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 25th March 2015**

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

Time	Meeting	Location	Attendees
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Therapies Resource Room	Non-executive Directors
9.15am – 12.30pm	**Board of Directors meeting held in public**	Boardroom	**Board of Directors and observers**
12.30pm – 1.30pm	Lunch		
1.30pm – 2.25pm	Board of Directors to consider confidential information held in private	Boardroom	Board of Directors
2.30pm – 4.00pm	Remuneration Committee	Boardroom	Non-Executive Directors & Chief Executive

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 25th March 2015**

At: **9.15am – 12.30pm**

In: **The Boardroom, The York Hospital**

No	Item	Lead	Comment	Paper	Page
A G E N D A					
Part One: General **9.15am – 9.40am**					
1.	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting. Welcome Ms Sue Symington to the Board; she will be Chairman of the Trust from 1 April 2015. Welcome to York St John Corporate Governance business students	Chairman			
2.	**Apologies for Absence** Mike Proctor, Deputy Chief Executive Beverley Geary, Chief Nurse Andrew Bertram, Finance Director	Chairman			
3.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	7
4.	**Minutes of the Board of Directors meeting held on 25th February 2015** To review and approve the minutes of the meeting held on 25th February 2015	Chairman		B	13
5.	**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman			

No	Item	Lead	Comment	Paper	Page
6.	**Patient Experience** Your Experiences Matter: PALS perspective	Suzanne Burnett, PALS Advisor		Verbal	
Part Two: Quality and Safety **9.40am – 10.35am**					
7.	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing	Chairman of the Committee		C C1 C2 C3 C4	27 37 71 83 91
Part Three: Finance and Performance **10.35am – 11.20am**					
8.	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report	Chairman of the Committee		D D1 D2 D3	101 109 119 133
9.	**Draft Financial and Annual Plan 2015/16** To consider and approve the draft plan prior to submission to Monitor (final plan will be due early May).	Deputy Director of Finance		E	139
Part five: HR and OD information **11.20am – 11.45am**					
10.	**Minutes from Workforce Strategy Committee held on 5 February 2015** To review and approve the minutes of the meeting held on 5th February 2015	Chair of the Committee		F	155
11.	**Organisational Development and Improved Learning Annual Report** To receive the annual report	Director of Workforce and OD	Sue Rushbrook	G	175

No	Item	Lead	Comment	Paper	Page
12.	**Quarterly Education Report** To receive the report	Director of Workforce and OD	Dianne Willcocks	H	197
13.	**Independent assessment of educational quality** To receive the assessment	Director of Workforce and OD	Dianne Willcocks	I	227
14.	**Staff Survey** To receive a summary on the staff survey	Sian Longhorne, Workforce Information Manager		Verbal	
Part Six: Community Services/ Integration Developments **11.45am – 12.00pm**					
14.	**Community Services** To provide and update on the progress of the introduction of the Community Hubs - – including feedback on the Vanguard bids	Chief Executive, Mike Sweet		Verbal	
Part Seven: Governance **12.00pm – 12.20pm**					
15.	**Report of the Chairman** To receive an update from the Chairman	Chairman		J	237
16.	**Report of the Chief Executive** To receive an update on matters relating to general management in the Trust. - inc CQC initial reflection - Update on Governance Review	Chief Executive		Verbal K	 241
Part Eight: Business Cases **12.20pm – 12.30pm**					
17.	**2014/15-37 Development of Diabetes & Endocrine Workforce (4ᵗʰ Diabetes Consultant)** To approve the Business Case	Medical Director	Mike Sweet	L	245

Any other business	

18.	**Next meeting of the Board of Directors**
	The next Board of Directors meeting held in public will be on 29th April 2015 in the Blue Conference Room, North Entrance, Scarborough Hospital
19.	**Any other business**
	To consider any other matters of business.

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 Chairman 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.

York Teaching Hospital **NHS**
NHS Foundation Trust

Additions: No changes

Changes: No changes

Deletions: No deletions

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Mr Alan Rose (Chairman)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**The University of York Court **Member—**The University of York Ethics Committee	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 Directors	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 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
Mrs Sue Holden *Executive Director of Workforce and Organisational Development*		**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 representative	Nil
Mr Mike Proctor *(Deputy Chief Executive)*	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	TBA	TBA	TBA	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	TBA	TBA

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

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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 25 February 2015.

Present: **Non-executive Directors**

Mr A Rose	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
Professor D Willcocks	Non-executive Director

Executive Directors

Mr P Crowley	Chief Executive
Mr M Proctor	Deputy Chief Executive
Mr A Bertram	Executive Director of Finance
Mrs B Geary	Chief Nurse
Dr A Turnbull	Medical Director
Mrs J Walters	Chief Operating Officer

Corporate Directors

Mrs S Rushbrook	Corporate Director of Systems and Networks

Attendance:

Mrs L Provins	Head of the Business Intelligence Unit
Mrs K Gamble	Head of Patient Experience
Mrs H Kemp-Taylor	Governance Review Project Lead

Observers:

Mr P Baines	Governor for York
Mrs A Bolland	Governor for Selby
Mrs M Jackson	Governor for City of York
Mrs J Moreton	Governor for Ryedale and East Yorkshire
Mrs P Worsley	Governor for City of York
Lesley Pratt	Health Watch (York)
Ms E Christie	Locum Consultant (Leeds)
Ms S Symington	Trust Chair Elect

15/022   Apologies for absence

Apologies for absence were received from Mrs A Pridmore, Foundation Trust Secretary, Mrs S Holden, Director of Workforce and Organisational Development, Mr M Sweet, Non-executive Director and Mr B Golding, Corporate Director of Estates and Facilities.

15/023   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.

Mr Rose asked Mrs Walters to contact Mrs Pridmore to arrange for any declarations of interest to be made.

15/024   Minutes of the meeting held on the 28 January 2015

The minutes were approved as a true record of the meeting.

Mr Rose noted that minutes are getting longer, but confirmed this seems to be a general pattern at other Trusts and was appropriate in order to capture discussions and assurance, especially in light of current levels of regulation and oversight.

15/025   Matters arising from the minutes

There following matters arising from the minutes were discussed:

Mr Rose noted that a values paper was due to be discussed, but did not appear on the agenda. Mr Crowley stated that he had a leaflet to circulate to the Board separately. The Values leaflet would also be shared with the Governors at their 11/3/15 meeting.

Action: Mr Crowley to circulate the values paper to the Board

15/026   Patient Experience

Mrs Gamble, Head of Patient Experience, stated that a paper was brought to the Board in June 2014, which noted that the patient experience team was at that time more focused on complaints than patient experience. The Board approved the recommendations to develop a strategy with an overall focus of patient experience, learning from feedback and complaints. It also identified that the teams in Scarborough and York needed to be brought together, to provide equity and consistent responses. She reported that the patient advice and liaison services (PALs) team now operates from one direct number and that learning from complaints and feedback has been prioritised.

Mrs Gamble stated that one of her first tasks as Lead, had been to look at the resource needed to deliver the service and she has brought together PALs, complaints and patient involvement all together under the patient experience team. The strategy focuses on working with local organisations such as the Clinical Commissioning Groups (CCGs), HealthWatch and Council of Voluntary Service, who are also seeking feedback from service users and incorporate their feedback into the work at the Trust. She highlighted that the Care Quality Commission (CQC) have asked HealthWatch to seek feedback in York to feed into the forthcoming inspection and the plan would be to also use this feedback to help inform the Trust's Patient Experience Strategy. She noted that the strategy was due to come to the Board in April.

Mrs Gamble stated that the team was working closely with directorate teams, as they do not feel equipped to meet relatives and discuss issues, but currently send them straight to talk to the complaints team. Work is also being done to look at learning from complaints with the directorates, so that they can demonstrate actions are implemented. Another major change is that the leaflet on "how to complain" has been replaced with a leaflet that

"requests feedback". The patient experience team is also looking at how better responses can be provided to feedback on the NHS Choices website.

Mrs Geary stated that significant progress had been made in the last 6 months in a number of areas, but especially with regard to directorate engagement. Key to this had been the process-mapping and the use of new software, which would allow greater understanding of data.

Prof. Willcocks highlighted the report on equality later in the agenda and the importance of joining these workstreams up.

Mrs Gamble confirmed that the organisation was treated as a whole, with community forming part of all initiatives and training.

Mrs Adams commented that she was delighted to see this change in emphasis from complaints handling to wider learning from patient feedback.

Action: Mrs Gamble to bring the Draft Patient Experience Strategy to the Board in April

HealthWatch "Enter and View" Report (Scarborough) – Mr Keaney stated that it would be easy to improve the signage concerns noted in the report and also stated that agency staff and recruiting were already a high priority for the Trust. Prof. Willcocks stated that the Trust had still not come to a decision regarding the identification of patients at the bed space, although it does seem to be something that patients want and it was noted that Mrs Gamble is in dialogue regarding this with York Older Peoples Assembly. Dr Turnbull stated that the name of the consultant should be above the bed.

Mrs Adams expressed concern that the trust response and this board paper should accurately reflect current staffing shortages.

Mr Rose highlighted that the appended report from HealthWatch was in fact the draft report and the final version had been published. He confirmed that HealthWatch were an advisory group which fed into the Health and Wellbeing Board and CQC. The recommendations had been discussed with HealthWatch and would be taken forward by Mrs Geary as part of her Quality and Safety Report. Mrs Geary noted that the Enter and View Report for York had just been received and would be part of the next Chief Nurse Report to the Board.

Action: HealthWatch Enter & View Report for York will be included the Chief Nurse Report for March

15/027   Quality and Safety

Ms Raper stated that the committee process is evolving, but the remit is growing and as a consequence resources are tight. She explained that the information and intelligence to the committee is cross-referenced and items prioritised in relation to time, concern raised and whether items are being fully covered in other forums. She also noted that it had been useful to identify some specific locations so as to triangulate several sources of information in order to seek appropriate assurance regarding certain locations. An

additional meeting was held the day prior to the Board to meet with Mrs Geary and further examine specific issues, mainly in relation to staffing.

Ms Raper highlighted the following items from the Quality and Safety Committee:

Patient Safety during long waiting times in the Emergency Department – Dr Turnbull stated that in the last 4 weeks no further serious incidents (SIs) or critical incidents (CIs) had been received but, although he felt reassured by this, it does not provide any real information about patient experience. Dr Turnbull stated he has received a letter of concern from the Medical School regarding the ability to provide appropriate teaching due to the pressures being experienced. Dr Turnbull stated that he has responded to the letter, apologising for a lack of teaching, but that this was due to clinical care being a priority during a period of intense pressure. Inevitably, there are consequences in times of pressure, as infection rates have risen due to the numbers of additional beds required and the inability to cohort patients in the most appropriate way and this may have led to some of the increase in Clostridium Difficile (C.Dif) numbers.

In relation to harm, Mrs Adams asked about mortality, especially the increase in the number of deaths versus the year before. Dr Turnbull stated that he was able to give assurance due to the mortality reviews that were carried out weekly by the patient safety team together with further reviews carried out by the consultants.

CQC – A large number of data pack requests had been received from the CQC for completion and it was essential that the information was as contemporary and accurate as possible. Preparations are in the final stages with Dr Turnbull and Mrs Geary meeting with the team on Friday. Mr Crowley stated that daily meetings would be held on the lead up to the inspection. Directorate managers and matrons were being deployed around facilities to ensure that inspectors are welcomed, but that in essence it should be "business as usual". He stressed that staff should be open and honest with inspectors and that this was an opportunity for the Trust to learn. The presentation for the visit continues to be drafted and this will be shared with Board members in advance. Ms Raper noted that she had a slot to meet the CQC as Chair of the Quality and Safety Committee. The Governors will be meeting with the CQC on the 18th March. Dr Turnbull noted that the latest CQC intelligent monitoring draft report should be available for the visit. A slot is being prepared for Prof. Willcocks too, as Chair of the Workforce Strategy Committee.

C Difficile – Dr Turnbull highlighted to the Board that the Trust had 54 cases of C. Dif recorded against a pro rata trajectory of 55 and that the Trust may exceed the 59 cases, which is the threshold for this year. However, he did stress that this was the unadjusted rate, so further work would be required to get a true figure. The Trust is very close to the threshold, but if it could be shown that there were no lapses in care then there would be no financial penalties incurred. Dr Turnbull stated that it was important to look at this within national and regional context and that performance was good. Actions continue in relation to tightening-up antimicrobial prescribing, hydrogen peroxide vapour fogging and the supervision of antibiotic prescribing; however, there had been one suspected case-to-case transmission.

Safer Staffing – There is a wealth of data regarding recruitment and retention of consultants' posts and the effort that goes into failed recruitment. The Board discussed

whether the Trust is approaching recruitment in the right way and if there are any alternative ways that can be looked at. A number of options are being explored, including non-consultant grades, offers of conditional appointments for juniors to increase retention and the use of research posts. It was noted that there were issues regionally with locum agencies and that the medical rota team were experiencing an increasingly heavy workload. Dr Turnbull stated that the non-appointment of staff was also the sign of a good process and that it signified that the Trust set the bar quite high and that assurance was also received through the assessment centre process.

It was noted that the Trust is getting better at the acuity audits and that it showed a point in time in relation to the dependency of patients and whether the appropriate level of nursing staff to support patients was in place. It provided a useful tool to measure fill rate against the level of need on wards. Mrs Geary stated that an acuity and dependency audit had been carried out for the whole of January using the safer nursing care tool. The summary shows that 48% of patients required what was described as normal ward care and that the rest of patients required enhanced care. She added that as previously highlighted, a new level 3b was introduced for this audit. This was to identify the numbers of patients who required enhanced supervision. Mrs Geary added that the information also helped her to understand which areas required extra staff and in what numbers. The Board understood that this information is currently being used to enhance the supervision standards. The results of such audits help to determine staffing levels but no one tool can be absolute. The results and the other work undertaken do show that the budget levels are appropriate in the main, with some exceptions, including care of the elderly and acute medicine at night. Other work has been carried out to enhance some of the staffing numbers, using non-registered workforce. Mrs Geary noted that a staffing paper would be presented to Corporate Directors on Monday and that the acuity audit would be repeated in June and come to the Board on a 6-monthly basis.

Mrs confirmed that a clinical nurse specialist review would be carried out and there may have to be a consultation in relation to getting them to work clinically.

Mrs Geary stated that leadership in nursing was being looked at and that a new Deputy Director of Nursing, Helen Hay had been appointed and would start in March.

Ms Raper stated that the detailed discussion with Mrs Geary at the previous meeting had covered a number of areas of concern. The difficult regional and national position was highlighted and that the Trust is trying hard to recruit nurses. Recruitment of Health Care Assistants (HCAs) has been successful recently, but there was still concern around the low levels of nurses being recruited. Mr Ashton highlighted that the Trust was looking at reengineering roles in order to bridge the gap. Mrs Geary stated that the safer staffing return looked at all the totality of areas within the Trust, which did include non-ward areas. The current nursing whole time equivalent vacancies by site were York – 79, Scarborough – 39.9 and Bridlington – 7.6.

Mrs Geary stated that action planning to reduce vacancies has continued over the past 12 months, but that this is in the context of significant vacancies across the country. She stressed that high-risk areas had been identified and were receiving additional scrutiny. The enhanced HCA role would be vital, as large numbers had been recruited and meant that the Trust would be able to work on bridging the current gaps between bands 2 and 5. She also noted that some of the numbers of staff leaving were created by staff changing

positions within the Trust. Mrs Geary noted that other options were also being explored in relation to the use of clinical nurse specialists and nurses from areas, such as outpatients, to work on the wards if necessary. Mrs confirmed that a clinical nurse specialist review would be carried out and there may have to be a consultation in relation to getting them to work clinically.

