York Teaching Hospital NHS
NHS Foundation Trust

The programme for the next meeting of the Trust's Board of Directors day, which will take place:

on: **Wednesday 24 June 2015**

in: **The Boardroom, The York Hospital**

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chair	Susan Symington's Office	Non-executive Directors
9.00am – 11.30am	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
11.45am – 12.45pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
1.00pm	Lunch – example of the catering provided by Ellerby's Restaurant	Ellerby's Restaurant	Board of Directors

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

York Teaching Hospital NHS
NHS Foundation Trust

Restricted – Management in confidence

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

On: **Wednesday 24 June 2015**

At: **9.00am – 11.30am**

In: **The Boardroom York Hospital**

A G E N D A					
No	**Time**	**Item**	**Lead**	**Paper**	**Page**
Part One: General					
1	9.00-9.05	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting. The Chair will welcome Dr Ed Smith and Mr Jim Taylor (Deputy Medical Directors) to the Board meeting	Chair		
2		**Apologies for Absence and Quorum**	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	9.05-9.10	**Minutes of the Board of Directors meeting held on 27 May 2015** To review and approve the minutes of the meeting held on 27 May 2015	Chair	B	11
5		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		

No	Time	Item	Lead	Paper	Page
6	9.10-9.20	**Patient Story** Patient story presented by the Chief Nurse	Chief Nurse	Verbal	
7	9.20-9.45	**Chief Executive Report** To receive an update on matters relating to general management in the Trust	Chief Executive	C	25
Part Two: Quality and Safety					
9	9.45-10.15	**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 • End of Life Care Quarterly Report	Chair of the Committee	D D1 D2 D3 D4 D5	31 41 75 79 87 97
10	10.15-10.40	**Community Care update** To receive an update on Community Care from the Deputy Chief Executive	Deputy Chief Executive	Verbal	
10 minute break					
Part Three: Finance and Performance					
11	10.50-11.15	**Finance and Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report • Performance Recovery Plan	Chair of the Committee	E E1 E2 E3 E4	103 113 123 137 143

No	Time	Item	Lead	Paper	Page
Part Four: HR and OD information					
14	11.15-11.25	**Workforce Strategy Committee** To receive the minutes from the Workforce Strategy Committee meeting held on 3 June 2015	Chair of the Committee	F	147
Part Five: Governance					
17	11.25-11.30	**Corporate Governance Statement and associated declarations** To approve the confirmation included in the document	Chief Executive	G	157
Any other business					
19		**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 24 June 2015 in the Boardroom York Hospital			
20		**Any other business** To consider any other matters of business.			

Items for decision in the private meeting:

There are no specific decisions to be taken in the private meeting

The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients). On this occasion the Chair will ask the Board to resolve:

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act l960.

Register of directors' interests
June 2015

York Teaching Hospital NHS
NHS Foundation Trust

Additions: No changes

Changes: No changes

Deletions: No changes

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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	Nil	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	Nil	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	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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	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 foundation trust including but not limited to, lenders or banks
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)	Nil	Nil	Nil	**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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	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
Mrs Sue Holden (Executive Director of Workforce and Organisational De-velopment)		**Director –** SSHCoaching Ltd		**Member -**Conduct and Standards Committee – York University Health Sciences **Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Dr Alastair Turnbull (Executive Director Medical Director)	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

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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 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 foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom, The York Hospital on 27 May 2015.

Present:	**Non-executive Directors**	
	Ms S Symington	Chairman
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr M Keaney	Non-executive Director
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Professor D Willcocks	Non-executive Director
	Executive Directors	
	Mr P Crowley	Chief Executive
	Mr A Bertram	Director of Finance
	Mrs S Holden	Director of Workforce and Organisational Development
	Mr M Proctor	Deputy Chief Executive
	Dr A Turnbull	Medical Director
	Mrs J Walters	Chief Operating Officer
	Corporate Directors	
	Mr B Golding	Director of Estates and Facilities
	Mrs S Rushbrook	Director of Systems and Networks
Attendance:		
	Mrs A Pridmore	Foundation Trust Secretary
	Mrs W Scott	Head of Community Services
Observers:	Mrs A Bolland	Public Governor – Selby
	Mrs J Anness	Public Governor – Ryedale and East Yorkshire
	Mr P Baines	Public Governor – York
	Ms L Pratt	Healthwatch York

The Chairman welcomed Mrs Scott and members of the public to the meeting. She asked Mrs Pridmore to confirm the meeting was quorate. Mrs Pridmore confirmed the meeting was quorate.

15/077 Apologies for absence

Apologies were received from Mrs B Geary, Chief Nurse.

15/078 Declarations of Interests

The Board of Directors **noted** the current list of interests declared. The Board were reminded that if there were any changes to the interests declared they should advise Mrs Pridmore.

15/079 Minutes of the meeting held on the 29 April 2015

Mrs Rushbrook referred to minute15/063 and asked for the action to be amended to show she was asked to give a presentation to the Quality and Safety Committee and not the whole Board. She confirmed the action had been completed. Mrs Rushbrook added she would be happy to give a presentation on 'IT in the Future' to the Board. The Board agreed with the amendment to the minute. The reminder of the minutes were approved as a true record of the meeting.

15/080 Matters arising from the minutes

15/061 CQC draft reports

Correspondence has been received from the CQC informing the Trust that CQC's National Quality Assurance Group would be meeting on 15 June 2015 and the Trust could expect to receive the draft reports the following week. Mr Crowley added that Dr Turnbull had agreed, following his retirement, to return to work with the Trust, to undertake an accuracy check on the eight draft reports. This would ensure there was continuity throughout the process. It was expected that the final report would be received in two or three months.

The Board agreed that communication about the CQC reports at an early stage would be helpful. Mrs Symington asked if information would be available to report to the next Board of Directors. Mr Crowley confirmed that if it was available he would include it in his report

Mr Sweet asked Mr Crowley to comment on the meeting with Monitor held at the beginning of May. Mr Crowley explained the meeting was a low level information sharing meeting and there was nothing significant to report.

Ms Raper asked if Mr Crowley could update the Board on when the Board would receive the Communication Strategy. Mr Crowley confirmed the strategy has been constructed and he would be keen for Ms Raper, Mr Crowley and Mrs Brown (Head of Communications) to meet in advance of any presentation to the Board. He anticipated the document would be available to be reviewed by the Board at the July meeting.

15/081 Report from the Chief Executive

Mr Crowley referred to the Patient Safety Conference and reflected on its excellence. He added he had received positive and supportive comments about the conference from everyone who had attended. He was impressed by the external and internal speakers and reflected on one particular comment about this conference not being seen in other organisations, but being the right thing to do. He congratulated Dr Turnbull and his team for an excellent conference adding it was an accolade to his success as Medical Director.

Mr Crowley added that the Trust may feel pressure and have vulnerabilities at present, but important work such as the conference should continue because it galvanises people and improves results.

Ms Raper commented on how impressed she was by the conference and with the presentation given by the Finance Director.

Mr Crowley referred to the work the Board would undertake later in the day around addressing the pressures and vulnerabilities that exist at present and confirmed that information would be shared with the Council of Governors on 10 June 2015 as they were an important part of process.

Mr Crowley commented on the Monitor call held on 1 May. Monitor asked for more detail around the RTT and Emergency Department performance. The Trust had also been asked to participate in a tripartite meeting arranged by Monitor and hosted by NHS England which included the CCGs and other stakeholders. The aim of the meeting was to resolve underlying difficulties and develop a whole system approaches.

Mr Crowley met with the Senior Relationship Manager from Monitor and understood the Trust can expect to have further discussions with Monitor about the current performance.

Mr Crowley reported on the decision around the hyper- acute stroke service at Scarborough. He advised he would be discussing the changes to the service with the North Yorkshire Scrutiny Committee at their meeting in June and was working in partnership with the Chief Officer for the Scarborough and Ryedale CCG – Simon Cox.

Mr Crowley referred to the growing success of the team around nurse recruitment and the number of additional nurses that have been recruited recently.

Mr Crowley referred to the development of an Out of Hospital Care Provider Alliance Board. The first meeting had taken place chaired by Mr Proctor and had been a great success. Mr Sweet commented on the level of commitment from all those involved he had witnessed at the meeting. Mr Proctor added good progress had been made at the meeting which involved the voluntary sector, GPs, other provider stakeholders and was facilitated by Capsticks. Following work from Capsticks, a further meeting is arranged for 16 June to discuss the principles and governance arrangements. It is anticipated that a paper will be presented to the June Board to consider and approved. The first formal Board meeting is planned for 9 July.

On 23 June a commissioner led meeting will take place with the objective of identifing the outcomes commissioners want providers to achieve. This will help the Trust develop the required pathways and support re-establishing the purchaser provider split. Dr Turnbull added he had recently met with Dr Letham, Chairman of the GPLMC, and was struck by his enthusiasm for the work being undertaken.

Mr Crowley referred to the work being undertaken to re-launch of the Cancer Board. It is a valuable forum in the organisation providing an opportunity for consultants to develop and become clinical leaders of the future. Ms Raper asked about the naming of the meeting given the desire of the Governance Review to have consistent naming conventions. Mr Crowley confirmed the name would be changed.

Action: Mr Crowley to arrange for the name of the Cancer Board to be changed

Mr Crowley reported it had been agreed to merge the AMU and short stay at York. This would ensure better use of capacity and heralds the introduction of an ambulatory care facility. Dr Turnbull commented the facility would provide the right support to patients.

The Chairman thanked Mr Crowley for his report and asked the Board for any questions or comments.

Mrs Walters commented the emergency department performance was disappointing, but the operational recovery plan is still in the early stages. She reflected on the importance of recognising people are working hard to achieve the expected performance levels and it is important the Trust continues to support the morale and spirits of staff. Mr Crowley supported Mrs Walters comments and added that encouraging innovation was important. Mr Crowley referred the financial challenges currently being experienced. He reminded the Board it has always been the Trust's desire to manage resources responsibly ensuring the Trust remains independent in its choices and decision making.

15/082 Patient Experience – Community Services

Mrs Scott read a poem from a patient who was cared for by a recently retired community nurse. She explained that the patient was housebound which caused social isolation. Mrs Scott reflected on the need to work with other providers to ensure patients support is maintained on the occasions where the statutory support is completed.

15/083 Community Services Work Programme 2015/16

Mrs Scott presented the paper. The paper focused on the work the team will undertake during the year. She advised the paper had been shared with the CCG and will be shared with the Provider Board.

The Board commended the paper for its clarity and commented it was good to see such a comprehensive programme of innovative work.

Professor Willcocks asked how the integration across the providers including social care would work. Mr Proctor explained following the national and local elections there was a degree of uncertainty, particularly in City of York Council, where appointments to key roles have not as yet been made. The Health and Wellbeing Board is an important forum for this work. Clarity about how the parties will work together needs to be obtained. He expects the Provider Board to be the 'work horse' for delivery of the programme. Mr Proctor sees the Trust as taking responsibility for leading this work and expects a paper to be presented to the Board in June in order to capture that approach.

Mrs Adams asked how the delicate balance between reducing the community beds and not impacting on the acute service will be achieved. Mrs Scott agreed it was a challenge and would require system wide changes and detailed modelling work. The current contracts do not support the system to work differently, but, collectively all those involved should be able to influence commissioners to develop their thinking around contracts.

Dr Turnbull was keen to stress the order of change was very important. Community hospitals are a safety valve for the organisation. Mrs Scott agreed and explained that a significant number of patients in a community care environment are waiting for social care

support to be agreed. In the past the reliance has been on the Local Authority to formulate the plan and the Trust has been pushing them to complete the work. Now the Trust and the Local Authority need to work together and agree to share the risk and the benefits around the design and implementation of pathways.

Ms Raper asked about the single point of access. She asked for clarity around the models that had been put forward. Mrs Rushbrook explained the district nurse referral service was not cost effective at present, the Yorkshire Ambulance model was expensive and the totality of the single point of access in the Trust was not in place across the Trust. A more effective single point of access would be to have a single professional service that included the use of different media and all contacts went through that one point. Such a service could provide savings.

Mrs Holden mentioned she had recently had a meeting with Mrs Scott and it was clear there was a balance to strike between risk and opportunities. For example, the governance arrangements for community staff are in place, but as more work is undertaken with the voluntary sector the Trust will need to recognise other governance arrangements will be different and will need to be taken into account.

Mr Sweet commented that the plan was ambitious, but Mrs Scott has put in place a team he believes can deliver the plan. Mr Sweet asked is the Scarborough and Ryedale CCG tender for Community Services would include the Community Response Team. Mrs Scott advised she believed it would form part of the tender. Mrs Scott added Scarborough and Ryedale CCG have asked the Trust to work with them regarding a similar intermediate care service in Scarborough. A scoping workshop has been held. Mr Sweet also asked if the service was not successful what would happen to the staff that had been recruited. Mrs Scott assured the Board all staff were on substantive contracts and if the service needs changed so staff were not required, staff would be deployed elsewhere in the Trust.

Ms Symington asked that Community Services be included in the Board agenda every month.

Action: Mrs Pridmore to ensure Community Services is included in the Board agenda every month.

15/084 Quality and Safety Committee

Mrs Adams chaired the Quality and Safety Committee meeting in the absence of Ms Raper, noting that the Board would miss the contribution from the Chief Nurse for this agenda item.

Mrs Adams advised that the Committee had reviewed the risks as part of the meeting and ensured that the agenda was reflective of the risks.

Mrs Adams summarised the discussions at the Quality and Safety Committee, specifically highlighting the following items.

Quality Report – The Committee had raised concerns about the production of the report and the setting of priorities. It was agreed Mrs Geary as executive lead had provided

assurance to the Quality and Safety Committee that work would be undertaken to improve the production of the report. The Committee had understood a small group of senior staff would meet regularly and a quarterly report would be presented to the Quality and Safety Committee.

Infection Control – Mrs Adams noted there was some concern around C-Diff, MSSA and MRSA and asked Dr Turnbull to comment.

Dr Turnbull shared the concerns. He advised that regionally in the last quarter October to December 2014:

- 355 cases of C-Diff were reported, 135 cases apportioned to acute Trusts.
- 21 cases of MRSA were reported, 8 being assigned to acute trusts.
- 285 cases of MSSA were reported, 94 cases being apportioned to acute Trusts with York reporting a significant increase in cases.

He advised the Trust were currently reporting three cases of MRSA, one of which is pending arbitration. The threshold for the year is 6.

The Trust is reviewing the use of certain antibiotics and it has been noted following the increase use of Tazocin a correlating increase in the number of MRSA cases being reported. As a result work is now being undertaken to review in detail each occasion antibiotics are prescribed.

In terms of C-Diff the Trust has recorded 13 cases, but this number may be reduced once the lapses of care discussions have been completed. This is in excess of our trajectory.

The MSSA position is concerning. Dr Turnbull met with NHS England Quality Surveillance Group. That group includes membership from the CQC and undertakes an assessment which places all Trusts in a risk banding group. Currently, the Trust is in the mid risk range, which is the same group as most acute Trusts.

The work being undertaken to manage the reduction in the MSSA cases includes aseptic non-touch training, particularly concentrated around cannula device management.

Dr Turnbull confirmed that at the Patient Safety meeting held on a Monday morning infection control was the first item to be reviewed.

Mr Keaney commented he had undertaken an out of hours visit and noted the Norovirus cases which adds significant pressure to the system. He asked if there was anything else the Trust could do to reduce the occurrence. Dr Turnbull explained the Trust is not experiencing more cases than other organisations. The challenge at the Trust is the effective management of the small number of isolation facilities available.

Mrs Adams added that she also believes the role of the Matron is important in managing the infection control agenda. Mrs Geary agreed this was a priority for Matrons.

Endoscopy service – Dr Turnbull commented on the endoscopy challenges. He explained that there is a high volume of patients who use the service. At present, there is more flexibility in York than Scarborough in the provision of the service. There has been

a 50% increase in demand following a national initiative around cancer. York has been able to manage the increase in demand, but it has caused problems with the service at Scarborough.

Long waits in the Emergency Department – Mrs Adams reported the Committee received assurance on the quality and safety of care for patients who wait longer than four hours in the Emergency Department, but she asked for assurance that once a patient had waited longer than four hours, staff did not consider that there was no further urgency until the patient had waited 12 hours.

Mrs Rushbrook provided the assurance; she explained the predictive tool used by the operations team ensures they are aware of any breaches and the team start to investigate before a patient has been waiting for four hours. Mrs Rushbrook added a further new target from the CCG is now in operation. The target relates to occasions where a patient has been waiting for a bed longer than 8 hours, this is reported to the CCG. Mrs Rushbrook clarified that a patient waiting in the Emergency Department longer than 12 hours does not trigger a serious incident; the trigger is when a patient is waiting for a bed and has been in the department for longer than 12 hours.

EPMA – Mrs Adams advised that members of the Quality and Safety Committee had met with Mrs Rushbrook to discuss the work being undertaken around the EPMA. She confirmed the Committee was assured about the progress.

Family and Friends Test – Mrs Adams highlighted the Committee's concerns about the disappointing results on the FFT. The Committee had understood that new systems were being tested in Scarborough. It was agreed this topic would be discussed at the next Board meeting when Mrs Geary was present.

Action: Mrs Pridmore to include Family and Friends Test on the Board agenda for June.

Staffing levels – Mrs Adams commented on the increased number of newly qualified nurses that had been recruited. She also noted that the international recruitment would now take a different approach. Mrs Holden commented that recruitment was not just nursing staff, but other specialties too. She added the first cohort of HCAs trained to Band 3 have completed their training and are now working on the wards.

Mrs Adams noted less expenditure had been allowed for qualified nurses, but this had been offset by more expenditure allocated in the budgets for HCAs.

Mrs Holden explained that the traditional staffing model was no longer fit for purpose. The strategic plan influences staffing needs. Appropriately trained staff with the right skills are required to deliver our strategic plans for sustainability. Consequently the Trust is up-skilling staff and training staff into roles. This allows a complementary set of skills to be available in the organisation. Mrs Holden added the Trust has not considered deviating from the safe minimum standards required by the national guidance on the complement of a ward.

Mr Bertram confirmed the comments made by Mrs Holden, adding the conversations he had had with Mrs Geary had been about up-skilling staff.

Dr Turnbull added his support for the work and noted that working with new models of staffing was helping to reduce some of the underlying risks.

Terms of reference for the Quality and Safety Committee – Mrs Adams asked the Board to note the Terms of Reference had been reviewed by the Committee and she recommended approval of the document by the Board. The Board approved the Terms of Reference for the Quality and Safety Committee.

15/085 Finance and Performance Committee

Mr Keaney highlighted that the Finance and Performance Committee had reviewed the Corporate Risk Register against the agenda items. He confirmed that the Committee had discussed recently all the items included in the risk register.

Mr Keaney summarised the discussions at the Finance and Performance Committee specifically highlighting:

Operational Plan – Mr Keaney asked Mrs Walters to update the Committee on progress against the plan. Mrs Walters reminded the Board the plan was in four key areas. Three key areas were working well, those being – 18-weeks admitted, Cancer and Diagnostics. The fourth area Emergency Department was still challenged and remains a concern. She explained extensive work was being undertaken. She noted that non-elective admissions had increase on the same period last year by 9.6% across the Trust (8.5% in York and 11.9% in Scarborough). The area of most significance is the increase in elderly patient numbers. This links to the strategy being developed in the community which would reduce the admissions to hospital. The increase on the same period last year is 10.5% for that group of patients (7.5% for York and 15% for Scarborough). She anticipated the introduction of the ambulatory care area next week will impact on the level of demand.

Mrs Walters explained that Scarborough hospital is too full at present and remedial action has been taken to improve patient flow. She explained that the number of patients arriving at the Emergency Department remains an issue. The Northern Doctors service at present sees patients with minor aliments and minor injuries are seen in the Emergency Department. The intention is to divert patients with minor injuries to the urgent care centre.

Mrs Walters referred to the radiology service and advised that additional capacity has been put in place.

Mrs Walters explained the intention was to continue working with the operational plan and the clinical strategy to ensure the systems and patient flows are functioning. There are challenges in the middle grade workforce which are being addressed as part of the emergency care recovery plan. Elderly average stay has increased, but improvements are being made. Once the pressure on the Scarborough site has been reduced the hospital will be able to operate more effectively.

Mr Keaney asked if the increase was sustainable and was the Trust seeing an increase in income as a result. Mr Bertram explained the Trust is paid at a marginal rate for the non-

elective patients and there was a loss of income at 100% for the elective activity that was cancelled as a result of the increased activity.

Finance – Mr Keaney asked Mr Bertram to comment on the finance report included in the Board pack. Mr Bertram explained the report presented is an accurate month one position. The Trust is working with a new tariff introduced at the beginning of the financial year and at this stage in the year activity is based on 50% coded work. These two factors mean a prudent provisional assessment of income has been included in the report. It was anticipated the month end position would be £1m deficit; the position is actually £1.5m deficit.
Mr Keaney noted the report shows the Trust has £600k of penalties, which demonstrated a significant deterioration. Mr Bertram expressed his concern about the size of the penalties. He described some of the contributing factors including:

- the impact the urgent care center had on patient flow in the emergency department when it came on-line. He added this has been recognised by the CCG

- the winter initiatives funded until 31 March 2015. Since the funding ceased the activity had not reduced

- the 18-week trajectory had improved, but the target had not been met. Discussions are being held with the CCG about making sure the target was achieved for all patients

- the tripartite discussions held recently had been clear that is was necessary for all parties to deliver what was required of them.

Mr Keaney referred to the agency costs and asked Mr Bertram to comment. Mr Bertram agreed the position was disturbing but was encouraged by the recent recruitment of nurses. The anticipated cost had been £1m, this rose to £1.6m which would mean an annual cost of £19m.

Mr Bertram advised the Continuity of Services Rating (CoSR) is 3 for the month which is inline with plan. This has been achieved by a strong cash position and a weak debt service cover position.

Cost improvement programme – Mr Sweet commented on the achievements of last financial year. He reminded the Board the cost improvement programme had exceeded its target, where lots of other organisations had failed to reach their targets. The Finance and Performance Committee had been challenging about the balance of non-recurrent savings compared to the recurrent savings, but recently, following the quarter four publication from Monitor it had been noted that the percentage delivery of recurrent savings in the Trust was good when compared to other organisations.

This month £1.9m of savings had been made of which 74% had been recurrent. Mr Sweet suggested this was associated to the incentive scheme in place for quarter one. Mr Sweet also advised that the Finance and Performance Committee had received an analysis of the current year's CIP and the achievements being made had been supported by the use of the SLR system. The system provided good quality data and people accept the information being produced and its use.

Professor Willcocks expressed her disappointment at the level of penalties – particularly around the dementia target. Recently the Trust supported Dementia Week with an excellent display at the entrance area, yet the target for screening patients with dementia was failed. Dr Turnbull shared her disappointment, and explained it had been accepted the target would be failed. He added there are a small percentage of clinicians who need to have more awareness of the need to undertake the assessment, this is being addressed. Mrs Rushbrook added Clinical Directors now have information available to them to review who has recorded undertaking a dementia screening test and are challenging those consultants when the test has not been completed.

Mrs Adams asked if work continues to improve the receivables and payables systems. Mr Bertram confirmed that the department has established improvement work flows which include accounts receivable and cash flow management.

Mr Ashton noted the cultural shift that has taken place around data. Mrs Rushbrook confirmed it was the case, adding not a lot of time is spent arguing with clinical teams over the data as they have ownership of the data.

15/086 Workforce Strategy Committee

Professor Willcocks as Chairman of the Committee presented the minutes. She highlighted the key items from the meeting:

HR restructure – This restructure covered three areas – engagement and wellbeing, workforce utilisation and employer of choice (operational). Professor Willcocks described some of the work being undertaken in each area.

Staff survey – Professor Willcocks described the discussions held by the Workforce Committee about the staff survey. She explained the Committee had agreed the approach to further progress the work and to include the use of the Family and Friends test for staff and adopting the 'you said we did' approach.

Internal bank – It was noted the internal bank was operational from 1 April 2015 for York staff.

Cavendish Care Standards Certificate – Professor Willcocks suggested the standard would become part of the CQC agenda. The investment in HCA was noted.

Peri-Operative Care Collaborative – Professor Willcocks drew attention to the changes made by recent guidance.

Statutory and Mandatory Training - Professor Willcocks updated on the progress made since the introduction of the Learning Hub. There are still some areas where compliance is not satisfactory. This is being addressed by a two letter approach. The first letter sent to all Managers in April, outlines where training is outstanding. The second letter is more insistent that staff comply with the training requirements.

Mrs Holden added the introduction of the Trust Bank should help to address concerns raised about the use of agency staff and increased safety risks.

In terms of the Cavendish care standards the Trust has received OCN approval for its programme. As a result, the Trust is now able to sell the programme to other organisations.

Mr Crowley commented on the flexible retirement item. He reminded the Board that an individual has a right to draw their pension at a point in time, moving to retirement and returning to work. He would like a further discussion at the Workforce Committee following the consultation with the Executive Directors.

Ms Symington thanked Professor Willcocks for her presentation and noted the theme within all the conversations.

15/087 Diverse Workforce

Mrs Holden presented the paper. It had been suggested in the past that the Trust workforce was not representative of the community. The paper evidences that the Trust workforce is representative, but is skewed by the medical workforce compared to other workforces.

It was highlighted the report only uses two (gender and ethnicity) of the five protected characteristics and the core data has been updated on the ESR system.

Mrs Holden reported work was underway to promote working for the Trust in the LGBT network in advance of the Pride being held. The Trust is partnering with the community base social awareness group to host a stand at the Pride. The Trust serves a population of about 530,000 and estimates suggest that 5% would have a LGBT background; this would equate to about 400 staff.

Mrs Adams referred to the shortage of specialist and middle grade doctors and asked if developments were in hand to create a more attractive employment package. Mrs Holden confirmed that Dr Thow was working with the Directorates on this issue and some early plans around including specific training areas were being formed. She added there may be funding available from HYMS, but a discussion would need to be by the Board to agree the appropriate investment. It was agreed a proposal would be brought back to the Board in the near future.

Action: Mrs Holden to bring a proposal around investment in training for specialist and middle grades in the future

Mrs Holden further added the Trust has started to actively develop a graduate work placement scheme.

Professor Willcocks noted there had been a culture change in the organisation around data and self awareness. Disability is still a perceived weakness and more proactive campaigning could be undertaken along with learning from other partners in York.

Mr Crowley noted men can make very successful carers and their contribution in a female dominated profession should not be underestimated. Mrs Holden confirmed there had

been an increase in male applicants for some roles. She added that she believes a diverse workforce is a safer workforce.

15/088 Audit Committee summary of the meeting held on 11 May 2015

Mr Ashton presented the report. He highlighted the four areas to bring to the Board's attention from the meeting. The Board noted the comments in the report and the assurance given.

15/089 Monitor Self Certification – Condition G6

Mrs Pridmore explained the Board will be required to complete a number of certificates over the next couple of months. This month the Board is asked to approve signing by the Chairman and Chief Executive the affirmative certificate on Condition G6. Mrs Pridmore referred to the supporting document which demonstrated the Trust's compliance with the conditions included in the licence.

The Board approve the self certification and agreed the Chairman and Chief Executive could sign the certificate.

15/090 Board Resolution –Agreement for Loan Funding

Mr Bertram presented the resolution. He explained it mirrors the arrangements in place for the project at York. He explained the resolution is a formality required by the bank. The Board noted that this demonstrated a tangible commitment to invest in the Bridlington area.

The Board noted that the business case had been approved and accepted the loan and offer on the terms and conditions stated within the agreement.

The Board authorised the Chairman and the Chief Executive to countersign the agreement on behalf of the Trust and to return the countersigned document to NHS FT Loan Facility.

15/091 Business Case 2015/16 Replacement and 9th Consultant Rheumatologist

Mr Bertram presented the business case. The department is fully integrated with Scarborough. This business case seeks to strengthen the integration.

Mr Sweet noted that the case includes the appointment of a medical secretary. He asked if consultants share secretaries. Mrs Walters confirmed that was the case and the secretary had been included in this case to make up the shortfall.

The Board asked if there was an opportunity to up skill someone into a role. Dr Turnbull explained it is a small specialty becoming increasingly complex and is considered a consultant delivered service. However, there is a well structured programme of development for specialist nurses.

Mr Proctor added that GPs do take some outpatient work, but the work is highly complex and specialist with complex drug titration.

The Board approved the business case.

15/092 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 24 June 2015, Boardroom, York Hospital.

15/093 Any other business

Mr Keaney asked if the Board would consider and approve the terms of reference for the Finance and Performance Committee. The Committee has reviewed them and would commend them to the Board. The Board approved the terms of reference for the Committee.

Mr Crowley reminded the Board this was Dr Turnbull's final Board meeting. He put on record his appreciation and gratitude to the work Dr Turnbull had done over the last few years as Medical Director. He was a successful consultant and Clinical Director before he became Medical Director. The Patient Safety Conference was an accolade to Dr Turnbull and demonstrated the improvements he had made during his tenure around patient safety. Personally, Mr Crowley felt Dr Turnbull was head and shoulders above any other Medical Director he had worked with and had set a very high standard for the next Medical Director.

Mr Crowley thanked Dr Turnbull and wished him a long and happy retirement.

Dr Turnbull responded saying it was a privilege to serve on the Board.

Ms Symington asked members of the Board and the public present to reflect on the meeting and let her have any feedback. She asked if anyone had any immediate feedback.

Ms Raper commented how much she had enjoyed seeing executive colleagues exchanging views at the Board table. Ms Symington agreed and recognised such discussion demonstrates a unitary Board in action.

Dr Turnbull felt the Community Services discussion was valuable, but it was important not to loose sight of the patient experience slot and maintaining a focus on an individual rather than a service. He suggested the Board should hear more complaints and compliments. Mr Crowley agreed that having been a sceptic when the sessions were first introduced he had become very supportive and found them valuable.

Professor Willcocks welcomed the attendance of Governors and Healthwatch at the meeting.

Outstanding actions from previous minutes

Minute number and	Action	Responsible	Due date

month		officer	
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	During 2015
15/026 Patient Experience Quarterly Report	Kay Gamble, Head of Patient Experience to bring the draft Patient Experience Strategy	Mrs Geary	April – delayed until June
15/028 End of Life Care	Quarterly End of Life Report to the Board	Dr Turnbull	Quarterly
15/063 Quality and Safety Committee	The Quality and Safety Committee to comment at the May Board of Directors on the predictor tool.	Ms Raper/ Mrs Geary	June 2015

Action list from the minutes of the 27 May 2015

Minute number	Action	Responsible office	Due date
15/083 Community Services Work Programme 2015/16	Include a slot on every Board agenda for Community Services	Mrs Pridmore	Immediate
15/084 Quality and Safety Committee	Include a discussion on Family and Friends test on the June agenda	Mrs Pridmore	Immediate
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grades in the future to be presented to the Board when developed	Mrs Holden	future

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Chief Executive Report

Action requested/recommendation

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

Summary

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

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
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 comments in this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Report developed for the Board of Directors.
Risk	No specific risks have been identified in this document.

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

Board of Directors – 24 June 2015

Chief Executive Report

I attended the Chair and Chief Executive's Network at NHS providers last week at which the current context we are working in (and should anticipate for some time to come) was clearly set out.

Financially a closing provider sector deficit of £822m is projected to grow to between £2.1bn and £2.5bn by the end of this financial year with an underlying deterioration of approximately £100m each month.

The political climate is now clear. As we have discussed previously the working assumption is based on the not unreasonable assumption by the treasury that having committed to the £8bn net shortfall over the next 5 years as projected by NHS England the task of addressing the gross projection of £30bn is now firmly passed over to the service to resolve. We are told there is no possibility of more resource this year, there are no realistic openings for a serious debate about what we can or should provide and that the only option open to the NHS is for providers to "strain every sinew" to ensure the sustainability of services going forward.

Lord Carter has reluctantly put a figure on potential procurement efficiencies across the service of £5bn but as with many other current initiatives this is unlikely to be realised at best before 2019/20. Optimism at a national level is "back-ended" in a similar vein and leaves a huge challenge in the short term with no obvious and certainly no collective or strategic (at the highest level) solution for this, other than what might be achieved through the 5 Year Forward View. Carter identifies a clear tension between the appetite for top-down direction and the need for greater capacity and capability on the ground to facilitate the transformation that is unarguably required. The recent announcements on agency consultancy cost may help alleviate some pressure but does not offer a longer term solution, particularly with regard to staffing.

Where does this leave us?

I am confident we have set out in a transparent way the challenges that face us and the importance of our resolve to tighten our management and improve delivery to avoid the worst of these is further reinforced. We are continuing to build a momentum to our programme with the appointment of a Programme Director, a strengthening of the message at all levels within the organisation and the progressive determination of our most immediate priorities that will underpin our approach. I have been pleased by the reaction and many staff are already coming forward with their ideas, thoughts and expressions of support. This is a timely reminder that we must do this with our staff and ensure our progress is founded on our core values and principles. We should also not forget that the programme will be largely a clarification of our current plans and the importance of managing this as the "day job" and in that context much of this is already ongoing. We have made a reasonable start financially, being slightly adrift of plan and there are clearly seeds of recovery across a whole range of performance metrics. A number of key developments are being and have been implemented such as the reconfiguration of AMU/SSW and introduction of ambulatory care in York that are key to the more effective use of capacity in our largest hospital. However, the level of

fines being generated is excessive and reflects our vulnerability in some key areas most significantly in terms of ED, ambulance turnaround and RTT and must be addressed.

CQC Assessment

As I write we are still awaiting our draft reports from the CQC following their review meeting on the 12th June. We have been asked to plan for the Quality Summit that is scheduled for the 21stJuly that is an indication the report is imminent.

Changes to waiting time targets

It has been reported earlier this month that two key waiting times targets for planned care will be dropped. Health Service Journal described the content of a letter from NHS England Medical Director Sir Bruce Keogh in which he advises the admitted and non-admitted elective waiting time targets be dropped.

He is quoted as saying: "The NHS constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. That is an important commitment which must be maintained.

"However, we currently measure this in three potentially conflicting ways - through the admitted, non-admitted and incomplete standards. It has become increasingly clear that within this confusing set of standards there are in-built perverse incentives.

"The admitted and non-admitted standards penalise hospitals for treating patients that have waited longer than 18 weeks. As soon as a patient has crossed this threshold, a hospital will effectively receive a black mark for treating them. While hospitals may be the ones penalised directly, the true penalty is for the patient. This cannot be right."

Sir Brice Keogh also recommends the retention of the four hour emergency target, along with the "incomplete standard", whereby 92% of patients who have not yet started treatment should have been waiting no more than 18 weeks.

It is also of note that NICE has suspended its work on safer staffing levels, following NHS England Chief Executive Simon Stevens' announcement of a review.

We await further detail as to the timeframe for these changes and the implications for our current performance reporting, and I will keep the Board of Directors updated as this develops.

Medical Director arrangements

Following the retirement of Dr Alastair Turnbull, Medical Director, I have set out the plans for covering the role in the interim and for making a substantive appointment.

The Medical Director Portfolio will be covered by the current Deputy Medical Directors and Chief Nurse and I welcome Mr Jim Taylor and Dr Ed Smith to the Board Meeting in this capacity for the first time. I am sure I can count on your unconditional support to Jim and Ed during this period.

Jim will continue as Responsible Officer and lead on professional standards and revalidation, and Ed will lead on our patient safety agenda. Chief Nurse Beverley Geary will lead on Infection Prevention as Interim DIPC.

During the interim period I will meet regularly with the Deputy Medical Directors to both provide support to them and agree our priorities over the summer months.

I know you will appreciate the additional demands these arrangements will place on Jim and Ed in the short term and as such I am sure I can count on your unconditional support to them both at such an important time, not just for the NHS but importantly for our Trust and the services we provide.

I am currently planning to confirm a substantive appointment in the autumn.

Agency Working

The recent announcement regarding agency staffing and the associated cost whilst welcome troubles me at one level and that is the potential impact the current rhetoric may have on those individuals who choose to work in this way at a time when we are significantly dependent on a temporary workforce. It is vital we compare like with like and demonstrate that the headline cost of agency work cannot be directly compared with the hourly rates of our substantive staff that will also attract significant on-costs both in terms of employer costs and provision for holiday cover, training and sickness absence. We must all value the contribution these staff make at a time of severe pressure. It needs to be considered that staff are making personal choices to work differently and agency working offers a level of flexibility which suits their personal circumstances and we should recognize that workforce models in the future may well need to be a balance of substantive and bank staff to offer the service the flexibility it needs.

Lessons learned project

I want to place on record my thanks to those of you who were involved in the recent interviews with Monitor as part of their research into mergers and acquisitions. I firmly believe that where we can share our knowledge and experience for the benefit of the wider NHS then we should do so, and I see this piece of work as an important part of that.

In the news

Unsurprisingly the NHS continues to be a hot political topic, placing us under close scrutiny from local and national media. This month we have received significant interest in relation to our temporary and locum staffing spend and our current recruitment position. This was alongside continued media interest in our plans to centralise the neurology outpatient clinics to York and to provide hyper-acute stroke care on the York site, two decisions which are also linked in no small part to difficulties in recruiting suitably skilled staff.

As the NHS faces greater challenge and pressure it is likely that the level of public and media scrutiny will only increase, with an expectation that we will hold ourselves to account for the decisions we make. It is therefore vital that we continue to work with the media in a frank and open way to help us to do this.

External Awards

I am pleased to report that the Trust has been shortlisted for 'Client of the year' and 'Integration and Collaborative working' for our projects with Kier at the Yorkshire and Humber Constructing Excellence awards, which are due to take place in July.

These awards represent a broad cross section of the construction industry, and the winners then go on to compete at the National Constructing Excellence Awards held in London in the

Autumn.
This nomination is a testament to our team and sends a strong message that we continue to plan with ambition to develop our estate for the benefit of future generations of staff and patients.

Celebration of Achievement Awards

Nominations for the 2015 Celebration of Achievement Awards have now opened, and will close on 24 July 2015. Staff, patients, relatives and visitors are invited to nominate individuals or teams who have gone above and beyond, and I urge all of you to take the time to put forward a nomination. As many of you know this is an event that is close to my heart and I strongly believe that in the current climate it is all the more important that we celebrate people's contributions and take the time to recognise their efforts.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**June 2015**

Quality & Safety Committee – 16th June 2015 Ward 35 Seminar Room, York Hospital

Attendance: Libby Raper, Philip Ashton, Jennie Adams, Beverley Geary, Diane Palmer, Anna Pridmore, Ed Smith, Liz Jackson

Apologies: None

	Agenda Item	Comments	Assurance	Attention to Board
1	**Last meeting notes dated 19 May 2015**	LR thanked JA for chairing last month's meeting. LR advised the Committee that following a discussion with Brian Golding, Agenda Item 4 would be postponed until July to allow for a short paper to be circulated. It was noted that the creation of the new Estates related Committee in September 2015, there would need to be confirmation of the respective Terms of Reference to ensure appropriate and consistent governance. The Committee raised a concern over the amount of supplementary papers provided and that the introduction of the integrated dashboard should have led to a reduction in these. The reports submitted do not provide assurance unless dialogue is included to put them in to context. The Committee again reminded colleagues that it was wishing to gain assurance from the presentation, as far as possible, of information in comparative and trend over time format. **Mortality** – The Committee queried if there was any progress to report on the work around clarity of trends and level of mortality. DP explained that this is still on the agenda although the meeting with CHKS is taking	ES and DP agreed to liaise with Groups to ensure relevant information could be provided and aligned to the priorities of the Committee. The Committee were assured that this was a work in progress.	

