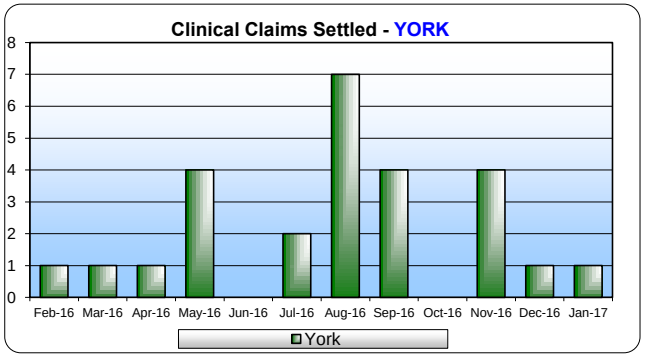
There were a total of 27 deaths in ED in January; 15 at York and 12 at Scarborough.

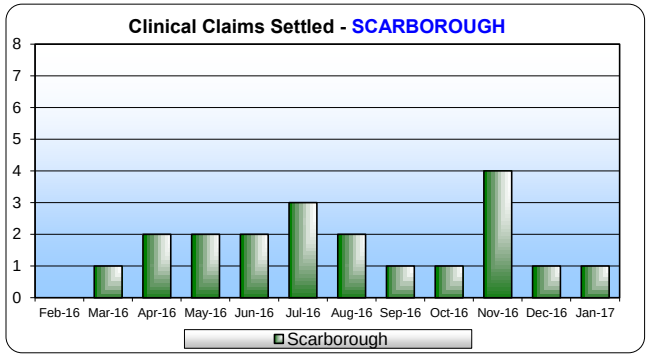
CQUINS update (Operations Team)

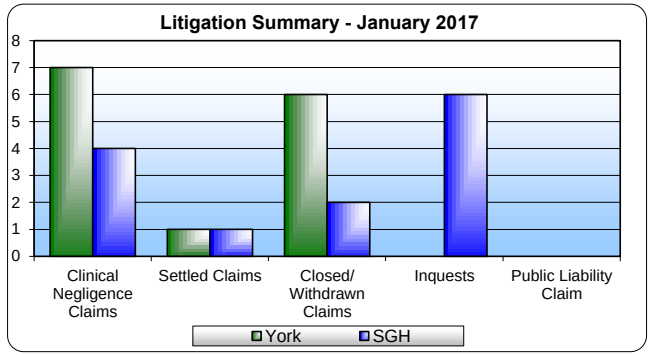
The Trust will receive payment for CQUINS in Q3 in line with predictions: full payment with the exception of Sepsis Screening in ED and Inpatient Treatments and uptake of flu vaccinations for frontline clinical staff, where part payment is currently being negotiated with the CCGs. Partial payment will also be received for Adult Critical Care Timely Discharge, work is on-going to reduce delayed discharges where possible.

Litigation

Indicator	Site	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Clinical Negligence Claims Received	York	3	6	8	9	9	4	7	6	7	3	7	7
	Scarborough	9	6	10	7	8	8	3	4	6	11	4	4
Clinical Claims Settled	York	1	1	1	4	0	2	7	4	0	4	1	1
	Scarborough	0	1	2	2	2	3	2	1	1	4	1	1
Closed/ Withdrawn Claims	York	10	5	2	2	5	13	7	6	3	7	6	6
	Scarborough	12	14	0	3	5	4	17	7	7	6	2	2
Coroners Inquests Heard	York	3	1	1	2	2	1	5	5	1	4	0	0
	Scarborough	3	2	6	3	6	3	2	2	2	5	6	6







Patient Experience

PALS Contacts
There were 278 PALS contacts in January.

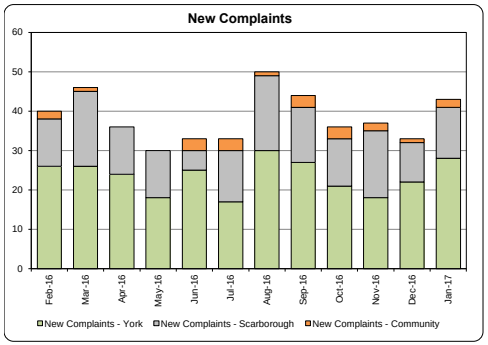
Complaints
There were 43 complaints in January; 28 were attributed to York, 13 to Scarborough and 2 to Community.

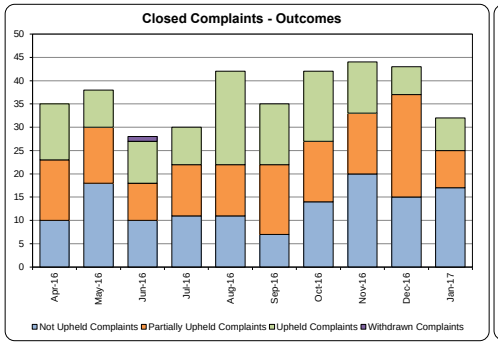
New Ombudsman Cases
There were no New Ombudsman Cases in January.

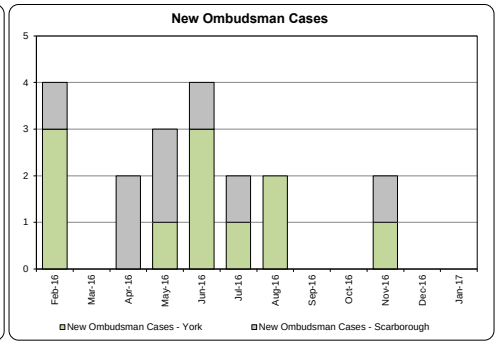
Compliments
673 compliments were received by the Chief Executive in January 2017. Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included.

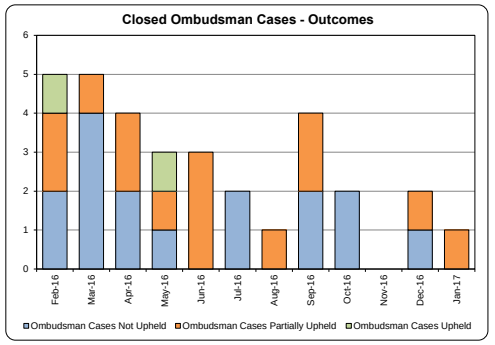
Patient Experience

February 2017



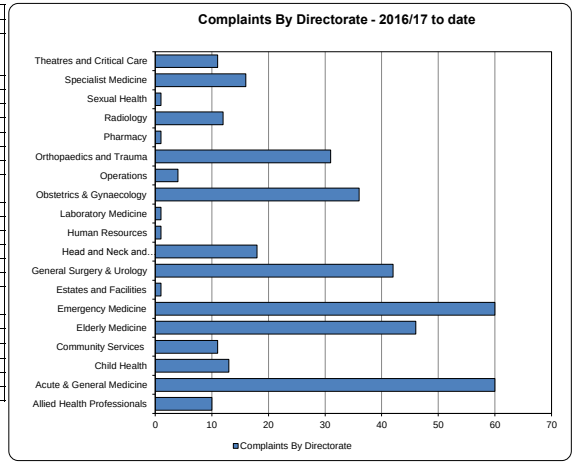






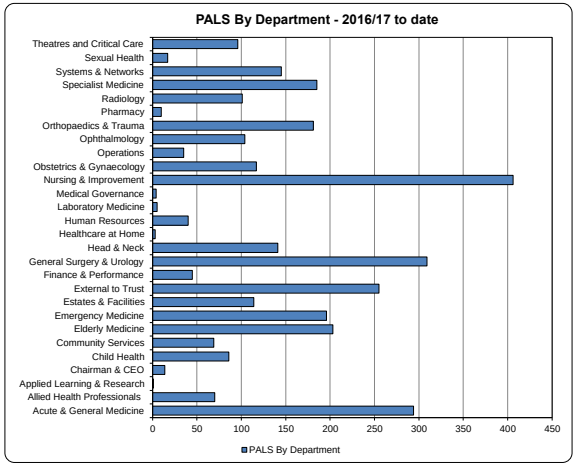
Complaints By Subject	Jan-17	YTD
Access to treatment or drugs	1	21
Admissions, Discharge and Transfer Arrangements	8	95
All aspects of Clinical Treatment	32	305
Appointments, Delay/Cancellation	4	98
Commissioning	0	2
Comms/info to patients (written and oral)	16	204
Complaints Handling	0	0
Consent	1	8
End of Life Care	4	14
Facilities	1	20
Mortuary	0	0
Others	0	0
Patient Care	35	180
Patient Concerns	0	15
Prescribing	1	33
Privacy and Dignity	4	35
Restraint	0	0
Staff Numbers	1	7
Transport	0	7
Trust Admin/Policies/Procedures	5	77
Values and Behaviours (Staff)	17	163
Waiting times	7	28
TOTAL	**137**	**1312**

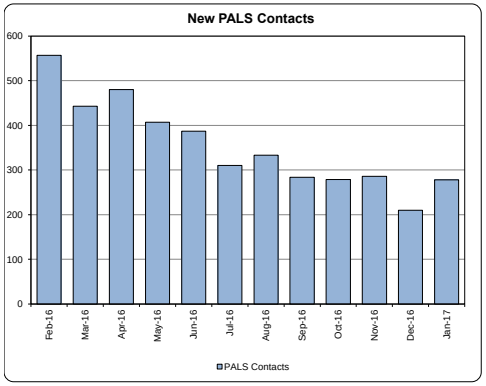
Due to new reporting the number of complaints/PALs contacts by subject is greater than the total number of complaints because each subject within the complaint can be identified as opposed to just the one deemed to be the 'primary'.

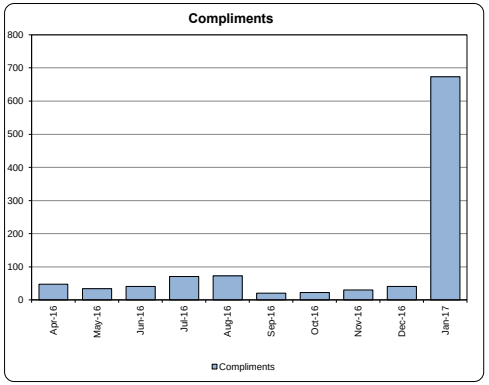


PALS By Subject	Jan-17	YTD
Access to Treatment or Drugs	6	99
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	13	114
Appointments	40	329
Clinical Treatment	24	175
Commissioning	0	6
Communication	50	400
Consent	0	1
End of Life Care	2	13
Facilities	13	48
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	0	3
Patient Care	20	112
Patient Concerns	11	71
Prescribing	0	22
Privacy, Dignity & Respect	2	9
Staff Numbers	0	3
Transport	2	23
Trust Admin/Policies/Procedures Inc. pt. record management	35	264
Values and Behaviours (Staff)	51	206
Waiting Times	9	**82**
Total	**278**	**1980**

Since July 2016 there was a change in how PALS log cases. Issues such as misplaced calls from switchboard or requests to speak to other departments are no longer logged. The new IT system allows cases to be updated rather than creating new logs.

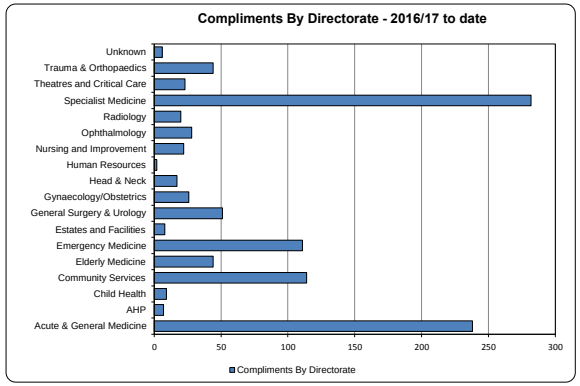






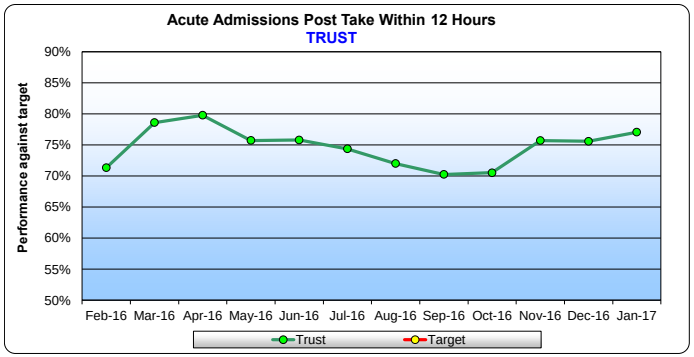
Compliments By Directorate	Jan-17	YTD
Acute & General Medicine	195	238
AHP	0	7
Child Health	1	9
Community Services	110	114
Elderly Medicine	13	44
Emergency Medicine	31	111
Estates and Facilities	0	8
General Surgery & Urology	12	51
Gynaecology/Obstetrics	2	26
Head & Neck	1	17
Human Resources	0	2
Nursing and Improvement	2	22
Ophthalmology	12	28
Radiology	14	20
Specialist Medicine	259	282
Theatres and Critical Care	6	23
Trauma & Orthopaedics	15	44
Unknown	0	6
Total	**673**	**1052**

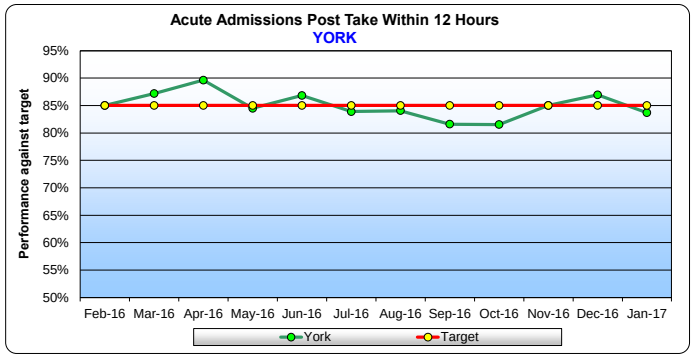
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included

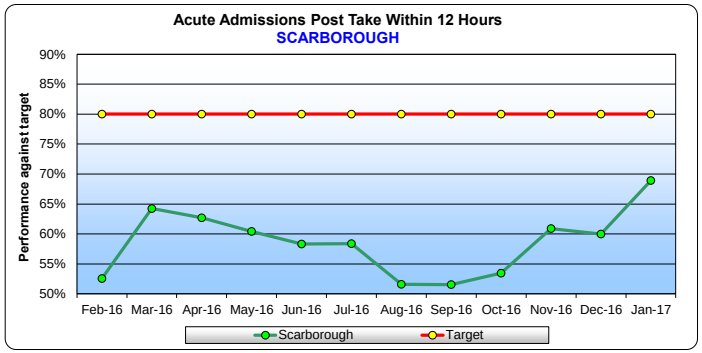


Quality and Safety: Care of the Deteriorating Patient

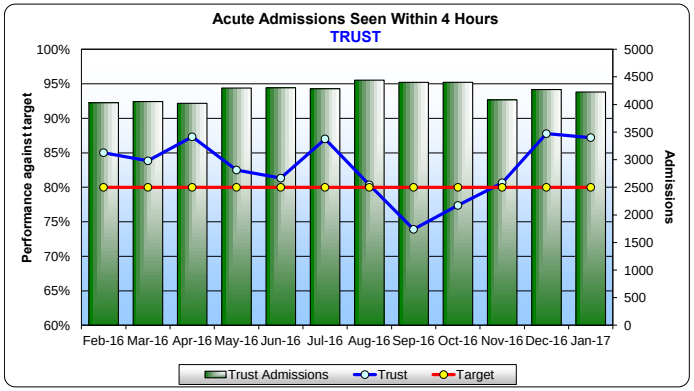
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	57%	60%	54%	58%	61%	60%	69%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	85%	87%	83%	84%	85%	87%	84%

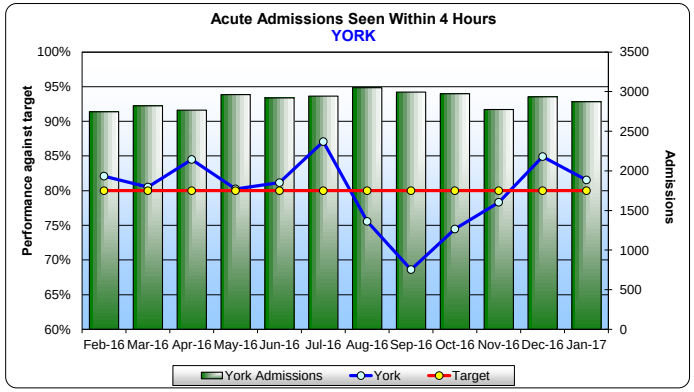


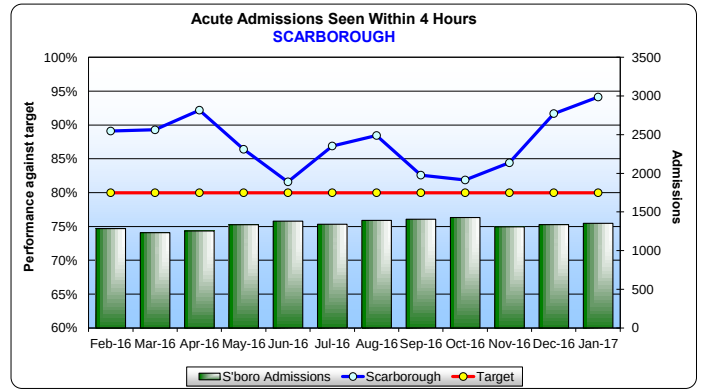




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	84.0%	83.7%	80.4%	81.7%	80.7%	87.8%	87.2%

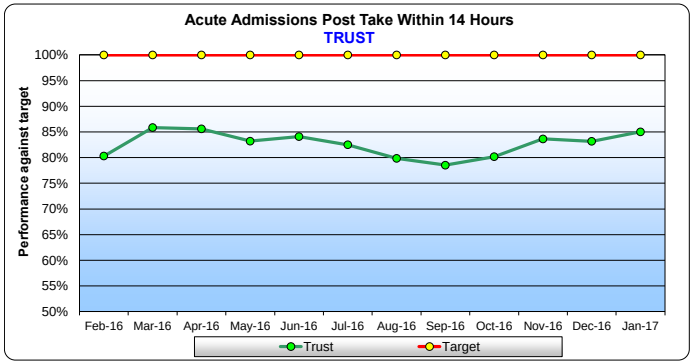


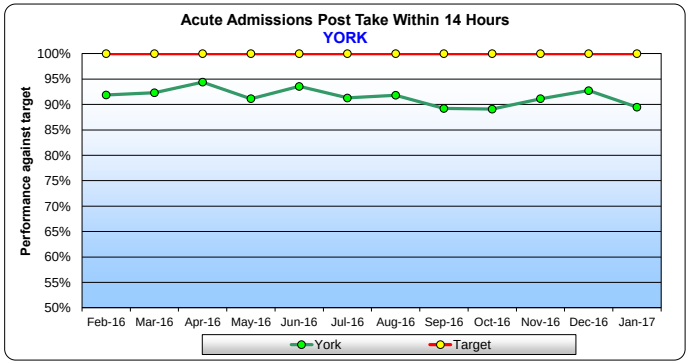


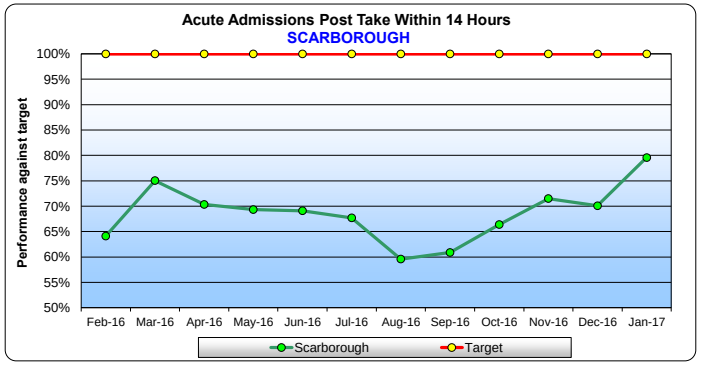


Quality and Safety: Care of the Deteriorating Patient

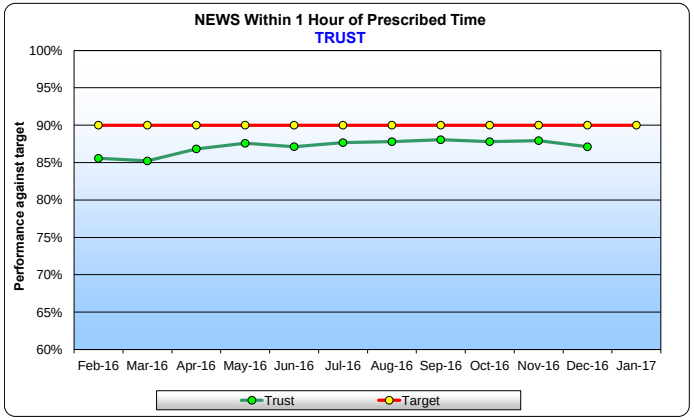
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI		82.3%	83.9%	80.3%	82.2%	83.6%	83.2%	85.0%

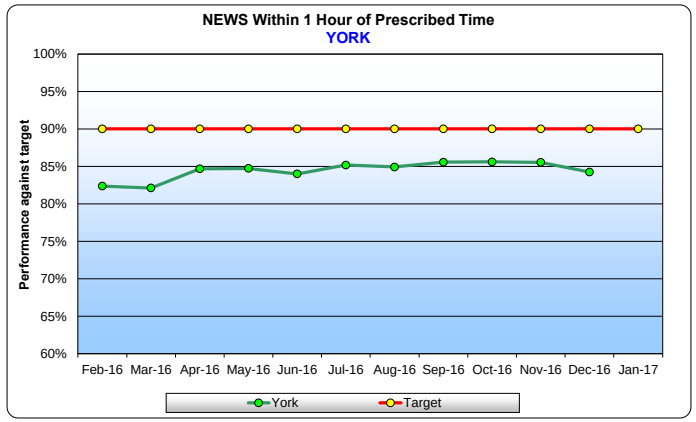


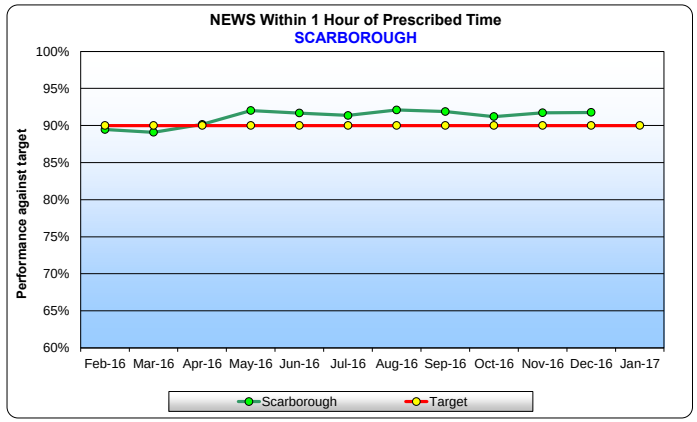




NEWS within 1 hour of prescribed time	None - Monitoring Only	85.9%	87.3%	87.9%	87.6%	87.9%	87.1%	n/a







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 28 SIs reported in January; York 14, Scarborough 10, Bridlington 1 & Community 3.
Clinical Incidents: 17; York 10, Scarborough 7.
Slips Trips & Falls: 7; York 4, Scarborough 2 & Community 1.
Pressure Ulcers: 5; Scarborough 1, Bridlington 1 & Community 2.

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During January there were 157 reports of patients falling at York Hospital, 78 patients at Scarborough and 35 patients within the Community Services (270 in total). For the same period last year there were a total of 314, however figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during January was 1,369; 803 incidents were reported on the York site, 418 on the Scarborough site and 148 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 963 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During January 60 pressure ulcers were reported to have developed on patients since admission to York Hospital, 47 pressure ulcers were reported to have developed on patients since admission to Scarborough and 38 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

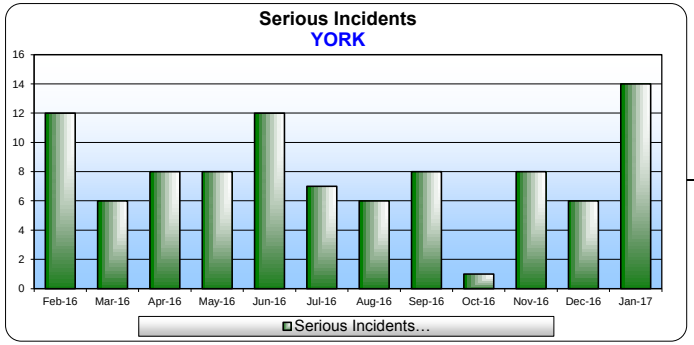
Degree of Harm: Serious/Severe or Death (source: Datix)
During January 5 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

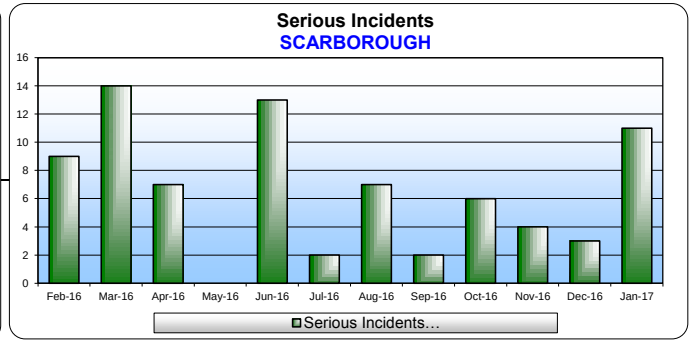
Medication Related Issues (source: Datix)
During January there were a total of 157 medication related incidents reported although this figure may change following validation.

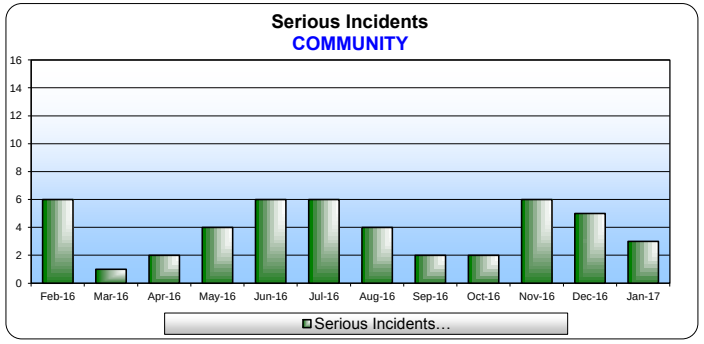
Never Events – No Never Events were declared during January.

Measures of Harm

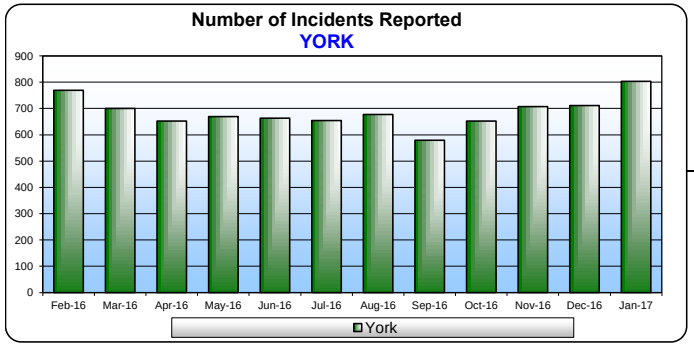
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Serious Incidents source: Risk and Legal	York	12	6	8	8	12	7	6	8	1	8	6	14
	Scarborough	9	14	7	0	13	2	7	2	6	4	3	11
	Community	6	1	2	4	6	6	4	2	2	6	5	3
Serious Incidents Delogged source: Risk and Legal (Trust)		0	0	0	0	0	0	0	0	0	0	0	0

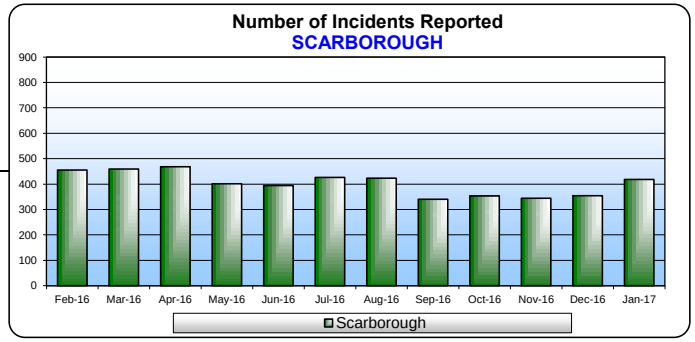


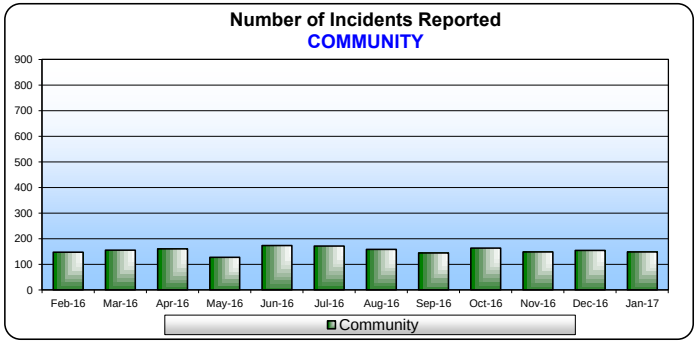




Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Number of Incidents Reported source: Risk and Legal	York	769	700	652	669	663	654	677	579	652	707	711	803
	Scarborough	455	459	468	401	394	426	423	340	353	344	354	418
	Community	147	155	160	127	173	171	158	144	163	148	154	148
Number of Incidents Awaiting sign off at Directorate level		1389	1348	987	780	724	686	763	813	752	670	768	963

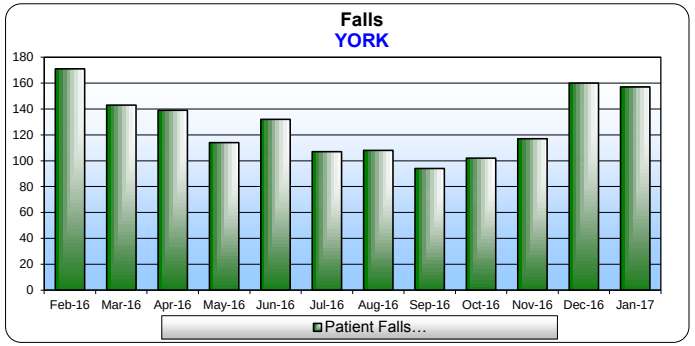


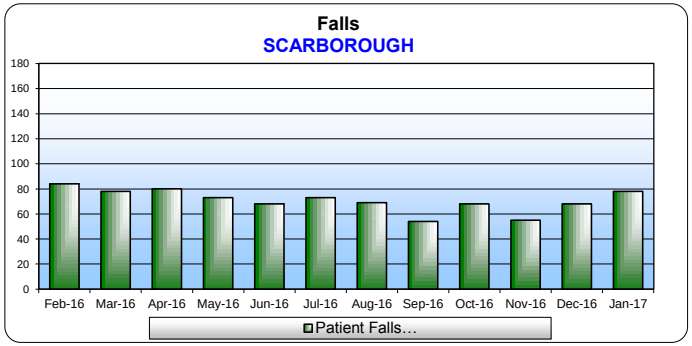


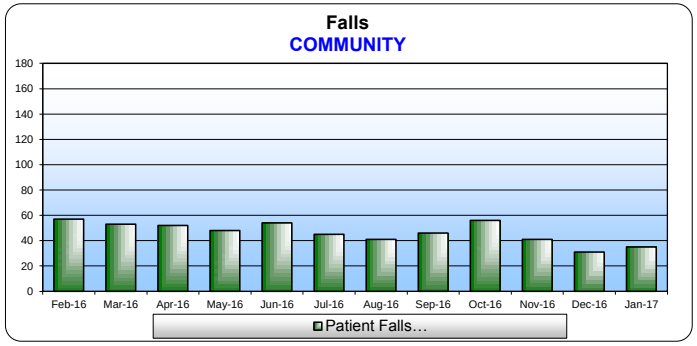


Measures of Harm

Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Patient Falls source: DATIX	York	171	143	139	114	132	107	108	94	102	117	160	157
	Scarborough	84	78	80	73	68	73	69	54	68	55	68	78
	Community	57	53	52	48	54	45	41	46	56	41	31	35

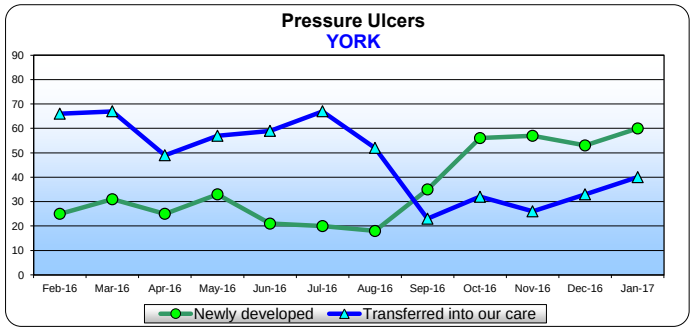


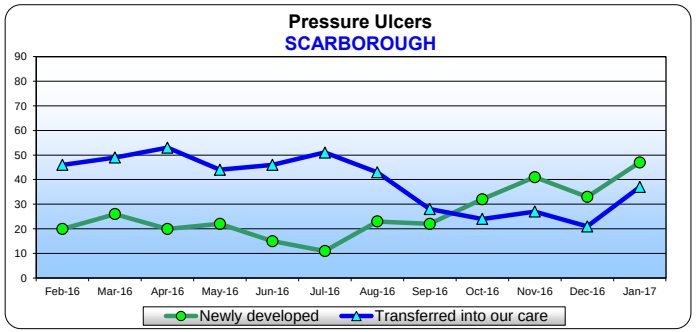


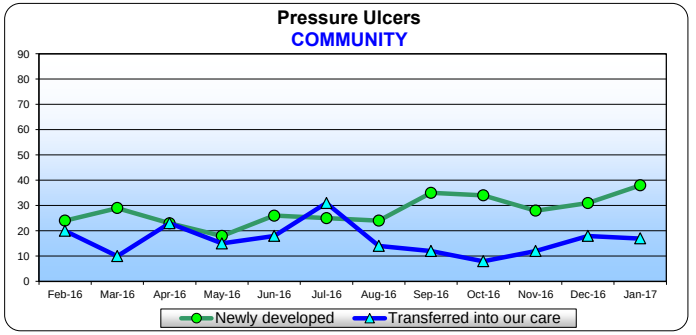


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.
Increases in December and January reflect the increase in the number of frail and elderly patients in hospital.

Indicator			Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Pressure Ulcers source: DATIX	York	Newly developed	25	31	25	33	21	20	18	35	56	57	53	60
		Transferred into our care	66	67	49	57	59	67	52	23	32	26	33	40
	Scarborough	Newly developed	20	26	20	22	15	11	23	22	32	41	33	47
		Transferred into our care	46	49	53	44	46	51	43	28	24	27	21	37
	Community	Newly developed	24	29	23	18	26	25	24	35	34	28	31	38
		Transferred into our care	20	10	23	15	18	31	14	12	8	12	18	17



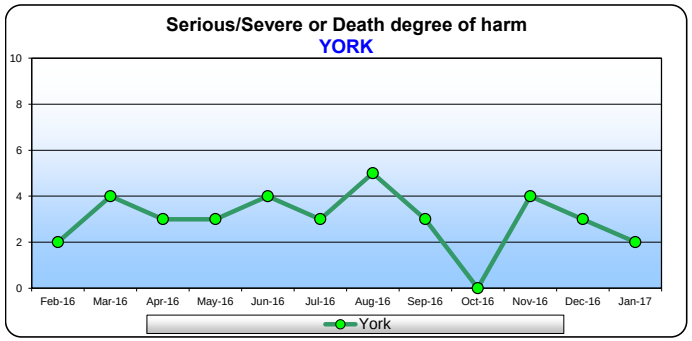


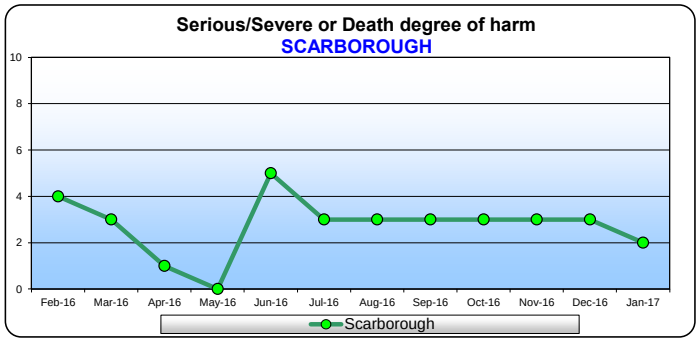


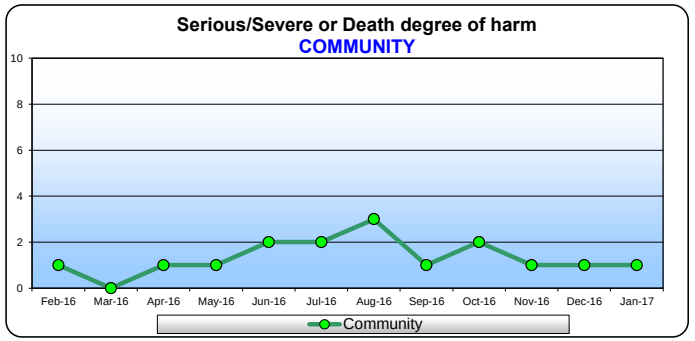
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised as a 'Deterioration of a previously reported ulcer'.
The increase in newly developed or deteriorated under our care is thought to be attributable to a re-classification of the data on the Datix system implemented on 01/09/16, recognising more accurately our responsibility for patients in the community.

Measures of Harm

Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Degree of harm: serious/severe or death source: Datix	York	2	4	3	3	4	3	5	3	0	4	3	2
	Scarborough	4	3	1	0	5	3	3	3	3	3	3	2
	Community	1	0	1	1	2	2	3	1	2	1	1	1

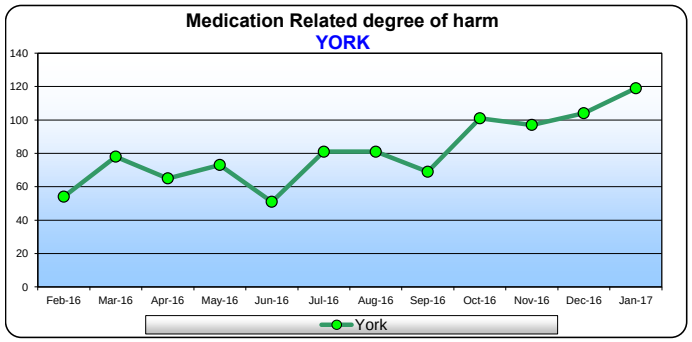


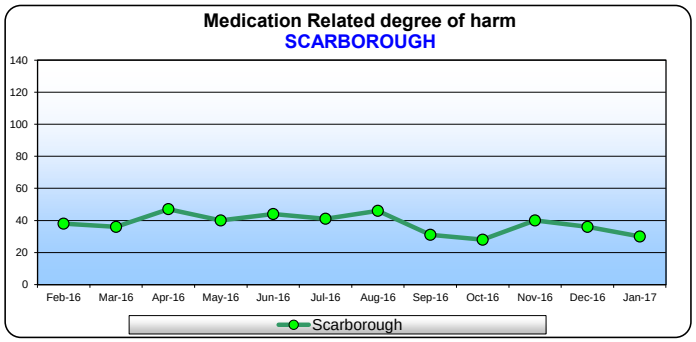


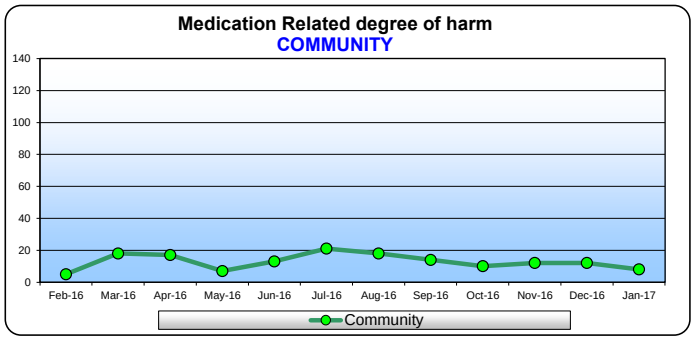


Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Degree of harm: Medication Related Issues source: Datix	York	54	78	65	73	51	81	81	69	101	97	104	119
	Scarborough	38	36	47	40	44	41	46	31	28	40	36	30
	Community	5	18	17	7	13	21	18	14	10	12	12	8

Please note: December increase in Medication Related issues is due to a new option of Medication being added to DATIX at the beginning of December. These were not previously recorded on DATIX.

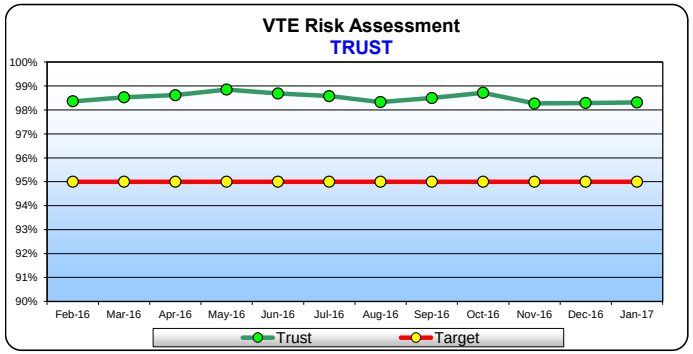


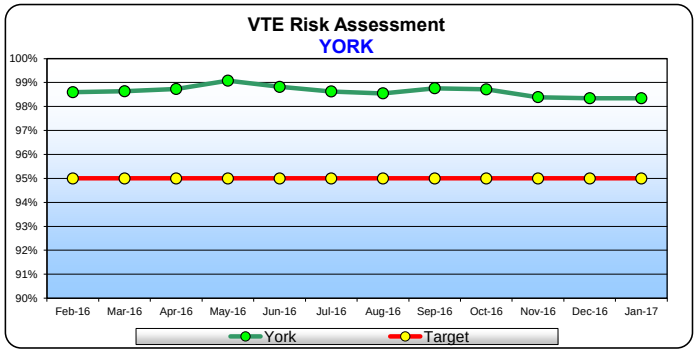


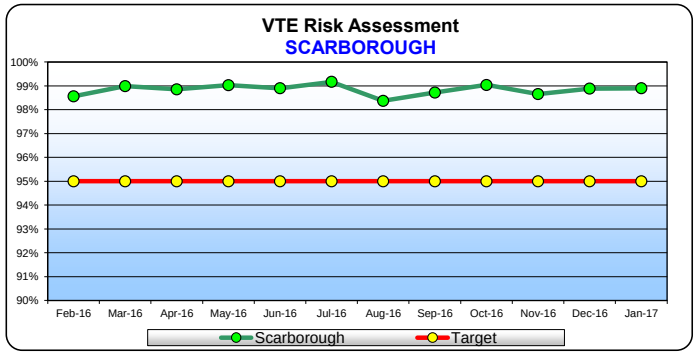


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	98.4%	98.7%	98.5%	98.4%	98.3%	98.3%	98.3%
		York	95%	98.6%	98.9%	98.7%	98.5%	98.4%	98.4%	98.4%
		Scarborough	95%	98.3%	98.9%	98.8%	98.9%	98.7%	98.9%	98.9%







Never Events

Indicator	Consequence of Breach	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
SURGICAL									
Wrong site surgery	As below	**>0**	**0**	**2**	**1**	**0**	0	0	0
Wrong implant/prosthesis		**>0**	**0**	**0**	**0**	**0**	0	0	0
Retained foreign object post-operation		**>0**	**0**	**0**	**0**	**0**	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	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**	**0**	0	0	0
Maladministration of potassium-containing solutions		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong route administration of chemotherapy		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong route administration of oral/enteral treatment		**>0**	**0**	**0**	**1**	**0**	0	0	0
Intravenous administration of epidural medication		**>0**	**0**	**0**	**0**	**0**	0	0	0
Maladministration of insulin		**>0**	**1**	**0**	**0**	**0**	0	0	0
Overdose of midazolam during conscious sedation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Opioid overdose of an opioid-naïve Service User		**>0**	**0**	**0**	**0**	**0**	0	0	0
Inappropriate administration of daily oral methotrexate		**>0**	**0**	**0**	**0**	**0**	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	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**	**0**	0	0	0
Entrapment in bedrails		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transfusion of ABO incompatible blood components		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transplantation of ABO incompatible organs as a result of error		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misplaced naso- or oro-gastric tubes		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong gas administered		**>0**	**0**	**0**	**0**	**0**	0	0	0
Failure to monitor and respond to oxygen saturation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Air embolism		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misidentification of Service Users		**>0**	**0**	**0**	**0**	**0**	0	0	0
Severe scalding of Service Users		**>0**	**0**	**0**	**0**	**0**	0	0	0
	MATERNITY								
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	**>0**	**0**	**0**	**0**	**0**	0	0	0

Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during January indicated 1.35% for York and 3.93% for Scarborough.