Ms Raper stated that the Trust needed to explore ideas to make sure everything possible had been done. Prof. Willcocks stated that the Workforce Strategy Committee were looking at recruitment and retention of staff, including wellbeing strategies, using the Trust's own nurse bank and redesigning roles by using the Calderdale Framework. The Board discussed nurse staffing and the need to identify all the actions being taken to the CQC and it was thought that this should be part of the day 1 presentation.

Mrs Geary stated that leadership in nursing was being looked at and that a new Deputy Director of Nursing, Helen Hay had been appointed and would start in May.

15/028   End of Life Care Quality Report

Prof. Willcocks stated that this was a very comprehensive report, which had been undertaken with a significant amount of energy and professionalism. The commentary uses the CQC framework and incorporates objectives, strategy, an honest gap analysis, audit information and an action plan. Prof. Willcocks highlighted the objectives, priorities, the new approach of a care plan that replaces the previous Liverpool Care Pathway, together with detail of where the Trust is and a list of requirements to improve the position, including the need to improve IT in order to be able to communicate with other partners. Mrs Rushbrook stated that there is a shared clinical record with the ability to be able to add notes. She stated that systems needed to be fully exploited to ensure focus on particular areas and that staff were working on this to support moving forwards. The Board also discussed 7-day working, clinical engagement, communication training and bereavement services at Scarborough

Another item of discussion from the list of priorities was "comfort boxes" which were introduced by the Sister on Anne Wright Ward at Scarborough. The boxes contain a variety of items for improving patient and carer experience, but it was noted that these boxes could be expensive. It was highlighted that this is the sort of request that should be received by the Charitable Funds Committee.

Mr Proctor linked in the work that was ongoing from the Community Hubs perspective in relation to reviewing patients in Care and Nursing Homes. These reviews were focusing on medication review and discussions about where patients wished to die. He stated that it was important that end of life care was as good as it could be, to ensure patient preferences were observed. Dr Turnbull stated that 3 months of retrospective data from the mortality reviews was now available in respect of whether the patient had just been admitted to the hospital to die. Data suggested that the number of patients coming in for this purpose was reducing. He also noted that the second national care of the dying audit was starting and he would be able to present the data in the next few months.

Mr Rose thanked Prof. Willcocks for taking the lead role in this and it was agreed that a report would come to the Board on a quarterly basis.

Action: Quarterly End of Life Report to the Board

15/029   Finance and Performance

Mr Keaney highlighted a number of items that were discussed at the Finance and Performance Committee, including the current financial situation, the deterioration at month-end, the cost improvement process, the commitments to Monitor and the number of challenges operationally.

Finance – Mr Bertram noted the revamped finance report at page 244, which was part of the ongoing development of the performance booklet. He noted that the Trust had held a fairly consistent position until the significant deterioration in January. The trends included the staffing position, which was £4.5m ahead of plan, the Cost Improvement Programme (CIP) impact, which had improved but was still £1.3m behind plan and the significant reductions in elective activity. The main contributing factor to the deficit recently had been the uncoded activity in December, which when coded had revealed a lower value case mix than expected due to the non-elective skew and, together with the 30% non-elective tariff, had had a material impact.

Mr Bertram stressed that if the deficit remained unchecked the year end position would most likely be a deficit of £4m to £5m. He stated that the Trust could manage this position, because of cash reserves and the modest surpluses that have been delivered in recent years, but that any deficit would have an equal adverse impact on cash for the capital programme.. Protecting cash for the capital programme was important and it was therefore essential that corrective action was taken. The action required had been discussed at the Executive Board, the Hospital and Community Boards and it had also been covered at Team Brief.

Mr Bertram confirmed four actions being taken. Firstly, the Trust was seeking commissioner support from the following areas:

- Winter resilience funding due to the slippage on some schemes
- Reinvestment of a proportion of the fines in relation to the 4 hour target, recognising system-wide failure issues
- Reinvestment of the commissioner marginal rate savings associated with the higher than planned levels of non-elective demand

Secondly, Mr Bertram stated that year-end expenditure control was being tightened for the last two months, with directorates being asked to defer any discretionary spend. Thirdly, the operations team were pushing hard to ensure elective activity was maximised to expedite cancelled patient appointments and improve income levels back towards plan, however, this was difficult, as the Trust was still under a significant amount of non-elective activity pressure. And fourthly there would be a final push on the efficiency programme. Mr Bertram highlighted that the Trust has never been in this sustained deficit position before and that the position was worrying, but he was ever mindful of the need to balance safe staffing levels, which was the absolute priority, with the management of the Trust's finances. Given the action being taken Mr Bertram expected the position would improve.

Mr Bertram had visited Monitor following the quarter 3 position 'phone call and Monitor were satisfied that the Trust were sighted on the issues and had really good levels of

information and intelligence. He noted that out of 83 Acute Foundation Trusts 60 were reported as in deficit at the end of quarter 3. The position the Trust now found itself in regarding its finances was absolutely typical of acute FTs elsewhere round the country. The impact of five years of delivering a cumulative 4% efficiency programme year on year, the pressure from the need for locum and agency staffing and the payment regime for non-elective activity was absolutely taking its toll on the Trust and on the wider hospital sector nationally.

Mr Keaney stated that this was a fair summary of the discussion at the Committee. He also expressed concern about the large amount of non-recurrent CIP that was being delivered, which would directly impact on next year's target.

Mrs Adams stated that she had sat-in on the Finance and Performance Committee, which had been a revelation in respect of the delicate balance that was needed between staffing and the budget. She said discussions had provided a clear picture and assurance that the Trust was not holding vacancies on the front line to deliver its efficiency programme and that the Trust was trying hard to recruit. Mr Crowley stated that this was not always recognised by staff, but that the failure to recruit was very much a result of the current position nationally and the Trust is seeing the impact from recruitment and training programme decisions made years ago.

Performance - Mrs Walters provided an update on performance and stressed that it was not about chasing targets, but providing a safe, quality service. She noted that the Trust continues to fail a number of targets, but that staff are working incredibly hard to provide services in a safe and efficient manner. Mrs Walters is in the process of pulling together a performance recovery plan that will be shared with the directorates and taken through the committee structure. The intention is to harness all the work and evaluate what efficiencies are being made, so that the Trust can quantify initiatives such as the provision of ambulatory care and evaluate if this is the best flow that can be achieved. She acknowledged that the amount of data and information available was excellent, but assessment needs to be made about what the Trust is doing now, and what needs to be done in the future, so that staff can be supported to deliver and not just expected to go faster and faster. It was agreed that the recovery plan would be brought to the next meeting.

Mrs Walters also confirmed that Richard Morris had agreed to take on the role of Directorate Manager for the Emergency Departments on both the Scarborough and York sites. She confirmed that discussions were ongoing regarding the corporate operations structure.

Action: Mrs Walters to bring the Performance Recovery Plan to the next meeting

Mr Bertram highlighted to the Board a number of items of capital radiological equipment which would require planned replacement in the near future; this was in addition to the CT scanners replacement programme already approved by the Board. Several of these items were currently leased and following discussions with the Foundation Trust Financing Facility it was identified that it would be more efficient to use loan finance as oppose to replacement lease.   Mr Bertram confirmed to the Board that all items identified featured in the current capital programme plans and were known to the Executive Team. He asked the Board to specifically approve the increase in the loan from £3.1m to

£7.55m, to allow the equipment replacement programme to proceed via the most economically advantageous route.

The Board <u>agreed</u> the loan increase and the terms of the FTFF loan. The Board agreed all necessary signatories and draw down delegated approvals.

15/030   Draft Financial and Annual Plan 2015/16

Mr Bertram asked for this matter to be deferred to the private section of the Board, in light of the new information received from Monitor regarding tariff options. He also stated that the submission date for the draft Annual Plan had been deferred, but would be brought to the next Board meeting before the new submission date.

Action: Mr Bertram to bring the Draft Financial and Annual Plan 2015/16 to the next meeting

15/031   Fire Safety Policy and Annual Report

Mr Rose stated that the Board were being asked to note the contents of the report and only to approve an extension to the review date of the policy, as no changes had been made. Mr Crowley noted that this was also based on the significant assurance which had recently been given by an Internal Audit review.

The Board <u>approved</u> the policy.

15/032   Report of the Chairman

Mr Rose brought up the recent communications received from the Secretary of State and Monitor in relation to "freedom to speak up". He stated that this was very high profile and that it seemed an appropriate time to remind members that there was a hotline in place for staff, but staff were also encouraged to approach their line manager or access the Senior Independent Director (SID). Freedom to speak up was part of the Trust's core values on openness and honesty.

Mrs Geary stated that one of the first tasks for the new Deputy Chief Nurse would be to rapidly review the Whistleblowing Policy. Mr Rose highlighted that Mr Ashton was happy for the role of SID to be further publicised, but stressed that this should not be the first resort for staff. Mr Crowley advised the Board that he reinforces at induction that everyone has access to line managers, senior managers and his door is always open should the need arise. Mr Crowley stated that whistleblowing would be covered in the next team brief.

Mr Rose briefed the Board regarding a Chairman's Action that he had taken to approve a business case to support the network infrastructure upgrade at York, Scarborough, Bridlington and the Community Hospitals at a value of £0.958m in 2015 and a further £1.627m in 2016/17. Mrs Rushbrook stated that the (WiFi) network is increasingly used and systems needed to be put into the community in order to improve the safety of patients. The Board discussed the use of the network by the public; however, Mrs Rushbrook stated that the public could not currently access the network and this was to protect the integrity of the Trust's systems. Two exceptions had been made to this, in

relation to renal patients and children doing school work, but it would be difficult to give individual access, as this is very difficult to manage. For the public to access a wireless network, Mrs Rushbrook advised that there would need to be a business case and the Trust would have to enter into an agreement with a third party to provide the network on the Trust's behalf, due to the costs involved. Mrs Rushbrook stated that work had already commenced from the business case, to survey each site and that this would take approximately 50 days.

Mr Rose advised that the Governors were aware of the developing financial deficit and that the Board needed to consider how they would respond to their concerns. Mr Bertram stated that he would be happy to give the Governors a special briefing. He noted that there were major external factors involved and that Monitor were talking about Foundation Trusts experiencing a period of deficit of up to 5 years, with cash balances being depleted as well as the increasing need to use loan facilities, and downward pressure to reduce capital expenditure to conserve cash. Mr Ashton stated that it would be useful at the approval of the accounts to have a detailed understanding of the legal position and responsibilities of the Board and the Governors, especially as some other organisations are experiencing members refusing to sign the 'going concern' statement.

Action: Mr Bertram to provide a briefing to the Governors on finances and the current economic climate

Action: Provision of a detailed understanding of the legal position and responsibilities of the Board and Governors in relation to sign-off of the accounts

15/033   Report of the Chief Executive

Mr Crowley was pleased to note that the Trust had been working to improve psychiatric liaison for many years and that following a decision at the Board to fund a pilot of the service in the Emergency Department, the CCG had now agreed to fund this service recurrently.

Mr Crowley stated that formal confirmation had been received of the Joint Advisory Group (JAG) accreditation of the Endoscopy Unit at Scarborough. Challenges had been noted in respect of environment at the unit in York, especially in relation to privacy and dignity and managing flow; however, the Trust had been given 6 months to develop plans and provide commitment to developing the facilities. Mr Crowley commented on the team's reflections of the Trust, which included how they were struck by the dynamics between everyone they met, from the executive team to the operational staff and the Trust had received fantastic feedback on the levels of engagement and the fact that staff were working hard to provide a good service in a difficult environment. He also noted that despite the environment, the team in endoscopy receive consistently good feedback.

Mr Crowley informed the Board that the Trust had won the Sexual Health tender for City of York, which involved approximately £6m of work. He noted the substantial amount of work that had gone into the tender and he thanked the team involved. He provided a brief background to the team and the fact that it now reported directly to him, but that consideration needed to be given to where this would sit and how it should be linked to the community or acute side of the organisation. It was agreed that Mr Rose would write to the staff involved and thank them on behalf of the Board.

Action: Mr Rose to write to staff involved in the sexual health tenders to thank them for their hard work and successful tender result

Hambleton, Richmondshire and Whitby CCG would be announcing the provider for the tender of services at Whitby on the 11th March 2015. It was agreed that the implication of this handover and the arrangements for staff would be discussed at the next meeting.

Action: Discussion of the implications of the handover of Whitby community services come to the next meeting

15/034   Improving Corporate Accountability by Aligning Strategy, Structure and Assurance

Mr Crowley stated that the paper produced by Mrs Kemp-Taylor was self-explanatory and evidenced a huge amount of engagement with the Directors. One of the basic objectives had been to provide greater clarity by rationalising processes. He noted that there was still work to be done and that it was likely that the review would run for another 3 months, but it was more about ensuring the work was completed correctly rather than sticking to a rigid timescale. The Board discussed the work and noted that it was likely the initial objectives of the review would be completed by the end of March, but that further work had been identified during the course of the review, which would go on beyond that date. It was agreed that a report would come to the April Board. Further work included looking at mapping operational and external meetings. Mr Crowley stated that this work formed a continuous cycle of review that had commenced pre-acquisition and had also included an external review, but it was being done to ensure the governance structure was evolving with the organisation and would strengthen the existing platform.

Mr Ashton expressed concern that one of the workstreams around the assurance framework should be concluded by mid-May at the latest, before the sign-off of accounts was due. Mrs Adams stated that more clarity was required to ensure accountability and the appropriateness of structures. Ms Raper commended the team for the huge amount of work and mapping of meetings and portfolios that had been achieved.

Action: Mrs Kemp-Taylor to bring a Governance Review Report to the April Board

15/035   Gap Analysis – Implementation of the new Equality Information Standards

Mr Crowley stated that this item was for information and that Mrs Holden would follow up on any questions at the next meeting. Prof. Willcocks stated that this paper was brief and to the point and presented a sensible approach. However, she did highlight the need to gather better data and use it appropriately.

15/036   Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 25th March 2015 in the Boardroom, The York Hospital.