	Agenda Item	Comments	Assurance	Attention to Board
		sometime to organise. **The Grand Round** – The Committee expressed interest in the roll out of this revised approach, and commented that it would wish to review the remit and impact of the range of Walkrounds concerned with Safety and Quality once the refreshed approach had bedded down. **Maternity** – BG advised the Committee that meetings have taken place with the Senior Team in Maternity and the dashboard has been reviewed and updated, Systems and Network Services are currently putting the dashboard into the Trust format. BG advised the Committee that significant progress has been made on completing the recommendations and the action plan. A huge amount of work has been undertaken around governance and the department will go back to monthly PIM meetings. The Committee noted the inclusion of the Directorate Risk Register and queried if the information was up to date. DP assured the Committee that risks had been reviewed. The Committee was disappointed that the information included in the register did not appear to be up to date, but accepted the assurance given by DP. The Committee asked for a further copy to be presented to the Committee. **Serious Incidents** – DP assured the Committee that dates will be included on all future reports.	The Committee took assurance from the fact that the priorities from the action plan can be seen throughout the amended Risk Register and look forward to reviewing the updated Maternity Dashboard next month.	
2	**Matters arising** - Cold babies	BG introduced the report regarding cold babies in Scarborough Hospital and highlighted the significant improvement due to moving the resuscitation equipment.		

	Agenda Item	Comments	Assurance	Attention to Board
		The Committee noted that this report raises issue of unexpected admissions to SCBU due to social care issues. The Committee noted that both the Scarborough and York Maternity service was being impacted by this.	The Committee were assured that unexpected admissions to SCBU would be monitored on the updated Maternity dashboard.	
3	**Quality and Safety Performance Report**	The Committee noted the Executive Summary and agreed to align its concentration to specific items in the Performance Summary. **Friends and Family** – The Committee revisited the discussion held last month regarding the disappointing deterioration in the friends and family response rate. BG confirmed that the new Patient Experience Lead commences in post next week and this issue is on the list of priorities along with the development of the knowing how were doing boards. BG explained that Friends and Family is now sent out via text message which is very detailed and people are not responding. BG agreed to look in to changing the text. ES explained that there is a new discharge process being piloted in Scarborough and patient feedback will be added in to the process. **Pressure Ulcers** – BG and DP confirmed that the data included in the dashboard were all pressure ulcers recorded on Datix prior to validation. A look back exercise over the last 18 months is now taking place which will give assurance in the reduction of numbers. DP confirmed that there is a reduction in the severity of harm and there are less pressure ulcers developing in our care. Detailed Root Couse Analysis is taking place for all category 3 and 4 pressure ulcers and this is providing organisational	The Committee look forward to this work progressing when the new Lead for Patient Experience is in post.	

	Agenda Item	Comments	Assurance	Attention to Board
		learning. BG explained that a new framework is now available for the reporting of pressure ulcers, however foundations will be put in place before a new way of reporting is commenced. The Committee look forward to reviewing the results of the look back exercise in July. **Infection prevention and control** – The Committee expressed concern over recent performance, and sought assurance both around the continued application of existing prevention activities and around the introduction of any appropriate new approaches to prevent and control. ES took the Committee through the different theories in relation to the rise in infection explaining that it was multifaceted. The Trust had a challenging winter in terms of numbers, bed capacity and patient transfers. BG confirmed that the deep cleans have been increased in Scarborough. **MRSA** - The Committee queried if there had been a change in procedure or screening for MRSA which may have led to an increase in occurrences. ES explained that the processes had not changed, each case is individually reviewed and learning is extracted. **MSSA** – BG advised the Committee that processes are being looked at so assurance can be sought and Infection Prevention Walk Rounds are taking place. **Clostridium Difficile** – The Committee discussed the issue of antimicrobial prescribing. ES explained that broad spectrum anti-biotics are being prescribed to patients with severe sepsis. As the senior reviews are not taking place in a timely manner medications are		BG to take HAI and IPC to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		not being reviewed. Microbiology and Pharmacy are now reviewing patients on broad spectrum anti-biotics regularly so prescriptions can be changed. **12 hour senior review** – The Committee noted that compliance with the 12 hour review must improve. ES advised that the correct tools need to be put in place to do this. Electronic board rounds are now in place which will act as a visual prompt and change culture. **8 hour waits in Emergency Medicine** – The Committee expressed significant concern over the reported 8 hour waiting times, both with regard to safety and to quality. ES explained that this is due to the volume of patients and the lack of bed availability in downstream wards. Risk is being mitigated with additional resources and a change in process. Additional HCAs and COMFE rounding has been put in place to make sure patients are comfortable and harm is low. ES explained that an Older People Assessment Lounge is currently being trialled on the York site and a Geriatrician is now based in Emergency Medicine on the Scarborough site, these initiatives are both a multidisciplinary approach to managing elderly patients in a different way. The Committee noted that the Finance and Performance Committee are also discussing this issue in detail.		ES to take to Board.
4	**Estate information related to quality**	As discussed under Item 1 this has been postponed until next month. The Committee queried if the ward reconfiguration was still planned to take place in York. BG Confirmed		BG to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		that this is being discussed at Executive Board.		
5	**Supplementary Medical Director Report** - Summary of SuITCASES for the quarter	The Committee noted that this is now a duel owned document between the two Interim Medical Directors and asked if it could be structured to more clearly reflect the separate remits of the split role. **Serious incidents -** The Committee queried the date of the SI relating to Maternity, DP confirmed that this was a historic incident and was amongst those that had triggered the departmental review. DP explained that there had been a back log of reports. The Committee showed some concern that there had been a number of SIs reporting failure to recognise patients on anticoagulants. ES explained that there had not been a formal process in place in Scarborough Hospital for the management of patients undergoing lumbar puncture and patients weren't asked if they were taking anticoagulants. A checklist and an information leaflet are now in place. The introduction of EPMA is expected to assist in better management of this issue. The Committee expressed their support in the sharing of learning from SI investigations and the need for a systematic way of feeding this information back, targeting the applicable areas. DP advised that the SI Group takes place monthly and consists of DP, BG, ES and Fiona Jamieson. The lead clinician involved in the investigation is invited to present findings. DP introduced the tabled Serious Incident Quarterly Report. The Committee agreed to review this outside of the meeting and send any comments to DP.	The Committee took assurance from the introduction of the revised processes.	

	Agenda Item	Comments	Assurance	Attention to Board
6	**Annual Report from the Clinical Standards Group**	The Committee agreed that this Item had been discussed under Item 1 and look forward to seeing a different format of report aligned to the priorities of the Committee in future.		
7	**Maternity Services – Scarborough**	As discussed under item 1 of the agenda. The Committee asked that an exception report be provided in future.		
8	**Supplementary Chief Nurse Report** - Six month update on Patient Safety - End of life care quarterly report	BG advised the Committee that the 6 month update on Patient Safety will be provided by ES and DP, DP confirmed that this would come to the July meeting. **Supervision of Midwifery Report** – BG explained that this is an annual audit undertaken by the Local Supervising Authority in March. High level feedback is given on the day, the LSA commented on the service improvement and the collaborative working between both sites. The outcome of the assessment showed that two domains had been met and the further two domains required additional information, which is being provided. The Committee noted the reported improvement in provision of Child Safeguarding, and commended the improved uptake of this training. **End of Life Care** – BG advised the Committee that the educator post has been funded for two years and the directorate is currently working on a business case for future funding. The Committee suggested contacting the Trust Charity for funding assistance, as this post provides significant support for patients and their families, and also reflects one of the charities areas of priority focus.	The Committee were assured by BGs comments and the positive report.	

	Agenda Item	Comments	Assurance	Attention to Board
		Nursing Dashboard – BG updated the Committee on the Nursing Dashboard which will be reported quarterly. The data will be split in to York Hospital, Scarborough Hospital and Community and be populated by an individual rather then electronically. The Committee noted the current pressures on Systems and Network Services. BG explained that Bev Proctor is working on how we determine quality in a patients home. A full time Assistant Director of Community Services will be advertised.		
9	**Safer Staffing Report**	BG highlighted that the fill rate for White Cross Court was correct as they were over established at night, however the St Monica's figures would be looked in to prior to Board. This is the last report generated using the old system and going forward calculations will be made by shift and not by time. The Committee were pleased to note that the vacancy numbers are going down. BG advised the Committee that there is a plan to offer placements to the recruited students in the areas where they will be commencing work when they become registered nurses in September, this will help them to become familiar with the Trust policies and staffing etc. The Committee welcomed this initiative.		BG to take to Board.
10	**Quality Report** - Lessons learnt	BG advised the committee that the core team for the Quality Report is BG, DP, AP and Fiona Jamieson. A meeting is planned to take place with the CCGs to determine our obligations. Exception reports on priorities will come to the Committee for review. The Committee agreed that the Patient Safety Group should engage with the process for selecting CQUINS so that a February date for consultation conclusion was possible.	The Committee were assured by the fact the Quality Report is now owned by one Director and the plans in place for the future reports.	

	Agenda Item	Comments	Assurance	Attention to Board
11	**Any other business**	BG advised the Committee on a potential wrong site surgery never event. This is a complex case and is yet to be confirmed.		
12	**Other** Work Programme	No other business was discussed.		

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Patient Safety & Quality Report

June 2015

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

Patient Safety and Quality
Executive Summary

14 Serious Incidents (SIs) were declared in May. Nine of the SIs were as a result of patient falls incidents, three were related to Category 3 pressure ulcers, one a surgical complication and one an information governance incident.

No Never Events were reported.

Patient falls remains the most frequently reported incident and reduction of falls with harm is a priority for the Trust.

Eight cases of toxin positive C. difficile were identified in May.

Five cases of MSSA bacteraemia were identified.

Two cases of MRSA were identified.

Four complaints were reported to the Ombudsman.

At Scarborough Hospital there has been a significant increase in the proportion of patients with a stroke who spend their hospital stay on a stroke unit when compared to the previous month, although this figure remains slightly less than the target.

Overall performance with the Emergency Department four hour standard was 87.7% in May.

Diane Palmer
Deputy Director of Patient Safety

Mortality

Indicator	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
SHMI – York locality	105	105	102	99	96	93	93	95	98	99
SHMI – Scarborough locality	117	112	106	108	108	104	105	107	108	109
SHMI – Trust	**108**	**107**	**104**	**102**	**101**	**97**	**98**	**99**	**102**	**103**

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

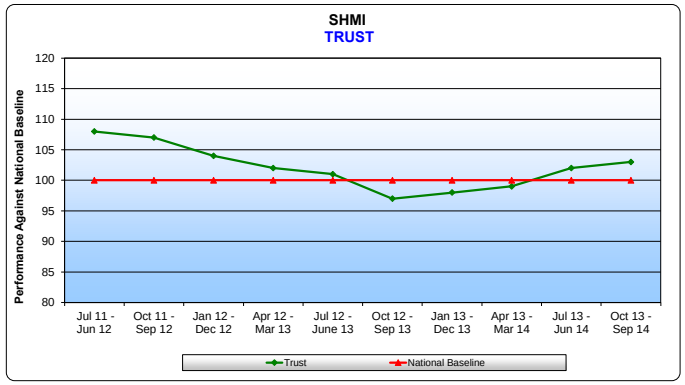
The latest SHMI report for the period October 2013 to September 2014 indicates the Trust to be in the 'as expected' range. In January 2014 the York site saw a spike in the number of patient deaths which was outside normal range, this time period is contained in the latest SHMI release.

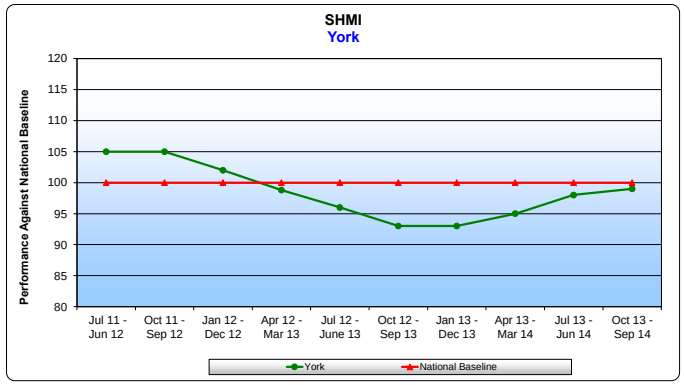
Analysis of SHMI categories is ongoing to identify differences between the York and Scarborough sites, together with any areas of ‘excess deaths’ where audits will be undertaken.

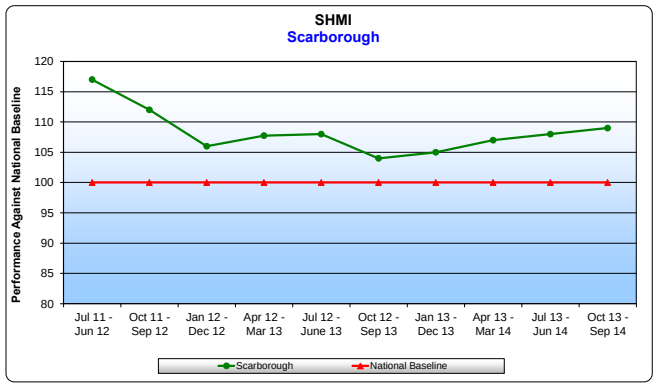
Following a spike in deaths during January 2015, the subsequent four months have seen deaths fall within expected range. Overall inpatient deaths are up 12% (2015-16) compared to 2014-15 with the highest percentage increase occurring on the Scarborough site, up 26% on 2014-15 year-to-date.

Mortality

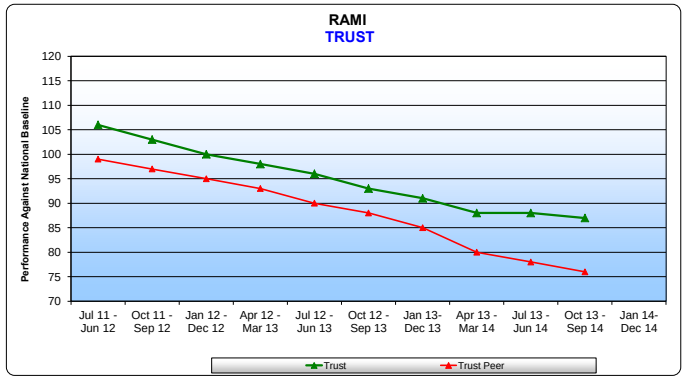
Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sept 13	Jan 13 - Dec 13	Apr 13 - Mar 14	July 13 - June 14	Oct 13 - Sept 14
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	102	101	97	98	99	102	103
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	99	96	93	93	95	98	99
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	108	108	104	105	107	108	109

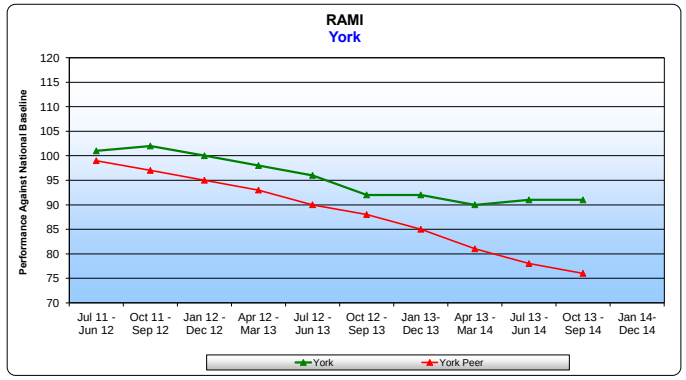


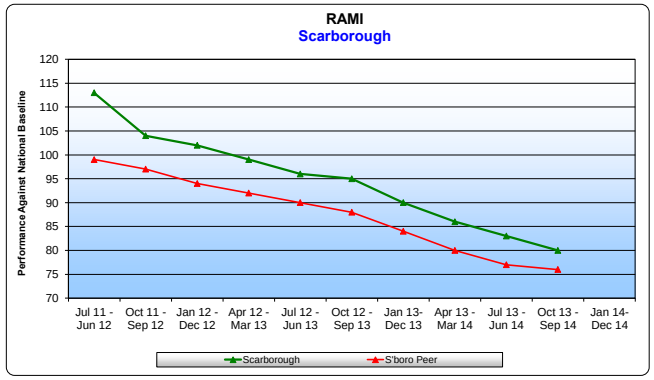




Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
Mortality – RAMI (TRUST)	**none - monitoring only**	98	96	93	91	88	88	87
Mortality – RAMI (YORK)	**none - monitoring only**	98	96	92	92	90	91	91
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	99	96	95	90	86	83	80

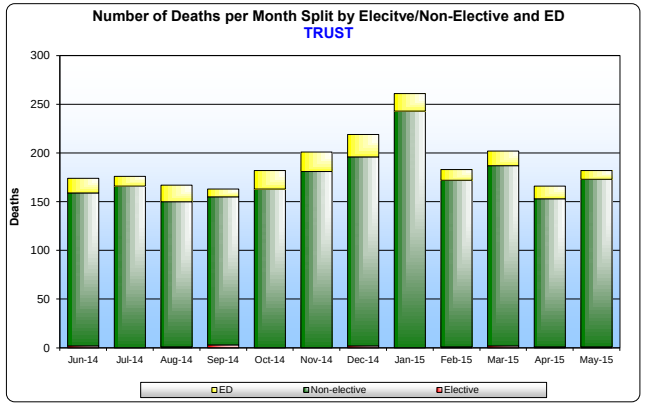


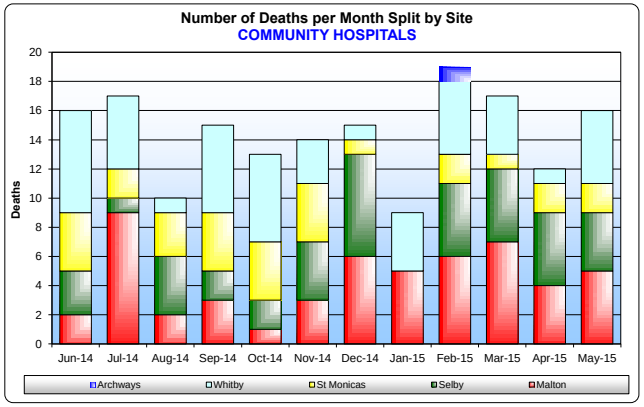




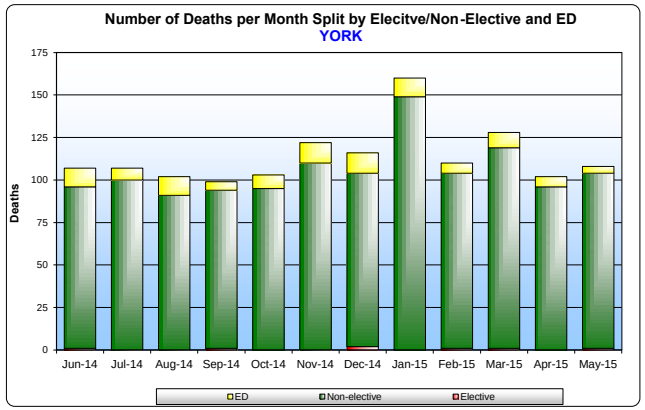
Mortality

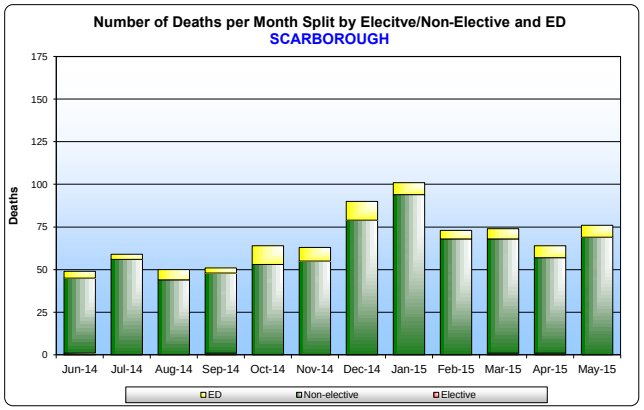
Indicator	Consequence of Breach (Monthly unless specified)	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Mar	Apr	May
Number of Inpatient Deaths (excludes deaths in ED)	None - Monitoring Only	480	471	540	602	187	153	173

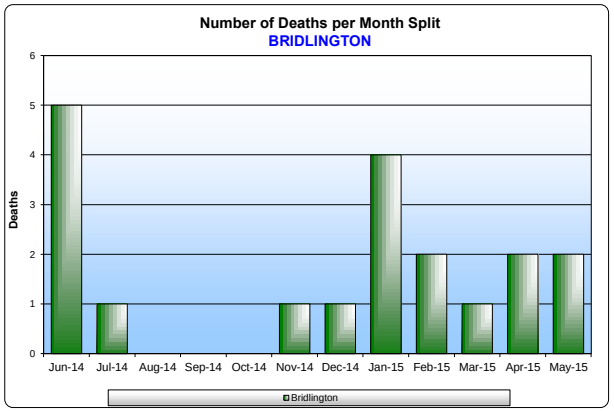




Month	Malton	Selby	St Monicas	Whitby	Archways	Bridlington
Jun-14	2	3	4	7	0	5
Jul-14	9	1	2	5	0	1
Aug-14	2	4	3	1	0	0
Sep-14	3	2	4	6	0	0
Oct-14	1	2	4	6	0	0
Nov-14	3	4	4	3	0	1
Dec-14	6	7	1	1	0	1
Jan-15	5	0	0	4	0	4
Feb-15	6	5	2	5	1	2
Mar-15	7	5	1	4	0	1
Apr-15	4	5	2	1	0	2
May-15	5	4	2	5	0	2







Litigation

Indicator	Site	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Clinical Claims Settled	York	3	1	5	1	2	1	1	2	2
	Scarborough	4	0	1	0	1	1	3	1	1

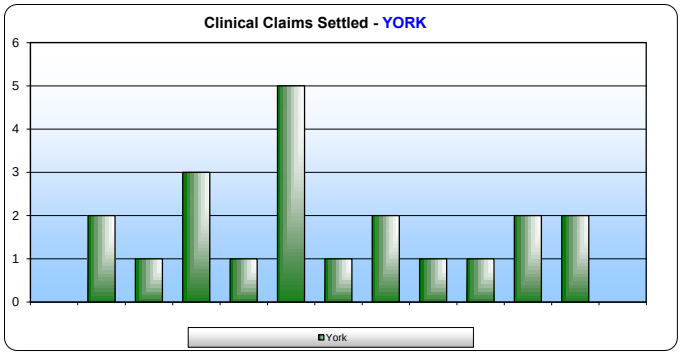
Two clinical claims were attributed to York and one clinical claim attributed to Scarborough were settled in May.

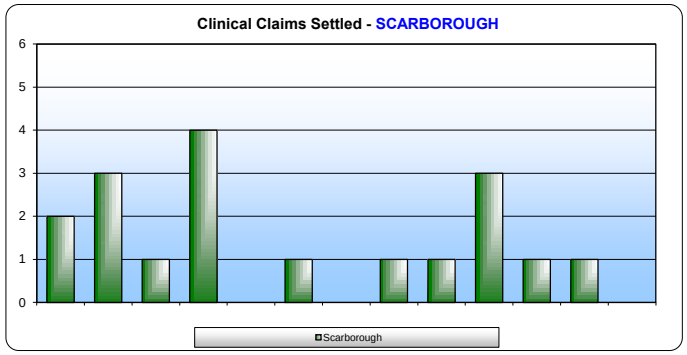
In May, seven clinical negligence claims for York site were received and eight were received for Scarborough. York & Scarborough had one and six withdrawn/closed claims respectively.

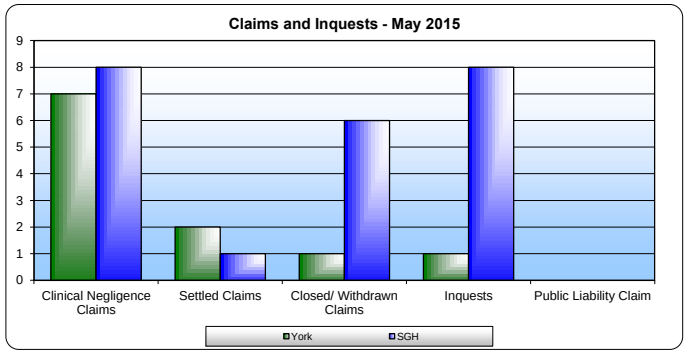
There were nine Coroner's Inquests heard in May (one York & eight Scarborough).

Litigation

Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Clinical Claims Settled source: Risk and Legal	York	0	2	1	3	1	5	1	2	1	1	2	2
	Scarborough	2	3	1	4	0	1	0	1	1	3	1	1







Themes for Clinical Claims Settled 01 Jan 2012 to 28 Feb 2015

Incident Type	Total Damaged	Total Number Reported	Number (York)	Number (Sboro)
Failure to investigate further	£2,323,090	19	9	10
Failure to refer to other speciality	£2,047,500	4	4	0
Inadequate surgery	£1,286,816	16	8	8
Delay in treatment	£1,266,000	4	2	2
Lack of appropriate treatment	£387,868	7	2	5
Inappropriate discharge	£333,000	4	1	3
Inadequate examination	£297,347	7	4	3
Lack of monitoring	£230,000	2	1	1
Failure to adequately interpret radiology	£108,113	12	7	5
Inadequate nursing care	£93,500	10	5	5
Not known	£60,000	3	0	3
Inadequate procedure	£58,880	4	2	2
Results not acted upon	£49,500	7	6	1
Failure to diagnose/delay in diagnosis	£48,000	2	1	1
Inadequate interpretation of cervical smear	£37,500	1	1	0
Intraoperative burn	£30,000	4	3	1
Anaesthetic error	£27,500	1	1	0
Inadequate consent	£26,500	3	2	1
Failure to retain body part	£25,000	1	1	0
Lack of risk assessment/action in relation to fall	£24,250	2	2	0
Prescribing error	£22,500	2	2	0
Failure to act on CTG	£13,500	1	1	0
Lack of risk assessment/action in relation to pressure ulcer	£7,000	1	1	0
Maintenance of equipment	£5,000	1	1	0

Patient Experience

Complaints
Complaints registered in York relate to York Hospital and Community Services.
Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.
There were 27 new complaints registered to the York site and 14 to the Scarborough site in May.

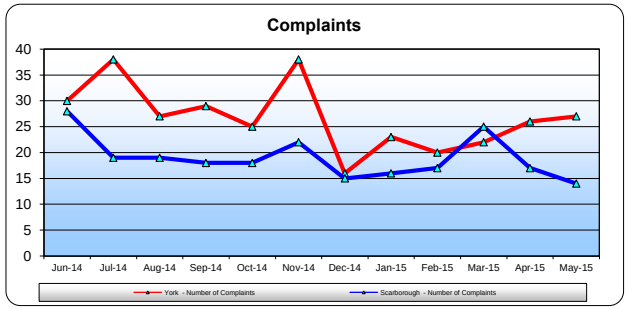
PALS contacts
There were 416 PALS enquiries at York Hospital in May, Scarborough figures are not currently available

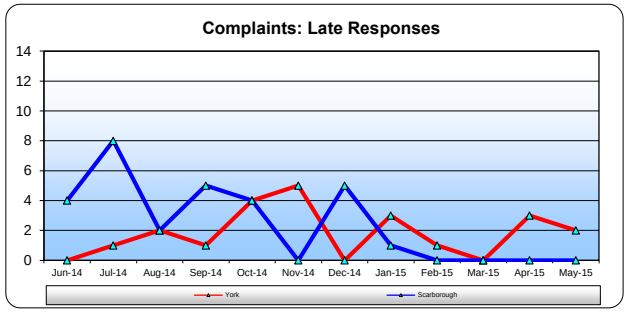
New Ombudsman Cases
Two attributable to York & two attributable to Scarborough during May.

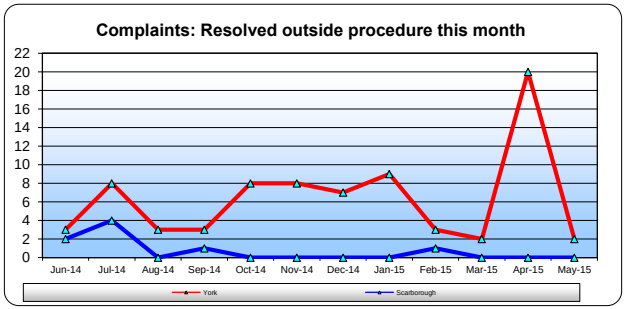
Complaints – Late Responses
Two recorded in May at York.

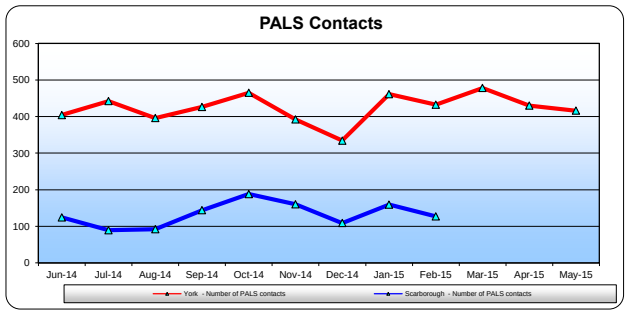
Patient Experience

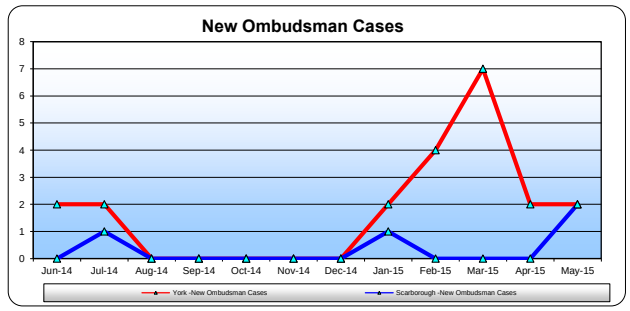
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Complaints	York	30	38	27	29	25	38	16	23	20	22	26	27
	Scarborough	28	19	19	18	18	22	15	16	17	25	17	14
PALS contacts	York	404	442	396	426	465	392	334	461	432	478	430	416
	Scarborough	124	89	92	144	188	160	109	159	127	0	N/A	N/A
New Ombudsman Cases	York	2	2	0	0	0	0	0	2	4	7	2	2
	Scarborough	0	1	0	0	0	0	0	1	0	0	0	2
Complaints - Late Responses	York	0	1	2	1	4	5	0	3	1	0	3	2
	Scarborough	4	8	2	5	4	0	5	1	0	0	0	0
Complaints - Resolved outside procedure this month	York	3	8	3	3	8	8	7	9	3	2	20	2
	Scarborough	2	4	0	1	0	0	0	0	1	0	0	0











Patient Experience

May 2015

Complaints by Directorate/Division (Datix)	York	S'boro	Total
Allied Health Professionals	0	0	0
Child Health (Y)	0	1	1
Clinical Support Services (S)	0	0	0
Community Services (Y)	2	0	2
Corporate (Y,S)	0	0	0
Elderly Medicine (Y)	3	1	4
Emergency Medicine (Y)	2	5	7
Facilities (Y,S)	0	0	0
General Surgery and Urology (Y), Surgery (S)	6	4	10
Head and Neck and Ophthalmology (Y)	3	0	3
Medicine (General and Acute, Y), Medicine (S)	4	1	5
Obstetrics and Gynaecology (Y)	3	1	4
Operations (Y)	0	0	0
Orthopaedics (Y)	3	1	4
Pharmacy (Y)	0	0	0
Physiotherapy (Y)	0	0	0
Radiology (Y)	0	0	0
Sexual Health (Y)	0	0	0
Specialist Medicine (Y)	0	0	0
Theatres Anaesthetics and CC(Y)	1	0	1
Total	27	14	41

Complaints by Subject (Datix)	York	S'boro	Total
Admissions, discharge and transfer arrangements	3	0	3
Aids, appliances, equipment, premises	0	0	0
All aspect of clinical treatment	15	12	27
Appointment delay/cancellation (inpatient)	0	0	0
Appointments delay/cancellation (outpatient)	1	1	2
Attitude of staff	6	1	7
Communication/information to patients (written and oral)	1	0	1
Complaints handling	0	0	0
Consent to treatment	0	0	0
Failure to follow agreed procedure	0	0	0
Hotel services, including food	0	0	0
Mortuary and post mortem arrangements	0	0	0
Other	1	0	1
Patients' privacy and dignity	0	0	0
Patients' property and expenses	0	0	0
Patients' status, discrimination	0	0	0
Personal records	0	0	0
Policy and commercial decision of Trust	0	0	0
Total	27	14	41

PALS Contact by Subject	York	S'boro	Total
Action Plan	4	n/a	n/a
Aids / appliances / equipment	4	n/a	n/a
Admissions, discharge, transfer arrangements	14	n/a	n/a
Appointments, delay/cancellation (inpatient)	17	n/a	n/a
Appointments, delay/cancellation (outpatient)	35	n/a	n/a
Staff attitude	14	n/a	n/a
Any aspect of clinical care/treatment	63	n/a	n/a
Communication issues	35	n/a	n/a
Compliment / thanks	27	n/a	n/a
Alleged discrimination (eg racial, gender, age)	2	n/a	n/a
Environment / premises / estates	4	n/a	n/a
Foreign language	0	n/a	n/a
Failure to follow agreed procedure (including consent)	1	n/a	n/a
Hotel services (including cleanliness, food)	3	n/a	n/a
Requests for information and advice	155	n/a	n/a
Medication	2	n/a	n/a
Other	5	n/a	n/a
Car parking	6	n/a	n/a
Privacy and dignity	1	n/a	n/a
Property and expenses	12	n/a	n/a
Personal records / Medical records	7	n/a	n/a
Safeguarding issues	0	n/a	n/a
Signer	0	n/a	n/a
Support (eg benefits, social care, vol agencies)	1	n/a	n/a
Patient transport	4	n/a	n/a
Totals:	416	n/a	n/a

Friends and Family

Indicator		Target	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Inpatients – York	York IP Response Rate	Monitoring Only	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%	45.4%	16.0%	17.4%
Inpatients – Scarborough	Scarborough IP Response Rate		40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%	55.8%	16.4%	16.5%
Inpatients - Bridlington	Bridlington IP Response Rate		86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%	69.5%	56.0%	47.5%
Inpatients – Combined	**Trust IP Response Rate**		**41.7%**	**40.2%**	**37.6%**	**38.2%**	**44.1%**	**38.4%**	**37.7%**	**44.7%**	**49.4%**	**18.6%**	**19.2%**
ED – York	York ED Response Rate	Monitoring Only	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%	19.2%	8.3%	8.6%
ED - Scarborough	Scarborough ED Response Rate		35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%	29.8%	6.7%	7.3%
ED – Combined	**Trust ED Response Rate**		**22.8%**	**20.0%**	**16.7%**	**15.9%**	**21.5%**	**16.0%**	**19.3%**	**21.6%**	**22.8%**	**7.8%**	**8.2%**
Maternity – Antenatal		None	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.6%	27.6%	36.0%	26.4%	27.5%
Maternity – Labour and Birth			19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%	31.0%	25.6%
Maternity – Post Natal			24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%	30.4%	29.0%
Maternity – Community			21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%	24.3%	18.4%

The FFT Steering Group and project workstreams continue to meet and take forward the implementation and development of FFT across the Trust. The focus for the Trust, in addition to roll out is to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of what the Trust is doing to improve their experience of our Services.

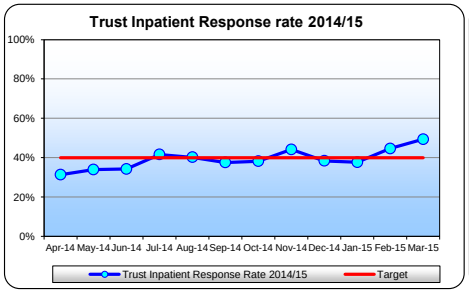
In 2015/16 Friends & Family is no longer a CQUIN but will be monitored under Schedule 4 of the Trust's Commissioner contracts. From April 2015 Day Cases and patients under 16 are included in the Inpatient performance, this is as per national guidelines.

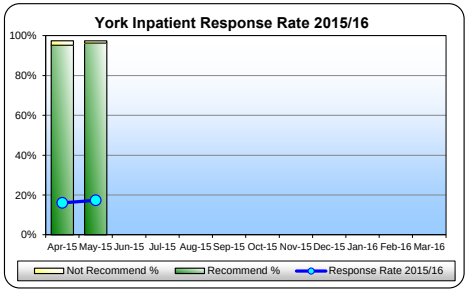
Friends & Family: Inpatients & ED

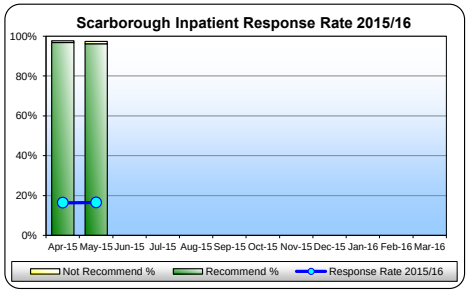
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previously daycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour and postnatal service to your family & friends?". The Friends and Family Test is no longer a CQUIN Target for 2015/16, however the focus for the Trust remains to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of wh at the Trust is doing to improve their experience of our Services.