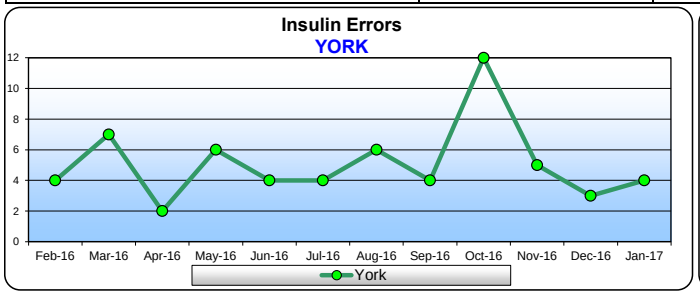
Prescribing Errors
There were 48 prescribing related errors in January; 37 from York, 10 from Scarborough and 1 from Community. The directorate are currently awaiting an update from the Deputy Chief Pharmacist on the increase in prescribing errors in January.

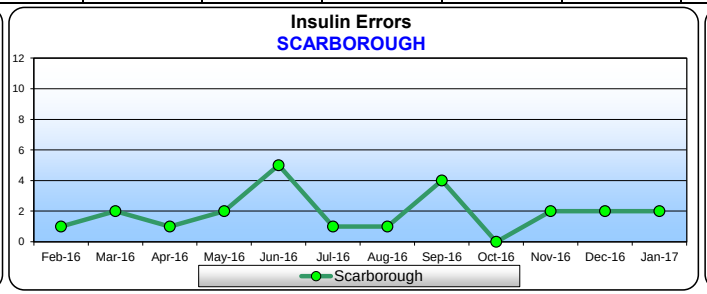
Preparation and Dispensing Errors
There were 15 preparation/dispensing errors in January; 11 from York, 1 from Scarborough and 3 from Community.

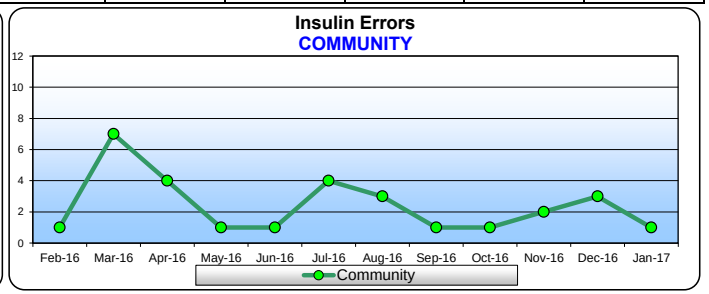
Administrating and Supply Errors
There were 48 administrating/supplying errors in January; 34 were from York, 12 from Scarborough and 2 from Community.

Drug Administration

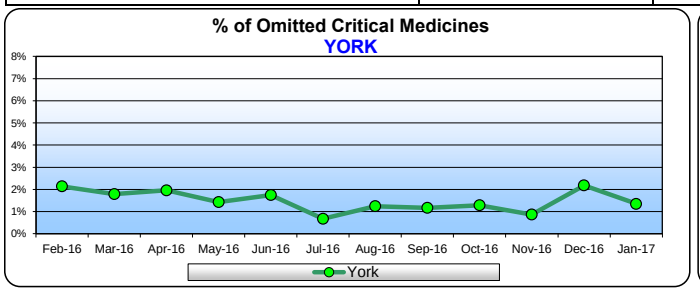
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Insulin Errors source: Datix	York	4	7	2	6	4	4	6	4	12	5	3	4
	Scarborough	1	2	1	2	5	1	1	4	0	2	2	2
	Community	1	7	4	1	1	4	3	1	1	2	3	1

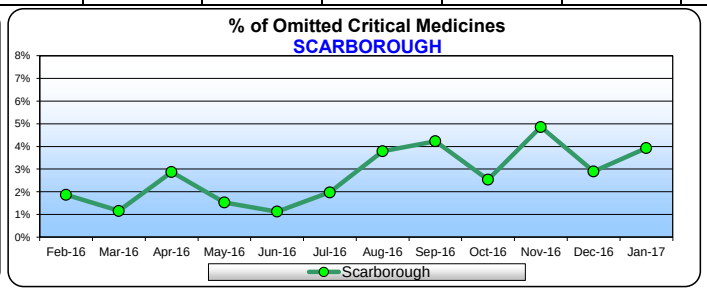


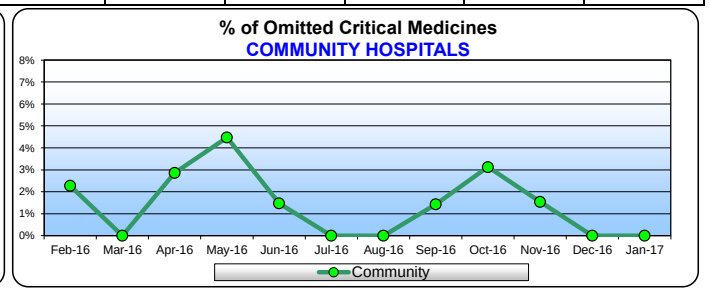




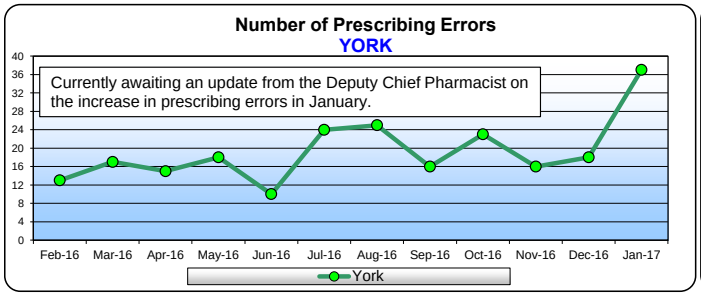
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Number of Omitted Critical Medicines source: Datix	York	10	8	9	6	8	3	5	5	6	4	10	7
	Scarborough	5	3	8	4	3	5	10	11	7	12	8	11
	Community Hospitals	2	0	2	3	1	0	0	1	2	1	0	0

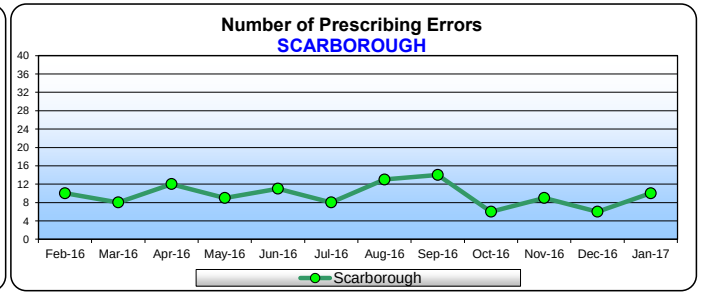


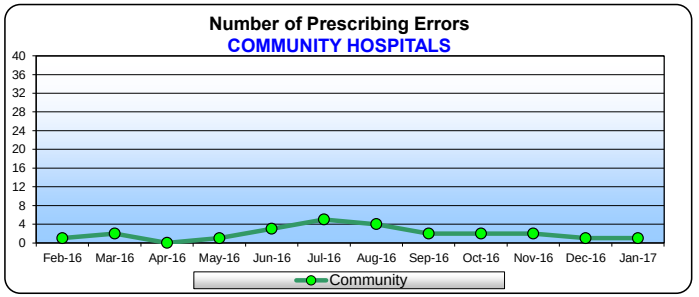




Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Number of Prescribing Errors source: Datix	York	13	17	15	18	10	24	25	16	23	16	18	37
	Scarborough	10	8	12	9	11	8	13	14	6	9	6	10
	Community Hospitals	1	2	0	1	3	5	4	2	2	2	1	1

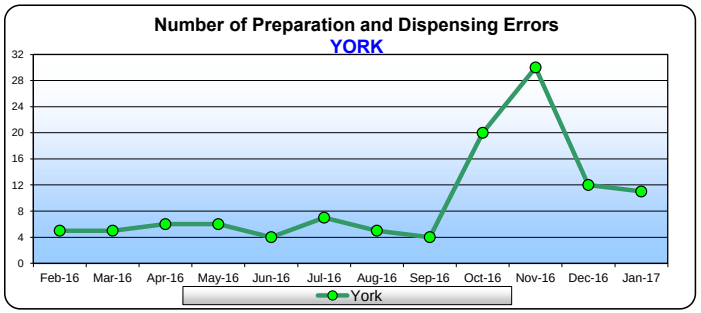


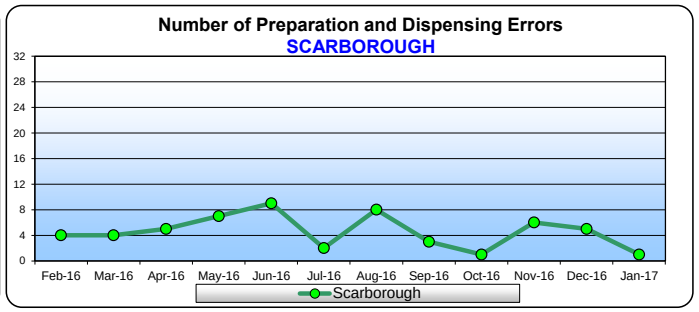


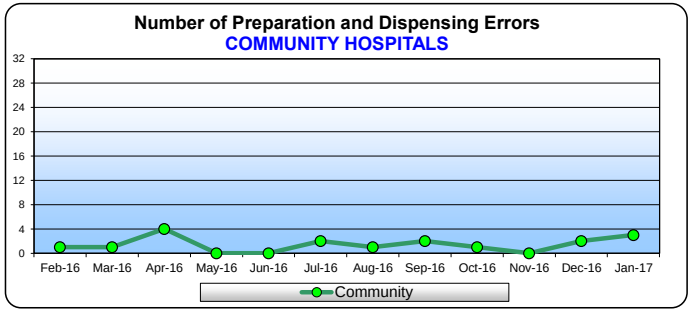


Drug Administration

Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Number of Preparation and Dispensing Errors source: Datix	York	5	5	6	6	4	7	5	4	20	30	12	11
	Scarborough	4	4	5	7	9	2	8	3	1	6	5	1
	Community Hospitals	1	1	4	0	0	2	1	2	1	0	2	3

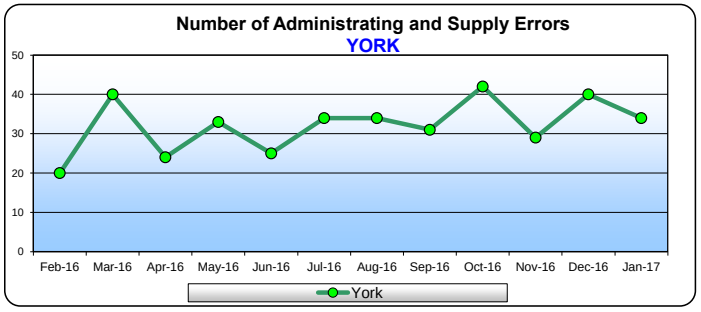


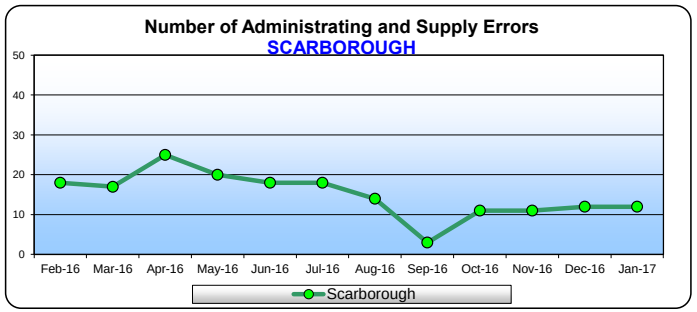


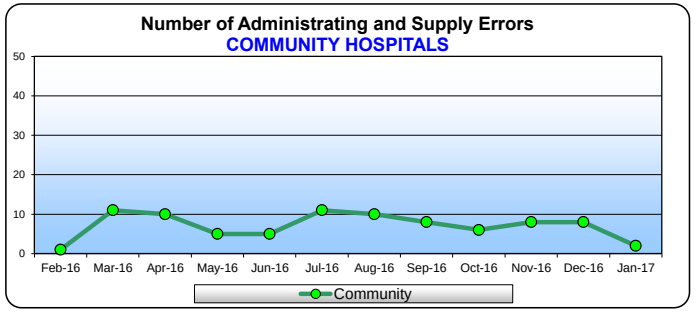


Note re increase in Dispensing Errors - Healthcare at Home have recently experienced a high turnover of staff which has contributed to the increase in errors as the service has mostly been delivered by locums. The vacancies are currently being recruited to and a new manager has been appointed. Trust Senior Pharmacy staff are also meeting with the Chief Pharmacist from Healthcare at Home on a weekly basis and they have provided an action plan that includes the review of all policies and processes. Trust Pharmacy staff are in the process of delivering training to their old and new staff to help to improve the situation.

Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Administrating and Supply Errors source: Datix	York	20	40	24	33	25	34	34	31	42	29	40	34
	Scarborough	18	17	25	20	18	18	14	3	11	11	12	12
	Community Hospitals	1	11	10	5	5	11	10	8	6	8	8	2







Measures of Harm: Safety Thermometer

Please note this Safety Thermometer is a snapshot taken on the first Wednesday of the month.

Harm Free Care

The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In January the percentage receiving care “free from harm” following audit is below:

·York: 94.6%
·Scarborough: 94.2%
·Community Hospitals: 93.1%
·Community care: 96.2%

Harm from Catheter Associated Urinary Tract Infection

The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

·York: 1.0%
·Scarborough: 1.0%
·Community Hospitals: 3.4%
·Community Care: 0.2%

VTE

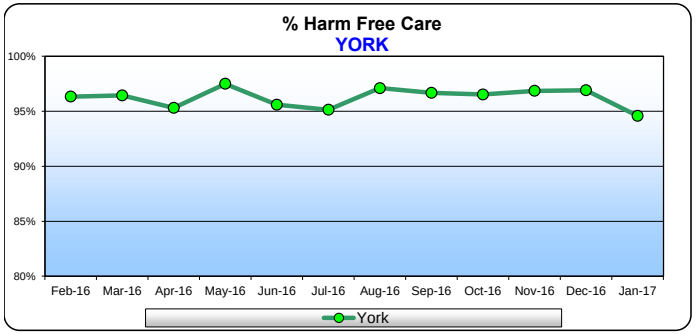
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

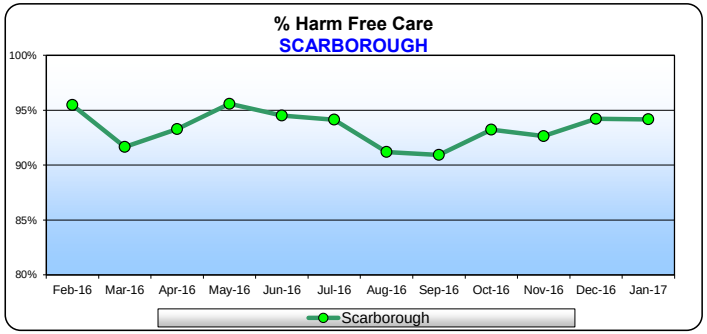
·York: 0.3%
·Scarborough: 0.3%
·Community Hospitals: 0.0%
·Community Care: 0.2%

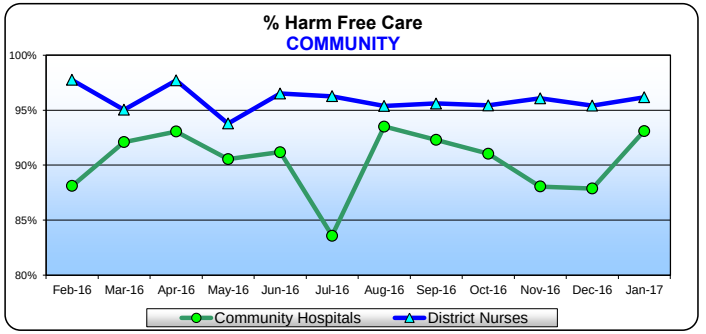
Safety Thermometer

Please note this Safety Thermometer is a snapshot taken on the first Wednesday of the month. Whitecross Court and St Helen's are not included in the Community Hospital figures as they are part of the acute bed base.

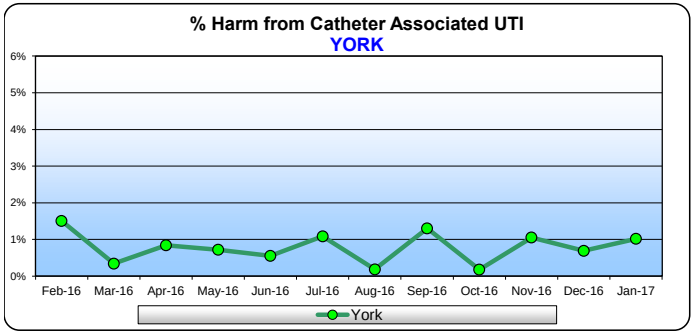
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
% of Harm Free Care source: Safety Thermometer	York	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%
	Scarborough	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%
	Community Hospitals	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%
	District Nurses	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%

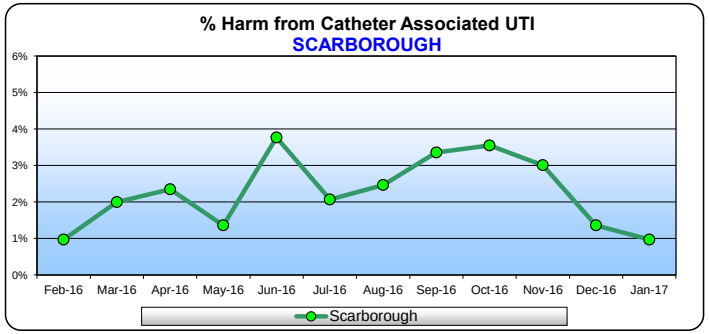


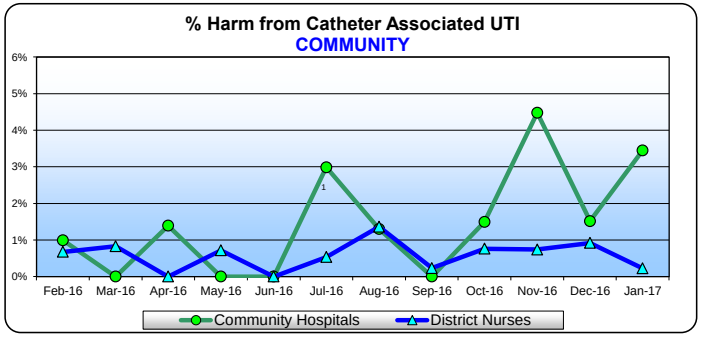




Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.5%	0.3%	0.8%	0.7%	0.6%	1.1%	0.2%	1.3%	0.2%	1.1%	0.7%	1.0%
	Scarborough	1.0%	2.0%	2.3%	1.4%	3.8%	2.1%	2.5%	3.4%	3.5%	3.0%	1.4%	1.0%
	Community Hospitals	1.0%	0.0%	1.4%	0.0%	0.0%	3.0%	1.3%	0.0%	1.5%	4.5%	1.5%	3.4%
	District Nurses	0.7%	0.8%	0.0%	0.7%	0.0%	0.5%	1.4%	0.2%	0.8%	0.7%	0.9%	0.2%



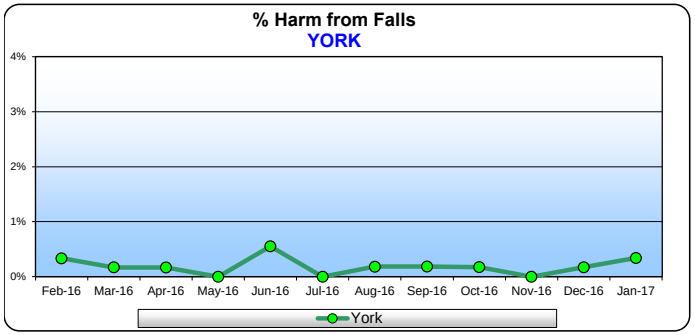


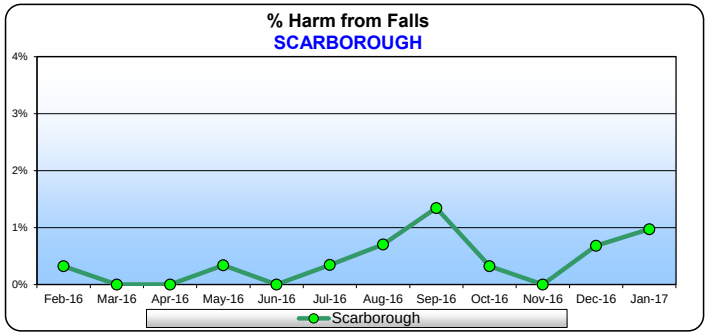


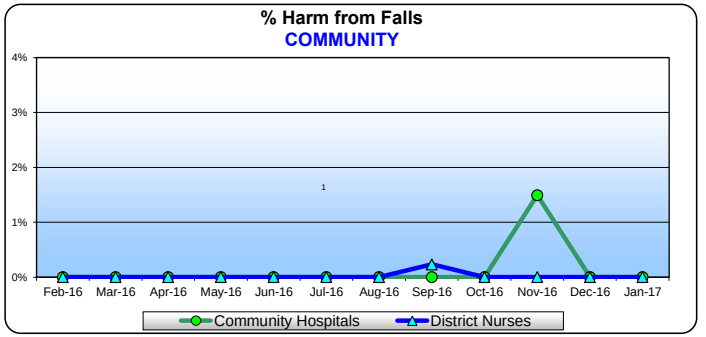
Safety Thermometer

Please note this Safety Thermometer is a snapshot taken on the first Wednesday of the month. Whitecross Court and St Helen's are not included in the Community Hospital figures as they are part of the acute bed base.

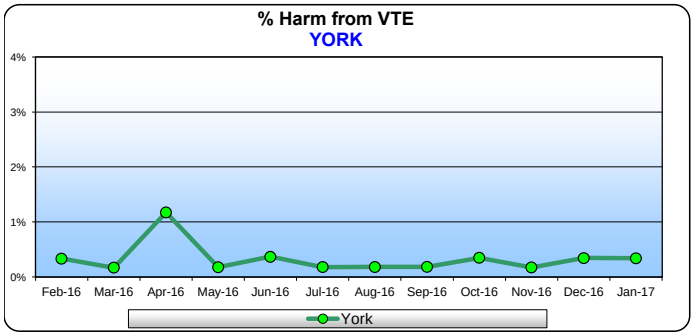
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
% of Harm from Falls source: Safety Thermometer	York	0.3%	0.2%	0.2%	0.0%	0.6%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%	0.3%
	Scarborough	0.3%	0.0%	0.0%	0.3%	0.0%	0.3%	0.7%	1.3%	0.3%	0.0%	0.7%	1.0%
	Community Hospitals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%
	District Nurses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%

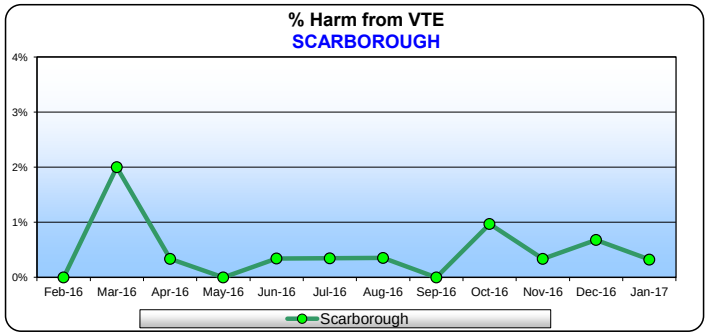


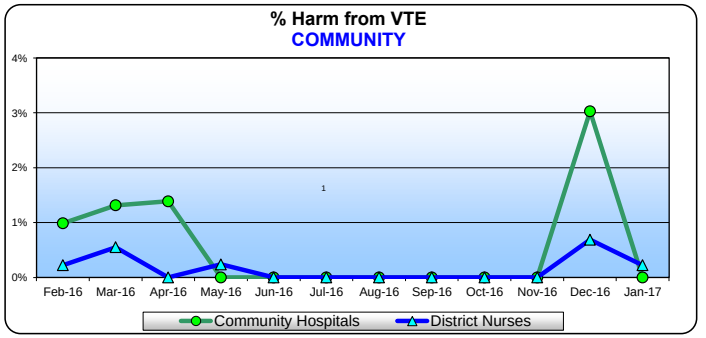




Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
% of VTE source: Safety Thermometer	York	0.3%	0.2%	1.2%	0.2%	0.4%	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%
	Scarborough	0.0%	2.0%	0.3%	0.0%	0.3%	0.3%	0.4%	0.0%	1.0%	0.3%	0.7%	0.3%
	Community Hospitals	1.0%	1.3%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%
	District Nurses	0.2%	0.6%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.2%







Safety Thermometer

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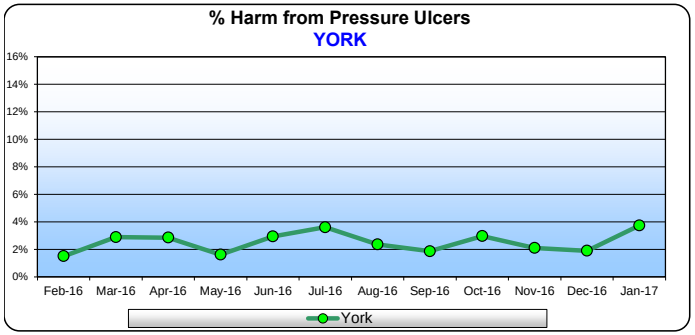
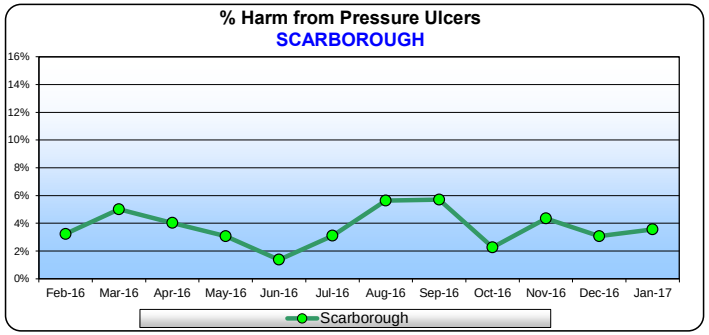
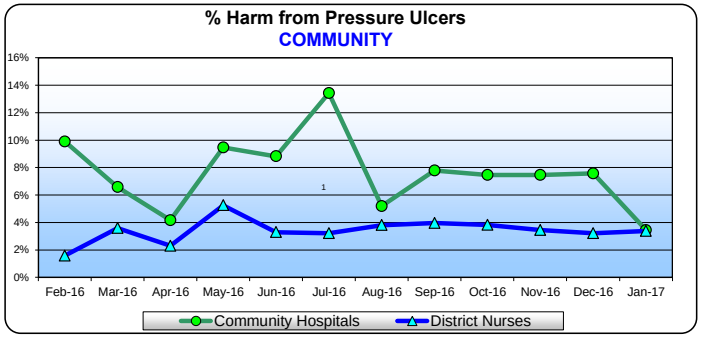
Indicator		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
% of Pressure Ulcers source: Safety Thermometer	York	1.5%	2.9%	2.9%	1.6%	2.9%	3.6%	2.4%	1.9%	3.0%	2.1%	1.9%	3.7%
	Scarborough	3.2%	5.0%	4.0%	3.1%	1.4%	3.1%	5.6%	5.7%	2.3%	4.3%	3.1%	3.6%
	Community Hospitals	9.9%	6.6%	4.2%	9.5%	8.8%	13.4%	5.2%	7.8%	7.5%	7.5%	7.6%	3.4%
	District Nurses	1.6%	3.6%	2.3%	5.3%	3.3%	3.2%	3.8%	4.0%	3.8%	3.4%	3.2%	3.4%







Mortality

Indicator	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
SHMI – York locality	93	93	95	98	99	97	96	95	93	94	95	96
SHMI – Scarborough locality	104	105	107	108	109	107	108	107	107	108	107	106
SHMI – Trust	**97**	**98**	**99**	**102**	**103**	**101**	**101**	**99**	**99**	**99**	**100**	**99**

Definition

SHMI: The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England using a standard methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute NHS trusts in England and either die while in hospital or within 30 days of discharge.

RAMI: Risk Adjusted Mortality Index uses a methodology to calculate the risk of death for hospital patients on the basis of clinical and hospital characteristic data including age, sex, length of stay, method of admission, HRG, ICD10 primary and secondary diagnosis, OPCS primary and secondary procedures and discharge method. Unlike SHMI, it does not include deaths after discharge. The Trust is not managed externally on its RAMI score.

Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The July 2015 - June 2016 SHMI saw a 1 point decrease for the Trust and Scarborough, and a 1 point increase for York. Trust - 99, York 96 and Scarborough 106.

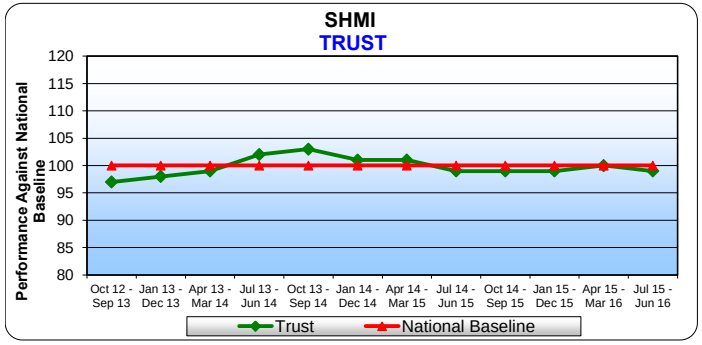
There were a total of 238 inpatients deaths across the Trust in January;80 at Scarborough and 146 at York. This is a 29.3% increase for the Trust compared with January 2016 (184 inpatient deaths). Year to date there have been a total of 1,806 inpatient deaths across the Trust compared to 1,701 YTD 2015/16. This is a 6.2% increase year on year.

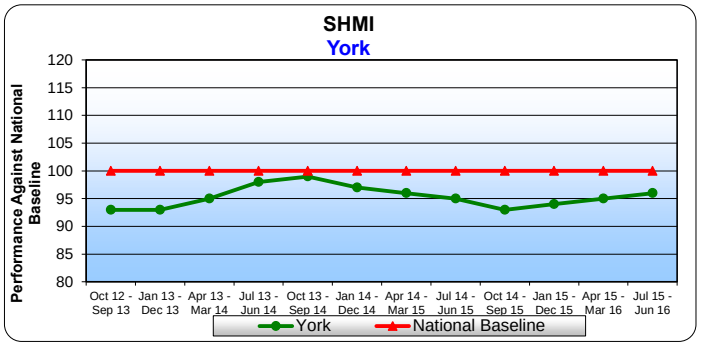
There were a total of 27 deaths in ED in January; 15 at York and 12 at Scarborough. For the same month last year there were 23 across the Trust, York has seen no change and Scarborough saw an increase from 8 (up 50%). Year to date there have been a total of 173 deaths in ED compared to 170 for the same period last year, up 1.8%.

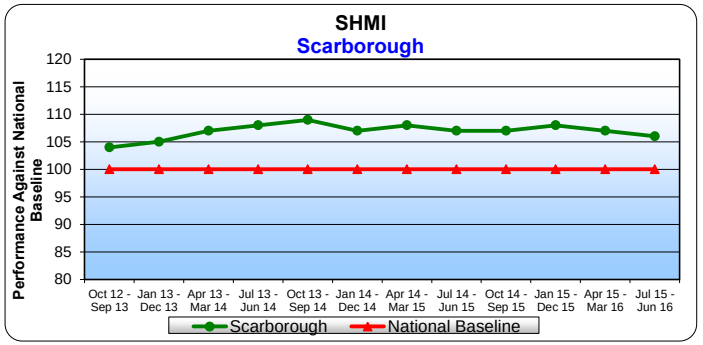
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

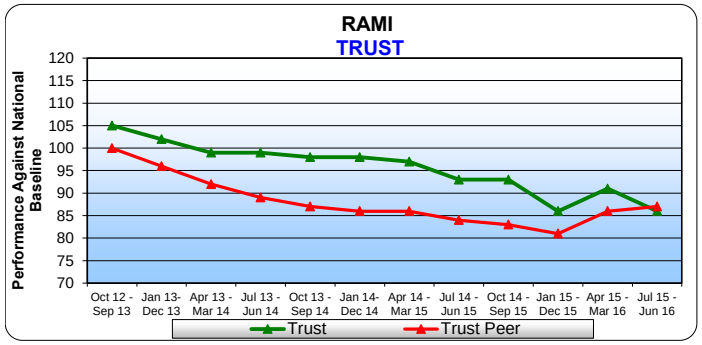
Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	101	101	99	99	99	100	99
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	97	96	95	93	94	95	96
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	107	108	107	107	108	107	106

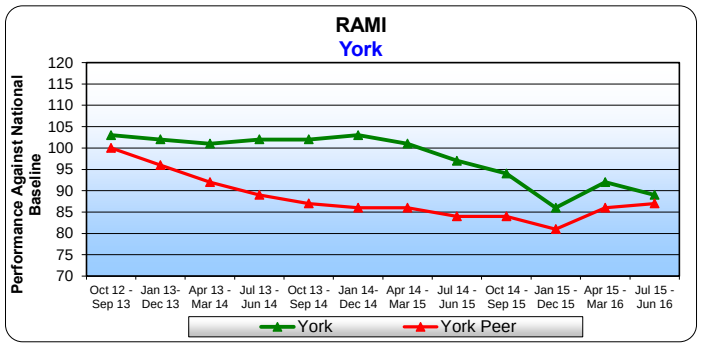


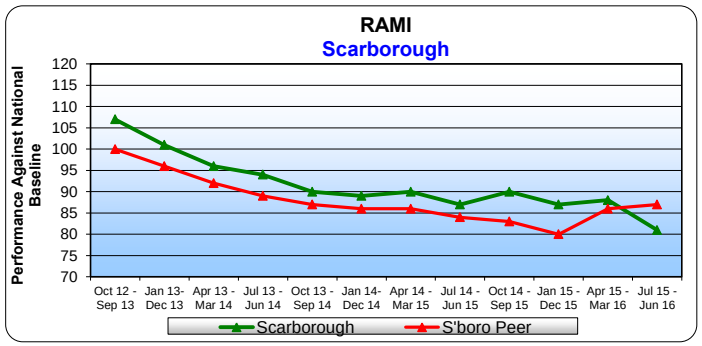




Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – RAMI (TRUST)	**none - monitoring only**	98	97	93	93	86	91	86
Mortality – RAMI (YORK)	**none - monitoring only**	103	101	97	94	86	92	89
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	89	90	87	90	87	88	81



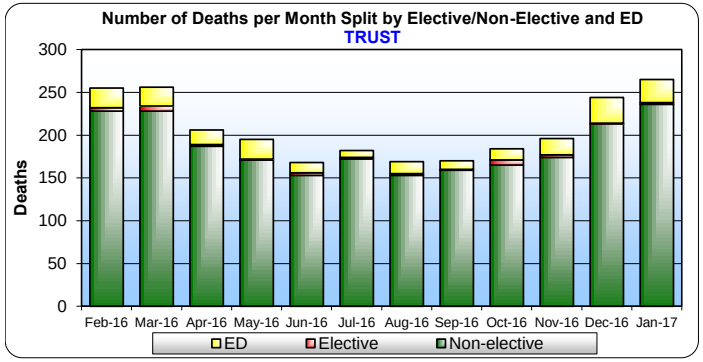


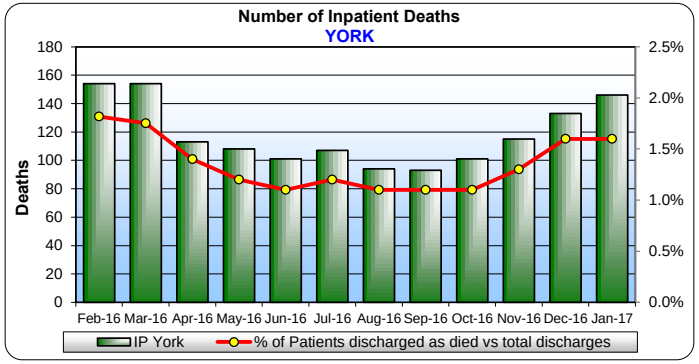


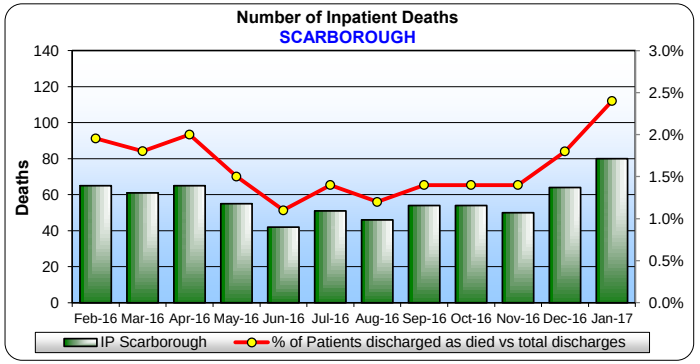
Mortality

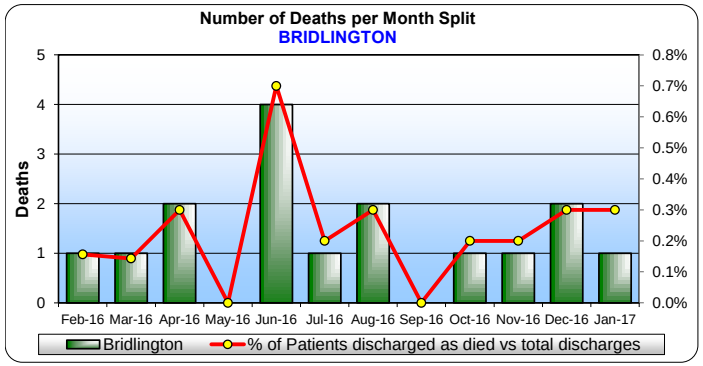
York Teaching Hospital NHS
NHS Foundation Trust

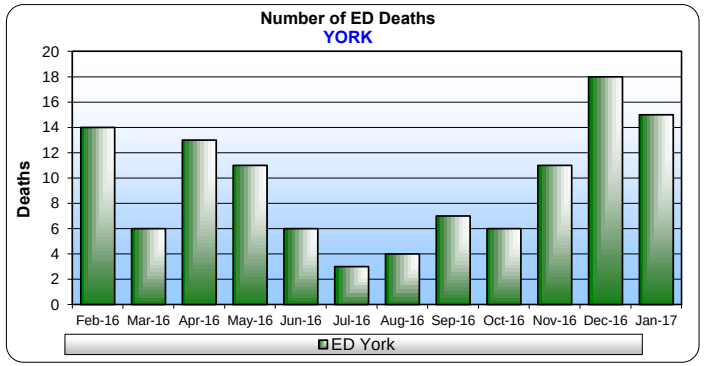
Indicator	Consequence of Breach (Monthly unless specified)	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Number of Inpatient Deaths	None - Monitoring Only	650	517	489	0	177	214	238
Number of ED Deaths	None - Monitoring Only	68	52	32	0	19	30	27

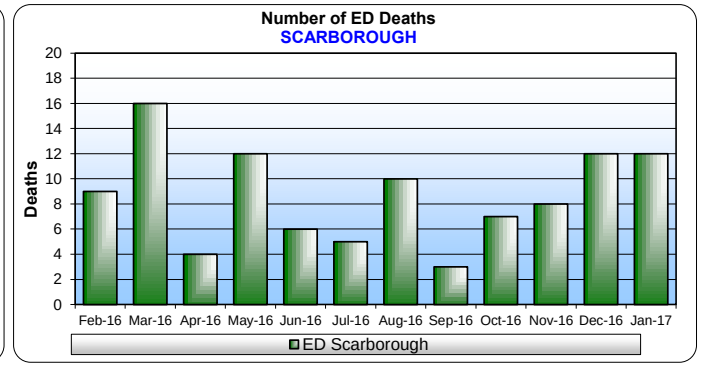


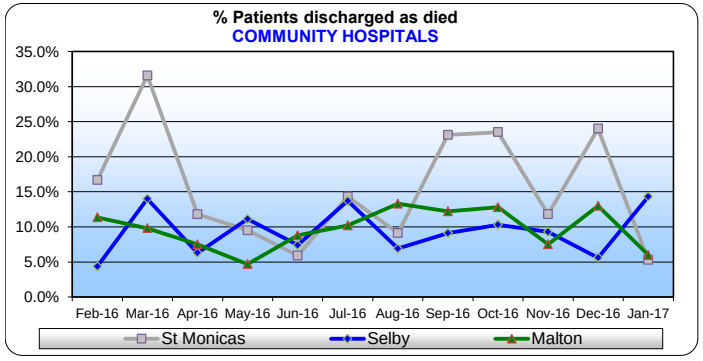


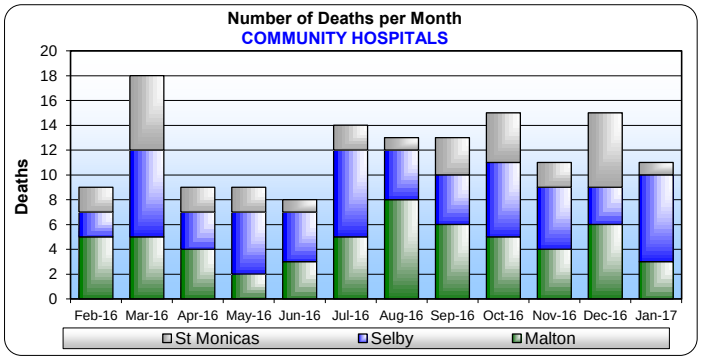












Month	Malton	Selby	St Monicas	Brid
Feb-16	5	2	2	1
Mar-16	5	7	6	1
Apr-16	4	3	2	2
May-16	2	5	2	0
Jun-16	3	4	1	4
Jul-16	5	7	2	1
Aug-16	8	4	1	2
Sep-16	6	4	3	0
Oct-16	5	6	4	1
Nov-16	4	5	2	1
Dec-16	6	3	6	2
Jan-17	3	7	1	1

Patient Safety Walkrounds – January 2017

Date	Location	Participants	Actions & Recommendations
07/12/2016	Pathology, York Hospital	Bev Geary- Director Neil Todd – Clinical Director Paul Sudworth – Directorate Manager Libby Raper – Non Executive Director	One of the longstanding risks in the directorate has been the harmonisation of computer systems across the Trust. This will be completed before the end of December 2016 and will significantly improve patient safety by eliminating the possibility of multiple numbering and allow the NHS number to become the key identifier. Locum or agency staff on the wards have been unable to collect and set up transfusions. Action - additional training sessions are being offered by the Blood Transfusion Practitioner to deal with any shortfall. Contacting wards with critically abnormal results remains a problem when the wards are busy out of hours and at weekends. Action – to discuss with Patient Safety Group the provision of an SBARR form to be used by ward staff receiving phoned results from the laboratory, to include the process and responsibility of the ward staff to ensure continuity to notify medical staff for action. The directorate is having difficulty recruiting Consultant Histopathologists and Specialist Biomedical Scientists, and currently have vacancies for both. Action - developing a medium to long term plan for the recruitment of Biomedical Scientists with St John's University and to recruit Biomedical Science Graduates who are not registered with the HCPC but them to support them to achieve HCPC. **Outstanding issues from last walk round** **Manual systems of sample labelling could lead to misidentification** The resolution for this has been identified as electronic requesting or 'order comms'. In September 2016, the roll-out to York GP practices commenced and is due for completion by Easter 2017. **Waste autoclave due for replacement** Funding has been agreed and the autoclave will be replaced in March/April 2017. **Cytology service to be centralised to maintain capacity and quality** The capital programme scheme has been approved and the planning stage will take place early 2017.
08/12/2016	Theatres, Outpatients and Lloyd Ward, Bridlington Hospital	Sue Rushbrook – Director Tariq Hoth – Clinical Director Gemma Ellison – Directorate Manager Pauline Guyan – Matron Philip Ashton – Non Executive Director	**Outpatients** Access to Hull blood results remains a problem. Action - GE/CE to provide details to SNS. Wood panelling in clinical areas should be replaced. Action - PG/CEto propose alternatives. Rota variation and clinic capacity issues. Action - GE/TH to review as part of Outpatient Improvement Project. Privacy in clinic is a concern, particularly sounds. Action - CE to identify music system. Call bell system has poor function. Action – CE to request upgrading. Concern discussed about ambulance delays. Action – ZB to review Datix and provide overview report to JS. **Lloyd Ward** Medical cover for Bridlington Hospital at night is a concern. Action– Ed Smith to complete review. **Theatres** Costs for improvements required.
08/01/2017	Weekend Out of Hours Safety Walkround, Scarborough Hospital	Diane Palmer – Deputy Director Ed Smith – Deputy Medical Director Jennie Adams - Non Executive Director	**Control room** It was reported that the hospital was very busy and that bed capacity was a concern (13.30hrs). **Ash Ward** The ward is staffed to care for short stay surgical patients but recently a variety of medical and surgical patients had been cared for on the ward. This was particularly challenging at night when there were only 2 RNs on duty. **Holly Ward** There were 2 nurses short of the rostered establishment but they were coping. There were two patients who were ready for discharge to nursing homes, but they would not be accepted on a Sunday. **ASPEN** There were 6 stable patients on the unit being cared for by one RN and one HCA. The patients would not be reviewed by medical staff over the weekend unless there was concern/their condition deteriorated. **Maple Ward** There were several medical patients on the ward who had not been reviewed by the medical team **SAU** There were medical patients on the unit who had not been reviewed that day by the medical team (14.15hrs). Theatres The theatres had been busy with emergency surgery and there were 5 orthopaedic cases waiting. It was expected that at least 3 would not be operated on that day as there was no radiographer provision after 5pm (only 1 after 5pm to support ED). **AMU** Was calm and appeared well organised, it was acknowledged that the consultant supporting discharges had been effective. Junior doctors reported that there was lack of middle grade medical support that day and that they had no spare NIV machines should they be needed. **Duke of Kent Ward** They advised of a recent increase in incident reporting. The ward was calm and staffing OK but concern was expressed about the number of locum medical staff. **Ann Wright Ward** Staff reported that at times they got a slow response from the CCOT and acknowledged that the team was always busy elsewhere and that their geography seemed to contribute to the delay. There were several patients on the ward with extensive lengths of stay, the patients didn't need acute hospital care and were awaiting social care packages.