15/037   Any other business

No further business was discussed.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	During 2015

Action list from the minutes of the 25 February 2015

Minute number	Action	Responsible office	Due date
15/026 Patient Experience Quarterly Report	Kay Gamble, Head of Patient Experience to bring the draft Patient Experience Strategy	Mrs Geary	April
15/026 Patient Experience Quarterly Report	Mrs Geary to include the Health Watch Enter & View Report for York in the Chief Nurse Report for March	Mrs Geary	March
15/028 End of Life Care	Quarterly End of Life Report to the Board	Dr Turnbull	Quarterly
15/029 Finance & Performance	Mrs Walters to bring the Performance Recovery Plan to the next meeting	Mrs Walters	March
15/030 Draft Financial and Annual Plan 2015/16	Mr Bertram to bring the Draft Financial and Annual Plan 2015/16 to the next meeting	Mr Bertram	March
15/032 Chairman's Report	Mr Bertram to provide a briefing to the Governors on finances and the current economic climate	Mr Bertram	Next Governors Meeting
15/032 Chairman's Report	Provision of a detailed understanding of the legal position and responsibilities of the Board and Governors in relation to sign off of the accounts	Mr Bertram	For the Annual Accounts sign off
15/033 Chief Executive's Report	Mr Rose to write to staff involved in the sexual health tenders to thank them for their hard work	Mr Rose	Immediate

15/033 Chief Executive's Report	Discussion of the implications of the handover of Whitby community services come to the next meeting	Mr Proctor	March
15/034 Governance Review	Mrs Kemp-Taylor to bring a Governance Review Report to the April Board	Mr Crowley	April

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Quality & Safety Committee – 17th March 2015 Ophthalmology Seminar Room, York Hospital

Attendance: Libby Raper, Philip Ashton, Alastair Turnbull, Beverley Geary (BG), Diane Palmer, Jennie Adams, Helen Hey, Brian Golding (BG2), Liz Jackson

Apologies: Anna Pridmore

	Agenda Item	Comments	Assurance	Attention to Board
1	**Last meeting notes dated 17 February 2015**	The Committee approved the minutes from the February meeting as a true and accurate record. It was noted that both the Pressure Ulcer reduction report update and the Falls update were reviewed and this had been omitted from the notes.		
2	**Matters arising**	Due to the time restraints of the meeting and the additional commitments of some of the members the Committee highlighted key items on the agenda the required focus. The Committee welcomed Brian Golding who had joined the Committee to discuss Estates and Facilities and Helen Hey, Deputy Chief Nurse who is new in post and had come to observe. **Clostridium Difficile** – The Committee asked for an update on the work being undertaken on the Ward in Scarborough that has seen a high proportion of clostridium difficile cases. BG explained that the ward leadership has now changed. Currently two band 6's are running the ward, the band 7 post will be advertised nationally and will include a package to		

	Agenda Item	Comments	Assurance	Attention to Board
		make it more attractive, possibly being a 6-12 month development opportunity. The new Matron in post has been working with Estates to change the environment of the ward and the developments are being fully supported by the infection prevention team. The Assistant Chief Nurse is looking in to enhancing night shifts with additional support staff. The Committee felt that the work being undertaken fitted in with Workforce Strategy and all members were very supportive.

Quality Report - It was agreed that a measure of the 'How we're doing boards' should be included in the Quality Report. The Committee agreed that a separate meeting should take place to discuss the report in detail. | The Committee took some assurance from the changes being implemented and will be tracking progress through the coming period. | |
| 3 | **Quality and safety Performance Report** | The Committee noted the information in the Executive Summary.

Clostridium Difficile – The Committee discussed the number of cases of clostridium difficile identified in February. AJT explained that the Trust will exceed trajectory but are still performing well nationally. As discussed under Item 2 and at previous Committee Meetings areas with a high incidence of cases have been identified and are being supported by the Infection Prevention team.

Mortality – AJT introduced the March CHKS report which included the various mortality indicators. The crude death figures in the report show an end of year increase in both admissions and deaths.

The SHMI shows a slight rise of less then 3 points. The in Hospital SCMI chart in the in the report shows | The Committee took assurance from the more granular understanding now developing around hospital mortality. | AJT to update on mortality indicators at Board. |

Agenda Item	Comments	Assurance	Attention to Board
	the SHMI remains low and AJT explained that work is being undertaken with the CCG over the level of detail.		
	The report shows that the RAMI over 2014 was less then 100 showing that net performance is good.		
	The HSMR varies hugely and shows a slight increase. AJT advised that this will be part of the Intelligence Monitoring report.		
	Patient Experience – The Committee questioned why there was no data included for the Staff Family and Friends test, BG agreed to look in to this.		
	Never Events – There have been no never events. AJT explained that the criteria will change with the updated list currently being finalised.		
	Falls – The Committee discussed a specific case which has been RIDDOR reported to the Health Executive.		
	The Committee queried if there were any concerns over the increase in the reporting of falls on the York site. DP explained the work being undertaken around falls encourages reporting and drew attention to the fact that although reporting has increased there has been a reduction in the number of falls resulting in severe harm.		
	Pressure Ulcers – The Committee noted the high figures relating to pressure ulcers in January and February. BG explained that the rise in admissions and the level of acuity over the last few months may		

	Agenda Item	Comments	Assurance	Attention to Board
		be a factor in this. Nationally Trusts are still using different criteria when reporting Pressure Ulcers. Helen will continue the review of the Tissue Viability Service and it is planned that the policy will be audited this month. **Drug Administration** – All non-medical prescribers have been requested to submit their annual declaration of competence and 4 Advanced Clinical Practitioners have now qualified. The Chief Nurse team will be reviewing all Nurse Specialists over the coming months. A non-medical prescribing course is in place and expressions of interest have gone out. The Committee Discussed how non-medical prescribers must declare their competence annually and provide evidence of this. Specialist Nurses will prescribe a limited number of drugs associated with their specialty. **Electronic Prescribing Medicines Administration (EPMA)** – The Committee requested an update on this project. AJT advised that this is a challenging project but it is high on the Systems and Networks priorities. The implementation of EPMA will mean a fundamental change in ward culture and full engagement is proving difficult. The issue around access to hardware has been raised with the possibility of using hand held devices. The Committee agreed that it would be helpful for IT to look at best practice from other Trusts who have implemented EMPA. The Committee were frustrated with the slow progress of this project and encourages the EPMA board to decide on best practice. **Emergency Department Targets** – The ED four hour	The Committee were assured by the rigorous review of non-medical prescribers.	

Agenda Item	Comments	Assurance	Attention to Board
	target performance has not improved and the Trust is in the lowest band nationally. Twelve hour trolley breaches remain a problem. AJT explained that there has been some misunderstanding around the timing in Scarborough Hospital and different criteria is being used on the two acute sites. The Committee questioned a number of issues to do with potential harm to patients, and enquired about reported incidents. A new Directorate Manager is now in place and will be reviewing declared SIs. AJT assured the Committee that no Serious Incidents have led to death. The Committee noted that this remains an area of significant concern. The Committee noted that there was a large number of out of hours transfers. AJT advised that a standard operating procedure has been agreed this week that will assure that patients receiving a high quality of care. These transfers should reduce when AMU and Short Stay Ward amalgamate. The Committee discussed how a combined unit should be staffed and what the staffing profile should contain. The Committee agreed that risk will increase when high and low acuity patients are mixed on a ward. BG assured the Committee that there will be criteria for the high observation bays with no level 2 patients. The Emergency Department are now referring directly to downstream wards rather then to AMU. The Committee agreed that there is significant work to be undertaken with the middle grade managers around out of hours transfers.		

	Agenda Item	Comments	Assurance	Attention to Board
4	**Supplementary Medical Director Report** - Flu vaccination report	The Committee acknowledged the contents of the Medical Director Report.		
5	**Inpatient survey**	The report highlighted two questions concerning cleaning in which the Trust had worsened compared to last years survey. BG2 assured the Committee that this was covered with in the Estates and Facilities monthly report. Infection Prevention and Control and the Ward Sister are given an action plan if an area goes below the national cleaning standards, which is monitored weekly. Both York and Scarborough consistently score around 95% which is our internal target. BG2 advised the Committee that the trust have recently purchased system symbiotics which can be swiped across surfaces to measure cleanliness, this will remove subjectivity. The Committee welcomed this detailed approach and asked if BG2 could look at other Trusts for benchmarking.		
6	**Maternity Services – Scarborough**	The Committee had an in depth discussion when reviewing the internal and external reports. All members of the Committee agreed that the presentation of the internal report made it unclear and did not offer assurance. BG suggested that the recommendations in the report should be RAG rated. The Committee highlighted significant gaps when correlating the data in the report to that provided on the dashboard and discussed the difference in some of the figures. It was agreed that some the measures in the report should be included on the dashboard to allow any risk to be identified earlier.	The Committee noted that all members had the same opinion of the reports and the lack of assurance and look forward to receiving the updated review at the next meeting.	For discussion at Private Board.

	Agenda Item	Comments	Assurance	Attention to Board
		The Committee questioned whether the Directorate had the capacity to deliver the amount of changes required and if further support was needed. BG and AJT advised that staff changes have been put in place and a change in culture is beginning to happen. Lead staff have been changed and the new theatre is now open. BG informed the Group that the Head of Midwifery will be reviewing the two reports and an update, including an action plan, will come to the April Committee meeting. The Committee asked that accountability be included in the action plan, with identified measures so assurance of improvement can be given, an exception report will be put in place until the action plan is complete. The Committee also asked that the Directorate Risk register be submitted to the Committee along with the updated report. The Committee noted a recently published report concerning Morecombe Bay. AJT and BG confirmed that this report was actively forming part of the work to improve.		
7	**Estates and Facilities reflection on quality and safety**	BG2 spoke to the report he had tabled highlighting work that Estates and facilities have in put in place to reduce Quality and Safety risks. The headings of this report included; meeting nutritional needs, Safeguarding people who use services from abuse, cleanliness and infection control, safety and suitability of premises and safety, suitability and availability of medical equipment. A detailed discussion was held regarding the action plans associated with each of these items.		

	Agenda Item	Comments	Assurance	Attention to Board
		The Committee welcomed this structured discussion. It noted the need for reporting alignment with the proposed establishment of a new Committee.		
8	**Supplementary Chief Nurse Report**	The Committee noted the contents of the Supplementary Chief Nurse Report. Some of the contents was discussed in detail under items 3, 6 and 9 of the agenda.		
9	**Safer Staffing Report**	The Committee reviewed the tabled Safer Staffing Report and welcomed the extra detail that was included. The Committee discussed the ongoing difficulties in the recruitment of Staff Nurses and asked for an update on international recruitment. BG advised that the plan to go to Spain was going ahead in April and following discussions with an overseas recruitment agency the Trust have been advised to consider recruiting in Italy, Greece and Romania. There are no current timescales for this. Currently vacancies are being filled by internal staff and not an increase in numbers and sickness rates are increasing. There are no themes to areas that have vacancies. 56 York University Nursing students due to qualify this year have scheduled interviews. NICE Guidance recommend a red flag system to indicate if staffing is safe, when this assessment was undertaken the Trust came in the middle of the expected range. A red flag system is currently being developed in house to provide our own assurance.		BG to discuss at Private and Public Board.
10	**Any other business**	The Committee agreed that it would be useful to review Directorate Risk Registers rotationally at each		

	Agenda Item	Comments	Assurance	Attention to Board
		meeting.		
11	**Other** **Work Programme**	The Committee reviewed the work plan table and agreed that the new format was very useful. This is to be updated on AP's return.		

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

York Teaching Hospital **NHS**
NHS Foundation Trust

Patient Safety & Quality Report

March 2015

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

Index and Performance Summary

York Teaching Hospital — NHS Foundation Trust

	Page	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Summary Information		M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Patient Safety and Quality Executive Summary	6	x	x	x			x	x	n/a												
Mortality Information	11	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Summary Hospital Level Mortality Indicator (SHMI)	12							x	100	97			98			99			102		
Patient Experience	16	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Litigation - Clinical Claims Settled	14					x		x	n/a	7	4	2	5	2	7	1	6	1	3	2	
Complaints	17					x		x	n/a	51	38	58	57	46	47	43	60	31	39	37	
PALS contacts	17					x		x	n/a	495	474	528	531	488	570	653	552	443	620	559	
New Ombudsman cases	17					x		x	n/a	0	2	2	3	0	0	0	0	0	3	3	
Friends and Family Inpatients	20		x					x	40%	31.30%	33.90%	34.20%	41.70%	40.20%	37.60%	38.20%	44.10%	38.40%	37.70%	44.66%	
Friends and Family A&E	21		x					x	20%	19.48%	21.55%	33.94%	22.78%	19.98%	16.70%	15.90%	21.50%	16.00%	19.30%	21.62%	
Friends and Family Maternity - Antenatal	22					x		x	n/a	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.6%	27.6%	
Friends and Family Maternity - Labour and Birth	22					x		x	n/a	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	
Friends and Family Maternity - Post Natal	22					x		x	n/a	47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	
Friends and Family Maternity - Community Post Natal	22					x		x	n/a	34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	
Friends and Family Staff (% at quarter end)	23		x					x	n/a			8%			8%			N/A			
Quality and Safety: Measures of Harm	24	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Serious Incidents	25					x		x		21	20	19	12	13	23	12	24	24	15	16	
Incidents Reported	25					x		x	n/a	1012	1247	1210	1239	1112	1150	1166	1023	1383	1236	1128	
Incidents Awaiting Sign Off	25					x		x		1240	1394	1877	-	1870	1497	1408	858	272	1444	516	
Patient Falls	26		x					x		226	282	251	270	232	247	228	179	214	242	272	
Pressure Ulcers - Newly Developed	26					x		x		41	33	36	18	28	33	45	36	16	65	58	
Pressure Ulcers - Transferred into our care	26					x		x		80	127	98	113	86	77	90	83	60	135	137	
Degree of harm: serious or death	27					x		x		15	18	8	3	4	9	8	9	11	10	9	
Degree of harm: medication related	27					x		x		69	61	69	54	43	49	42	33	195	107	99	
VTE risk assessments	28		x					x	95%	97.1%	97.1%	97.6%	97.5%	97.2%	96.1%	97.4%	97.4%	96.9%	97.0%	96.9%	
Never Events	36		x					x	0	0	0	0	0	0	0	0	0	0	0	0	
Quality and Safety: Drug Administration	29	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Insulin Errors	30					x		x	n/a	6	6	13	11	6	8	6	14	N/A	N/A	N/A	
Omitted Critical Medicines	30					x		x	n/a	33	21	23	23	32	23	16	22	18	15	20	
Prescribing Errors	30					x		x	n/a	22	13	11	22	27	17	21	20	27	7	16	
Preparation and Dispensing Errors	31					x		x	n/a	10	10	11	12	11	12	8	11	11	12	15	
Administrating and Supply Errors	31					x		x	n/a	37	46	47	56	42	41	35	43	45	47	43	
Quality and Safety: Safety Thermometer	32	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
% Harm Free Care - York	33		x					x		93.5%	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%	94.9%	95.3%	
% Harm Free Care - Scarborough	33		x					x		92.1%	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%	93.9%	90.6%	
% Harm Free Care - Community	33		x					x		93.6%	85.7%	84.4%	91.4%	91.4%	92.0%	88.6%	95.2%	92.9%	86.8%	92.9%	
% Harm Free Care - District Nurses	33		x					x		91.2%	91.3%	91.8%	94.0%	93.1%	94.0%	94.4%	95.6%	94.9%	94.0%	91.8%	
% Harm from Catheter Associated Urinary Tract Infection - York	33		x					x		1.5%	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%	0.7%	1.3%	
% Harm from Catheter Associated Urinary Tract Infection - Scarborough	33		x					x		2.4%	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%	1.0%	3.5%	
% Harm from Catheter Associated Urinary Tract Infection - Community	33		x					x		2.7%	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%	1.8%	2.7%	
% Harm from Catheter Associated Urinary Tract Infection - District Nurses	33		x					x		1.8%	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%	0.6%	0.6%	
% Harm From Falls - York	34		x					x		0.4%	1.1%	1.1%	0.6%	0.6%	0.4%	0.2%	1.7%	0.4%	1.0%	1.0%	
% Harm From Falls - Scarborough	34		x					x		0.0%	2.7%	1.2%	1.6%	0.8%	0.0%	0.7%	2.8%	2.0%	0.0%	0.7%	
% Harm From Falls - Community	34		x					x		0.9%	0.9%	2.6%	1.9%	2.9%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	
% Harm From Falls - District Nurses	34		x					x		2.0%	1.8%	2.1%	0.4%	0.4%	0.4%	1.7%	0.6%	0.7%	1.0%	1.4%	
% Harm From VTE - York	34		x					x		1.7%	0.4%	0.2%	0.4%	0.4%	0.0%	0.4%	0.0%	0.2%	0.3%	0.3%	
% Harm From VTE - Scarborough	34		x					x		0.0%	0.4%	0.0%	0.0%	0.4%	0.7%	0.7%	0.0%	0.3%	0.7%	0.7%	
% Harm From VTE - Community	34		x					x		0.9%	1.8%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.9%	
% Harm From VTE - District Nurses	34		x					x		0.4%	0.6%	0.4%	0.4%	0.4%	0.4%	0.7%	0.4%	0.5%	0.2%	0.8%	
% Harm From Pressure Ulcers - York	35		x					x		3.1%	3.1%	3.6%	3.2%	3.1%	2.3%	3.3%	2.6%	2.6%	3.8%	2.4%	
% Harm From Pressure Ulcers - Scarborough	35		x					x		6.2%	5.3%	4.7%	3.9%	4.9%	2.2%	3.7%	4.1%	5.9%	4.4%	4.6%	
% Harm From Pressure Ulcers - Community	35		x					x		2.7%	11.6%	13.0%	5.8%	3.8%	8.0%	8.6%	3.9%	7.1%	8.8%	3.5%	
% Harm From Pressure Ulcers - District Nurses	35		x					x		4.6%	5.4%	5.3%	4.3%	4.5%	3.9%	3.6%	3.4%	4.1%	4.7%	4.7%	
Patient Safety Walkrounds	45				x			x													
Community Information	96	M	N	C	L	I	F	Q	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Community Hospital Summary	91				x		x	x													
Maternity Dashboards	95	M	N	C	L	I	F	Q	Threshold												

York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety and Quality
Executive Summary

16 Serious Incidents (SIs) were declared in February. Six of the SIs were as a result of Category 3 pressure ulcers and five as a result of patient falls incidents. One SI was a C. difficile related death.