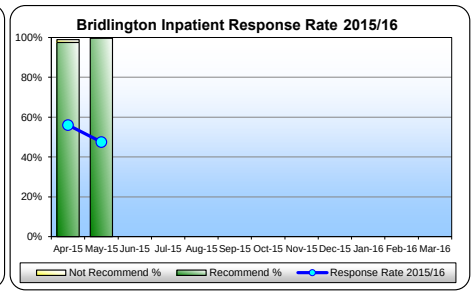
Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Apr-15	May-15	Jun-15
Combined Inpatient Response Rate (including daycases)	None - Monitoring Only	none	33.20%	39.80%	40.10%	43.90%	18.64%	19.19%	
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	35.70%	35.58%	36.39%	39.00%	16.01%	17.35%	
York Inpatient Recommend %	None - Monitoring Only	none					95.17%	96.26%	
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	40.58%	42.52%	42.25%	49.44%	16.37%	16.46%	
Scarborough Inpatient Recommend %	None - Monitoring Only	none					96.81%	96.18%	
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	77.40%	80.68%	78.19%	78.06%	55.98%	47.46%	
Bridlington Inpatient Recommend %	None - Monitoring Only	none					97.51%	99.60%	

*Daycase patients and young people (<16 years) included in FFT April 2015

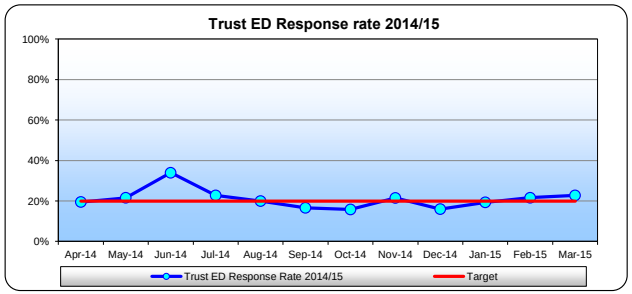


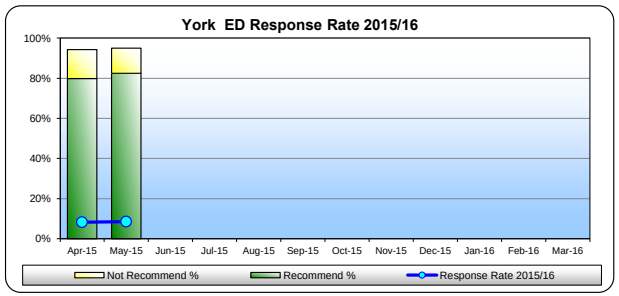


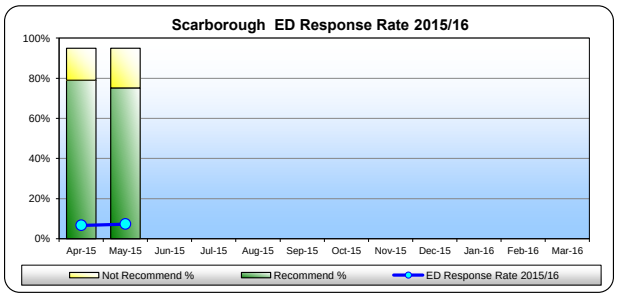




Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Apr-15	May-15	Jun-15
Combined Emergency Department Response Rate	None - Monitoring Only	none	25.10%	19.90%	17.70%	21.30%	7.78%	8.17%	
York Emergency Department Response Rate	None - Monitoring Only	none	14.30%	10.85%	13.00%	16.08%	8.29%	8.56%	
York Emergency Department Recommend %	None - Monitoring Only	none					79.81%	82.42%	
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	32.91%	34.90%	26.46%	31.44%	6.68%	7.33%	
Scarborough Emergency Department Recommend %	None - Monitoring Only	none					78.98%	75.14%	







Headline Scores

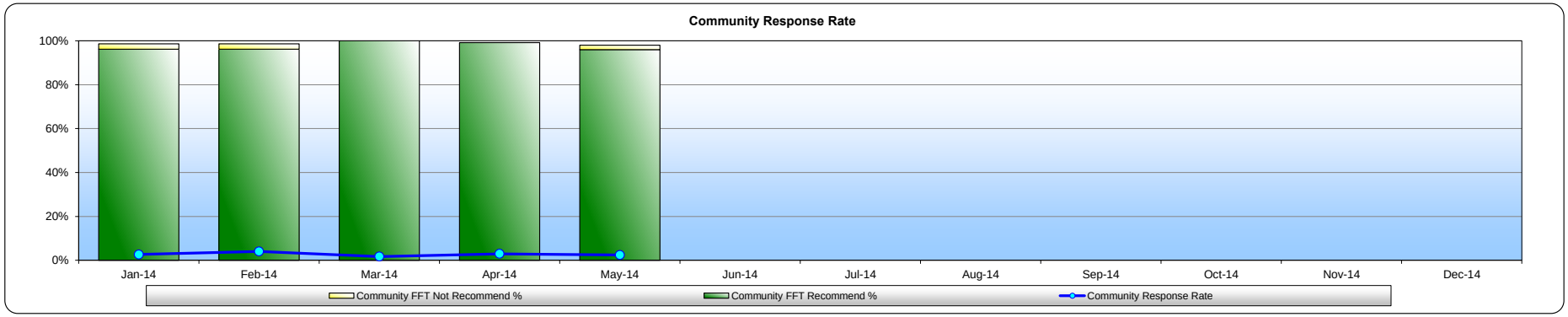
Recommend (%) $\dfrac{\text{Extremely Likely + Likely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

Not Recommend (%) $\dfrac{\text{Extremely Unlikely + Unlikely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

Friends & Family: Community

FFT Implemented in Community since January 2015

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-15	May-15	Jun-15
Community Response Rate	None - Monitoring Only	none					2.95%	2.39%	
Community FFT Recommend %	None - Monitoring Only	none					99.15%	95.96%	
Community FFT Not Recommend %	None - Monitoring Only	none					0.00%	2.02%	

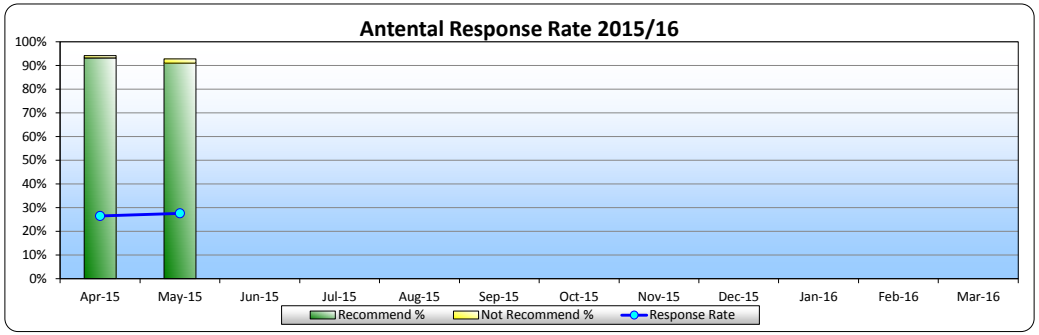


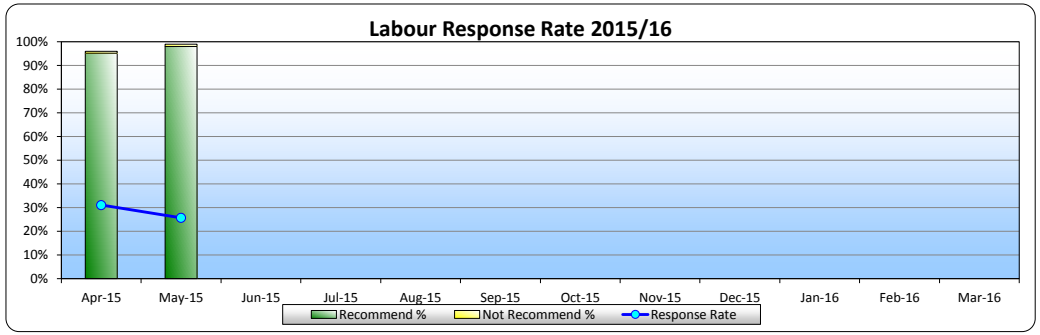
Service/Area	Consequence of Breach (Monthly)	Threshold	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-15	May-15	Jun-15
Community Inpatient Services	None - Monitoring only	None					53	45	
Community Nursing Services	None - Monitoring only	None					22	12	
Rehabilitation & Therapy Services	None - Monitoring only	None					0	0	
Specialist Services	None - Monitoring only	None					19	17	
Children & Family Services	None - Monitoring only	None					4	5	
Community Healthcare Other	None - Monitoring only	None					19	20	

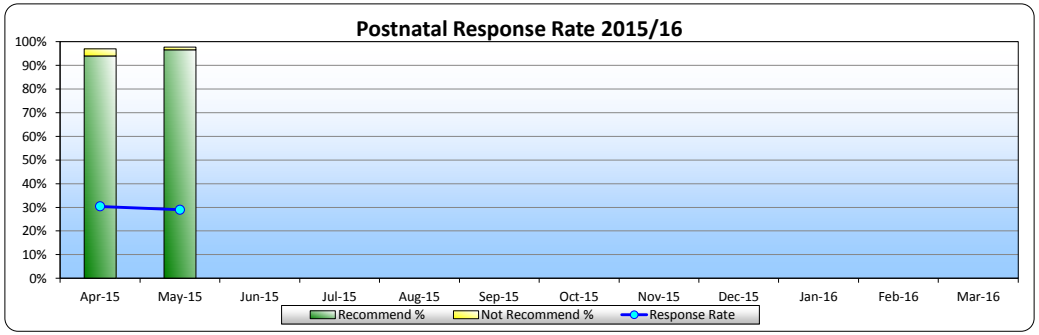
Friends & Family: Maternity

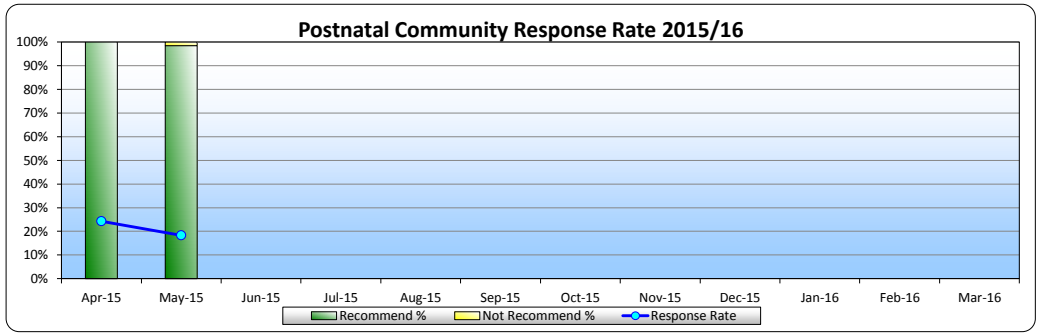
York Teaching Hospital NHS
NHS Foundation Trust

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Apr	May	Jun
Antenatal Response Rate	None - Monitoring only	none	33.6%	32.4%	38.3%	31.4%	26.41%	27.54%	
Antental % Recommend	None - Monitoring only	none					93.20%	90.99%	
Labour and Birth Response Rate	None - Monitoring only	none	36.40%	18.60%	23.50%	28.84%	31.02%	25.63%	
Labour and Birth % Recommend	None - Monitoring only	none					95.20%	98.04%	
Postnatal Response Rate	None - Monitoring only	none	41.1%	24.8%	30.6%	30.9%	30.40%	28.95%	
Postnatal % Recommend	None - Monitoring only	none					94.00%	96.59%	
Postnatal Community Response Rate	None - Monitoring only	none	31.60%	20.00%	18.70%	19.87%	24.32%	18.36%	
Postnatal Community % Recommend	None - Monitoring only	none					100.00%	98.51%	









2014/15 Performance

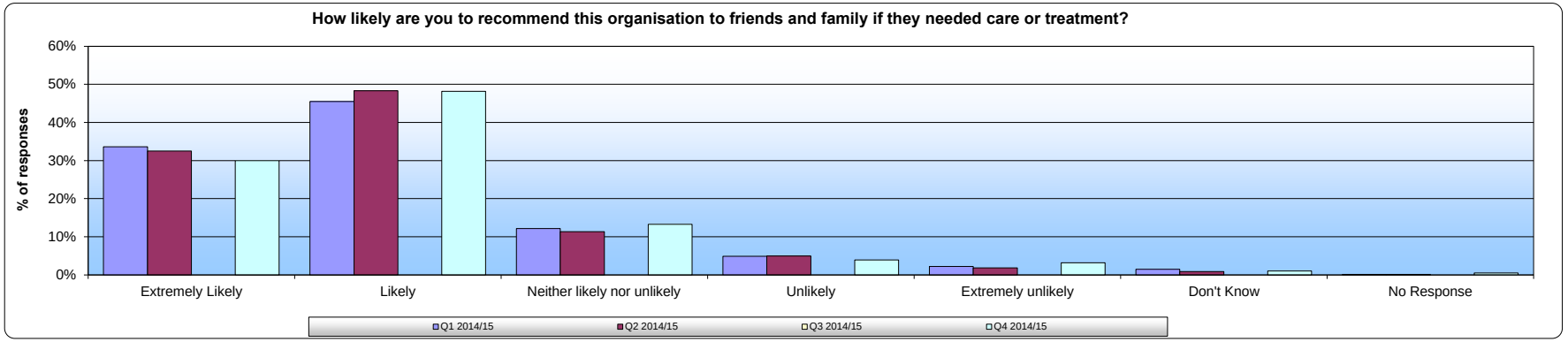
Indicator	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Antenatal Response Rate	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.5%	27.6%	36.0%
Labour and Birth Response Rate	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%
Postnatal Response Rate	47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%
Postnatal Community Response Rate	34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%

Friends and Family: Staff

York Teaching Hospital NHS
NHS Foundation Trust

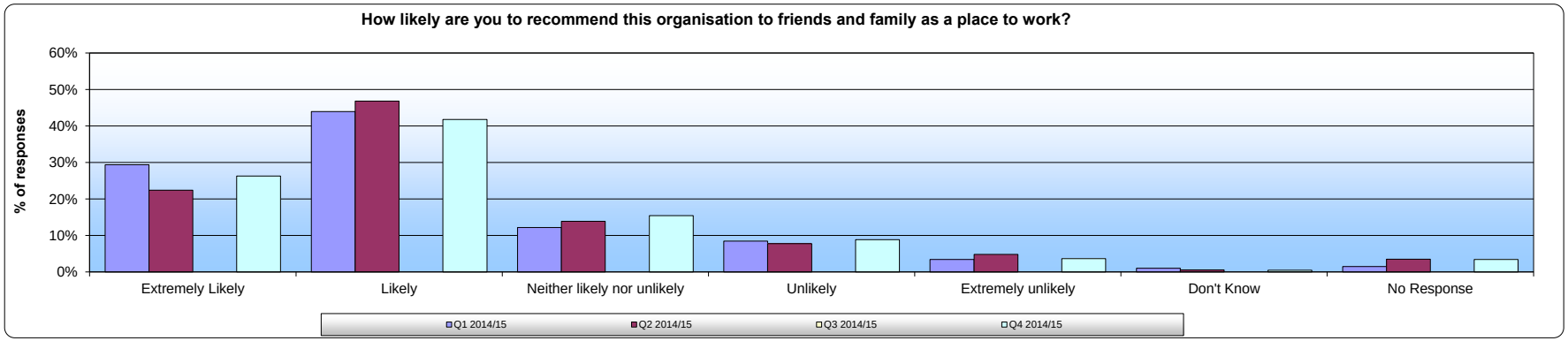
As part of the National Friends and Family CQUIN 2014/15, the Trust is required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.
So far in Quarter 1 & 2 responses have been collected from staff via an online survey or paper survey.

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	**none**	**8%**	**8%**	**Not Available**	**38%**
Number of Trust employees who responded to the survey	None - Monitoring Only	**none**	**673**	**704**	**Not Available**	**407**



How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	33.6%	45.5%	12.2%	4.9%	2.2%	1.5%	0.1%
Q2 2014/15	32.5%	48.3%	11.4%	5.0%	1.8%	0.9%	0.1%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%



How likely are you to recommend this organisation to friends and family as a place to work?

Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	29.4%	44.0%	12.2%	8.5%	3.4%	1.0%	1.5%
Q2 2014/15	22.4%	46.9%	13.9%	7.8%	4.8%	0.6%	3.6%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%

Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 14 SIs reported in May:
Information Governance Issues; 1 Scarborough
Surgical complication; 1 York
Slips Trips Falls 9; 2 York , 2 Scarborough, 3 Bridlington & 2 Community
Pressure Ulcers 3; 1 York, 1 Scarborough & 1 Community

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 May there were 166 reports of patients falling at York Hospital, 90 patients at Scarborough and 49 patients within the Community Services. This is a increase from the number reported in April. These figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during May was 1,258, 613 incidents were reported on the York site, 431 on the Scarborough site and 214 from Community Services. This is a 3.5% decrease from April.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 863 (down from 1302 at the end of April) incidents awaiting sign-off by the Directorate Management Teams. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)
During May 26 pressure ulcers were reported to have developed on patients since admission to York Hospital, 15 pressure ulcers were reported to have developed on patients since admission to Scarborough and 49 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.

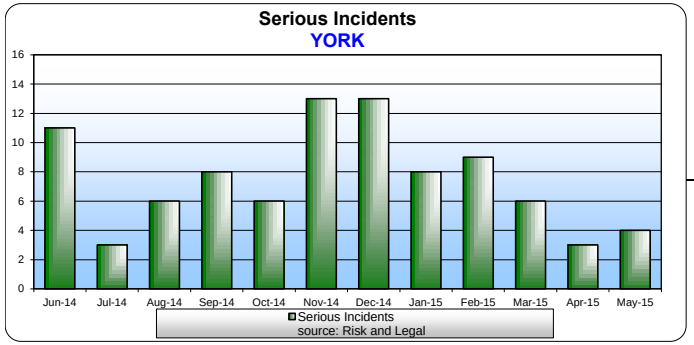
Degree of Harm: Serious/Severe or Death (source: Datix)
During May a total of 4 patient incidents were reported which resulted in serious or severe harm with zero resulting in death.

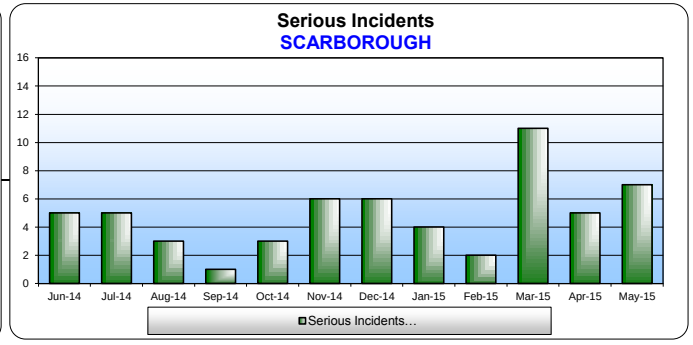
Medication Related Issues (source: Datix)
During May there was a total of 115 medication related incidents reported, although this figure may change following validation. A change of recording was made in December 2014 to improve capture of Medication Related Issues.

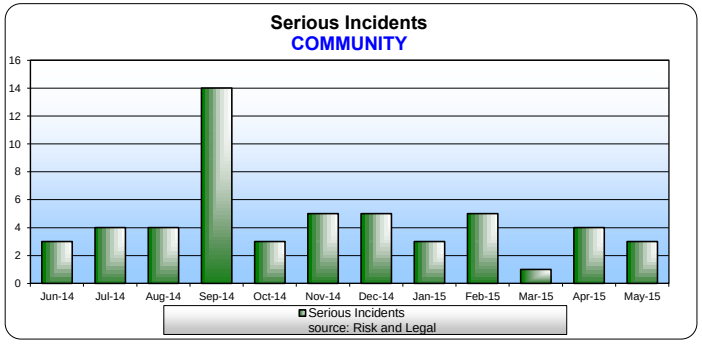
Never Events - none

Measures of Harm

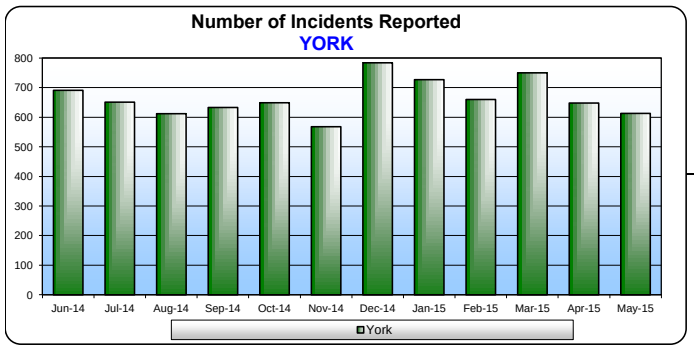
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Serious Incidents source: Risk and Legal	York	11	3	6	8	6	13	13	8	9	6	3	4
	Scarborough	5	5	3	1	3	6	6	4	2	11	5	7
	Community	3	4	4	14	3	5	5	3	5	1	4	3

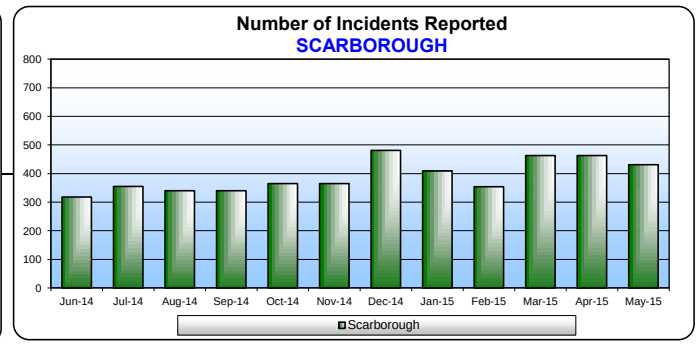


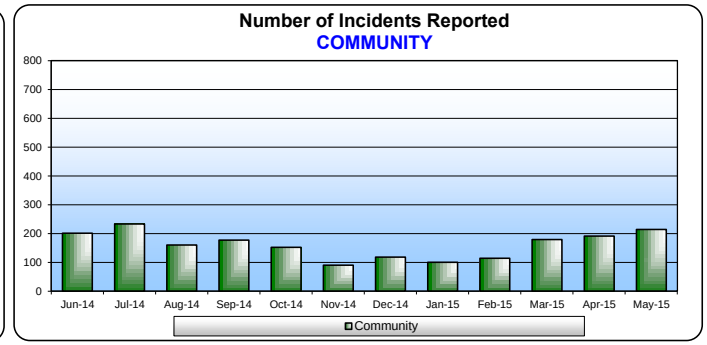




Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Number of Incidents Reported source: Risk and Legal	York	691	651	612	633	649	568	784	727	660	750	648	613
	Scarborough	318	355	340	340	365	365	481	409	354	463	463	431
	Community	201	233	160	177	152	90	118	100	114	179	191	214
Number of Incidents Awaiting sign off at Directorate level		1877	-	1870	1497	1408	858	272	1444	516	546	1302	863

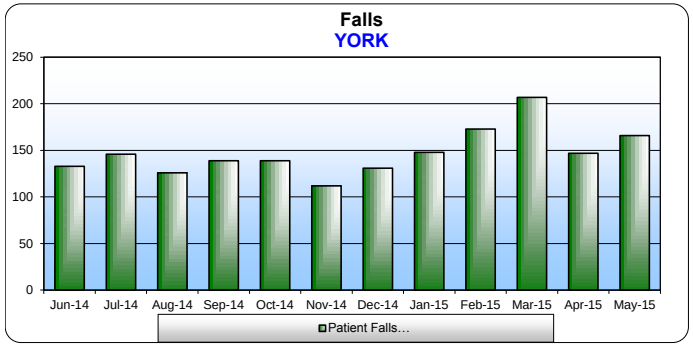


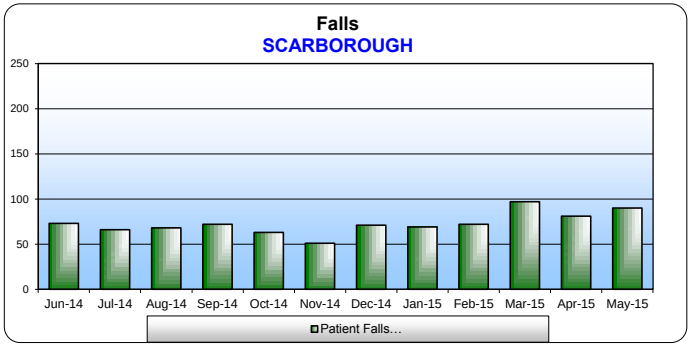


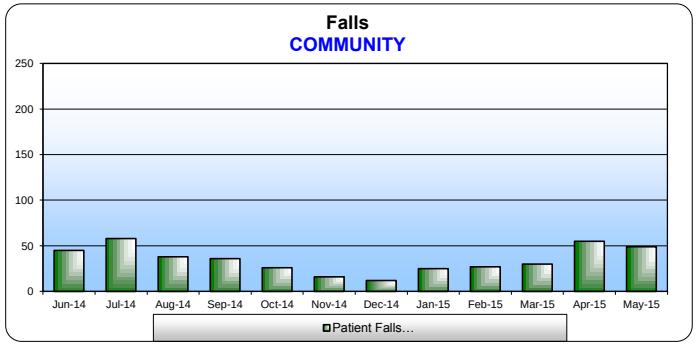


Measures of Harm

Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Patient Falls source: DATIX	York	133	146	126	139	139	112	131	148	173	207	147	166
	Scarborough	73	66	68	72	63	51	71	69	72	97	81	90
	Community	45	58	38	36	26	16	12	25	27	30	55	49

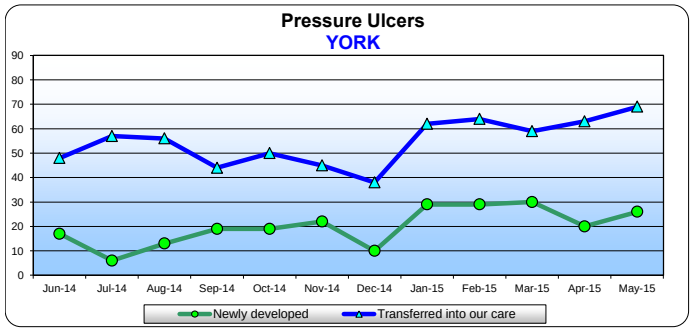


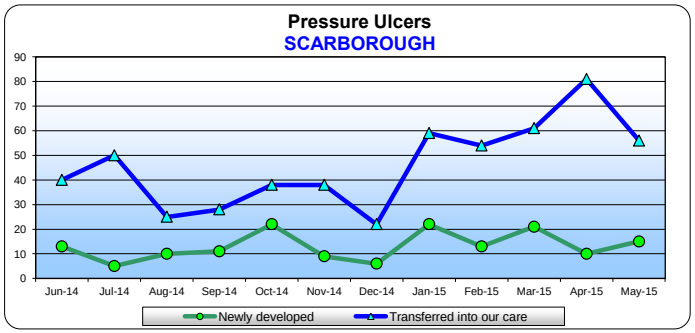


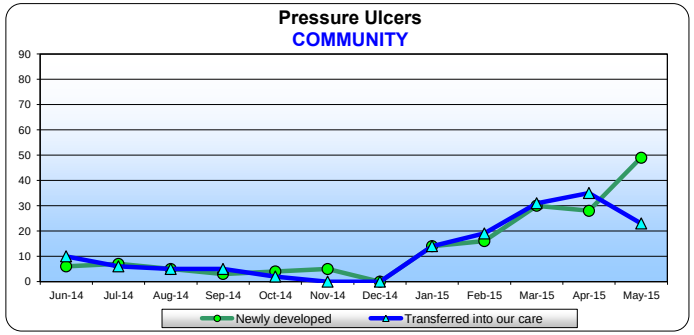


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Pressure Ulcers source: DATIX	York	Newly developed	17	6	13	19	19	22	10	29	29	30	20	26
		Transferred into our care	48	57	56	44	50	45	38	62	64	59	63	69
	Scarborough	Newly developed	13	5	10	11	22	9	6	22	13	21	10	15
		Transferred into our care	40	50	25	28	38	38	22	59	54	61	81	56
	Community	Newly developed	6	7	5	3	4	5	0	14	16	30	28	49
		Transferred into our care	10	6	5	5	2	0	0	14	19	31	35	23



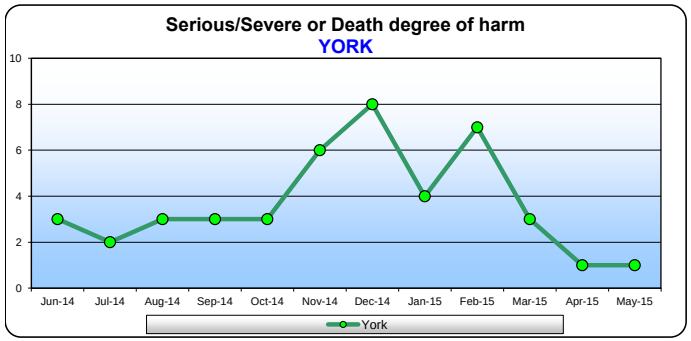


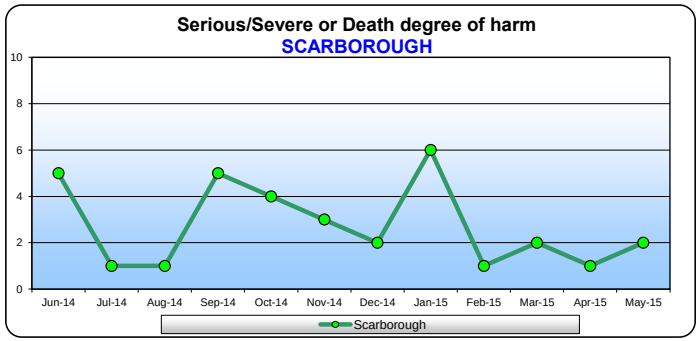


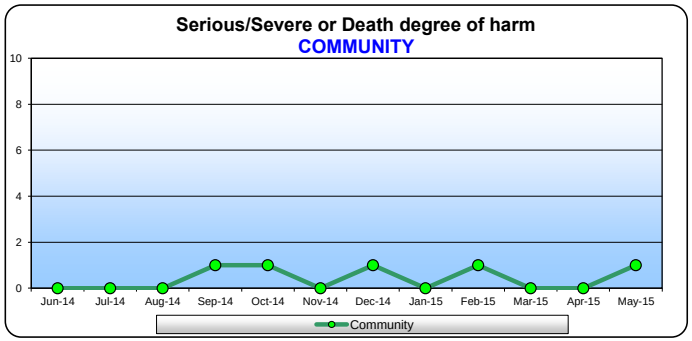
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised as a 'Deterioration of a previously reported ulcer'.

Measures of Harm

Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Degree of harm: serious/severe or death source: Datix	York	3	2	3	3	3	6	8	4	7	3	1	1
	Scarborough	5	1	1	5	4	3	2	6	1	2	1	2
	Community	0	0	0	1	1	0	1	0	1	0	0	1

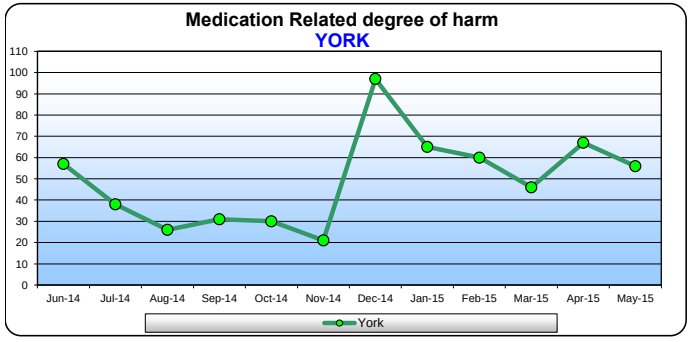


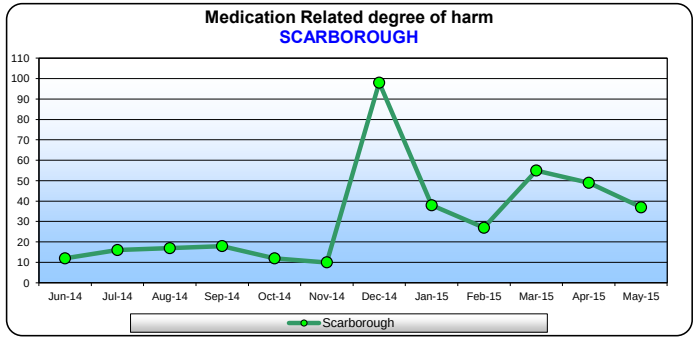


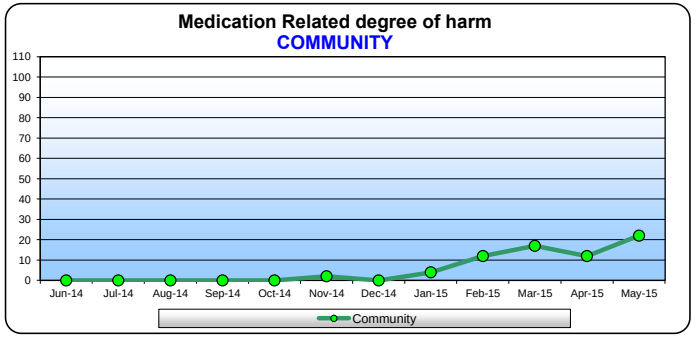


Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Degree of harm: Medication Related Issues source: Datix	York	57	38	26	31	30	21	97	65	60	46	67	56
	Scarborough	12	16	17	18	12	10	98	38	27	55	49	37
	Community	0	0	0	0	0	2	0	4	12	17	12	22

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.

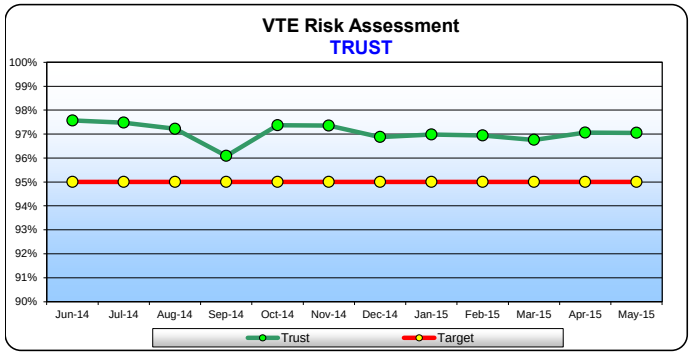


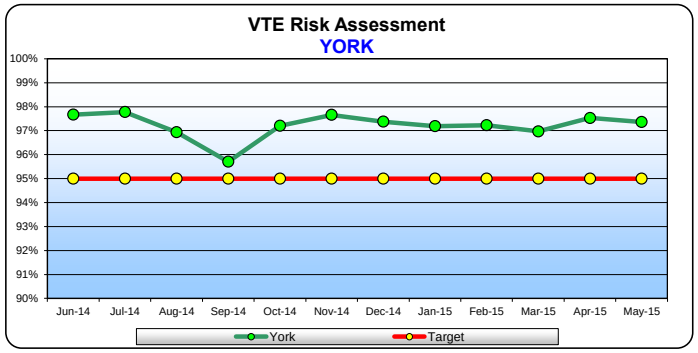


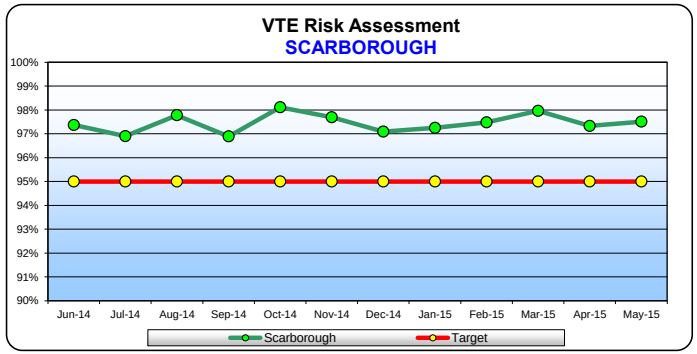


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Mar	Apr	May
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	90%	96.8%	96.9%	97.1%	96.9%	96.8%	97.1%	97.1%
		York	90%	97.7%	96.8%	97.4%	97.1%	97.0%	97.5%	97.4%
		Scarborough	90%	94.9%	97.2%	97.6%	97.6%	98.0%	97.3%	97.5%







Drug Administration

Omitted Critical Medicines

The audit of critical medicines missed during May indicated 1.36% for Scarborough and 1.71% for York .

Prescribing Errors

There were 21 prescribing related errors in May; 11 from Scarborough, 8 from York and 2 from Community.

Preparation and Dispensing Errors

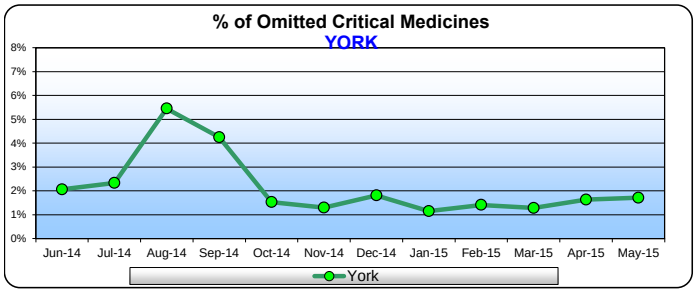
There were 18 preparation/dispensing errors in May; 13 from York and 5 from Scarborough.

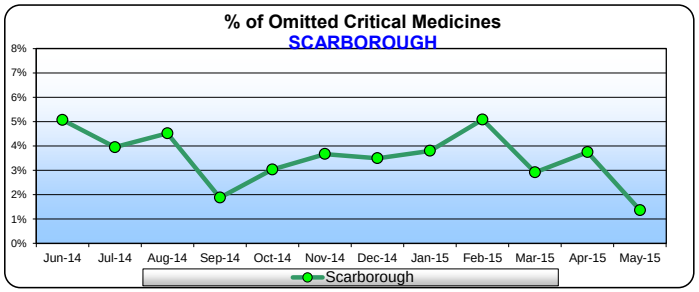
Administrating and Supply Errors

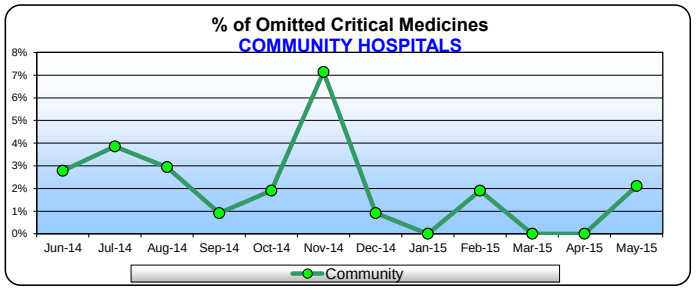
There were 44 administrating/supplying errors in May; 18 from York, 15 from Scarborough and 11 from Community.