Patient Safety Walkrounds – January 2017

Date	Location	Participants	Actions & Recommendations
18/01/2017	Emergency Department, Scarborough Hospital	Diane Palmer – Deputy Director Andy Volans – ED Consultant David Thomas – Directorate Manager Sarah Clarke – Matron Jennie Adams – Non Executive Director Michael Keaney – Non Executive Director Prerna Chinoy – Junior Doctor	Streaming of patients on arrival works well at times, but it isn't consistent as it's not always done by Trust staff. Action – Directorate Management Team to monitor variance. The VC in the resuscitation room to the stroke team can at times have poor imaging. There were also concerns expressed about the ED doctors having to prescribe treatment when there has to be deviation from the expected pathway, due to staff shortage or video equipment failure. Action – Directorate Management Team to discuss with SNS and to monitor. The system for direct referral to SAU and orthopaedics is unclear. Action – Directorate Management Team to discuss with Surgery and Orthopaedics Directorates. There are medical staff vacancies at all levels. The vacancies are being filled by locum staff but the plan is to recruit to the posts and for the new medical model in ED to provide additional support. There are nursing vacancies and there is a plan to recruit. It is not always possible to achieve NICE recommendations for imaging due to radiology staff provision, although in acutely unwell patients radiology will be available. Staff often do not report incidents due to lack of confidence with the Datix system (don't know how to complete some aspects of the form and/or not had feedback so don't persist). Action – to continue to ask staff to report and to discuss concerns with incident user group. Out of hours it can be difficult to discharge patients due to lack of transportation. Action – Directorate Management Team to discuss options/alternative provision.
24/01/2017	Evening Safety Walkround, York Hospital	Brian Golding – Director Adrian Evans – Associate Medical Director Dianne Willcocks – Non-Executive Director	**Control room** The site was at OPEL 2 (Scarborough OPEL 3). **Emergency Department** TEWV are providing a responsive mental health service in the department. The unplanned 'overflow' area that is used when the ambulance H/O area is full has no clinical facilities such as medical gases and may be used to hold up to 8 undifferentiated patients with paramedic teams. Action – monitor to ensure that patients in this area do not require clinical medical equipment. There was concern about the ability to admit patients and that there may be a request to divert ambulances from Scarborough. **AMU and Ward 24** AMU was full and needed to transfer patients to downstream wards to allow patients to be admitted from ED. Ward 24, which had recently been opened as an assessment unit looked like it would still have 7 patients that needed overnight accommodation, so the Director on call agreed to keep the ward open overnight. Much of matrons' time is taken up finding beds, expediting flow and dealing with staffing shortages. It was suggested that the bank office hours be extended. **Ward 34** The ward appeared calm with one empty bed available. **Ward 14 Surgical Assessment Unit** There were 2 patients remaining and both expected to be discharged before 22.00 when the ward was due to close. **Ward 12 Extended Stay Area** There were only 2 empty beds, and it seemed likely that these would be used by either the SAU patients or for medical outliers. This would impact adversely on the day unit the following morning. **Ward 15** The ward was full, with 30 patients, none who needed acute hospital care.

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Activity	Births	Bookings	1st m/w visit	≤302	303-329	≥330	309	276	319	294	294	280	297	252	186			
		Bookings <13 weeks	No. of mothers	≥90%	76%-89%	≤75%	88.7%	90.4%	84.6%	80.6%	83.7%	82.9%	83.5%	85.3%	84.9%			
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%	4.2%	3.6%	4.7%	4.1%	6.8%	6.8%	4.0%	4.4%	2.2%			
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	≥90%	76%-89%	≤75%	92.30%	80.00%	66.70%	50.00%	85.00%	78.90%	83.30%	72.70%	50.00%			
		Births	No. of babies	≤295	296-309	≥310	249	292	282	291	290	298	303	258	282			
		No. of women delivered	No. of mothers	≤295	296-310	≥311	245	291	279	288	284	296	297	248	280			
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0			
		Women affected by suspension	No. of women	0	1	2 or more	0	0	0	0	0	0	0	0				
		Community midwife called in to unit	No. of times	3	4-5	6 or more	10	2	4	5	5	9	5	4				
		Maternity Unit Closure	No. of closures	0		1 or more	0	0	0	0	0	0	1	0	0			
		SCBU at capacity of intensive cots	No. of times	0	1	2 or more	2	6	4	5	0	0	0	0	0			
		SCBU no of babies affected	No. of babies affected	0		1 or more	1	0	2	0	0	0	0	0	0			

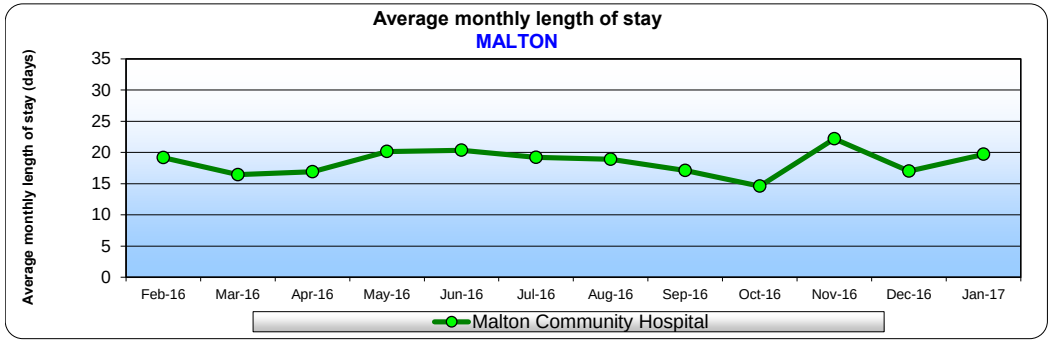
Workforce	Staffing	M/W per 1000 births	Ratio	≥35.0	35-31	≤31.0	28	28	31	28	28	28	28	28	29			
		1 to 1 care in Labour	CPD	≥100%		<100%	72.7%	74.6%	74.9%	73.6%	72.9%	67.9%	76.8%	75.0%	80.0%			
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		<100%	67.0%	63.0%	60.0%	61.2%	55.0%	43.0%	56.0%	60.0%	58.0%			
		Consultant cover on L/W	av. hours/week	40		≤39	76	76	76	76	76	76	76	76	76			
		Anaesthetic cover on L/W	av.sessions/week	10		≤9	10	10	10	10	10	10	10	10	10			
		Supervisor : M/w ratio 1 :	Ratio	15	16-18	≥19	12	12	12	12	12	12	12	12	12			

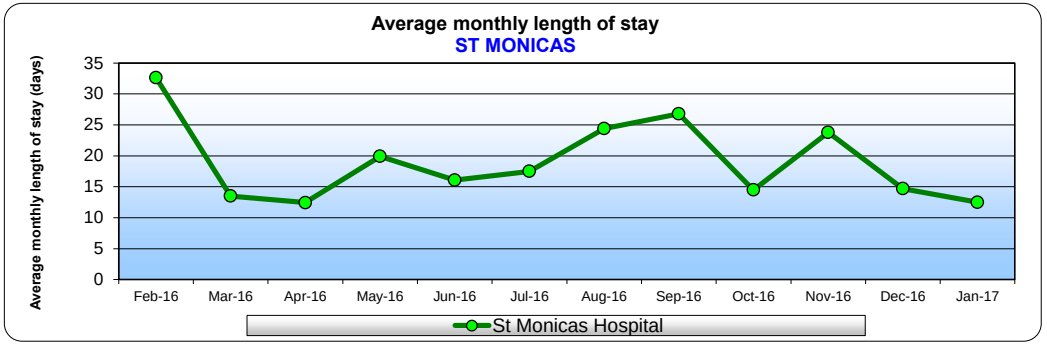
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	≥60.6%	60.5-55%	<55%	68.1%	62.8%	65.0%	66.1%	66.0%	63.1%	62.6%	59.2%	66.5%			
		Assisted Vaginal Births	No. of instr. Births - %	≤13.2	13.3-17.9%	≥18%	9.4%	9.6%	12.2%	12.8%	11.3%	12.5%	14.5%	14.9%	11.1%			
		C/S Births	Em & elect - %	≤26%	26.1-27.9%	>28%	22.9%	27.1%	22.6%	21.2%	23.6%	24.7%	23.2%	27.0%	21.8%			
		Eclampsia	No. of women	0		1 or more	0	0	0	0	0	0	0	0	0			
		Undiagnosed Breech in Labour	No. of women	2 or less	3-4	5 or more	0	0	0	1	0	0	0	3	0			
		HDU on L/W	No. of women	3 or less	4	5 or more	17	14	7	14	8	29	20	15	17			
		BBA	No. of women	2 or less	3-4	5 or more	1	2	6	3	3	1	2	2	1			
		Diagnosis of HIE	No. of babies	0	1	2 or more	0	0	0	1	0	0	1	0	0			
	Morbidity	Neonatal Death	No of babies	0		1 or more	0	0	0	1	0	0	0	0	0			
		Antepartum Stillbirth	No. of babies	0	1	2 or more	1	1	1	1	0	1	0	0	1			
		Intrapartum Stillbirths	No. of babies	0		1 or more	0	0	0	0	0	0	0	0	0			
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	>74.4%	74.3-70.1%	<70%	80.8%	76.6%	74.2%	76.7%	74.3%	75.7%	78.1%	69.0%	78.2%			
		Smoking at time of delivery	% of women smoking at del.	<11%	12-14%	>15%	9.4%	12.7%	10.4%	8.7%	10.2%	10.5%	8.4%	10.1%	10.0%			
		SI's	No. of Si's declared	0		1 or more	1	1	0	1	0	1	0	1	0			
		PPH > 1.5L	No. of women	2 or less	3-4	5 or more	9	9	4	9	3	9	10	4	6			
		PPH > 1.5L as % of all women	% of births				3.7%	2.9%	1.4%	3.1%	1.1%	3.0%	3.4%	1.6%	2.1%			
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more	3	2	3	3	1	1	1	1	3			
		3rd/4th Degree Tear	% of tears (vaginal births)	≤2.5%	2.6- 3.9%	≥4%	0.5%	1.5%	1.8%	3.0%	2.2%	1.3%	3.0%	2.6%	3.6%			
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more	1	0	1	3	2	0	1	0	0			
		Formal	No. of Formal complaints	0	1-4	5 or more	1	0	2	3	3	1	0	1	0			

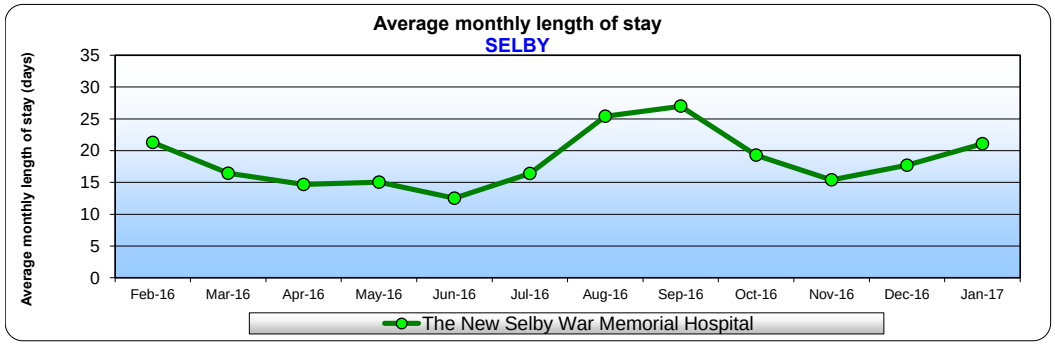
SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Activity	Births	Bookings	1st m/w visit	≤210	211-259	≥260	174	198	212	193	217	194	160	195	108			
		Bookings <13 weeks	No. of mothers	≥90%	76%-89%	≤75%	88.5%	86.9%	83.5%	88.6%	92.6%	84.0%	88.8%	90.8%	92.6%			
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%	7.5%	11.1%	10.8%	8.3%	4.6%	11.3%	6.3%	6.7%	7.4%			
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	≥90%	76%-89%	≤75%	77%	100%	83%	63%	90%	100%	90%	54%	75%			
		Births	No. of babies	≤170	171-189	≥190	118	148	134	135	141	154	135	112	140			
		No. of women delivered	No. of mothers	≤170	171-189	≥190	115	148	134	135	140	152	133	111	139			
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more	2	1	0	0	1	0	0	0	0			
		Women affected by suspension	No. of women	0	1	2 or more	0	0	0	0	0	0	0	0	0			
		Community midwife called in to unit	No. of times	3	4-5	6 or more	0	0	0	0	1	0	0	0	0			
		Maternity Unit Closure	No. of closures	0		1 or more	0	0	0	0	0	0	0	0	0			
		SCBU at capacity	No. of times	0	1	2 or more	9	5	8	3	11	7	8	1	0			
		SCBU no of babies affected	No. of babies affected	0		1 or more	0	0	2	1	6		0	2	0			
Workforce	Staffing	M/W per 1000 births	Ratio	≥35.0	35-31	≤31.0	39.4	38.3	38.1	38.0	38.8	38.5	40.2	41.0	41.0			
		1 to 1 care in Labour	CPD	≥100%		<100%	89.6%	84.0%	85.1%	85.9%	87.1%	92.8%	92.5%	84.7%	89.9%			
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		<100%	87%	80%	85%	81%	91%	70%	89%	85%	66%			
		Consultant cover on L/W	av. hours/week	40		≤39	40	40	40	40	40	40	40	40	40			
		Anaesthetic cover on L/W	av.sessions/week	10		≤9	3	3	3	3	3	3	3	3	3			
		Supervisor : M/w ratio 1 :	Ratio	15	16-18	≥19	12	12	12	12	12	12	12	12	12			
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	≥60.6%	60.5-55%	<55%	66.9%	74.3%	63.2%	67.4%	70.9%	72.4%	67.2%	61.9%	66.4%			
		Assisted Vaginal Births	No. of instr. Births - %	≤13.2	13.3-17.9%	≥18%	11.3%	9.5%	7.5%	8.1%	7.1%	5.3%	7.5%	14.4%	10.8%			
		C/S Births	Em & elect - %	≤26%	26.1-27.9%	>28%	22.6%	16.2%	29.9%	24.4%	22.1%	22.4%	25.6%	24.3%	23.0%			
		Eclampsia	No. of women	0		1 or more	0	0	0	0	0	0	0	0	0			
		Undiagnosed Breech in Labour	No. of women	2 or less	3-4	5 or more	0	0	0	0	2	1	0	0	0			
		HDU on L/W	No. of women	3 or less	4	5 or more	1	4	2	8	4	5	2	1	1			
		BBA	No. of women	2 or less	3-4	5 or more	1	1	1	3	3	1	2	4	1			
		Diagnosis of HIE	No. of babies	0	1	2 or more	1	0	0	0	0	0	0	0	0			
	Morbidity	Neonatal Death	No of babies	0		1 or more	0	0	0	1	0	0	0	1	0			
		Antepartum Stillbirth	No. of babies	0	1	2 or more	0	2	0	0	1	0	0	0	1			
		Intrapartum Stillbirths	No. of babies	0		1 or more	0	0	0	0	0	0	0	0	0			
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	>74.4%	74.3-70.1%	<70%	58.3%	60.8%	61.9%	60.7%	57.9%	55.3%	63.2%	64.0%	58.3%			
		Smoking at time of delivery	% of women smoking at del.	<11%	12-14%	>15%	23%	20%	22%	20%	18%	25%	18%	23%	17%			
		SI's	No. of Si's declared	0		1 or more	0	0	0	1	0	0	1	1	0			
		PPH > 1.5L	No. of women	2 or less	3-4	5 or more	2	3	1	6	1	5	2	0	0			
		PPH > 1.5L as % of all women	% of births				2	2	0	4	1	3	2	0	0			
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more	2	1	0	2	0	0	2	1	2			
		3rd/4th Degree Tear	% of tears (vaginal births)	≤2.5%	2.6- 3.9%	≥4%	2.2%	1.6%	0.0%	2.0%	2.7%	3.3%	1.0%	1.2%	0.0%			
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more	0	0	0	0	1	2	1	1	0			
		Formal	No. of Formal complaints	0	1-4	5 or more	1	1	0	2	1	0	0	0	1			

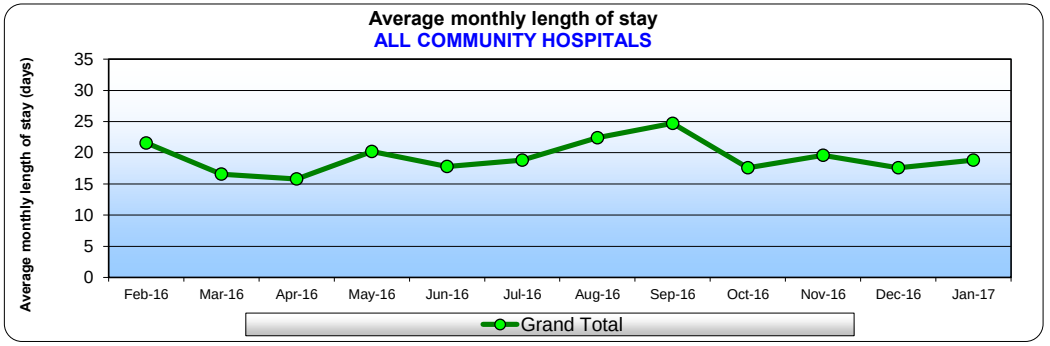
Community Hospitals

Indicator	Hospital	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Community Hospitals average length of stay (days) Excluding Daycases	**Malton Community Hospital**	18.2	18.8	18.5	18.6	22.2	17.0	19.7
	St Monicas Hospital	18.9	16.4	22.7	17.2	23.8	14.7	12.5
	The New Selby War Memorial Hospital	19.5	14.1	23.0	17.7	15.4	17.7	21.1
	Total	19.3	17.9	21.9	18.3	19.6	17.6	18.8



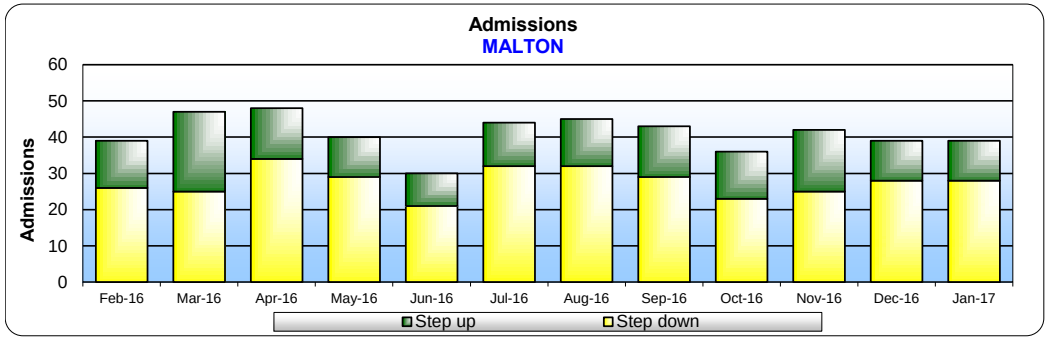


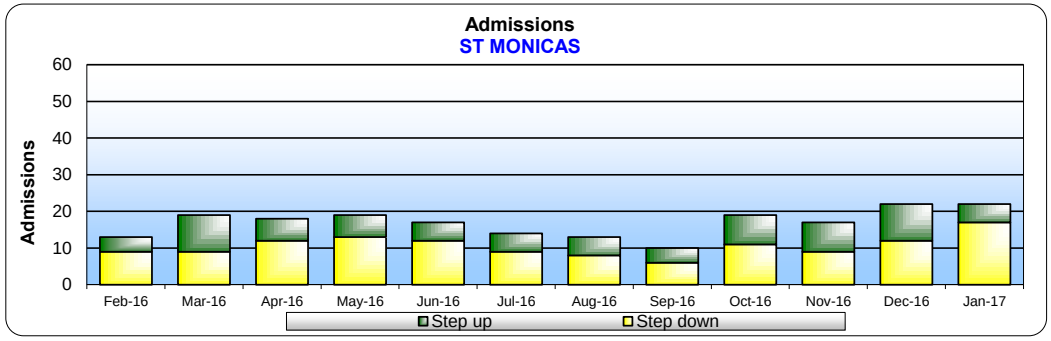


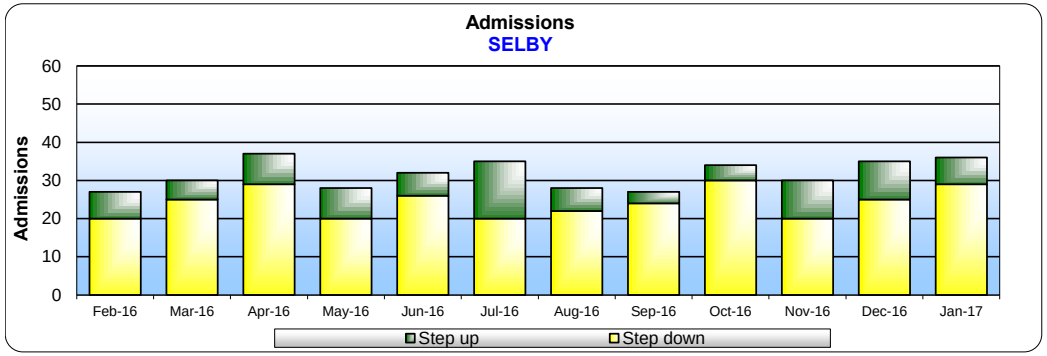


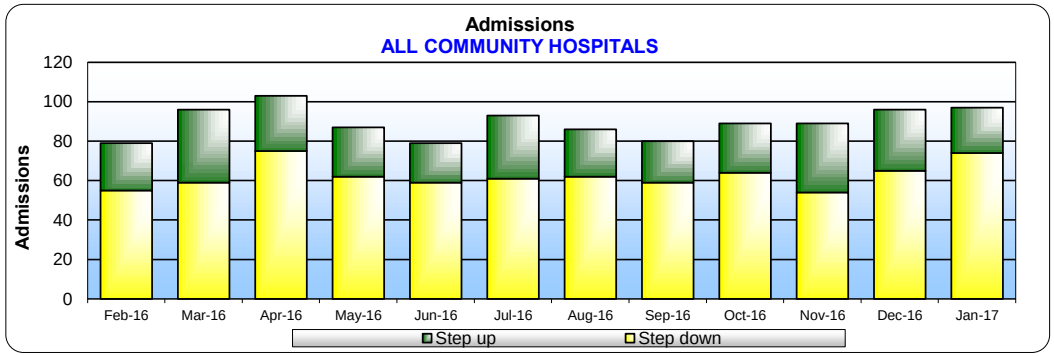
Community Hospitals

Indicator	Hospital		Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
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.	**Malton Community Hospital**	**Step up**	44	34	39	41	17	11	11
		Step down	82	84	93	76	25	28	28
	St Monicas Hospital	**Step up**	23	17	14	26	8	10	5
		Step down	28	37	23	32	9	12	17
	The New Selby War Memorial	**Step up**	22	22	24	24	10	10	7
		Step down	72	75	66	75	20	25	29
	Total	**Step up**	104	83	81	100	35	31	23
		Step down	255	267	246	234	54	65	74









Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
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	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	4	13	2	3	2	0	10
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
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	3	0	0	0	0	0	5
% Compliance with WHO safer surgery checklist	No financial penalty	**100%**	100%	100%	100%	100%	100%	100%	100%
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%**	99.9%	99.9%	99.9%	To follow	99.9%	To follow	To follow
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	**95%**	99.0%	98.8%	98.8%	To follow	98.5%	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%**	4.1%	5.0%	5.8%	3.3%	2.8%	3.1%	n/a
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	94.9%	87.5%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.2%	99.8%	99.8%	99.8%	100.0%	100.0%	n/a
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Complaints and PALS												
New complaints this month	40	46	36	30	33	33	50	44	36	37	33	43
Top 3 complaint subjects												
All aspects of Clinical Treatment	39	49	21	26	18	17	26	71	40	36	18	32
Communications/information to patients (written and oral)	24	21	14	6	12	10	26	72	19	17	12	16
Patient Care	26	22	10	11	7	14	18	26	13	36	10	35
Top 3 directorates receiving complaints												
Acute & General Medicine	7	9	8	8	5	6	7	6	3	5	4	8
Emergency Medicine	4	8	5	3	3	6	7	6	10	5	7	8
General Surgery & Urology	7	5	4	3	1	5	6	3	3	7	4	6
Number of Ombudsman complaint reviews (new)	4	0	2	3	4	2	2	0	0	2	0	0
Number of Ombudsman complaint reviews upheld	1	0	0	1	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	2	1	2	1	3	0	1	2	0	0	1	1
New PALS queries this month	557	443	480	407	387	315	333	284	279	286	210	278
Top 3 PALS subjects												
Communication issues	48	48	36	25	23	60	60	51	51	76	52	50
Any aspect of clinical care/treatment	89	48	59	55	47	24	34	28	23	20	22	24
Appointments	52	45	56	37	50	31	61	60	50	44	43	40

Serious Incidents												
Number of SI's reported	28	21	19	12	31	15	17	12	9	18	14	28
% SI's notified within 2 working days of SI being identified*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	7	8	9	6	20	8	6	7	3	5	4	5
-Written Apology Given *	2	1	1	1	2	1	1	1	0	1	0	1
-Invitation to be involved in Investigation	0	0	2	1	2	2	3	3	1	5	2	1
-Given Final Report (If Requested)	0	0	0	1	0	3	1	0	2	0	1	1

Pressure Ulcers**												
Number of Category 2	42	52	50	44	32	31	36	61	75	81	75	87
Number of Category 3	3	3	2	6	6	2	3	3	5	5	2	7
Number of Category 4	1	0	1	0	1	1	1	0	0	2	2	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	44	57	44	53	37	28	39	57	86	100	86	106
Total number developed/deteriorated while in our care (care of the organisation) - community	25	29	24	20	25	28	26	35	36	26	31	39

Falls***												
Number of falls with moderate harm	7	4	1	3	3	3	2	2	0	0	1	2
Number of falls with severe harm	5	5	4	4	9	3	8	4	4	2	4	3
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	1	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Safeguarding												
% of staff compliant with training (children)	84%	85%	86%	86%	85%	86%	86%	86%	86%	86%	87%	87%
% of staff compliant with training (adult)	83%	84%	85%	85%	85%	85%	86%	86%	85%	86%	88%	87%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	12	12	18	16	17	12	10	10	13	14	11	10
Number of Claims settled per Month			3	6	2	5	9	5	1	8	2	7
Amount paid out per month **			£635,000	£66,500	£125,000	£342,500	£989,450	£262,750	£35,000	£780,500	£250,000	£128,226
Reasons for the payment			Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this. Meetings have been arranged with a number of relatives regarding this.
Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient care.
* * one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Medical Director's Report

Action requested/recommendation

The Board of Directors are requested to:

- Note the summary report from Patient Safety Group
- Consider the latest Summary Hospital-level Mortality Indicator (SHMI)
- Be aware of National Cardiac Arrest Audit 6 monthly report – Scarborough Hospital.

Summary

This report provides an update from the Medical Director on Patient Safety related issues.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 recommendations of 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 direct references to CQC outcomes, although most indicators

in this report are monitored as part of CQC regulation compliance.

Progress of report	This report is only written for the Board of Director's.
Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	Mr James Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	February 2017
Version number	Version 1

Board of Directors – 22 February 2017

Medical Director's Report

1. Introduction and background

In the report this month:

- **Patient Safety-**
- Patient Safety Group update
- **Clinical Effectiveness-**
- SHMI update
- National Cardiac Arrest Audit – 6 monthly report (Scarborough Hospital).

2. Patient Safety

2.1 Patient Safety Group update

The Patient Safety Groups last meeting was on 17th January; a summary from the meeting is presented below:

Discussion with colleagues from Estates has resulted in agreement to consider the names and signage of wards to enhance identification.

The group working on the natssips/locssips action plan has good representation from clinical directorates and plans to meet on 2nd February.

The Paediatric Tracheostomy Policy was discussed and approved.

Dr Todd presented an overview on the work of the Point of Care Testing Group.

Dr Brown was introduced as the new Chair of Junior Doctor Safety Improvement Group; she aims to increase representation and engagement. She summarised some of the projects the group are working on and requested support for a project to enhance identification of doctors in clinical areas.

Margaret Scarce from the library attended the meeting to discuss the new patient information initiative framework which Health Education England have implemented to have a standardised process across the country. We will be expected to provide not just staff but also patients with information. There was agreement that a group involving clinicians and lay persons should be established to support this initiative.

Dr Redman attended to discuss the progress/position with Safety Alert NHS / PSA / RE/ 2016 / 005 (Resources to support safer care of the deteriorating patient (adults and children). Whilst the Trust is in a favourable position with some aspects of the alert we do not have the required level 1 assessment units in the Trust. It was agreed that this should be on the risk register and that the business case needs to highlight our failure to comply with this safety alert.

The national standard regarding enteral feeding tubes was discussed. A changeover of equipment is planned for week commencing 27th February and an extensive training programme is in place.

The revised mortality review proforma and process was presented. The proforma had already been sent to directorate clinical leads for consultation. The Mortality Steering Group is also working on the governance associated with the new in depth case note review process and systems to ensure sharing of learning. Additional case note review training was scheduled for 27th January.

The results from the recent national seven day working audit were discussed and it was noted that the next audit is scheduled to take place in April/May 2017 and will relate to clinical care during seven days in March 2017.

The group was advised of the new catheter packs. Concern had been expressed by some staff members that the catheters are not latex free and it was agreed adverse events should be monitored and reported on Datix. The main consensus was that the packs are good quality and meet the needs of patients.

Dr Thow proposed a change in practice which allow nursing staff to use patients own insulin pens, this was supported, although needs a small working group to consider all wider implications.

The group was advised that there will be a CQC visit within the first six months of the current calendar year. The trust will receive 20 weeks notice prior to the visit.

Trends from serious incident learning were discussed.

There was a discussion around use of safety briefings and the most effective way of communicating adverse events and salient issues which occurred the previous day. It was agreed that there would be a small group led by the Patient Safety Team established to consider this approach.

3. Clinical Effectiveness

3.1 SHMI – update

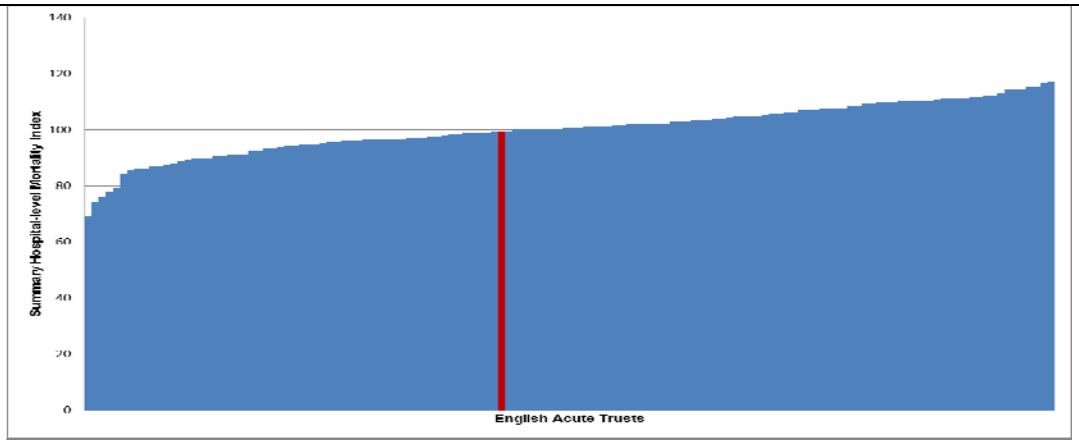
The Trust SHMI has reduced from the previous publication to 99.4 down from 99.8 in the period ending March 2016. The Trust had 18.5 fewer deaths than expected based on the model calculations. The number of observed deaths at the Trust was down by 13 compared with the previously reported 12 month period with expected deaths down by 2.1. Activity increased by 1260 cases. The crude mortality rate based on this activity was 3.75% which was a reduction on the previous reporting period suggesting that reduction in deaths has contributed to the reduction in the SHMI position.

July 2015 to June 2016

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
84841	3180	3198.5	99.4	-18.5

April 2015 to March 2016

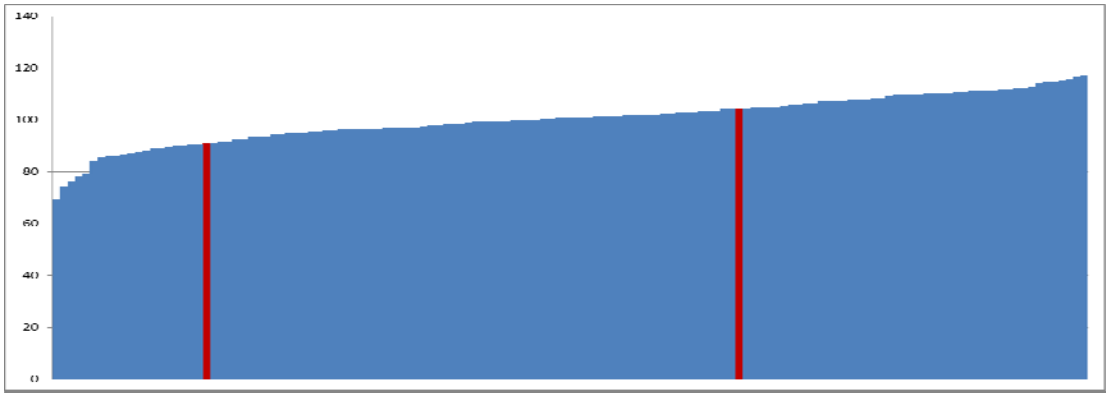
Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
83581	3193	3200.6	99.8	-7.6



SHMI July 2015 to June 2016

Scarborough and York site split

Site	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
York	57360	1856	2040.3	91.0	-184.3
Scarborough	24594	1089	1045.1	104.2	43.9
Total	81954	2945	3085.4	95.4	-140.4



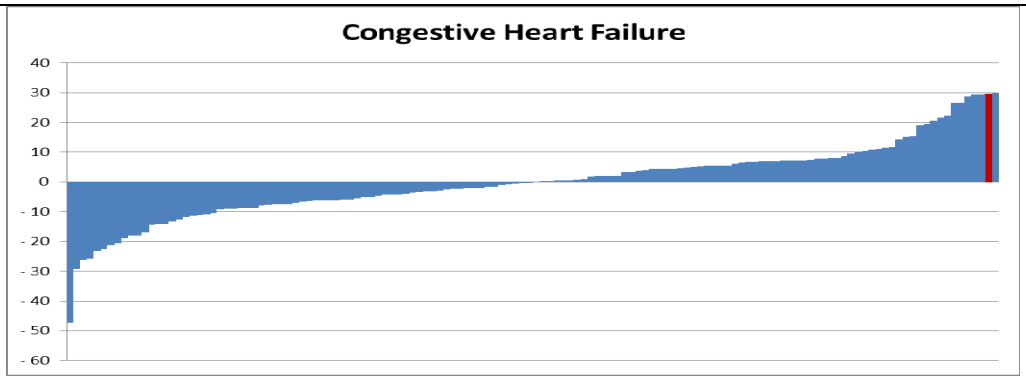
SHMI position if reported by site

There were seven SHMI categories where the Trust had more than 10 deaths greater than expected.

Congestive heart failure remains the group with the highest number of excess deaths; however they were five fewer excess deaths than in the previous reporting period. Excess deaths for COPD have increased by 37 from the previous reporting period when there were 21 fewer deaths than expected.

Condition	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
Congestive heart failure; nonhypertensive	787	148	118.6	124.8	29.4
Chronic obstructive pulmonary disease and bronchiectasis	1,386	106	89.9	117.9	16.1
Secondary malignancies	357	93	77.7	119.7	15.3
Septicaemia and Shock	1,199	292	278.1	105.0	13.9
Acute cerebrovascular disease	1,047	203	190.3	106.7	12.7
Syncope	731	20	8.2	244.4	11.8
Intestinal infection	1,148	49	37.2	131.6	11.8

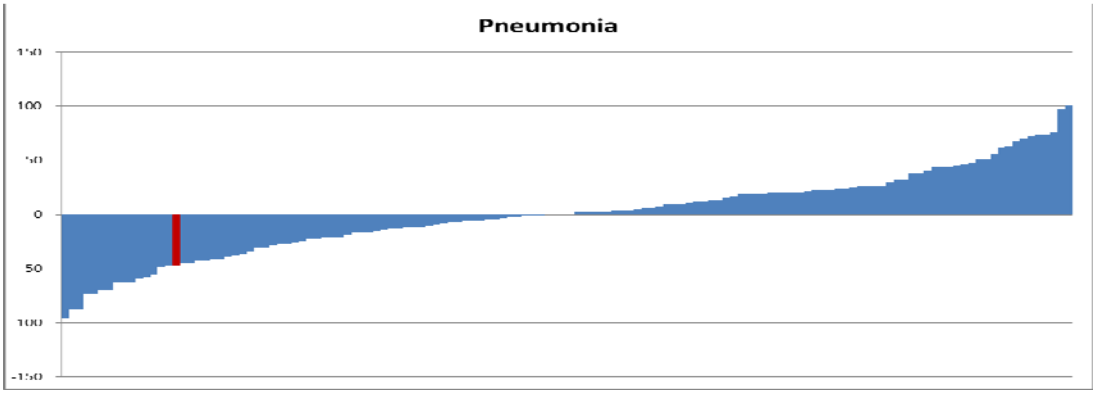
The comparison across England for congestive heart failure is shown below; York has the second highest level of excess deaths.



There were also groups with fewer deaths than expected, the three conditions with the fewest excess deaths are as follows, pneumonia has largest negative variation between observed and expected deaths.

Condition	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
Pneumonia (except that caused by TB or STD)	2,636	454	500.5	90.7	- 46.5
Acute & unspecified renal failure	356	47	59.6	78.9	- 12.6
Acute myocardial infarction	918	85	93.7	90.7	- 8.7

The model for pneumonia is shown below across England with the Trust position indicated.



The position of the Yorkshire trusts is shown below and highlights the Trust's position relative to the other Yorkshire trusts for the reporting period.