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.

9 cases of toxin positive C. difficile were identified in February.

5 cases of MSSA bacteraemia were identified.

0 cases of MRSA were identified.

Compliance with VTE risk assessment was 96.9% in February.

Overall performance with the Emergency department 4 hour standard was 86.4% in February.

Diane Palmer
Deputy Director of Patient Safety

Mortality

Indicator	Apr 11 - Mar 12	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
SHMI – York locality	110	105	105	102	99	96	93	93	95	98
SHMI – Scarborough locality	115	117	112	106	108	108	104	105	107	108
SHMI – Trust	**112**	**108**	**107**	**104**	**102**	**101**	**97**	**98**	**99**	**102**

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 July 2013 to June 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, February saw deaths fall within expected range. Overall inpatient deaths are up 5.96% (April 14 to Feb 15) compared to same period in 2013-14 with the highest percentage increase has been in those diagnosed with Other Bacterial Diseases, Hypertensive Diseases & those with Influenza & Pneumonia (based on ICD-10 diagnostic chapters with more than 50 deaths in Apr-Dec 2013 & 2014).

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	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
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	104	102	101	97	98	99	102
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	102	99	96	93	93	95	98
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	106	108	108	104	105	107	108
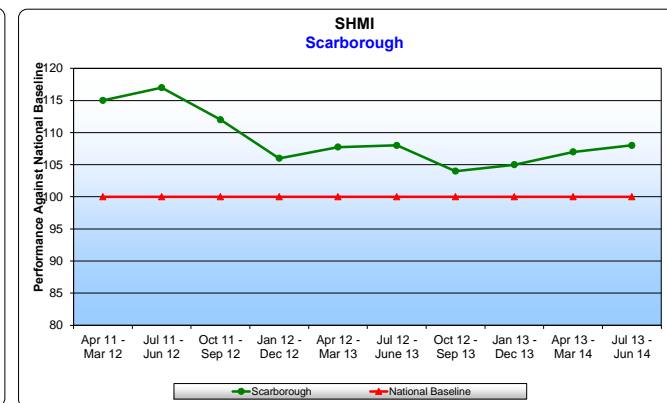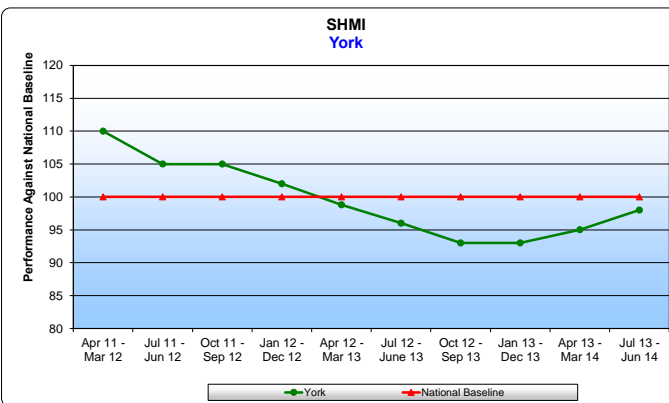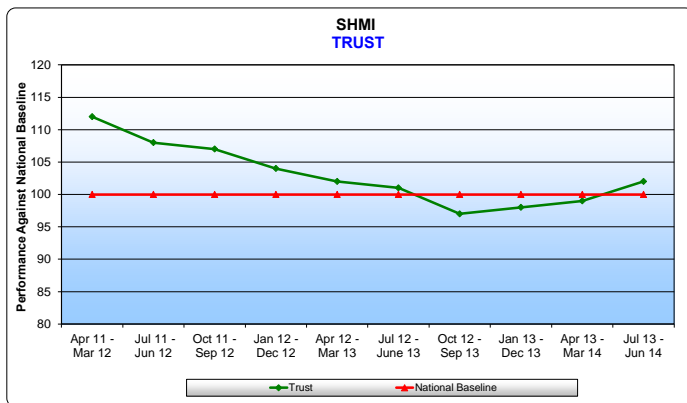
Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Jul 13 - Jun 14
Mortality – RAMI (TRUST)	none - monitoring only	98	96	93	91	88	88	100
Mortality – RAMI (YORK)	none - monitoring only	98	96	92	92	90	91	106
Mortality – RAMI (SCARBOROUGH)	none - monitoring only	99	96	95	90	86	83	90
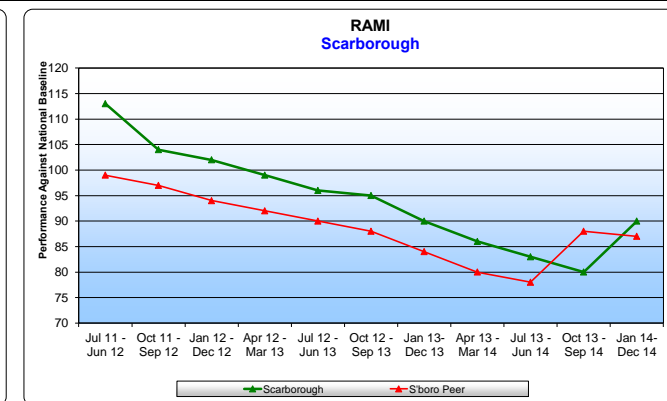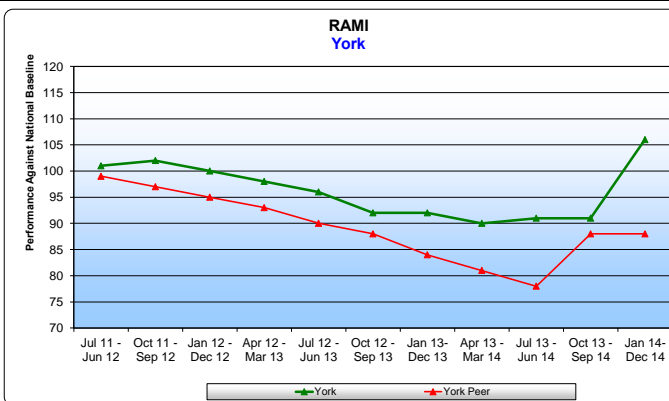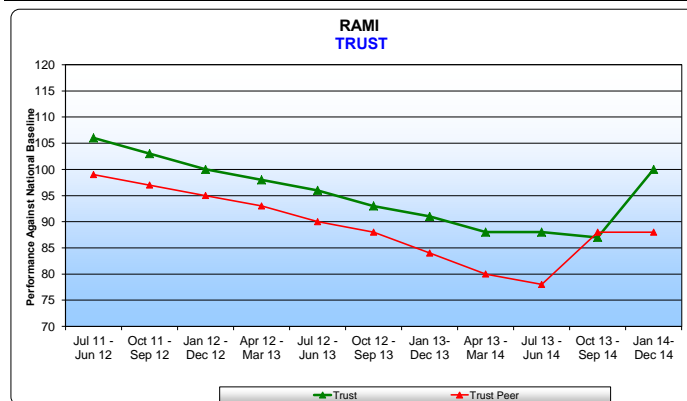
Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Q1	Q2	Q3	Dec	Jan	Feb
Number of Inpatient Deaths (excludes deaths in ED)	None - Monitoring Only	480	471	540	196	243	172

Number of Deaths per Month Split by Elecitve/Non-Elective and ED
TRUST

Number of Deaths per Month Split by Site
COMMUNITY HOSPITALS
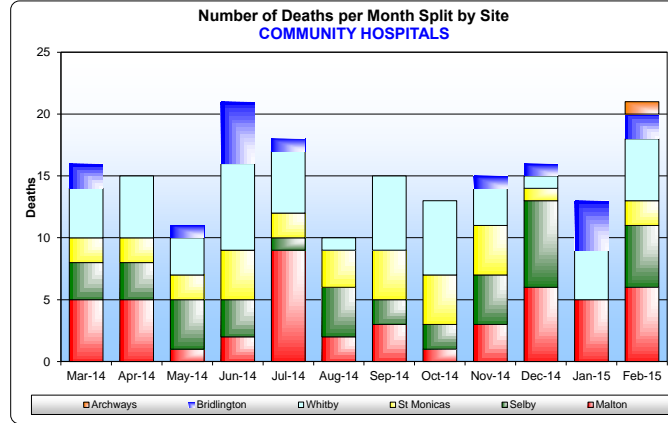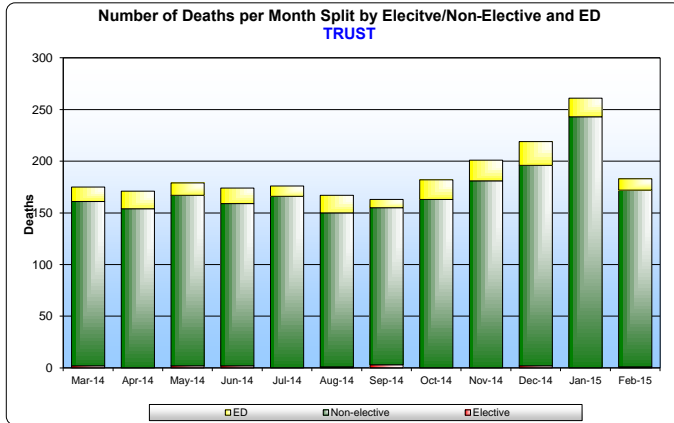
Month	Malton	Selby	St Monicas	Whitby	Bridlington	Archways
Mar-14	5	3	2	4	2	0
Apr-14	5	3	2	5	0	0
May-14	1	4	2	3	1	0
Jun-14	2	3	4	7	5	0
Jul-14	9	1	2	5	1	0
Aug-14	2	4	3	1	0	0
Sep-14	3	2	4	6	0	0
Oct-14	1	2	4	6	0	0
Nov-14	3	4	4	3	1	0
Dec-14	6	7	1	1	1	0
Jan-15	5	0	0	4	4	0
Feb-15	6	5	2	5	2	1

Number of Deaths per Month Split by Elecitve/Non-Elective and ED
YORK

Number of Deaths per Month Split by Elecitve/Non-Elective and ED
SCARBOROUGH

Number of Deaths per Month Split
BRIDLINGTON

Mortality
Information Team
Systems and Network Services

42
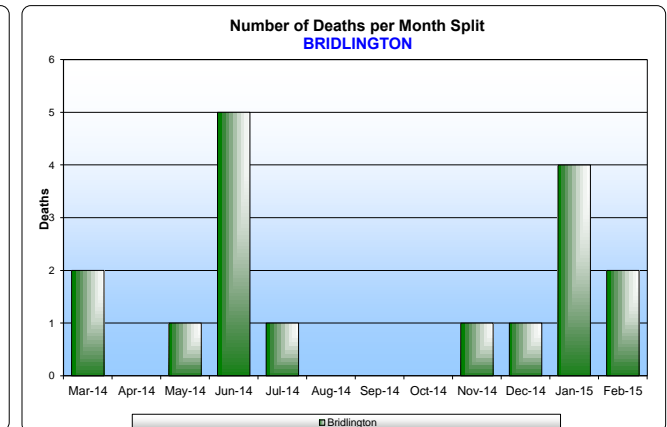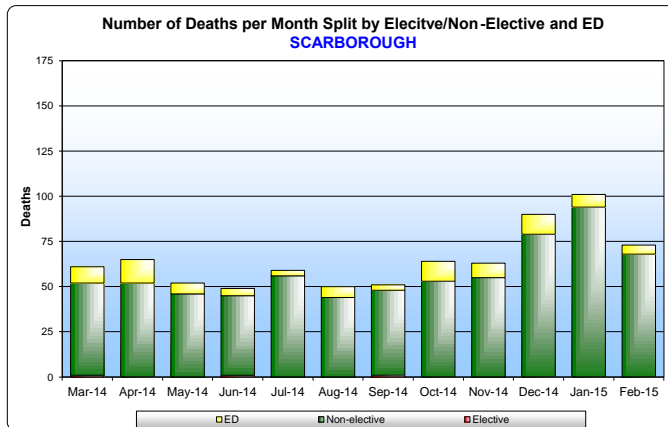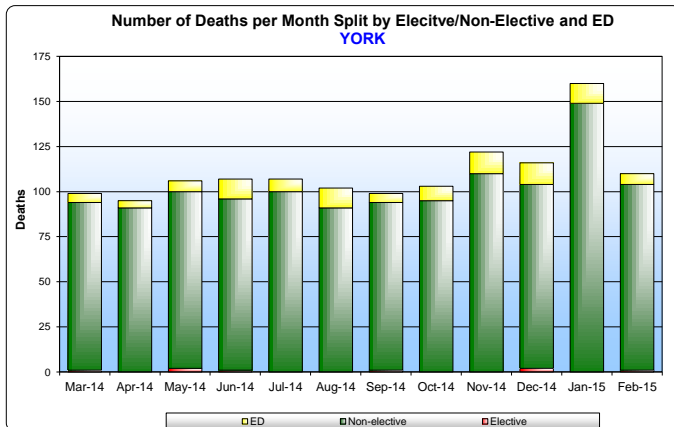
Litigation

Indicator	Site	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Clinical Claims Settled	York	0	2	1	3	1	5	1	2	1
	Scarborough	2	3	1	4	0	1	0	1	1

One clinical claims attributed to York and one clinical claim attributed to Scarborough was settled in February.

In February, eleven clinical negligence claims for York site were received and six were received for Scarborough. Scarborough had eight withdrawn/closed claims.

There were three Coroner's Inquests heard in February; one York and twoScarborough.