Drug Administration

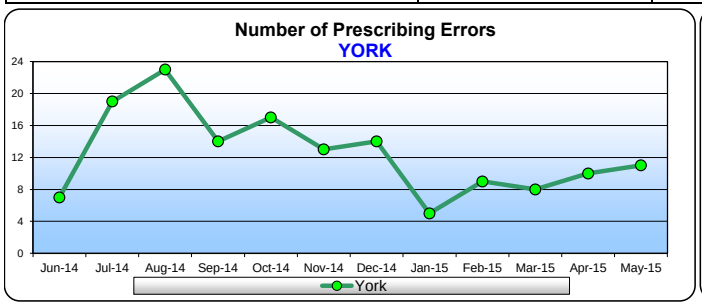
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Number of Omitted Critical Medicines source: Datix	York	9	10	20	18	7	6	8	6	6	6	7	9
	Scarborough	11	9	9	4	7	9	9	9	12	7	9	3
	Community Hospitals	3	4	3	1	2	7	1	0	2	0	0	2

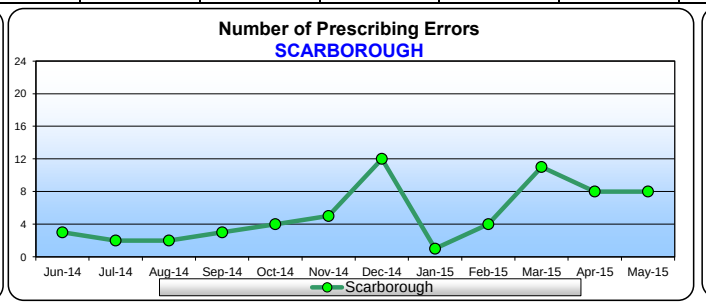


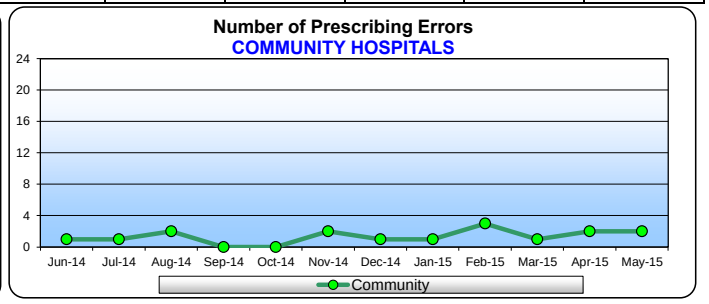




Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Number of Prescribing Errors source: Datix	York	7	19	23	14	17	13	14	5	9	8	10	11
	Scarborough	3	2	2	3	4	5	12	1	4	11	8	8
	Community Hospitals	1	1	2	0	0	2	1	1	3	1	2	2

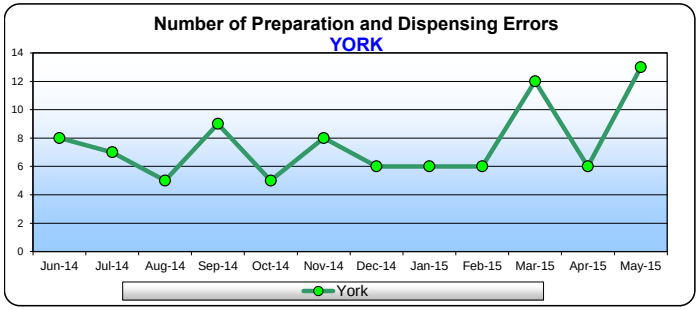


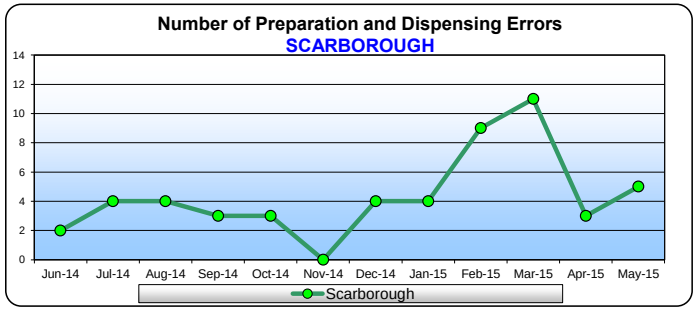


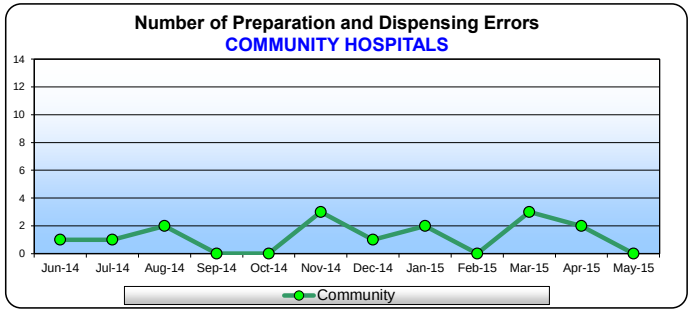


Drug Administration

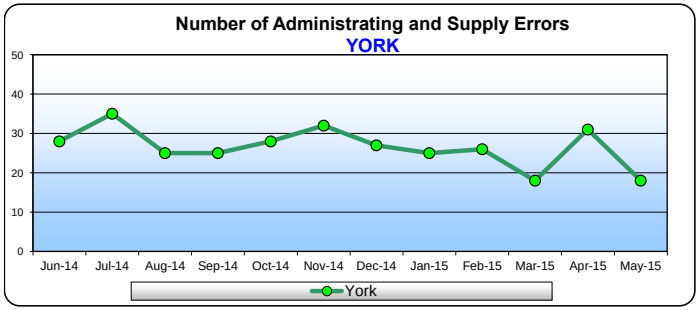
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Number of Preparation and Dispensing Errors source: Datix	York	8	7	5	9	5	8	6	6	6	12	6	13
	Scarborough	2	4	4	3	3	0	4	4	9	11	3	5
	Community Hospitals	1	1	2	0	0	3	1	2	0	3	2	0

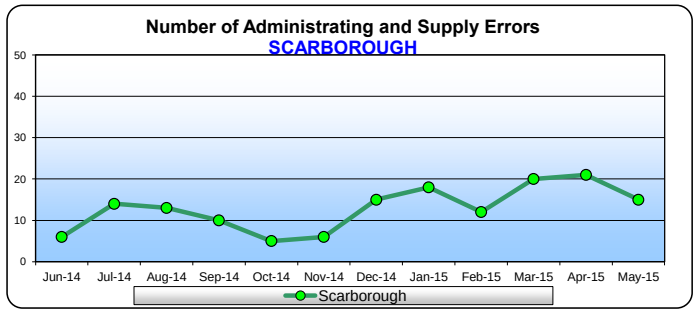


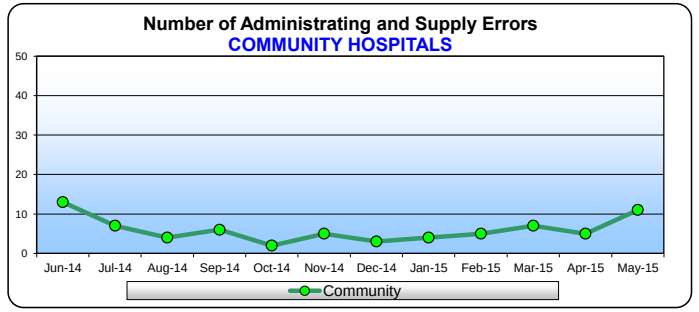




Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
Administrating and Supply Errors source: Datix	York	28	35	25	25	28	32	27	25	26	18	31	18
	Scarborough	6	14	13	10	5	6	15	18	12	20	21	15
	Community Hospitals	13	7	4	6	2	5	3	4	5	7	5	11







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 March the percentage receiving care “free from harm” following audit is below:

·York: 94.3%
·Scarborough: 92.6%
·Community Hospitals: 89.0%
·Community care: 92.8%

VTE

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

·York: 0.8%
·Scarborough: 0.8%

Harm from Catheter Associated Urinary Track Infection

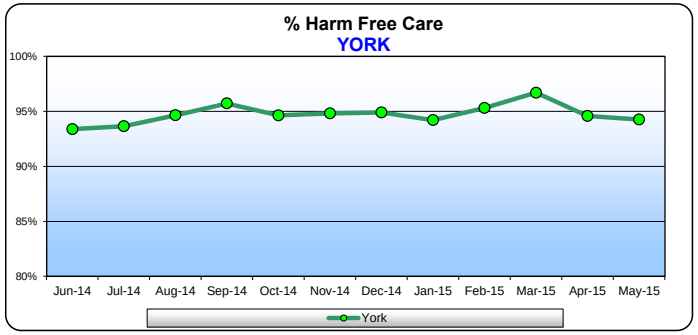
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

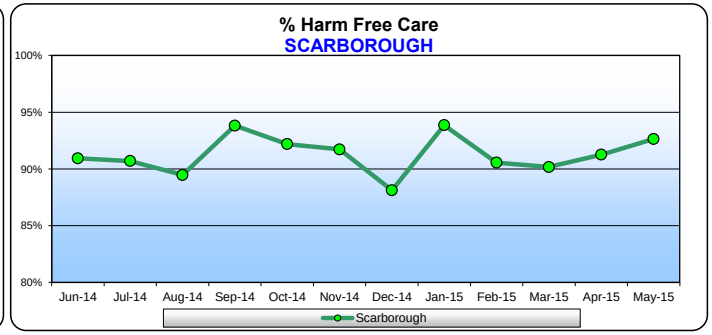
·York: 1.7%
·Scarborough: 3.5%
·Community Hospitals: 0%
·Community Care: 0.8%

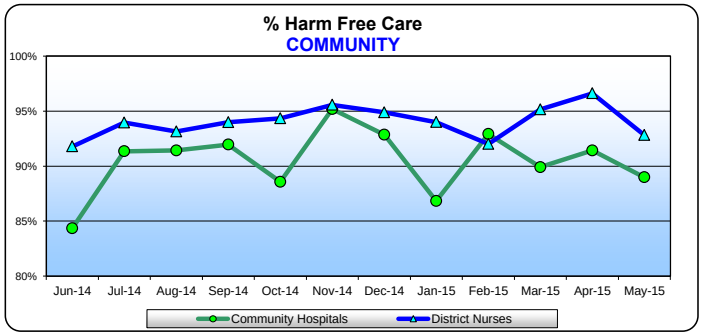
Safety Thermometer

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

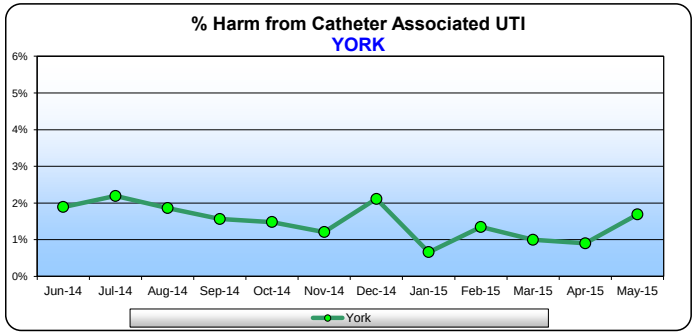
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
% of Harm Free Care source: Safety Thermometer	York	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%	94.2%	95.3%	96.7%	94.6%	94.3%
	Scarborough	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%	93.9%	90.6%	90.2%	91.3%	92.6%
	Community Hospitals	84.4%	91.4%	91.4%	92.0%	88.6%	95.2%	92.9%	86.8%	92.9%	89.9%	91.4%	89.0%
	District Nurses	91.8%	94.0%	93.1%	94.0%	94.4%	95.6%	94.9%	94.0%	92.0%	95.2%	96.6%	92.8%

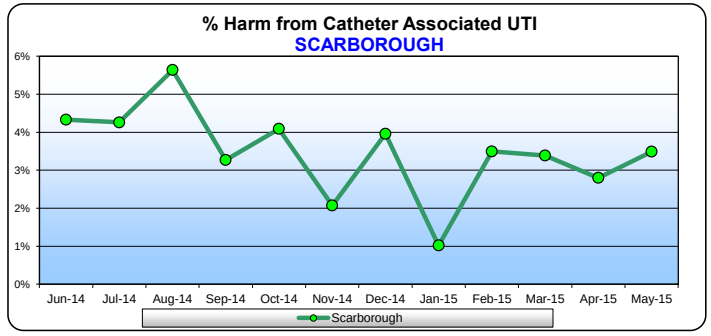


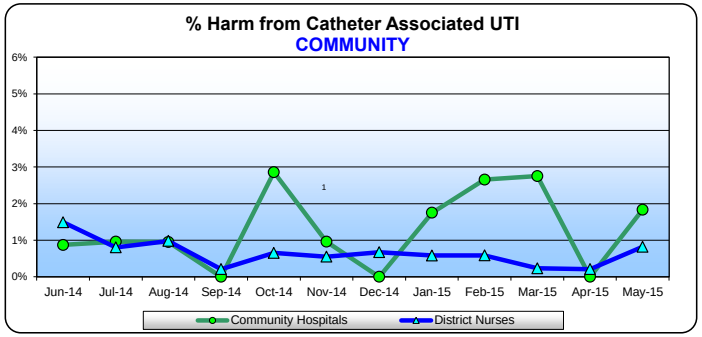




Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%	0.7%	1.3%	1.0%	0.9%	1.7%
	Scarborough	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%	1.0%	3.5%	3.4%	2.8%	3.5%
	Community Hospitals	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%	1.8%	2.7%	2.8%	0.0%	1.8%
	District Nurses	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%	0.6%	0.6%	0.2%	0.2%	0.8%



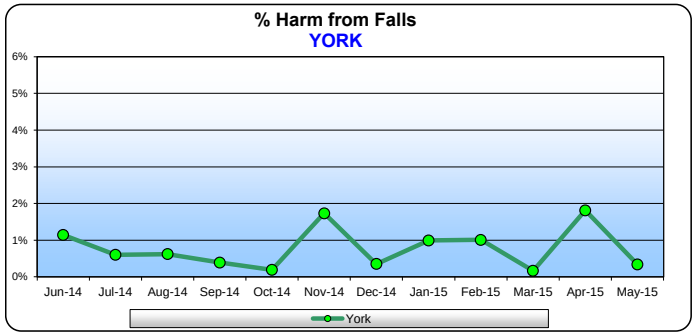


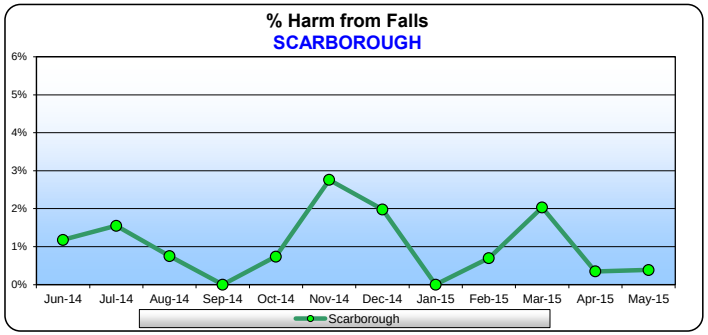


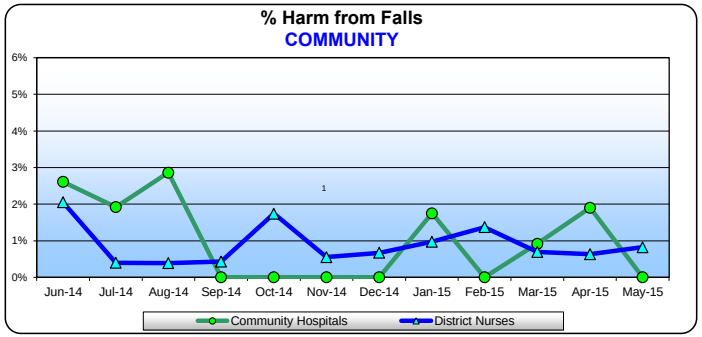
Safety Thermometer

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

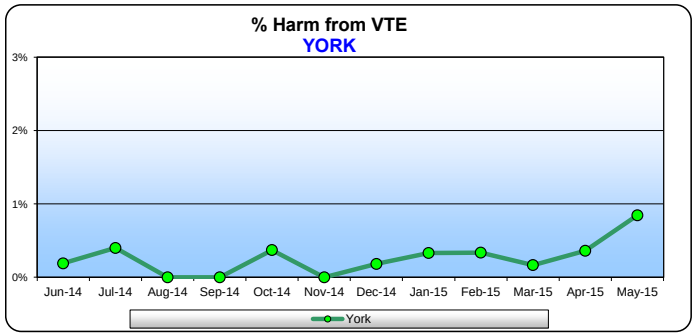
Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
% of Harm from Falls source: Safety Thermometer	York	1.1%	0.6%	0.6%	0.4%	0.2%	1.7%	0.4%	1.0%	1.0%	0.2%	1.8%	0.3%
	Scarborough	1.2%	1.6%	0.8%	0.0%	0.7%	2.8%	2.0%	0.0%	0.7%	2.0%	0.4%	0.4%
	Community Hospitals	2.6%	1.9%	2.9%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.9%	1.9%	0.0%
	District Nurses	2.1%	0.4%	0.4%	0.4%	1.7%	0.6%	0.7%	1.0%	1.4%	0.7%	0.6%	0.8%

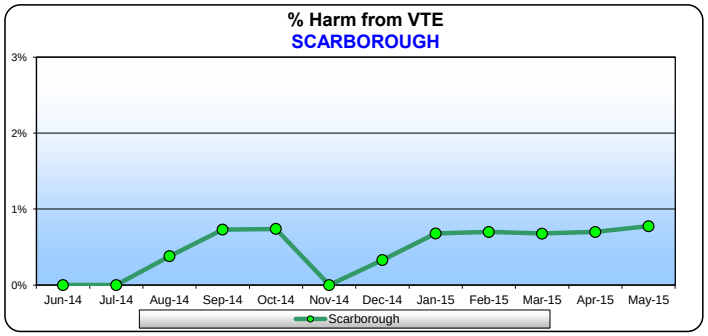


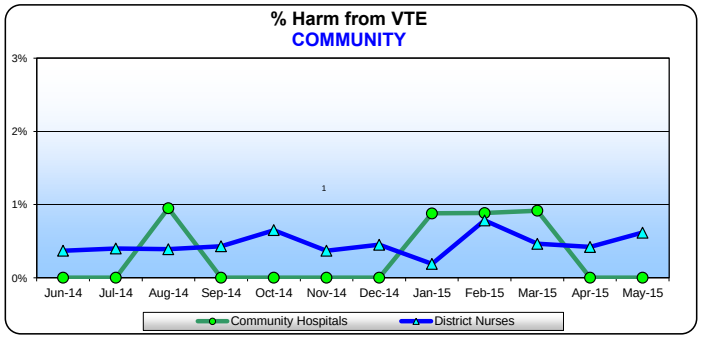




Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
% of VTE source: Safety Thermometer	York	0.2%	0.4%	0.0%	0.0%	0.4%	0.0%	0.2%	0.3%	0.3%	0.2%	0.4%	0.8%
	Scarborough	0.0%	0.0%	0.4%	0.7%	0.7%	0.0%	0.3%	0.7%	0.7%	0.7%	0.7%	0.8%
	Community Hospitals	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.9%	0.9%	0.0%	0.0%
	District Nurses	0.4%	0.4%	0.4%	0.4%	0.7%	0.4%	0.5%	0.2%	0.8%	0.5%	0.4%	0.6%



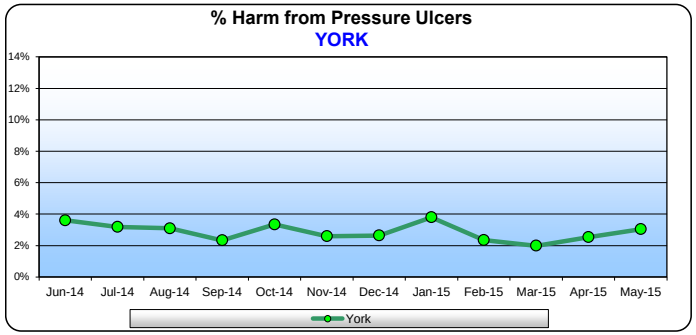


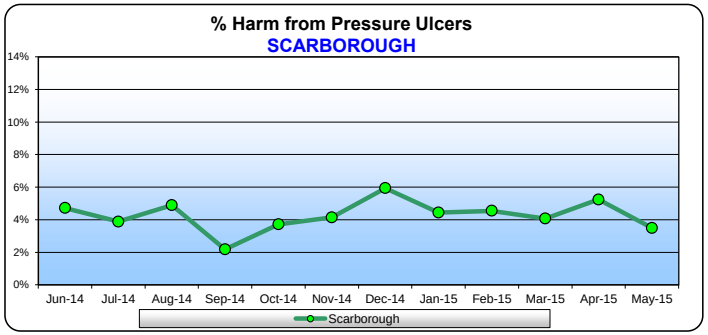


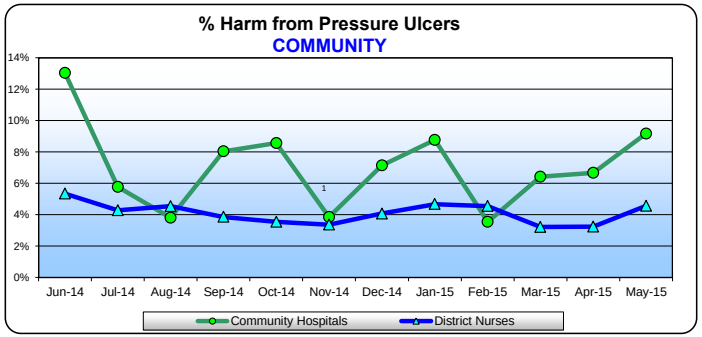
Safety Thermometer

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

Indicator		Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15
% of Pressure Ulcers source: Safety Thermometer	York	3.6%	3.2%	3.1%	2.3%	3.3%	2.6%	2.6%	3.8%	2.3%	2.0%	2.5%	3.0%
	Scarborough	4.7%	3.9%	4.9%	2.2%	3.7%	4.1%	5.9%	4.4%	4.5%	4.1%	5.2%	3.5%
	Community Hospitals	13.0%	5.8%	3.8%	8.0%	8.6%	3.9%	7.1%	8.8%	3.5%	6.4%	6.7%	9.2%
	District Nurses	5.3%	4.3%	4.5%	3.9%	3.6%	3.4%	4.1%	4.7%	4.6%	3.2%	3.2%	4.6%







Never Events

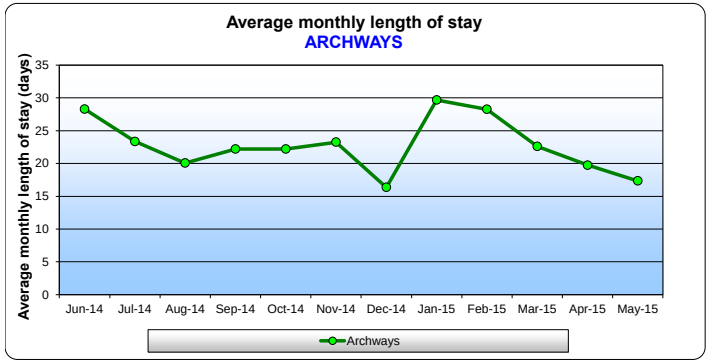
Indicator	Consequence of Breach	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Mar	Apr	May
SURGICAL									
Wrong site surgery	As below	>0	1	0	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable 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	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	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

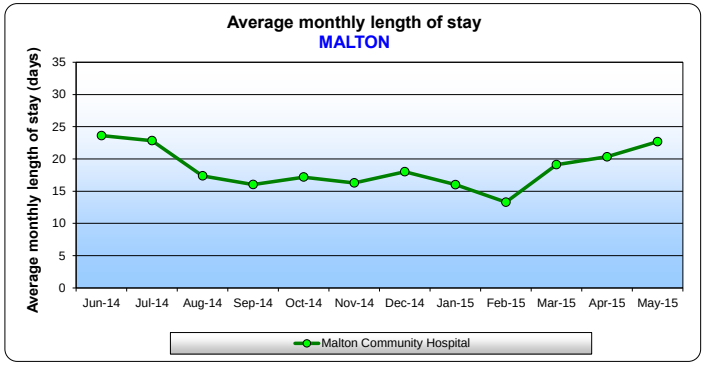
Patient Safety Walkrounds – May 2015

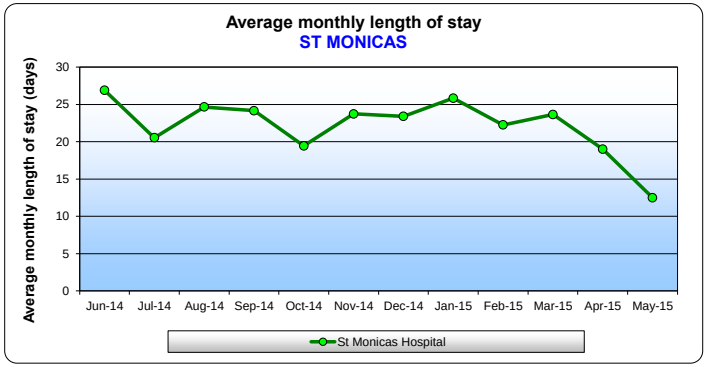
Date	Location	Participants	Actions & Recommendations
07/05/2015	Beech, Chestnut & Graham	Brian Golding - Director David Humphriss – Clinical Director Sharon Lewis – Directorate Manager Tracey Wright – Matron Sue Symington - NED	Extending opening hours for discharge lounge - Tracey Wright to look into what's already in planning. Lack of awareness of profiling beds achieving extra low setting - Sisters to raise awareness amongst all staff. Fixed bedhead lighting causes staff to work in shadow - Sisters to report to estates team and jointly explore solutions. Beech Ward bed 31 has no nurse call - Sister to agree interim and long term solutions with estates. Use of medical gas cylinders on York wards but not Scarborough - Matron to raise query through medical gas committee, (via estates team). Poor observation in Yellow bay on Cherry Ward - Sharon Lewis to investigate consequences of removing one bed from the bay. Fire exit to Cherry ward obstructed - Fire exits to be kept clear.
12/05/2015	Ward 36 & Ward 39	Diane Palmer – Deputy Director Karen Goodman – Clinical Director Jamie Todd – Directorate Manager Hilary Woodward – Matron Jennie Adams - NED	Ward 36 does not have many nursing vacancies but often has to provide staff to help elsewhere which constantly depletes the workforce. The lack of clinical input into these decisions out of hours is of concern. Additionally, staff from this ward have to administer thrombolysis in ED - Ensure that there remains an adequate skill mix of nurses on Ward 36 to provide the specialist care required. – Matron to review daily. Due to the transfer of patients suffering hyper-acute stroke from Scarborough to York there will be an increase in the bed base, and an increase in the requirement for nurses with specialist skills in care of the stroke patient. Additionally, we need to ensure adequate equipment is available - Ensure that senior managers are aware of the increased patient capacity and dependency on Ward 36 and that the nurse skill mix and staffing numbers reflect the increased demand. - DM and Matron to communicate to senior managers. The computer systems are still slow which results in a delay in entering patient clinical data – DM to advise Systems and Networks of the problems. The doors to Ward 36 were open and there was no signage reminding visitors and staff to clean their hands on entering the ward - Ensure that the doors at the entrance to the ward are closed and that signage advising of hand washing requirements are clear. – Matron to lead.
21/05/2015	Labour Ward, G2, G3 and Antenatal Services	Bev Geary - Director Jim Dwyer – Clinical Director Kim Hinton – Directorate Manager Chris Foster – Matron Liz Ross – Head of Midwifery Mike Keaney - NED	Labour Ward People stand outside the labour ward, next to medical gases and smoke - Discuss with Estates if this area can be patrolled more regularly. Update: Reported by Labour Ward Manager P Fowler as no longer an issue. There are not enough midwives on the York site for the service needs - A Midwifery Strategy paper has been submitted to the Chief Nurse requesting an increase in staffing establishment. As an interim arrangement the escalation policy out of hours is to request support from community midwives. Update: Midwifery workforce strategy paper has been reviewed. Business case to be submitted re increasing midwifery staffing levels on Labour Ward. Shortfall evidenced in Birthrate Plus Labour Ward acuity reports. Managing obstetric theatres - There is a plan for theatres be managed by the theatre staff/Critical Care and Theatres Directorate. Update: Theatres new Directorate Manager putting together a business case to support this There are a very small number of medical trainees who give minimal support to the senior cover - To review the medical trainee requirements and consider alternative ways of providing medical cover. Update: This is a national problem but the directorate has undertaken work to over establish at SHO level to offset some of the issues. This is reviewed annually. Baby tagging system - Funding has been identified for this and will be installed later in 2015. G3 – Antenatal - no issues identified Ward G2 – Postnatal Staffing - A business case for midwife staffing on the late shift has just been approved. Update: An increase of 1 midwife on late shift supported and in place (now 3+1). Antenatal Clinical and Antenatal Day Assessment Unit not visited 21/05/15 At times of peaks there is no spare capacity for scanning - Business case to Corporate Directors. Update: Extra scan clinics put on over Bank Holiday periods. No emergency call bell in the day assessment unit - For the Directorate Management Team to arrange for emergency call provision. Update: To carry out a documented risk assessment and review this action.
26/05/2015	Critical Care Unit (ICU & HDU)	Sue Rushbrook – Director Tariq Hoth – Clinical Director Gemma Ellison – Directorate manager Wendy Brown – Matron	Multiple drug charts for single patient - Unit to look at solutions, practice re reviewing & re-writing drug charts. Bedside computers - Unit to look into current contract. Clinical Information System - Unit to present purpose of the case, considering interface with CPD. Delayed discharges - Discussions around use of IT to support process of transfer "pending" pts on white boards/transfer board. Clinical Educator - Complete the recruitment of a Band 7 Educator. Specific concerns re Woodlands - Impact on unit capacity, concerns being addressed through safeguarding team.

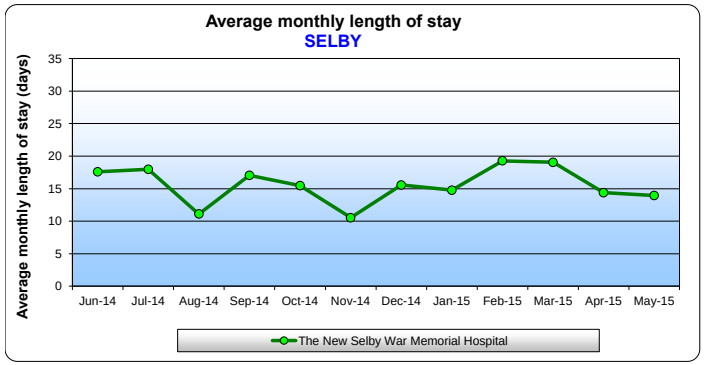
Community Hospitals

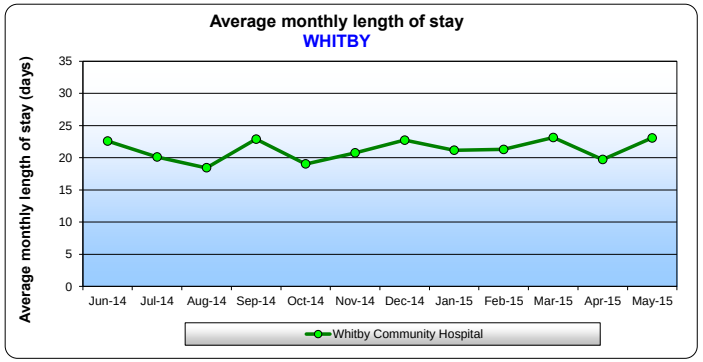
Indicator	Hospital	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Mar	Apr	May
Community Hospitals average length of stay (days)	Archways	23.4	22.1	20.6	26.8	22.6	19.7	17.3
	Malton Community Hospital	24.5	18.6	17.1	16.0	19.1	20.3	22.7
	St Monicas Hospital	24.5	23.2	22.0	24.0	23.6	19.0	12.5
	The New Selby War Memorial Hospital	13.8	15.6	13.7	17.6	19.0	14.4	13.9
	Whitby Community Hospital	21.1	20.3	20.9	21.9	23.1	19.7	23.1
	Total	20.4	19.4	18.1	20.2	21.1	18.3	18.7

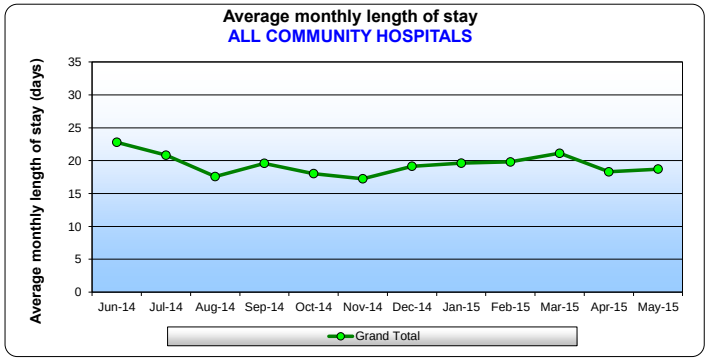






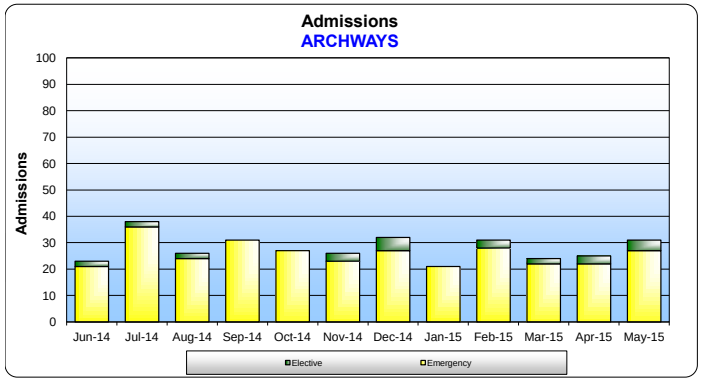


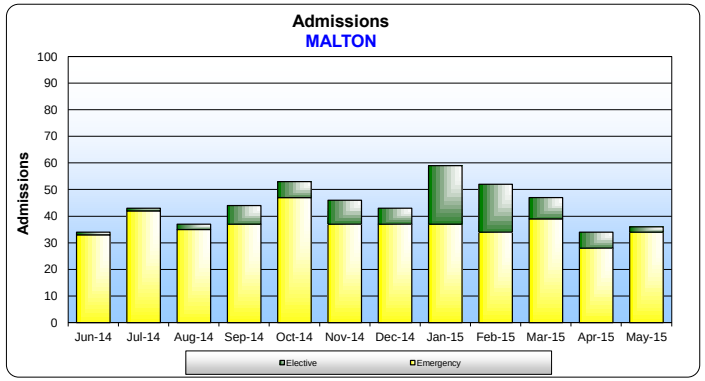


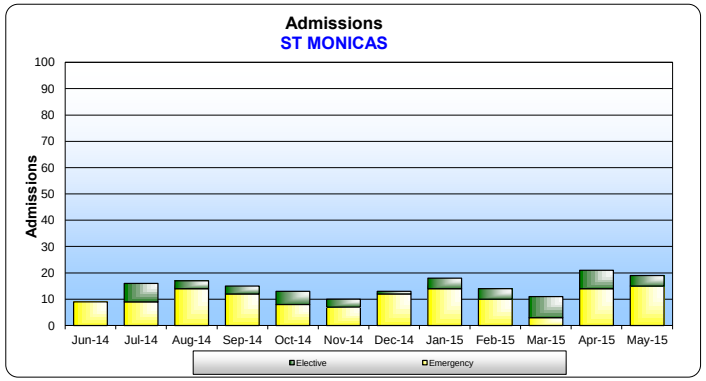


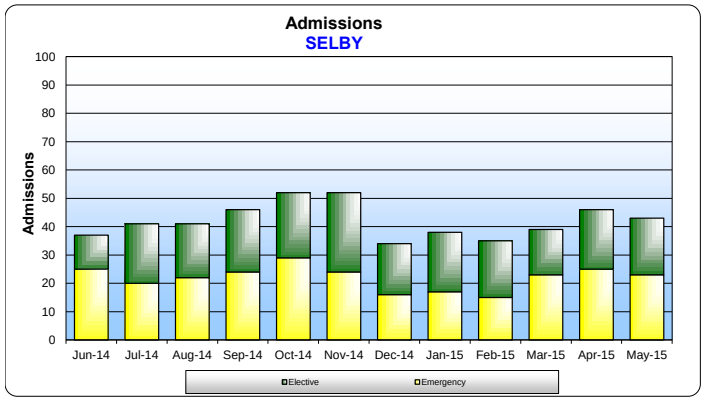
Community Hospitals

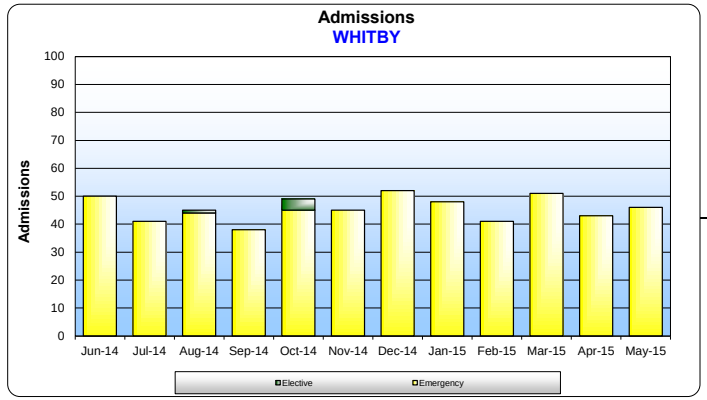
Indicator	Hospital		Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Mar	Apr	May
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	2	3	4
		Emergency	66	91	77	71	22	22	27
	Malton Community Hospital	Elective	4	10	21	48	8	6	2
		Emergency	89	114	121	110	39	28	34
	St Monicas Hospital	Elective	9	13	9	16	8	7	4
		Emergency	36	35	27	27	3	14	15
	The New Selby War Memorial	Elective	68	62	69	57	16	21	20
		Emergency	71	66	69	55	23	25	23
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	51	43	46
	Total	Elective	89	90	111	126	34	37	30
		Emergency	414	429	436	403	138	132	145