Provider name	SHMI
Airedale	93.42
Harrogate and District Hospital	96.33
Seffield teaching Hospitals	96.37
Bradford Teaching Hospital	97.84
Mid Yorkshire Hospitals	98.28
York Teaching Hospitals	**99.42**
Leeds Teaching Hospitals	100.07
Doncaster and Bassetlaw Hospitals	100.48
Barnsley Hospital	101.97
The Rotherham NHS Trust	102.26
Hull and East Yorkshire Hospitals	111.36
Calderdale and Huddersfield	112.02

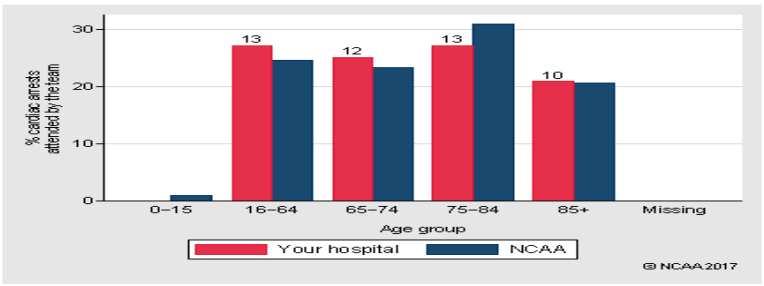
3.2 National Cardiac Arrest Audit – 6 monthly report (Scarborough Hospital)

The results of the national cardiac arrest audit (6 monthly update) for Scarborough Hospital is presented below:

Period	Total number of admissions to your hospital ^	Total number of 2222 calls solely for cardiac arrest	Total number of reported cardiac arrests attended by the team that met the scope of NCAA	Total number of reported cardiac arrests attended by the team that met the scope of NCAA *(in-hospital only)*	Number of individuals *(in-hospital only)*
01/04/2016 - 30/09/2016	24,556	66	65	48	45

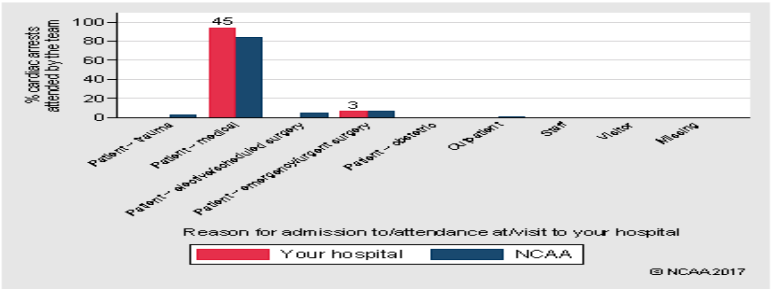
Note:
^Total includes: Hospital has not reported

Age

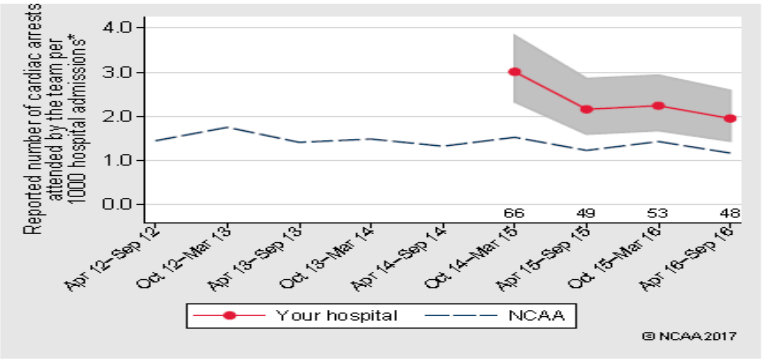


Note: n = 0 estimated age (included)

Reason for admission to/attendance at/visit to your hospital

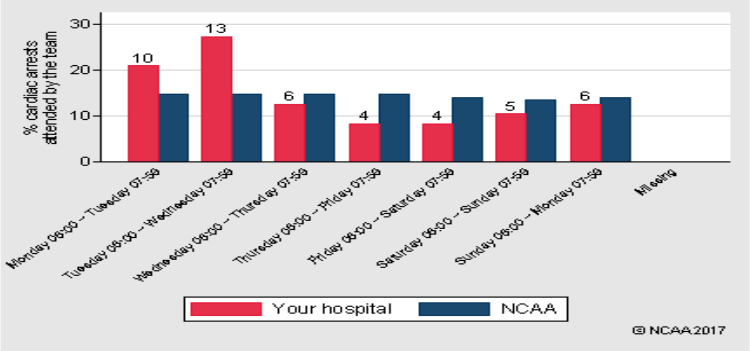


Rate of cardiac arrests attended by the team per 1000 hospital admissions - trended

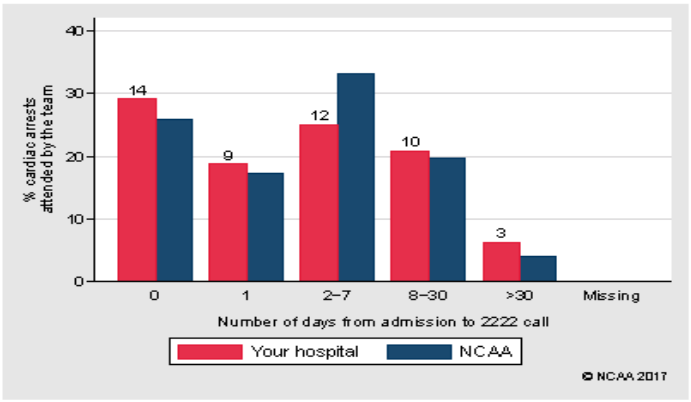


*Total includes: Hospital has not reported

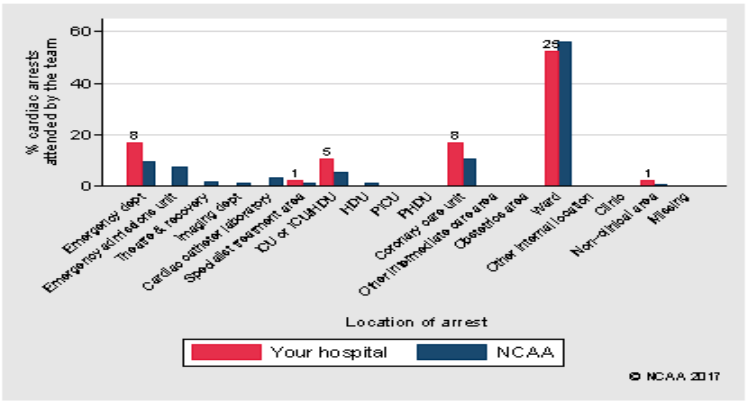
Day of week of cardiac arrests attended by the team



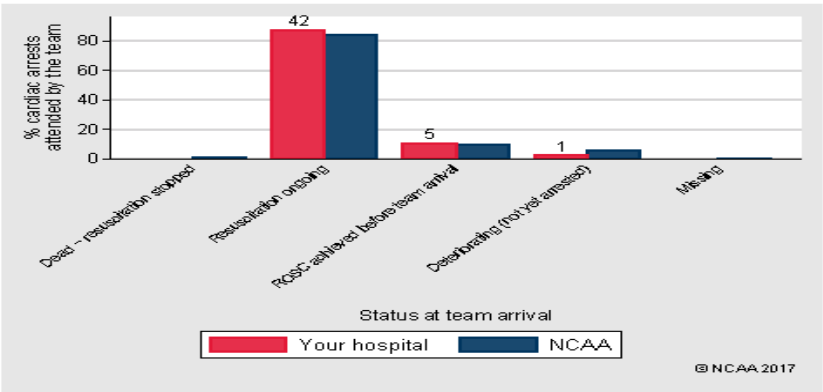
Number of days from admission to cardiac arrests attended by the team



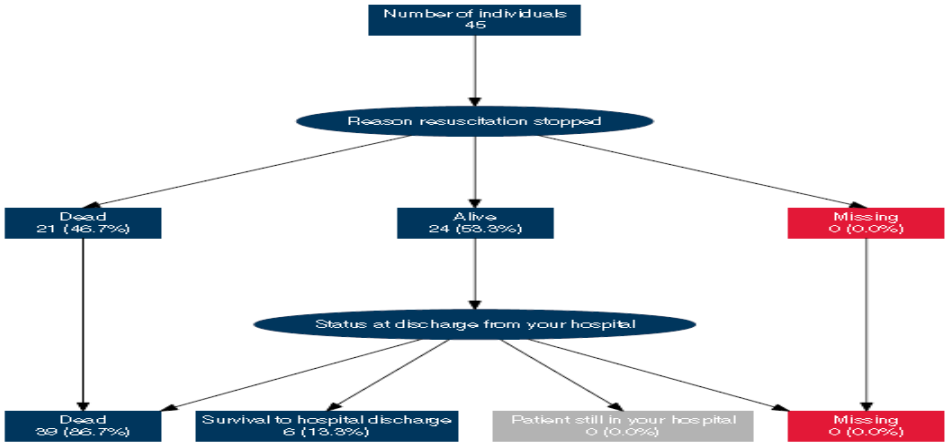
Location of arrest



Status at team arrival

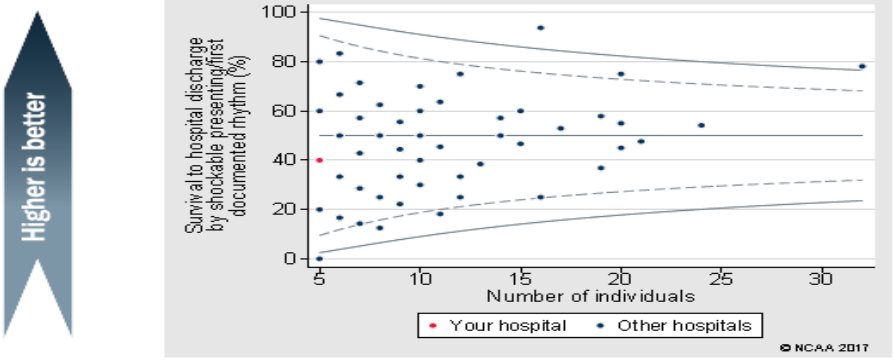


Outcome flow

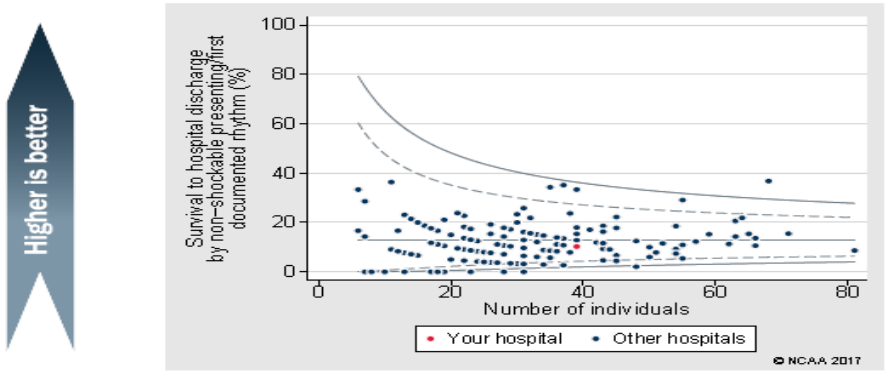


Note: All percentages shown in this flow are calculated from the overall number of individuals

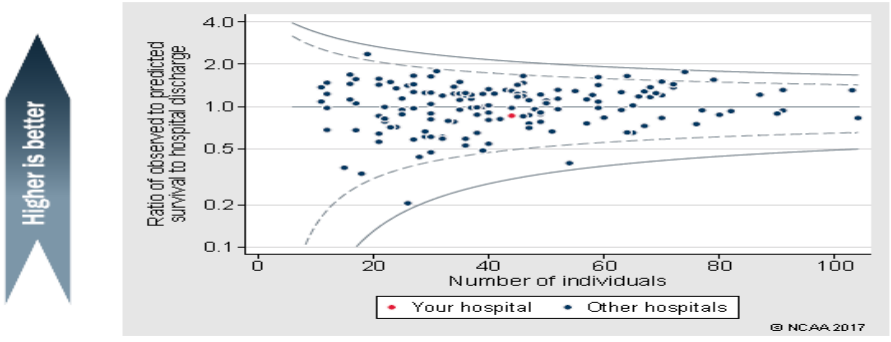
Survival to hospital discharge by shockable presenting/firs documented rhythm



Survival to hospital discharge by non-shockable presenting/ first documented rhythm



Funnel plot of observed to predicted survival to hospital discharge



4. Recommendations	
The Board of Directors are requested to: • Note the summary report from Patient Safety Group • Consider the latest Summary Hospital-level Mortality Indicator (SHMI) • Be aware of National Cardiac Arrest Audit 6 monthly report – Scarborough Hospital.	
Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Mr James Taylor, Medical Director**
Date	**February 2017**

D3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Chief Nurse Report – February 2017

Action requested/recommendation

The Board is asked to note the Chief Nurse Report for February 2017.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 recommendations of 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

The CQC fundamental standards are integral to all aspects of the report.

Risk	Any risks are outlined in the report.
Resource implications	No resource implications unless explicitly identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse

Date of paper	February 2017
Version number	Version 1

Board of Directors – 22 February 2017

Chief Nurse Report – Quality of Care

1. Background

The Chief Nurse report provides information on progress towards the delivery of our quality priorities, updates on the implementation; and highlights any risks to delivery of the Nursing & midwifery and Patient Experience Strategies.

The nursing and midwifery strategy has four main focus areas:

- Patient experience
- Patient safety
- Measuring the impact of care delivery
- Staff experience

Following wide consultation with nursing and midwifery teams, the new Nursing & Midwifery Strategy – 2016-2019; is now in draft form and on receipt of final comments an event will be planned for the formal launch.

The nursing dashboard (appendix 1) gives an overview of the quality of care delivered across the organisation and identifies key risks.

2. Patient Safety

2.1 Nursing and Midwifery Staffing

The adult inpatient vacancy position across the Trust at the end of January 2017 is as follows:

	Vacancies		**Pending Starters**		**Unfilled Vacancies**	
	RN	**Care Staff**	**RN**	**Care Staff**	**RN**	**Care Staff**
Bridlington	5.33	8.43	0	1.6	5.33	6.83
Community	4.43	3.37	0.2	2.33	4.23	1.04
Scarborough	47.84	8.9	14.6	17	33.24	-8.10
York	68.28	26.86	51.4	19.6	16.88	7.26
Total	**125.88**	**47.56**	**66.2**	**40.53**	**59.68**	**7.03**

Recruitment across the Nursing workforce continues across all grades. The Trust has attended at recruitment fairs at Leeds and Hull Universities during January and interviews will be taking place during early February 2017. Further Care Staff recruitment has been scheduled throughout 2017.

The Safer Staffing return for January 2017 is detailed in a separate paper and includes Care Hours per Patient Day, a new metric introduced in the Lord Carter Report.

In response to the internal CQC action plan, we can also now provide an update on the recruitment activity in our Emergency Departments, ICUs, Paediatric Wards and Community Hospitals.

2.1.1 Emergency Departments

Over the last year, the emergency departments have been reviewing their services to ensure they continue to meet the increasing demand for their services. As a result, on the York site a complete remodeling of the workforce has taken place and saw the introduction of Band 4 Associate Practitioner roles, the first of which commenced in September 2016. Further increases to their care staff in early January 2017 will help the department transform the way in which it delivers emergency healthcare. Over the last 12 months, 11 registered nurses and 6 care staff have been generically recruited to the department.

In Scarborough, recruitment to RN positions has typically been through the generic recruitment model with 7 appointments made during 2016. Roles for Advanced Clinical Practitioner have also been recruited to during the year.

Turnover across each unit has continued to fluctuate over the last twelve months. On the York site RN turnover has reduced by 4.52% down to 7.66% whilst on the Scarborough site it has increased by 5.72%. Care Staff turnover has remained at 0% on the York site with a decrease from 11.21% to 5.77% in Scarborough. Monthly reviewing of their vacancy position and turnover by the Chief Nurse team is ensuring that recruitment issues are addressed as they arise.

Maternity leave for RNs at the end of December was 0% in Scarborough and, 9.81% in York.

At the end of December 2016, the vacancy position in Emergency Medicine was as follows:

	Vacancies	
	RN	**Care Staff**
ED (Scar)	4.2	-1.75
ED (York)	0.51	3.28

2.1.2 Intensive Care Units

Across the intensive care units, over the last 12 months we have seen an increase in the number of beds on each unit. This has resulted in increased nursing requirements for the service due to the requirement for patients to receive one to one care.

As a result, over the last 12 months 14 nurses have been recruited to the ICU units as a results of generic recruitment, 3 in Scarborough and 11 in York. In addition each of the units has run its own bespoke recruitment campaign. For the York site, a number of RNs have been recruited to and will be commencing in the coming months.

Maternity leave for registered nurses across the units was 3.72% in Scarborough and, 6.75% in York at the end of December 2016.

Turnover across the ICU departments has improved on both sites during the last year; on the York site with a reduction of 15.43% to 6.04% and, in Scarborough by 2.87% to 3.91%. Care Staff turnover has remained low during the year with 0% by the end of the year.

At the end of December 2016 the vacancy position was:

	Vacancies	
	RN	**Care Staff**
ICU (Scar)	-1.55	0.25
ICU (York)	5.32	0.59

2.1.3 Paediatrics

Paediatrics has not historically been a difficult to recruit to specialty, however over the last twelve to eighteen months this has begun to change. Whilst generic recruitment has resulted in 5 appointments to the Children's ward on the York site, and 1 into each SCBU unit, additional bespoke recruitment has been needed for both sites which has resulted in vacancies being filled. During early 2017 further interviews are also being held for paediatric staff nurse posts.

Turnover across the paediatric ward areas has also fluctuated during the year as detailed below.

	childrens ward & assessment unit		**SCBU (York)**		**Duke of Kent**		**SCBU (Scarborough)**	
	Jan-16	**Dec-16**	**Jan-16**	**Dec-16**	**Jan-16**	**Dec-16**	**Jan-16**	**Dec-16**
RN	5.74%	12.87%	9.45%	16.95%	11.34%	2.88%	37.58%	11.05%
HCA	20.69%	0%	9.24%	0%	14.15%	0%	14.45%	0%

At the end of December 2016, the vacancy position was as follows

	childrens ward & assessment unit	**SCBU (York)**	**Duke of Kent**	**SCBU (Scarborough)**
	Dec-16	**Dec-16**	**Dec-16**	**Dec-16**
RN	5.10fte	-0.97fte	0.04fte	1.82fte
HCA	-1.02fte	0.58fte	-0.75fte	0.03fte

2.1.4 Community Hospitals

Following the closure of Archways many of the staff have transferred into other community hospitals, improving the vacancy position. Generic recruitment has also taken place during the last twelve months with 9 RNs appointed across the community hospitals. Further recruitment is ongoing.

Turnover at the community hospital has fluctuated across the community hospitals during the last twelve months.

	January 2016	**December 2016**
Fitzwilliam	7.59%	15.45%
Selby	23.75%	19.12%
St Helens	23.53%	15.19%
St Monicas	0%	10.76%
Whitecross Court	0%	7.14%

The vacancy position at the end of December 2016 was as follows:

	RN	**HCA**
Fitzwilliam	1.88fte	-0.14fte
Selby	0.42fte	1.25fte
St Helens	3.92fte	4.55fte
St Monicas	1.32fte	1.61fte
Whitecross Court	1.52fte	3.08fte

Work is now taking place to recruit to the remaining vacancies across the community units and hospitals.

2.2 Acuity and Dependency Audit

The Trust is required to undertake an assessment of the acuity and dependency of inpatients every 6 months in line with a number of expectations set out by the National Quality Board (NQB). The audit took place during January and the findings will be presented to the Quality and Safety Committee in March.

2.3 Healthcare Associated Infection (HCAI) incidence

2.3.1 *Clostridium difficile* Infection incidence

From December 2016 to January 2017 we have seen Periods of Increased Incidence (PII) on three acute inpatient units. To understand this further we have undertaken a number of actions:

- All cases ribotyped (specialist analysis) to establish whether cross transmission has occured
- IPT environmental inspections carried out
- Hand Hygiene audits completed
- Immediate feedback of results to Ward Manager, Matron, Domestic Supervisors and ADN
- Meeting between the above parties, microbiology consultant and IPN to discuss findings and establish appropriate actions
- Locked doors for areas where link between cases established
- Increased supportive input by IPN to improve Hand Hygiene
- Daily visits from IPN to support staff with environmental audits
- Daily environmental audits by Domestic Supervisors
- Matron given UV light and disclosing agent to assess effectiveness of cleaning
- Daily Hand Hygiene audits until good practice established
- Increased provision of sporicidal wipes to use on all commodes and bedpans where link between cases established
- IPT to deliver training sessions to Domestic Supervisors
- Remedial building works completed where appropriate

2.3.2 Meticillin Sensitive Staphylococcus Aureus (MSSA)

Incidence has doubled in Scarborough since November (from 9 to 17) and in York since October (from 12 to 24) with more cases associated with invasive devices than before. The Infection Prevention team are currently investigating all cases to establish potential causes and trends.

Any required actions are discussed directly with the clinical areas.

3. Effectiveness

3.1 National Nursing Associate Programme

The Trust was successful in a bid to be a 'fast follower' pilot site for the national Nursing Associate training programme being led by Health Education England. Healthcare Assistants from all areas of the Trust were eligible to apply for the training posts; 27 have now been shortlisted to attend an assessment centre as part of the selection process for the 20 available trainee positions. Preparatory work is underway to ensure that the successful candidates have a quality induction to the programme, in order to support their transition from their existing role to their new one. The Nursing Midwifery Council (NMC) has confirmed to the Department of Health that they will be the professional regulator for these new roles.

3.2 Professional Leadership for the Nurse Bank

Work continues to address a number of professional and governance issues that have been identified as a consequence of developing an internal Nurse Bank. This programme of work reports to the Workforce and Organisational Development Committee, with the priority being to identify the scope of practice that is required for all nurses working in a temporary capacity.

3.3 Nurse Roster Project
The project is now in the fourth phase and continues to take nursing teams through the 'deep dive' process, in order to improve experience, outcomes and make best use of resources, by reducing unwarranted version. Issues that have emerged are centred on five themes; Leadership, training and competence, technical infrastructure, policy and process and organisational culture. In addition to the ward level actions that are identified through the project, the team continues to lead work to review a number of Trust policies that are instrumental in roster management best practice; this includes the standardisation of shift patterns and a review of the duty rota policy.
3.4 Nursing Workforce Transformation
In order to address the changing landscape of nursing, a number of teams have participated in workforce transformation activities, utilising the Calderdale Framework ©. This has enabled teams to identify where alternative roles can enhance the provision of quality care, by challenging traditional ways of working; understanding how accountability and delegation can support new roles. Trainee Associate Practitioners are currently undergoing training in the York ED department, with similar roles being planned across the remainder of the Acute and Emergency Medicine, and Elderly Medicine directorates.
3.5 Safeguarding Adults Update
3.5.1 ADN Liaison
The Safeguarding Adults team are receiving valuable support in the management of actions arising from safeguarding adult investigations. There is routine involvement of the matron and the ADN in all safeguarding concerns received against the Trust together with the development of actions arising. The named Nurse also now meets on a monthly basis to monitor progression and completion.
3.5.2 Local Authority compliance
The safeguarding adult processes for each local authority differ. For City of York (CYC) historically, there has been an expectation that the Hospital Safeguarding Adults team would lead. In light of Section 42 of the Care Act clarity was sought regarding the appropriateness of this approach. The named nurse and Head of safeguarding presented the discrepancy in understanding to the CYC Head of Safeguarding and we are now working to an agreed Care Act compliant approach**.**
3.5.3 Midwifery LSA audit
The Local Supervisory Officer carried out the annual audit into Midwifery supervision on 9 November 2016. The report was received on 9th January 2017, the findings and comments are attached at appendix 2. Midwifery supervisory function will cease after the removal of statute planned for March 2017 the monitoring of the LSA action plan will come back to be monitored by the Trust and regular updates will go to the Board via Quality and Safety Committee.

4. Patient Experience

4.1 Friend and Family Test (FFT)

Trust-wide we continue to meet our target for 90% of patients to recommend the Trust. Response rates are above national averages.

	% Response Rate December	National Average (Nov 16)	% Patients Satisfied December	National Average (Nov 16)
Inpatient	30.6	25.4	96.8	96.0
Emergency Department	13.9	12.7	84.4	86.0
Maternity	40.0	23.3	98.1	96.0

Top themes from the December FFT results include noise at night (with a sub-theme of patients commenting on disturbance by other patients who have dementia). Also, timings of meals/drinks rounds. For EDs at both sites, the top themes continue to be dissatisfaction about waiting times, communication of waits and the system for prioritisation. ED satisfaction in Scarborough significantly increased in December (84.6%) compared to November (66.1%). As always, the most frequent comments are praise for excellent staff.

We continue to receive many comments about Bronte Ward at Scarborough. The issues raise include concerns about the closeness of the patients to each other, the limited space for equipment, the fact that patients can't have carers and relatives with them and the lack of privacy. The Matron and Assistant Director of Nursing are aware of the issues and is looking at further options (in addition to the changes already made).

4.2 Complaints

The Policy and Procedure on Complaints and Concerns has been finalised and approved by Patient Experience Steering Group. Engagement with directorate managers resulted in revised responsibilities where they are now responsible for the overall quality and timeliness of complaint responses. They (working with the Assistant Directors of Nursing) will submit responses directly to the Chief Nurse and Deputy Chief Nurse, who will continue to approve all responses before Chief Executive sign off. The new procedure went live from 1 February 2017 and the success will be closely monitored.

Complaints numbers for January were higher than those in the preceding three months. The top two directorates receiving complaints in January were: Acute and General Medicine (8) and Emergency Medicine (8). No directorate saw a peak in numbers beyond the usual range. Two themes were identified: communication around DNACPR decision (6) and concerns around the triage process at ED reception (4). The DNACPR theme was investigated by the Lead Nurse for End of Life Care and the consultant-led DNACPR meeting. Case review identified that some cases did, in fact, show significant evidence of good practice, although some areas for improvement around communication were noted. The issues around ED reception were highlighted to the clinical team for consideration.

4.4.2 Helpforce

York Teaching Hospital has indicated that it will be an early adopter site for the national Helpforce initiative. Helpforce aims to bring together health, social care and voluntary sector partners to improve community health and wellbeing and to enhance independence for the vulnerable. The strategy for the initial phase of this work is being developed, linking with partner agencies in the

York area.

4.5 Safeguarding

4.5.1 Ward Wanders

The safeguarding team has now recommenced the “Ward wander” programme. The “Ward Wanders” aim to provide wards with “on the spot” advice and support with Safeguarding Adults, Mental Capacity Act, Deprivations of Liberty Safeguards and Learning Disability Awareness. They will run on a monthly basis covering Scarborough and York Wards. There are plans to look to ways to expand this to community services.

4.5.2 Deprivation of Liberty Safeguards (DoLS)

For the following reasons it is requested the Risk posed by DoLS Cheshire West Ruling is reduced:

- Revised DoLs Database for October 2016 developed.
- Retrospective exercise to clear HOLDING File in Q Drive moved all information into/created individual DoLs case files, created event files and put onto existing DoLs database.
- Regular routine follow up of all new/current DoLs
- Taken part in first Ward Wander Session – specifically ASU, 37, 35, and 26 at York to make staff aware of safeguarding adults admin support role.
- Update Safeguarding Adults and/or DoLs information on Staff Room/Intranet and have amended information to show current team contact details.

ERCYSAB Acute hospital representatives raised concerns regarding the application of Cheshire West in Acute settings at the Board meeting on 25th February. It was proposed that an Acute Hospital sub group meet to progress best practice and compliance.

4.5.3 LeDeR Programme

The LeDeR Programme has been established as a result of one of the key recommendations of the Confidential Enquiry into the premature deaths of people with learning disabilities (CIPOLD). Commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England the LeDeR Programme supports local reviews of deaths of people with learning disabilities aged 4 to 74 across England.
Where there are concerns about the sequence of events leading to their death, or it is felt that further learning could come from a review of a death, a full multi-agency review of the death is recommended. This is likely to be after discussion with other agencies (e.g. safeguarding boards, coroner’s officers, and child death review process) to ensure that a coordinated approach is being taken.

In reviewing these deaths, circumstances leading to a death could be identified and avoided in the future through improvements to health and care services.

The LeDeR Programme also aims to capture best practice in the care and treatment of people with learning disabilities

Anyone is able to notify the LeDeR Programme of a death. We expect organisations to start making notifications from the 1st November 2016.

Named Nurse for safeguarding adults has been nominated as organisational contact and has also attended one training session for Reviewers.

- Contribution NOT mandatory
- Local reviewer decides to progress to review
- This process links with other reviews: DHR/Child Death Overview Panel, Sis, Death in custody

• Secretary of State has S251 Data sharing agreement
5. Recommendation
The Board is asked to note the Chief Nurse Report for February 2017.

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**February 2017**

Appendix 1

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	Feb	March	April	May	June	July	August	September	October	November	December	January
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				4	4	2	1	3	3	2	4	4	4	3	7
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	2	0	1	0	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				3	3	0	0	2	2	2	3	3	3	2	4
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				1	0	0	1	0	0	0	1	1	1	1	3
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	1	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				18	21	9	12	20	10	8	9	6	14	9	13
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	1	0	1	0	1	0	0	0	1	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			96.33%	96.44%	95.30%	97.50%	95.59%	95.14%	97.71%	96.66%	96.52%	96.85%	96.90%	94.58%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				9	2	5	4	3	6	1	7	1	7	4	6
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				10	8	9	6	8	3	5	5	6	4	10	7
	Drug Errors	Drug Errors (inpatient wards only)		Datix									54	72	62	95	90	106	121
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				78.15%	77.64%	79.455	79.76%	80.62%	80.33%	80.40%	77.31%	77.88%	77.79%	80.10%	78.78%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	1	6	0	0	0	0	0	0	1	2	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				2	0	1	1	2	1	1	1	2	0	0	2
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				68.75	86.14	70.2	74.63	67.66	71.16	78.07	73.81	51.9	60.92	53.54	68.28
		Inpatient area vacancies - HCA	Number	CN Team				58.53	34.83	24.8	41.43	37.9	30.11	41.3	47.8	53.07	35.63	42.17	26.86
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				4.36%	3.56%	4.27%	3.96%	3.55%	3.74%	3.51%	3.46%	4.32%	4.69%	3.97%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				3.71%	3.30%	3.34%	3.45%	3.21%	3.09%	3.60%	3.28%	3.18%	3.04%	3.20%	3.46%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info									62.51%	61.67%	67.19%	67%	70.03%	70.53%	69.01%
		Healthcare Assistants (Ward Areas)	%	Workforce Info									71.58%	69.10%	75.29%	74.68%	77.72%	78.54%	0.00%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			86.7	86.9%	89.55%	86.30%	88.00%	87.90%	85.30%	89.80%	91.00%	93.70%	92.40%	93.30%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			94.2	95.1%	96.43%	95.90%	102.30%	96%	96.90%	106.10%	98%	98.30%	97.30%	99.50%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			92.4	93.1%	98.06%	102.10%	95.60%	105.10%	105%	96.20%	107.30%	110.30%	108.30%	104.80%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			103.7	104.3%	106.28%	106.50%	113.30%	113.20%	112.20%	115.80%	114.80%	119.50%	113.70%	118.80%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return							4.9	4.9	5.1	5	4.1	4	3.7	3.8	3.7
		Healthcare Assistants		Safer Staffing Return							2.6	2.7	3.0	3	3.1	2.9	2.8	2.8	2.6
		Total		Safer Staffing Return							7.5	7.6	8.1	8.0	7.3	6.9	6.5	6.6	6.3
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				39.2	38.1	41.70%	42.80%	38.20%	43.20%	39%	40.30%	39.40%	43.10%	40.80%	42.10%
	Agency Fill Rate	Fill Rate	%	Workforce Info				33.9	36.8	30.40%	33.40%	37.80%	36.10%	37.40%	40.60%	43.30%	41.40%	39.60%	37.10%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		4	1	0	1	0	1	0	0	0	1	0	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%			70.54%	74.41%	71.79%	6.59%	64.80%	61.41%	57.78%	52.17%	53.74%	78.70%	73.48%	39.10%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			74.85%	78.53%	79.41%	82.29%	80.49%	81.76%	81.20%	79.34%	78.63%	58.65%	59.31%	0.15%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48		4	4	1	0	1	3	3	2	0	2	1	6	5
	MSSA	MSSA Bacteraemia	Cummulative	IC Team			24	2	3	4	1	2	1	4	0	7	0	2	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			41	10	6	2	3	4	4	9	6	1	4	4	4
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				12	6	7	8	12	4	6	4	1	8	6	14
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance				0	0	0	0	0	3	5	4	1	7	5	10
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				1	0	1	0	1	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	Feb	March	April	May	June	July	August	September	October	November	December	January
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.48	95.48	96.46%	96.92%	96.06%	96.30%	95.75%	95.88%	95.88%	95.60%	95.62%	
			%Not Recommend	Signal				1.92	1.34	1.04%	0.73%	1.45%	0.90%	1.11%	1.26%	1.26%	1.43%	1.34%	
		A&E Friends and Family Test	% Recommend	Signal				82.27	83.83	78.93%	80.98%	81.44%	86.48%	88.04%	83.52%	83.52%	84.64%	84.32%	
			% Not Recommend	Signal				10.44	10.92	12.86%	11.63%	11.68%	8.16%	7.12%	9.74%	9.74%	10%	10.45%	
		Maternity (Ante Natal)	% Recommend	Signal				100.00	91.00	100.00	95%	97.56%	98.18%	100%	100%	100%	98.70%	96.29%	
			% Not Recommend	Signal				0.00	0.02	0.00	0%	0%	0	0%	0%	0%	0%	1.85%	
		Birth	% Recommend	Signal				100.00	100.00	100.00	99%	99.11%	100.00%	97.27%	100%	100%	96.93%	97.54%	
			% Not Recommend	Signal				0.00	0.00	0.00	0%	0.88%	0%	0%	0%	0%	0.61%	0%	
		Maternity (Post Natal)	% Recommend	Signal				97.10	99.00	100.00	98%	100%	99.10%	97.89%	100%	100%	97.67%	100%	
			% Not Recommend	Signal				0.00	0.00	0.00	0%	0%	0%	1.05%	0%	0%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				22	28	23	20	12	17	15	21	19	13	17	26
		Staff Attitude	Number	PE Team				2	3	3	2	1	3	5	1	0	1	4	2
		Patient Care	Number	PE Team				1	3	1	4	2	2	2	0	2	3	1	5
		Communication	Number	PE Team				3	5	3	1	3	2	1	2	4	0	3	2

Assistant Director Narrative - Michael Shanaghey

Pressure ulcers – no category 3 or 4 PU's reported since June 2016 on safety thermometer although >50% increase in overall reported (G2 & unstageable); attributable to increased acuity & dependency during this period
Falls – 1 fall with moderate/severe harm reported in January on safety thermometer. 4 SI's declared in January (Ward 23 , Ward 22, AMU and Ward 31). Areas of high risk have been creating bespoke action plan in falls prevention and management.
Drug errors – rise in number of reported drug incidents during January. New nursing medicine error standard operating procedure ratified for use in February 2017; this will support robust and consistent error management..
CAUTI –trial of new documentation commenced on AMU/B, Ward 33 and 34 to measure indication for catheter insertion, on-going care and daily assessment of need. Nurse training > 90%; issues around compliance with documentation however, actions taken to address and audit on-going.
Vacancies – recruitment on-going across the site with particular focus on areas of concern. Staffing risk assessments completed and directorate risk registers updated
Appraisal – Matron's managing compliance directly with ward/department managers and actions in place to address.
Fill rates – unqualified fill rates continue to be in excess of 100%. This is attributed to reduced RN fill rates, acuity/dependency and enhanced supervision requests.
Cdiff – 5 Cdiff reported in January (6 December). Additional audit completed and increased hand hygiene monitoring & Matron environmental surveillance. Action plans done.

Clinical incidents (10) /SI (4) - 8 x 12 hour breaches; 1 x treatment delay/system failure in A&E; 1 x medical devices/disposables incident – general surgery operating theatre
4 x Falls – one of each of Ward 23 , Ward 22, AMU and Ward 31.

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	Feb	March	April	May	June	July	August	September	October	November	December	January
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			2	7	2	4	2	1	1	2	4	4	3	3
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	1	0	0	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			1	5	1	2	0	1	0	0	3	3	2	3
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	2	1	1	2	0	1	0	1	1	1	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	1	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			11	6	7	10	4	7	9	15	7	18	15	13
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	0	0	0	0	1	1	2	0	0	1	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		95.48%	91.67%	93.29%	95.58%	94.52%	94.31%	95.07%	90.94%	93.23%	92.64%	94.22%	94.17%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			3	6	7	4	11	17	15	10	11	7	4	10
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			10	3	8	4	3	5	10	11	7	12	8	11
	Drug Errors	Drug Errors (inpatient wards only)		Datix								23	44	25	27	33	34	26
	NEWS	Compliance with NEWs (inpatient wards only)		Signal			81%	81.73%	83.66%	85.70%	85.54%	85.45%	85.21%	85.53%	84.78%	90.80%	90.60%	83.46%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	2	0	0	0	0	0	0	2	1	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	1	0	1	1	1	0	1	0	2	1
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	4	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			42.83	41.67	38.59	38.4	40.27	50.71	49.63	43.01	37.86	42.06	40.46	47.84
		Inpatient area vacancies - HCA	Number	CN Team			2.65	4.24	7.88	7.94	10.28	10.14	13.06	17.8	16.7	10.03	6.84	8.98
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			6.63%	3.43%	4.11%	3.47%	3.88%	4.83%	4.75%	4.54%	4.72%	4.57%	4.92%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			2.66%	2.36%	2.32%	2.71%	2.23%	2.39%	2.21%	1.92%	1.60%	2.10%	2.21%	2.77%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info							59.69%	64.12%	63.42%	66.97%	63.91%	68.28%	70.13%	71.10%
		Healthcare Assistants (Ward Areas)	%	Workforce Info							45.52%	56.31%	57.24%	59.88%	69.90%	65.10%	81.73%	64.91%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		83.7	80.8%	85.27%	86.20%	85.00%	82%	82.10%	86%	88.70%	90.40%	89.50%	86%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		91.8	88.2%	89.92%	89.70%	96.20%	92.90%	94%	98.20%	95.10%	99.10%	96.30%	93.50%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		100.5	100.5%	99.61%	99.90%	91.60%	100.20%	97.00%	93.40%	97.10%	102.40%	100.10%	98%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		118.9	114.0%	115.87%	111.70%	108.60%	111%	108.10%	118.60%	110.10%	114.80%	109%	104.30%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return						5.1	4.6	4.9	5.3	3.9	3.9	4	4.1	3.8
		Healthcare Assistants		Safer Staffing Return						2.6	2.4	2.7	2.7	2.8	2.7	2.8	2.8	2.6
		Total		Safer Staffing Return						7.7	7.0	7.6	8.0	6.6	6.6	6.8	6.9	6.4
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			65.80%	58.60%	61.90%	74.90%	63.10%	58.80%	55.50%	59.90%	57.30%	59.20%	57%	66%
	Agency Fill Rate	Fill Rate	%	Workforce Info			11.20%	12.40%	10%	5.90%	8.30%	14.40%	19.30%	14.80%	18.20%	18.20%	16.40%	13.60%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	3	0	0	0	0	0	0	2	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		50%	50.56%	45.71%	34.69%	37.17%	36.69%	43.26%	38.51%	42.37%	44.23%	42.98%	34.07%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		86.47%	84.13%	87.62%	86.51%	75.82%	88.99%	89.34%	88.08%	90.12%	82.52%	78.46%	0.27%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	16	0	1	2	0	0	0	0	0	0	3	2	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	14	0	0	4	0	0	1	2	0	1	1	0	1
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		38	3	1	1	2	3	4	4	2	2	1	1	5
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			9	12	7	0	11	1	3	1	6	4	1	10
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	0	1	3	0	2	4	3	7
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	Feb	March	April	May	June	July	August	September	October	November	December	January
		Metric	**Measure**	**Data Source**	**Trajectory**	**Mar**	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**
Patient Experience	**Friends and Family Test**	Inpatient Friends and Family Test	%Recommend	Signal			95.52	96.45	98.02%	96.35%	96.88%	97.56	98.96%	97.94%	97.40%	97.55%	97.51%	
			%Not Recommend	Signal			1.07	1.62	0.46%	0.42%	0.66%	0.98%	0.78%	0.74%	0.78%	0.53%	0.52%	
		A&E Friends and Family Test	% Recommend	Signal			72.73	65.25	80.74%	81.63%	78.26%	71.43%	75.52%	75.97%	78.20%	66.06%	84.62%	
			% Not Recommend	Signal			17.48	24.11	11.85%	8.84%	13.91%	21.14%	19.27%	17.53%	17.29%	17.43%	7.69%	
		Maternity (Ante Natal)	% Recommend	Signal			100.00	100.00	100.00	96%	100%	95.45%	100%	97.44%	98.65%	99.17%	96%	
			% Not Recommend	Signal			0.00	0.00	0.00	0%	0%	0%	0%	0%	0.00%	0.00%	0%	
		Birth	% Recommend	Signal			100.00	92.30	100.00	99%	100%	96.55%	100%	97.96%	99.09%	98.54%	100%	
			% Not Recommend	Signal			0.00	0.00	0.00	1%	0%	0%	0%	0%	0.00%	0.00%	0%	
		Maternity (Post Natal)	% Recommend	Signal			100.00	100.00	100.00	100%	100%	100%	100%	100%	97.80%	96.95%	100%	
			% Not Recommend	Signal			0.00	0.00	0.00	0%	0%	0%	0%	0%	0.00%	0.00%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			5	7	4	2	3	5	12	8	10	14	17	10
		Staff Attitude	Number	PE Team			0	0	0	0	2	1	1	1	1	1	4	1
		Patient Care	Number	PE Team			1	2	0	1	0	2	1	1	1	1	2	3
		Communication	Number	PE Team			0	2	1	1	0	2	0	3	1	1	3	0

Assistant Director Narrative - Emma George

The unqualified fill rate is 104% for the night shift , this is due to enhanced supervision requirements.
Safety thermometer overall is 94.17% , this is due to missed medications , the ADN has identified the clinical areas where this is a concern at the weekly one to one with Matron and also correlating it with the omitted drugs in the medicine management incidents that are reported on a monthly basis. Action plans are being developed for wards or departments that have been identified on both as a concern

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	Feb	March	April	May	June	July	August	September	October	November	December	January
	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				0	2	0	2	0	1	0	0	0	0	3	0
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	3	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	2	0	2	0	1	0	0	0	0	0	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				0	2	3	0	1	0	0	0	0	0	0	1
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			93.88%	85.11%	94.64%	90.00%	90.63%	82.31%	81.82%	91.84%	92.11%	100%	87.50%	90.57%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				1	1	0	0	0	1	1	1	1	7	4	3
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				0	1	0	3	0	0	3	0	0	1	0	4
	Drug Errors	Drug Errors (inpatient wards only)		Datix									2	0	0	1	2	1	4
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				93.03%	86.95%	0.895595658	93.04%	91.50%	92.96%	92.09%	92.88%	91.21%	91.80%	93%	90.77%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	1	1	0	0	0	0	0	0	0	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				6.78	11.68	5.78	7.4	7.4	5	5	5	7	6.15	7.36	5.33
		Inpatient area vacancies - HCA	Number	CN Team				2.68	3.3	1.68	3.44	1.5	2.44	0.7	4.84	5.6	4.19	6.5	8.43
	Sickness (In Patient Areas)	Sickness	%	Workforce Info				6.46%	7.89%	10.89%	14.40%	16.33%	15.49%	13.40%	15.55%	12.58%	10.15%	8.61%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				0.94%	0.95%	0.95%	0.95%	0.95%	0.72%	0	1.43%	1.56%	2.69%	3.48%	3.46%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info								64.88%	65.37%	66.92%	53.66%	57.16%	67.71%	76.19%	79.76%
		Healthcare Assistants (Ward Areas)	%	Workforce Info								62.36%	60.67%	63.85%	52.78%	70.83%	81.73%	96.15%	95.83%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			93.4	90.3%	93.42%	88.90%	95.10%	85.00%	89%	83.10%	97.90%	80.50%	78.60%	89.20%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			80.1	76.6%	84.69%	79.40%	84.20%	87.50%	75.30%	92.10%	74.40%	63.60%	88.10%	76%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			92.2	88.9%	93.82%	85.80%	72.70%	72.30%	87.20%	64.50%	84.90%	93.10%	88.10%	93.80%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			153.4	140.3%	150.00%	133.90%	143.30%	159.70%	138.70%	191.70%	132.30%	201.70%	204.80%	164.50%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return							9.1	8.1	7.8	6.7	3.5	3.4	3.4	3.6	3.1
		Healthcare Assistants		Safer Staffing Return							4.0	3.5	4.1	3.7	3.9	3.7	3.9	4.1	3
		Total		Safer Staffing Return							13.1	11.6	11.9	10.4	7.5	7.1	7.3	7.7	6.2
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				81.80%	83.30%	80%	84.70%	76.30%	78.40%	84.80%	85.50%	82.20%	84.20%	74.90%	74.20%
	Agency Fill Rate	Fill Rate	%	Workforce Info				2.80%	2.00%	1.90%	0.80%	2.90%	1.80%	1.60%	0.60%	0.30%	1.70%	5.80%	9.40%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			79.67%	80.92%	75.92%	95.20%	97.32%	97.10%	100%	97.99%	99.34%	97.56%	97.66%	88.11%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			--	66.67%	100%	100%	100%	99.28%	--	100%	100%	100%	100%	0%
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	0	1	0	0	0	0	0	0	1	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	1	1	0	0	0	0	0	1	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	2	0	0	0	1	0	0	0	1	0	0	0
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance				0	0	0	0	3	0	0	1	0	0	0	1
	Critical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	0	0	1	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	Feb	March	April	May	June	July	August	September	October	November	December	January
		Metric	**Measure**	**Data Source**	**Trajectory**	**RAG**	**Cum.Total**	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**
Patient Experience	**Friends and Family**	Inpatient Friends and Family Test	%Recommend	Signal				99.02%	98.40%	97.54%	97.23%	98.31%	96.57%	98.32%	98.74%	98.74%	98.90%	99.73%	
			%Not Recommend	Signal				0.00	0.00	0.62%	0.79%	0%	0%	0%	0.32%	0.32%	0%	0%	
		A&E Friends and Family Test	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Ante Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
		Birth	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Post Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				1	0	0	0	0	0	1	1	0	2	0	2
		Staff Attitude	Number	PE Team				0	0	0	0	0	0	1	0	0	0	0	0
		Patient Care	Number	PE Team				1	0	0	0	0	0	0	0	0	1	0	1
		Communication	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0

Assistant Director Narrative - Emma George

The unqualified fill rate is 164.50% and the RN fill rate is 76% this is due to changes on waters ward, at times the ward has 11 patients which requires a decrease in the RN and an increase in HCA and this is reflected in these results

Sickness levels are above the Trust average at 8.43% . This is predominantly due to long term sickness on two wards. The ADN discusses progress with the matron at the one to one. Sickness monitoring is in place.