Litigation

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

Clinical Claims Settled - YORK

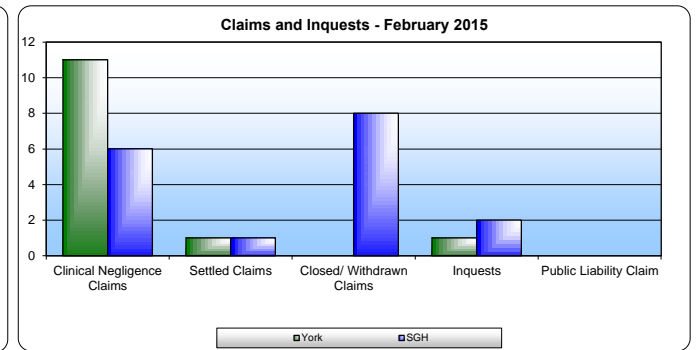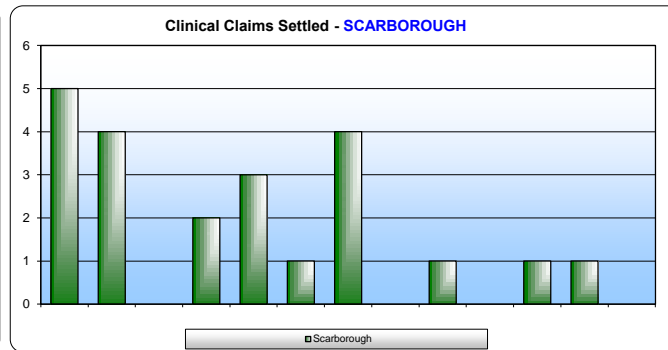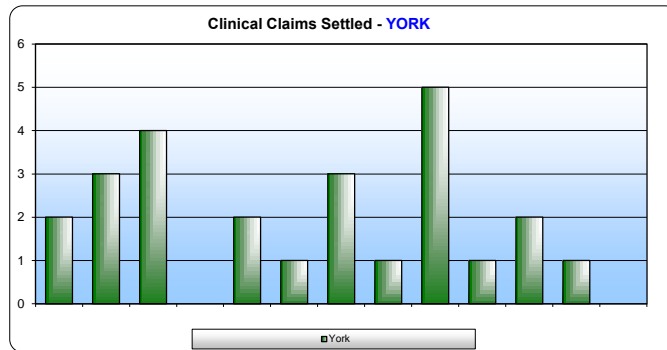

Clinical Claims Settled - SCARBOROUGH

Claims and Inquests - February 2015

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

Incident Type	Total Damaged	Total Number Reported	Number (York)	Number (Scarborough)
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 20 new complaints registered to the York site and 17 to the Scarborough site in February.

PALS contacts
There were 432 PALS enquiries at York Hospital and 127 PALS enquiries at Scarborough in February.

New Ombudsman Cases
Four attributable to York during February.

Complaints – Late Responses
One attributable to York during February.

Patient Experience

York Teaching Hospital NHS
NHS Foundation Trust

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Complaints	York	16	28	19	30	38	27	29	25	38	16	23	20
	Scarborough	19	23	19	28	19	19	18	18	22	15	16	17
PALS contacts	York	367	378	368	404	442	396	426	465	392	334	461	432
	Scarborough	90	117	106	124	89	92	144	188	160	109	159	127
New Ombudsman Cases	York	1	0	2	2	2	0	0	0	0	0	2	4
	Scarborough	0	0	0	0	1	0	0	0	0	0	1	0
Complaints - Late Responses	York	0	0	0	0	1	2	1	4	5	0	3	1
	Scarborough	1	4	7	4	8	2	5	4	0	5	1	0
Complaints - Resolved outside procedure this month	York	11	8	5	3	8	3	3	8	8	7	9	3
	Scarborough	0	0	1	2	4	0	1	0	0	0	0	1

Complaints

Complaints: Late Responses

Complaints: Resolved outside procedure this month

PALS Contacts

New Ombudsman Cases
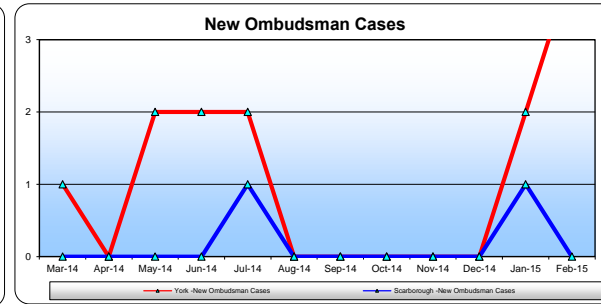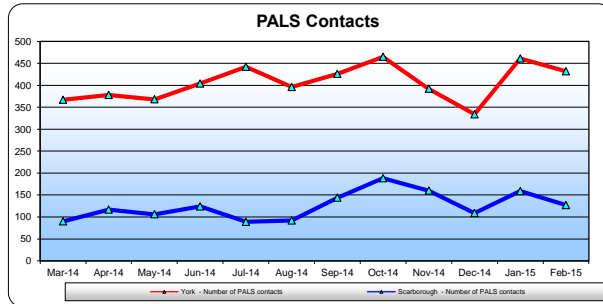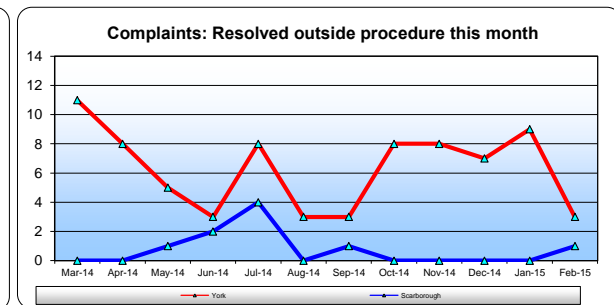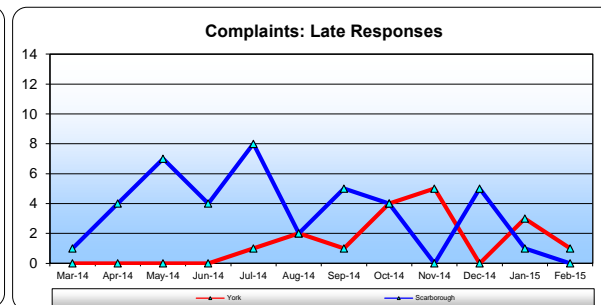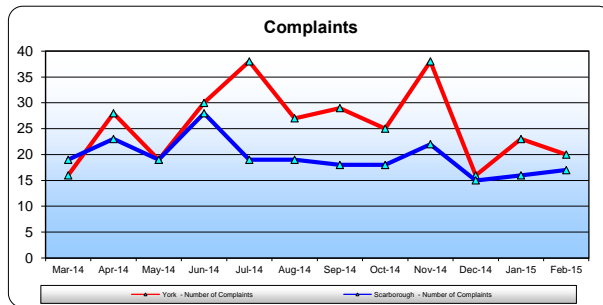
Patient Experience

February 2015

Complaints by Directorate/Division (Datix)	York	S'boro	Total
Child Health (Y)	2	1	3
Clinical Support Services (S)	1	1	2
Community Services (Y)	1	0	1
Corporate (Y,S)	0	0	0
Elderly Medicine (Y)	2	3	5
Emergency Medicine (Y)	1	3	4
Facilities (Y,S)	0	0	0
General Surgery and Urology (Y), Surgery (S)	1	1	2
Head and Neck and Ophthalmology (Y)	1	2	3
Medicine (General and Acute, Y), Medicine (S)	4	5	9
Obstetrics and Gynaecology (Y)	3	0	3
Operations (Y)	0	0	0
Orthopaedics (Y)	1	1	2
Pharmacy (Y)	0	0	0
Physiotherapy (Y)	0	0	0
Radiology (Y)	1	0	1
Sexual Health (Y)	0	0	0
Specialist Medicine (Y)	0	0	0
Theatres Anaesthetics and CC(Y)	2	0	2
Total	20	17	37

Complaints by Subject (Datix)	York	S'boro	Total
Admissions, discharge and transfer arrangements	0	3	3
Aids, appliances, equipment, premises	0	0	0
All aspect of clinical treatment	11	9	20
Appointment delay/cancellation (inpatient)	0	1	1
Appointments delay/cancellation (outpatient)	2	0	2
Attitude of staff	5	2	7
Communication/information to patients (written and oral)	1	1	2
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	1	1
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	20	17	37

PALS Contact by Subject	York	S'boro	Total
Action PLan	2	n/a	n/a
Admissions, discharge, transfer arrangements	16	n/a	n/a
Appointments, delay/cancellation (inpatient)	17	n/a	n/a
Appointments, delay/cancellation (outpatient)	28	n/a	n/a
Staff attitude	14	n/a	n/a
Any aspect of clinical care/treatment	47	n/a	n/a
Communication issues	47	n/a	n/a
Compliment / thanks	36	n/a	n/a
Environment / premises / estates	3	n/a	n/a
Foreign language	2	n/a	n/a
Failure to follow agreed procedure (including consent)	1	n/a	n/a
Hotel services (including cleanliness, food)	1	n/a	n/a
Requests for information and advice	173	n/a	n/a
Medication	2	n/a	n/a
Other	4	n/a	n/a
Car parking	3	n/a	n/a
Privacy and dignity	1	n/a	n/a
Property and expenses	14	n/a	n/a
Personal records / Medical records	9	n/a	n/a
Safeguarding issues	1	n/a	n/a
Support (eg benefits, social care, vol agencies)	3	n/a	n/a
Patient transport	7	n/a	n/a
Totals:	432	127	559

PALS themes this month, eg staff attitude, increased numbers in an area, topics (Y,S)
PALS Contact by Subject Scarborough breakdown not available for February 2015.
a) Families requesting copies of Continuing Health Care Assesments
b) SGH patients received correspeondence sent in error
c) Patients complaining about cancelled surgery

Friends and Family

Indicator		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Inpatients – York	York IP Response Rate	Q4: 40% Combined	29.2%	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%
Inpatients – Scarborough	Scarborough IP Response Rate		30.9%	29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%
Inpatients - Bridlington	Bridlington IP Response Rate		73.5%	82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%
Inpatients – Combined	**Trust IP Response Rate**		**31.3%**	**33.9%**	**34.2%**	**41.7%**	**40.2%**	**37.6%**	**38.2%**	**44.1%**	**38.4%**	**37.7%**	**44.7%**
ED – York	York ED Response Rate	Q4: 20% Combined	10.5%	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%
ED - Scarborough	Scarborough ED Response Rate		34.8%	33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%
ED – Combined	**Trust ED Response Rate**		**19.5%**	**21.6%**	**33.9%**	**22.8%**	**20.0%**	**16.7%**	**15.9%**	**21.5%**	**16.0%**	**19.3%**	**21.6%**
Maternity – Antenatal		None	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.6%	27.6%
Maternity – Labour and Birth			44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%
Maternity – Post Natal			47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%
Maternity – Community			34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%

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.

Attention is now being focussed on ensuring the Trust achieves the CQUIN target of 20% response rate target in ED over Q4. The response rate increased on both sites in February; achieving a combined percentage of 21.6%, very close the end of Q4 target. Text messaging began in Scarborough ED during January which contributed to an 8.6% rise in performance.

The Trust achieved 44.7% against the Inpatient target, which is a 7% increase on January performance. The CQUINS requirement is to achieve 40% across inpatients in March 2015.

The focus for the Trust is ensuring we continue to achieve target and to also ensure the Trust uses the valuable qualitative feedback received from patients.

The Trust achieved 8% during Q1 and Q2 for Staff Friends and Family. Staff Friends and Family Q3 figures are awaited with a national reporting deadline of the 3rd of March.
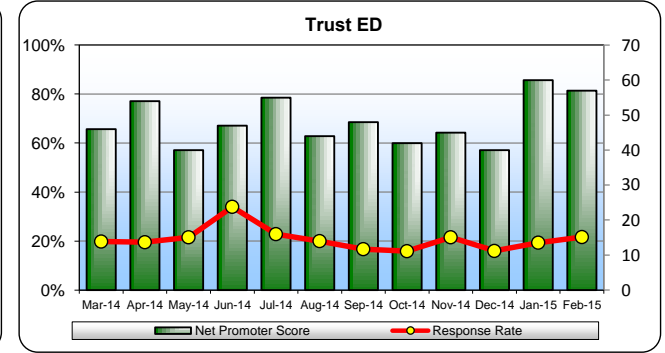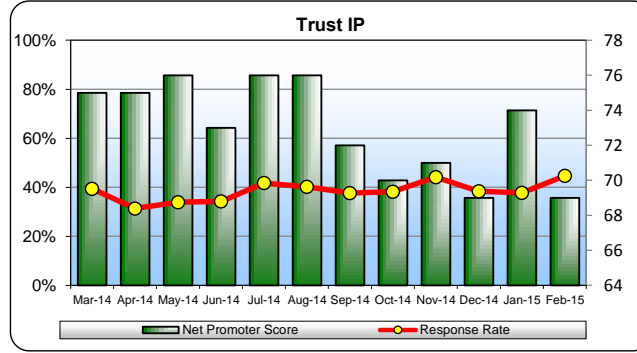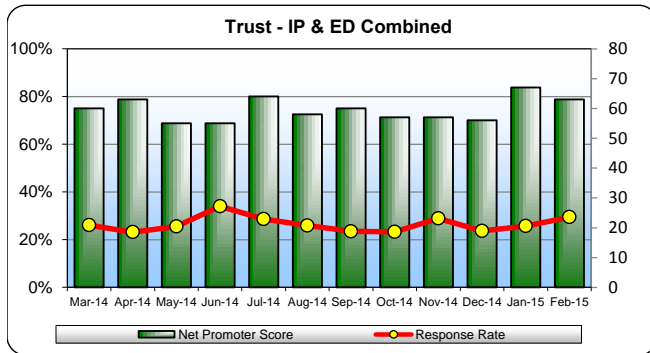
Friends & Family: Inpatients & ED

York Teaching Hospital **NHS**
NHS Foundation Trust

The Friends & Family Test (FFT) has now been rolled out across the Trust, with all adult inpatients, those attending ED 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 Trust achieved CQUIN requirements for Q4 and now focuses on the 2014/15 requirements for increased response rate in ED and Inpatients; roll out to community hospital inpatients, all outpatients, day cases and community services. 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.