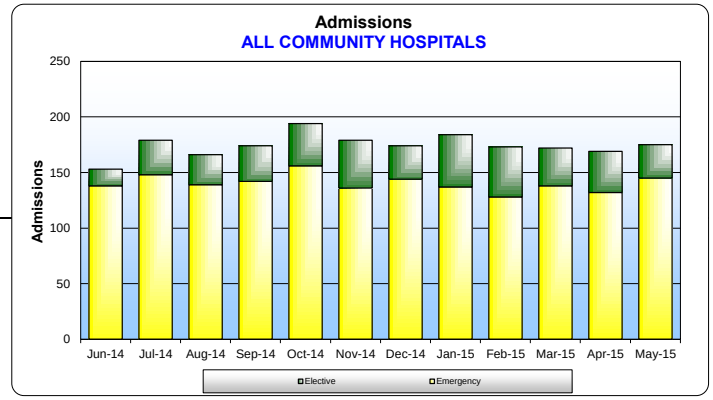












YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	276	297	253	302	254	325	314	296	246	311	300	266	286.7
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	84.1%	82.8%	88.4%	89.7%	86.6%	86.3%	86.6%	88.0%	87.0%	88.0%	90.0%	96.2%	87.8%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	8.0%	4.7%	5.5%	3.0%	6.3%	7.1%	8.3%	6.4%	5.3%	6.0%	5.0%	2.3%	5.7%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		-
		Births	No. of babies	CPD	≤295	296-309	≥310	prev. stats	250	292	289	308	317	308	319	244	264	269	228	273	280.1
		No. of women delivered	No. of mothers	CPD	≤296	296-310	≥311		243	290	289	302	311	303	316	239	261	265	224	272	276.3
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more		0	2	0	0	0	1	1	3	1	3	1	4	1.3
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more		0	0	0	0	0	0	1	0	0	1	0	0	0.2
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more		1	2	4	4	2	1	5	1	1	3	1	4	2.4
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	1	1	0	0	0	0	0	0	0	0		0.2
		SCBU at capacity	number of times	SCBU	0	1	2 or more		0	5	0	1	1	0	0	0	0	1	0		0.7
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	29.0	29.0	29.0	29.8	30.5	31.4	31.3	31.9	33.2	32.5	32.5		30.9
		1 to 1 care in Labour	CPD	CPD	≥75%	61%-74%	≤60%		79.4%	76.2%	77.9%	79.8%	83.6%	78.5%	79.0%	86.6%	83.9%	82.3%	80.8%	76.8%	0.8
		L/W Co-ordinator supernumary %		Risk Team					71	51	50	45	61	48	43	56	55	70	63	42	5450.8%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76	76.0
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10.0
		Supervisor : M/w ratio 1 :	Ratio	Rota	12	13-15	15	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14.0
Clinical	Neonatal/Maternal	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		58.0%	58.5%	65.6%	62.7%	61.4%	64.4%	58.2%	58.2%	57.5%	61.9%	62.1%	59.2%	60.6%
Indicators	Morbidity	Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	22.4%	19.9%	14.6%	12.7%	13.2%	11.2%	14.9%	15.9%	18.0%	17.4%	12.5%	13.6%	15.5%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	25.8%	26.0%	23.3%	27.3%	22.8%	21.1%	25.6%	24.3%	22.2%	19.2%	24.6%	26.5%	24.1%
		Eclampsia	No. of women	CPD	0		1 or more		0	1	0	0	0	0	1	0	0	0	0	0	0.2
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	0	2	1	3	0	0	1	1	1	2	1	0	1.0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	2	0	0	0	0	0	1	1	0	0	0.3
		HDU on L/W	No. of days	Handover Sheet					10	30	30	20	20	15	25	15	28	15	14	14	19.7
		Uterine Rupture from Jan 14	No of women	CPD	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	4	5	3	4	3	7	4	2	8	4	4	2	4.2
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	1	0	0	1	0	1	1	1	1	0.5
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more		-	-	-	-	-	-	-	-	-	1	1	0	0.7
		Intrapartum Stillbirths	No. of babies	Risk Team	0	0	1 or more		-	-	-	-	-	-	-	-	-	0	0	0	0.0
	Risk Management	SI's	Total	Risk Team	0	1	1 or more		0	1	0	0	0	0	0	0	0	0	0	0	0.1
		PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		1	5	4	4	1	2	2	0	2	1	2	2	2.2
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	RCOG	1	3	5	2	3	7	5	1	6	4	1	3	3.4
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	5.4%	5.3%	6.4%	6.3%	2.3%	3.5%	2.2%	2.2%	3.0%	1.5%	5.4%	2.9%	3.9%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		96.0%	94.0%	92.0%	91.0%	91.0%	91.0%	89.0%	91.0%	92.0%	86.0%	89.0%	77.0%	89.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		78.0%	83.0%	74.0%	71.0%	71.0%	46.0%	46.0%	50.0%	50.0%	79.0%	76.0%	58.0%	65.2%
		Training cancelled	No. of staff affected	Risk Team	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
	New Complaints	Informal	Total		0	1-4	5 or more		3	0	3	3	1	1	1	2	0	0	1	0	1.3
		Formal	Total		0	1-4	5 or more		2	0	0	1	0	2	0	4	0	0	2	1	1.0

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	Evolution from Jan CPD	≤200	201-249	≥250	prev. stats	193	183	185	187	176	192	193	139	136	151	131	266	184
		Bookings <13 weeks	No. of mothers	Evolution from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	94.3%	88.1%	94.6%	87.1%	84.7%	87.4%	87.2%	92.4%	90.4%	87.0%	91.6%	96.2%	90.1%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	4.1%	9.7%	3.8%	9.8%	11.9%	9.9%	11.7%	6.5%	8.8%	9.8%	7.6%	2.3%	8.0%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		
		Births	No. of babies	CPD	≤170	171-189	≥190	prev. stats	119	119	125	134	158	146	148	129	138	142	125	125	134
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190		116	119	124	132	158	146	145	127	136	138	125	127	133
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		0	0	1	0	0	0	0	1	1	0	0	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	1	0	0	0	0	0	1	0	0	0	0
		SCBU at capacity	no of times	SCBU	0	1	2 or more		7	26	10	4	21	10	8	8	20	26	5	14	12
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	43.3	43.5	42.5	43.7	40.1	38.2	38.0	39.9	38.6	42.0	42.3	41.1	41.5
		HCA's	Ratio	Matron				staffing paper	15.7	15.3	15.7	14.5	14.5	15.9	15.9	15.3	15.8	16.3	16.3	16.3	16.0
		1 to 1 care in Labour		Risk Team	≥75%	61%-74%	≤60%		88.0%	86.0%	87.0%	88.0%	88.0%	92.0%	93.0%	91.3%	91.3%	90.6%	93.6%	76.8%	89.9%
				Risk Team					64.5%	70.9%	75%	58%	50%	50%	58%	50%	59%	55%	64%	62.0%	63.3%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		3	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1 :	Ratio	Rota	15	16-19	20	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14
Clinical Indicators	Neonatal/Maternal	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		76.7%	68.9%	64.0%	76.5%	70.3%	76.0%	71.0%	72.4%	69.9%	77.5%	75.2%	68.0%	71.9%
	Morbidity	Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	3.4%	6.7%	6.5%	3.8%	9.5%	9.0%	5.5%	4.7%	7.4%	5.8%	9.6%	8.8%	6.3%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	19.8%	23.5%	29.0%	18.9%	20.9%	15.2%	22.8%	22.8%	22.8%	22.5%	24.8%	23.2%	22.5%
		Eclampsia	No. of women	CPD	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	1	1	0	0	0	0	0	0	1	0	0	0	0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0	0
		HDU on L/W	No. of days	Handover Sheet					3	0	0	2	2	2	2	3	2	4	0	1	2
		P/N Hysterectomies < 7days p/n	No of women	Risk Team	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	0	0	0	3	2	0	2	1	1	3	0	1	1
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	1	0	0	0	0	0	0	0	0	0	0	0
		Stillbirths Antepartum	No of babies	Risk Team	0	1	2 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
		Stillbirths Intrapartun	No. of babies	Risk Team	0	0	1 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		1	0	0	0	0	1	1	0	0	0	1	0	0
		PPH > 2L	No. of women	Risk Team - Datix	1 or less	2-3	3 or more		2	0	0	2	0	1	3	0	0	1	0	1	1
		Shoulder Dystocia	No. of women	Risk Team - Datix	1 or less	2-3	3 or more	RCOG	0	1	1	0	1	0	0	0	0	1	1	2	1
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	0.4%	0.7%	1.6%	0.0%	1.3%	0.7%	2.1%	0.0%	3.7%	1.4%	1.1%	0.9%	1.6%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		91.0%	90.0%	94.0%	93.0%	93.0%	93.0%	94.0%	84.0%	89.0%	66.0%	80.0%	80.0%	87.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		0.0%	0.0%	77.0%	92.0%	92.0%	92.0%	92.0%	100.0%	92.0%	93.0%	86.0%	86.0%	73.6%
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	0	8	0	0	0	0	0	0	1
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	1	0	1	2	3	1	1	0	0	1	0	1
		Formal	Total	Matron	0	1-4	5 or more		2	0	0	0	1	4	0	0	0	0	0	0	1

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Director's – 24 June 2015

Medical Director's Report

Action requested/recommendation

Board of Directors should be aware of:
- Consultants new to the Trust
- The results from the recent antimicrobial prescribing audit

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 others than those specifically referenced in the paper.
Resource implications	None identified
Owner	Dr Ed Smith, Interim Medical Director Mr Jim Taylor, Interim Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	June 2015
Version number	Version 1

Board of Director's – 24 June 2015

Medical Director's Report

1. Introduction and background

In the report this month:

- Consultants new to the Trust
- The results from the recent antimicrobial prescribing audit

2. Consultants new to the Trust

David Seymour
Consultant in Restorative Dentist
Start date: 01/05/2015

Emily Christie
Consultant Anaesthetics
Start date: 11/05/2015

Dr Izzat Abdul-Kadir
Consultant Histopathologist - York
Commenced: 27/05/2015 for 3 months

3. Antimicrobial prescribing audit

ELDERLY MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	83	73	44	84	63	
Antibiotic prescriptions with INDICATION	86%	85%	91%	90%	93%	
Antibiotic prescriptions with DURATION / REVIEW	93%	90%	86%	96%	89%	
% patients >65 years co-prescribed VSL#3 *^	96%	89%	86%	92%	86%	

MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	91	103	83	92	86	
Antibiotic prescriptions with INDICATION	82%	83%	86%	91%	85%	
Antibiotic prescriptions with DURATION / REVIEW	81%	94%	92%	89%	86%	
% patients >65 years co-prescribed VSL#3 *^	73%	56%	37%	72%	60%	

SPECIALIST MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	2	3	3	5	2	
Antibiotic prescriptions with INDICATION	100%	67%	67%	80%	50%	
Antibiotic prescriptions with DURATION / REVIEW	100%	67%	33%	60%	50%	
% patients >65 years co-prescribed VSL#3 *^	n/a	n/a	n/a	n/a	n/a	n/a

ORTHOPAEDICS & TRAUMA DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	11	21	6	11	22	
Antibiotic prescriptions with INDICATION	73%	71%	83%	82%	77%	
Antibiotic prescriptions with DURATION / REVIEW	64%	76%	100%	82%	86%	
% patients >65 years co-prescribed VSL#3 *^	60%	78%	40%	75%	56%	

GENERAL SURGERY & UROLOGY	Jan	Feb	Mar	Apr	May	Jun

Number of antibiotic prescriptions audited	40	51	61	55	42	
Antibiotic prescriptions with INDICATION	80%	88%	90%	80%	88%	
Antibiotic prescriptions with DURATION / REVIEW	75%	84%	87%	87%	81%	
% patients >65 years co-prescribed VSL#3 *^	42%	59%	56%	50%	30%	

Obs & Gynae DIRECTORATE	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Number of antibiotic prescriptions audited	0	8	6	4	7	
Antibiotic prescriptions with INDICATION	n/a	38%	67%	50%	29%	
Antibiotic prescriptions with DURATION / REVIEW	n/a	63%	100%	100%	100%	
% patients >65 years co-prescribed VSL#3 *^	100%	50%	0%	0%	n/a	

HEAD & NECK DIRECTORATE	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Number of antibiotic prescriptions audited	1	4	1	4	2	
Antibiotic prescriptions with INDICATION	100%	100%	100%	100%	100%	
Antibiotic prescriptions with DURATION / REVIEW	100%	100%	100%	50%	50%	
% patients >65 years co-prescribed VSL#3 *^	50%	43%	40%	50%	67%	

NB With effect from January 2015, Directorate results are derived from the consultant assigned to each patient on CPD on audit day, and may therefore differ slightly from ward results.

* The audit did not investigate if any of the patients of 65+ years of age, who were not prescribed VSL#3, met any of the exclusion criteria

^ VSL#3 prescribing results are based on “by ward” results, not “by Consultant” results.

4. Recommendations

Board of Directors should be aware of:

- Consultants new to the Trust
- The results from the recent antimicrobial prescribing audit

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Dr Ed Smith, Interim Medical Director** **Mr Jim Taylor, Interim Medical Director**
Date	**June 2015**

D3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board are asked to note the Chief Nurse report for June 2015.

Summary

The Chief Nurse report provides assurance against the implementation of the Nursing & Midwifery Strategy and evidence in support of our Quality Account. It outlines key priorities and progress.

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

Consideration is given to the equality and diversity issues during the development of the report including the impact of the care given to patients.

Reference to CQC outcomes

Outcomes 4, 5, 8, 9, 16 & 17.

Progress of report	Quality and Safety Committee and Executive Board
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	June 2015
Version number	Version 1

Board of Directors – 24 June 2015

Chief Nurse Report – Quality of Care

1. Key priorities

Nursing and Midwifery Strategy

The Nursing and Midwifery identifies priorities' for the years 2013-2016 and is aligned to national recommendations and the Chief Nursing Officers strategy for nursing (the '6C's') and has four focus areas:

- Patient Experience
- Delivering High Quality Safe Patient Care
- Measuring the impact of care delivery
- Staff Experience

Developments on the Early Warning Trigger Tool continue, a review of the tool is planned to begin in July. The nursing dashboard continues to be refined, the matrix for the acute sites and the wards have been agreed, and a 3 monthly data collection exercise will start in the coming weeks.

The Committee is aware that a recent review of the Matron role was undertaken and work is being undertaken to strengthen the role and it's clinical impact. Actions include, exploring criteria for an extended day, increase in involvement in the IPC agenda and continuing leadership development.

An updated implementation plan to illustrate progress against the key objectives will come to July Quality and Safety committee.

2. Safer Staffing

The provision of safe nurse staffing levels across the organisation remains a priority and the Trust continues to actively recruit registered nurses to vacancies across the Trust. The generic recruitment campaign will result in 76 individuals being offered posts at the Trust with expected start dates between June and November 2015.

In order to afford the best possible opportunities in achieving the budgeted establishments' a blended approach to recruitment has been agreed at Corporate Directors.

The main area of risk for the Trust remains recruitment to our adult in-patient base. Careful collection and analysis of the data indicates that, excluding winter pressure planning, the Trust *could* reach full recruitment by October.

Examining data for leavers for the last two years this position would not be sustained in the long term with the average leavers from adult in-patients totalling 5.85 per month. As the universities made cost efficiencies and moved to one outturn per year local and national recruitment between November and August is usually static.

In order to address the immediate risks the following actions have been agreed:

- Continue efforts to recruit from our local and national base
- Support directorates to over recruit from the current outturn from universities and accept that there will be a degree of budgetary pressure until the winter pressure wards open (this will give the senior nurses time to support induction and preceptorship prior to winter)
- Undertake a phased approach to EU recruitment with the aim to balance local recruitment with EU recruitment to meet both our establishment and winter pressure requirements by 30 November 2015
- Maintain the current weekly review of the position in order to maintain an effective and efficient programme of recruitment

It is projected that we will require in the region of 40 EU registered nurses, currently, this accounts for both vacancies and leavers and estimates the planned winter bed requirement for 2015/2016. If the directorates over recruit in September and there is significant success with the Return to Practice process this figure will reduce.

Funding Considerations
It is more efficient and effective to recruit from the local and national workforce where possible.

Over-recruitment each September is recommended in order to reduce high agency costs especially through winter. The Trust should consider building this level of responsiveness into future plans.

The cost of EU recruitment varies between agencies but the average is @ £1500 per candidate. We are currently in negotiation with the agents in order for them to provide a flexible and responsive service for the next 6 months.

The difficulties in recruiting to registered nurse positions are predicted to continue for at least the next 3 to 5 years.

The Chief Nurse and Workforce teams are continuing to work closely on all aspects of recruitment and the plans include:

- Continue to attend local and national recruitment efforts
- Maintain ‘real time’ information on staffing
- Plan EU recruitment for 40 registered nurses
- Agree an incentive package for Scarborough Hospital recruits that are fair and aligns with Human Resources recommendations.

In order to maintain oversight of this work-stream the Recruitment Retention and Reporting group has been established to ensure a coordinated approach. This group will also look at the preceptorship and induction of new staff.

The safer staffing return for June 2015 is detailed in a separate paper.

3. Safeguarding Children

Refining & Development of Systems & Processes:
In addition to the work undertaken to review safeguarding children policies and procedures a new safeguarding assessment process (ACHILD & ABCD) was introduced in March Emergency Department in York Hospital (following a pilot at the end of 2014) This is beginning to show improvements and the Head of Safeguarding at City of York Council has recently emailed to share that her staff have noticed & remarked upon the improvement in quality & appropriateness of ED referrals to them in the last few months. This new safeguarding assessment process was commenced in ED in Scarborough Hospital in May 2015, an evaluation of impact will be undertaken in the Autumn.

IT Developments:
In March 2015 work was completed which lead to a Safeguarding page being introduced onto Staff Room. This page provided information on both child & adult safeguarding, with links to relevant policies, documents, referral forms etc. Further plans include adding regular Newsletters to this page. Additionally, we have developed a Screen Saver which includes information on how staff can access help & advice. Initial feedback on both of these new resources has been very positive.

Training:
The Committee are aware that the Safeguarding team have undertaken a significant review of training uptake & delivery. (This was previously identified as a risk on the Chief Nurse and corporate risk register.)

As a result the training needs of all members of Trust staff have bee reviewed and has resulted in an improvement in our compliance ratings for all Levels (see table 1)

Level 3 training (i.e. for those staff who work predominantly with children, young people & their families) has been amended to develop modules which staff can attend depending on their needs (both in terms of hours training they are expected to undertake within each 3 year period, and in terms of topics of relevance to them). This training approach enables Level 3 staff to spread their required training over a three year period choosing from a variety of 'pick & mix' modules, enabling ongoing learning, rather than having to undertake, once every three years, a full 1 or 2 days training as they have previously had to do.

Current & historical uptake:

	March 2014	Jan 2015	Feb 2015	March 2015	May 2015
Level 1	59%	63%	68%	75%	80%
Level 2	36%	49%	52%	54%	60%
Level 3	70%	53%	61%	67%	71%

Table 1

4. Midwifery Services

Local Supervising Authority Annual Audit Report 3rd March 2015 - Monitoring the standards of supervision and midwifery practice

An annual audit of all Trust's providing maternity services is a requirement of the Nursing and Midwifery Council and is part of the Midwives Rules and Standards (2012).

The annual audit for York Teaching Hospital NHS Foundation Trust took place on 3rd

March 2015, The report was received on 21st May 2015.

The supervision of midwives is a statutory requirement to protect the public by ensuring that the standard of practice for each individual midwife is assessed and where needed any remedial action is taken to ensure improvement for that individual through the supervision framework.

The LSA Standards for the Supervision of Midwifery are incorporated into four domains for auditing purposes; each domain is underpinned by the Standards and Guidance set by the NMC for registrants and for Statutory Supervision, including:

- The Midwives rules and standards NMC (2012
- The Code: Standards of conduct, performance and ethics for nurses and midwives, NMC (2008)
- Standards for Medicines Management, NMC (2007)
- Record keeping: Guidance for nurses and midwives, NMC (2009)
- Quality Governance in the NHS – A guide for provider boards, DH (2011)

Domains:
Domain 1: The interface of Statutory Supervision of Midwives with clinical governance
Domain 2: The profile and effectiveness of statutory supervision of midwives
Domain 3: Team working, leadership and development
Domain 4: Supervision of midwives and interface with service users.

Outcome of assessment:
Domain 1 and 2 - met
Domain 3 and 4 - Not met (further evidence required)

Supervisory activity:
The York and Scarborough team of SoMs have worked hard to establish themselves as a coherent and consistent team. The results of this and previous audits would suggest that the group is operating well to deliver the outcomes from the previous LSA audit visit on 2nd October 2013.

The team demonstrate their commitment and effectiveness in delivering the core function of the statutory framework and have supported midwives and women through a number of challenging scenarios. The team have also contributed to supporting LSA events and investigations during the last practise year.

There have been a number of serious incidents during the past year that has required SoM input, particularly on the Scarborough site, and supervisors have worked with the management team to analyse these incidents and to provide support and leadership within the maternity service. The impact of needing to support a significant number of midwives as they go through clinical reviews and where needed; remediation, has increased over the second half of this year and this additional demand has led to the Supervisors considering different approaches in delivering their statutory role.

Changes to the team due to retirements and the expected movement of staff, when examined in conjunction with the age profile of the current SoM' team, presents a potential risk and challenge to the organisation in being able to effectively deliver this statutory function moving forward. The team need to make recruitment of new potential SoM to future training programmes an urgent priority for not only this year but to develop a recruitment plan that covers a three to five year period.

Conclusion:
Although two domains in the audit require improvement, the audit team believe that this could be achieved very quickly with better systems for data collection which provide an evidence trail for the coming practice year. The Head of Midwifery is currently working to address this.

Overall the Board should take assurance that we have an effective and committed team of Supervisors of Midwives that are meeting the required framework. There was a wide range of support within the organisation and some good leadership skills seen within the team. Some areas inevitably could be improved but the LSA team has committed to working collaboratively with the local team to help deliver the action plan.

Recommendations include:

- Exploring a new model for supervision covering both sites
- Improve the profile of supervision by attendance at meetings as a SoM only (not in their substantive role) and increase visibility across sites
- Improve communication strategy for service users to promote how SoM can support them
- Provide appropriate challenge for midwives to help improve and develop clinical skills and promote normality. Consider setting up regular reflective sessions of practice.

Action Plan
Development of an action plan has commenced to be presented at the next LSA audit which is scheduled on 19 August 2015 (3 months following receipt of this report)

The short timescale is due to the LSA Midwifery Officers new responsibilities and audit plan to enable him to cover a greater geographical area of Cumbria, North East of England and Yorkshire and Humber.

An annual report on Midwifery services, risks and plans will be presented to the Quality and Safety Committee in September

5. Infection prevention & Control

Following the retirement of the Medical Director the Director of Infection Prevention role will come under the Chief Nurse portfolio. A high level review of Governance and meeting structures will be undertaken in the coming weeks to determine ward to board assurance. Outcomes and actions from this will be reported at future Committee meetings.

Current position:
C.diff incidence, 17 cases, while there are no obvious links or clusters, support and education continues and advice has been reiterated regarding appropriate sampling and clinical assessment of patients, as a result all wards have been issued with a '*when to sample'* poster.

Following the Post Infection Review process several case were identified as 'no' lapses in care, the remaining identify the other cases are associated with antimicrobial use. This is being addressed though the CDI Operational Group and the Antimicrobial Stewardship Team.

MRSA bacteraemia, 4 cases
1 post case (contaminant) 1 pre case (contaminant) both of these are attributed to Trust. One case is due to non compliance and is currently in the appeals process. The

final case is a patient with complex dermatological problems.

MSSA bacteraemia, 8 Cases
The common themes have been identified as cannulation practice, this relates to insertion, ongoing care and contaminated samples.
Actions include - investigations by the Infection Prevention Nurses' into invasive device care followed by review of findings using the PIR process to establish if any significant lapses in care can be identified.

The MSSA reduction strategy was developed in December 2014, however given the increase in incidence a MSSA Task and Finish group has recently been established. The Aseptic Non Touch Technique e-learning package became available in May, train-the-trainer sessions are arranged for July

6. Patient Experience team update

Team structure and management
As the Board are aware a new manager has been appointed to the team, she will commence on 22 June. The team structure has now been defined and a process to substantively recruit to all the positions will be concluded during July / August. The new manager will be expected to define the lines of reporting in the team and hold the team to account for their activity.

Meeting structure
A quarterly meeting of the Patient Experience Steering Group is chaired by the Chief Nurse. This is a multi disciplinary group and includes non executive representation and has members from other agencies. As part of the induction of the new PET manager the meeting structure will be scrutinised to ensure transparency and accountability, consideration will be given the following:

- Complaints and PALS Operational Management Group
- Learning from Service User Feedback Group

Complaints and PALS Management
Following the review of the PET and function and the resulting recommendations a significant piece of work will be undertaken to firstly streamline the formal complaints management process, this will include moving from a report format to a letter format. It is also recommended that following the results of the survey monkey questionnaire letter writing skills training is undertaken.

The development of key performance indicators for complaints management at Directorate level is also being considered.

The DATIX web software to improve thematic reviews / ability to understand service user priorities will be introduced in July.

Patient Experience / Surveys and FFT
The Picker Contract has been extended for 4 months; the contract will be reviewed as a matter of priority. In addition, a debate around continuing the commitment / scope of FFT is planned.

One of the objectives of the PET manager will be to examine all the local; regional and national surveys and triangulate these results into a priorities framework.

Reporting
Systems and processes will be developed to triangulate all feedback from patients into an easy to read quarterly report that has data from Ward to Board – the first report is planned for October 2015, which will report on Q2.

The Deputy Chief Nurse will oversee this activity and will meet with the new team manager weekly to ensure progress.

7. Recommendation

The Board are asked to note the Chief Nurse report for June 2015.

8. References

York Teaching Hospital: *Nursing and Midwifery Strategy*, (2013)

Nursing and Midwifery Council: *Midwives Rules and Standards,* (2012)

Local Supervising Authority: *Annual Audit Report Monitoring the Standards of Supervision and Midwifery Practice, York Teaching Hospital,*(2015)

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**June 2015**

D4

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

The Board are asked to receive the exception report for information and note the developments being undertaken.

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

Outcome 13.

Progress of report	Quality and Safety Committee
Risk	Any risks are identified in the report.
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse

Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	June 2015
Version number	Version 1

Board of Directors – 24 June 2015

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

This report is the regular monthly report to the Trust Board.

The report presents data for May 2015. The report is compliant with NHS England's requirements to present planned versus actual staffing levels in public.

In addition, the report reflects current action being undertaken to simplify and improve the accuracy of internal and external reporting and describes a new meeting structure that will provide greater coordination and assurance in relation to nurse recruitment activities and reporting structures. The data is presented below.

A detailed breakdown is attached at Appendix 1.

2. The detail

This table presents the actual versus planned staffing levels by hospital 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 (%)**
Archways Intermediate Care Unit	92.3%	97.9%	104.9%	100.3%
Bridlington And District Hospital	87.2%	79.0%	104.3%	135.2%
Malton Community Hospital	110.5%	100.0%	101.1%	102.7%
Scarborough General Hospital	76.2%	95.0%	92.5%	117.6%
Selby War Memorial Hospital	85.4%	97.2%	107.8%	99.4%
St Helens Rehabilitation Hospital	88.7%	95.4%	107.1%	107.1%
St Monicas Hospital	142.1%	93.6%	103.2%	96.8%
Whitby Community Hospital	88.2%	90.8%	91.7%	91.7%
White Cross Rehabilitation Hospital	92.9%	77.4%	161.2%	103.1%
York Hospital	85.0%	104.3%	108.9%	116.4%

Exceptions

The following data presents the wards or units who have been required to provide information because there staffing was either over 100% or under 80%. This information is provided by ward and unit managers and validated by Matrons.

Wards and Units reporting over 100%

Enhanced Supervision

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

Bridlington	Scarborough	York	
Waters	Ann Wright	AMU	Ward 25
		Ward 32	Ward 26
		Ward 34	Ward 28
			Ward 29
			Ward 36
			Ward 37
			Ward 39

Work is now being undertaken to understand why there is a significant variation in arranging for enhanced supervision between sites.

Improvement Work

Some wards have planned over establishment following accelerated improvement work and the new staffing levels been set

Community
White Cross Court

Low patients numbers / activity

The data is analysed on the basis of bed occupancy reference points at midday and 23:59 hours each day. Staffing levels are determined on the basis of full bed occupancy. Where beds are not occupied at the bed occupancy reference points, this represents a higher staffing percentage on ward areas, as follows:

Bridlington	Community	Scarborough	York	
Kent	Fitzwilliam	Cherry	G1	Ward 14
	Selby	Duke of Kent	G2	Ward 17
	Archways	Hawthorn	G3	Ward 28
		ITU	CCU	Ward 29
		Oak	ICU	Ward 31
		Stroke	Ward 11	

Wards and units reporting under 80%

Provision of Safe Ward Cover

Ward and unit staffing levels are reviewed at least daily by the Matrons. They undertake risk assessments and as required move staff to ensure the safest staffing levels possible are maintained across the Trust. These are the wards and units who have been impacted by staff moving from their areas

Scarborough	York	
Ash	Ward 15	Ward 33
Beech	ESA	Ward 35
CCU	Ward 23	Ward 36
Lloyd	Ward 25	Ward 37
Maple	Ward 26	Ward 39

Vacancies

The central team monitors vacancy levels closely each month. Work is currently being undertaken to standardise the vacancy reporting system. These are the wards that have reported significant impact as a result of their vacancies. This position will improve in September / October 2015, when the newly qualified registrants commence employment.

The escalation of staffing on Maple Ward should be noted as this ward is established to care for level 2 patients. The level 2 facility has been audited and the Assistant Director of Nursing for Scarborough is considering their planned staffing levels in light of the audit data.

Scarborough	York
Ann Wright	Ward 33
Maple	Ward 35
Oak	Ward 36
	Ward 37
	Ward 39

Sickness

All managers and matrons monitor their sickness level closely. These are the wards where sickness has been identified as a significant factor in reduced staffing.

Scarborough
Ann Wright
Chestnut
Oak

3. Vacancies by Site

The vacancies reported below, for adult inpatient areas, are based on information provided on a weekly basis by Matrons as part of their weekly vacancy reporting. The information below shows the position as at 12 June 2015.

	Bridlington		Community		Scarborough		York	
	RN (Band 5)	HCA	RN (Band 5)	HCA	RN (Band 5)	HCA	RN (Band 5)	HCA
Actual Vacancies	0.8	2.64	2.08	0.8	36.53	11.9	79.2	15.07
Pending Start	0	1	0	0	18	1	43	10.87
Outstanding Posts	0.8	1.64	2.08	0.8	18.53	10.9*	36.2	4.2

*3.25 wte at Band 3

Registered nurse Band 5 vacancies continue to reduce across the Trust following significant generic and departmental recruitment over the last few months. Recent generic registered nurse recruitment campaigns have now been concluded and consideration is now being given to further recruitment initiatives to address the remaining vacancy position.

Healthcare assistant Band 2 vacancies are in the process of being filled following the recent recruitment campaigns across the Trust. A recruitment campaign for Band 3 Senior Healthcare Assistants will commence in the autumn.

There is a need for greater coordination between generic recruitment and recruitment activity at directorate level in order to ensure that timely and consistent vacancy data is reported. This will be one aspect of a newly formed group which is commencing in June to coordinate all aspects of Nurse and Midwifery staffing.

4. Sickness, Bank and Agency Fill Rates

Sickness

The overall sickness absence rate for the Trust for the month of April 2015 was 3.54%. This correlates with the sickness absence in nursing and midwifery which is reported by site below:

York Acute Hospital – 2.92 %
Scarborough Acute Hospital – 3.57%
Community Services – 4.76 %

Temporary Staffing (Scarborough) - May

Overall fill rate of bank shifts requested through the internal bank was 75.96%, an improvement of 1.43% from April 2015. The fill rate for qualified shifts was 68.16%, an improvement of 1.36% from April and, the fill rate for unqualified shifts was 85.08%, an improvement of 1.32%.

The percentage of shifts filled by agency increased this month for both RN shifts and unqualified shifts with 41.14% of shifts being filled by external agency compared with 38.02% in April, 30% in March, 34% in February and 37% in January 2015.

5. Future Safer Staffing Reporting

From 1 June 2015, the Trust introduced a new method to capture the nurse and midwifery staffing required levels. It is the intention that data collection, as a separate, activity will be superseded by direct reporting from HealthRoster. The revised data capture tool is much simpler and has addressed the issue of comparing planned traditional shift patterns with the now predominant 12 hour shift patterns on many wards and units. The first reporting of the new system will be in July 2015.

As stated above, to ensure that all systems are aligned and responsive to any new directives issued by NHS England a new group has been established which will be chaired by the Deputy Chief Nurse. The first meeting is on 26 June 2015. The first meeting will agree a Terms of Reference and priorities on a work plan.

6. Recommendation

The Board are asked to receive the exception report for information and note the developments being undertaken.

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	
Author	**Nichola Greenwood, Nursing Workforce Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**June 2015**

Fill rate indicator return

Org: RCB Hospital NHS Foundation Trust
Period: ay_2015-16

Staffing: Nursing, midwifery and care staff

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)

http://www.yorkhospitals.nhs.uk/about_us/reports_and_publications/safer_staffing_data/

Comments

Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/ nurses		Care Staff		Registered midwives /nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	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 (%)
		YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1730.5526	1392.75	1039.6995	1003.51	639.4	588.67	639.4	624.75	80.5%	96.5%	107.7%	97.7%
		YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1801.4063	1619	1200.9375	1031.75	835.54688	1054.75	557.03125	722	89.9%	85.9%	126.2%	129.6%
		YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1042.9376	1417	1232.2032	1292.5	856.96875	968	285.65625	374	86.2%	104.1%	113.0%	130.9%
		YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2362.8827	1819.18	1010.5867	809.67	1302.8409	1254	695.49469	539	77.0%	80.1%	96.3%	88.9%
		YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		564.82759	1445	376.55172	356	418.34483	984	139.44828	165.92	255.8%	94.5%	235.2%	119.0%
		YORK HOSPITAL - RCB55	23	430 - GERIATR C MEDICINE		1817.9548	1271.5	1136.2217	1382.5	693.13076	641.5	1039.6961	986	69.9%	121.7%	92.6%	95.0%
		YORK HOSPITAL - RCB55	25	430 - GERIATR C MEDICINE		1795.2	1258	1122	1102.5	678.96	653	1018.44	958.5	70.1%	96.3%	96.2%	94.1%
		YORK HOSPITAL - RCB55	26	430 - GERIATR C MEDICINE		1815.9526	1242.45	1134.9704	1581.75	695.30667	643.25	1043.06	1070.25	68.4%	139.4%	92.5%	102.6%
		YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1935.2349	1571.08	1075.1305	1382.75	634.52516	650.33	634.52516	900.75	81.2%	128.6%	102.5%	142.0%
		YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1442.6087	1179.25	721.30435	963.42	530	651	265	483	81.7%	133.6%	122.8%	182.3%
		YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1815	1621.25	806.66667	735.25	554.16667	651	277.08333	409.5	89.3%	91.1%	117.5%	147.8%
		YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1785	1461	1338.75	1728	673.57143	669.58	1010.3571	1502.92	83.0%	129.1%	99.4%	148.8%
		YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1797.9333	1271.5	1348.4499	1887.5	682.30032	651.5	1023.4505	1696.5	70.7%	140.0%	95.5%	157.0%
		YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1805.6758	1469.75	1354.2598	1312.5	684.25	687.16	684.25	1067.91	81.3%	96.9%	100.4%	156.1%
		YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1800	1172.5	1125	1344.5	681.56667	630	1022.35	966	65.1%	119.5%	92.4%	94.5%
		YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1645.2632	1497.5	1028.2895	1171.5	926.05263	958.5	617.36842	589	91.0%	113.9%	103.5%	95.4%
		YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1365	1010.5	1592.5	1380	703.12769	630.17	703.12769	651.17	74.0%	86.7%	89.6%	92.6%
		YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1364.2105	1090.92	1136.8421	966.5	702.10526	650.5	351.05263	357	80.0%	85.0%	92.6%	101.7%
		YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	4178.997	3342.75	3343.1976	2967	2247.2340	2163.42	1685.429	1648	80.0%	88.7%	96.3%	109.6%
		YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1575	1458.75	196.875	221.25	1218	1268.75	0	0	92.5%	112.4%	104.2%	-
		YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	733.99866	775.25	366.99933	391	101.47977	282.17	0	31.5	105.6%	106.5%	278.1%	-
		YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		4437.4868	4150.67	403.40789	251.17	3068.4359	3630.25	276.94872	176	93.5%	62.3%	118.3%	63.1%
							908.51		825.34		359.33		527.67				
		YORK HOSPITAL - RCB55	G1	502 - GYNAECOLOGY		1596.769	1470.5	798.38451	754.25	612.53012	662	612.53012	605	92.1%	94.5%	108.1%	98.8%
		YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1331.8118	1173.5	665.90592	556	587.2321	654.25	293.61605	522.5	88.1%	83.5%	111.4%	178.0%
		YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		572.5	786.5	286.25	402.5	408.25	632.75	0	55	137.7%	140.6%	155.0%	-
		ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		864.54545	798	1080.6818	1057.5	339.77273	356.5	679.54545	681.75	92.3%	97.9%	104.9%	100.3%
		MALTON COMMUNITY HOSPITAL - RCBL6	Fitzwilliam	925 - COMMUNITY CARE SERVICES		902.14286	997	1578.75	1579	663.92857	671	663.92657	682	110.5%	100.0%	101.1%	102.7%
		SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1116.9755	953.5	1116.9755	1086.25	330.47826	356.42	660.95652	657	85.4%	97.2%	107.8%	99.4%
		ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		682	782	1102.5	1052	333	356.5	333	356.5	88.7%	95.4%	107.1%	107.1%
		WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		930	778	1395	1289	372	341	744	682	83.7%	92.4%	91.7%	91.7%
		WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		697.5	658	1102.5	1034	372	341	372	341	94.3%	88.9%	91.7%	91.7%
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		1104.8303	896.5	1546.7624	1296.5	681.39374	608.75	340.69687	335.84	81.1%	83.8%	89.3%	98.6%
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		691.40625	1001.75	553.125	723	251.5625	378	0	220.5	144.9%	130.7%	150.3%	-
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		1076.2146	901.58	1076.2146	1114.75	658.22776	651	329.11388	451.5	83.8%	103.6%	98.9%	137.2%
		ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		399.39516	567.5	604.79839	566.25	372	384	372	360	142.1%	93.6%	103.2%	96.8%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1372.5403	942.5	1143.7835	1364	673.45975	671	336.72987	668	68.7%	119.3%	99.6%	198.4%

	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		1087.9509	849.83	870.36072	876.25	661.56112	598.33	0	63	78.1%	100.7%	90.4%	-
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1827.8004	1472.51	1599.3254	1418.25	1101.2261	945	734.15071	825	80.6%	88.7%	76.7%	112.4%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2148.2143	1605.5	1716.5714	1722	1510.3561	1482.75	1208.2849	1492.75	74.7%	100.2%	98.2%	123.5%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2498.8417	1868.67	454.33486	642.92	1410.2857	1103	352.57143	572	74.8%	141.5%	78.2%	162.2%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1337.8571	1251.17	1378.3929	1068.5	716.38717	681.63	716.38717	691	68.1%	77.5%	95.2%	96.5%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		982.08	1086	245.52	514	403.30333	871	201.65166	319	110.6%	209.4%	166.4%	158.2%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2247.3214	1313.89	1573.125	1158.32	1295.0161	798.08	647.50805	570	58.5%	73.6%	61.6%	88.0%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1792.7399	1507.5	1792.7399	1564.83	1021.5	955.5	1021.5	934.5	84.1%	87.3%	93.5%	91.5%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1347.9775	1105.75	1347.9775	1224.5	685.44444	651	685.44444	640.5	82.0%	90.8%	95.0%	93.4%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2237.1429	1949.5	372.85714	373.5	1491.0714	1722	0	11.5	87.1%	100.2%	115.5%	-
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1994.1176	1305.5	1794.7059	1649.83	912.22059	782	912.22059	1020.5	65.5%	91.9%	85.7%	111.9%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1724	1135.67	862	829.02	1024.8	737	341.6	516	65.9%	96.2%	71.9%	151.1%
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		758.15217	788	379.07609	353.5	500.85458	702	0	92	103.9%	94.0%	140.2%	-
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		1035	607.16	862.5	55.5	90	115.42	90	19.5	58.7%	6.4%	128.2%	21.7%
	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		906.9869	843	1133.7336	877	351.3557	566.5	351.3557	362.08	92.9%	77.4%	161.2%	103.1%
		Total			79177.941	66860.54	54587.696	54283.48	39358.593	40896.41	26882.948	31307.26				

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

End of Life Report

Action requested/recommendation

The Board are asked for their continued support for the education role in the acute and community settings.