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	Feb	March	April	May	June	July	August	September	October	November	December	January
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				16	21	8	17	16	13	9	15	17	17	20	18
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				2	0	1	1	1	1	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				5	1	2	3	4	1	1	2	3	3	2	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				7	17	3	10	4	6	4	11	7	7	11	10
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				2	3	2	3	7	5	4	1	7	7	7	8
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	0	0	0	0	0	1	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				36	35	21	31	32	27	20	28	23	40	28	31
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	1	0	1	1	2	3	0	0	1	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	**95%**	Red		95.99	94.13	95.52	95.33%	95.33%	94.31%	95.07%	94.71%	95.15%	95.27%	95.33%	94.90%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				17	19	19	19	14	17	17	15	19	34	18	26
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				18	14	21	16	13	8	18	17	15	19	20	23
	Drug Errors			Datix									89	135	101	133	138	152	159
	NEWS			Signal				85.60%	85.20%	86.80%	87.60%	87.40%	87.70%	87.80%	88.10%	87.90%	87.90%	87%	86.30%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				0	6	8	1	0	0	0	0	2	2	5	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				3	1	2	1	3	2	2	1	3	0	4	3
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	4	0	0	0	0	0	0	0	0	0	0
Workforce	**Vacancies**	Inpatient area vacancies -RN (month end)	Number	CN Team				128.13	147.27	120.72	133.76	130.35	142.28	149.99	141.91	105.5	117.26	109.42	125.88
		Inpatient area vacancies - HCA (month end)	Number	CN Team				58.53	34.83	54.54	59.11	56.82	47.56	62.63	80.38	75.65	59.37	59.86	47.56
	Turnover	Registered Nurses	%	Workforce Info				14.10%	15.04%	11.10%	11.32%	11.03%	10.62%	10.63%	10.70%	10.03%	9.77%	9.91%	9.65%
		Healthcare Assistants	%	Workforce Info				13.23%	12.81%	9.26%	9.22%	9.80%	10.36%	8.19%	9.84%	8.22%	8.31%	7.55%	7.40%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.45%	4.31%	3.87%	3.89%	3.79%	3.84%	3.73%	5.01%	4.40%	4.15%	4.52%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.51%	2.56%	2.70%	2.84%	2.95%	2.90%	2.78%	2.84%	2.65%	2.75%	2.89%	2.82%
	Appraisals	Registered Nurses	%	Workforce Info		75%						66.10%	68.64%	70.95%	70.99%	71.53%	73.33%	73.88%	71.16%
		Healthcare Assistants	%	Workforce Info		75%						67.79%	69.31%	72.11%	71.63%	71.27%	75.34%	77.45%	77.93%
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		92.80%	88.80%	91.74%	92.80%	93.70%	90.19%	90.30%	91.32%	94.04%	92.44%	91.67%	92.72%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		91.10%	91.60%	87.89%	92.00%	97.80%	89.05%	84.50%	97.01%	94.42%	94.38%	91.91%	93.91%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		96.30%	97.84%	97.02%	97.80%	94.10%	99.94%	98.90%	91.19%	99.23%	101.53%	99.77%	98.33%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		110.70%	108.48%	119.50%	111.50%	108.20%	118.64%	122.00%	117.34%	108.50%	121.58%	115.22%	114.98%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return							5.4	5.1	5.1	4.8	3.01	3.12	3	3.2	2.9
		Healthcare Assistants		Safer Staffing Return							3.0	2.9	3.1	3.1	2.9	3.01	3	3.1	2.7
		Total		Safer Staffing Return							8.4	8.0	8.2	7.9	5.91	6.14	6	6.3	5.6
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				75.30%	74.67%	73.19%	78.55%	75.92%	78.33%	77.41%	79.86%	81.33%	83.19%	78.18%	80.36%
		Bank Fill Rate RN	%	Workforce Info				42.94%	34.71%	45.41%	50.67%	46.18%	46.74%	40.97%	47.60%	46.28%	51.94%	48.66%	50.10%
		Bank Fill Rate HCA	%	Workforce Info				60.31%	60.18%	58.63%	60.76%	53.75%	56.69%	56.79%	51.78%	51.35%	51.77%	49.97%	54.60%
		Bank - RN Hours filled	Number of Hours	Workforce Info				14,266	15,115	14,122	15,569	14,186	15,273	14,845	15,194	15,047	15,949	14,515	17,553
		Bank - HCA Hours filled	Number of Hours	Workforce Info				13,879	15,494	14,286	14,273	14,395	16,829	17,562	16,872	16,282	17,649	16,815	17,437
		Agency Fill Rate RN	%	Workforce Info				29.82%	31.09%	23.05%	22.48%	25.47%	26.47%	29.55%	30.82%	33.90%	31.24%	29.52%	28.31%
		Agency Fill Rate HCA	%	Workforce Info				18.66%	20.17%	20.61%	24.84%	27.07%	27.26%	28.71%	29.49%	31.16%	31.02%	30.13%	27.91%
		Agency - RN Hours filled	Number of Hours	Workforce Info				9,905	11,824	7,168	6,908	7,823	8651	10,706	9,840	11,023	9,594	8,804	9,917
		Agency - HCA Hours filled	Number of Hours	Workforce Info				4,295	5,193	5,022	5,835	7,250	8,078	8,878	9,609	9,882	10,576	10,137	8,914
Stat & Mand Training	**Statutory & Mandatory Training**	Statutory Training		CLAD	**75%**			81.91%	83%	78.95%	85%	85.62%	84.23%	75.54%	69.78%	70.21%	84.35%	69.84%	59.72%
		Mandatory Traiing		CLAD	**75%**			79.07%	80%	77.69%	83.60%	85.18%	84.23%	78.94%	78.61%	79.24%	83.75%	77.79%	73.12%

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	Feb	March	April	May	June	July	August	September	October	November	December	January
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	Red	1.00	1	0	1	0	1	0	2	0	2	0	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		70.83	73.81	68.21	62.96	64.24	62.52	63.89	58.77%	61.75%	82.48%	78.51%	0.19%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		79.62	80.28	82.21	83.7	78.91	84.19	83.88	82.29%	82.62%	65.89%	64.81%	50.51%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team		Green	3.00	5	3	3	1	3	3	2	1	3	2	8	10
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		Red	9.00	2	3	9	2	2	2	5	0	8	4	5	5
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			5.00	15	7	5	5	9	6	14	10	4	5	5	9
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		94%	97%	95%	93%	94%	95%	93%	94%	94%	94%	93%	94%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Goverance Team				27	21	17	12	31	15	17	12	9	11	7	17
	Critical Incidents	CI's reported	Number	Datix - Healthcare Goverance Team				0	0	0	0	0	6	5	4	3	18	14	28
	Never Events	Never Events declared	Number	Datix - Healthcare Goverance Team				1	0	1	0	1	1	1	0	0	0	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.01%	96.19%	98.89%	96.92%	96.47%	96.52%	96.53%	96.70%	96.70%	96.21%	96.79%	
			%Not Recommend	Signal				1.44%	1.20%	0.83%	0.73%	1.13%	0.89%	0.93%	1.03%	1.03%	1.15%	0.97%	
		A&E Friends and Family Test	% Recommend	Signal				80.95%	80.86%	79.21%	81.09%	80397%	83.84%	85.58%	82.76%	83.52%	81.61%	84.37%	
			% Not Recommend	Signal				11.41%	13.02%	12.70%	11.16%	12.01%	10.44%	9.51%	10.81%	9.74%	11.21%	10.02%	
		Maternity (Ante Natal)	% Recommend	Signal				100%	95.65%	100%	95.35%	98.37%	97..4%	100%	98.65%	98.65%	99.17%	96.12%	
			% Not Recommend	Signal				0	1.09%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Labour & Birth	% Recommend	Signal				100%	95.65%	100%	98.99%	99.33%	99.30%	97.89%	99.09%	99.09%	98.54%	98.34%	
			% Not Recommend	Signal				0	4.35%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				97.87%	99.15%	96.43%	97.16%	100%	99.26%	98.32%	97.80%	97.80%	96.95%	98.21%	
			% Not Recommend	Signal				1.06%	0%	0%	0.57%	0%	0%	0.84%	0%	0%	0%	0%	
		Community Post Natal	% Recommend	Signal				98.41%	94.85%	100%	99.15%	99.12%	98.81%	97.44%	100%	100%	98.18%	100%	
			% Not Recommend	Signal				0	1.03%	0%	0%	0%	1.19%	1.71%	0%	0	0%	0%	
	Complaints	Complaints Total	Number	PE Team				31	36	27	30	33	26	28	33	31	30	26	39
		Staff Attitude	Number	PE Team				3	3	3	2	4	4	1	2	1	2	4	3
		Patient Care	Number	PE Team				3	5	1	5	2	4	7	1	3	5	2	9
		Communication	Number	PE Team				3	8	4	2	3	4	3	5	5	1	4	2

Appendix 2

Midwifery LSA audit, November 9th 2016

NMC compliance with standards

The supervisory team at the York Teaching Hospital NHS Foundation Trust have demonstrated a progressive and effective delivery of their dynamic action plan following the 2014/15 LSA audit visit. The SOM team provided the LSA audit team with a wide range of high quality evidence both within the self-assessment document and on the day of the visit. The collection of evidence around the SOM activity has vastly improved and there are clear links between statutory supervision and the clinical governance processes of the Trust. This integration is to be commended and bodes well for the future model of midwifery supervision.

The SOM team and Trust have ***met all the required standards*** measured by the Local Supervising Authority on behalf of the Nursing and Midwifery Council. However some criterion within the standards do need to be reviewed and addressed over the coming year in an achievable action plan.

Midwifery Practice

Midwives:
The supervisor's visibility and engagement with midwives and in reviewing midwifery practice was evident throughout the audit visit. The SOMs complete regular walk-arounds prior to their monthly meetings. This allows women and midwives to engage with the SOMs in a proactive way. The SOM team attend a wide range of clinical activities further raising their profile having the time to deliver supervision and to liaise with the midwives and the other members of the supervisory team has provided the required direction and leadership to achieve the high level of compliance.

Women:
The SOM team are working widely with women and their families to ensure safe, quality care is available to women choosing care outside of local guidance. The midwives and student midwives are encouraged to participate in this on-going work.

Student Midwives:
All student midwives have a named SOM and know how to contact a supervisor should they need support or to discuss midwifery practice issues. The SOM team are involved in the teaching of the students on their education programme and maintain good links with the HEI. The LME and her team have provided ongoing support with a higher profile at the Trust throughout the last year which was positively reflected by the students.

Organisational

There is positive engagement with executive Board members and high level support and acknowledgement for the work and functioning of the supervisory team which was confirmed by the Director of Nursing who met with the LSAMO on the audit visit. The team have been provided with the required resources to be effective in their role. The contact SOM and team have been very effective in supporting the delivery of the action plan despite some evitable movement in the membership of the SOM team. Discussions have been taking place about underpinning and supporting the SOM on-call rota with a new management on-call rota which should be in place by the end of the calendar year.

Monitoring

An action plan is required to be submitted to the LSA within 6 weeks of receiving this report and recommendations. If there are any areas that are 'not met' the action plan for these should be updated quarterly and submitted to the LSA to apprise them of progress.

After the removal of statute planned for March 2017 the monitoring of the action plan will be handed back to the employing organisation via the Head of Midwifery. NHS England is currently exploring what structures, systems and actions are required when the Local Supervising Authority is dissolved when the statute is removed in 2017. Public protection and confidence is paramount and as more information becomes available this will be shared across the region by the LSA Midwifery Officer.

The LSA Midwifery Officer and the LSA team would like to formally thank all the Supervisors of Midwives (current and retired) for their commitment to safety and quality care for women and their families and for the support and development of staff providing maternity care across the region.

D4

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

The Board is asked to receive the exception report for information.

Executive Summary

The Trust continues to submit to NHS Choices, actual against planned staffing data for day and night duty in hours and by ward. A detailed breakdown for January 2017 staffing levels is contained within the main report.

The adult inpatient vacancy position across the Trust at the end of January 2017 is as follows:

	Vacancies		**Pending Starters**		**Unfilled Vacancies**	
	RN	**Care Staff**	**RN**	**Care Staff**	**RN**	**Care Staff**
Bridlington	5.33	8.43	0	1.6	5.33	6.83
Community	4.43	3.37	0.2	2.33	4.23	1.04
Scarborough	47.84	8.9	14.6	17	33.24	-8.10
York	68.28	26.86	51.4	19.6	16.88	7.26
Total	**125.88**	**47.56**	**66.2**	**40.53**	**59.68**	**7.03**

Recruitment across the Nursing workforce continues across all grades. Attendance at recruitment fairs at Leeds and Hull universities has resulted a number of September 2017 nursing graduates applying for posts with the Trust. Interviews will be taking place during February 2017. Further Care Staff recruitment has been scheduled in February and throughout 2017.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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).

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Quality and Safety Committee
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	February 2017
Version number	Version 1

Board of Directors - 22 February 2017

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

The Trust continues to submit to NHS Choices, actual against planned staffing data for day and night duty in hours and by ward. A detailed breakdown for January 2017 staffing levels is attached at Appendix 1.

The Trust also continues to report Care Hours per Patient Day (CHPPD) data. This report, at section 3, provides details of the CHPPD based on the actual staffing provided across the inpatient wards during January 2017. CHPPD data has been collected since May 2016 and the Trust is now looking at the six months' worth of data collected as part of its continuous review of nurse staffing levels across all wards.

At present, no national benchmark data is available on CHPPD to compare our Trust against other organisations.

2. High level data by site

	Day		Night	
Site Name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Bridlington and District Hospital	89.2%	93.8%	76.0%	164.5%
Malton Community Hospital	90.3%	108.8%	100.0%	100.0%
Scarborough General Hospital	86.0%	98.0%	93.5%	104.3%
Selby And District War Memorial Hospital	86.5%	116.1%	83.9%	132.3%
St Helens Rehabilitation Hospital	100.0%	81.3%	100.0%	100.0%
St Monicas Hospital	96.4%	87.1%	100.0%	100.0%
White Cross Rehabilitation Hospital	100.0%	96.8%	98.4%	100.0%
York Hospital	93.3%	104.8%	99.5%	118.8%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	**Registered midwives/ nurses**	**Care Staff**	**Overall**
Bridlington and District Hospital	1600	3.1	3.0	6.2
Malton Community Hospital	810	2.1	3.0	5.2
Scarborough General Hospital	9218	3.8	2.6	6.4
Selby and District War Memorial Hospital	674	2.3	2.7	5.0
St Helen's Rehabilitation Hospital	604	2.7	2.1	4.8
St Monica's Hospital	333	2.8	3.3	6.1
White Cross Rehabilitation Hospital	686	2.3	2.1	4.5
York Hospital	17496	3.7	2.6	6.3

4. Exceptions

There were 2 wards where RN staffing during the day fell below 80% in January. These wards were Ann Wright in Scarborough and Kent in Bridlington both due to long term sickness.

There were 2 wards where RN planned staffing levels fell below 80% on night shifts. These wards were Kent and Lloyd in Bridlington all due to low bed occupancy; resulting in staff being redeployed to other wards.

A detailed exception breakdown is detailed below.

Enhanced Supervision

A number of areas show an over 100% fill rate – usually in care staff. This is due in part to the use of enhanced supervision for patients who require a higher level of observation. These areas are:

Bridlington	**Scarborough**	**York**		
Johnson	Ann Wright	AMB	AMB	ASU
Waters	Holly	Ward 16	Ward23	Ward 25
	Maple	Ward 26	Ward 28	Ward 32
	Stroke	Ward 34	Ward 35	Ward 37
		Ward 39		

Provision of Safe Ward Cover

The Matrons are responsible for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of hours and weekends, effective and safe plans are implemented. This does result in staff moving from their base wards on occasions, and where necessary, increased numbers of

Care Staff to support the shortfall of registered nurses or increased Registered Nurses when the acuity of patients requires additional support. These wards are:

Community	Scarborough		York	
Fitzwilliam	Ann Wright	Ash	Ward 23	Ward 25
Selby Inpatient Unit	Beech	CCU	Ward 26	Ward 28
	Graham	Holly	Ward 34	Ward 36
	Maple	Oak	Ward 39	
	Stroke			

Duke of Kent ward needed to provide additional RN shifts on a night due to a CAMHS patient requiring additional support.

G1 at York, which recently changed its primary function received additional support from RN staff on the women's unit to provide bedside training during January/

Bed Occupancy

Lloyd and Kent and Waters wards at Bridlington and ICU in Scarborough changed their ratio of registered and unregistered staff according to bed occupancy, with staff being deployed to other ward areas. On occasions Kent ward was closed when there were no patients requiring overnight stay.

ESA at York opened additional bed capacity at times on a weekend resulting in higher than planned staffing.

Actions and Mitigation of risk
On a daily basis, matrons and members of the Chief Nurse team deploy staff across the Trust based on risk assessments.

5. Vacancies by Site

The adult inpatient vacancy position across the Trust at the end of January 2017 is as follows:

	Vacancies		Pending Starters		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	5.33	8.43	0	1.6	5.33	6.83
Community	4.43	3.37	0.2	2.33	4.23	1.04
Scarborough	47.84	8.9	14.6	17	33.24	-8.10
York	68.28	26.86	51.4	19.6	16.88	7.26
Total	**125.88**	**47.56**	**66.2**	**40.53**	**59.68**	**7.03**

Recruitment across the Nursing workforce continues across all grades. Attendance at recruitment fairs at York, Leeds and Hull universities has resulted in a September 2017 nursing graduates successfully applying for posts with the Trust. Interviews will be taking place during February 2017. Further Care Staff recruitment has been scheduled in February and throughout 2017.

6. Recommendation

The Committee is asked to receive the exception report for information.

7. References and further reading

National Quality Board. "*How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability".* 2013

Lord Carter Report *"Operational productivity and performance in English acute hospitals: Unwarranted variations*". 2016

Author	**Nichola Greenwood, Nursing Workforce Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**February 2017**

Fill rate indicator return

Org: RCB
Period January_2016-17

York Teaching Hospital NHS Foundation Trust

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
Site code *The Site code is autom	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	SCARBOROUGH GENERAL HOSPITAL - RCE	Ann Wright	430 - GERIATRIC MEDICINE		1116	840	930	1080	682	682	341	682	75.3%	116.1%	100.0%	200.0%	553	2.8	3.2	5.9
	SCARBOROUGH GENERAL HOSPITAL - RCE	Ash	100 - GENERAL SURGERY		930	937.5	930	892.5	682	682	341	187	100.8%	96.0%	100.0%	54.8%	472	3.4	2.3	5.7
	SCARBOROUGH GENERAL HOSPITAL - RCE	Beech	300 - GENERAL MEDICINE		1488	1266	1302	1344	1023	1023	682	704	85.1%	103.2%	100.0%	103.2%	963	2.4	2.1	4.5
	SCARBOROUGH GENERAL HOSPITAL - RCE	Cherry	326 - ACUTE INTERNAL MEDICINE	300 - GENERAL MEDICINE	1860	1638	1488	1416	1705	1408	1364	1353	88.1%	95.2%	82.6%	99.2%	728	4.2	3.8	8.0
	SCARBOROUGH GENERAL HOSPITAL - RCE	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1488	1194	1116	1098	682	682	682	682	80.2%	98.4%	100.0%	100.0%	848	2.2	2.1	4.3
	SCARBOROUGH GENERAL HOSPITAL - RCE	Coronary Care Unit	320 - CARDIOLOGY		2325	1972.5	930	735	1364	1232	341	374	84.8%	79.0%	90.3%	109.7%	604	5.3	1.8	7.1
	SCARBOROUGH GENERAL HOSPITAL - RCE	Duke of Kent	420 - PAEDIATRICS		1627.5	1507.5	465	397.5	682	693	341	330	92.6%	85.5%	101.6%	96.8%	267	8.2	2.7	11.0
	SCARBOROUGH GENERAL HOSPITAL - RCE	Graham	430 - GERIATRIC MEDICINE		930	804	930	960	682	682	682	682	86.5%	103.2%	100.0%	100.0%	586	2.5	2.8	5.3
	SCARBOROUGH GENERAL HOSPITAL - RCE	Hawthorn	501 - OBSTETRICS		744	744	372	372	682	682	0	0	100.0%	100.0%	100.0%	-	347	4.1	1.1	5.2
	SCARBOROUGH GENERAL HOSPITAL - RCE	Holly	110 - TRAUMA & ORTHOPAEDICS		1116	924	930	936	682	693	682	682	82.8%	100.6%	101.6%	100.0%	587	2.8	2.8	5.5
	SCARBOROUGH GENERAL HOSPITAL - RCE	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE	100 - GENERAL SURGERY	3255	2602.5	465	435	2387	1925	0	0	80.0%	93.5%	80.6%	-	153	29.6	2.8	32.4
	SCARBOROUGH GENERAL HOSPITAL - RCE	Lilac	101 - UROLOGY		1860	1642.5	1860	1732.5	1023	1023	1023	1001	88.3%	93.1%	100.0%	97.8%	968	2.8	2.8	5.6
	SCARBOROUGH GENERAL HOSPITAL - RCE	Maple	100 - GENERAL SURGERY		2325	1987.5	1162.5	1215	1364	1353	682	671	85.5%	104.5%	99.2%	98.4%	639	5.2	3.0	8.2
	SCARBOROUGH GENERAL HOSPITAL - RCE	Oak	430 - GERIATRIC MEDICINE		1488	1230	2046	1992	1023	957	1023	1089	82.7%	97.4%	93.5%	106.5%	1009	2.2	3.1	5.2
	SCARBOROUGH GENERAL HOSPITAL - RCE	Stroke	328-STROKE MEDICINE		1116	1062	744	744	1023	957	341	451	95.2%	100.0%	93.5%	132.3%	494	4.1	2.4	6.5
	BRIDLINGTON AND DISTRICT HOSPITAL - R	Johnson	430 - GERIATRIC MEDICINE		930	834	1302	1248	682	682	341	352	89.7%	95.9%	100.0%	103.2%	803	1.9	2.0	3.9
	BRIDLINGTON AND DISTRICT HOSPITAL - R	Kent	110 - TRAUMA & ORTHOPAEDICS		1162.5	922.5	930	855	682	308	0	308	79.4%	91.9%	45.2%	-	155	7.9	7.5	15.4
	BRIDLINGTON AND DISTRICT HOSPITAL - R	Lloyd	100 - GENERAL SURGERY		660	592.5	814	382.5	198	88	0	11	89.8%	47.0%	44.4%	-	13	52.3	30.3	82.6
	BRIDLINGTON AND DISTRICT HOSPITAL - R	Waters	430 - GERIATRIC MEDICINE	101 - UROLOGY	930	937.5	930	1245	682	627	341	451	100.8%	133.9%	91.9%	132.3%	629	2.5	2.7	5.2
	YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1518	1380	906	834	682	682	682	682	90.9%	92.1%	100.0%	100.0%	926	2.2	1.6	3.9
	YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1720.5	1464	1116	1008	1023	1012	682	649	85.1%	90.3%	98.9%	95.2%	790	3.1	2.1	5.2
	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2046	2016	930	966	1364	1331	682	869	98.5%	103.9%	97.6%	127.4%	910	3.7	2.0	5.7
	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1476	372	360	1023	990	341	341	99.2%	96.8%	96.8%	100.0%	427	5.8	1.6	7.4
	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1627.5	1687.5	1395	1567.5	682	682	1023	1298	103.7%	112.4%	100.0%	126.9%	908	2.6	3.2	5.8
	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1302	1266	1116	1266	682	682	1023	1309	97.2%	113.4%	100.0%	128.0%	747	2.6	3.4	6.1
	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1488	1344	930	1092	682	682	1023	1056	90.3%	117.4%	100.0%	103.2%	915	2.2	2.3	4.6
	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1674	1512	930	1194	682	990	682	781	90.3%	128.4%	145.2%	114.5%	925	2.7	2.1	4.8
	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS	103-BREAST SURGERY	1860	1635	930	832.5	682	671	682	649	87.9%	89.5%	98.4%	95.2%	560	4.1	2.6	6.8

		Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details			Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
Site code *The Site code is autom	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2092.5	1875	930	900	682	682	341	341	89.6%	96.8%	100.0%	100.0%	541	4.7	2.3	7.0
	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY	361 - NEPHROLOGY	1518	1356	1116	1122	682	682	1023	1122	89.3%	100.5%	100.0%	109.7%	855	2.4	2.6	5.0
	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	301 - GASTROENTEROLOGY	1488	1404	1116	960	682	682	1023	990	94.4%	86.0%	100.0%	96.8%	910	2.3	2.1	4.4
	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE		1488	1368	1116	1038	682	704	1023	1045	91.9%	93.0%	103.2%	102.2%	918	2.3	2.3	4.5
	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1302	1158	1116	1368	682	682	1023	1276	88.9%	122.6%	100.0%	124.7%	906	2.0	2.9	4.9
	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1095	1035	1927.5	3082.5	682	682	682	1705	94.5%	159.9%	100.0%	250.0%	589	2.9	8.1	11.0
	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1302	1116	1116	1602	682	693	682	1232	85.7%	143.5%	101.6%	180.6%	701	2.6	4.0	6.6
	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	328-STROKE MEDICINE	430 - GERIATRIC MEDICINE	1488	1542	1302	1128	1023	1012	1023	1122	103.6%	86.6%	98.9%	109.7%	706	3.6	3.2	6.8
	YORK HOSPITAL - RCB55	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2325	2070	1860	1642.5	1364	1353	1023	1166	89.0%	88.3%	99.2%	114.0%	866	4.0	3.2	7.2
	YORK HOSPITAL - RCB55	Frailty Unit	326 - ACUTE INTERNAL MEDICINE	430 - GERIATRIC MEDICINE	2325	2017.5	1860	1695	1364	1309	1023	1056	86.8%	91.1%	96.0%	103.2%	854	3.9	3.2	7.1
	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1860	1642.5	330	135	1364	1188	0	0	88.3%	40.9%	87.1%	-	206	13.7	0.7	14.4
	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY		1050	1020	487.5	525	484	594	0	176	97.1%	107.7%	122.7%	-	547	3.0	1.3	4.2
	YORK HOSPITAL - RCB55	G1	120 - ENT	502 - GYNAECOLOGY	1488	1518	744	612	1023	1001	341	341	102.0%	82.3%	97.8%	100.0%	639	3.9	1.5	5.4
	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1116	1044	558	552	682	627	341	341	93.5%	98.9%	91.9%	100.0%	574	2.9	1.6	4.5
	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		744	708	372	366	682	671	0	11	95.2%	98.4%	98.4%	-	169	8.2	2.2	10.4
	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5580	5452.5	465	397.5	4092	3938	341	297	97.7%	85.5%	96.2%	87.1%	405	23.2	1.7	24.9
	MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1162.5	1050	1627.5	1770	682	682	682	682	90.3%	108.8%	100.0%	100.0%	810	2.1	3.0	5.2
	SELBY AND DISTRICT WAR MEMORIAL HOS	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1162.5	1005	1162.5	1350	682	572	341	451	86.5%	116.1%	83.9%	132.3%	674	2.3	2.7	5.0
	ST HELENS REHABILITATION HOSPITAL - R	St Helens	430 - GERIATRIC MEDICINE		930	930	1162.5	945	682	682	341	341	100.0%	81.3%	100.0%	100.0%	604	2.7	2.1	4.8
	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		630	607.5	870	757.5	341	341	341	341	96.4%	87.1%	100.0%	100.0%	333	2.8	3.3	6.1
	WHITE CROSS REHABILITATION HOSPITAL	Whitecross Court	430 - GERIATRIC MEDICINE		930	930	1162.5	1125	682	671	341	341	100.0%	96.8%	98.4%	100.0%	686	2.3	2.1	4.5
		Total			75151.5	68268	50672.5	51273	45353	43549	27962	32021					31421			

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Developing the 'York Care Collaborative'

Action requested/recommendation

The Board of Directors is asked to note the partnership working with the City and Vale Alliance GP Federation.

Executive Summary

York Teaching Hospital NHS FT (YTH) is working with the City and Vale Alliance (CAVA) GP Federation to explore opportunities for closer working through a York Care Collaborative (YCC).

YTH and CAVA have signed a memorandum of understanding setting out the principles and behaviours both organisations will adopt in working together. YTH are funding clinical and management staff from CAVA to work as part of a programme team, under the direction of a Programme Board. The programme team are producing a 'Value Proposition' setting out the benefits to patients, organisations and the system of the organisations working together.

They are identifying (through the development of shared criteria) a short list of projects which could be undertaken through the Collaborative. A series of next steps have been agreed which will be completed through February and March.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☐
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☐

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 recommendations of 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 regulations

There are no references to CQC regulations.

Progress of report	Board of Directors
Risk	No risk
Resource implications	No resource implications at this stage
Owner	Wendy Scott, Director of Out of Hospital Care
Author	Steve Reed, Head of Strategy for Out of Hospital Services
Date of paper	February 2017
Version number	Version 1

Board of Directors – 22 February 2017

Developing the 'York Care Collaborative'

1. Introduction and Background

The NHS Five Year Forward View, published in 2014 and developed by all the major national health bodies, set out a clear direction of travel for the NHS through to 2020. The guidance argued for a more engaged relationship with patients and carers, setting up partnerships with local communities, the need for local flexibility in breaking down barriers in how care is provided and the need for care to be provided more locally. It has a strong focus on the importance of prevention and empowering people with long term conditions in managing their own health. It also proposed new care models, which are currently being tested through 'vanguard' sites. As well as proposing urgent and emergency care networks and smaller viable hospitals these models included:

- Multi-specialty community providers (MCPs) – primary care led models where groups of practices work together to deliver services to a local population, including many that would traditionally be provided in an acute hospital setting;
- Primary and Acute Care Systems (PACS) – vertically integrating primary care with acute providers providing care to defined populations.

The General Practice Forward View (2016) notes that it is becoming increasingly normal for general practices to work together at scale, and already over half the country have formed into networks or federations of practices. In the future there will be greater opportunities for practices to work collaboratively in larger groupings for the benefit of more sizeable populations, yet maintain their unique identity and relationship with their own patients. Larger organisational forms will, arguably, enable greater opportunities for practices to increase their flexibility to shape, buy or build additional services, working from a more effective platform with other local health and care providers, including community health services, social care and voluntary organisations.

The City and Vale Alliance (CAVA) GP Federation is a community interest company that represents ten practices across the Vale of York Clinical Commissioning Group (CCG) footprint. In total, these practices have a registered population of 94,573 patients and range in size from York Medical Group with over 46,866 patients to Stillington Surgery with just over 3,228 patients. The table below shows the ten practices and their locations.

York	**Easingwold**
York Medical Group	Millfield Surgery (Easingwold)
Front Street Surgery (Acomb)	Tollerton Surgery
Old School Medical Practice (Copmanthorpe)	Stillington Surgery
Elvington Medical Practice	**North Ryedale**
	Pickering Medical Practice
	Helmsley Surgery
	Terrington Surgery

There are two other GP Federations in the Vale of York CCG footprint (and one in the Scarborough and Ryedale CCG footprint) together with six practices (in the Vale of York) not

aligned to any federation. In the Vale of York, Nimbus GP Federation is a limited company which represents four large practices with a combined registered population of 128,546 patients and the Selby area Healthcare Initiative for Healthcare Development (SHIELD) represents six practices with a combined registered population of 70,000 patients. In Scarborough, the East Coast Health Options (ECHO) community interest company represents fifteen practices with a combined registered population of 98,000 patients.

2. The York Care Collaborative

In November 2016, CAVA approached York Teaching Hospital NHS Foundation Trust (YTH) to explore opportunities for closer partnership working. From the resulting conversations, the concept of a 'York Care Collaborative' (YCC) emerged. The aims of the Collaborative are:

- To be designed by NHS staff for the benefit of local people;
- To be based on working together as one team to achieve coordinated care;
- To be reliant on people to help us work out the best way of doing things with their ideas.

YTH and CAVA have developed a Memorandum of Understanding that identifies the high level principles that will underpin how the organisations will work together. It also sets out a set of behaviours that both organisations agree to adopt which demonstrate our commitment to respect our different perspectives.

A programme of work has been established to define the benefits to patients, staff and the local health system that will be realised through the YCC partnership. This will be presented as a 'Value Proposition', using an approach adopted by the Vanguard sites to articulate our case for change and working differently together. In order to develop the Value Proposition a joint programme team has been established, overseen by a Programme Board. As part of its commitment to the YCC, YTH has provided funding to CAVA to release clinical and management staff to support the initial phase of the programme. A YCC office has been established on the York Hospital site, providing a physical presence for CAVA staff.

A joint team is shortlisting potential projects that could be undertaken by the YCC Team. The types of project that are being considered include:

- Targeting interventions and support to particular patient cohorts (for example this could include the review and care planning of high intensity users);
- Delivering joined up care (for example this could include the integration of primary and community teams;
- Supporting primary care sustainability;
- Reducing over-reliance on statutory services;
- Sharing back office functions to improve efficiency.

A practical example of the benefits of working together can be seen in the expansion of the community nursing workforce project. The tools and approach developed to assess the current skills and requirements of the community nursing workforce will be applied to the nursing workforce in CAVA member practices. The results will provide practices with a more detailed understanding of the capacity and capability of their workforce. This in turn will allow YCC to consider how we might work together to develop and deliver shared training and development and other workforce innovations.

The YCC development has attracted the attention of the national New Models of Care team who are keen to understand more about the work that we are undertaking together. A session has been arranged in March 2017 for the YCC team to present to the national and

regional new models leads.

Throughout the YCC programme both YTH and CAVA have emphasised that the Collaborative is not exclusive. Both organisations remain committed to working with a range of partners, both together as YCC and individually. This includes the YCC team working with mental health, local authority and voluntary sector colleagues and YTH continuing to work with other GP federations on care integration.

3. Next Steps

The next steps for the YCC are:

- Complete a Project Initiation Document outlining the work to be undertaken during first phase of the Collaborative;
- Undertake a diagnostic exercise to understand the CAVA patient population, the resources and activity associated with member practices, workforce and estates;
- Design a process for project selection, shortlisting a 'long-list' of projects into those that could be undertaken to prove the concept of the Collaborative;
- Establish an independent Stakeholder Forum (in partnership with York Council of Voluntary Services) and develop a communication and engagement plan for the Collaborative;
- Produce a 'Value Proposition', clearly articulating the benefits that will be delivered to patients, organisations and the system through the York Care Collaborative. It is expected that the Value Proposition will be completed in March 2017.

4. Recommendation

The Board of Directors is asked to note the partnership working with the City and Vale Alliance GP Federation.

5. References and further reading

NHS Five Year Forward View, NHS England (2014)
General Practice Forward View, NHS England (2016)

Author	**Steve Reed, Head of Strategy for Out of Hospital Services**
Owner	**Wendy Scott, Director of Out of Hospital Care**
Date	**February 2017**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Workforce Report – February 2017

Action requested/recommendation

The Board of Directors is asked to read the report and discuss.

Summary

The attached document provides information up to December 2016, relating to key Human Resources indicators including; sickness and recruitment and retention.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 recommendations of 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

Outcomes 12, 13 & 14

Progress of report	Board of Directors
Risk	No risk

Resource implications	There are Human Resources implications identified throughout this report.
Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	February 2017
Version number	Version 1

Board of Directors – 22 February 2017

Workforce Report – February 2017

1. Introduction and background

This paper presents key workforce metrics up to January 2017 (where available). The narrative will detail trends and any actions which are being taken to address specific issues. Of particular note:

- The monthly sickness absence rate in December was 4.52% an increase from 4.37% in November. The monthly absence rates since September have shown a sharp increase in line with seasonal sickness absence rates.
- Cumulative annual absence rates have remained fairly static between 4.14% and 4.16% over the past eight months.
- Demand for temporary nurse staffing continues to be high with requests reaching the equivalent of 411 FTE staff in January 2017.
- The temporary nurse staffing bank fill rate increased in January indicating good take-up of the nurse bank winter incentive scheme.
- January's appraisal compliance rate stood at 74.03%.

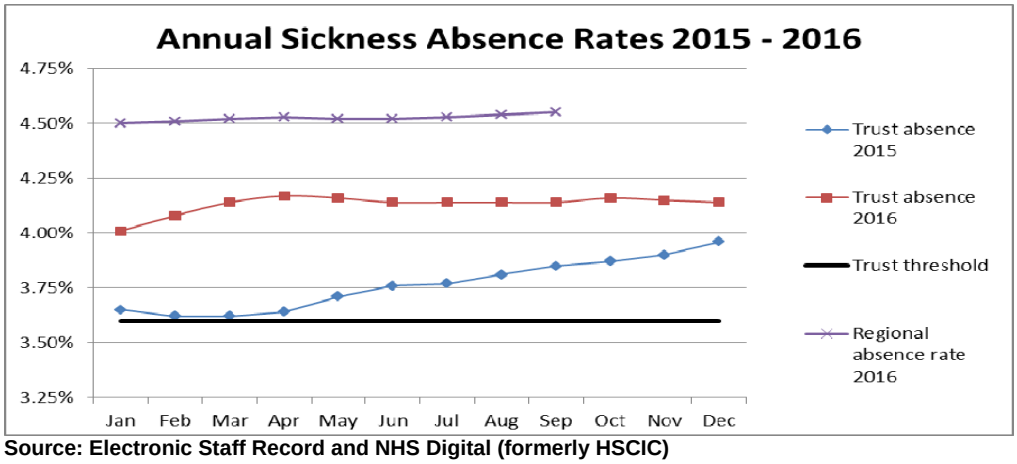
2. Sickness Absence

Sickness absence rates

The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. After rising in each month between April 2015 and April 2016, the Trust's cumulative annual absence rate reduced in May and June 2016 and has remained fairly static between 4.14% and 4.16% until the most recently available data (December 2016).

The Trust absence rate continues to compare favourably with sickness absence across the region. There is a delay in the publication of the regional data and currently only data up to September 2016 is available. In the year to September 2016, the regional annual absence rate was 4.55% compared to a Trust rate of 4.14%.

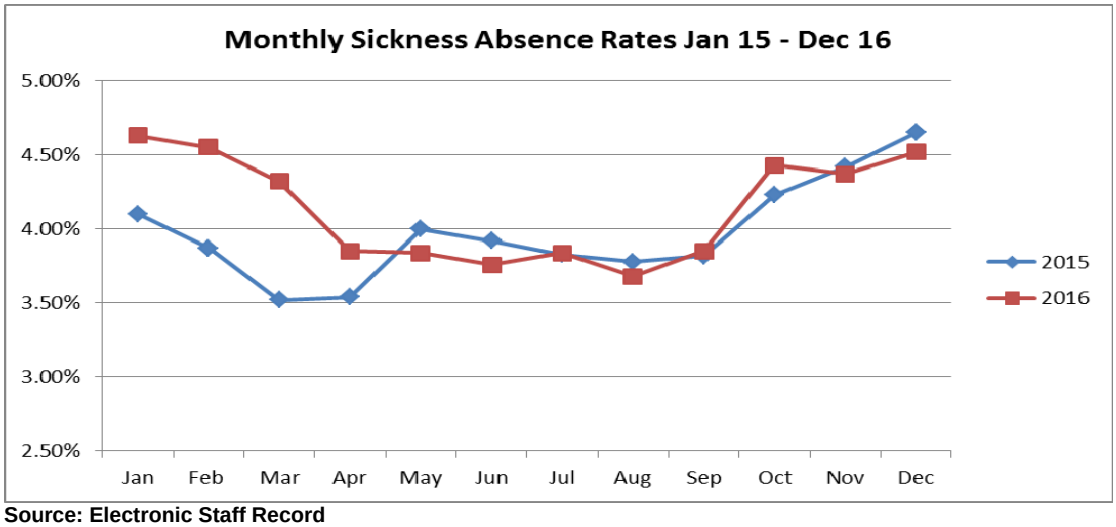
Graph 1 – Annual sickness absence rates



Source: Electronic Staff Record and NHS Digital (formerly HSCIC)

The graph below shows the monthly absence rates from January 2015 to December 2016. The monthly absence rate in December 2016 of 4.52% was an increase from the previous month's absence rate of 4.37% but slightly lower than in the same month the previous year (the absence rate in December 2015 was 4.65%). The monthly absence rates have however shown a steep incline since September mirroring a similar pattern in the same months of the previous year which indicates seasonal variation.

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record

Sickness absence reasons

The top three reasons for sickness absence in the year ending December 2016, based on both days lost (as FTE) and number of episodes are shown in the table below:

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
MSK problems, inc. back problems – 20.07% of all absence days lost	Gastrointestinal – 21.15% of all absence episodes
Anxiety/stress/depression – 19.51% of all absence days lost	Cold, cough, flu – 17.81% of all absence episodes
Gastrointestinal – 10.08% of all absence days lost	MSK problems, inc. back problems – 11.22% of all absence episodes

Between September and December 2016 the number of sickness episodes due to the reason of 'Gastrointestinal problems' has increased by 44% whereas the number of episodes due to 'Cold, Cough, Flu – Influenza' has increased substantially by 153.7% (there were 444 episodes in December compared to 175 episodes in September). In contrast, despite 'Musculoskeletal problems' remaining the top sickness reason in terms of FTE days lost, the number of episodes of sickness due to this reason has only increased by 1.5% between September and December. The sharp rise in the overall monthly absence rates since September is therefore attributable to these seasonal sickness reasons.

During 2016 the Trust introduced a number of interventions to specifically improve mental well-being and reduce musculoskeletal injuries. These include; improved access to services such as physiotherapy and psychological wellbeing; health checks for over 40s; preventative support and targeted assistance for line managers, sessions exploring Mindfulness and free access to a Headspace app.

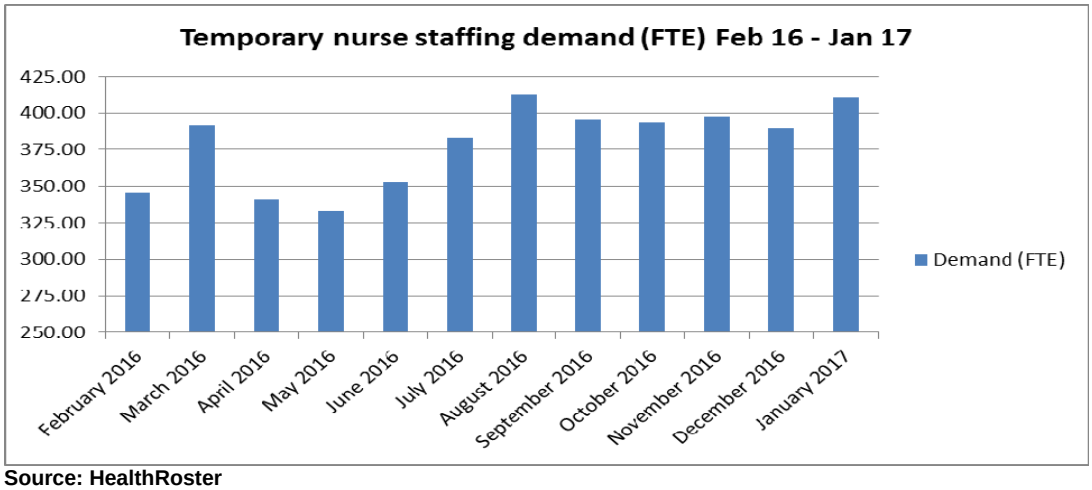
3. Temporary staffing

Temporary nurse staffing

Demand for temporary nurse staffing (Registered Nurses (RNs) and Health Care Assistants (HCAs)) in the last year has on average equated to around 379 Full Time Equivalent (FTE) staff per month. However, demand in the past six months has been much higher than this figure with demand in January 2017 increasing to 411.00 FTE. This is the second time that demand has exceeded 400 FTE since the Nurse Bank moved in-house in April 2015 (demand was also 412.66 FTE in August 2016). Demand in January 2017 was 29% higher than demand in the same month of the previous year (demand in January 2016 was 317.85 FTE). .

Demand for RNs outweighed that for HCAs in January with RN demand exceeding 200 FTEs in January for the first time since August 2016 (demand was 215.01 FTE in January 2017 and 222.64 FTE in August 2016). Demand for HCAs, meanwhile, decreased from the previous month; but significantly exceeds the figure for January 2016 at a rate of 56.0% (demand for HCAs was 195.99 FTE in January 2017 compared to 125.65 FTE in January 2016).

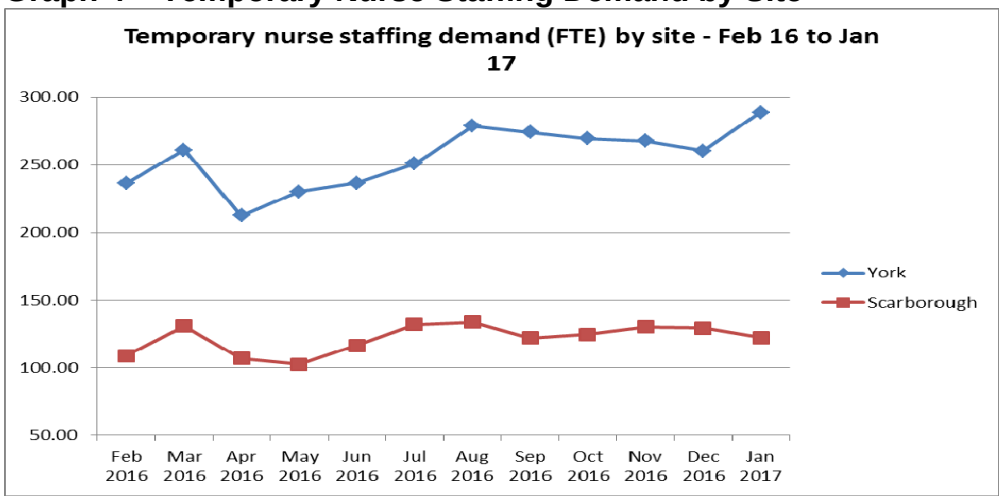
Graph 3 – Temporary Nurse Staffing Demand



Source: HealthRoster

By site, York saw a much higher increase in demand in January (demand increased by 10.9% from December 2016) compared to Scarborough which actually saw a reduction of 5.4% in demand from the previous month. The top three areas for nurse bank requests in January at York were Emergency Department, Acute Medical Unit and the Acute Frailty Unit which collectively made up a fifth of all requests in York.

Graph 4 – Temporary Nurse Staffing Demand by Site



Source: HealthRoster

A number of agency block bookings are still in operation until the end of May to free up capacity and release staff in other areas around the Trust to provide cover for planned Winter escalation.