	2013-14			2014-15		
	Q2	Q3	Q4	Q1	Q2	Q3
Combined IP & ED Response Rate	20.0%	30.4%	25.8%	27.6%	26.1%	25.2%

		Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Trust	Response Rate	26.1%	23.2%	25.5%	34.0%	28.6%	25.9%	23.5%	23.3%	28.9%	23.7%	25.7%	29.5%
	Net Promoter Score	60	63	55	55	64	58	60	57	57	56	67	63

Trust - IP & ED Combined

Trust IP

Trust ED

Inpatient Performance

		Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
York IP	Response Rate	37.8%	29.2%	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%
	Net Promoter Score	73	75	77	72	73	76	70	72	69	71	73	72
Sboro IP	Response Rate	39.4%	30.9%	29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%
	Net Promoter Score	80	76	69	74	77	75	74	64	70	57	72	61
Brid IP	Response Rate	72.5%	73.5%	82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%
	Net Promoter Score	75	72	84	82	88	81	79	79	81	83	81	77
Combined	Response Rate	39.4%	31.3%	33.9%	34.2%	41.7%	40.2%	37.6%	38.2%	44.1%	38.4%	37.7%	44.7%
	Net Promoter Score	75	75	76	73	76	76	72	70	71	69	74	69

York IP

Scarborough IP

Bridlington IP
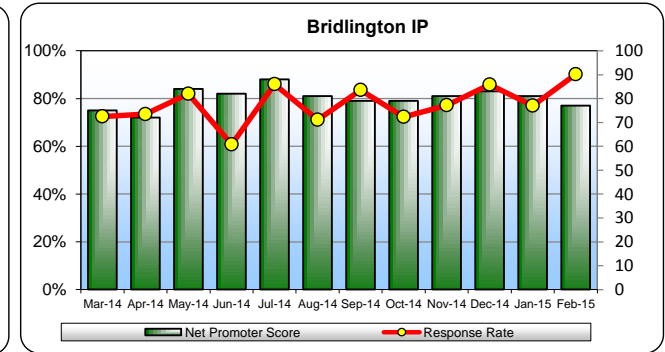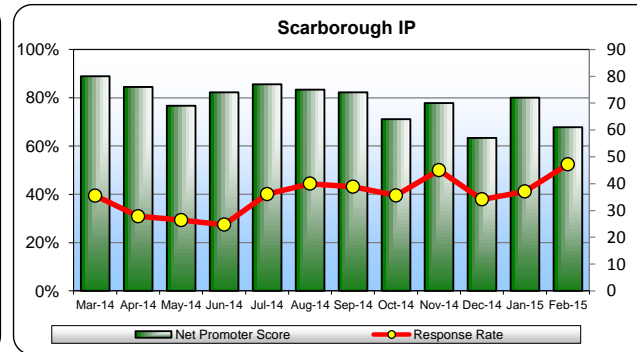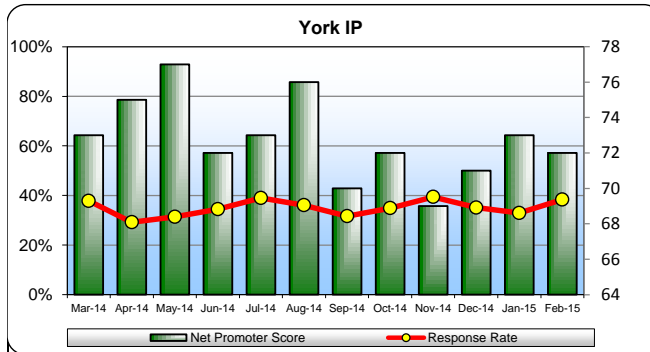
Friends & Family: Inpatients & ED

ED Performance

		Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
York ED	Response Rate	13.2%	10.5%	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%
	Net Promoter Score	47	37	11	31	49	67	61	47	58	46	55	49
Sboro ED	Response Rate	31.3%	34.8%	33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%
	Net Promoter Score	46	63	61	63	59	34	41	38	35	32	65	62
Combined	Response Rate	19.8%	19.5%	21.6%	33.9%	22.8%	20.0%	16.7%	15.9%	21.5%	16.0%	19.3%	21.6%
	Net Promoter Score	46	54	40	47	55	44	48	42	45	40	60	57

York ED

Scarborough ED
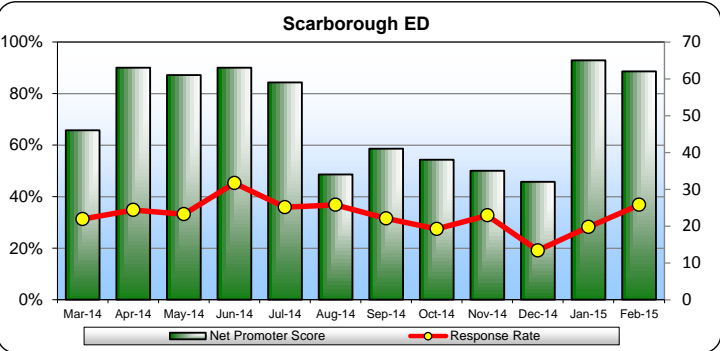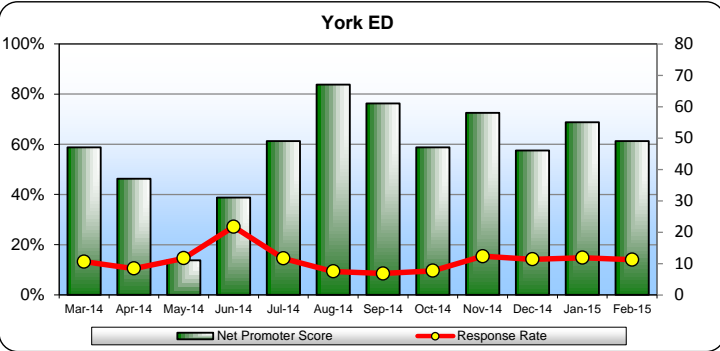
Responses

Inpatient		Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
York IP	Eligible	2092	2003	2182	2153	2187	1930	2123	2313	2110	2210	2065	1992
	Responses	791	584	686	748	852	696	672	808	831	775	680	764
Sboro IP	Eligible	869	872	830	810	895	855	917	912	816	866	782	662
	Responses	342	269	243	222	359	380	395	360	408	328	322	347
Brid IP	Eligible	98	113	194	166	164	142	165	188	158	163	183	163
	Responses	71	83	159	101	141	101	138	136	122	140	141	147
Combined	Eligible	3059	2988	3206	3129	3246	2927	3205	3413	3084	3239	3030	2817
	Responses	1204	936	1088	1071	1352	1177	1205	1304	1361	1243	1143	1258

ED		Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
York ED	Eligible	4118	4079	4356	4283	4451	4305	4265	4418	4131	4003	3750	3636
	Responses	545	429	636	1162	647	404	362	426	636	570	554	509
Sboro ED	Eligible	2343	2388	2614	2580	2793	2712	2346	2379	2240	2195	1939	1826
	Responses	733	831	866	1167	1003	998	739	652	732	419	546	672
Combined	Eligible	6461	6467	6970	6863	7244	7017	6611	6797	6371	6198	5689	5462
	Responses	1278	1260	1502	2329	1650	1402	1101	1078	1368	989	1100	1181

Wards with high % response rates

York   Ward 24 - 74.36%
            Ward 16 - 68.35%

Scarborough   Ash - 69.44%
             CCU - 100%

Bridlington   Kent - 94.05%

Wards with low % response rates

York   Ward 37 - 5.26%

Scarborough   PTU - 0%

Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q1	Q2	Q3	Dec	Jan	Feb
Antenatal Response Rate	None - Monitoring Only	none	33.6%	32.4%	38.3%	32.2%	30.6%	27.6%
Antenatal Net Promoter	None - Monitoring Only	none	66	68	67	68	72	70
Labour and Birth Response Rate	None - Monitoring Only	none	36.4%	18.6%	23.5%	15.8%	19.9%	27.9%
Labour and Birth Net Promoter	None - Monitoring Only	none	76	80	77	86	75	73

Friends & Family Maternity: Antenatal

Friends & Family Maternity: Labour and Birth
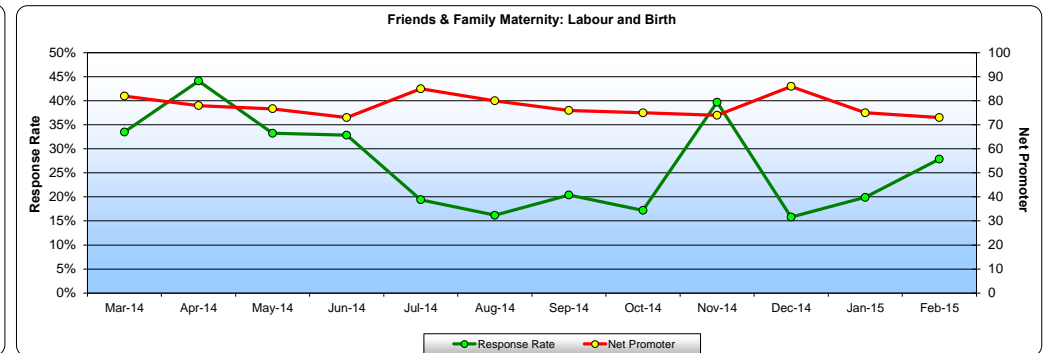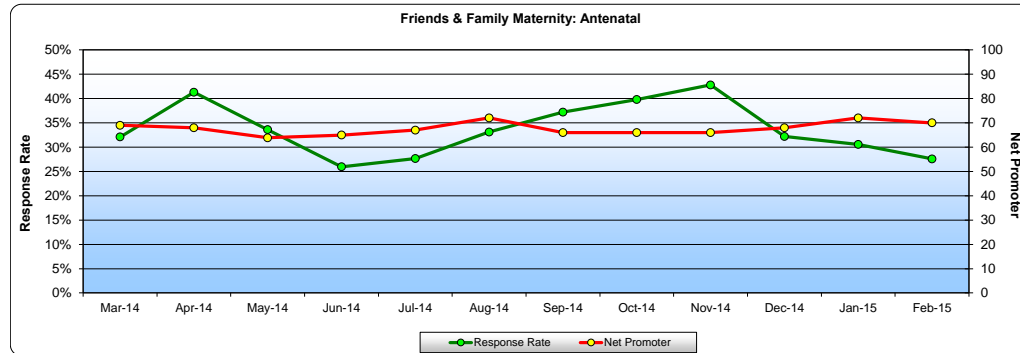
Postnatal Response Rate	None - Monitoring Only	none	41.1%	24.8%	30.6%	19.4%	27.9%	31.9%
Postnatal Net Promoter	None - Monitoring Only	none	70	76	71	82	82	70
Postnatal Community Response Rate	None - Monitoring Only	none	31.6%	20.0%	18.7%	18.2%	21.3%	14.6%
Postnatal Community Net Promoter	None - Monitoring Only	none	81	79	76	80	74	82

Friends & Family Maternity: Postnatal

Friends & Family Maternity: Postnatal Community

Friends and Family Maternity
Information Team
Systems and Network Services

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Friends and Family: Staff

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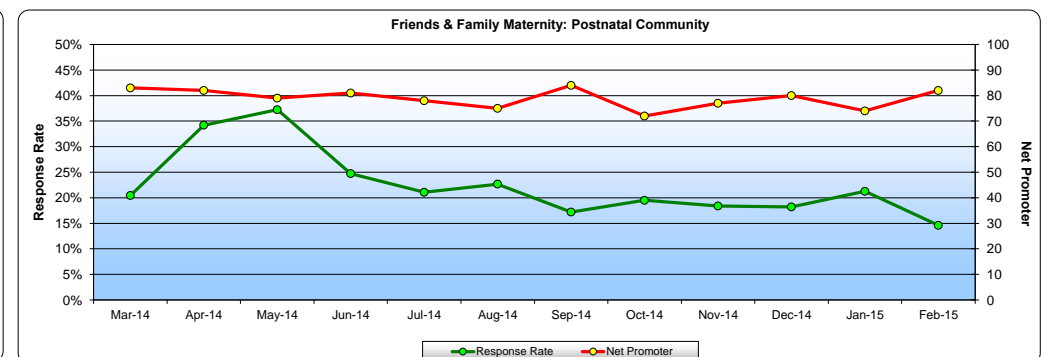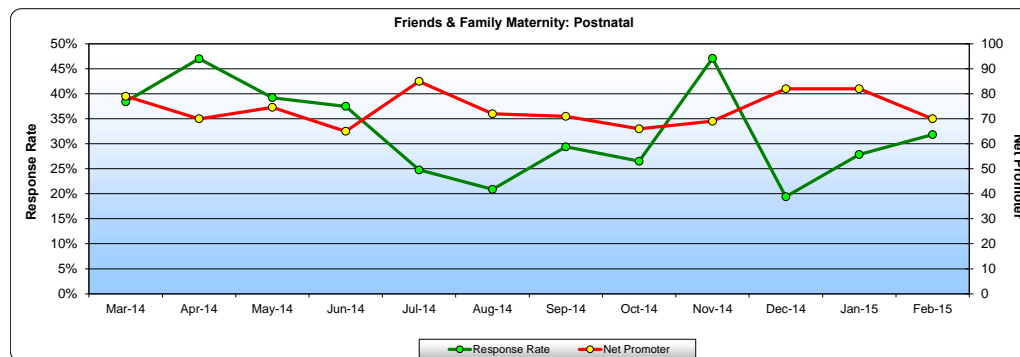
As part of the National Friends and Family CQUIN 2014/15, the Trust is required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.
So far in Quarter 1 & 2 responses have been collected from staff via an online survey or paper survey.

| 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	
Number of Trust employees who responded to the survey	None - Monitoring Only	none	673	704	Not Available	
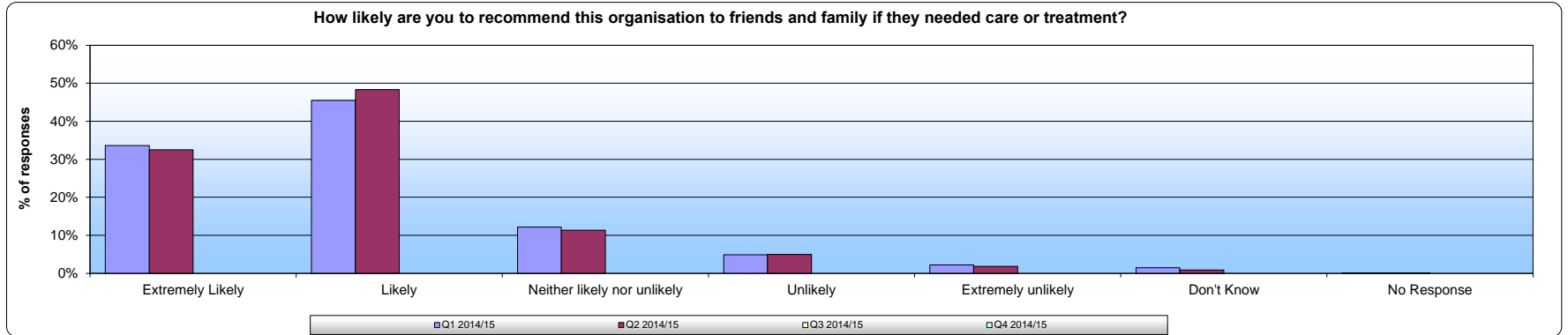
How likely are you to recommend this organisation to friends and family if they needed care or treatment?

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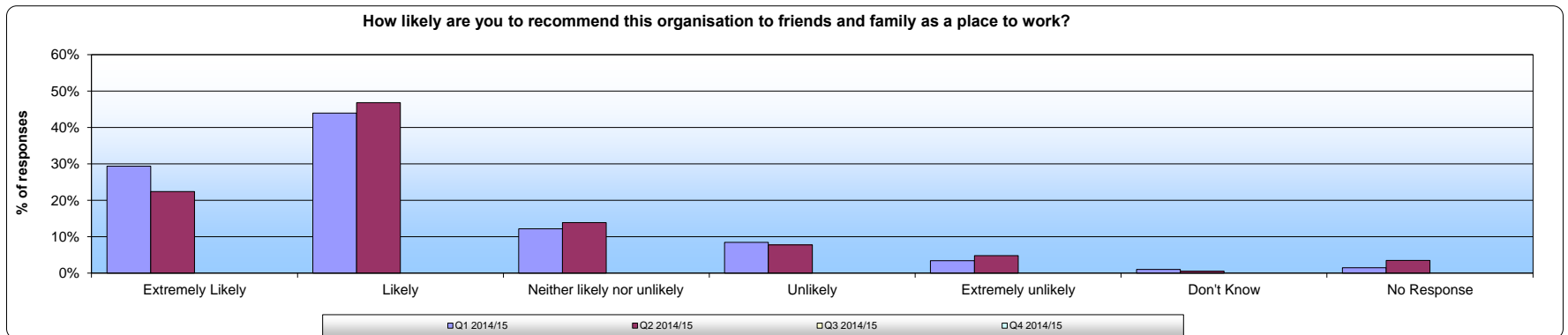
How likely are you to recommend this organisation to friends and family as a place to work?