- Implementation of a 7 day specialist palliative care service
- Gain active engagement from all clinicians in the use of the last days of life care plan and the 5 priorities of care
- Improve provision of and access to communication training for all staff
- Ongoing support for the end of life facilitator posts and consideration of financial support for the educator role in the community

Summary

This report is to reflect the Trust's current position in light of the Parliamentary and Health Service Ombudsman paper, Dying without Dignity.

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 report refers to the Trust's position reflecting the Parliamentary and Health Service Ombudsman Statements.

Progress of report	Quality and Safety Committee.
Risk	Moderate
Resource implications	Any resource implications are identified in the report.
Owner	Beverley Geary, Chief Nurse
Author	Kath Sartain, Lead Nurse for End of Life Care
Date of paper	June 2015
Version number	Version 1

Board of Directors – 24 June 2015

Dying without Dignity – Parliamentary and Health Service Ombudsman Report – May 2015

1. Introduction

The report presents findings of the Ombudsman's investigation into complaints about End of Life Care across all settings in the England. It aims to improve care provided to patients at the end of life by highlighting 6 recurring themes from their investigations and uses specific case studies to emphasise the problems that dying patients and their families face.

These key themes have been highlighted below with an explanation of how York Teaching Hospitals NHSFT is currently addressing these areas.

2. Theme headings from Dying without Dignity report

Failure to recognise that people are dying and not responding to their needs.
Central to the Trust's end of life care strategy and education programme are the 5 priorities of care recommended by the One Chance to get it Right report (2014). These highlight the importance of early recognition of patients who may be dying enabling early discussions between patients, families and the healthcare professionals caring for them. Recognition that a patient may be dying can be difficult. Our education programme focuses on how to recognise the signs that patients may be approaching the end of life and what to do when this is identified. Development of our education programme has only been achieved by the employment of end of life facilitator/educator posts, the funding for which is currently non-recurring. The Trust is also utilising funding from Heath Education Yorkshire and Humber to provide specific end of life education to medical staff. All nursing and ancillary staff now have End of Life Care as part of their statutory mandatory training. 58% had completed training; this however does not include the staff who have been granted opt out and an increasing number of staff have also attended a full day course on end of life care.

The Care Plan for the Last Days of Life guides healthcare professionals to recognise that a patient may be dying and provides a framework to help identify the patient and families priorities at that time. This is combined with the hospitals participation in a national research project "Family's Voice" where families who wish to participate are encouraged to give real time feedback about the care their loved one is receiving as they approach the end of life.

Poor symptom control
Assessment and management of symptoms that patients may experience at the end of life is provided in the formal education events run by the end of life facilitator/educator posts and by informal daily teaching which takes place when the specialist palliative care teams visit patients. The care plan for the last days of life prompts the medical and nursing staff to regularly assess symptom control and contains clear treatment algorithms for symptom management. Advice on the appropriate prescription of medications for symptom control is provided within the care plan or on the trust intranet. The care plans are audited regularly to identify any areas of poor practice and the trust continues to participate in the National Care of the Dying Audit (2015) which allows us to benchmark ourselves against other providers of end of life care.

Poor communication
Communication training is incorporated into our education programmes but there is recognition that enhancing communication skills for all staff would have a positive impact on patients approaching the end of life. The resource implications for providing adequate training are significant but enhancing communication skills will form part of the education strategy being developed. In the meantime using shadowing opportunities and learning by example is a priority.

Communication across the providers of end of life care is also essential, especially in improving out of hour provision. IT are working to allow advice from the palliative care team to be added to the Electronic Discharge Note to ensure accurate communication of the patients needs across all care settings.

Inadequate out of hours services
7 day working (9 to 5 face to face) for specialist palliative care teams has been recommended as a means of improving the care provided to patients at the end of life for many years. York Teaching Hospitals NHS FT is working towards piloting a 7 day specialist palliative care service. The HR consultation phase will commence this month. The aim is to monitor the impact on patient experience and cost savings by prevention of an admission and enabling early discharge. It is hoped that a business case to support further staff will develop as a result of the pilot. This has been discussed with VOYCCG who are keen to work in alliance with us to potentially fund this in the next financial year. Discussions are taking place with Scarborough and Ryedale CCG. There is already a regional consultant 2nd on call telephone advice service provided to the York Teaching Hospitals NHSFT by Palliative Medicine Consultants employed by Hull, York and Harrogate Acute Trusts and regional hospices.

Poor care planning
With proposed support and collaboration from the York IT team improved communication should help to improve effective and informative care planning. Advance care planning is now being introduced to patients with end stage heart, respiratory and renal failure and patients with progressive cancer. This allows the patients preferences and any important discussions which have already been undertaken to be recorded. The patient will hold the paper copy, but the discussion can now be transferred into the EDN.

Appropriate treatment decisions are vital to ensure effective end of life care, and the palliative care teams offer regular support to clinical colleagues in making those difficult decisions. The consultant 24 hour on call service has been highlighted to ensure support is available at all times. This service is still under used and the palliative care teams continue to promote it.

Delays in diagnosis and referrals for treatment
These delays are monitored by the cancer teams and breaches are investigated accordingly

All complaints relating to End of Life care are reviewed by the End of Life Lead Nurse, Kath Sartain with the aim of identifying trends to ensure learning and development continues. A clear system linking reports submitted via Datix relating to end of life care has been introduced and will further enhance the ability to identify issues as they arise.

3. Conclusion

The delivery of high quality, dignified end of life care remains a priority for York NHSFT. The specialist palliative care teams and the end of life care facilitators continue to develop the service we provide through positive role modelling, education, system and process

development and ongoing engagement with the trust board. Whilst we strive for continuous improvement, York Teaching Hospitals NHS FT has already addressed or is in the process of addressing the themes highlighted in the Ombudsman report emphasising the importance we attach to these issues.

4. Recommendation

The Board are asked for their continued support for the education role in the acute and community settings.

- Implementation of a 7 day specialist palliative care service
- Gain active engagement from all clinicians in the use of the last days of life care plan and the 5 priorities of care
- Improve provision of and access to communication training for all staff
- Ongoing support for the end of life facilitator posts and consideration of financial support for the educator role in the community

5. References and further reading

One Chance to get it right, Leadership Alliance for the Care of Dying People (2014)

Author	**Kath Sartain, Lead Nurse for End of Life Care**
Owner	**Beverley Geary, Chief Nurse**
Date	**June 2015**

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York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee –16 June 2015– Boardroom

Attendance: Mike Keaney Chairman, Lucy Turner, Steve Kitching, Mike Sweet, Anna Pridmore, Brian Golding, Andrew Bertram, Juliet Walters, Graham Lamb, Sue Rushbrook

Apologies: No apologies

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 19 May 2015**	The agenda covered the following AFW and CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-3	52 week waits - LT asked for an adjustment to be made to the minutes. The minutes record a further patient would be included in the next month's report, this was not correct, it was the same patient as had been reported in May. The minutes were approved as a true record of the meeting.		
2	**Matters arising**		There were no matters arising. It was agreed to defer the discussion on the Tender Register to the July meeting.		
3.	**Risks related to the Finance and Performance Committee**		The Committee reviewed the detailed risks lifted from the Corporate Risk Register and noted an update of the register was currently underway which would change some of the progress around mitigations. JW confirmed her session to update the register had not taken place as yet. The Committee noted that all the risks included in the document would be discussed as part of the	The Committee were assured that the risks included in the registers were being discussed by the meeting.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			meeting with the exception of the Commissioners affordability issue. It was agreed a paper would be included every month with a review on a quarterly basis.		
4.	**Operation performance**		LT updated the Committee on progress against the recovery plan. **18-Weeks –**progress against the plan is good and the Trust is ahead of trajectory. The key risk to delivery is the level of cancellations being experienced especially at Scarborough due to ongoing bed pressures. To help address this, a model has been developed in Scarborough to use Ash and Aspen wards as priority wards for elective work only which should help reduce the cancellations. LT added that in order to effectively manage the increased numbers of elderly patients that Graham ward has re-opened 10 beds. MK asked how opening wards such as Graham would be balanced with the loss of income from cancellations. Mr Bertram explained that a full business case would need to be developed before the ward could be opened. This would address any financial issues. JW described the focus on frail and elderly patients and the change in approach to managing that group of patients. She added the whole ethos of the clinical strategy is about working differently. The strategy around Bridlington was launched this week with an aim to reduce the elective pressure on Scarborough.	The Committee were pleased to see the progress against the Operational Performance Recovery Plan. The Committee noted the continued to achieve the 4 hour target and noted the comments about the whole organisation recognising this was an organisational target and not just the responsibility of the Emergency Department.	JW to provide an update to the Board

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			LT advised the Committee that it has been suggested nationally that the admitted/ non-admitted split in the 18 week target will be removed and the only performance measure will be the incomplete pathway. Mr Sweet asked what the definition of the incomplete pathway was. It was confirmed that It is all patients on an 18 week pathway who have not had their first definitive treatment. **Cancer –** LT reminded the Committee that this element of the plan affected three targets – fast track, breast symptomatic and 62 day target. It was noted that good progress had been made and performance was on track as per the Recovery Plan. 62-day - The Committee understood that a significant number of patients had breached the 62 day target in quarter 1 as an impact of the results in quarter 4. 14-day fast track – Improvements have been made in delivery of the target. The target has been achieved for four months in a row. Diagnostic times have reduced for urgent fast track CT scans Breast symptomatic – LT advised that the Trust was unlikely to achieve quarter 1, but was on target to achieve at quarter 2 as planned. She reported there had been 10 breaches in April as a result of patients being referred incorrectly into the Trust from primary care and 10 breaches in May, 9 of which are patients who cancelled or deferred their appointments. It was understood that some of these breaches may possibly have been avoided if	The Committee noted the national changes to the 18 week targets. The Committee noted the progress against the three cancer targets.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			appointments could have been offered within 5-days. Work is currently underway with the CCG to streamline the processes. The Committee understood that the CCG had made changes to referral processes which resulted in the administration errors April. **Diagnostic –** LT outlined the actions being taken to get back on profile. The number of breaches on the York site has reduced following short term action being taken. As a result of a number of factors including the introduction of the CPD system there were a significant number of ultrasound breaches on the Scarborough site in May. The CPD system has exposed a number of old practices which staff have now been asked not to use. This along with additional training for sonographers and administration staff has created a delay in some ultra sound scans being completed. LT added that the knock on effect will be that the Trust can expect to see delays in the June figures when they become available. Directorates are working on plans to rectify the issues and the increase has been raised as a serious incident. £95k additional funding has been agreed to provide further support to CT and ultra sound scanning. The expectation is that 90% of patients will have received their scan over the next month. The Committee discussed the level of fines for April. AB advised he would seek to have a discussion with the CCG about the fines and the investment the CCG would make.	The Committee were assured by the improvements in performance made in diagnostics and the additional funding that had been agreed.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Emergency care- JW reported on the progress in achieving the target. She reminded the Committee of the complex nature of the systems in the Emergency Department. She explained the operational plan had taken a medium risk approach and projected compliance by September; this is now felt to be ambitious. Over the last month an interim ambulatory care unit has been opened in York. The unit is working very effectively, although at this stage it only includes 6 of the 19 pathways due to staffing and accommodation. An ambulatory care unit will be introduced in Scarborough by the end of July. AMU/SSW has now been merged at the York site. Additional work has been undertaken to release ambulance staff quicker. The second phase of the urgent care unit (Northern Doctors) at Scarborough will start to receive minor injury patients, which will further reduce pressure on the Emergency Department. Work is being undertaken on the primary care element of the pathway in York whereby patients will be seen by a GP or Advanced Practitioner. SR added the requirement of the CQC to change the triage systems also adversely impacted on performance. In terms of elderly patients, the Trust is piloting a Geriatrician in the Emergency Department in Scarborough for 1 month. The Geriatrician will assess the patients and confirm if the patient needs to be admitted, treated in the community and sent home or needs to come to an outpatient clinic.	The Committee were assured by the work described, but remains concerned about when the Trust will return to compliance.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			JW added the patient flow will be improved by earlier senior review, at present this is not achieved sufficiently well in Scarborough and can be improved. This also links with 7 day working. MK asked if the plans discussed at the Board time out would impact on the work being undertaken in the Operational Performance Recovery Plan. AB and JW provided assurance that the work streams in the Operational Performance Recovery Plan were part of internal turnaround those plans and would not be upset by the introduction of a more global piece of work. The Committee asked for further discussions outside the Committee to understand the underpinning issues in the Emergency Department.	The Committee was assured by the comments made additional work on the internal turnaround and that the Operational Performance Recovery Plan would not be stalled by the internal turnaround plan	
4.	**Finance Report**		GL presented the finance report. He explained the Trust is running a little behind the financial plan with an actual deficit of £2.6m, £400k worse than plan at £2.2m, but an improvement on the April variance from plan. The income has been coded and costed for April and estimates have been used for May based on prevailing activity levels. Penalty levels are of disappointing and raising concern. There is a significant adverse impact over the first two months of the financial year and this is having a material effect on the income and expenditure position. The penalties for first two months are £1.1m.	The Committee is concerned about the level of penalties levied in the first two months of the financial year, but were assured the discussions taking place with the CCG	AB to comment on penalties and agency cost

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			The Trust has formally written to the CCGs asking for half the penalties to be re-invested in schemes (not necessarily with the Trust) to improve 4-hour and Ambulance Turnaround performance and the balance to be returned to the Trust to support the costs associated with managing the continued system-wide pressure.. The Committee asked if disputes were likely to occur towards the end of the year on activity levels. GL explained that it is possible to have a dispute at the end of the year, but unlikely because reconciliations are completed on a quarterly basis to avoid such disputes arising. Pay underspend of £0.45m related to non-recurrent CIPs from 2014/15 that are currently being reviewed by the Corporate Efficiency Team. The pay expenditure was slightly up in May, this was influenced by the recent pay awards, and continued high use of agency and locum staff. The level of agency costs also concerned the Committee at a rate of £3.2m in the first two months of the year. Drug expenditure is ahead of plan; this is related to high cost drugs which are recharged direct to commissioners. The Trust has now received the fourth payment of the agreed acquisition revenue support relating to the current financial year. This provides a provisional COSR of 3.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			At present the Trust does not have signed contracts, but activity schedules have been agreed. AB highlighted that currently the level of activity is significantly over the contract expectations and that this information was being discussed with the Trust's commissioners. At present the CCGs are not flagging this as a concern.		
5.	**Efficiency Report**		SK presented the report. The overall delivery of the CIP at month two was £4.8m against the annual target of £25.8m, a £2.9m improvement during May. This has been helped by the introduction of an incentive during quarter 1 of an additional 20% for any savings that are recurrent achieved in quarter 1. It was recognised that the profile of the CIP is over 12 months, so at this stage in the year the achievements do not match the Monitor plan. Work to share good practice continues with the Directorate Managers and Finance Managers. SK raised with the Committee that he has requested all quality impact assessments are completed and returned before the end of June. Schemes will be reviewed by Martin Telfer and Helen Hey. The Committee asked SK to confirm he had sufficient resource to undertake his role. This was confirmed.	The Committee was assured by the progress against plan.	AB to comment
6	**Capital programme**		BG updated the Committee on the progress in delivering the capital programme and highlighted the	The Committee were assured about the progress of the capital	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			changes that had been made. He explained installation of the new fire alarm system in Scarborough cannot be completed this year. He confirmed this does not create a major risk. The work that is being undertaken will ensure spare parts are generated for the existing system and can be used until the whole system has been replaced. BG highlighted that the capital fund was £3.6m over committed and as agreed with the Board when the plan was approved this would be managed during the year. The Committee asked if the capital programme plan would stall if the financial position deteriorated. AB advised that he does not at this stage anticipate being in the position that he would need to stall the programme, but as reported previously, if the financial position does become more challenged later in the year, one option the Trust has is to delay capital work and the programme.	programme and the comments made about delaying the programme.	
7	**Next meeting**		The next meeting is arranged for 21st July 2015		

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Monthly Performance Report

June 2015

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

Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail:** £400 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**90%**	90.9%	81.6%	82.0%	80.7%	78.6%	74.8%	78.2%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail**: £100 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TCB	**95%**	96.8%	95.9%	95.5%	95.4%	95.1%	95.2%	95.5%
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	**Specialty fail:** £150 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	93.3%	93.4%	93.0%	92.5%	92.5%	92.1%	92.1%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	**0**	1	0	0	2	1	1	1

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	86.1%	85.9%	85.4%	89.8%	94.6%	93.4%	93.8%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	45.6%	78.6%	90.5%	91.0%	91.2%	89.9%	90.2%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	98.6%	97.9%	98.4%	96.1%	96.4%	95.7%	97.6%
31 Day Subsequent Treatment (surgery)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**94%**	96.4%	94.9%	95.3%	95.6%	100.0%	92.0%	94.7%
31 Day Subsequent Treatment (anti cancer drug)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**98%**	100.0%	99.1%	100.0%	98.5%	100.0%	97.6%	100.0%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	87.8%	87.6%	85.0%	76.5%	71.8%	80.5%	88.0%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	96.6%	93.8%	92.5%	92.2%	86.4%	100.0%	94.1%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£120 fine per patient below performance tolerance (maximum 8% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	93.9%	92.6%	89.1%	89.1%	88.6%	87.8%	87.7%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	**> 30min**	481	489	514	520	258	207	176
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	**> 60min**	207	255	371	383	197	164	177
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q1 Actual**	**Q2 Actual**	**Q3 Actual**	**Q4 Actual**	**Mar**	**Apr**	**May**
	NHS VALE OF YORK CCG	30mins - 1hr	176	70	154	161	50	70	48
		1hr 2 hours	94	19	109	109	34	45	37
		2 hours +	7	13	54	44	9	9	17
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	141	202	176	177	106	55	57
		1hr 2 hours	52	88	77	83	50	35	49
		2 hours +	4	12	25	25	20	16	12
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	96	122	127	134	75	52	47
		1hr 2 hours	26	73	54	70	48	32	33
		2 hours +	0	9	13	17	13	8	12
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	34	17	20	13	13	6
		1hr 2 hours	5	12	13	15	11	5	5
		2 hours +	0	2	1	2	2	1	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	5	1	2	6	3	0	0
		1hr 2 hours	0	1	1	0	0	0	0
		2 hours +	0	0	0	0	0	0	0
	OTHER	30mins - 1hr	36	60	38	22	11	17	18
		1hr 2 hours	19	25	16	12	7	11	9
		2 hours +	0	1	8	6	3	2	2
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**> 12 hrs**	0	2	2	11	4	0	0
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%**	97.4%	96.9%	97.0%	97.6%	98.0%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Apr 12 - Mar 13	Jul 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**TBC**	99	96	93	93	95	98	99
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	**TBC**	108	108	104	105	107	108	109

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**53 (TBC)**	12	10	16	21	5	7	8
Number of Clostridium difficile due to "lapse in care"	*TBC*	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**108 (TBC)**	30	20	28	27	10	8	8
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	**Quarterly:** General Condition 9	**29**	14	9	19	13	4	3	5
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	0	0	0	1	1	2	2
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 14 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
Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95%**	87.9%	88.7%	88.5%	86.0%	86.4%	83.5%	85.5%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	71.2%	72.7%	70.1%	66.2%	62.8%	62.3%	73.6%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	**99%**	97.6%	98.3%	98.5%	95.8%	95.9%	92.7%	91.6%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	2	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hosp	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	1	0	3	15	8	0	5
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**	63	75	229	548	168	60	123
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	**95%**	96.8%	96.9%	97.1%	96.9%	96.8%	97.1%	97.1%
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%**	99.7%	99.6%	99.7%	To follow	99.9%	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%**	5.9%	6.5%	5.1%	4.3%	4.6%	0.0%	0.0%
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	**Q1 - 87% Q2 - 89% Q3 - 91% Q4 - 93%**	85.9%	86.4%	86.3%	92.0%	90.5%	91.0%	87.0%
Delayed Transfer of Care to be maintained at a minimum level	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**<1%**	1548	1988	1612	1160	264	0	0
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**200 per month**	348	518	563	514	188	149	143
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	**End Q2 745; end Q4 721**	2236	2287	2381	2375	826	742	758
% Compliance with WHO safer surgery checklist	No financial penalty	**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**	372	367	394	364	153	126	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**	1261	1238	1388	1331	475	396	2 month coding lag
Reduction in the number of inappropriate transfers between wards and other settings during night hours (Reduction in avoidable site transfers within the Trust after 10pm)	General Condition 9	**100 per month**	256	269	353	374	113	93	103

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	General Condition 9	**80% by site**	87.9%	84.0%	83.4%	80.8%	83.1%	83.7%	89.1%
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	93.7%	98.6%	98.3%	99.3%	100.0%	99.1%	100.0%
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%
Proportion of stroke patients who spend >90% of their time on a stroke unit	Non delivery of 90% at Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £5k in line with respective finance baselines (TBC)	**80%**	86.9%	90.5%	86.2%	80.7%	85.9%	86.7%	one month behind
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of seeing a health professional	Non delivery of Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £2k in line with respective finance baselines (TBC)	**75%**	86.7%	86.0%	82.0%	80.4%	87.5%	75.0%	one month behind
Proportion of patients presenting with stroke 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	General Condition 9	**85%**	95.0%	100.0%	100.0%	96.4%	100.0%	n/a	one month behind
Percentage of stroke patients and carers with joint care plans on discharge from hospital to have a copy of their care plan (except RIP or who refuse health/social care assessment/intervention)	General Condition 9	**70%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Patients who require an urgent scan on hospital arrival, are scanned with in 1 hr of hospital arrival (TBC)	No financial penalty	**Q2 > 60% Q4 > 70%**	82.6%	71.2%	70.8%	73.2%	73.3%	70.4%	one month behind
Proportion of stroke patients scanned within 24 hours of hospital arrival	No financial penalty	**90%**	91.6%	96.5%	93.2%	91.5%	92.8%	90.9%	one month behind
Immediate Discharge letters - 24 hour standard: Overall Trust Position Monthly report and quarterly audit . Action plan to be provided where the target failed in any one month. 25 cases from SR and 25 cases from ERY.	General Condition 9	**>98% for admitted patients discharged and >98% for A&E patients discharged**	Quarterly audit						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Rydale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology). 25 cases from SR and 25 cases from ERY	General Condition 9	**Q1 - 94% Q2 - 95% Q3 - 96% Q4 - 97%**	Quarterly audit						
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	General Condition 9	**Q1 - 90% Q2 - 92% Q3 - 94% Q4 - 96%**	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/14	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 01/04/14	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**	86.6%	86.9%	86.3%	85.9%	86.0%	86.8%	87.0%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
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	0	0	0	0	0	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Mar	Apr	May
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1862	1871	1975	1768	600	623	609
	Community nurse/service	n/a	964	1018	767	741	235	228	244
	Acute services	n/a	741	912	845	859	288	257	334
	Self / Carer/family	n/a	409	398	291	364	114	135	100
	Other	n/a	224	253	226	202	64	75	84
	Grand Total	n/a	4200	4452	4104	3934	1301	1318	1371
Community Adult Nursing Contacts	First	n/a	2718	2758	2895	2931	950	1070	1185
	Follow up	n/a	33289	31976	31372	33380	11700	12162	12964
	Total	n/a	36007	34734	34267	36311	12650	13232	14149
	First to Follow Up Ratio	n/a	12.2	11.6	10.8	11.4	12.3	11.4	10.9
Community Hospitals average length of stay (days)	Archways	n/a	23.4	22.1	20.6	26.8	22.6	19.7	17.3
	Malton Community Hospital	n/a	24.5	18.6	17.1	16.0	19.1	20.3	22.7
	St Monicas Hospital	n/a	24.5	23.2	22.0	24.0	23.6	19.0	12.5
	The New Selby War Memorial Hospital	n/a	13.8	15.6	13.7	17.6	19.0	14.4	13.9
	Whitby Community Hospital	n/a	21.1	20.3	20.9	21.9	23.1	19.7	23.1
	Total	n/a	20.4	19.4	18.1	20.2	21.1	18.3	18.7
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	2	3	4
		Emergency	66	91	77	71	22	22	27
	Malton Community Hospital	Elective	4	10	21	48	8	6	2
		Emergency	89	114	121	110	39	28	34
	St Monicas Hospital	Elective	9	13	9	16	8	7	4
		Emergency	36	35	27	27	3	14	15
	The New Selby War Memorial	Elective	68	62	69	57	16	21	20
		Emergency	71	66	69	55	23	25	23
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	51	43	46
	Total	Elective	89	90	111	126	34	37	30
		Emergency	414	429	436	403	138	132	145

Monthly Quantitative Information Report

	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Complaints and PALS												
New complaints this month	58	57	46	47	43	60	31	39	37	47	43	41
Complaints at same month last year	49	59	42	56	52	45	27	52	16	16	50	38
Number of complaints upheld (cumulative)*	75% of Q1 complaints generated actions		not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet
Number of complaints partly upheld (cumulative)**												
Number of Ombudsman complaint reviews	0	0	3	0	0	0	0	0	3	4	7	2
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	1	1	2	0	0	0	0	0	1	1	2	0
Late responses this month (at the time of writing)***	4	4	9	4	1	8	5	5	4	1	0	3
Top 3 complaint issues												
Aspects of clinical treatment	27	39	37	35	31	44	18	21	20	32	30	27
Admission/discharge/transfer arrangements	2	3	2		5	4	0	2	3	2	1	3
Appointment delay/cancellation - outpatient			1				4	1	2	2	2	2
Staff attitude	4	10	6	5		5	5	10	7	5	3	7
Communications		3	0	4			0	2	2	4	4	1
Other					2		0	0	1	0	0	1
New PALS queries this month	474	531	488	570	653	552	443	620	559	478	430	416
PALS queries at same time last year	521	563	498	445	536	419	385	503	470	367	378	369
Top 3 PALS issues												
Information & advice	118	140	158	192	42	150	136	189	173	126	158	155
Staff attitude	0	0	15	0	0	0	17	19	14	12	19	14
Aspects of clinical treatment	87	104	93	86	89	105	66	77	47	84	69	63
Appointment delay/cancellation - outpatient	66	67	56	65	24	63	41	47	28	52	29	35

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

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

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

Serious Incidents												
Number of SI's reported	20	19	13	13	35	12	25	15	16	18	n/a	n/a
% SI's notified within 2 working days of SI being identified*	70%	94%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	n/a
% SI's closed on STEIS within 6 months of SI being reported	0%	0%	0%	0%	0%	8%	0%	0%	0%	66%	n/a	n/a
Number of Negligence Claims	16	15	21	8	16	8	8	12	17	15	n/a	n/a
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG.												
Duty of Candour demonstrated within SI Reports												
Percentage of reported SI's, investigated and closed as per agreed timescales												
Percentage of reported SI's with extension requested.												

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

Monthly Quantitative Information Report

	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Pressure Ulcers**												
Number of Category 2	37	22	29	28	31	32	30	50	35	44	37	
Number of Category 3	10	5	5	8	7	6	3	4	2	5	5	
Number of Category 4	0	0	0	0	1	1	0	1	0	1	0	
Total number developed/deteriorated while in our care (care of the organisation) - acute	24	15	24	28	39	32	42	47	30	41	31	
Total number developed/deteriorated while in our care (care of the organisation) - communit	27	19	18	20	22	37	18	25	25	33	26	
Falls***												
Number of falls with moderate harm	7	3	3	3	6	1	7	3	2	3	2	
Number of falls with severe harm	4	1	2	2	3	2	5	1	5	4	2	
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	0	
Safeguarding												
% of staff compliant with training (children)	45%	45%	47%	51%	54%	53%	55%	58%	59%	62%	65%	68%
% of staff compliant with training (adult)	39%	40%	43%	40%	42%	43%	45%	56%	59%	62%	64%	69%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session	3 in total	3 in total	3 in total	3 in total	3 in total							
Number of concerns raised via the incident reporting system	nil	nil	nil	nil	nil							

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Finance Report

Action requested/recommendation

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

Summary

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

At the end of May the Trust is reporting an Income and Expenditure (I&E) deficit of £2.6m against a planned deficit of £2.2m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

Strategic Aims	**Please cross as appropriate**
1. Improve Quality and Safety	☒
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 and Performance
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	June 2015
Version number	Version 1

Briefing Note for the Board of Directors Meeting 24 June 2015

Subject: May 2015 (Month 2) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for the Month of May 2015

The income and expenditure position reported for May represents a slight improvement in terms of variance from plan when compared to last month. The Trust's plan anticipated a deterioration in the deficit from £1m to £2.2m due to the anticipated profiling of expenditure and income levels. The actual reported position has worsened by £1.1m, from £1.5m to £2.6m. The variance to plan has therefore reduced slightly to £0.4m (£0.5m reported last month).

It has not proved possible to make significant inroads in to the April deficit from plan position but the Board should note no evidence of a continuation of deterioration against plan.

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

The position in relation to contract penalties is extremely worrying and disappointing with a significant adverse impact over the first two months of the financial year. This is having a material impact on our reported income and expenditure position. The performance report summarises the full implications of the penalties. At this stage all 4-hour and ambulance penalties have been included but, on the strength of the developing RTT national position and the agreement by commissioners to the Trust's improvement trajectories, 18-week penalties (£254k) have been assumed to be waived (this is not yet agreed with commissioners). Of note this month are provisional c diff penalties of £70k (7 cases above pro-rata trajectory at £10k per case).

The position returns a provisional COSRR rating of 3. This is in line with plan albeit compromising a weaker debt service cover element.

Expenditure Analysis

Pay expenditure was £26.2m for the month of May (compared to £26.1m for April). Key influencing issues include the cost of the recent pay award plus continued, and particularly high, agency and locum costs. We continue to draw heavily on the planned contingencies to cover the premium agency costs. Of note though is a reported pay under spend of £0.45m relating to the return of non-recurrent CIPs from 2014/15 that are currently being reviewed by the Corporate Efficiency Team and slippage on planned investments.

Drug expenditure is £0.75m ahead of plan and this largely relates to high cost out of tariff drug costs for which direct recharges are made to commissioners. This area will be developed in terms of reporting this year as under the revised specialist commissioning

arrangements payment of growth will only be made at 70%, potentially leaving the Trust with a new cost pressure.

In relation to other costs the most material variance is that associated with CIP delivery. Whilst opening performance has been very good with in excess of £4.8m taken to the annual CIP target, the profile of delivery is placing a pressure on our in-year delivery. The position is reported as £2.6m behind profile. This is a typical position for this time of the year.

Total expenditure in May was £37.2m, which is consistent with April (£37.3m) and represents a reduction of £600k when compared to the average expenditure incurred in the period January to March (£37.8m).

Contracting Matters

Discussions continue with all commissioners in relation to 2015/16 contracts. Most outstanding issues have now been resolved and contract documentation is being completed and reviewed. I will update the Board on any significant issues during the meeting.

Other Issues

I would wish to bring to the Board's attention that NHSE paid, at the end of May, the full value of the Trust's acquisition support relating to the financial year 2015/16. This is reflected in our reported cash position. Cash levels are, therefore, satisfactory and capital programme spending is as expected.

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

Finance Performance Report

June 2015

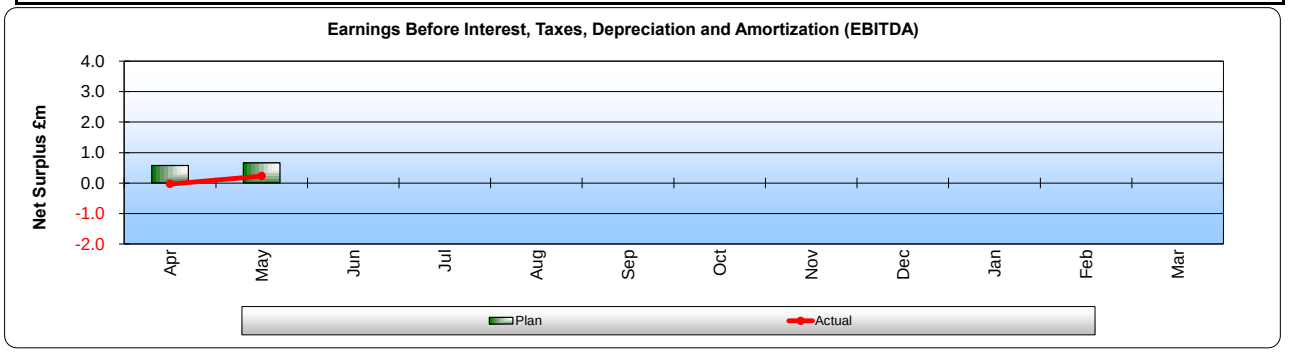
Our ultimate objective To be trusted to deliver safe, effective and sustainable healthcare within our communities.