The most predominant reasons for making requests for temporary nurse staffing in January 2017 were:

- Vacancies – accounting for 46.7% of requests
- Sickness – accounting for 19.5% of requests
- Enhanced patient supervision (1:1 specialing) – accounting for 11.8% of requests

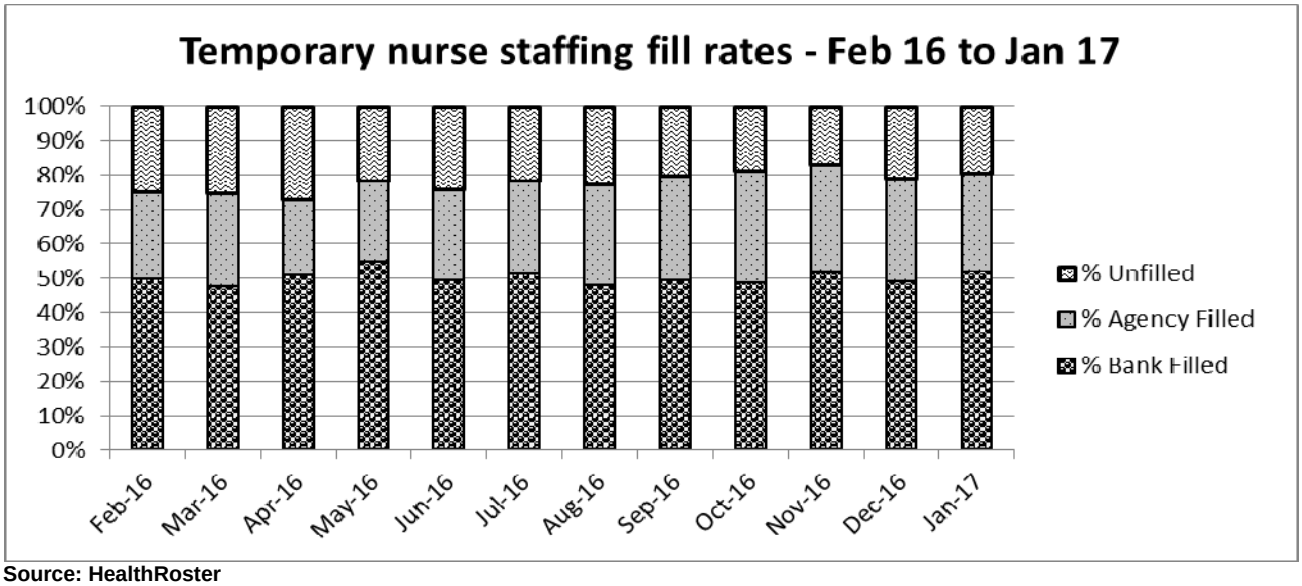
The proportion of shift requests due to the reason of sickness continued to increase in January 2017 (from 17.1% of requests in December to 19.5% of requests in January). By contrast, the proportion of shift requests made due to vacancies fell (from 56.8% of all requests in October to 52.2% in November, 51.6% in December and 46.7% in January), which corresponds with data showing a significant reduction in the nursing vacancy factor in this period (data for December 2016 shows a reduction of 51.78 FTE from October 2016).

A total of 11.8% of requests were made with the reason of enhanced patient supervision in January 2017. This was a much higher proportion than in the same month of the previous year (6.9% of requests in January 2016).

Graph 5 below shows the proportion of all shifts requested that were either filled by bank or agency or remained unfilled. Overall, bank fill rates made up over half of all requests and increased in January compared to December (from 49.36% to 52.25%). Agency fill rates decreased marginally from 29.84% in December to 28.12% in January.

Bank fill at the Scarborough site (67.98%) remains higher than at the York site (45.59%) whereas the agency fill rate at the York site (34.68%) remains higher than at the Scarborough site (12.62%). The agency fill rate at both sites had decreased from the previous month (in December 2016 the agency fill rate was 15.28% at Scarborough and 37.07% at York).

Graph 5 –Temporary Nurse Staffing Fill Rates



Source: HealthRoster

The number of shifts filled by bank staff showed a large increase in January. The number of RN shifts filled by bank staff were 898, 903 and 945 in the weeks commencing 16th, 23rd and 30th January respectively. The improved bank fill rate, heightened by the exceptionally high demand in January, has been facilitated by the winter incentives that the Trust is currently offering to staff undertaking work on the Nurse Bank over the winter period.

4. Reporting of Agency Use to NHS Improvement

NHS Improvement has announced its intention to make changes to its weekly reporting requirements on all agency usage not compliant with the rules that have been introduced in phases since November 2015. These rules relate to use of off framework agencies, price caps (the total hourly rate paid) and wage rates (the hourly rate paid to the worker) for agency use for all staff groups.

Changes to the weekly reporting requirements will require all Trusts to report the following:

- total agency shifts each week;
- breakdown of shifts by core and unsocial (for medical staff) and by day, night/Saturday and Sunday/public holiday for Agenda for Change staff;
- the five longest serving agency staff working during the reporting period;
- the five highest cost agency staff working during the reporting period.

It was anticipated that these changes would take effect from February, however, NHS Improvement has stated that a final date for the collection of this information has yet to be confirmed.

In the medium term, NHS Improvement are exploring opportunities to reduce the reporting burden on Trusts by developing systems that can extract the data straight from an e-roster system or from a managed service provider.

5. Gender Pay Gap Reporting

Organisations employing in excess of 250 employees are required to publish information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations should be made relating to the pay period in which the snapshot day falls. For the first year, this will be the pay period including 31 March 2017.

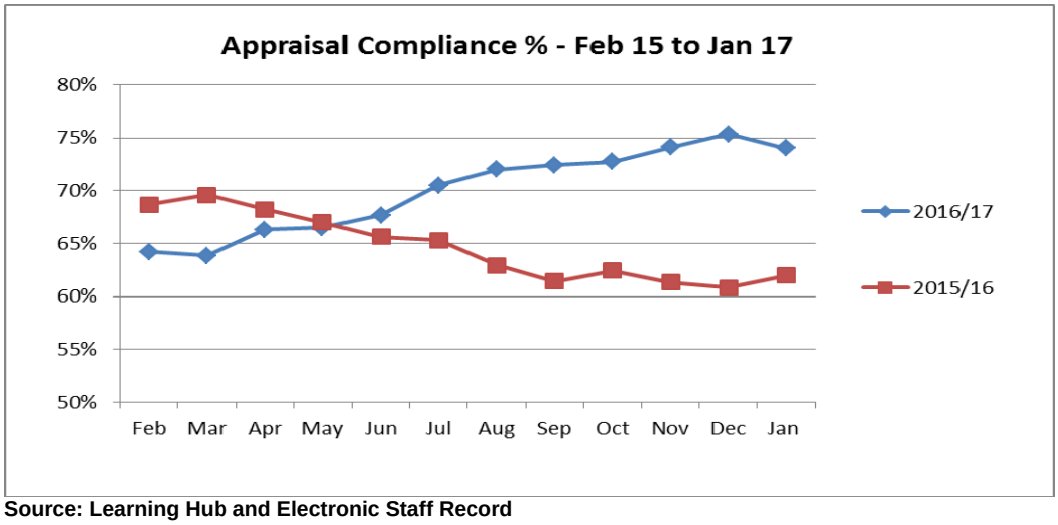
There is a requirement to publish the gender pay gap report on the Trust Website within a 12 month period and prior to 31 March 2018. An initial snapshot of data on gross ordinary pay has been run mirroring the criteria laid down within the legislation which indicates that there is a difference of approximately 27% between the mean hourly pay for male and female employees and a difference of just under 4% between the median hourly pay for male and female employees. One factor contributing to this difference is that the Medical and Dental staff group, of which 63% is male, is one of the Trust's highest paid staff groups. Overall more male employees are in the upper quartile pay bands than female employees. The difference in mean and median bonus pay and the proportion of men and women who receive bonus pay will also be required as part of the gender pay gap reporting criteria.

Whilst the legislation does not specifically require narrative to be published alongside the dataset, it is appropriate to explain the context for the initial pay gap findings. Consultation with Staff Side is to begin during the month of February.

6. Appraisals

The graph below shows appraisal completion compliance from February 2015 to January 2017.

Graph 6 – Appraisal Compliance %



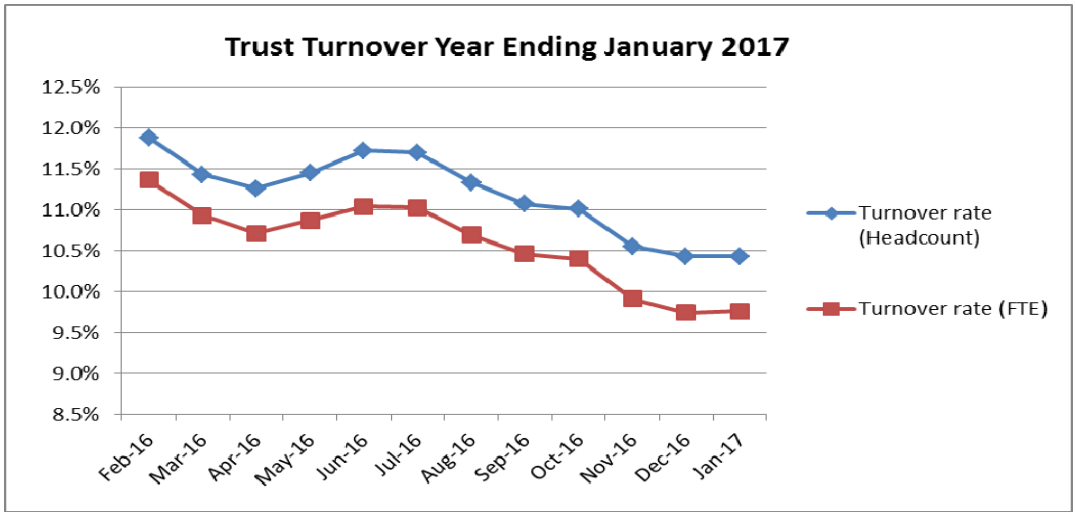
Source: Learning Hub and Electronic Staff Record

The overall Trust appraisal activity reduced slightly in January from 75.34% to 74.03%. This reduction follows a consistent month on month increase since December 2015. The level of activity across the Trust during December and January has contributed to this reduction. Directorate management teams are being supported to continue to deliver appraisals in line with national and Trust expectations.

7. Turnover

Turnover in the year to the end of January 2017 was 10.43% based on headcount. Turnover calculated based on full time equivalent leavers for the same period was 9.76%. This remains relatively unchanged from the turnover rate in the year to the end of December 2016. The turnover rate in the year to the end of January 2017 represented 813 leavers from the organisation.

Graph 7 – Overall Turnover Rates



Source: Electronic Staff Record

The turnover rates shown in the graph exclude all staff on fixed term contracts, including all junior doctors on rotational contracts. This is a common convention used across the NHS for calculating turnover. The figures also exclude staff subject to TUPE.

8. Employee Relations Activity

The table below describes the number and type of employee relations activity in each of the last three months.

Employee Relations Activity	Oct 2016	Nov 2016	Dec 2016	Jan 2017
Number of Disciplinaries (including investigations)*	13	26	29	32
Number of Grievances	16	20	16	15
Number of Formal Performance Management Cases (Stage 2 and 3)*	0	2	3	3
Number of Employment Tribunal Cases*	0	1	2	2
Number of active Organisational Change cases in consultation (including TUPE)	12	10	8	17
Number of long term sick cases ongoing	178	152	164	188
Number of short term sick cases (Stage 2 and 3)	127	145	169	151

*staff on medical and dental terms and conditions are excluded from the figures as these are reported by the Professional Standards Team (MHPS).

9. Changes to Salary Sacrifice Schemes

In the Government's autumn statement, changes were announced to salary sacrifice schemes and from 5 April 2017 some schemes will no longer offer employees financial incentives. The following schemes will be exempt from these changes: pension scheme, buying and selling of annual leave, childcare vouchers, cycle to work schemes and ultra-low emission cars on the car lease scheme.

Schemes that will be impacted will be cars (other than ultra-low emissions) on the car lease scheme, home technology and white goods. As these changes had been expected for some time the last window to apply for the home technology scheme was in November 2016. Currently the actual details of how this will affect the Trust are unknown however, as at the January payroll run; there were a total of 358 staff in the Car Lease Scheme, 428 staff in the Home Technology scheme and 61 staff in the SmartPhone scheme who may ultimately be impacted by the impending changes. Once further details are available from the scheme providers the Trust will be able to progress any changes required.

10. Off-Payroll Payments

NHS Improvement has issued new guidance clarifying the off-payroll arrangements for substantive and interim NHS office holders following new advice from HMRC. This supplements previous guidance from September 2015 to NHS Trusts whereby:

> "…the most senior staff must be on the payroll, unless there are exceptional temporary circumstances, which will require Accountable Officer sign-off and cannot last longer than six months. This should apply to all Board members (executive and non-executive) and to senior staff with 'significant financial responsibility".

HMRC has confirmed that all appointments to posts defined as 'office holders' should be on payroll regardless of the expected duration of the appointment. On payroll means that office holders should have PAYE deducted from their income at source and should not be engaged using a personal services company (PSC), an employment agency, a consultancy or other intermediary vehicle.

The only provisional circumstance that HMRC may consider for off-payroll engagement is where an individual is appointed to cover an office holder who is temporarily unable to perform duties (for

example, because of illness or other incapacitation), but who retains 'office' while he or she is not working.

HMRC expects NHS Foundation Trusts to review all existing office holder off-payroll appointments immediately for their compliance with this guidance. Existing office holders should move from off- to on-payroll engagements or be replaced by alternative on-payroll candidates at the end of their engagement or by 30 April 2017, whichever is the sooner.

Although the Trust does have one confirmed senior staff member classed as 'off-payroll' there are no senior staff that do fall into the criteria set by the NHS Improvement guidance.

11. Staff Nurse Training and Recruitment

Nationally applications for nursing undergraduate courses at UK universities have decreased this year by 23% according to UCAS. It was anticipated there may be a reduction following the Government's decision to replace student bursaries with loans for these courses.

York University has confirmed that they have received a 12% reduction of applicants for their undergraduate nurse training courses this year. However, they anticipate there will no impact on the number of places offered due to the level of demand remaining greater than places available.

As at 14th February the Trust's overall inpatient registered nursing vacancy position stood at 92.8 FTE vacancies. Further interviews are scheduled for 28th February 2017.

12. Theatre Recruitment

The HR Team supported the marketing and co-ordination of a Theatres recruitment event for Operating Department Practitioners (ODP) and Theatre Scrub Nurses, hosted at York Hospital on Saturday 11 February. The Trust was recruiting to 3.19FTE Theatre Scrub Nurses and 4.81FTE ODPs. The event was a success and continues the progress being made to reduce the vacancy factor in Theatres with four Theatre Scrub Nurses recruited and two ODPs. A further two ODPs are due to be interviewed on 22nd February. The majority of those attending will not be eligible to register with the HCPC/NMC until the autumn.

13. Conclusion

This report has detailed key workforce metrics highlighting any issues or trends. In those areas where there are issues, actions which have already been identified have been detailed. The impact of actions will become apparent in subsequent reports.

14. Recommendation

The Board of Directors is asked to read the report and discuss.

Author	**Polly McMeekin, Deputy Director of Workforce**
Owner	**Patrick Crowley, Chief Executive**
Date	**February 2017**

Finance and Performance Committee – 14 February 2017 – Boardroom, York Hospital

Attendance: Mike Keaney (Chairman), Mike Sweet, Steven Kitching, Graham Lamb, Lynda Provins, Lynette Smith, Sue Rushbrook, Gordon Cooney, Andy Bertram, Mandy McGale

Apologies: Juliet Walters

Clive Neale, Public Governor – Bridlington observed the meeting

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 18 October 2016**	The agenda covered the following AFW and CRR items AFW DoF COO CRR DoF 1-4, 8 & 9 COO 2, 3 & 6	The minutes of the meeting held on the 17 January 2017 were agreed subject to the following amendments: Page 8 – 5th line 90.5% should read 92% Page 9 – Diagnostics - 'was to do with staff recruitment and training' should read that 'training was being put in place to help with staff recruitment'. Page 15 – top line - the firm alarm should read fire alarm		
2.	**Matters arising**		There were no matters arising.		
3	**TAP – Key Priorities: Emergency Care Standard Delivery**		**Operational Performance** **ECS** – LS stated that the performance for January was 78.19% which has further decreased from December with the expectation that the challenges will continue, mainly due to the pressure on the sites. Attendances compared to 2016 are down, due to the improved streaming at the front door. She noted that there have been a significant number of breaches including 8 hours and 12 hour trolley waits. The pressures have been due to the acuity of the non-elective admissions, which had led to more patients requiring a bed. LS also noted that GP	The Committee received assurance that the Trust was providing safe levels of care. However it was concerned about the continued pressure being faced and felt this needed escalating to the	JW to provide the Board with an update on the challenges being faced and the plans for recovery together with the risks involved

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Finance Control Total Delivery		non-admitted and admitted referrals were down, although admissions from ED were increased, this is being closely watched. MMcG stated that the current performance was a concerning position to be in, but that work was continuing and it was the top operational priority. It was also noted that the Trust are tracking slightly below the national average. She stated that some of the non-elective demand was starting to slow, but both sites were still under significant pressure. Scarborough – MMcG stated that more in-reach clinicians were being made available and the Geriatrician provision had been increased from 4 afternoons a week to 5 days following a job planning review. She noted that there had been some flu in Scarborough which had also had an impact. She highlighted that the bed modelling exercise had identified a ward short on the Scarborough site. The biggest steps forward had been in relation to the investment in the Community Rehabilitation Teams which had been put in place in December to provide home based care (35 virtual beds in Scarborough & Ryedale) and increase of 5 virtual beds. However, she stressed that these things take time to embed. She noted that further investment will need to be made in the service to reduce the reliance on the acute hospital bed base and system partners. MMcG highlighted that working with Commissioners was at the heart of what the A & E Delivery Board were trying to achieve to ensure the system development of a service responsive to the needs of the patients. MS expressed concern about how confident the Trust was to proceed with plans in light of out of hospital being put out to	Board	JW/AB to highlight the risks around the

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			tender by the Scarborough & Ryedale CCG. MMcG explained that the principle would still be the same and that you would still expect to see community rehabilitation being provided at home together with discharge to assess. AB stated that there was a risk in light of the tender, but the Trust continues to meet with the CCG. He noted that the Board needed to be concerned and raise some pressure to ensure that any changes happening before next winter. SR stated that good work has been done with step down patients, but a large proportion is step up and would normally have been admitted, but she noted that it is difficult to evidence that an admission has been stopped. However, she stressed that there would not be a significant improvement in the position with regard to the ECS in the near future. She noted that staff were trying their best to put initiatives discussed into place and ensure it all happens, but that the STF trajectory remained high risk. SR stated that there needed to be a change in order to think in terms of cubicle hours as cubicles being full was a limiting factor. MK stated that the real concern was how the Committee could be assured in relation to patient safety. MMcG detailed the comfy rounds being carried out together with leadership walk rounds, safety bundles and lessons learnt from all 12 hour breaches. She also stated that system calls take place with partners offering help to each other at times of pressure. She noted that the next phase was to reenergise the system to start working through recovery measures that leads to de-escalation of all additional in-patient escalation areas. MS asked about the benefit of the ACPs as the biggest delays		tender of Community Services at Scarborough

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			seemed to be in assessment times. MMcG stated that the ACPs are fairly new in post and that they are also limited by factors like busy cubicles. Ambulance handovers were also an issue due to overcrowding and availability of cubicles. Another factor with ambulances was the number that should be redirected to Yorkshire Doctors. SR stated that work is being done to see who is calling the ambulances to see if they should be redirected to Yorkshire Doctors. MK stated that he had been on a safety walk round recently at Scarborough and the facilities were fantastic and he noted that the ACPs were highly thought of. York – MMcG stated that York had been under significant operational pressure and that service improvements, in line with the urgent-emergency care recovery plan, had been put in place in December as part of the winter plan, but these still needed time to embed. The increased Community Rehabilitation Team was now in place as the result of Archways closing together with the discharge to assess model which was rolling out to include more wards. Assessment units had been opened in a number of specialties, which had also increased assessment capacity, but had resulted in less overnight stay beds. There had also been bed closures due to flu and D & V. MMcG noted that the Commissioners have commissioned an organisation, North West Utilisation Management Unit, to come in to review urgent and emergency care pathways at both Scarborough and York which would be useful as it appeared the organisation were looking at the pathways from an improvement rather than a financial perspective. **Cancer** – LS stated that cancer provided slightly better news and all but two targets had been achieved. The two not		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			achieved were 62 day to first treatment and 62 day screening. These had seen performance improvements and marginally missed the target. She noted the small numbers for the latter resulted in more pronounced percentage changes. She highlighted the significant issues with staffing in dermatology as another consultant is due to leave. A business case has been developed and will go before the panel. Primary care are also helping to improve the quality of referrals using cameras which have recently been purchased. SR also noted an increase in colorectal cancer. Issues were also noted with tertiary centres, staff vacancies and diagnostic waits. LS stated that the diagnostic issues were primarily down to staffing which is a concern locally and nationally. 18 Weeks – LS stated that the Trust had failed to achieve 92%, although this was still subject to validation. She highlighted the significant impact from the emergency care pressures which had resulted in 191 cancelled operations, and 185 clinics. Medical staffing are the main focus being on discharge. LS stated that additional funds had been made available from NHSE to target the backlog. This was challenging due to a number of constraints on the funding and the complexity levels of patients on the backlog, however, the Trust was taking up the opportunity and had mobilised with a good degree of pace as the funds were only available until the end of March. . MS asked if revised thresholds from the CCGs were having an impact. LS stated that Vale of York had applied this to all non-urgent surgery and that a regular report was starting to be collated. She noted that there are early indications that Trauma and Orthopaedics were seeing an effect. She highlighted that if less patients were referred in that this would impact the performance position until the backlog was back to sustainable		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			levels. She also noted that there is a spike of long wait patients which are being monitored weekly and were being targeted with the extra funds from NHSI wherever possible to reduce the risk of 52 week breaches. AB showed the Committee from slides from a recent national presentation which illustrated national performance and helped to contextualise the position. **Finance Report** – GL highlighted the deterioration in the financial position at the end of January. The Trust reported a £4.6m surplus against a planned position of £5.5m in December which has significantly deteriorated to £2.6m and makes the Trust £4.5m adrift of plan. This has been due to a number of factors including a £1.2m loss of income from the arbitration process, a loss of £360k from the CQUIN for flu only being 50% achieved and expenditure being higher in January due to additional internal use of bank staff to ensure patient safety due to the significant challenges. MS asked about the arbitration and AB stated that the arbitrator had taken a middle ground approach and therefore the Trust had lost £1.2m. GL stated that income levels had not continued where the Trust would have hoped it would be and it was also reflective of high levels of emergency activity which the Trust had been dealing with and had resulted in some cancelled operations and clinics. GL stated that when all the factors were taken together, the Trust did not met its financial control total in January which meant a further loss of £1.13m. He noted that the quarter 3 appeals in relation to performance had been put in and there may be further news on that next week. NHSI stated that the	The Committee acknowledged the risks around the year end position.	AB to provide the Board with an update on the risks to the financial position as a result of arbitration, the Flu CQUIN and appeals in process. AB to provide a forecast out turn position

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Trust were to assume that they were successful so £1m had been added back into the position, which meant a further deterioration if the appeal was not successful. GL stated that the CIP position remained good and was only £600k behind plan. He noted that cash was causing concern, but it was hoped that the CCGs would pay their outstanding balances and the quarter 3 STF funding was still to be received. MK stated that cash appeared to be the main concern towards the year end and that it looked more likely to be a break even position rather than a surplus as year-end. AB stated that this was a really good challenge and that the plus side was that the NHS as a whole was due to deliver a substantial deficit, whilst the Trust is currently running with a surplus. He noted that he was due to discuss the latest forecast information at the meeting following this and that he should be in a position to provide the Board with an assessment of the forecast outturn. AB stated that the arbitration and CQUIN issues were one offs for January and he hoped that the expenditure issue would improve following the introduction of discretionary expenditure controls. He also noted that the reduction in high levels of emergency activity would allow for the recovery of some of the activity, which would also improve the position. He agreed to update the Board, however, he stressed it was unrealistic that the Trust would fully recover the position, but that it may be possible to claw a little back. MK asked if there would be any penalties and it was noted that there would be a penalty in relation to the £10m surplus delivery, which was linked to a CQUIN and would cost approximately £2m. AB stated that there is a lot still to be decided in quarter 4 and that it will be really challenging for		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			many organisations. It was noted that the Trust is managing creditors and debtors, but the end of the year will be incredibly challenging. MS asked about engagement with NHSI around next year's control total and AB stated that nothing has been concluded to date. MS noted that agency spend was an on-going concern, but he highlighted that nursing spend had come down, but medical had not. AB stated that the Deputy Director of HR, Chief Operating Officer and Medical Director were sighted on the medical agency spend, but inevitably filling positions was linked to patient safety, whereas nursing were able to spread the risk and move staff. MS stated that it was likely that the risk scores would need to be revisited in light of January's performance. AB also noted that NHSI were asking Trusts to delay any significant capital spend. AB stated that he was disappointed with the position, however, it was difficult not to reflect on the national position. **Efficiency Report (inc. Carter Progress)** – SK reported the Trust's Efficiency Programme had delivered £22.8m against a target of £26.4m in January. SK highlighted that 87% of the target had been delivered and that the Trust was only £600k behind profile. The planning gap for 2016-17 had been eliminated due to the view that the expenditure controls would produce results. SK stated that the real work over the next 2 months was around ensuring that a further £2m of recurrent efficiencies were delivered. SK stated that there was a £14.2m	The Committee were assured that the CIP target will be achieved by the year end.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			planning gap over the next 4 years and that £18.5m of plans had been established for next year. SK stated that 8 high risk schemes had been discussed at the Carter Steering Group and 1 would be forwarded to the Board. Oversight of schemes also continued at EPMMs. MK asked how confident SK was that the target would be achieved and SK responded that he was confident that the target would be achieved; however, work was being done to ensure that more recurrent savings were found. AB echoed this and stated that the CIP programme was in the Trust's gift so everything was being done to achieve it. He stated that it was a credit to SK and the team that this was the 7th year of delivery. **Improvement Team Report** GC provided an overview of the report and that the first part of the report reflected the methodology used to underpin the improvement work. He noted that part 3 of the report highlighted how resources were used to support improvements especially in the acute pathway work, theatre utilisation and to improve planning and the work on the core finance process. MS stated that an issue regarding sustainability work had been raised at the last Environment and Estates meeting by Jane Money. Work has been done at another Trust which identified considerable savings in relation to the opening of sterile packs. However, theatres staff had stated that they did not want to make the change here. AB stated that this would be further explored and quantified. He also noted that this will then be picked up at the Theatres EPMM. GC explained that not all the schemes have monetary values as	The Committee were assured by the report	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			some can be about access or quality; however, he noted the linkages with the efficiency programme. GC stated the report provided a brief overview of the business case panel activity with a summary of the number of panels and cases. He stated the process continued to develop and provided significant assurance. **CQUIN Delivery** LS stated that a reconciliation meeting had been held with the CCG last week on Q3 payments. Further data was waiting in respect of sepsis. The forecast is a partial payment for sepsis and discussions were had about how this is moved forward and measures for quarter 4. The CCG have asked the Trust to recommend alternative measures for inpatient Sepsis for 2017-19. Partial payment will be received for Flu uptake. Other CQUINs reported in Q3 have been achieved and payments received. There is a risk around MSK and whether training will be completed by quarter 4, LS gave an overview of next year especially that there are no local indicators, they are all national. The approach is different for 2017-19, 0.5% will be dependent on engagement with the STP, 0.5% will provide a risk reserve and 1.5% will be dependent on national indicators. LS stated that the other key difference was that some indicators were to be shared CQUINs and that a number of measures would be based on partnership work. There are on-going discussions about how these will be applied especially elements that are out with the Trust's control. LS stated that Corporate Directors would be looking at the plans		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			at the end of February to ensure that they were owned by the directors and that work could start quickly in quarter 1.		
5.	**Terms of Reference & Work Programme**		LP stated that minor formatting changes had been made to the terms of reference. The main point of discussion was the work programme which need to be comprehensive to provide an aid to agenda planning and the timely preparation of reports. The following items were raised: Work programme – Business cases do not get discussed. Terms of reference – regular review of the risk registers should be covered. MS stated that at the recent Environment & Estates Committee there was a discussion about authorisation to make decisions on behalf of the Board. MS thought it would be useful to include a comment on this in the terms of reference. E & e authorised to make decisions to the board for approval. LP asked for any comments to be emailed to her in time for the summary of governance to be amended and brought back to the next meeting for approval. **Action: LP to amend and bring back to the next meeting for approval.**		
8.	**Risk Registers**		Following discussion it was agreed that the dates that risks are reviewed will be added to the first column so that it can be easily identified when risks have been amended. AB stated that the Finance Team had spent time discussing and updating the risks, so it had received a fairly comprehensive review. He noted that the risk around the STF would be significant in quarter 4 and highlighted earlier discussions in the		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		meeting. MS asked how this risk had been scored and AB stated that there had been a discussion and the score then reflected the risk scoring matrix. MK stated that reflecting on the risks, the agenda and work of the Committee was correctly focused. LS stated that in relation to the Chief Operating Officer risks, the Operations Team were in the process of reviewing them with the Deputy Director of Healthcare Governance. **Board Assurance Framework** LP highlighted a recent discussion at Corporate Directors regarding the Committees taking some time to understand the criteria and articulation of the risk together with the scoring. The Committee discussed the understanding and that it was also about ensuring everything possible was being done to mitigate. AB led the Committee through his thoughts. Risk 1 – currently amber – he noted MK's point about the need for more work to do be done with partners, but highlighted that there is engagement with partners which could be evidenced by the number of discussions on-going in relation to contracts and developments. His opinion was that amber should remain. The Committee agreed. Risk 2 – currently green – AB stated that the Trust continued to deliver its efficiency programme year on year and that the Trust was currently still operating in a surplus despite the challenging national picture. He noted the earlier discussions about theatres and sterile packs, but stated that this was just one		To highlight discussions regarding the BAF – risk 2.3 remove the word care, risk 2.4 amber to green

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			minor element. The Committee agreed that this should remain green. Risk 3 – currently red – It was agreed that this should remain red, however, LS raised if the wording could be amended to end at 'delivery of national standards' to avoid potential duplication of scrutiny of 'care' under the remit of the Quality & Safety Committee and It was agreed to raise this at the Board. AB stated that there was also a consideration as to how much the wider national and local context was having an impact as this was beyond the Trust's control. Risk 4 – currently amber – the plans for Bridlington, VIU and Endoscopy were raised together with the discharge to assess model. It was also recognised that the STP work fell into this element. It was agreed to raise with the Board that this should move from amber to green.		
9.	**Any other business**		No other business was discussed.		
10.	**Next Meeting**		The next meeting is arranged for the 21 March 2017 in the Boardroom, York Hospital		

Finance & Performance Committee – Action Log – February 2017

No.	Month	Action	Responsible Officer	Due date	Completed
1	Feb 17	LP to amend the summary of governance and bring back to the next meeting for approval	FT Secretary	March 17	

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G1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

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 January 2017.

At the end of January the Trust is reporting an Income and Expenditure (I&E) surplus of £2.6m against a planned surplus of £7.1m for the period. The Income & Expenditure position places the Trust behind of its Operational plan.

Strategic Aims	**Please cross as appropriate**
1. Improve Quality and Safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☒

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 & Performance Committee
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	February 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Finance & Performance Committee Meeting 14 February 2017
Briefing Note for the Board of Directors Meeting 22 February 2017

Subject: January 2017 (Month 10) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for January 2017

During the month of January the Trust's financial performance has significantly deteriorated. At the end of December the Trust was reporting a £4.6m surplus against a £5.5m plan. During January the planned position expected a £1.6m improvement to a £7.1m surplus position but the actual I&E performance has fallen to a £2.6m surplus. We now stand £4.5m adrift of plan.

Summary of movement:

- The arbitration process has been completed for the 2016/17 CCG contract challenges and the outcome has resulted in a £1.2m loss of income from that expected and previously reported. The combined CCGs' total challenge was £3.9m. Whilst I believe the outcome to be fair and reasonable the position has adversely impacted on reported income. This risk to the Q4 control total from arbitration was discussed with the Board.
- The CQUIN position in relation to the flu vaccination programme is now known and the Trust's performance of 69% will see only 50% of the CQUIN earned. The Trust's reported income position has now been adjusted for this £360k loss.
- Expenditure has been high in January, running at £40.3m against a monthly average for the year to date of £39.2m. This has placed a further pressure of £1.1m on the Trust's income and expenditure account. Pay is reported as £0.6m ahead of the previous monthly average and a best fit line placed over total agency expenditure would suggest the trend is increasing slightly. This is analysed later on. Further pay pressure has come from additional use of internal bank staff. The Board are aware of the operational pressures the Trust, and indeed the wider NHS, is under and this is resulting in additional staffing requirements. I would suggest the use of bank in these instances has resulted in higher quality services and avoided exceptional premium agency costs, albeit this causes a financial pressure.
- The Trust's income run rate has been compromised by high numbers of emergency patients displacing elective work during January. Whilst the reported position (excluding the arbitration and CQUIN loss) is close to the year to date monthly average it is between £1m and £2m down on the levels achieved during September, October and November.
- Given the general income and expenditure pressures described above we have not been able to counter the combined impact of the arbitration and lost CQUIN issues and as a result we have fallen short of our control total for the month. In our immediate reporting we are required to declare the loss of full sustainability funding for the month of January. This is £1.13m (one twelfth of £13.6m). In relation to the

Trust's Q3 ECS, RTT and Cancer performance; appeals for the release of Sustainability Funding have been made. We expect to hear the result by the end of February. Following NHSI's guidance we have reported our month 10 position on the basis of a successful appeal and have included £1.02m. The basis of these appeals centres on the fact that the Trust is taking all reasonable action to deliver performance but has seen significant growth in emergency demand and has had elective activity compromised by this emergency growth and theatre staffing vacancies at a time when the national agency rate cap prevented backfill (on this basis Trusts with similar performance failures in Q1 and Q2 have been successful in their appeal).

If the appeal is unsuccessful the position will deteriorate by a further £1.02m.

The month 10 CIP position remains encouraging with £22.8m of our £26.4m target removed from budget. We expect to deliver the full programme by the end of the year.

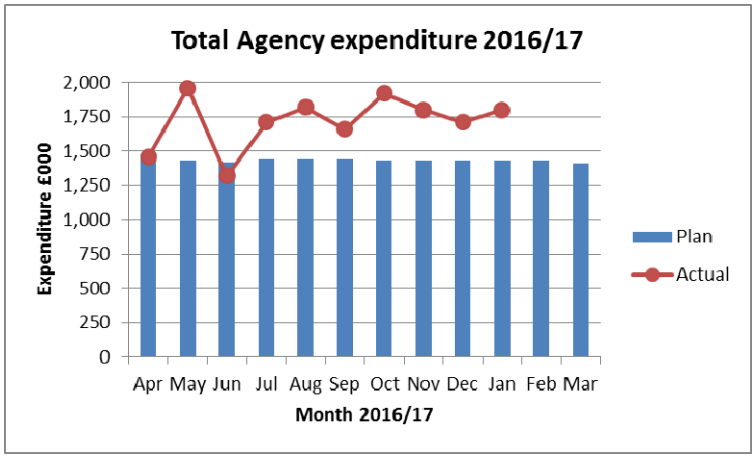
Enhanced expenditure controls have been implemented, as discussed at the January Board. These have been communicated directly to all Directorate Management Teams and also individually to all managers throughout the organisation. These controls specifically seek to remove discretionary expenditure from the final two months of the financial year. There will have been no real impact in January of these measures.

Enhanced Agency Expenditure Analysis

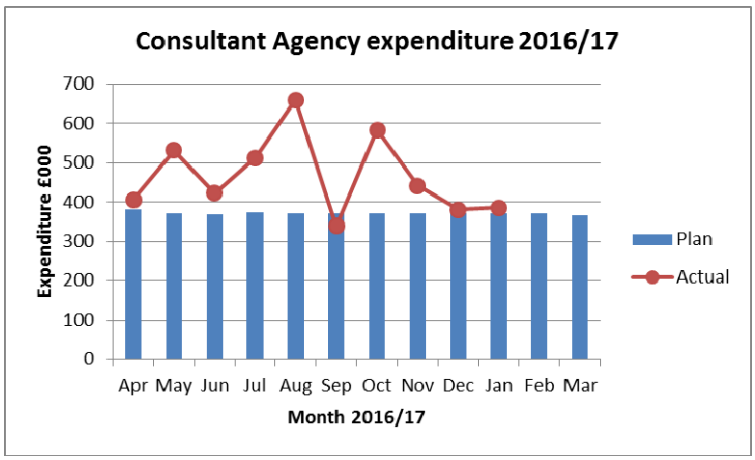
As discussed previously at the Board we have developed our agency staff cost reporting to ensure full visibility against the Trust's overall improvement trajectory. The Board are aware that NHSI has set the Trust an upper cap limit of £17.2m for its 2016/17 agency expenditure. As a reminder the agency spend for 2015/16 totalled £24m.

We have developed a suite of charts that set indicative targets for agency expenditure in the categories of Consultant, Other Medical, Nursing and Other Staff. The sum of each of these targets reconciles back to our capped plan of £17.2m.

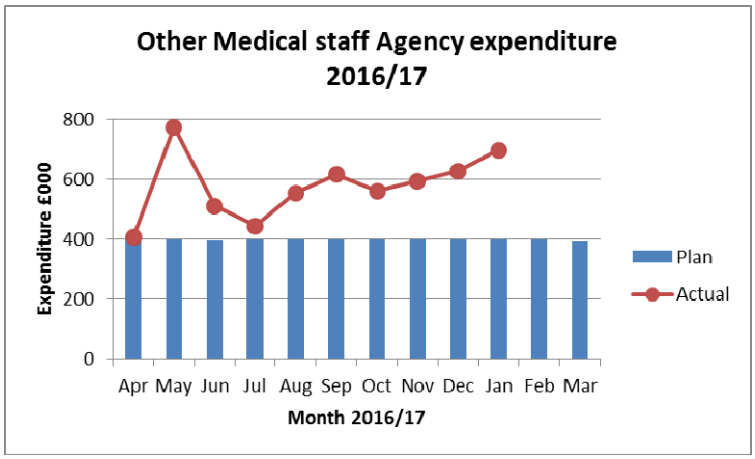
Expenditure is above trajectory but remains significantly below the pro-rata position based on the 2015/16 spend. Corrective action continues to be necessary.



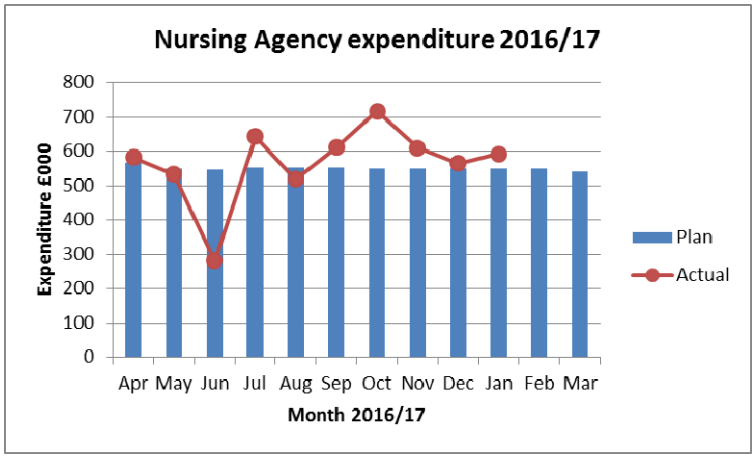
This first chart shows the monthly overall agency target; set at approximately £1.4m per month. Spend has stayed high in recent months at around £1.8m. The forecast outturn now stands at £20.6m (20% cap breach).



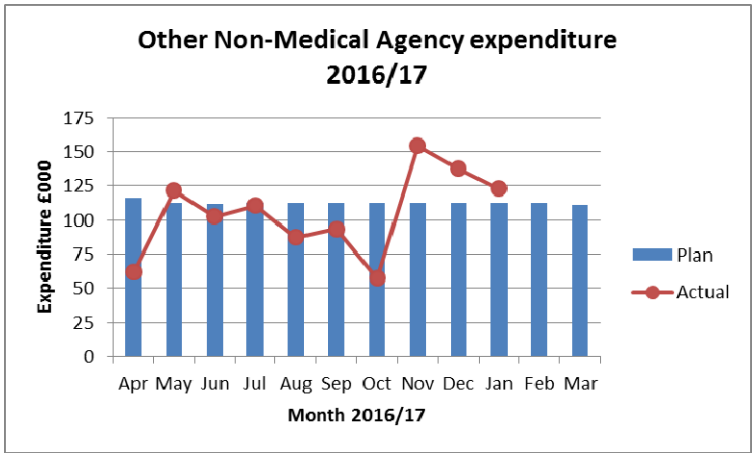
Consultant medical staff agency expenditure has been a significant pressure area. October spend was high but recent months have been closer to indicative target.



Other medical staff (junior staff) agency expenditure continues to be a main pressure area. For 6 months we have spent significantly above cap and we are now forecasting almost a 50% breach against the indicative cap rate by the year end. A best fit line placed over this chart data would indicate a growing expenditure trend.



Nursing staff agency expenditure remains under overall control with the forecast outturn matching almost exactly the indicative cap.



The final chart shows non-medical and non-nursing agency staff expenditure. In relative terms this is low level agency usage and there are no issues I would wish to bring to the Board's attention.

2017/18 and 2018/19 Contract Issues

At the time of writing this report contracts for the new financial year have not been signed but are substantially complete.

We have agreed heads of terms that will sit alongside the contract, the key principles of which are:

- CCGs have significant QIPP intentions which they must pursue to lower their current contract spend levels. These have, in the main, not been adjusted for in the baseline. We have committed to working with the CCGs to jointly deliver the QIPP and as the schemes are constructed and confidence in delivery is gained we have agreed to the principle of reducing the contract baseline through formal contract variation.
- Activity level triggers will be agreed for key contract lines, especially where QIPP schemes have been, or will be, implemented. Should these triggers be exceeded then we have committed to provide rapid senior clinical and corporate input to work alongside CCG GPs and corporate teams to discuss and agree mitigating action.

Issues of CCG affordability are going to be a significant element to the 2017/18 and 2018/19 financial years. It is imperative that we align ourselves to work alongside the CCGs in a concerted effort to manage the finances of the health community. This work will not involve the Trust taking blind financial risks but is going to require much greater collaboration and joint ownership of activity reduction schemes.

York Teaching Hospital NHS
NHS Foundation Trust

Finance Performance Report

February 2017

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

Finance Report
Chapter Index

Summary Income and Expenditure Position
Month 10 - The Period 1st April 2016 to 31st January 2017

York Teaching Hospital NHS
NHS Foundation Trust

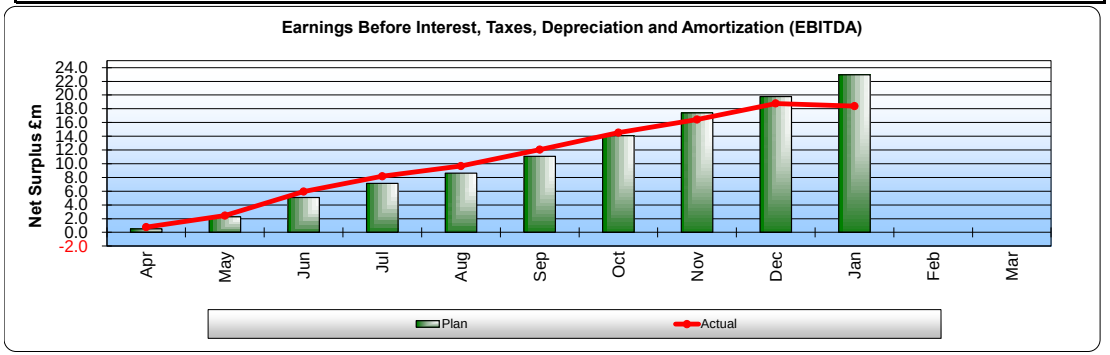
Summary Position:

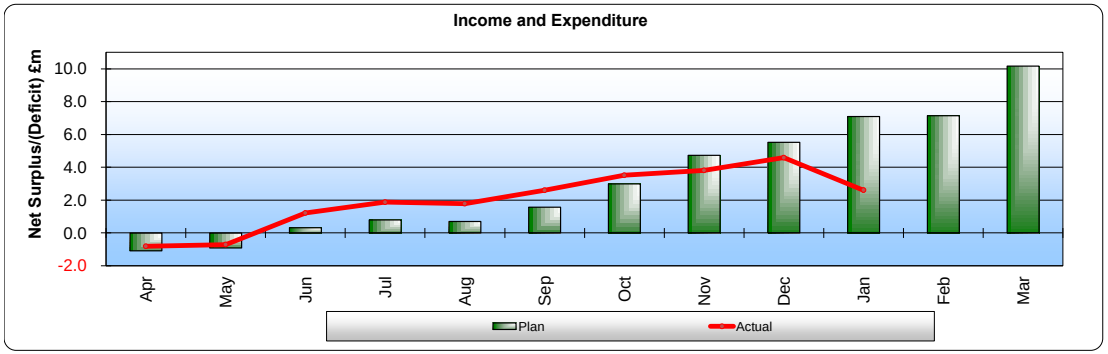
* The Trust is reporting an I&E surplus of £2.6m, placing it £4.5m behind the operational plan.