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							

Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 16 SIs reported in February:
C.Diff - patient death; 1 (York)
Stillbirth; 1 (Scarborough)
Patient abscond/fall, patient death; 1 (York)
Suboptimal care of the deteriorating patient; 1 (Scarborough)
Wrong Diagnosis - Patient Death; 1 (York)
Slips Trips Falls 5; 5 (York)
Pressure Ulcers 6; 1 (York), 5 (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 February there were 173 reports of patients falling at York Hospital, 72 patients at Scarborough and 27 patients within the Community Services. This is an increase from the number reported in December but remains comparable with previous months. 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 February was 1,128; 660 incidents were reported on the York site, 354 on the Scarborough site and 114 from Community Services. This is a 9% decrease from January.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 516 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 February 29 pressure ulcers were reported to have developed on patients since admission to York Hospital, 13 pressure ulcers were reported to have developed on patients since admission to Scarborough and 16 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 February a total of 8 patient incidents were reported which resulted in serious or severe harm with zero resulting in death.

Medication Related Issues (source: Datix)
During February there was a total of 99 medication related incidents reported, although this figure may change following validation. A change of recording was made in December to improve capture of Medication Related Issues.

Never Events - none

Measures of Harm

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Serious Incidents source: Risk and Legal	York	6	6	5	11	3	6	8	6	13	13	8	9
	Scarborough	7	6	8	5	5	3	1	3	6	6	4	2
	Community	5	9	7	3	4	4	14	3	5	5	3	5
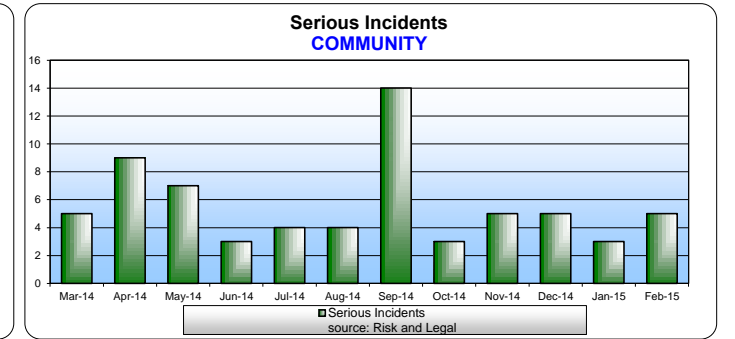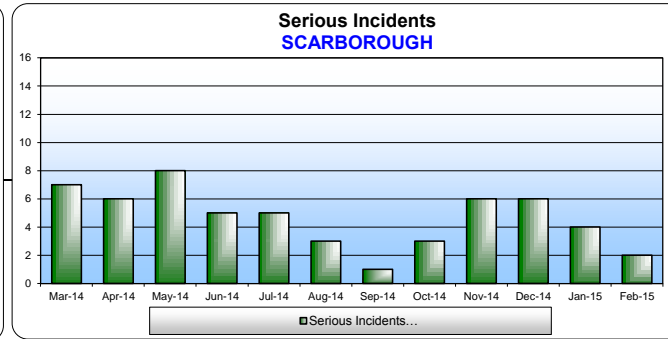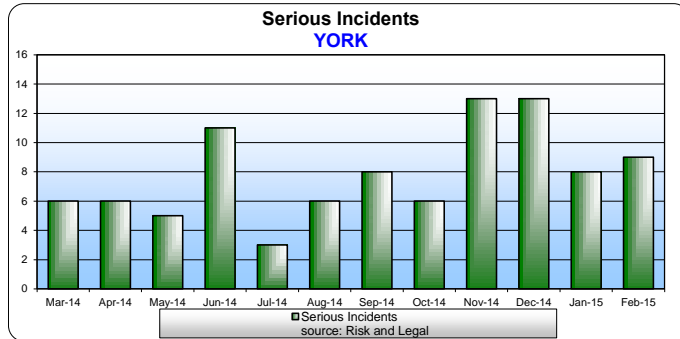
Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Number of Incidents Reported source: Risk and Legal	York	682	570	762	691	651	612	633	649	568	784	727	660
	Scarborough	349	307	295	318	355	340	340	365	365	481	409	354
	Community	139	135	190	201	233	160	177	152	90	118	100	114
Number of Incidents Awaiting sign off at Directorate level		1286	1240	1394	1877	-	1870	1497	1408	858	272	1444	516
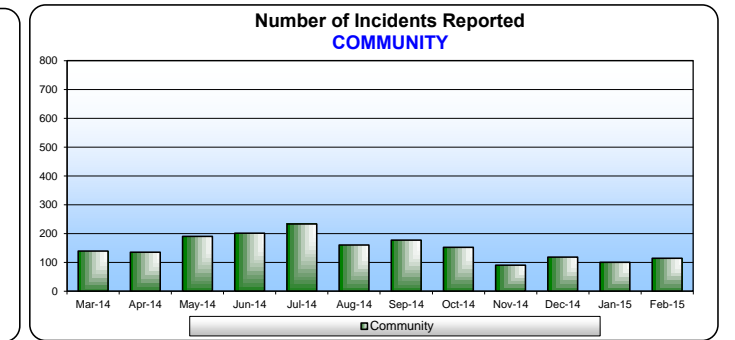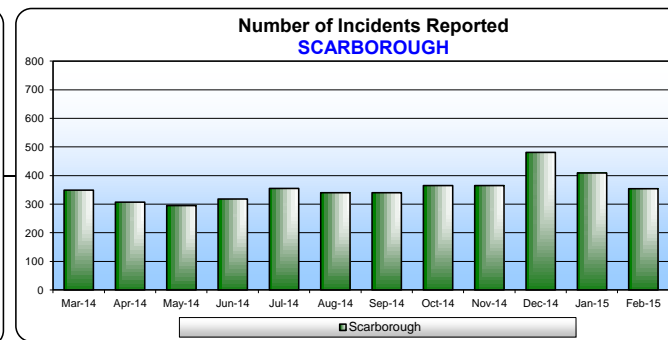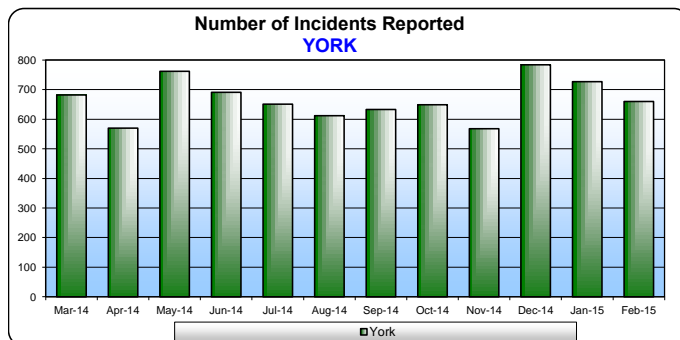
Measures of Harm

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Patient Falls source: DATIX	York	159	127	163	133	146	126	139	139	112	131	148	173
	Scarborough	76	67	61	73	66	68	72	63	51	71	69	72
	Community	40	32	58	45	58	38	36	26	16	12	25	27
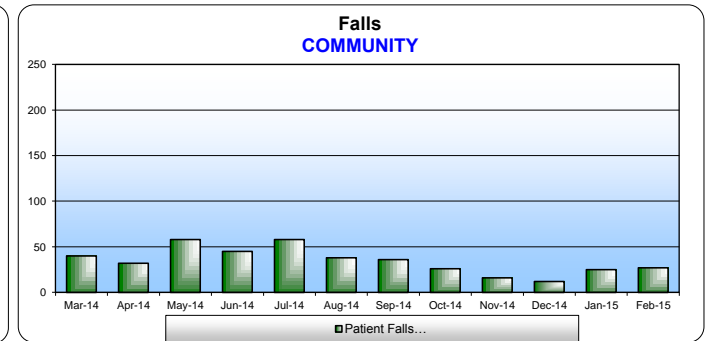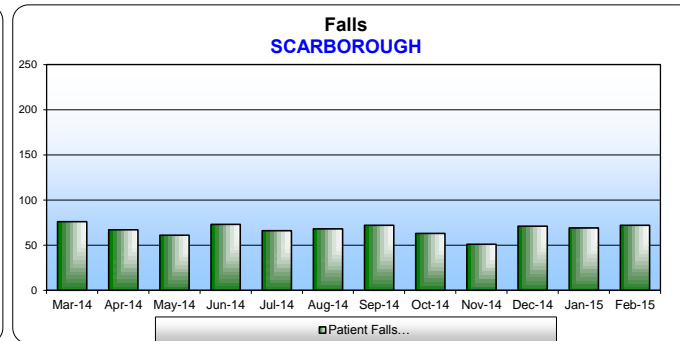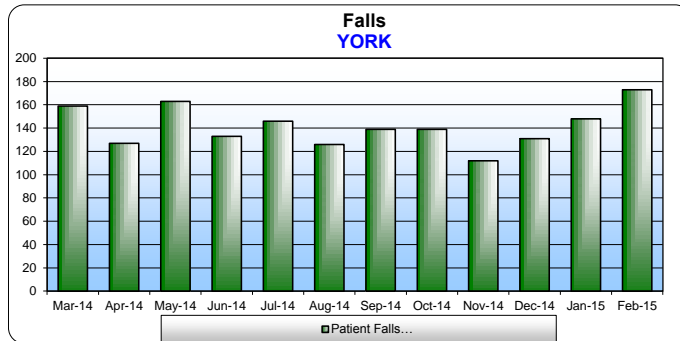
Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Pressure Ulcers source: DATIX	York	Newly developed	14	18	12	17	6	13	19	19	22	10	29	29
		Transferred into our care	67	38	72	48	57	56	44	50	45	38	62	64
	Scarborough	Newly developed	15	16	11	13	5	10	11	22	9	6	22	13
		Transferred into our care	26	40	41	40	50	25	28	38	38	22	59	54
	Community	Newly developed	3	7	10	6	7	5	3	4	5	0	14	16
		Transferred into our care	3	2	14	10	6	5	5	2	0	0	14	19
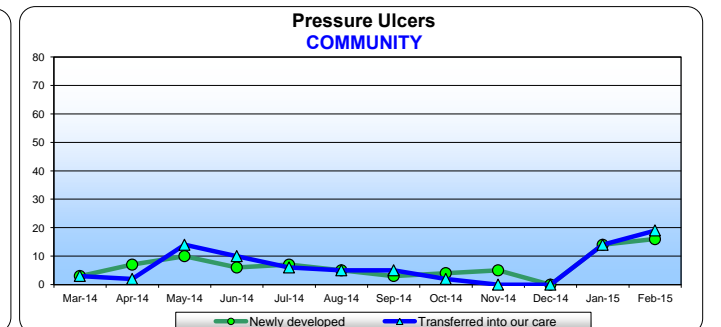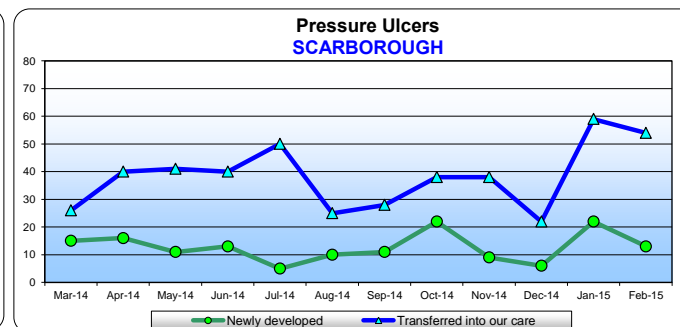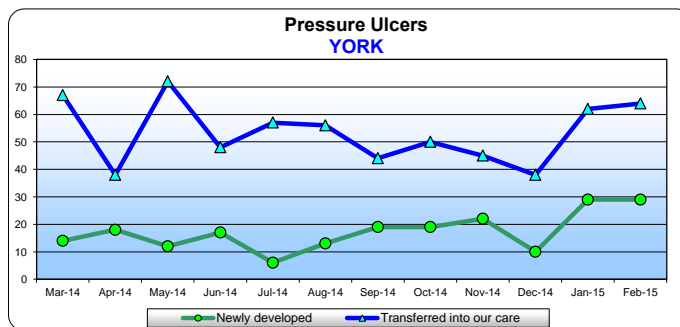
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised as a 'Deterioration of a previously reported ulcer'.

Measures of Harm

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Degree of harm: serious/severe or death source: Datix	York	6	4	9	3	2	3	3	3	6	8	4	7
	Scarborough	6	5	6	5	1	1	5	4	3	2	6	1
	Community	1	6	3	0	0	0	1	1	0	1	0	1
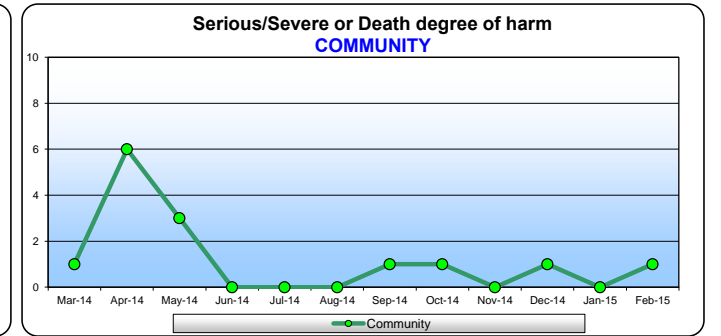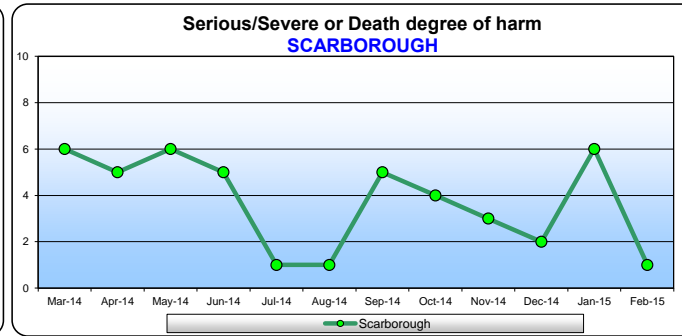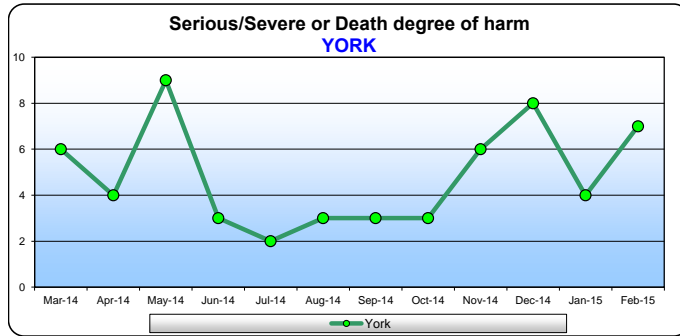
Serious/Severe or Death degree of harm **YORK**

Serious/Severe or Death degree of harm **SCARBOROUGH**

Serious/Severe or Death degree of harm **COMMUNITY**

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Degree of harm: Medication Related Issues source: Datix	York	40	26	23	57	38	26	31	30	21	97	65	60
	Scarborough	37	38	33	12	16	17	18	12	10	98	38	27
	Community	7	5	5	0	0	0	0	0	2	0	4	12

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.