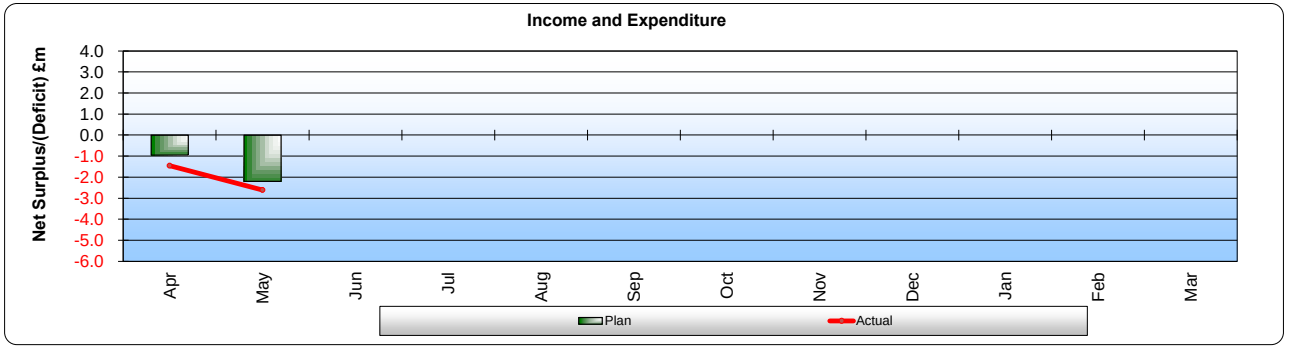
Summary Income and Expenditure Position
Month 2 - The Period 1st April 2015 to 31st May 2015

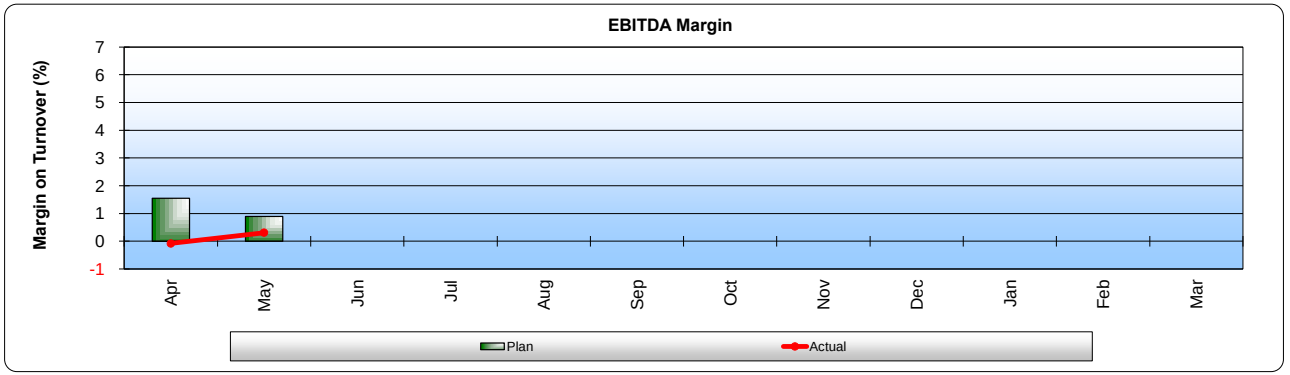
York Teaching Hospital NHS
NHS Foundation Trust

Summary Position:

* The Trust is reporting an I&E deficit of £2.6m, placing it £0.4m behind the operational plan.
* Income is £1.0m ahead of plan, with clinical income being £0.4m ahead of plan and non-clinical income being £0.6m ahead of plan.
* Expenditure is ahead of plan by £1.4m, with further explanation given on the 'Expenditure' sheet.
* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £0.23m (0.3%) compared to plan of £0.7m (0.9%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Period	Actual for Period	Period Variance
	£000	£000	£000	£000
NHS Clinical Income				
Elective Income	24,972	3,788	3,478	-310
Planned same day (Day cases)	33,587	5,095	5,662	567
Non-Elective Income	102,141	16,649	17,519	870
Outpatients	67,431	10,217	9,771	-446
A&E	14,775	2,408	2,578	170
Community	34,054	6,389	6,488	99
Other	127,844	21,046	20,476	-570
	404,804	**65,592**	**65,972**	**380**
Non-NHS Clinical Income				
Private Patient Income	986	164	154	-11
Other Non-protected Clinical Income	1,790	298	266	-32
	2,776	**463**	**420**	**-43**
Other Income	0	0	0	0
Education & Training	14,333	2,389	2,464	75
Research & Development	3,344	557	740	182
Donations & Grants received (Assets)	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	100	123	23
Other Income	16,868	2,811	3,187	375
Transition support	10,907	1,818	1,818	-0
	46,053	**7,676**	**8,332**	**656**
Total Income	**453,633**	**73,730**	**74,724**	**994**
Expenditure				
Pay costs	-318,704	-52,771	-52,323	448
Drug costs	-43,476	-7,177	-7,927	-750
Clinical Supplies & Services	-48,067	-7,748	-7,120	628
Other costs (excluding Depreciation)	-49,215	-8,010	-7,121	889
Restructuring Costs	0	0	-3	-3
CIP	20,932	2,636	0	-2,636
Total Expenditure	**-438,530**	**-73,070**	**-74,494**	**-1,424**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**15,103**	**660**	**230**	**-430**
Profit/ Loss on Asset Disposals	-4,500	0	0	0
Fixed Asset Impairments	-300	0	0	0
Depreciation	-11,000	-1,833	-1,833	0
Interest Receivable/ Payable	100	17	24	7
Interest Expense on Overdrafts and WCF	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-335	-56	-44	12
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	-5	-5
PDC Dividend	-6,478	-986	-986	0
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**-7,410**	**-2,198**	**-2,614**	**-416**

Contract Performance
Month 2 - The Period 1st April 2015 to 31st May 2015

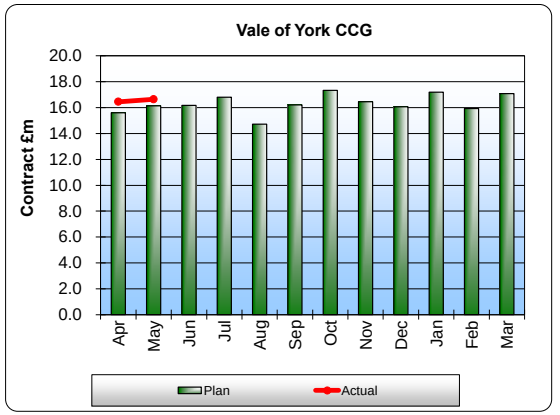
York Teaching Hospital NHS
NHS Foundation Trust

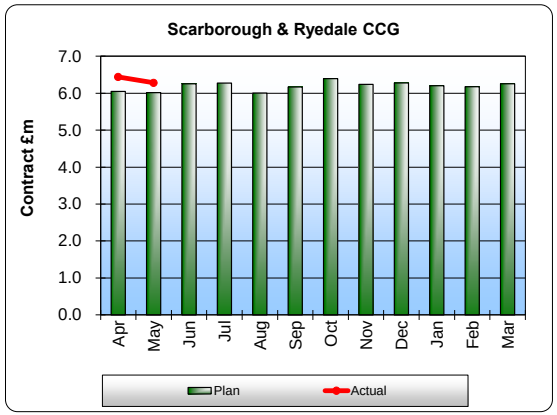
Contract	Contract Value	Contract to Date	Actual to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	195,713	31,739	33,107	1,368
Scarborough & Ryedale CCG	74,281	12,059	12,714	655
East Riding CCG	37,600	6,104	6,242	138
Other Contracted CCGs	19,015	3,088	3,855	767
NHSE - Specialised Commissioning	35,242	5,721	5,198	-523
NHSE - Public Health	14,466	2,348	2,374	26
Local Authorities	6,309	1,025	871	-154
Total NHS Contract Clinical Income	**382,626**	**62,084**	**64,361**	**2,277**

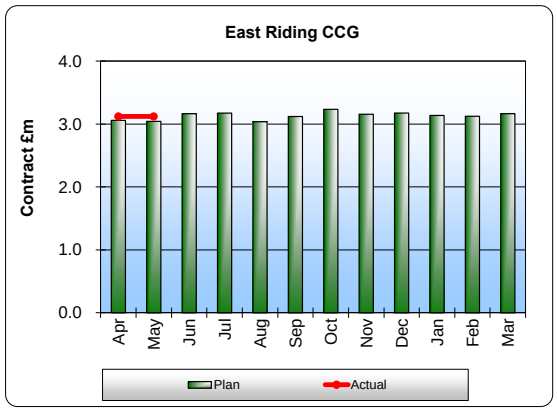
Plan	Plan Value	Plan to Date	Actual to Date	Variance
	£000	£000	£000	£000
Non-Contract Activity	10,300	1,522	1,692	170
Risk Income				
Total Other NHS Clinical Income	**10,300**	**1,522**	**1,692**	**170**

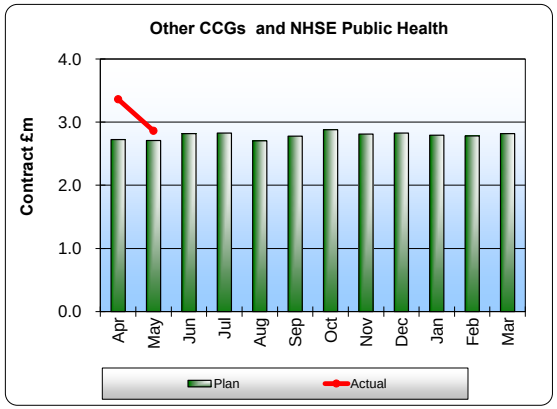
Total NHS Clinical Income	**392,926**	**63,606**	**66,053**	**2,447**

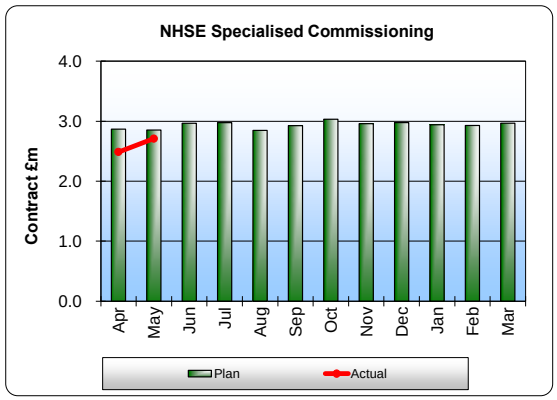
Specialist registrar income moved to other income non clinical	-231
Winter resilience monies in addition to contract	150
Agrees to Clincial Income reported to board	**65,972**

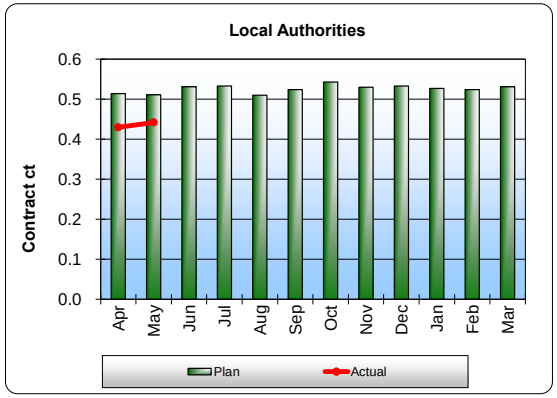












Expenditure Analysis
Month 2 - The Period 1st April 2015 to 31st May 2015

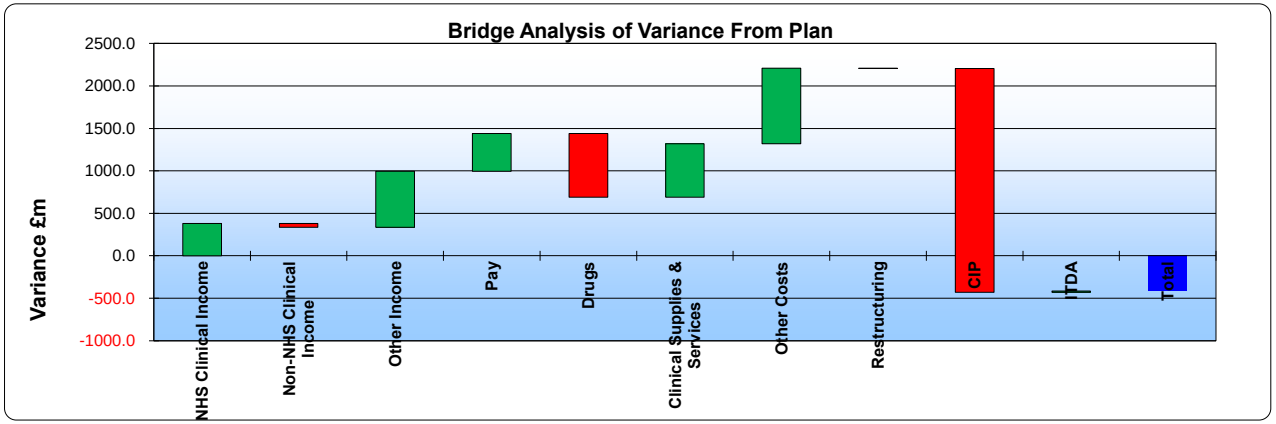
York Teaching Hospital NHS
NHS Foundation Trust

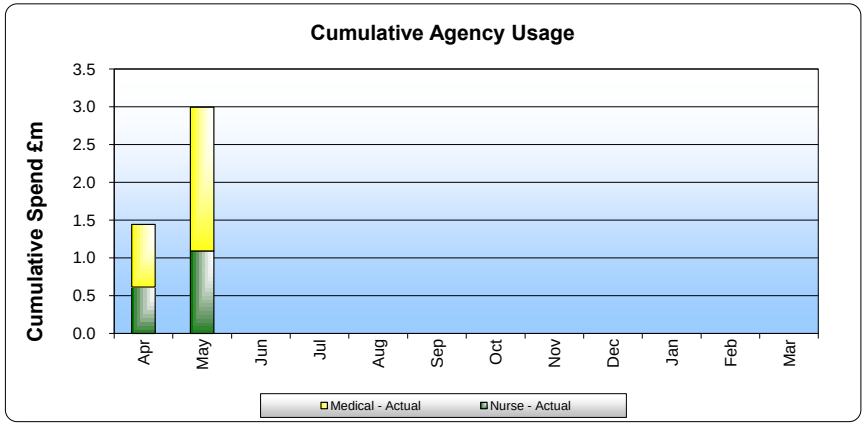
Key Messages:

There is an adverse expenditure variance of £1.4m at the end of May 2015. This comprises:

* Pay budgets are £0.4m favourable; there is an operational budget overspend of £2.2m linked to agency staffing being offset by delayed investments and provisions in reserve
* Drugs budgets are £0.8m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £2.6m behind plan.
* Other budgets are £1.5m favourable.

Staff Group	Annual Plan	Period Plan	Period Contract	Period Overtime	Period WLI	Period Bank	Period Agency	Period Total	Period Variance	Previous Variance	Comments
Consultants	54,633	9,110	7,898	0	267	0	830	8,996	114	96	
Medical & Dental	30,594	5,062	4,353	0	23	0	1,072	5,448	-385	-128	
Nursing, Midwifery & Health Visting	94,751	16,111	13,668	98	56	570	1,104	15,496	614	329	
Professional & Technical	10,342	1,569	1,302	21	23	0	53	1,399	170	-7	
Scientific & Professional	17,317	2,867	2,580	15	8	0	0	2,602	265	92	
P.A.M.s	22,658	3,841	3,260	11	49	0	67	3,387	454	281	
Healthcare Assistants & Other Support Staff	43,367	7,348	7,162	118	23	6	28	7,338	9	32	
Chairman and Non-Executives	161	27	27	0	0	0	0	27	0	0	
Executive Board and Senior Managers	14,706	2,457	2,186	3	0	0	8	2,197	260	119	
Administrative & Clerical	34,122	5,705	5,320	37	26	0	49	5,433	272	140	
Agency Premium Provision	4,000	667	0	0	0	0	0	0	667	n/a	
Vacancy Factor	-7,946	-1,992	0	0	0	0	0	0	-1,992	-918	
TOTAL	**318,704**	**52,771**	**47,756**	**303**	**476**	**577**	**3,212**	**52,323**	**448**	**35**	



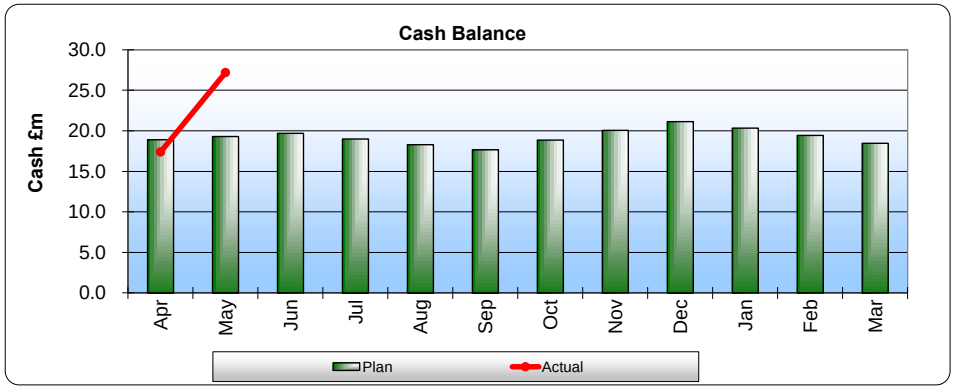


Cash Flow Management
Month 2 - The Period 1st April 2015 to 31st May 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of May was £27.2m. This is above plan due to the receipt of £10.9m transitional funding from NHS England.
* The receivables balance at the end of May was £15m which is in line with plan.
* The payables balance at the end of May was £7m which is slightly above plan.
* The Continuity of Service Risk Rating (CoSSR) is assessed as a score of 3 in May, and is reflective of the I&E position.

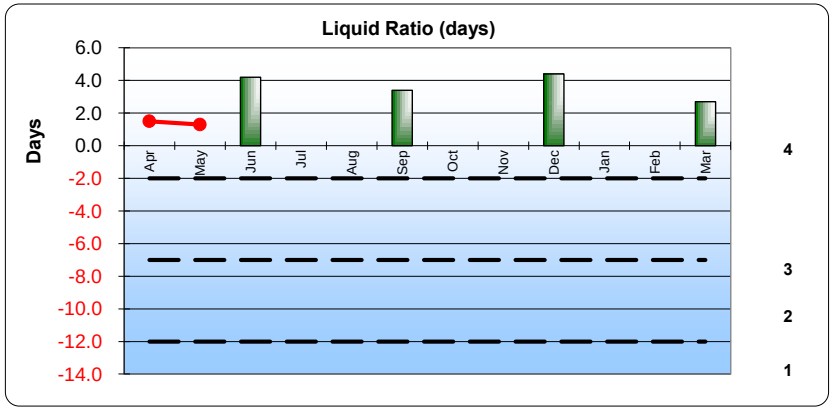


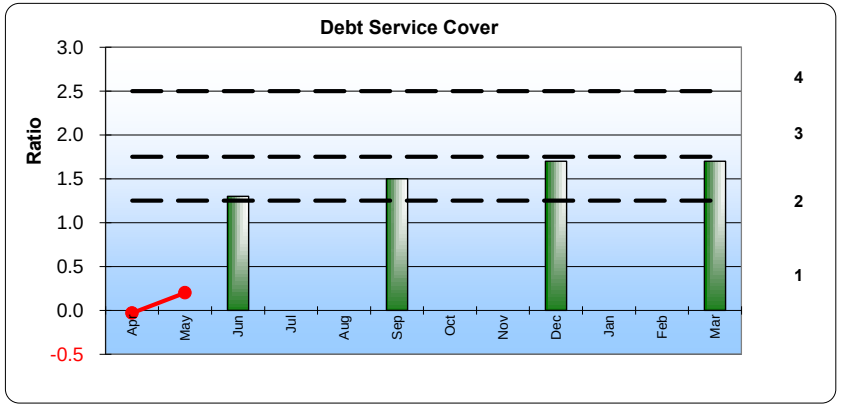
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	6.73	0.19	0.11	0.03	7.06
Receivables	13.64	0.47	0.29	0.60	15.00

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	**£503K**
Leeds and York Partnership NHS FT	**£40K**
Hull and East Yorkshire Hospitals NHS Trust	**£28K**

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



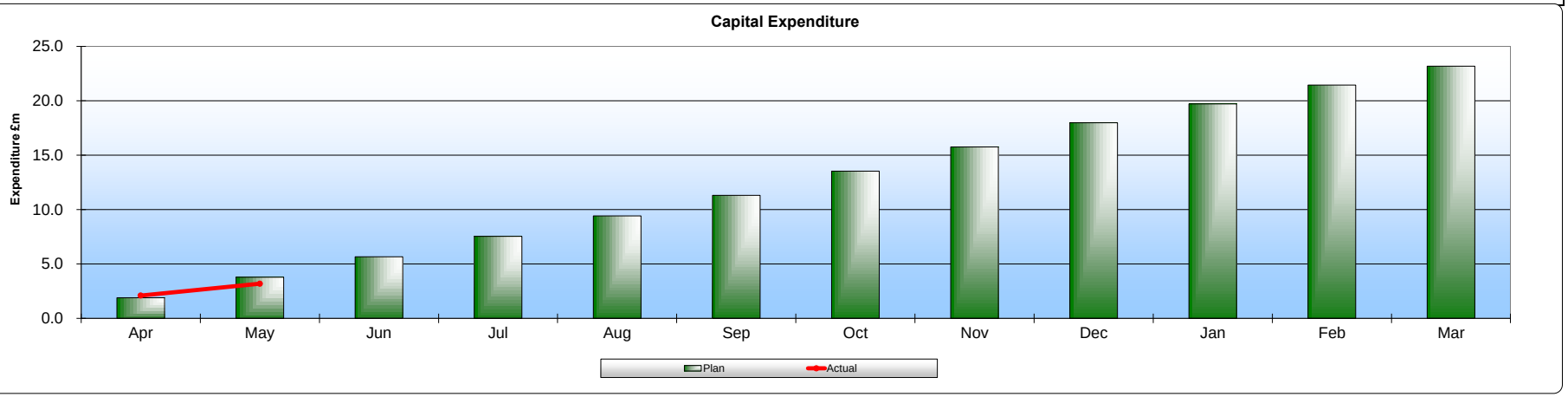


Capital Programme
Month 2 - The Period 1st April 2015 to 31st May 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The Capital Programme for May is running in line with plan.
* Phase 1 of the Scarborough Fire Alarm project has been approved which will include fees to lead the project into Phase 2.
* Other major schemes across both sites include 2 x CT Scanner replacement at £2.015m and other radiology equipment totalling £3.085m
* The Scarborough and Bridlington Carbon Energy Scheme has the largest projected in year spend at £5.087m
* At this point in the year the forecast outturn is as per the plan



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£	£	£	£	
CT Scanner replacement- York (Owned)	2,015	14	2,015	0	
Strategic Capital Schemes	1,870	281	1,870	0	
SGH Fire Alarm Replacement	1,190	7	1,190	0	
SGH Lifts Radiology	880	-	880	0	
York ED Phase 2	1,264	2	1,264	0	
SGH/ Brid Carbon & Energy Project	5,087	845	5,087	0	
Radiology Equipment Upgrade	3,085	-	3,085	0	
IT Wireless Upgrade - Trustwide	1,400	302	1,400	0	
Other Capital Schemes < £500k	595	340	595	0	
SGH Estates Backlog Maintenance	1,000	156	1,000	0	
York Estates Backlog Maintenance - York	1,000	168	1,000	0	
Medical Equipment	650	95	650	0	
IT Capital Programme	1,500	84	1,500	0	
Capital Programme Management	1,150	205	1,150	0	
Capital Creditors	-	685	-	0	
Contingency	500	-	500	0	
TOTAL CAPITAL PROGRAMME	**23,186**	**3,184**	**23,186**	**-**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	9,614	1,602	9,614	-	
Loan Funding b/fwd	1,386	353	1,386	-	
Loan Funding	9,577	1,105	9,577	-	
Charitable Funding	739	123	739	-	
Strategic Capital Funding	1,870	-	1,870	-	
TOTAL FUNDING	**23,186**	**3,184**	**23,186**	**0**	

Efficiency Programme

Month 2 - The Period 1st April 2015 to 31st May 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Delivery - £4.8m has been delivered against the Trust annual target of £25.8m, giving a shortfall of (£20.9m).
* Part year Monitor variance - The part year Monitor variance has a shortfall of (£2.6m).
* In year planning - The in year planning gap is currently (£5.0m), work is continuing to close this gap.
* Four year planning - The four year planning gap is (£29.9m).
* Recurrent delivery - Recurrent delivery is £3.3m, which is 13% of the 2015/16 CIP target.

Executive Summary - May 2015

	Total £m
TARGET	
In year target	25.8
DELIVERY	
In year delivery	4.8
In year delivery (shortfall)/Surplus	-20.9
Part year delivery (shortfall)/surplus - monitor variance	-2.6
PLANNING	
In year planning surplus/(gap)	-5.0
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

4 Year Efficiency Plan - May 2015

Year	2015/16	2016/17	2017/18	2018/19	**Total**
	£m	£m	£m	£m	**£m**
Base Target	25.8	15.3	15.2	15.2	**71.4**
Plans	20.7	12.3	6.0	2.5	**41.5**
Variance	-5.0	-2.9	-9.2	-12.8	**-29.9**
%	**81%**	**81%**	**39%**	**16%**	**58%**

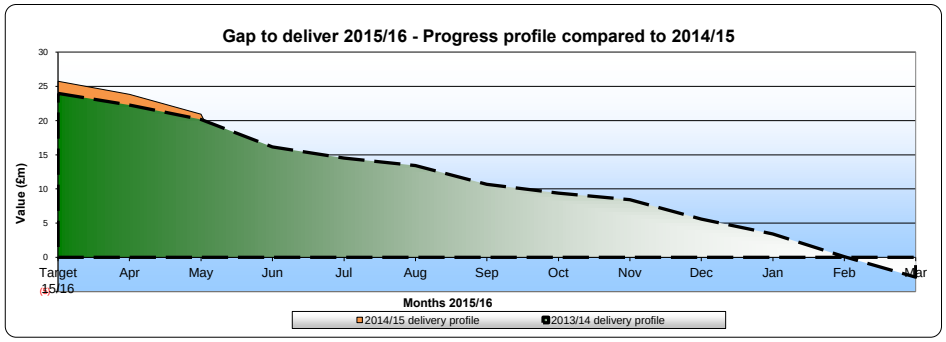
Risk Ratings

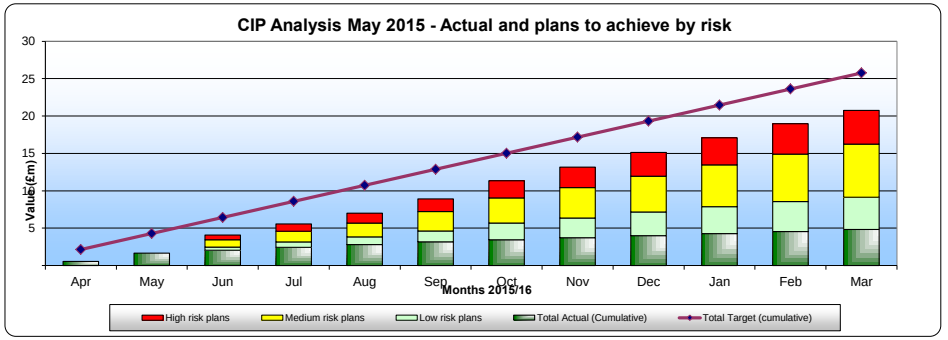
Financial

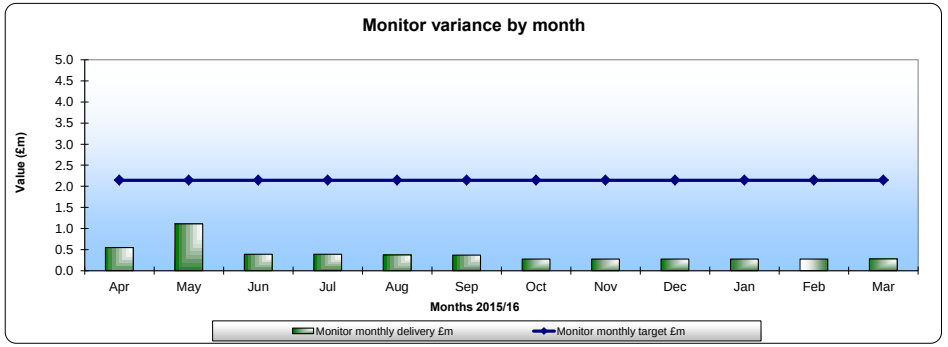
Score	April	May	Trend
1	20	17	↓
2	5	5	→
3	1	2	↑
4	0	2	↑
5	1	1	→

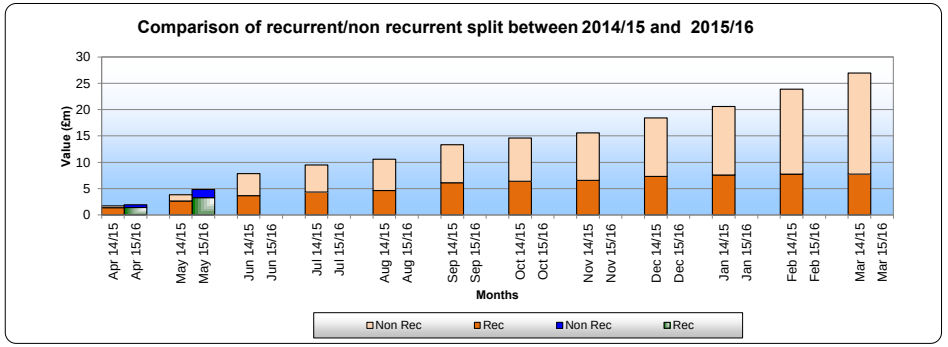
Governance

Score	April	May	Trend
Red	27	20	↓
Green	0	7	↑









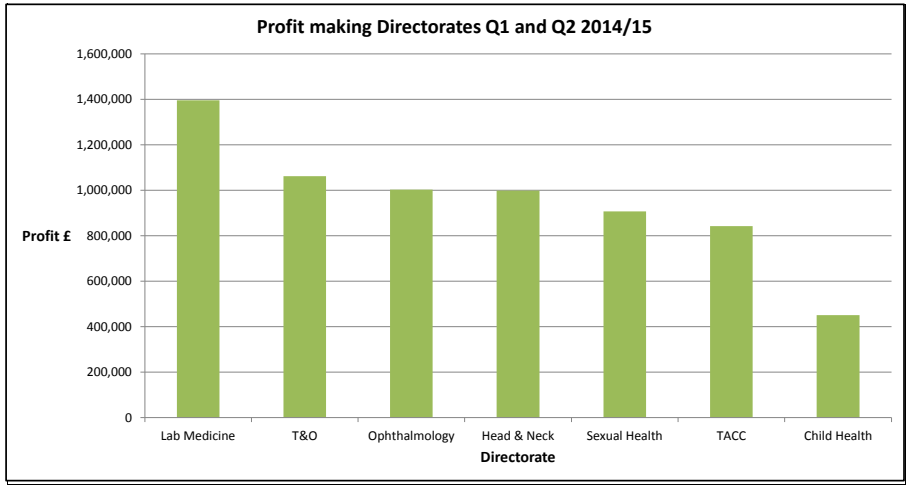
Service Line Reporting

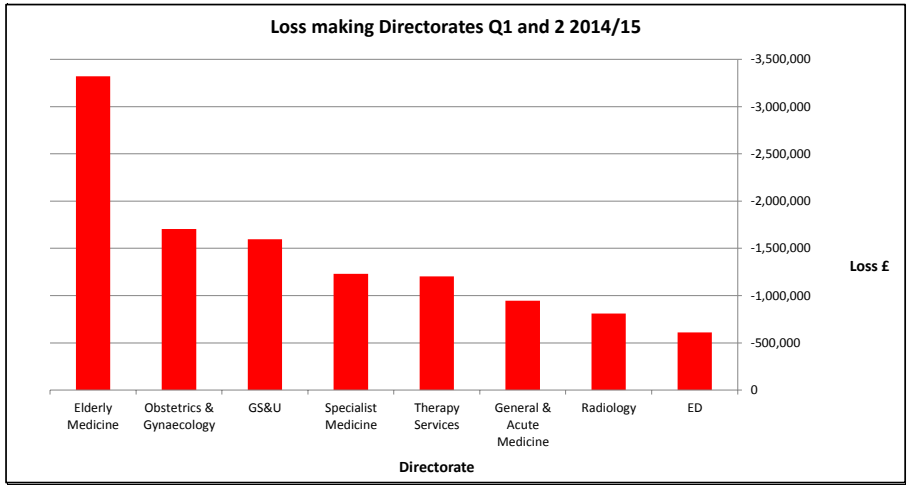
Month 2 - The Period 1st April 2015 to 31st May 2015

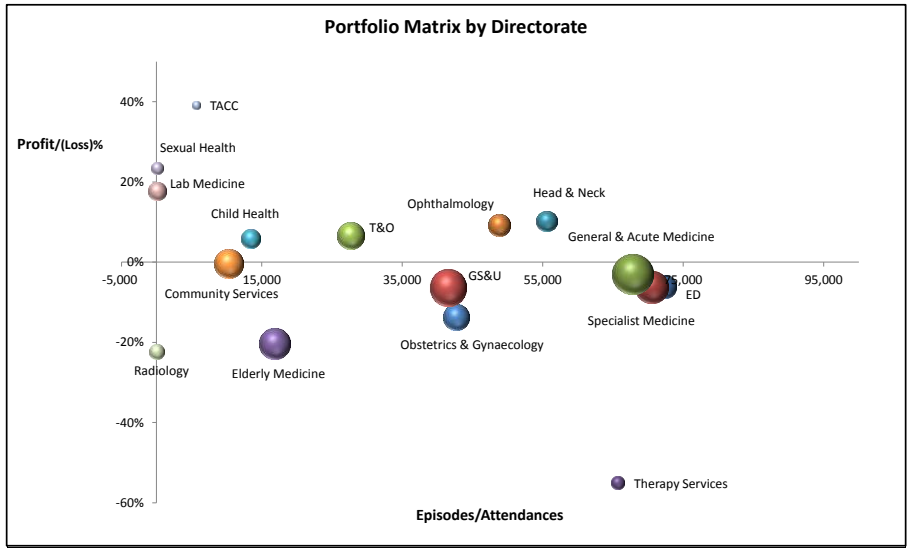
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1 & Q2 of 2014/15
* Q3 will be available by the 12th June 2015 and it is expected Q4 will be completed in October 2015
* The Reference cost submission is currently the key focus of the team with submission on 30 July 2015
* SLR drop in sessions have been arranged for the Directorate and Finance teams, the first session was held on 29th may 2015 and was well attended
* 2 staff have been appointed to the team - start dates are September 2015 and January 2016







DATA PERIOD	QUARTER 1 AND 2 2014/15
CURRENT WORK	* The reference cost submission is the key focus of the SLR & Costing team and will remain so until the final submission on 30th July 2015 * 3 drop in sessions have been arranged for Directorate teams to attend to familiarise themselves with the SLR system * The completion of the Q3 information is just being finalised
FUTURE WORK	* A deep dive for interventional radiology is underway as this service is not profitable * Q4 SLR data is a priority following the reference cost submission, this is expected to be completed in October 2015 * The SLR team are continuing to work with Directorate teams to improve the quality of consultant job plan allocation within the SLR system, a similar piece of work is on going to improve staff allocation to clinics. * A joint piece of work with the Information team is proposed to see where triangulation of effort can provide a focus for efficiency and improvement * A detailed deep dive piece of work will be undertaken with Obs & Gynae between September 2015 and December 2015 with the aim of identifing what the true underlying financial position of the service is

BENEFITS TAKEN TO DATE	**£2.6m**

Executive Pack

May 2015

York Teaching Hospital NHS
NHS Foundation Trust

Executive Summary	Inpatient Elective				Inpatient Non-Elective				Inpatient Day Case				Outpatient (1st Att)				Outpatient (Sub Att)				Non Face-To-Face				Outpatient Procedures			
Specialty	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var
Accident And Emergency	0	0	0	0	2910	474	535	61	0	0	2	2	945	143	70	-73	818	124	21	-103	0	0	0	0	0	0	0	0
Acute Medicine	0	0	1	1	219	36	150	114	92	14	34	20	774	117	182	65	1004	152	157	5	94	14	4	-10	0	0	0	0
Anaesthetics	54	8	12	4	17	3	4	1	1750	265	258	-7	1650	250	292	42	2466	374	422	48	0	0	0	0	24	4	15	11
Cardiology	670	102	37	-65	2841	463	328	-135	1098	167	164	-3	12125	1839	2194	355	19537	2963	2593	-370	155	24	29	5	5627	853	745	-108
Chemical Pathology	0	0	0	0	0	0	0	0	54	8	10	2	14	2	20	18	10	2	39	37	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1254	190	199	9	70	11	18	7	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	8	1	0	-1	365	55	13	-42	7292	1106	886	-220	16299	2472	2345	-127	424	64	3	-61	15441	2342	3556	1214
Ear, Nose And Throat	748	113	102	-11	998	163	172	9	952	144	209	65	7810	1185	1346	161	8307	1260	1750	490	12	2	1	-1	8987	1363	1094	-269
Endocrinology	8	1	0	-1	3698	603	460	-143	482	73	111	38	2203	334	381	47	7137	1082	1229	147	506	77	12	-65	0	0	0	0
Gastroenterology	292	44	36	-8	4581	747	879	132	12633	1916	1376	-540	4591	696	844	148	9353	1419	1447	28	1026	156	173	17	60	9	11	2
General Medicine	5	1	0	-1	434	71	102	31	2867	435	471	36	92	14	14	0	133	20	3	-17	18	3	3	0	79	12	6	-6
General Surgery	2880	437	419	-18	7253	1182	1166	-16	7395	1122	1644	522	15012	2277	2403	126	22695	3442	3166	-276	794	120	158	38	3999	607	575	-32
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	25550	2178	2252	74	11980	1016	1008	-8	0	0	0	0	0	0	0	0
Geriatric Medicine	6	1	1	0	9421	1535	1913	378	172	26	28	2	3844	583	684	101	3851	584	587	3	941	143	38	-105	46	7	13	6
Gynaecology	822	125	136	11	980	160	216	56	1474	224	243	19	7670	1163	1249	86	5650	857	1009	152	0	0	0	0	4761	722	724	2
Haematology (Clinical)	42	6	6	0	156	25	34	9	3672	557	689	132	1898	288	277	-11	12610	1913	2066	153	668	101	113	12	126	19	4	-15
Maxillofacial Surgery	352	53	42	-11	378	62	54	-8	1951	296	340	44	7009	1063	1152	89	8372	1270	1264	-6	0	0	0	0	1846	280	435	155
Medical Oncology	58	9	9	0	148	24	11	-13	6952	1054	1222	168	4186	635	649	14	22970	3484	3923	439	25582	3880	2983	-897	90	14	26	12
Nephrology	72	11	18	7	1606	262	202	-60	784	119	125	6	791	120	124	4	8311	1261	1115	-146	3714	563	553	-10	0	0	0	0
Neurology	14	2	0	-2	132	22	45	23	746	113	147	34	3286	498	437	-61	6115	927	861	-66	910	138	132	-6	56	8	0	-8
Obstetrics & Midwifery	24	4	11	7	5338	870	1562	692	0	0	0	0	46	7	3	-4	1166	177	222	45	0	0	0	0	168	25	15	-10
Ophthalmology	251	38	33	-5	86	14	10	-4	5385	817	921	104	16985	2576	2438	-138	68491	10388	7563	-2825	0	0	0	0	12929	1961	1632	-329
Orthodontics	0	0	0	0	0	0	1	1	0	0	0	0	1491	226	192	-34	1886	286	278	-8	0	0	0	0	9636	1461	1373	-88
Paediatrics	65	10	9	-1	7156	1166	1380	214	214	32	51	19	5198	788	850	62	9989	1515	1621	106	424	64	43	-21	670	102	103	1
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1048	159	208	49	3938	597	936	339	418	63	44	-19	0	0	0	0
Plastic Surgery	34	5	8	3	8	1	0	-1	338	51	58	7	407	62	91	29	512	78	93	15	0	0	0	0	29	4	0	-4
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	95	108	13	441	67	52	-15	0	0	0	0	1619	246	169	-77
Rheumatology	6	1	0	-1	14	2	1	-1	2160	328	374	46	2732	414	388	-26	13097	1986	2197	211	1254	190	254	64	0	0	0	0
Thoracic Medicine	86	13	6	-7	3611	589	579	-10	498	76	69	-7	3859	585	499	-86	10544	1599	1430	-169	134	20	17	-3	296	45	36	-9
Trauma And Orthopaedic Surgery	1824	277	316	39	3258	531	537	6	2283	346	388	42	18700	2836	2964	128	27248	4133	4530	397	0	0	0	0	1460	221	197	-24
Urology	1566	238	259	21	1598	260	224	-36	5844	886	1375	489	2662	404	829	425	4243	644	1491	847	14	2	11	9	3788	575	17	-558
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6332	1032	454	-578	0	0	0	0	8090	1227	1474	247	35308	5355	4435	-920	0	0	0	0	9460	1435	1367	-68
Gynaecology Zero Tariff	4	1	0	-1	362	59	36	-23	2	0	0	0	4	1	0	-1	42	6	3	-3	0	0	0	0	20	3	5	2
Total	**9883**	**1499**	**1461**	**-38**	**63543**	**10356**	**11055**	**699**	**60163**	**9125**	**10322**	**1197**	**169847**	**24063**	**25699**	**1636**	**344593**	**51462**	**49874**	**-1588**	**37088**	**5625**	**4571**	**-1054**	**81217**	**12318**	**12118**	**-200**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Efficiency Programme Update – May 2015

Action requested/recommendation

The Board is asked to note the May 2015 position.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2015/16 target is £25.8m and year to date delivery, as at May 2015, is £4.8m.

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 outcomes

There are no references to CQC outcomes.

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, Director of Finance
Author	Steve Kitching, Head of Resource Management
Date of paper	June 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing note for the Board of Directors Meeting 24th June 2015

Subject: May 2015 - Efficiency Position
From: Steven Kitching, Head of Resource Management

Summary reported position for May 2015

Current position – highlights

Delivery - Overall delivery is £4.8m in May 2015 which is 18.6% of the £25.8m annual target; there has been a £2.9m improvement in the month. This position compares to a delivery position of £3.8m (15.8%) in May 2014.

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

In year planning – There is an in year planning gap of (£5.0m) at May 2015, this compares favourably with the May 2014 position, where the gap was (£6.4m). Work is continuing with Directorate teams to close this in year gap.

Four year planning – The four year planning gap is (£29.9m), which is an improvement of £0.9m from the April 2015 position. The comparative position in May 2014 was a gap of (£30.8m). We have a relatively strong planning position for years 1&2 of the plan with £33m (80%) worth of plans identified against a target of £41.1m.

Recurrent vs. Non recurrent – Of the £4.8m delivery, £3.3m (69%) has been delivered recurrently, in May 2015. It has been agreed by the Resource Management Executive Group that recurrent delivery, in quarter 1 of 2015/16 only, will be incentivised by 20%. Recurrent delivery is £650k ahead of the same position in May 2014, which is encouraging. The full impact of this will be evident in the June 2015 position. The work continues to identify recurrent schemes.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams to self assess for their safety impact, 7 Directorates have returned their self assessed schemes and these will be reviewed by Mr Telfer and Helen Hey, Deputy Chief Nurse. The deadline for completion of self assessment has been set for 30th June 2015.

Overview
We have had a positive start to the programme with the first 2 months delivery £1m ahead of the May 2014 position. Recurrent delivery is also positive with £3.3m delivered in the first two months, this is a £1.9m improvement in the month, and is £0.6m ahead of this position last year. A key area of note is that Estates and Facilities have delivered £800k in 2 months of which 91% is recurrent delivery.

Risks

The two key risks of recurrent delivery and a shortfall in plans over the next four years remain obvious concerns, however I am confident we will continue to evolve and progress the Efficiency Program at York to address these risks and ensure our actions will support clinical and financial sustainability for the Trust. The proposed Turnaround Avoidance Programme will further support the efficiency and sustainability agenda for the Trust.