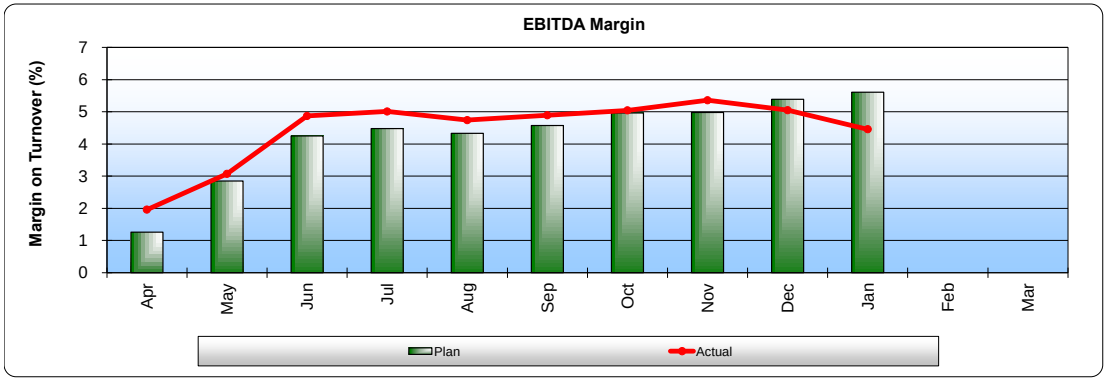
* Income is £2.8m ahead of plan, with clinical income being £0.5m ahead of plan and non-clinical income being £2.3m ahead of plan.

* Operational expenditure is ahead of plan by £7.4m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £18.3m (4.46%) compared to plan of £22.9m (5.61%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	27,304	22,887	21,469	-1,418	27,304	0
Planned same day (Day cases)	39,443	32,883	32,297	-586	39,443	0
Non-Elective Income	111,616	93,560	90,880	-2,680	111,616	0
Outpatients	65,578	54,208	54,715	507	65,578	0
A&E	13,800	11,491	11,897	406	13,800	0
Community	30,551	25,512	25,485	-27	30,551	0
Other	138,747	115,338	119,595	4,257	138,747	0
	427,039	**355,879**	**356,338**	**459**	**427,039**	**0**
Non-NHS Clinical Income						
Private Patient Income	1,005	837	779	-58	1,005	0
Other Non-protected Clinical Income	1,827	1,523	1,691	168	1,827	0
	2,832	**2,360**	**2,470**	**110**	**2,832**	**0**
Other Income						
Education & Training	15,049	12,541	12,406	-135	15,049	0
Research & Development	3,167	2,640	2,953	313	3,167	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	739	616	656	40	739	0
Other Income	18,299	15,207	18,344	3,137	18,299	0
Transition support	10,045	8,371	8,371	0	10,045	0
STF	13,600	11,333	10,200	-1,133	13,600	0
	60,899	**50,708**	**52,930**	**2,222**	**60,899**	**0**
Total Income	**490,770**	**408,947**	**411,738**	**2,791**	**489,711**	**0**
Expenditure						
Pay costs	-320,618	-266,626	-266,987	-361	-320,618	0
Drug costs	-50,703	-42,223	-46,164	-3,941	-50,703	0
Clinical Supplies & Services	-45,394	-37,765	-38,032	-267	-45,394	0
Other costs (excluding Depreciation)	-48,169	-39,991	-42,065	-2,074	-48,169	0
Restructuring Costs	0	0	-109	-109	0	0
CIP	3,598	600	0	-600	3,598	0
Total Expenditure	**-461,286**	**-386,005**	**-393,357**	**-7,352**	**-461,286**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**29,484**	**22,942**	**18,381**	**-4,561**	**29,483**	**0**
Profit/ Loss on Asset Disposals	0	0	-13	-13	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-11,658	-9,715	-9,715	0	-11,658	0
Depreciation - donated/granted assets	-342	-285	-285	0	-342	0
Interest Receivable/ Payable	100	83	130	47	100	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-487	-406	-350	56	-487	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	-16	-16	0	0
PDC Dividend	-6,627	-5,523	-5,523	0	-6,627	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**10,170**	**7,096**	**2,609**	**-4,487**	**10,169**	**0**

Contract Performance

Month 10 - The Period 1st April 2016 to 31st January 2017

York Teaching Hospital NHS
NHS Foundation Trust

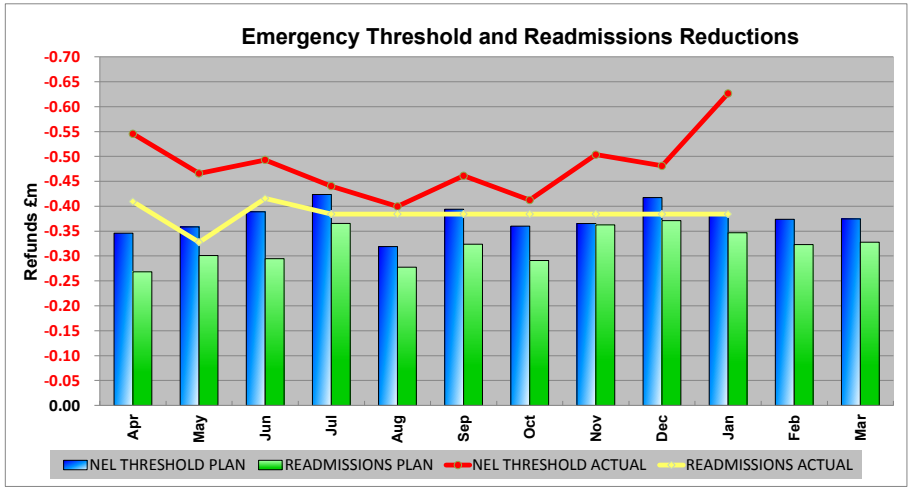
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	206,033	171,438	177,246	5,808
Scarborough & Ryedale CCG	78,061	64,839	68,605	3,766
East Riding CCG	42,000	35,092	35,097	5
Other Contracted CCGs	17,332	14,466	14,533	67
NHSE - Specialised Commissioning	37,475	31,324	33,690	2,366
NHSE - Public Health	14,190	11,816	12,555	739
Local Authorities	4,740	3,967	3,923	-44
Total NHS Contract Clinical Income	**399,831**	**332,942**	**345,649**	**12,707**

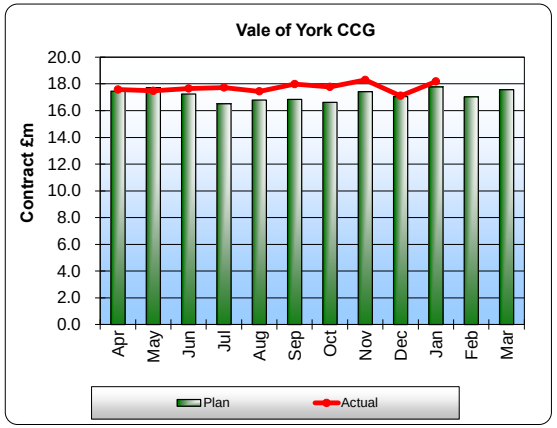
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	15,511	12,975	11,667	-1,308
Risk Income	11,697	9,962	0	-9,962
Total Other NHS Clinical Income	**27,208**	**22,937**	**11,667**	**-11,270**

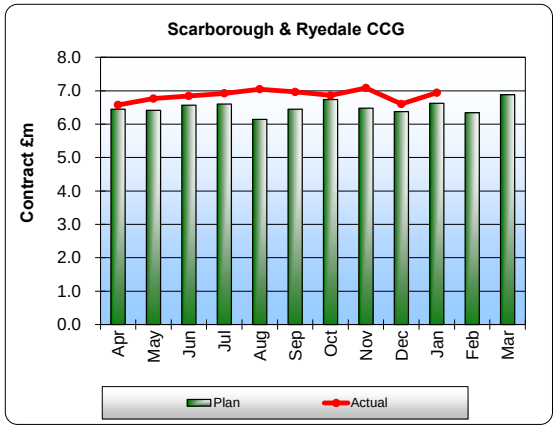
Specialist registrar income moved to other income non clinical	-1110
Winter resilience monies in addition to contract	132

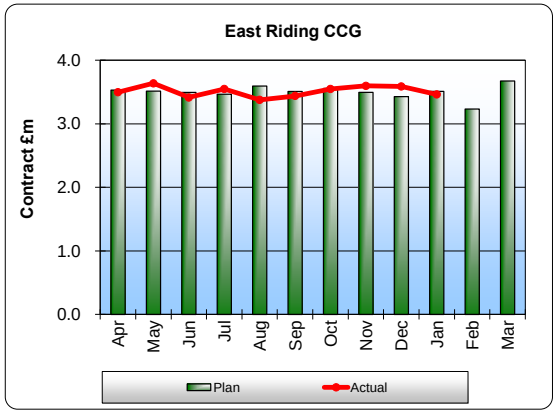
Total NHS Clinical Income	**427,039**	**355,879**	**356,338**	**459**

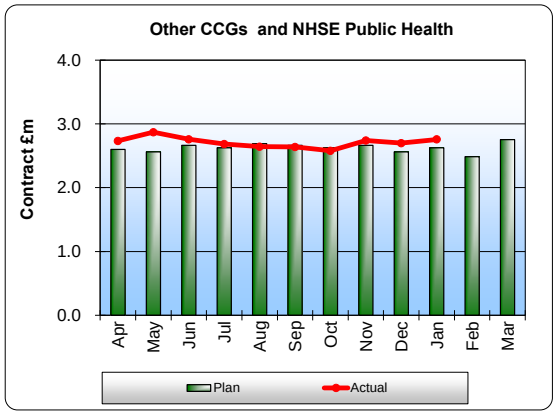
Activity data for January is partially coded (38.7%) and December is 90% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

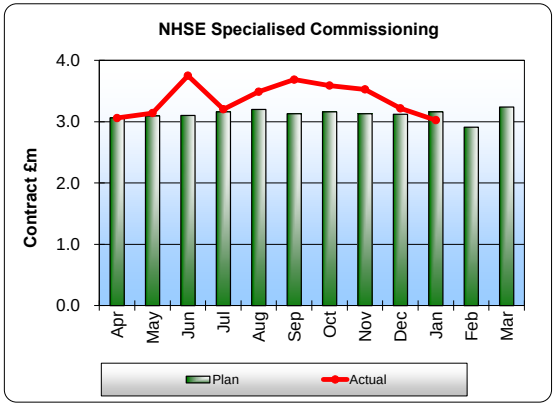


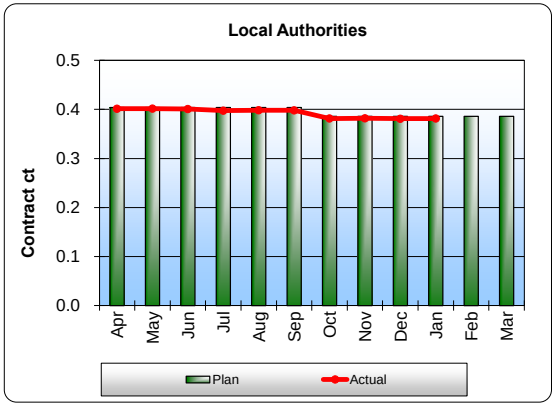












Expenditure Analysis
Month 10 - The Period 1st April 2016 to 31st January 2017

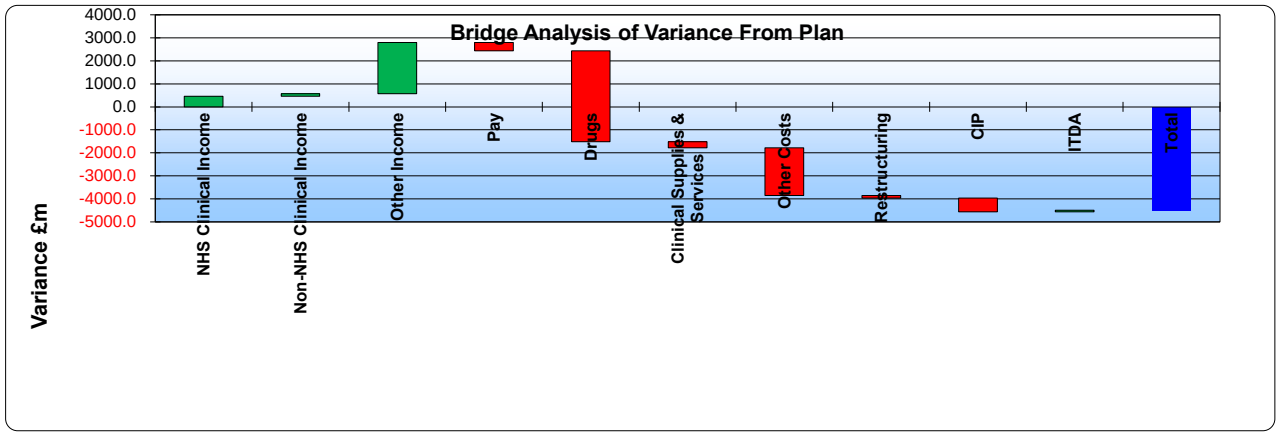
York Teaching Hospital NHS
NHS Foundation Trust

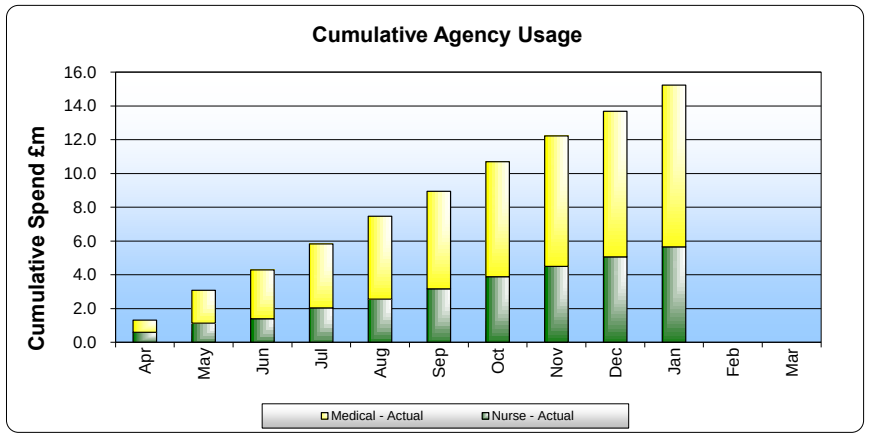
Key Messages:

There is an adverse expenditure variance of £7.4m at the end of January 2017. This comprises:

* Pay budgets are £0.4m adverse, linked to agency expenditure for Junior Doctors.
* Drugs budgets are £3.9m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £0.6m behind plan.
* Other budgets are £2.5m adverse.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	58,244	48,398	39,329	0	4,077	0	4,077	47,484	914	561	
Medical and Dental	29,282	24,445	16,924	0	5,499	0	5,499	27,922	-3,477	-1,813	
Nursing	95,383	79,788	65,543	446	448	5,782	5,651	77,869	1,919	2,213	
Healthcare Scientists	11,282	9,324	7,621	189	177	0	181	8,169	1,155	689	
Scientific, Therapeutic and technical	14,935	12,397	11,427	69	234	2	234	11,965	432	594	
Allied Health Professionals	25,348	21,142	18,826	67	190	7	190	19,279	1,863	1,249	
HCAs and Support Staff	44,638	37,310	33,616	579	0	65	172	34,432	2,878	1,735	
Chairman and Non Executives	163	136	136	0	0	0	0	136	0	-1	
Exec Board and Senior managers	12,262	10,207	11,264	4	0	0	0	11,269	-1,062	-780	
Admin & Clerical	36,908	30,732	-340	221	28,191	119	272	28,462	2,270	1,748	
Agency Premium Provision	5,597	4,661	0	0	0	0	0	0	4,661	3,258	
Vacancy Factor	-13,422	-11,913	0	0	0	0	0	0	-11,913	-8,745	
TOTAL	**320,618**	**266,626**	**204,346**	**1,575**	**38,815**	**5,975**	**16,275**	**266,987**	**-360**	**708**	



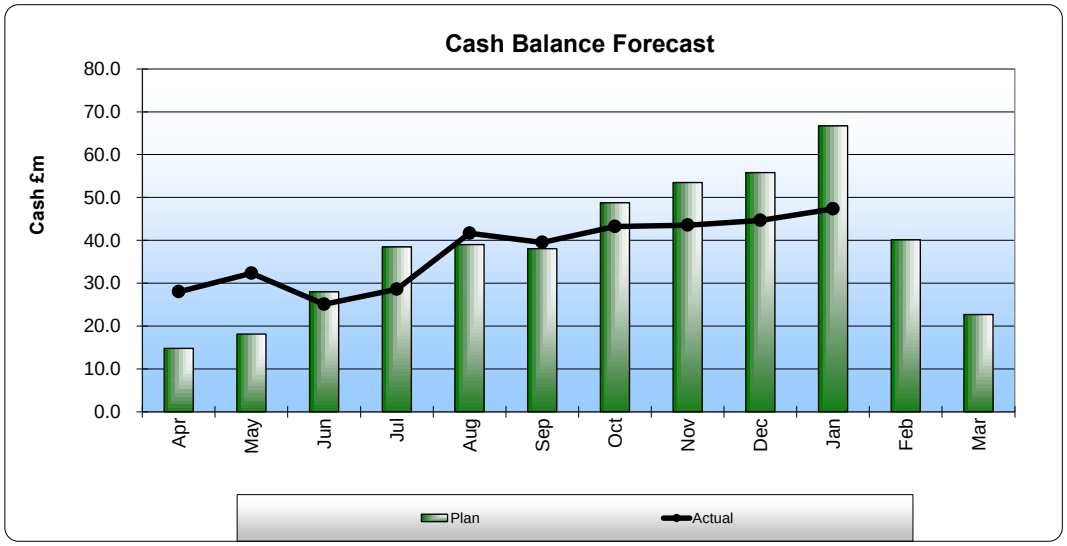


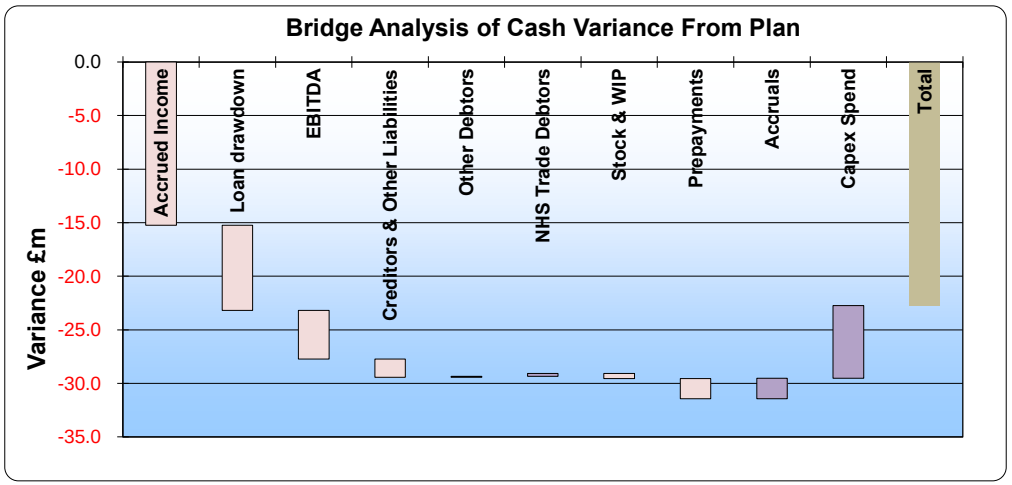
Cash Flow Management
Month 10 - The Period 1st April 2016 to 31st January 2017

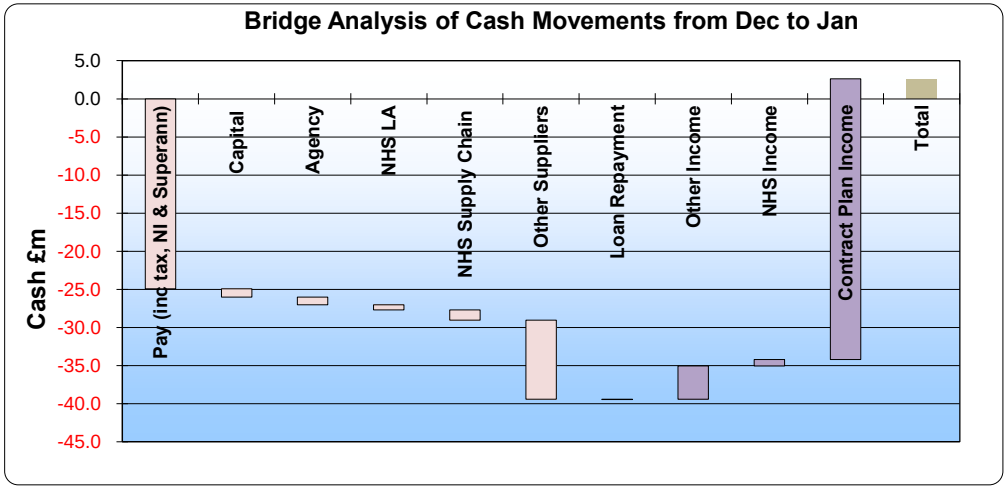
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of January was £47.3m, which is behind plan.
* The key factors influencing cash are:
- Negative impact due to increased expenditure incurred with the level of overtrade activity. This is reflected in the increase in accrued income.
- Negative impact due to the delay in receiving the Q3 STF payment, originally forecasted to be received in January.
- Positive impact due to delays in the Capital Programme.







Cash Flow Management
Month 10 - The Period 1st April 2016 to 31st January 2017

York Teaching Hospital NHS
NHS Foundation Trust

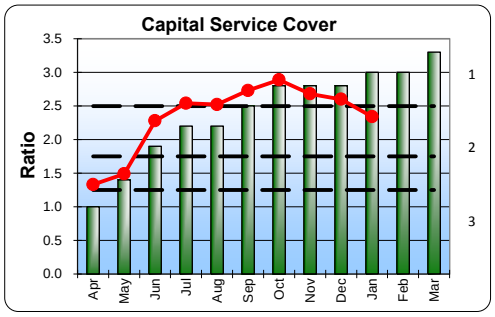
Key Messages:

* The receivables balance at the end of January was £8.4m, which is significantly below plan.
* The payables balance at the end of January was £9.4m, which is slightly below plan.
* The Use of Resources Rating is assessed as a score of 2 in January, and is reflective of the I&E position.

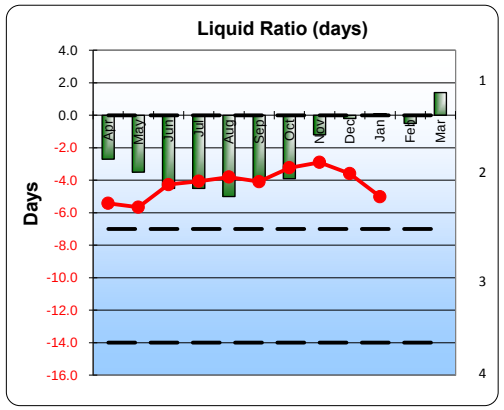
Significant Aged Debtors (+6mths)

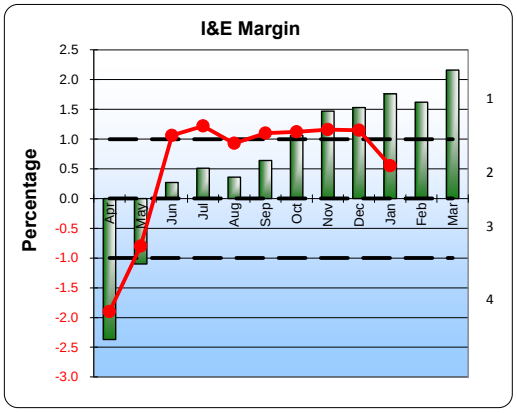
Leeds & York Partnership NHS FT	**£375K**
NHS Property Services	**£238K**
Depuy	**£172K**

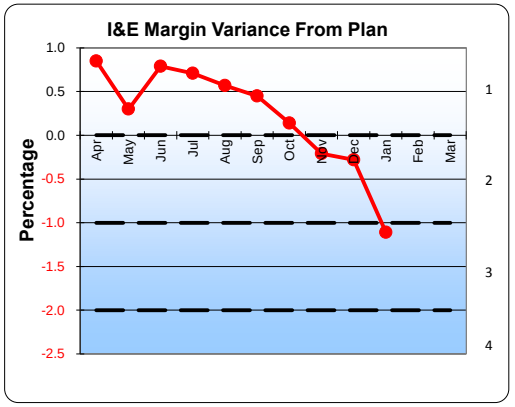
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	6.73	0.99	0.80	0.82	9.35
Receivables	5.73	1.02	0.96	0.67	8.38

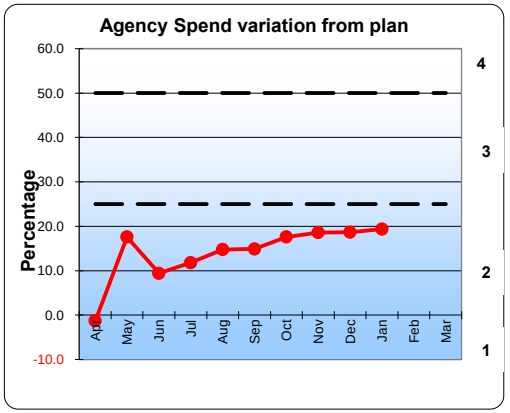


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	1	1	2	1
Capital Service Cover (20%)	1	1	2	1
I&E Margin (20%)	1	1	2	1
I&E Margin Variance From Plan (20%)	1	1	3	1
Agency variation from Plan (20%)	1	1	2	2
Overall Use of Resources Rating	**1**	**1**	**2**	**1**









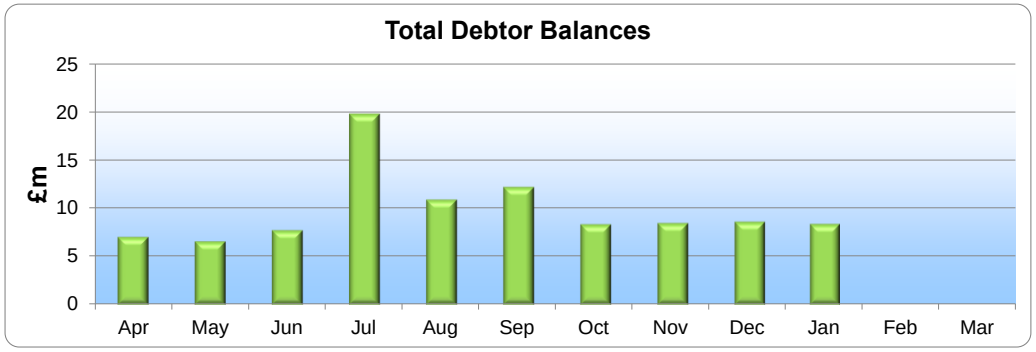
Debtor Analysis

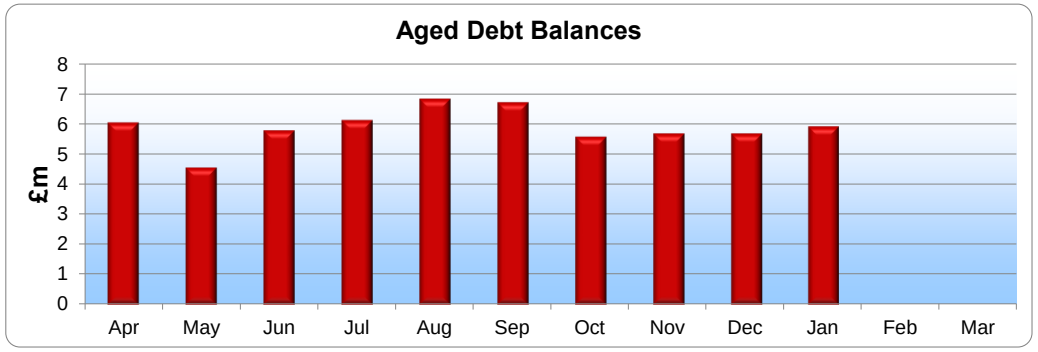
Month 10 - The Period 1st April 2016 to 31st January 2017

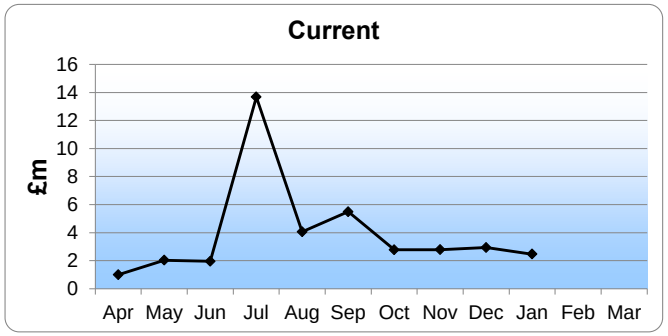
York Teaching Hospital NHS
NHS Foundation Trust

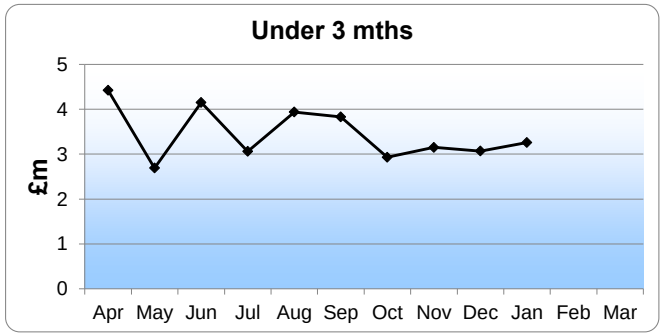
Key Messages:

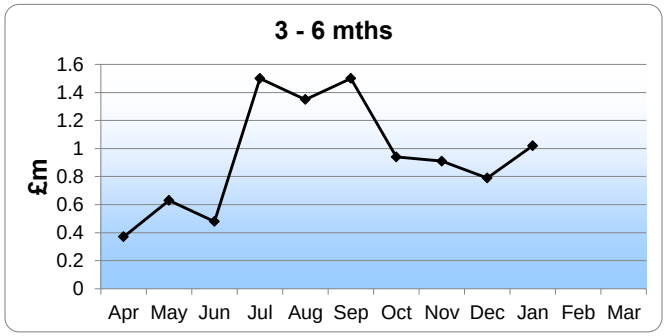
* At the end of January, the total debtor balance was £8.4m, with £2.5m relating to 'current' invoices not due.
* Aged Debt slightly increased to £5.9m, however progress was made with debtors in the 6-12 months category mainly due to Depuy invoices.
* The debtor position remains stablised in line with the previous 3 months and the YTD monthly average aged debt has improved on the average from last financial year.

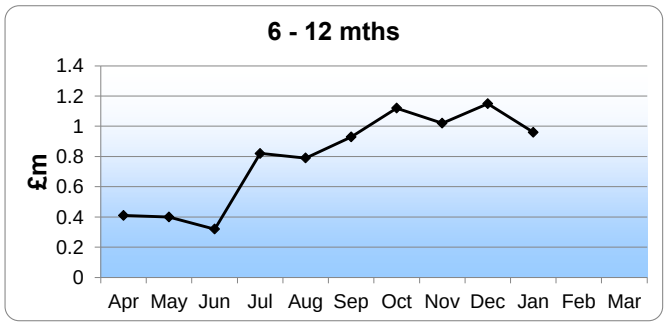


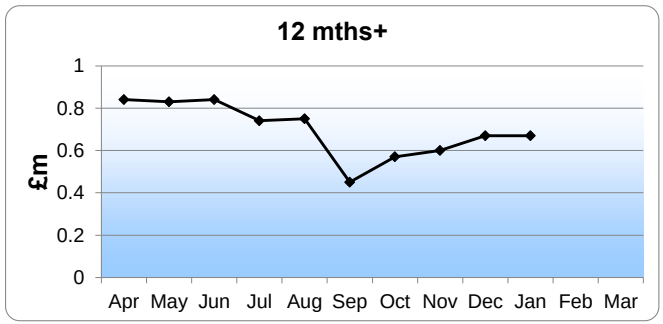












Capital Programme
Month 10 - The Period 1st April 2016 to 31st January 2017

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

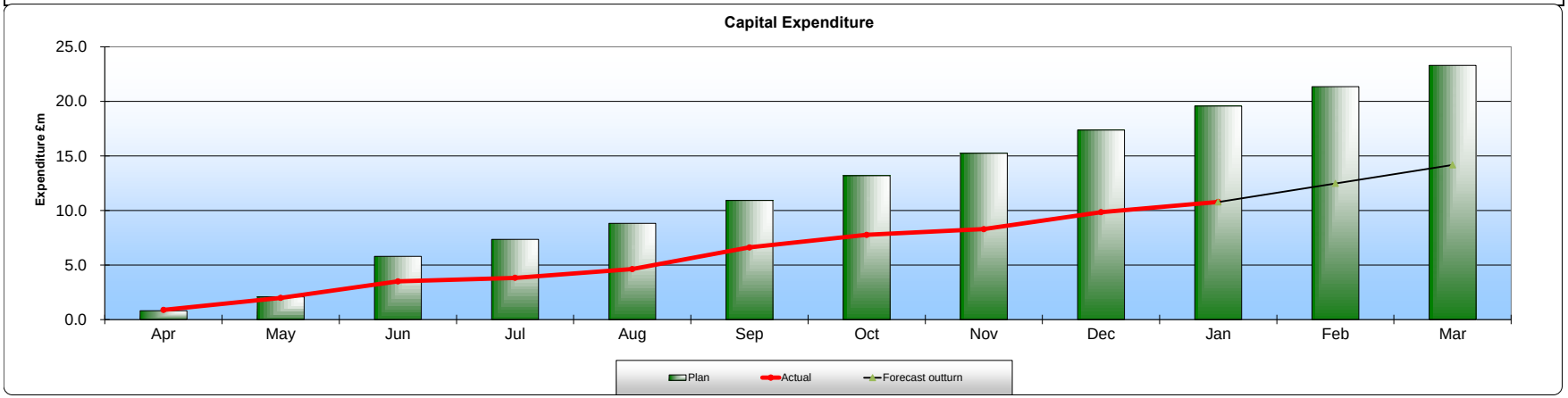
* Total in year spend to 31 January 2016 is £10.78m this is £8.8m behind plan at the end of January. The Trust outturn position has reduced to £14.177m which is shown in the forecast outturn line in the graph.

* There is still no news regarding the release of the ITFF loan for the Endoscopy and VIU schemes. This has impacted on the Trust Capital outturn position.

* The Radiology schemes have now been programmed over the remainder of this year and next financial year this again impacts on the Capital outturn position.

* Trust forecast outturn has been reduced to reflect NHSI request to defer capital spend where feasible.

* The replacement Estates portacabins and the replacement of the alarm system schemes are due to start in February.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Urology Facilities Malton	1,600	1,778	1,600	0	
Purchase of Tanpit Lodge Easingwold	1,000	1,000	1,000	0	
Theatre 10 to cardiac/vascular	1,100	98	250	850	
Radiology Replacement	5,730	59	-	5,730	Slipped to 2017/18
Radiology Lift Replacement SGH	640	69	100	540	Slipped to 2017/18
Fire Alarm System SGH	640	143	160	480	Slipped to 2017/18
Other Capital Schemes	2,719	2,639	3,677	-958	York Admin Block plus Breast imaging PACS
SGH Estates Backlog Maintenance	750	632	1,210	-460	Roof repairs-Malton & Scarborough
York Estates Backlog Maintenance - York	750	350	699	51	
Surgical Assesment Unit/ Ward 14	-	519	590	-590	
Medical Equipment	450	270	550	-100	
IT Capital Programme	1,600	1,122	1,600	0	
Capital Programme Management	1,350	1,277	1,350	0	
Star Appeal	243	61	191	52	
SGH replacement of estates portakabins	732	48	500	232	
Endoscopy Development	3,500	711	700	2,800	Waiting for loan approval
Contingency	500	-	-	500	
TOTAL CAPITAL PROGRAMME	**23,304**	**10,776**	**14,177**	**9,127**	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	12,000	9,023	12,000	-	
Loan Funding b/fwd	-	-	-	-	
Loan Funding	7,950	711	-	7,950	
Charitable Funding	787	333	758	29	
Strategic Capital Funding	2,567	709	1,419	1,148	
TOTAL FUNDING	**23,304**	**10,776**	**14,177**	**9,127**	

Efficiency Programme

Month 10 - The Period 1st April 2016 to 31st January 2017

York Teaching Hospital NHS
NHS Foundation Trust

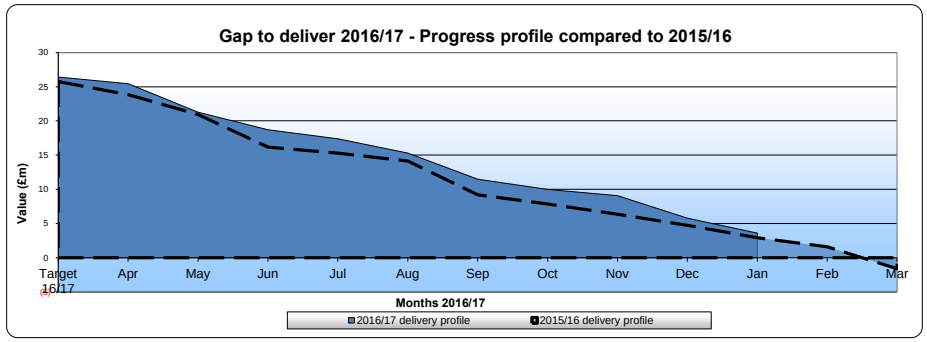
Key Messages:

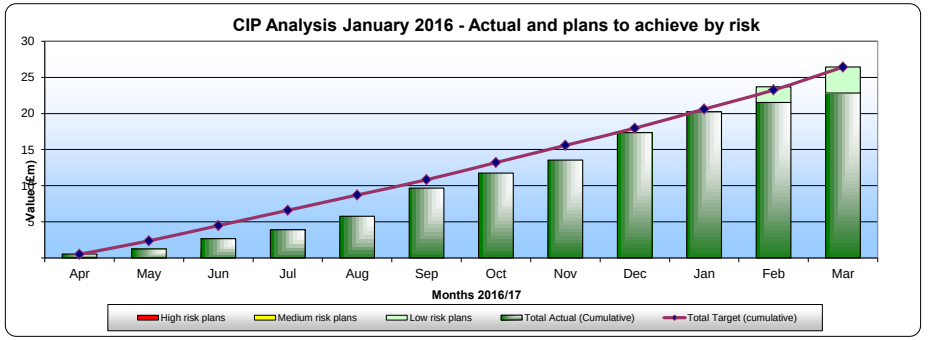
* Delivery - £22.8m has been delivered against the Trust annual target of £26.4m, giving a shortfall of (£3.6m)
* Part year NHSI variance - The part year NHSI variance is (£0.6m).
* In year planning - The 2016/17 planning gap is currently (£0m), High Risk Plans and Medium Risk Plans have now been excluded from the planning position.
* Four year planning - The four year planning gap is (£14.2m). The Target for 17/18 onwards have been updated to reflect the NHSI Plan submitted in December 16.
* Recurrent delivery - Recurrent delivery is £13.2m, which is 50% of the 2016/17 CIP target.

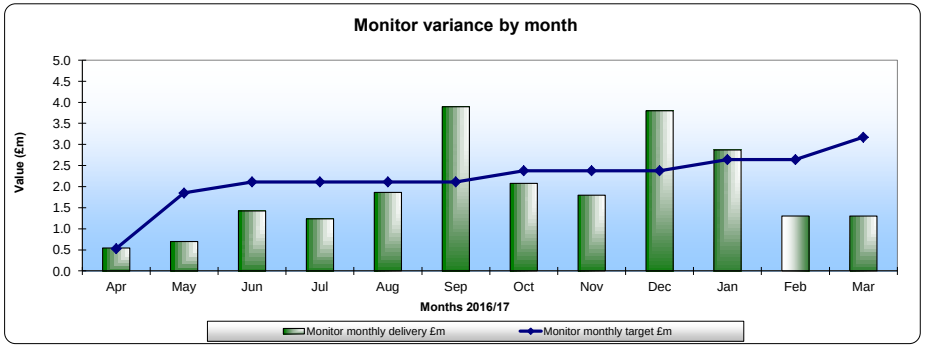
Executive Summary - January 2016	Total £m
TARGET	
In year target	26.4
DELIVERY	
In year delivery	22.8
In year delivery (shortfall)/Surplus	-3.6
Part year delivery (shortfall)/surplus - NHSI variance	-0.6
PLANNING	
In year planning surplus/(gap)	0.0
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

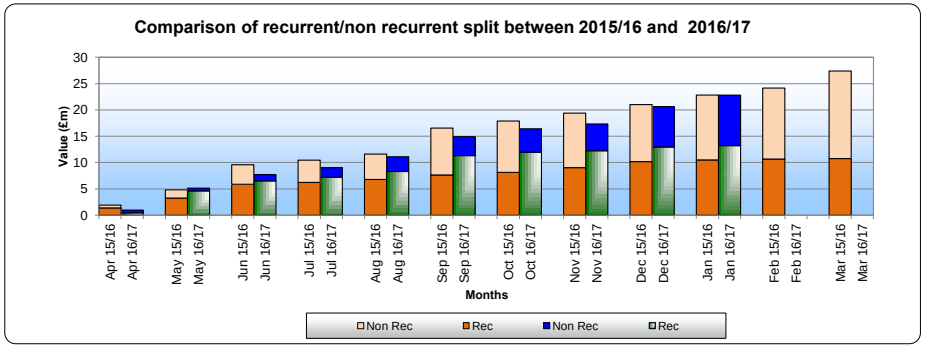
4 Year Efficiency Plan - January 2016					
Year	2016/17	2017/18	2018/19	2019/20	**Total**
	£m	£m	£m	£m	**£m**
Base Target	26.4	22.8	15.4	15.4	**80.1**
Plans	26.4	18.5	12.7	8.1	**65.8**
Variance	0.0	-4.3	-2.7	-7.3	**-14.2**
%	**100%**	**81%**	**83%**	**53%**	**82%**

Risk Ratings			
Financial			
Score	December	January	Trend
1	8	13	↑
2	4	4	→
3	6	3	↑
4	5	3	↓
5	4	4	→
Governance			
Score	December	January	Trend
Red	0	0	→
Green	26	26	→





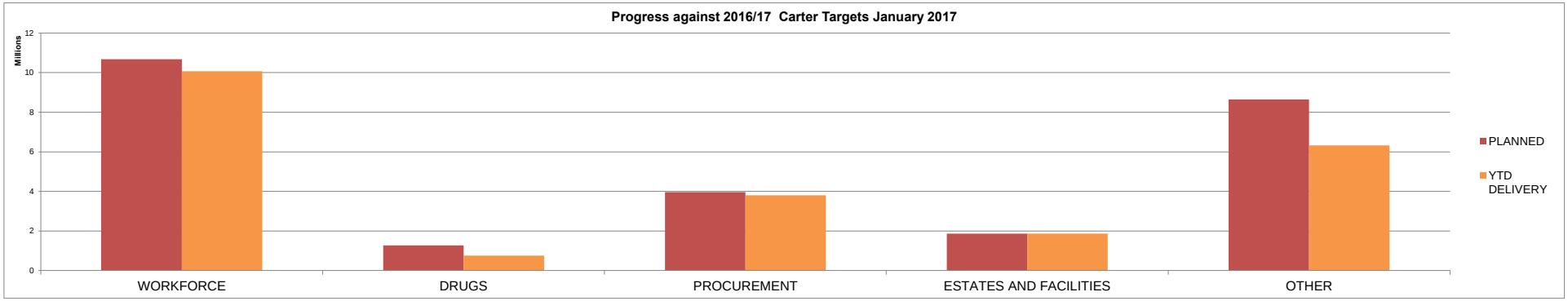




Key Messages:

The Carter Leads for each workstream provide an update on progress against the Carter Agenda to the Carter Steering Group.
The Model Hospital Benchmarking Tool has been updated with 2015/16 Reference Cost Data - validation in progress.

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE JANUARY 2017						
CATEGORY	**WORKFORCE**	**DRUGS**	**PROCUREMENT**	**ESTATES AND FACILITIES**	**OTHER**	**TOTAL**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
2016/17 OVERALL TARGET						26,416
PLANNED	10,681	1,266	3,968	1,860	8,644	26,420
YTD TARGET						20,605
YTD DELIVERY	10,068	762	3,804	1,860	6,325	22,819
YTD VARIANCE						2,214
4 YEAR TARGET						0
4 YEAR PLANS	20,142	7,197	6,921	4,941	26,641	65,843
4 YEAR VARIANCE						0



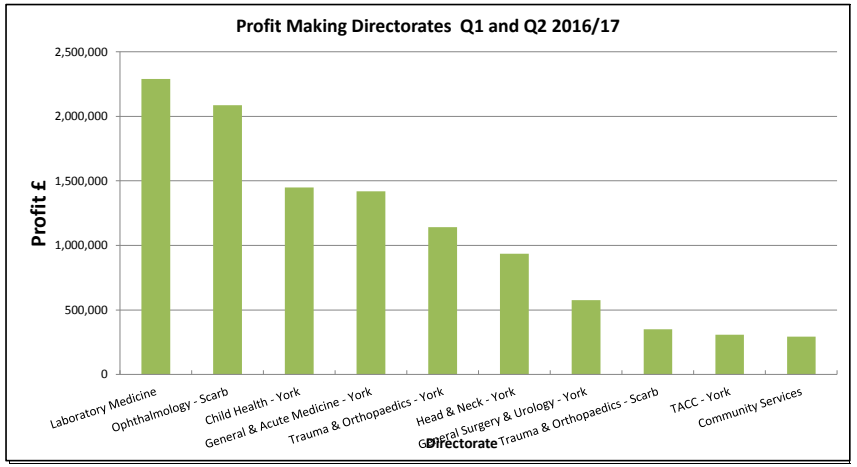
WORKFORCE	DRUGS
1. Draft Internal Dashboard set up and is being reviewed by the Workforce Lead. 2. Back office Costs Data Collection has been validated and final submission sent on 6 January 2017. The Model Hospital will be updated by NHSI to reflect this submission. 3. Review ongoing with Nurse E-Rostering System being led by Senior Nursing Team, E-Roster Team, HR and the Efficiency Team.	1. Draft Internal Dashboard set up and is being reviewed by the Pharmacy Lead. 2. NHSI updated Model Hospital Portal with National Pharmacy Dashboard August 16.
PROCUREMENT	**ESTATES AND FACILITIES**
1. Procurement Steering Group set up and monthly meetings are being held to drive the programme forward. 2. Workshop held with Procurement and a follow-up held in September with schemes being identified and updated on a monthly basis.	1. Work progressing on Internal Dashboard. 2. National Dashboard now live on Model Hospital and being reviewed.