On going work to address the key risks -

- Resource Management meetings with Directorate teams are continuing to evolve and will encompass a multi disciplinary approach where appropriate, including the inclusion of the SLR team, Procurement and potentially Service Improvement Team involvement etc;

- A workshop was held with the Directorate and Finance Managers on the 11th June 2015 to support the directorates to share ideas and good practice;

- The first new initiative has been launched to incentivise recurrent delivery in Q1 of 2015/16; the results of this are awaited;

- Specific support to Directorates is in place to support ideas generation and delivery; these include General Medicine at Scarborough and Estates & Facilities;

- The Resource Management Team is expecting to play a full part in the proposed Turnaround Avoidance Programme, which I believe will provide a further impetus to the overall Efficiency Programme;

- The wider Resource Management Team continues to engage fully with local and national agendas to ensure we remain at the forefront of this programme of work.

RISK SCORES - MAY 2015 - APPENDIX 1

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

RISK SCORES - MAY 2015 - 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
TACC	2,955	7,147	41%	1	1%	1	1%	1	34%	1	4	1
COMMUNITY	2,437	4,883	61%	1	2%	1	2%	1	77%	1	4	1
RADIOLOGY	2,410	4,020	43%	1	2%	1	0%	1	36%	1	4	1
GEN MED SCARBOROUGH	1,140	2,419	56%	1	2%	1	2%	1	31%	1	4	1
GS&U	2,082	5,239	71%	1	3%	1	1%	1	45%	1	4	1
WOMENS HEALTH	2,235	4,019	36%	1	4%	1	0%	1	60%	1	4	1
CHILD HEALTH	1,332	2,849	60%	1	4%	1	0%	1	46%	1	4	1
SPECIALIST MEDICINE	2,879	6,677	38%	1	6%	1	5%	1	45%	1	4	1
SEXUAL HEALTH	470	1,040	34%	1	11%	2	5%	1	36%	1	5	1
OPHTHALMOLOGY	868	2,428	105%	3	5%	1	0%	1	44%	1	6	1
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,693	3,780	52%	1	19%	2	19%	3	47%	1	7	1
MEDICINE FOR THE ELDERLY	1,422	3,706	111%	4	9%	1	8%	2	85%	1	8	2
GEN MED YORK	1,949	5,235	98%	2	13%	2	10%	2	94%	2	8	2
HEAD AND NECK	623	1,821	127%	5	15%	2	3%	1	54%	1	9	2
EMERGENCY MEDICINE	1,126	2,463	77%	1	36%	4	36%	5	40%	1	11	2
LAB MED	1,144	3,247	81%	1	44%	5	44%	5	62%	1	12	3
ORTHOPAEDICS	1,350	3,613	128%	5	43%	5	36%	5	67%	1	16	4
PHARMACY	-189	503	140%	5	101%	5	101%	5	172%	5	20	5
CORPORATE												
OPS MANAGEMENT SCARBOROUGH	385	569	48%	1	0%	1	0%	1	55%	1	4	1
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	768	1,536	27%	1	6%	1	0%	1	33%	1	4	1
SNS	1,158	2,400	63%	1	11%	2	2%	1	35%	1	5	1
MEDICAL GOVERNANCE	103	222	24%	1	12%	2	0%	1	11%	1	5	1
OPS MANAGEMENT YORK	310	521	92%	2	17%	2	0%	1	62%	1	6	1
CHIEF NURSE TEAM DIRECTORATE	378	695	15%	1	15%	2	15%	3	8%	1	7	1
ESTATES AND FACILITIES	3,088	7,650	87%	1	26%	3	24%	4	66%	1	9	2
FINANCE	151	890	184%	5	43%	5	12%	2	92%	2	14	3
CHAIRMAN & CHIEF EXECUTIVES OFFICE	18	407	274%	5	207%	5	56%	5	12%	1	16	4
TRUST SCORE	**34,287**	**79,978**	**81%**	**1**	**19%**	**2**	**13%**	**2**	**58%**	**1**	**6**	**1**

E4

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Monthly Status Summary re Performance Recovery Plan

Action requested/recommendation

The Board is asked to note the progress and risks.

Summary

This is the second monthly status summary update which tracks progress against trajectories outlined in the Trust Operational Performance Recovery 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).

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 references to CQC outcomes

Progress of report	Finance & Performance Committee
Risk	Note trajectories that are off plan.

Resource implications	None
Owner	Juliet Walters, Chief Operating Officer
Author	Lucy Turner, Head of Operational Performance
Date of paper	June 2015
Version number	Version 1

C1

York Teaching Hospital NHS
NHS Foundation Trust

Operational Performance Recovery Plan

Monthly Status Summary: May 2015

ED

Trajectory: Sept 15

Performance: Red

- **Performance**: **Off trajectory:** Not compliant with breach reduction plan. 2,060 Type 1 breaches in May vs 1167 plan. Type 1 4hr Perf: 81.46% vs 89% plan.
- **Achievements**: Interim Ambulatory care unit opened in York on 1st June. AMU/SSW now merged on York site. Operationalised CPD changes of pending pts to beds and ED declaring pts 'fit for transfer'. Planning 2nd phase of Northern Drs to go live in Scarbo' ED, which will incorporate minor injuries. SOP agreed for Trauma pts to use SAU at Scarbo'. 8a commenced in post in York.
- **Risks**: **York**: Non admitted breaches still high [466],7 day working GAP analysis highlighted areas of concern **Scarbo'**: Confirmed Norovirus. Delay to roll out of Plan for every patient for all wards from 30/05 to 12/06. No changes to Ambulance handover processes, unfilled clinical shifts, exit block through the hospital. Escalation beds opened on Graham Ward.

18 weeks admitted

Trajectory: Dec 15

Performance: Green

- **Performance**: **Ahead of trajectory -**est. end Sept. NB: This has slipped since April reporting. Admitted Backlog increased by 13.9% in last 4 wks.
- **Achievements**: Development of operational models in Scarbo' to ensure Ash and Aspen wards are prioritised for elective DC work. Newmedica Solution finalised for opthal pts on Scarbo' site start date slipped by 1 month. Urol work started to be outsourced to York Nuffield.
- **Risks**: Large numbers of undated TCIs coming through the system. Low numbers of patients willing to transfer care to another provider. Continued risk of 52 wk waiters Urol/GS. On-going work with MF to plan a compliant trajectory. Continued significant TCI cancellations across both sites - over 100 18 wk patients cancelled in May. Anaesthetist shortage in York causing lists to be cancelled. DU/ESA and admissions ward in Scarbo' used continually for medical outliers.

Cancer

Trajectory:

Q1 FT/62 day

Q2 Breast Sy

Performance : Green

- **Performance**: **On Trajectory** May : FT: 94%; BS 90.2%; 62: 86%. (UNVALIDATED)
- **Achievements**: Weekly tracking mtg continues to escalate pts to avoid 62 breaches; increased inter-departmental working. Diagnostic wait times reduced - urgent FT CT now 2wk wait rather than 3 wk. Achieved Fast Track target for 4 months is a row.
- **Risks**: **62 Day:** 24 potential Q1 treatments not yet dated. Staff shortages in cancer tracking team could cause delays in pathways. **BS**: 10x admin breaches in April, 10 breaches in May to date (9 pt cxls/choice).

Diagnostics

Trajectory: Oct 15

Performance: Amber

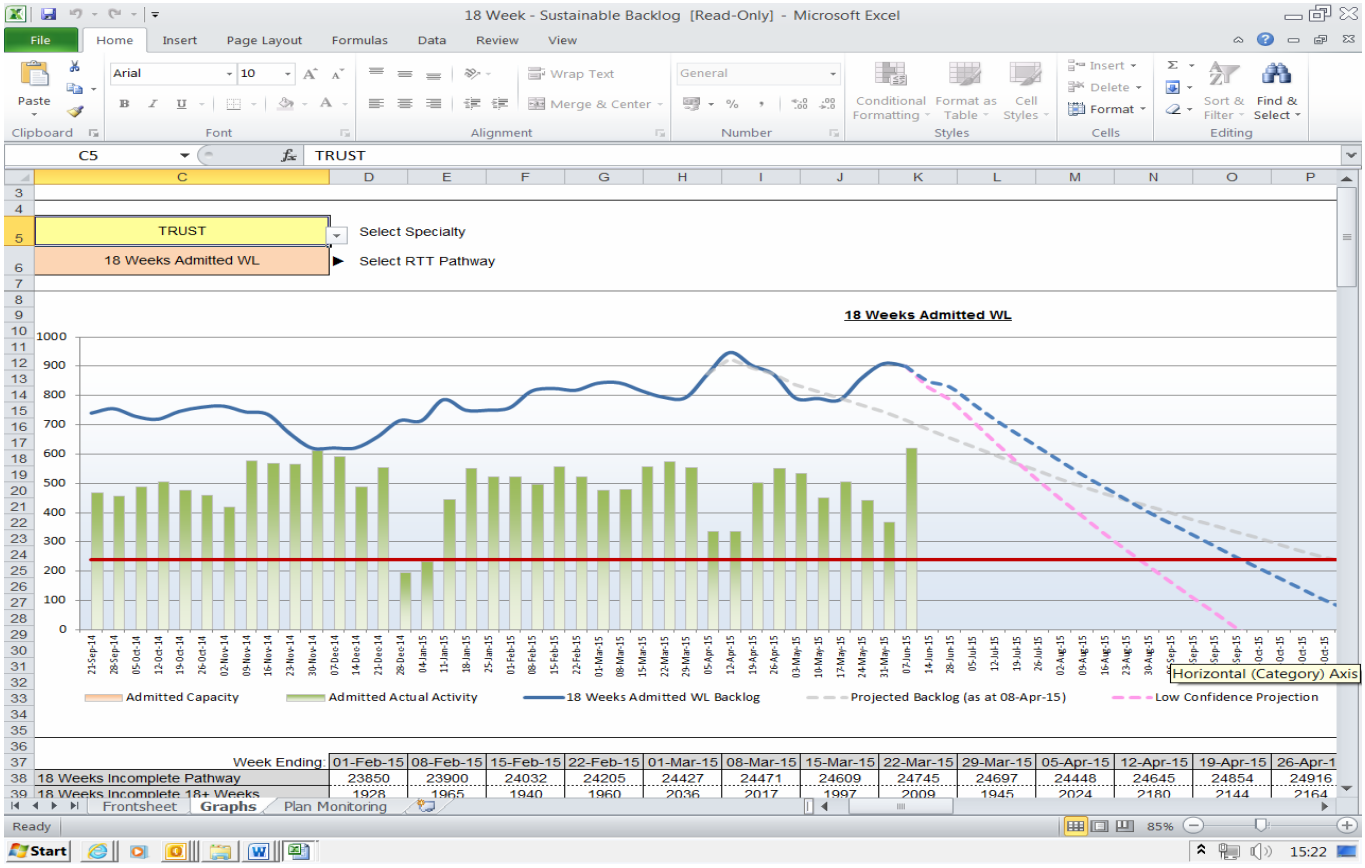
- **Performance**: 91.65%
- **Achievements**:May York site breaches reduced to 26 (from 90 in April). Costed Business Case for actions set out in Performance Recovery Plan agreed in Corporate Directors 08/06. 5th US room on York site now operational and being used where staffing available. Plan to cease MRI on call, when clinical pathways fully developed. Reduction in CT FT waiting times.
- **Risks**: 275 US breaches on the Scarborough site in May. This was not anticipated; due to sonographer and admin training time to move over to CPD and new PACS system. This wipes out the progress on the York site in terms of peformance recovery. Urgent remedial actions are currently underway.

Weekly Breach Reduction Trajectory – TYPE 1

Week Ending	19-Apr	26-Apr	03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun
Target	406	406	266	266	266	266	266	203	203	203	203
Actual	**460**	**271**	**496**	**390**	**560**	**449**	**437**	**356**			

York Target (61% total)	248	248	162	162	162	162	162	124	124	124	124
York Actual	**306**	**183**	**342**	**151**	**347**	**227**	**262**	**174**			
Scarborough Target (39% total)	158	158	104	104	104	104	104	79	79	79	79
Scarborough Actual	**154**	**88**	**154**	**239**	**213**	**221**	**175**	**182**			

18 Week Admitted Backlog Trajectory



Grey dotted Line – original trajectory

Blue dotted line – updated trajectory, based on actual activity (high & medium confidence plans)

Pink dotted line – updated trajectory, based on actual activity (high, medium & low confidence plans)

Workforce Strategy Committee Meeting
3rd June 2015

Attendance:

Dianne Willcocks, Non Executive Director (Chair)
Susan Symington, Chair
Libby Raper, Non Executive Director (Vice Chair)
Beverley Geary, Chief Nurse
Jonathan Thow, Deputy Medical Director (Education)
Dawn Preece, Deputy Head of HR
Sian Longhorne, Senior HR Lead, Workforce Utilisation
Gail Dunning, Head of Corporate Development
Anne Devaney, Head of Corporate Learning
Zoe Nicholl, ODIL Facilitator
Deborah Hollings, Tennant, Head of Corporate Finance
Michelle Wayt, Deputy Head of HR

Jacquie Lazenby, Workforce Information Team Leader (for minutes)

Apologies:
Patrick Crowley, Chief Executive
Sue Holden, Director of Workforce and Organisational Development
Melanie Liley, Head of AHP Services and Psychological Medicine

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1.0	**Last Meeting Notes Minutes Dated** **Matters arising from April minutes**		GD requested an amendment under section 8.1 - Cavendish Care Standards; that the certificate would be piloted with **new to care, new to role** HCAs and Allied Health staff. **Approved** **Agenda item 4.0 HR Restructure** DP updated on the appointment of the new Deputy Director of Workforce, confirmed as Polly McMeekin commencing with the Trust 1 September 2015. **Agenda item 5.0 Staff Survey Action Plan** DP confirmed Lydia Larcum was working with directorates on development of action plan and a report would be provided to the committee in due course. **Agenda Item 7.2 Junior Doctors Induction** There was discussion about concerns from audit committee regarding Junior Doctor induction and also concerns more generally including understaffing (likely to be raised in CQC report) and sickness reporting. **AOB 3** A current statutory and mandatory training compliance rate of 72% was briefed to the	DW requested a report back in September to review the %	DW requested a comprehensive paper on Junior Doctors to come to the September meeting and provide to the Board.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			committee. AD flagged known reasons for low compliance including; access to IT for e-learning and capacity to deliver face to face training. AD advised that action plans have been requested from specific areas with low compliance as to how they will improve.	compliance	
2.0	**Draft WSC Terms of Reference**		**Paper 2** Some changes to membership and the titles of members were requested. DW made reference to the change in frequency WSC meetings from 4 to 6 per year from 2016. GD reported a request from Sue Holden to convene a meeting in August. Due to issues of attendance a request was agreed for a September meeting. Date to be scoped and advised by JL/SL. DW asked for all to review to ensure no areas were missing from the paper and to advise any amendments. LR requested for the risk register to be included in the document.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3.0	**Workforce Risks Matrix**		A workforce risks matrix was tabled. DW stated there was a need to triangulate the risk register with the document content to ensure major risks were considered /actioned. Some additions to the risk matrix were suggested and the document was to be further discussed at the HR Senior Team time out on 12th June.		
	Health, Wellbeing and Engagement				
4.1	**Mindful Employer Status update**		**Paper 3** The paper was presented for information that the Trust had submitted an application to receive recognition as a Mindful Employer. BG felt there was a gap in mental health training for nurses and welcomed the introduction of first aid training. BG and DP to work collaboratively together regarding mental health training for nurses – for caring for patients, rather than staff. DW mentioned the need for training in mental health issues for the Board as panel members. MW to share the mental health toolkit available with the WSC.		
	Employer of Choice				
5.1	**Volunteers**		**Paper 4** A brief update paper was presented prior to further discussion about the volunteer service at the HR Senior Team time out on 12th June. There was general agreement and support of the		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			value of volunteers and their contributions and a recognition that the service had not been brought up to date and had been under invested in. DW said benchmarking with organisations with an excellent, modern volunteer workforce would be useful and could provide insight in how to support and celebrate volunteers. It was agreed that volunteers needed to become a significant part of our business.		DW said a paper was needed for the Board to outline the resource requirements going forward
5.2	**Centralised Recruitment**		**Paper tabled for meeting** MW outlined a significant increase in the level of recruitment and that a centralised recruitment approach has been proposed to and supported by Corporate Directors. MW outlined the resource requirements that would be needed to deliver this (1 x Band 3, 1 x Band 2). It was also highlighted that discussions had taken place with directorates previously to look to release resource to support central recruitment but this has not been possible. The committee supported the need for move to a central model of recruitment and DW commented there was a need for this investment to ensure the Trust meets its legal obligations. SS commented that the additional requirement might need to come from the Trust existing resource.		Board to be made aware of level of support from the committee for this development.
			Workforce Utilisation		
6.1	**Temporary Staffing Update**		**Paper 5** The paper presented by SL highlighted an increase		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			in demand for temporary nursing and medical staff. The success in terms of fill rates achieved by the nurse bank team since the transfer of the internal bank from NHSP in April was noted. The committee welcomed the paper, particularly the inclusion of an update on medical temporary staffing and there was recognition given to both the nurse bank and medical rota teams. More detail was requested for the reasons for usage for both temporary nursing and medical staff. SL described that much of the increase in medical demand was for Consultant grade staff. SS raised a point which had been brought up in a recent meeting attended at Easingwold, that staff believed they could not apply for the York Trust Bank shifts. SL briefed that a group had been set up to explore the issue of weekly pay but that there wasn't currently much evidence to suggest it would have a significant impact on attracting bank staff. The committee was still keen that the offering of weekly pay was progressed as it was intended to be a reward rather than attraction tool and that the Board had accepted some cost in offering weekly pay. DHT advised that payroll would need to recruit to a new post if we were to offer weekly pay but with the extra resource, weekly pay would be possible. DHT asked the Trust line in relation to the application of authority for overtime for staff when on Bank shifts.	SL to bring more a detailed breakdown of information to the meeting later in the year. SL to look at some communications to address this as it is not the case. DW requested that HR seek views of staff on weekly pay with a view to implementation to assist with winter pressures	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			DP explained that there was a framework for exceptional payments but accepted it could be inconsistently applied or interpreted within the Trust. A question was raised about an internal medical bank. SL advised there is a bank for junior doctors and that work is being undertaken by Liz Blount (Senior HR Manager) on the rates of pay for Consultants undertaking additional work. SL confirmed a long term aspiration to look at temporary staffing arrangements for AHP staff and possibly Estates and Facilities.	DW asked for assurance from DP that there would be consistency of practice and a Trust wide response to queries and application of overtime payments to Bank staff. Update at next meeting on work being done by Liz Blount.	
6.2	**Workforce Challenges – Diverse Workforce**		**Paper 6** The paper presented provided some high level analysis of the diversity of our workforce. Of note is that there are still some gaps in the data we hold for staff and some groups that are under represented, particularly in senior roles. LR was surprised by the 100% response on gender and expected that there might have been some "other" or similar categories. SL updated on the planned roll-out of self serve for Employee Staff Record (ESR) which allows staff to update their own data such as disability.	DW asked if at appraisal stage there could be a prompt to staff regarding completion/updating of ESR data. DW asked for a paper, with the same level of detail in 12 months to review progress.	
6.3	**Medical Workforce – 'Deep dive' profiling exercise**		**Paper 7** SL noted significant differences between specialities and that added that there was a need for "soft" intelligence to be included. SL advised the information needed to be		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			incorporated into future workforce plans, for 5-10 year plans. The committee asked for consideration as to the terminology used for those medical staff who were not Consultants and also not in a training grade post, possibly Trust or Staff Grades. The committee also felt it would be useful to have a more detailed breakdown of what those roles in that group were. It was also discussed at the committee that in the development of their workforce plans, directorates should be challenged around their workforce design, rather than just encouraged to think differently, e.g. not replacing like for like.		DW expressed a need to advise the Board of the talent pool which was unexplored and that the group needed both leadership and development.
			Organisational Development		
7.1	**Schwartz Round**		**Paper 8** ZN explained the outline of the paper and how introduction could support the organisation in showing that staff are valued. ZN explained the use of themes such as “patients I’ll never forget”. JT commented that it was difficult to define how to sell the product except to say the feedback received had been very positive. There were some questions raised about the cost of the opportunity and capacity to participate from those areas that might most need this. GD advised that there had been an offer of some funding from McMillan.	DW asked that the WSC pend a decision and bring back for discussion in September after the CQC.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
7.2	**Patient Experience Learning Strategy**		**Paper 9** ZN explained the strategy and the benefits of the Matrons already having the paperwork as it forms part of "It's my ward". ZN explained that future focus would be guided by the Patient Experience Strategy Committee. ZN confirmed the next groups to be involved had been identified as Allied Health Professionals and Community. DW commented that moving forward there needed to be a discussion of the most appropriate approach for Medical staffing.	DW requested that the Patient Experience Learning Strategy should be reviewed again by the WSC in a12 months.	
7.3	**Community Workforce Development**		Item carried forward to the next meeting. GD did however mention that the work on Community Workforce Development was considerably resource intensive and lots of interventions were to be requested.	Paper to be brought to the next meeting.	
8.0	**Any Other Business**		LR asked that at future meetings, papers were not tabled and were circulated in advance of the meeting.		
	Next meeting dates		**13th October 2015, 10.00 – 12.00** Classroom 4, Post Grad Medical Education Centre, 5th Floor, York Hospital **8th December, 2015, 10.00 – 12.00** Classroom 4, Post grad Medical Education Centre, 5th Floor **26th January 2016, 13.00 – 15.00** Classroom 4, Post Grad Medical Education Centre, 5th Floor, York Hospital		

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 24 June 2015

Corporate Governance Statement and other returns to Monitor

Action requested/recommendation

The Board is asked to consider and approve the attached statements prior to their submission to Monitor.

Summary

As the Board is aware following the introduction of the Health and Social Care Act 2012, Monitor changed their regulatory arrangements. Monitor moved away from Terms of Authorisation and released a provider licence; Monitor also introduced the Risk Assessment Framework which replaced the Compliance Framework.

Part of the additional regulatory arrangements is that Trusts are required to provide a number of additional statements during the year. Last month the Board was asked to approve a statement related to systems of compliance with license conditions and the availability of resources.

This month the Board is asked to consider and approve

- Corporate Governance Statement – confirming compliance with condition FT (4) of the provider licence
- Certification of AHSCs and governance – as required by Appendix E of the Risk Assessment Framework
- Training of governors' statement – as required by s.151 (5) of the 2012 Act.

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 references to CQC outcomes

Progress of report	The information included in the report has been consulted on prior to the Board meeting
Risk	No risk
Resource implications	There are no resource implications
Owner	Susan Symington, Chair
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	June 2015
Version number	Version 1

Board of Directors – 24 June 2015

Corporate Governance Statement and other Certificates to be submitted to Monitor

1. Introduction and background

As the Board is aware following the introduction of the Health and Social Care Act 2012, Monitor changed their regulatory arrangements. Monitor moved away from Terms of Authorisation and released a licence; Monitor also introduced the Risk Assessment Framework which replaced the Compliance Framework.

Part of the additional regulatory arrangements is that Trusts are required to provide a number of additional statements during the year. Last month the Board was asked to approve a statement related to systems of compliance with license conditions and the availability of resources.

This month the Board is asked to consider and approve

- Corporate Governance Statement – confirming compliance with condition FT 4 of the provider licence
- Certification of AHSCs and governance – as required by Appendix E of the Risk Assessment Framework
- Training of governors' statement – as required by s.151 (5) of the 2012 Act.

2. Corporate Governance Statement

Monitor has provided a framework for this statement based condition FT4 of the provider licence. This framework includes a number of key statements which the Trust is required to respond to.

The Board of Directors is required to approve the statement before it is submitted to Monitor at the end of the Month.

1 The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Response

The Board has reviewed the Code of Governance published by Monitor in 2014 and confirms compliance with all requirements, except of:

- One Non-executive Director has a spouse who works as a senior clinician in the organisation.
- The chairman who concluded his term of office in April had been in office for 9 years. Additionally, one of the Non-executive Directors was reappointed by the Council of Governors to serve a third-three year term.
- The Council of Governors has chosen not to make an appointment from the university medical or dental schools to the Board of Directors.

- The composition of the Board of Directors is the Chairman and 6 Non-executive Directors and 7 Executive Directors. There are two additional Directors who are members of the Board, but are not voting Directors. The Chairman has the casting vote.

The Board continues to keep the Corporate Governance arrangements under review as part of its approach to good governance. During the year, the Risk Management Department secured the support of an external advisor who provided additional training and support to the planned improvements to ensure fully integrated risk management arrangements are in place. This work is now being embedded into the organisation and is overseen by the Corporate Risk Committee. Work continues to revise the Corporate Risk Register and Assurance Framework in line with the development plans.

The Trust has launched a governance review that is designed to improve the connections and alignments in a number of areas including simplifying the information flows and gaining clarity about decision making. The work has been informed by an Internal Audit Report 'Strengthening Corporate Accountability through Staff Conduct and Competence' and guidance from the CQC on the 'Fit and Proper Person Test'.

The aim of the review is to provide greater clarity of purpose and leadership, more purposeful transactions within the organisation and to remove any redundancy or duplicated effort at both an individual and collective level. It will provide stronger assurance to the Board and align the organisation's strategy against the Board agenda and provide a clear and transparent structure. In turn this will influence and improve the internal controls employed in the organisation.

The Board of Directors has confirmed that it complies with the elements of Monitor's Quality Governance Framework. Assurance and compliance are monitored via the Quality and Safety Committee, a subcommittee of the Board of Directors and the Board will review a revised action plan to ensure the Trust continues to comply with the framework.

An Annual Plan is produced each year which underpins the strategic plan that covers 5 years. The Board has reviewed both the Annual Plan and the Strategic Plan. The development of these Plans has involved consultation with the Governors and the key stakeholders of the Trust.

The Board has in place a number of Board Committees that support the Board in the discharge of its duties. These are Quality and Safety, Finance and Performance, Corporate Risk, Audit, Workforce Strategy Committee and Remuneration Committee. This year the Board agreed to a further Board committee being introduced that addresses estate and environment issues.

The Board reviews performance monthly through the Performance Report, Chief Nurse Report and Medical Director Report and Chief Executive Report. In preparation for the monthly Board meeting, the Quality and Safety Committee and Finance and Performance Committee meet and discuss the performance in detail. The results of these meetings are included in the Board meeting and so provide current assurance. Quarterly, the Board reviews the draft statement submission to Monitor and confirms that the information included is consistent with the information received by the Board during the quarter.

The Patient Safety and Quality Report provides detailed information about patient safety issues such as mortality, harm events, infection control issues, drugs administration and patient safety walk rounds. It provides information on clinical effectiveness and patient experience. The Medical Director Report supports this information and provides more detail

around key topics such as SHMI, PROMS and the Patient Safety Strategy.

The Workforce Strategy Committee meets every two months to discuss workforce issues and oversees the strategic management of workforce. The workforce in the organisation is a key element of expenditure and impacts on the quality and safety of care the organisation delivers. The Committee does not fulfil an assurance role, but provides a forum for the Board to consider appropriate workforce strategies to adopt The findings from these meetings are included in the Board meeting and provide insight and advice to the Board on the appropriate strategies to adopt around workforce.

The Trust produces an annual quality report. It identifies the priorities for patient safety, clinical effectiveness and patient experience for the coming year. These are aligned to the CQUIN targets and the Patient Safety Strategy.

All members of the Board of Directors have received an appraisal in the last 12 months; the Executive Directors are appraised by the Chief Executive, and the Chief Executive is appraised by Chairman. The Non-executive Directors are appraised annually by the Governors, through the leadership of the Chairman. The Chairman is also appraised annually; this appraisal is jointly-led by the Senior Independent Director and the Lead Governor

The Board has developed and articulated a clear vision for the organisation which is supported by the strategies that have been formulated by the Trust.

The Trust has in place a fully developed clinical audit programme which is led by the Medical Director. The programme includes national audits and confidential enquires, along with local clinical audits designed to improve the quality of healthcare provided.

The Trust implements a programme of patient safety walk rounds that involve all Board members. The output from these walk rounds is reviewed and actioned by the Executive Directors and reviewed by the Quality and Safety Committee and reported monthly to the Board.

The Trust has in place a Nursing & Midwifery Strategy and a Patient Safety Strategy. These strategies underpin the approach the Trust adopts to quality and safety.

The Board receives a quarterly update from the Director of Infection Prevention and Control on the performance of infection control and the actions being undertaken to improve performance. This quarterly report is underpinned by the monthly update the Board receives as part of the monthly performance reporting presented by the Medical Director.

The Board agenda is designed so the Board considers patient safety and quality issues first and all other items are related back to patient safety and quality.

2 **The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time**

Response

The Board has put in place a system where all guidance on good corporate governance is reviewed and any areas of non-compliance are reported to the board on a ‘comply or explain’ basis.

3 **The Board is satisfied that the Trust implements:**

(a) Effective board and committee structures;
(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

Response

The Board has instigated a governance review which has included reviewing the committees and underpinning group structure. This has resulted in an additional Board Committee being introduced. As the governance review continues further work will be undertaken during the year to ensure the group structures are lean and fit for purpose. Work is also being undertaken to review the Board agenda and information flows.

The accountability arrangements in place at Board and at committee level are clearly understood and acted upon. The Chairs of the Committees report regularly to the Board of Directors on the progress of work in the Committee. The key committees associated to performance in the Trust (Quality and Safety, Finance and Performance) report monthly to the Board and provide assurance around the previous month's reports. The Workforce Strategy Committee reports every two months and provides the Board with an update on the on-going workforce challenges experienced by the organisation and the actions being taken to address the issues.

As part of a governance review the Trust has reviewed the accountability arrangements across the organisation and is undertaking a further piece of work to strengthen the understanding that staff have around their reporting lines and accountability arrangements across the Trust.

4 **The Board is satisfied that the Trust effectively implements systems and/or processes:**

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
(h) To ensure compliance with all applicable legal requirements.

Response

The Board is satisfied that the Trust has effectively implemented systems and processes that ensure compliance with the Licensee's duty to operate efficiently, economically and effectively. As part of the year-end process, the Trust undergoes an independent audit which includes a review of the use of resources. The External Auditors gave an unqualified opinion on the use of resources in the Trust. The Trust's Audit Committee reviews the systems and processes (including clinical audit) in place, which includes those parts of the Licensee duty and reports regularly to the Board of Directors on the findings and assurances the committee has received. The Trust has in place a robust internal audit service provided by an independent organisation and an agreed work programme of audits that are undertaken during the year. These audits are reported directly to the Audit Committee.

The Board has received information on the requirements of the licence and during the year has reviewed the quarterly compliance of the Trust with the expected targets and trajectories.

The Board maintains awareness of the regulatory, legal and standard requirements that are placed on Trusts and raises them at the Board as they become known and as they come into effect. The most recent example of this is the recent requirement around staffing establishment in ward areas.

The Board has received assurance from the External Auditors on the effectiveness of the systems and processes in place around effective financial decision making, management and control. This has formed part of the year end assurances received by the Board. This is also underpinned by the Internal Audit programme of audits undertaken during the year. Reports are submitted for review to the Audit Committee. The Audit Committee raises any concerns with the Board of Directors. The Trust also underwent a review by Monitor on the Cost Improvement Programme. That report was positive in most regards about the systems and processes in place in the organisation around the management of cost improvements and provided recommendations, which have been accepted, to further strengthen the programme.

The Board has a robust work programme which ensures that information required at the Board is received in a timely manner. The Committees supporting the Board meet on a regular basis and have a detailed forward work programme which is fed from the Board and other more operational groups and which feeds information forward to the Board. Between meetings there is ongoing debate between the Chairman, Chief Executive, other Directors, Non-executive Directors and Foundation Trust Secretary to ensure any adjustments to programmes or agendas are addressed. The Trust has in place an action plan following each meeting which is implemented within the agreed timelines.

The Board receives monthly information on the performance of the Trust and reviews any potential breach of the terms of the licence. During the year the Trust has been in breach of a number of key targets. The Trust has been subject to a review by Monitor towards the end of the year and was found not be in breach of its licence. The Trust appointed a Chief Operating Officer who has assumed responsibility for the achievements of performance against the targets. She has developed a Performance Recovery Plan which is reported on a weekly basis internally and quarterly to Monitor. The Trust continues to have a dialogue with Monitor on the key performance metrics that at present are not being met, specifically the Emergency Department 4-hour wait. The Board has identified future financial challenges for the organisation and has instigated a programme of work to address these potential challenges. This work has been reported to Monitor. Progress against the programme will be reported to the Board on a monthly basis.

The Trust keeps the annul plan under review during the year. The Chief Executive provides a six month summary of performance against the annual plan in his Board report. The Trust involves the Governors in the development of the annual plan and strategic plan. The intention is to hold a Board to Board meeting in November with the Governors and to reflect on the half year position and the development of the plan for 2016/17.

5 The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include, but not be restricted to, systems and/or processes to ensure:

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Response

The Board considers the capabilities of the Board members during the year.

During the year, it merged the Director of HR role with the Director of Organisational Development, the Trust now has one Director responsible for workforce and organisational development.

The Trust appointed a new Chief Nurse and a Chief Operating Officer. The Deputy Chief Executive has assumed responsibility for the delivery of the community services aspect of service and developing external relations with key stakeholders. The Medical Director retired on 5 June 2015 and the role is held by two Deputy Medical Directors on an interim basis. The DIPC role has on an interim basis, been moved to the Chief Nurse. The Board reviews the capabilities of the Board members individually as part of the annual appraisal process, including discussion of succession planning

The Board makes collective decisions and takes into account the quality aspects of any decision made. During discussions in the Board meeting, the Chairman actively seeks the views of the Medical Director, Chief Nurse in terms of the implications on the quality of care of a decision. The Quality and Safety Committee also provides an additional opportunity for the Board to receive assurance on the impact services have on quality. The Quality and Safety Committee reviews papers in advance of the Board and provides the Board with the assurance it needs around the accurate and comprehensive nature of the papers.

The Board receives updated information from the Workforce Strategy Committee outlining the work being undertaken to ensure quality is being maintained from a workforce perspective. The Committee also provides the Board with oversight of initiatives being developed to address workforce risks identified on the risk register.

Each Board meeting receives a patient experience item as the first item on the agenda. This sets the context of the Board meeting and helps to ensure that the rest of the meeting is linked to quality and safety of services and patients. The Board has, through the Quality and Safety Committee, reviewed the Quality Governance Framework and will undertake a further review later in the year.

The Trust was part of a review instigated by Monitor following concerns around the delivery of key performance targets. Following Monitor's review it was confirmed the Trust was not in breach of its licence. Monitor has continued to discuss the performance with the Trust and has received a copy of the Operational Performance Delivery Plan. Discussions continue with Monitor

The Trust engages the Governors and users in the quality of services. The Trust has an patient experience department where patients and carers are actively encouraged to be part of the development of services.

Members of the Board have a weekly meeting, specifically involving the Chief Executive and Chief Nurse where complaints received by the organisation during the previous week are reviewed and an understanding of the scale and trend of the complaints is appreciated at a senior level. On a selective basis, the Chief Executive requests directors to personally supervise particularly sensitive or important complaints. There are a number of reports the Board of Directors receives on a monthly and quarterly basis which outlines the views and involvement of patients and the public in the work of the Trust.

The Trust also has a Patient Experience Steering Group which includes Healthwatch as part of its membership. This meeting collates information about patient experience and interprets it into future actions and ideas for strategy development.

The Medical Director and Chief Nurse meet weekly with the patient safety and risk and legal teams to review all infection control, mortality and serious incidents and other matters pertaining to patient safety and a summary of this meeting is presented weekly at the meeting of Executive Directors to ensure timely reporting and where required, immediate action.

Where there are issues or concerns raised by staff or patients there are a number of routes that can be used to ensure the Board is made aware of the issue when appropriate. The Directors, including the Non-executive Directors, undertake Patient Safety Walk rounds on a regular basis and speak to staff during those walk rounds. The walk rounds are also undertaken at night.

Staff are encouraged to raise concerns with their immediate managers or with a Director. The Chief Executive encourages staff to write to him directly on any matter they wish to raise with him and aims to respond to any enquiry within 24 hours.

The Medical Director and Chief Nurse raise safety issues at the Board monthly as part of their regular reporting. Recently the Quality and Safety Committee raised a quality issue around patients that have waited longer the 4- hours in the Emergency Department with the Board. Assurance has been received by the Committee and Board that safety has not been compromised by the delays patient have experienced in being treated.

6 The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Response

The Trust continues to undertake nursing staff establishment audits and acuity audits and has increased the number of nurses in the organisation. The Workforce Strategy Committee, a Committee of the Board, reviews the detail in advance of the Board and provides support to the Board on the future development of staffing in the organisation.

The Board reviews its membership regularly and specifically on each occasion there is a vacancy in the Board.

2.1 Certification on AHSCs and governance

The Board is asked to approve the statement associated with this certificate. Again this is required to be submitted to Monitor by the end of the month.

For NHS foundation trusts:

• that are part of a major Joint Venture or Academic Health Science Centre (AHSC); or
• whose Boards are considering entering into either a major Joint Venture or an AHSC.

The Board is satisfied it has or continues to:

• ensure that the partnership will not inhibit the trust from remaining at all times compliant with the conditions of its licence;
• have appropriate governance structures in place to maintain the decision making autonomy of the trust;
• conduct an appropriate level of due diligence relating to the partners when required;
• consider implications of the partnership on the trust's financial risk rating having taken full account of any contingent liabilities arising and reasonable downside sensitivities;
• consider implications of the partnership on the trust's governance processes;
• conduct appropriate inquiry about the nature of services provided by the partnership, especially clinical, research and education services, and consider reputational risk;
• comply with any consultation requirements;
• have in place the organisational and management capacity to deliver the benefits of the partnership;
• involve senior clinicians at appropriate levels in the decision-making process and receive assurance from them that there are no material concerns in relation to the partnership, including consideration of any re-configuration of clinical, research or education services;
• address any relevant legal and regulatory issues (including any relevant to staff, intellectual property and compliance of the partners with their own regulatory and legal framework);
• ensure appropriate commercial risks are reviewed;
• maintain the register of interests and no residual material conflicts identified; and
• engage the governors of the trust in the development of plans and give them an opportunity to express a view on these plans.

Response
Confirmed.

2.2 Training of Governors
For this declaration the proforma does not give the option of a written response, it is purely a confirm statement. The Trust has provided training to governors through a number of forums including: within the Council of Governors meeting with presentations from the Medical Director, Chief Nurse, and the Deputy Chief Executive. The regular presentations from the Chief Executive also support their development and understanding of the Trust. There have also been specific sessions held for Governors on finance, nursing and estates The statement included in the proforma is as follows: **The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.** **Response** Confirmed.
3. Recommendation
The Board is asked to consider and approve the attached statements prior to their submission to Monitor.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Susan Symington, Chair**
Date	**June 2015**