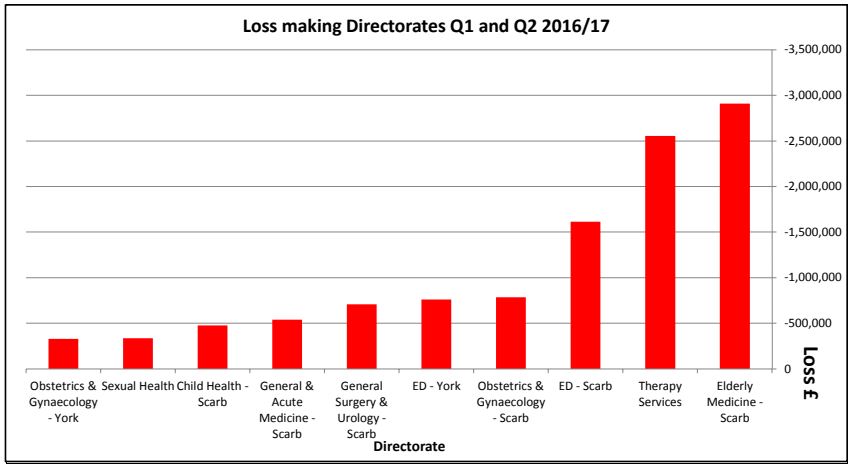
Service Line Reporting
Month 10 - The Period 1st April 2016 to 31st January 2017

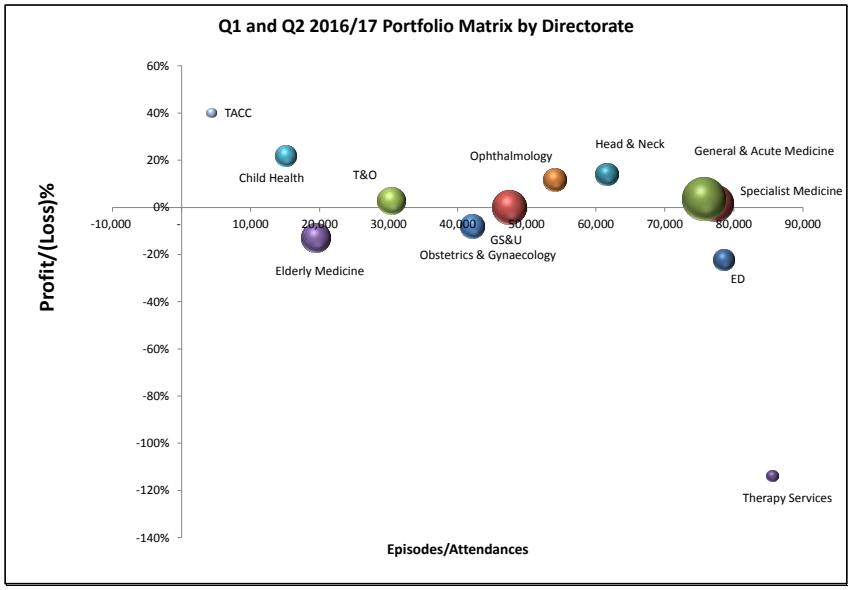
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1 and Q2 2016/17
* It is expected that Q3 2016/17 will be completed towards the middle of March 2017
* New Qlikview user guides are being developed to help users log in and navigate round the system







DATA PERIOD	Q1 and Q2 2016/17
CURRENT WORK	* Q3 2016/17 SLR reports are now the key focus for the team *Three new Qlikview user guides have been published to help users log in and navigate round the system. More user guides covering different areas of Qlikview will be relased over the coming months * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR
FUTURE WORK	* Work on the Q4 2016/17 SLR data and 2016/17 Reference Costs will commence once the Q3 data is published * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.78m**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Efficiency Programme Update – January 2017

Action requested/recommendation

The Board is asked to note the January 2017 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2016/17 target is £26.4m and delivery, as at January 2017 is £22.8m.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 recommendations of 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 regulations

There are no references to CQC regulations

Progress of report Finance & Performance Committee

Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Finance Director
Author	Steven Kitching, Head of Corporate Finance & Resource Management
Date of paper	February 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing note for the Finance & Performance Committee Meeting
14 February 2017 and Board of Directors Meeting 22 February 2017

Subject: January 2017 - Efficiency and Carter update

From: Steven Kitching, Head of Corporate Finance & Resource Management

Summary reported position for January 2017

Current position – highlights

Delivery - Overall delivery is £22.8m in January 2017 which is (87%) of the £26.4m annual target. This position compares to a delivery position of £22.8m (88%) in January 2016.

Part year delivery is (£0.6m) behind the profiled plan submitted to NHSI.

The relative Directorate positions are shown in ***appendix 1&2*** attached.

In year planning – At January 2017 CIP is 100% planned, the comparative position in January 2016 was a gap of £1.5m.

Four year planning – The four year planning gap is (£14.2m). The position in January 2016 was a gap of (£14.5m).

The Board Report has been updated with the 2017/18 NHSI plan figures.

Recurrent vs. Non recurrent – Of the £22.8m delivery, £13.2m (58%) has been delivered recurrently. Recurrent delivery is £2.7m ahead of the same position in January 2016. Work continues to identify recurrent schemes.

The Carter Steering Group (Feb 17) requested a detailed review of non-recurrent delivery to ensure every scheme has been appropriately categorised.

Quality Impact Assessments (QIA) –

Of the 518 schemes assessed 8 have been categorised as High Risk. These High Risk schemes were discussed at the Carter Steering Group (Feb 17) with the following outcome:

1 scheme is part of a wider proposal that will be discussed at a future Board of Directors Meeting. No further Corporate action is required for the remaining 7 schemes.

Overview

The January 2017 position is encouraging with recurrent delivery at £13.2m (50%) of the annual target.

All Directorates have self-assessed their schemes as part of the QIA self-assessment process, and clinical reviews are well underway.

At the request of the Chief Nurse the 'QIA of CIP' will be added as an Agenda item to the Executive Performance Assurance Meetings (EPAM) process to ensure Nurse engagement.

84% of Efficiency panels meetings have now taken place with remaining scheduled for March. 'Follow-up' Panel meetings have been scheduled for 2 Directorates.

Carter

The NHSI Corporate Services Template (back office functions) has been validated and re-submitted and we are waiting for this data to be loaded into the Model Hospital.

Risk

The key risks in the programme:

- There a (£14.2m) 4 year planning gap.
- Recurrent delivery to date is £13.2m of the overall target (£26.4m) and remains a key focus in the final two months.

RISK SCORES - JANUARY 2017 -APPENDIX 1

DIRECTORATE	FINANCE						GOVERNANCE	
	R	RA	A	AG	G	Trend	R	G
COMMUNITY	1	2	3	4	5	→		
EMERGENCY MEDICINE	1	2	3	4	5	→		
WOMENS HEALTH	1	2	3	4	5	→		
RADIOLOGY	1	2	3	4	5	→		
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1	2	3	4	5	→		
TACC	1	2	3	4	5	→		
SPECIALIST MEDICINE	1	2	3	4	5	→		
SEXUAL HEALTH	1	2	3	4	5	→		
MEDICINE FOR THE ELDERLY	1	2	3	4	5	↓		
GS&U	1	2	3	4	5	↓		
GEN MED SCARBOROUGH	1	2	3	4	5	↓		
GEN MED YORK	1	2	3	4	5	↓		
HEAD AND NECK	1	2	3	4	5	↓		
CHILD HEALTH	1	2	3	4	5	↓		
OPHTHALMOLOGY	1	2	3	4	5	↓		
PHARMACY	1	2	3	4	5	→		
LAB MED	1	2	3	4	5	↑		
ORTHOPAEDICS	1	2	3	4	5	→		
CORPORATE								
ESTATES AND FACILITIES	1	2	3	4	5	↓		
MEDICAL GOVERNANCE	1	2	3	4	5	↓		
CHIEF NURSE TEAM DIRECTORATE	1	2	3	4	5	↓		
FINANCE	1	2	3	4	5	→		
SNS	1	2	3	4	5	→		
OPS MANAGEMENT YORK	1	2	3	4	5	→		
CHAIRMAN & CHIEF EXECUTIVES OFFICE	1	2	3	4	5	→		
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	1	2	3	4	5	↓		
HR	1	2	3	4	5	→		
TRUST SCORE	1	2	3	4	5	↓		

RISK SCORES - JANUARY 2017 - APPENDIX 2

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
			%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
COMMUNITY	1,099	2,281	30%	1	29%	1	20%	1	64%	1	4	1
EMERGENCY MEDICINE	522	1,930	31%	1	31%	1	31%	1	77%	1	4	1
WOMENS HEALTH	1,683	3,430	38%	1	34%	1	32%	1	58%	1	4	1
RADIOLOGY	1,693	3,295	45%	1	45%	1	18%	1	44%	1	4	1
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,280	3,462	56%	1	55%	1	48%	1	45%	1	4	1
TACC	2,248	6,274	62%	1	56%	1	27%	1	81%	1	4	1
SPECIALIST MEDICINE	3,172	7,189	57%	1	57%	1	47%	1	55%	1	4	1
SEXUAL HEALTH	635	1,329	57%	1	57%	1	0%	1	88%	1	4	1
MEDICINE FOR THE ELDERLY	1,513	3,774	93%	2	91%	2	57%	1	88%	1	6	1
GS&U	1,964	5,109	99%	2	91%	2	45%	1	80%	1	6	1
GEN MED SCARBOROUGH	871	2,311	101%	3	82%	1	62%	2	97%	2	8	2
GEN MED YORK	1,846	5,686	100%	3	86%	2	53%	1	104%	3	9	2
HEAD AND NECK	850	2,050	106%	3	96%	3	59%	1	117%	4	11	2
CHILD HEALTH	1,072	2,374	108%	3	108%	4	59%	1	109%	3	11	2
OPHTHALMOLOGY	763	2,795	101%	3	94%	2	75%	4	108%	3	12	3
PHARMACY	374	1,065	149%	5	125%	5	93%	5	116%	4	19	5
LAB MED	794	2,881	192%	5	191%	5	108%	5	111%	4	19	5
ORTHOPAEDICS	1,228	3,521	202%	5	202%	5	101%	5	145%	5	20	5
CORPORATE												
ESTATES AND FACILITIES	2,701	7,099	71%	1	71%	1	60%	2	86%	1	5	1
MEDICAL GOVERNANCE	195	533	87%	1	87%	2	5%	1	32%	1	5	1
CHIEF NURSE TEAM DIRECTORATE	389	730	94%	2	90%	2	33%	1	67%	1	6	1
FINANCE	417	1,203	146%	5	146%	5	55%	1	51%	1	12	3
SNS	750	1,772	101%	3	99%	3	83%	5	100%	2	13	3
OPS MANAGEMENT YORK	205	568	131%	5	131%	5	85%	5	71%	1	16	4
CHAIRMAN & CHIEF EXECUTIVES OFFICE	74	186	234%	5	234%	5	105%	5	93%	2	17	4
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	217	627	183%	5	178%	5	70%	3	135%	5	18	4
HR	376	1,007	138%	5	138%	5	86%	5	130%	5	20	5
TRUST SCORE	**28,929**	**74,481**	**100%**	**3**	**86%**	**2**	**50%**	**1**	**83%**	**1**	**7**	**1**

G3

Providing care together in York, Scarborough, Bridlington, Malton, Whitby, Selby and Easingwold communities.

York Teaching Hospital NHS
NHS Foundation Trust

Public Performance Report

February 2017

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	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**92%**	93.0%	92.5%	90.8%	89.4%	90.0%	89.4%	88.9%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0**	0	0	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	74.2%	70.6%	68.6%	67.8%	67.6%	71.7%	70.9%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	95.3%	95.5%	94.4%	93.3%	93.2%	93.7%	93.4%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Oct	Nov	Dec
14 Day Fast Track	Not applicable	**93%**	93.5%	92.8%	89.9%	89.9%	86.2%	89.8%	94.0%
14 Day Breast Symptomatic	Not applicable	**93%**	95.1%	95.6%	93.3%	97.1%	97.6%	97.8%	96.0%
31 Day 1st Treatment	Not applicable	**96%**	98.6%	99.4%	99.0%	98.0%	98.2%	97.1%	98.8%
31 Day Subsequent Treatment (surgery)	Not applicable	**94%**	96.2%	96.5%	97.0%	94.4%	100.0%	83.3%	97.1%
31 Day Subsequent Treatment (anti cancer drug)	Not applicable	**98%**	99.2%	100.0%	100.0%	99.6%	100.0%	99.2%	100.0%
62 day 1st Treatment	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**85%**	85.8%	86.4%	84.3%	80.8%	77.8%	80.2%	84.8%
62 day Screening	Not applicable	**90%**	90.4%	91.0%	92.5%	92.9%	94.9%	93.4%	89.8%
62 Day Consultant Upgrade	Not applicable	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**95%**	85.0%	87.3%	91.4%	82.9%	81.8%	81.1%	78.2%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 30min**	618	592	559	834	302	287	330
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 60min**	484	591	425	709	250	275	379
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q4 15/16**	**Q1 16/17**	**Q2 16/17**	**Q3 16/17**	**Nov**	**Dec**	**Jan**
	NHS VALE OF YORK CCG	30mins - 1hr	183	226	116	371	141	144	134
		1hr 2 hours	122	232	75	219	61	103	132
		2 hours +	69	62	12	66	22	38	69
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	184	165	215	222	82	70	107
		1hr 2 hours	128	101	131	164	64	56	76
		2 hours +	40	29	42	48	28	11	28
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	135	117	146	167	61	46	69
		1hr 2 hours	96	89	90	100	31	34	40
		2 hours +	35	22	23	38	19	9	16
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	19	28	25	21	3	10	10
		1hr 2 hours	21	12	10	20	8	6	11
		2 hours +	9	1	3	4	1	2	3
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	2	3	4	1	0	1	1
		1hr 2 hours	2	1	0	6	0	2	1
		2 hours +	1	0	1	0	0	0	1
	OTHER	30mins - 1hr	25	53	53	52	15	16	9
		1hr 2 hours	20	33	34	31	9	8	2
		2 hours +	12	9	4	13	7	6	0
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	1656	1045	591	1865	666	720	1076
Trolley waits in A&E not longer than 12 hours	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 12 hrs**	32	7	0	18	3	11	45
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	**95%**	99.0%	98.8%	98.8%	To follow	98.5%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**A banding of "Significantly higher that expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported**	97	96	95	93	94	95	96
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9		107	108	107	107	108	107	106

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**48**	15	7	6	13	2	8	10
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**(TBC)**	33	17	32	14	5	5	9
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	**Quarterly:** General Condition 9	**30**	7	13	7	17	4	5	5
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	2	2	2	3	0	1	0
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	**100%**	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	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	**TBC**	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	**Quarterly:** General Condition 9	**95%**	74.0%	84.5%	86.3%	86.8%	86.3%	84.8%	87.2%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	75.0%	83.4%	86.6%	85.2%	85.9%	84.7%	84.4%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**99%**	99.6%	99.3%	99.4%	99.0%	99.2%	99.0%	99.0%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	3	0	0	0	0	0	5
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	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	4	13	2	3	2	0	10
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**	210	61	22	220	101	71	191
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	General Condition 9	**95%**	98.4%	98.7%	98.5%	98.4%	98.3%	98.3%	98.3%
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%**	99.9%	99.9%	99.9%	To follow	99.9%	To follow	To follow
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 - 91% Q2 - 91% Q3 - 93% Q4 - 93%**	92%	87%	88%	87%	88%	85%	87%
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	94.9%	87.5%	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	**180 per month**	482	519	531	603	240	145	185
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	**Not applicable**	2599	2760	2504	2328	818	682	883
% 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**	499	535	530	n/a	167	2 month coding lag	2 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**	1660	1624	1662	n/a	518	2 month coding lag	2 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	**300 per Quarter**	317	235	239	300	105	97	138
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.2%	99.8%	99.8%	99.8%	100.0%	100.0%	n/a
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
All Red Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	85.9%	87.3%	87.9%	87.6%	87.9%	87.1%	n/a

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
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**	1	2	2	0	0	0	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	3339	3345	3479	3647	1381	1057	1137
	Community nurse/service	-	1317	1463	1482	1619	575	515	584
	Acute services	-	1320	1327	1421	1402	477	496	516
	Self / Carer/family	-	882	863	1047	962	353	279	340
	Other	-	426	521	444	400	142	125	126
	Grand Total	-	7284	7519	7873	8030	2928	2472	2703
Community Adult Nursing Contacts	First	-	5089	5620	6018	6526	2339	2059	2180
	Follow up	-	61791	74408	84084	84989	29087	27805	30423
	Total	-	66880	80028	90102	91515	31426	29864	32603
	First to Follow Up Ratio	-	12.1	13.2	14.0	13.0	12.4	13.5	14.0
Community Hospitals average length of stay (days)	Malton Community Hospital	-	18.2	18.8	18.5	18.6	22.2	17.0	19.7
	St Monicas Hospital	-	18.9	16.4	22.7	17.2	23.8	14.7	12.5
	The New Selby War Memorial Hospital	-	19.5	14.1	23.0	17.7	15.4	17.7	21.1
	Total	-	19.3	17.9	21.9	18.3	19.6	17.6	18.8
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	Malton Community Hospital	Step up	44	34	39	41	17	11	11
		Step down	82	84	93	76	25	28	28
	St Monicas Hospital	Step up	23	17	14	26	8	10	5
		Step down	28	37	23	32	9	12	17
	The New Selby War Memorial	Step up	22	22	24	24	10	10	7
		Step down	72	75	66	75	20	25	29
	Total	Step up	104	83	81	100	35	31	23
		Step down	255	267	246	234	54	65	74

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Complaints and PALS												
New complaints this month	40	46	36	30	33	33	50	44	36	37	33	43
Top 3 complaint subjects												
All aspects of Clinical Treatment	39	49	21	26	18	17	26	71	40	36	18	32
Communications/information to patients (written and oral)	24	21	14	6	12	10	26	72	19	17	12	16
Patient Care	26	22	10	11	7	14	18	26	13	36	10	35
Top 3 directorates receiving complaints												
Acute & General Medicine	7	9	8	8	5	6	7	6	3	5	4	8
Emergency Medicine	4	8	5	3	3	6	7	6	10	5	7	8
General Surgery & Urology	7	5	4	3	1	5	6	3	3	7	4	6
Number of Ombudsman complaint reviews (new)	4	0	2	3	4	2	2	0	0	2	0	0
Number of Ombudsman complaint reviews upheld	1	0	0	1	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	2	1	2	1	3	0	1	2	0	0	1	1
New PALS queries this month	557	443	480	407	387	315	333	284	279	286	210	278
Top 3 PALS subjects												
Communication issues	48	48	36	25	23	60	60	51	51	76	52	50
Any aspect of clinical care/treatment	89	48	59	55	47	24	34	28	23	20	22	24
Appointments	52	45	56	37	50	31	61	60	50	44	43	40

Serious Incidents												
Number of SI's reported	28	21	19	12	31	15	17	12	9	18	14	28
% SI's notified within 2 working days of SI being identified*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	7	8	9	6	20	8	6	7	3	5	4	5
-Written Apology Given *	2	1	1	1	2	1	1	1	0	1	0	1
-Invitation to be involved in Investigation	0	0	2	1	2	2	3	3	1	5	2	1
-Given Final Report (If Requested)	0	0	0	1	0	3	1	0	2	0	1	1

Pressure Ulcers**												
Number of Category 2	42	52	50	44	32	31	36	61	75	81	75	87
Number of Category 3	3	3	2	6	6	2	3	3	5	5	2	7
Number of Category 4	1	0	1	0	1	1	1	0	0	2	2	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	44	57	44	53	37	28	39	57	86	100	86	106
Total number developed/deteriorated while in our care (care of the organisation) - community	25	29	24	20	25	28	26	35	36	26	31	39

Falls***												
Number of falls with moderate harm	7	4	1	3	3	3	2	2	0	0	1	2
Number of falls with severe harm	5	5	4	4	9	3	8	4	4	2	4	3
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	1	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Safeguarding												
% of staff compliant with training (children)	84%	85%	86%	86%	85%	86%	86%	86%	86%	86%	87%	87%
% of staff compliant with training (adult)	83%	84%	85%	85%	85%	85%	86%	86%	85%	86%	88%	87%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	12	12	18	16	17	12	10	10	13	14	11	10
Number of Claims settled per Month			3	6	2	5	9	5	1	8	2	7
Amount paid out per month **			£635,000	£66,500	£125,000	£342,500	£989,450	£262,750	£35,000	£780,500	£250,000	£128,226
Reasons for the payment			Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this. Meetings have been arranged with a number of relatives regarding this.
Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient care.
* * one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages.

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 22 February 2017

Business Case: 2015/16-91: Estates, Facilities & Procurement Accommodation Replacement Scheme – Scarborough Hospital

Action requested/recommendation

The Board of Directors is asked to approve the business case.

Executive Summary

Currently there are six very old portakabin-type units at Scarborough Hospital, which accommodate elements of the Estates, Facilities and Procurement Departments. These units are well past the end of their working life, are physically deteriorating rapidly and it is no longer practicable for the Estates Department in Scarborough to maintain and repair them.

The purpose of the attached Business Case is to request approval for funding from the Trust's remaining strategic capital allocation to replace this accommodation with new facilities that are fit-for-purpose and which enable much better use of the site on which they will be located (i.e. better space utilisation, sharing of facilities, improved staff morale / environment, developing better collaborative working within the Trust etc.).

The business case proposal is consistent with the Trust's Estate Strategy and the Capital Plan for 2017-18, both of which have already been presented to the Trust's Board of Directors.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☒

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 recommendations of 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 regulations

There are no references to CQC regulations.

Progress of report	Capital Programme Executive Group Executive Board
Risk	The risk of not proceeding with the above case is based on the fact that the current portakabin-style accommodation for the Scarborough-based Estates, Facilities and Procurement teams are in an extremely poor condition and require demolition and removal from site. If the project / business case does not proceed then the functions and staff accommodated within these units will nevertheless require relocation (because the current accommodation will quickly become unsafe and beyond maintenance / repair). Whilst there is space available for a very short-term relocation of the affected staff, there is no space available for a medium-longer-term relocation of the affected staff groups. The overriding risk of not proceeding is that the current accommodation will be condemned for use and/or not withstand another winter without further deterioration to the point of not being habitable without there being a viable plan in place to accommodate the functions and staff located in these units.
Resource implications	Resources implication detailed in the report.
Owner	Brian Golding, Director of Estates & Facilities
Author	Andrew Bennett, Head of Capital Projects
Date of paper	February 2017
Version number	Version 1

APPENDIX Bi

York Teaching Hospital NHS
NHS Foundation Trust

For Director of Finance Use Only			
Self-Assessed PIR		Full PIR	

BUSINESS CASE SUMMARY

1. Business Case Number

2015 – 16/91

2. Business Case Title

Estates, Facilities & Procurement Accommodation Replacement Scheme – Scarborough Hospital

3. Management Responsibilities & Key Contact Point

The business case 'Owner' should be the appropriate Clinical or non-clinical Director, or where appropriate the lead Clinician nominated by the respective Clinical Director. The 'Author' will be the named manager supporting the Owner of the business case, who will have responsibility for the development and writing of the business case, and <u>will</u> be the key contact point for enquiries.

Business Case Owner:	**Brian Golding**

Business Case Author:	**Andrew Bennett**
Contact Number:	**771 1019**

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change. Relevant data (e.g. BCBV data, etc.) *<u>must</u> be included to support the background described.*

A Project Initiation Request was submitted and approved by the Capital Programme Executive Group ('CPEG') in August 2015 outlining details of a feasibility study to be undertaken on three separate proposed modular building projects across the Scarborough site:

1. Single storey modular build linked to Maple Ward to accommodate the Waiting List and General Surgical Teams. This scheme was originally conceived as an enabling element of work for the Scarborough Hospital replacement lift project (total GIA 208m2),

2. Two-storey replacement of the two modular buildings attached to the Estates & Facilities building accommodating Procurement and Capital Projects Department staff (total GIA 186m2), and

3. Two-storey replacement of the 6 Pullman modular buildings that accommodate Estates & Facilities Directorate staff (total GIA 720m2).

The existing portakabin accommodation outlined in '3' above is well past its working life and it is no longer practicable to maintain them. It is extremely dilapidated and the Estates Department is unable to maintain them. Their current usage is as accommodation for:

- Domestic supervisory team,
- Domestic storage,
- Porters lodge & welfare facility,
- Male changing facilities,
- Female changing facilities, and
- Continence service.

Proposal No's 1 and 2, which both have planning consent, were placed on hold whilst Proposal No 3 was developed to understand if it was possible to reduce the three separate proposals to one or two schemes thus reducing cost.

During the course of developing Proposal 3, above, Proposal 1 has become dis-associated with the Radiology Lift Replacement scheme and is therefore not required at the present time. The Capital Projects Department has, however, combined the two remaining proposals (2 and 3) into a single scheme, which this business case is seeking approval for.

The proposal 3 is consistent with the Trust's Estate Strategy.

5. Options Considered

List below the alternative options considered to resolve the issue(s) presented in section 4 above. This should include consideration of alternative workforce and clinical models.

Description of Options Considered
1. Do nothing.
2. Review alternative existing accommodation in which to re-locate the functions of the 6 Pullman modular buildings.
3. Develop scheme to replace the 6 Pullman modular buildings incorporating co-location of some services/departments which are scattered across the Hospital site.

6. The Preferred Option

6.1 Preferred Option

Detail the preferred the option together with the reasons for its selection. This must be supported with appropriate data in demonstrating how it will address the issue(s) described in section 4 above.

Option 3

Option 3 is the preferred option for delivery. This option will replace the current six single storey individual units with a new, two storey, modular building. The new building will occupy a similar footprint to the existing buildings, providing upgraded and modernised facilities which will optimise the available site area. The two floors will be 360m2 each in size and accommodate the following functions.

Ground Floor
Domestic supervisory team & storage
Male changing facilities including shower
Female changing facilities including shower
Shared welfare accommodation
Shared training facility
WC's

First Floor
Capital planning team
Procurement team
Meeting rooms
Kier office accommodation & meeting room
Security team
Transport Manager office
Health & Safety Manager office
Small beverage area
WC's
Small shared waiting area

By co-locating additional services in this build, we are able to create a hub of Estates & Facilities functions, adjacent to the existing Estates & Facilities / Boiler-house block.

This proposal provides the opportunity to re-locate the Security team from a metal box structure outside of the Emergency Department to appropriate facilities. The current accommodation for the Security team is a temporary solution which has now been in place for over 2 years without any planning consent and should be removed at the earliest opportunity. The Security team will share accommodation with the Health & Safety Manager and Transport Manager.

By accommodating a Kier management office and meeting room, we will remove some of the modular accommodation currently sited on the car park to the side

of Maple/Lilac Wards creating additional parking spaces for Trust staff. Should Kier vacate the site in the future, this space can be utilised for additional office accommodation.

Creation of shared welfare, changing rooms and meeting rooms will transfer these functions from the existing six modular units and E&F building to provide room to create Personal Protective Equipment storage area and secure storage facility for essential Estates spares.

The ground floor will be accessible for disabled users and the welfare facility and training room adjacent will be designed with partitioning which can be opened up into a large meeting area. The Capital Projects Department has derogated from lift access to the first floor due to cost and space limitations and an Access Statement is being prepared, for Building Control purposes, stating alternative provision solutions for those departments located on the first floor.

The Continence Service, currently located in one of the six Pullman buildings will be re-located elsewhere and does not form part of this proposal (see next paragraph).

In the short-term, the existing Capital Projects Team and Procurement Team modular buildings will be utilised, one for the Continence Service and one as storage. In the medium-long term these buildings will need to be removed. The cost of the removal of these buildings is not included in the capital cost plan for this project.

The Capital Projects Team has worked with all of the necessary Trust stakeholders to develop proposals that are based on an understanding of the requirements of their services and discuss various options for the internal layout of the build. As the space for the replacement building is limited by the size of the site, it has been crucial to eradicate any duplication and as such, other than individual work spaces, all supporting services are shared.

Given the replacement site, consideration regarding transportation to site and construction of the new modular build has been made and a plan will be developed in collaboration with the Transport Manager and relevant departments to ensure minimum disruption during the build programme.

The programme for this scheme is a critical success factor. The occupants of the existing six Pullman buildings will need to be accommodated elsewhere during the demolition and construction phase. Some of the occupants have, due to the accelerated deterioration of the existing buildings, relocated to Haldane Ward but the CPEG will, of course, be aware that a scheme has been approved to utilise Haldane Ward as a Pathology Laboratory (as part of the Trust-wide Laboratory Medicine Strategy project). Consequently, the timetable for this project must dove-tail with the project to transform Haldane Ward into Haematology Lab facilities. The plan is for this scheme to be delivered on site - subject to the necessary Trust approvals being received – whilst the detailed design phase of the Laboratory Medicine scheme is being undertaken. In this way, the staff currently located in Haldane Ward should have relocated to the

new Estates, Facilities and Procurement Accommodation well before work needs to commence in the ward.

This scheme is identified in the Trust's Estate Strategy and some provision for it has been made in the capital plan for 2017-18.

6.2 Other Options

Detail the reasons for rejecting the remaining options listed under section 5, together with supporting detail.

Option 1.
Due to the extremely poor integrity of the existing 6 Pullman modular builds, this option is not viable. These Pullman buildings are at least 30 years old and are in imminent danger of being condemned for use. The buildings are poorly designed to optimise the space available on the site and while a covered walkway is provided, they do not allow any access for disabled users. The existing six single-storey portakabin accommodation is deteriorating quickly with an inevitable impact on the morale and wellbeing of staff who have to work in it.

Option 2.
Scarborough Hospital site does not have existing vacant accommodation with the capacity to accommodate all the functions of the 6 Pullman buildings on a permanent basis. We have identified the currently vacant Haldane Ward as a temporary decant area during demolition and construction of the new proposed two storey modular build. This is not a long term solution as Haldane Ward is not suitable in its current form to accommodate the various teams and functions however, can be utilised as a short term decant space. There are plans in development to relocate the remaining Blood Sciences, Pathology services, permanently to Haldane Ward.

7.0 Trust's Strategic Objectives

7.1 Alignment with the Trust's Strategic Objectives

The Trust has identified four strategic 'frames' that ensure there is a focus for its emerging priorities and objectives and assists in the communication to staff, patients and other stakeholders. The four strategic 'frames' are:

1 *Improve Quality and Safety*
2 *Develop and enable strong partnerships*
3 *Create a culture of continuous improvement*
4 *Improve our facilities and protect the environment*

In this context listed below are four principle objectives that fit to the strategic frames. Indicate using the table below to what extent the preferred option is aligned with <u>at least one</u> of these principle objectives.

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
Improve quality and safety - To provide the safest care we can, at the same time as improving patients' experience of their care. To measure our provision against national indicators and to track our provision with those who experience it.	Yes	The existing six Pullman units are in imminent danger of being condemned for use as staff accommodation. The new proposed modular build will provide modern and efficient accommodation improving the quality and safety aspects of the current staff working conditions.
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	No	This proposal focuses on providing new accommodation for existing staff and although this is not a scheme which improves patient care, it does provide the ability to co-locate E&F staff to promote stronger partnership working internally.
Create a culture of continuous improvement - To seek every opportunity to use our resources more effectively to improve quality, safety and productivity. Where continuous improvement is our way of doing business.	Yes	Co-location of staff, currently dispersed, will improve communication and provide accommodation that fosters a communal culture and enhance services.
Improve our facilities and protect the environment - To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible.	Yes	The current accommodation does not promote the Trust's ethos in investing in staff and the environment and is in extremely poor condition which is clearly visible. This scheme will provide modern and appropriate accommodation and improve staff satisfaction and welfare.

7.2 Business Intelligence Unit Review

The Business Intelligence Unit must review all business cases for 'Strategic fit' to the Trust's 5 year plan. The date that the business case was reviewed by the BIU together with any comments which were made must be provided below.

Date of Review	
Comments by BIU	

8 Benefit(s) of the Business Case

8.1 Benefit(s)

The identification at the outset of the benefit(s) that arise from the business case is crucial to ensuring that a robust evaluating of the progress and delivery of the business case objectives is possible during the post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will accrue to the Trust from the preferred option in each of the three domains of service improvement. The benefits identified must be tangible, and capable of being evidenced ideally through some form of measurement.*

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
New modular block accommodation fit for purpose in place of existing "end of life" single units which are at risk of being condemned due to Health & Safety issues i.e. water roof ingress, rotting timber floors, damp and mould to walls, poor insulation and heat loss through walls and windows.	Site visit	Single modular units in poor physical condition	New modular block build fit for purpose
How will information be collected to demonstrate that the benefit has been achieved? Visual inspection of the site and Capital Project Plan completion.			
Access & Flow			
Move from non-compliant single modular units with no disabled access to a modular building with ground floor accessibility.	Site visit	No disabled access	Disabled access to ground floor
How will information be collected to demonstrate that the benefit has been achieved? Visual inspection of the site and Capital Project Plan completion.			
Finance & Efficiency			
New building will be mechanically and electrically efficient to reduce energy costs.	Kilowatt saving	Standard energy calc for older buildings	Standard calc for new buildings (Architect supplied figures)
Combining two proposed schemes into one scheme reduces Capital cost.	Finance	XX	XX
How will information be collected to demonstrate that the benefit has been achieved? Site visit following completed construction.			

8.2 Corporate Improvement Team Review

The Corporate Improvement Team must review all business cases across the three quality domains. The date that the business case was reviewed by the CIT together with any comments which were made must be provided below.

Date of Review	
Comments by CIT	

8.3 Corporate Efficiency Team Review

The Corporate Efficiency Team must review all business cases for efficiency opportunities. The date that the business case was reviewed by the CET together with any comments which were made must be provided below.

Date of Review	
Comments by CET	

9 Summary Project Plan

Detail below the specific actions, individuals responsible for their delivery, and timescales that must be done in order to realise the intended benefits of the preferred option of this business case. For example, these may include acquisition of key space requirements, or equipment, IT software/ hardware; the recruitment of key personnel, training, implementation of systems, change in business and/or clinical processes, etc. ***All fields must be completed****.*

Description of Action	Timescale	By Who?
Business Case to be agreed by CPEG & Business Case Panel	By end of January 2017	ABe
Planning consent process	January 2017	Capital Projects Manager
Kier / PSCP Sub-Contractor Purchase Order	By end of February 2017	Procurement Team / Capital Projects Manager
Contractor mobilisation period process	February-March 2017	Kier
Contractor Enabling Work	March – April 2017	Kier
Contractor Civils Work (engineering infrastructure)	May – June 2017	Kier
Contractor Foundations Work	May – June 2017	Kier
Modular Building - delivery and install	End June – end August 2017	Kier / PSCP sub-contractor

10 Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

Identified Risk	Proposed Mitigation
Timescale may impact on Pathology scheme to relocate to Haldane Ward	Robust project management from the Capital Projects Department to tightly manage timescales and work with both steering groups, contractors etc. to ensure minimal risk to Pathology scheme.
Transportation off-site for existing modular units & bringing onto site new modular construction. This will require a transport management plan for the affected site area.	Capital Projects Manager to work with Trust Transport Manager and contractor to identify risk assessment plan for minimum disruption to the Hospital site.
Planning consent for two storey build with derogation from first floor disabled access	Capital Projects Team to liaise with Scarborough Planning Officers & Access Statement to be prepared with mitigation.

11 Risk of Not Proceeding:

Identify the key risks/ potential impact of not proceeding with the preferred option.

The current 6 Pullman modular units are in an extremely poor condition and require demolition and removal from site. If this preferred project option does not proceed then the functions and staff accommodated within these units require a temporary decant and permanent solution: whilst there is space available for the former in the very short-term, there is no space available for the latter. The overriding risk is that these units will be condemned for use and/or not withstand another winter without further deterioration to the point of not being habitable without there being a plan in place to accommodate the functions and staff located in these units.

12 Consultant, and other Non-Training Grade Doctor Impact

(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/ Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/ Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/ Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the business case.

	Before	After
Average number of PAs		
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**

12.2 Advisory Committee Review:

The Consultant Job Planning Advisory Committee must review all proposed job plans for new consultant posts, as well as any job plans for existing consultants where the proposed new post would have an impact on current working practices. The date that the job plans were approved by the Committee and any comments which were made must be provided below.

Date of Approval	
Comments by the Committee	Not applicable

13 Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the business case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above. Where external stakeholder support is vital to the success of the business case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment.

*Examples of stakeholders include Lead Clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), commissioners (e.g. Vale of York CCG, Scarborough & Ryedale CCG, etc.), patients & public, etc**. Please bear in mind that most business cases do have an impact on Facilities & Estates services.***

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	
Corporate Improvement Team	
Corporate Efficiency Team	
Workforce Team	
Commissioning Team	
Other Consultation	

14 Sustainability

The Trust is committed to development of sustainable solutions in the delivery of its services, including minimising its carbon footprint. The following questions should be answered in the context of the impact of this business case has on the areas listed.

If assistance is required in assessing the sustainability impact of this business case, help is available from Brian Golding, Trust Energy Manager on (72)6498.

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	Reduced Kilowatt output expected moving from old building standard comparison to new building.
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	No	
Reduce business miles?	No	
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

15 Alliance Working

How does this business case support the Trust's stated objective of developing and enhancing the clinical alliance arrangements with Harrogate & District NHS Foundation Trust, and Hull and East Yorkshire Trust?

Not applicable.

16 Integration

Integration of clinical and non-clinical services following the acquisition of the Scarborough & North East Yorkshire NHS Trust is a key priority for the Trust. How does this business case link into the Directorate's Integration plan? Have current non-integrated services discussed new appointments?

Provides the built environment to co-locate disparate Estates & Facilities functions into one building adjacent to existing E&F building.

17 Impact on Community Services

Will this business case have an impact on Community Services and/or provide an opportunity to better integrate Acute and Community Services? How will this impact?

Not applicable.

18 Impact on the Ambulance Service:

	Yes	No
Are there any implications for the ambulance service in terms of changes to patient flow?		No

If yes, please provide details including Ambulance Service feedback on the proposed changes:

Not applicable.

19 Market Analysis:

Where the business case is predicated on securing new and/or increased business (and income), detail the evidence supporting the income projections.

Not applicable.

20 Financial Summary

20.1 Commissioning Team Review:

The Commissioning Team must review all business cases for consistency with PbR and other national commissioning guidance, and with regard to consistency with CCG, NHS England, and Local Authorities commissioning intentions. The date that the business case was reviewed by the CT together with any comments which were made must be provided below.

Date of Review	Not applicable.
Comments by CT	

20.2 Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the specialty as a result of this business case. The figures should cross reference to the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		1839	1839
Income		0	0
Direct Operational Expenditure		12	12
EBITDA	0	-12	-12
Other Expenditure		82	82
I&E Surplus/ (Deficit)	0	-94	-94
Existing Provisions	n/a	50	50
Net I&E Surplus/ (Deficit)	0	-44	-44
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure	n/a	5	5

Supporting financial commentary:

Capital costs include:

- £1,617,000 for the 2 storey modular build construction and installation (including prelims, ground works, civils and VAT – as well as the Stage 3 costs incurred via Kier to date),
- £25K for professional fees to support the project's delivery,
- £24K of IT equipment,
- £48K general equipment,
- £27K contingency, and
- £92K P21+ Fees.

There is £5K non re-current spend for decant costs and £12K of recurring expenditure to cover additional domestics and maintenance costs.

During the detailed design stage (P21+ Stage 3), various Building Regulations, S&NS and Estates requirements had to be factored into the project, which has led to £235K additional cost / work to form part of the capital cost plan for the scheme.

The sub-contracted modular building element of the project has been market-tested via Kier and this process was reviewed by the Trust's external Cost Advisor. The overall GMP submission by Kier has also been evaluated / interrogated by the Trust's external cost advisor. The evaluation report concludes that the build price offered by Kier, which is only very slightly in excess of £1,800.00 per sq metre is fair/reasonable and in line with other modular construction projects of this nature.

21 Date:

22 January 2017

GAL/December 2014

APPENDIX Bii

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	BC 2015-19/91
TITLE:	Estates & Facilities Modular Build – Scarborough Hospital
OWNER:	Brian Golding
AUTHOR:	Andrew Bennett

Capital

	Total	Planned Profile of Change			
		2016/17	2017/18	2018/19	Later Years
	£'000	£'000	£'000	£'000	£'000
Expenditure	1,839	457	1,382		

Capital Notes *(including reference to the funding source)*:

Capital costs include:
- £1,617,000 for the 2 storey modular build construction and installation (including prelims, ground works, civils and VAT – as well as the Stage 3 costs incurred via Kier to date),
- £25K for professional fees to support the project's delivery,
- £24K of IT equipment,
- £48K general equipment,
- £27K contingency, and
- £92K P21+ Fees.

The strategic funding for Scarborough is to be used to fund this scheme which is included in the Trust Capital Plan 2016/17

Revenue

	Total Change				Planned Profile of Change			
	Current	Revised	Change		2016/17	2017/18	2018/19	Later Years
	£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring			5		5			
(b) Recurring								
Income								
NHS Clinical Income			0		0	0	0	0
Non-NHS Clinical Income			0		0	0	0	0
Other Income			0		0	0	0	0
Total Income	0	0	0		0	0	0	0
Expenditure								
Pay								
Medical			0					
Nursing			0			0	0	0
Other (please list):								
Admin & Clerical Staff			0			0	0	0
Domestic		2	2			2	2	2
			0			0	0	0
			0					
	0	2	2	0.00	0	2	2	2
Non-Pay								
Drugs			0			0	0	0
Clinical Supplies & Services								
General Supplies & Services		0	0			0	0	0
Other (please list):								
Establishment Expenses			0			0	0	0
E&F Maintenance		10	10			5	10	10
	0	10	10		0	5	10	10
Total Operational Expenditure	0	12	12		0	7	12	12
Impact on EBITDA	0	-12	-12	0.00	0	-7	-12	-12
Depreciation		51	51				51	51
Rate of Return		31	31				31	31
Overall impact on I&E	0	-93	-93	0.00	0	-7	-93	-93
								+ favourable (-) adverse
Less: Existing Provisions	n/a	50	50		0	50	50	50
Net impact on I&E	0	-43	-43		0	43	-43	-43

Revenue Notes *(including reference to the funding source)*:
£5k is included for decant costs as non recurrent spend. Recurrent spend includes additional hours for a domestic and Estates & Facilities maintenance costs. These are estimated costs.

	Owner	Finance Manager	Board of Directors Only Director of Finance
Signed	Brian Golding		
Dated			

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2014/15	2015/16	2016/17	Later Years
Elective (Spells)			0		0	0	0
Non-Elective (Spells)							
Long Stay			0	0	0	0	0
Short Stay			0	0	0	0	0
Outpatient (Attendances)							
First Attendances			0		0	0	0
Follow-up Attendances			0		0	0	0
A&E (Attendances)			0				
Other (Please List):							
Outpatient Procedures			0		0	0	0
One-Stop			0		0	0	0

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
NHS Clinical Income							
Elective income							
Tariff income			0	0	0	0	0
Non-Tariff income			0	0			
Non-Elective income							
Tariff income			0	0	0	0	0
Non-Tariff income							
Outpatient							
Tariff income			0	0	0	0	0
Non-Tariff income			0				
A&E							
Tariff income			0	0	0	0	0
Non-Tariff income			0	0	0	0	0
Other							
Tariff income (one-Stop)			0	0	0	0	0
Non-Tariff income			0				
	0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income							
Private patient income			0				
Other non-protected clinical income			0				
	0	**0**	**0**	**0**	**0**	**0**	**0**
Other income							
Research and Development			0				
Education and Training			0				
Other income			0	0	0	0	0
	0	**0**	**0**	**0**	**0**	**0**	**0**