Medication Related degree of harm **YORK**

Medication Related degree of harm **SCARBOROUGH**

Medication Related degree of harm **COMMUNITY**
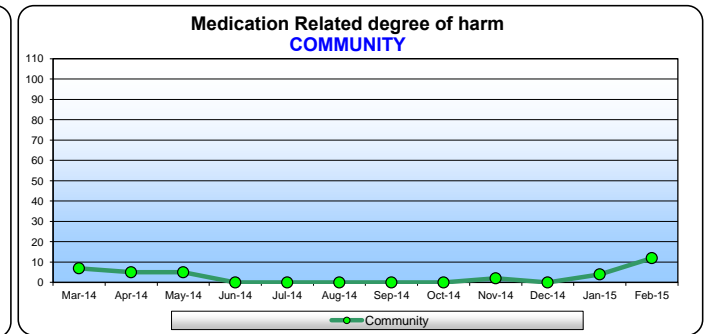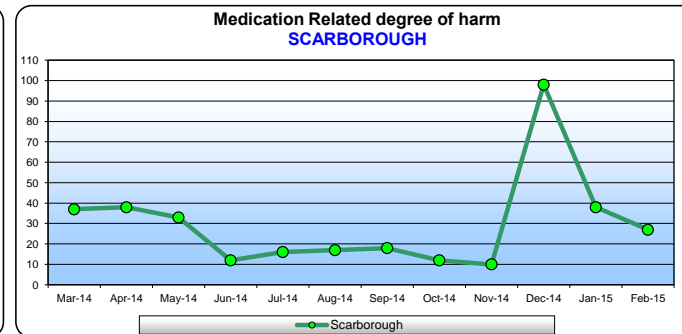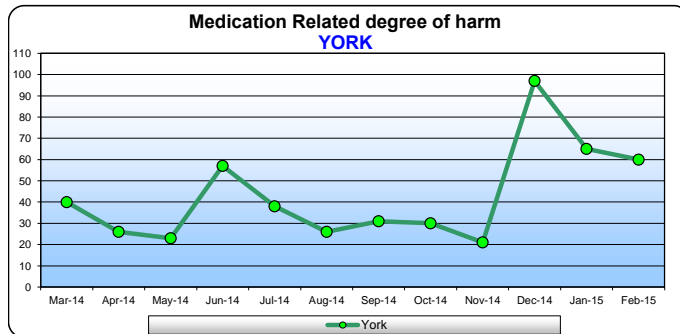
Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1	Q2	Q3	Dec	Jan	Feb
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%	97.2%	96.9%	97.1%	96.9%	97.0%	96.9%
		York	90%	97.7%	96.8%	97.4%	97.4%	97.2%	97.2%
		Scarborough	90%	96.8%	97.2%	97.6%	97.1%	97.3%	97.5%

VTE Risk Assessment
TRUST

VTE Risk Assessment
YORK

VTE Risk Assessment
SCARBOROUGH
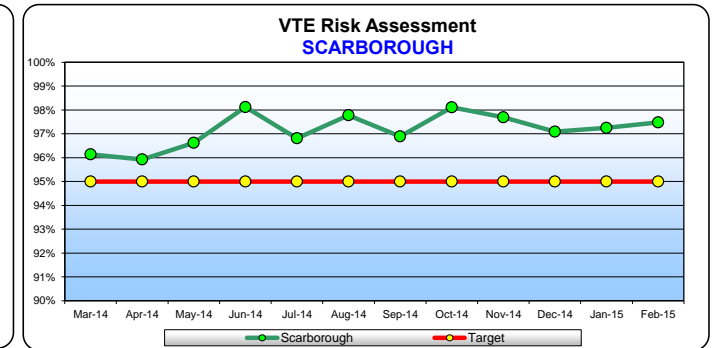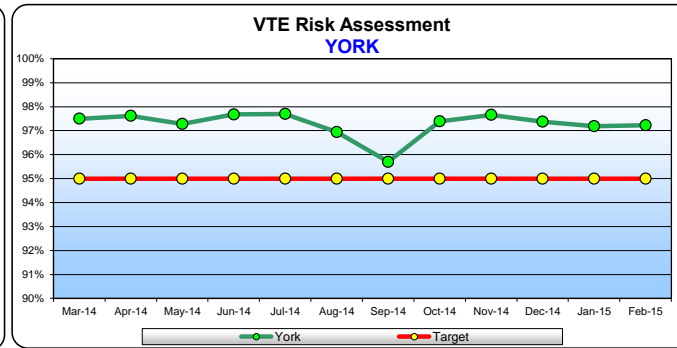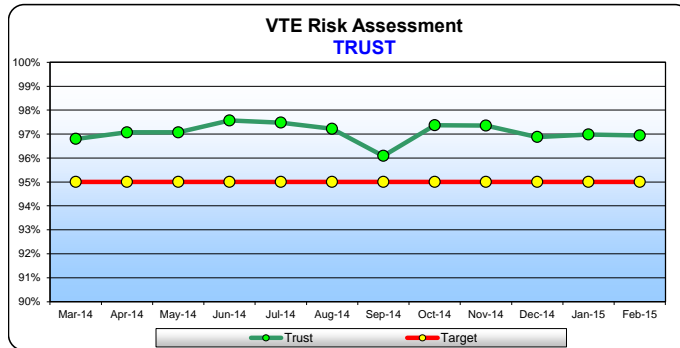
Drug Administration

Insulin Errors
There were 11 insulin related errors reported at York and Communities, and 3 at Scarborough/Bridlington in November. December, January & February figures not yet available due to remapping of the reporting system.

Omitted Critical Medicines
The audit of critical medicines missed during February indicated 5.1% for Scarborough, 1.4% for York and 1.9% for Community Hospitals.

Prescribing Errors
There were 16 prescribing related errors in February; 4 from Scarborough, 9 from York and 3 from Community.

Preparation and Dispensing Errors
There were 15 preparation/dispensing errors in February; 9 from Scarborough, 6 from York and none from Community.

Administrating and Supply Errors
There were 43 administrating/supplying errors in February; 26 from York, 12 from Scarborough and 5 from Community.

Drug Administration

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Insulin Errors	York	5	4	6	11	10	3	5	4	11	Not Available	Not Available	Not Available
source: Datix (one month behind)	Scarborough	2	2	0	2	1	3	3	2	3	Not Available	Not Available	Not Available
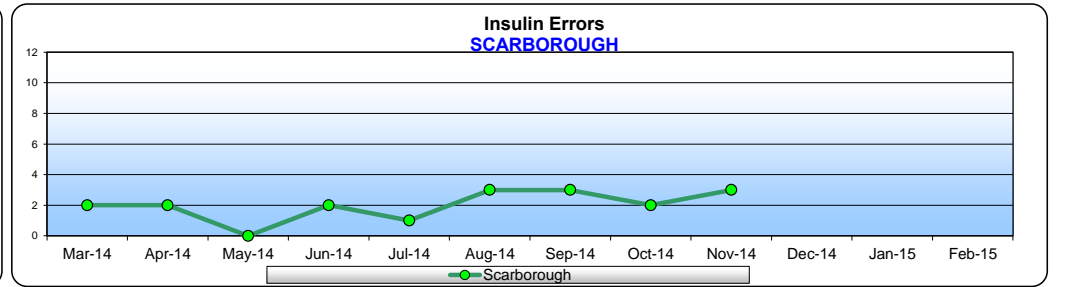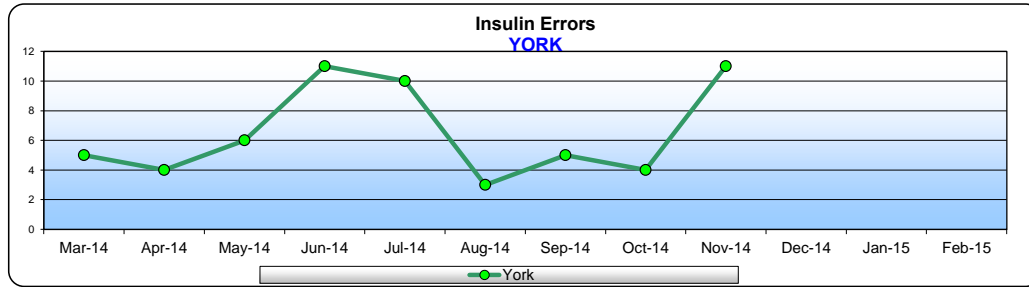
Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Number of Omitted Critical Medicines	York	10	13	11	9	10	20	18	7	6	8	6	6
source: Datix	Scarborough	6	17	9	11	9	9	4	7	9	9	9	12
	Community Hospitals	2	3	1	3	4	3	1	2	7	1	0	2
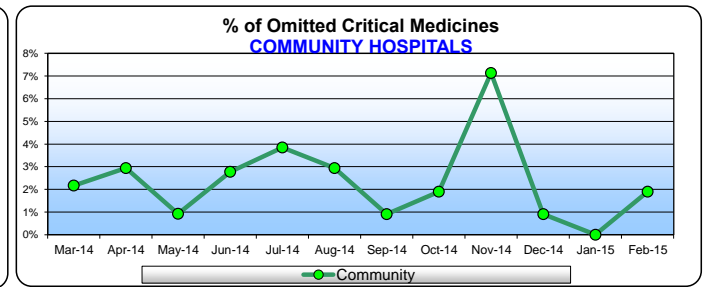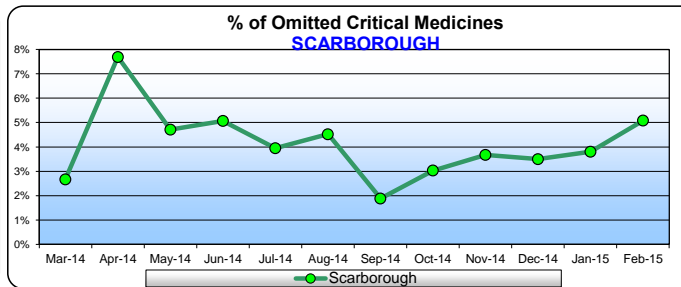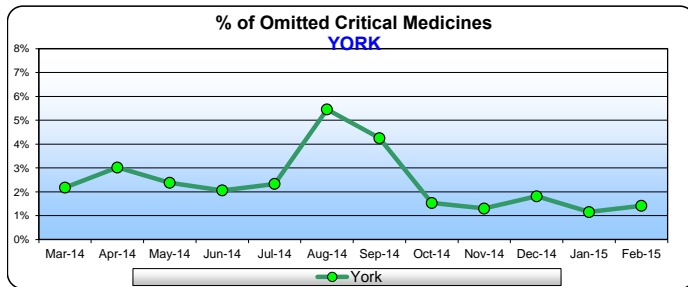
Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Number of Prescribing Errors	York	9	14	9	7	19	23	14	17	13	14	5	9
source: Datix	Scarborough	2	6	4	3	2	2	3	4	5	12	1	4
	Community Hospitals	1	2	0	1	1	2	0	0	2	1	1	3

Drug Administration

York Teaching Hospital **NHS**
NHS Foundation Trust

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

Number of Preparation and Dispensing Errors YORK

Number of Preparation and Dispensing Errors SCARBOROUGH

Number of Preparation and Dispensing Errors COMMUNITY HOSPITALS
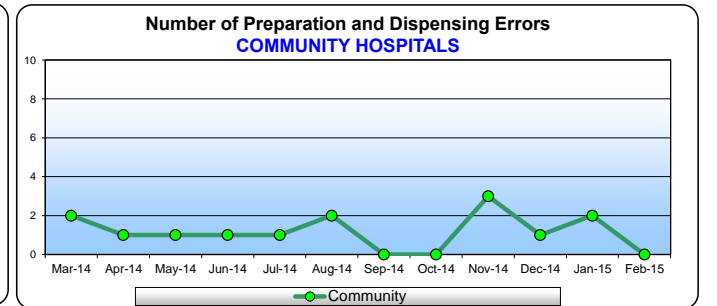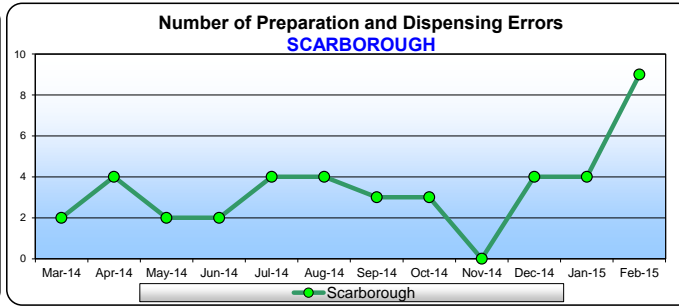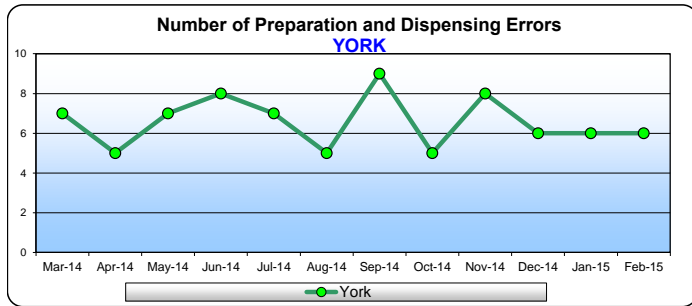
Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Administrating and Supply Errors source: Datix	York	27	20	23	28	35	25	25	28	32	27	25	26
	Scarborough	19	14	18	6	14	13	10	5	6	15	18	12
	Community Hospitals	4	3	5	13	7	4	6	2	5	3	4	5

Number of Administrating and Supply Errors YORK

Number of Administrating and Supply Errors SCARBOROUGH

Number of Administrating and Supply Errors COMMUNITY HOSPITALS
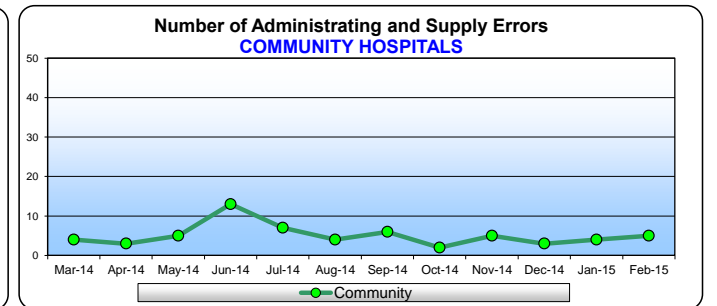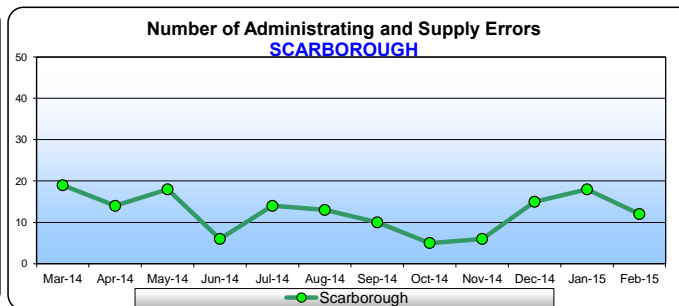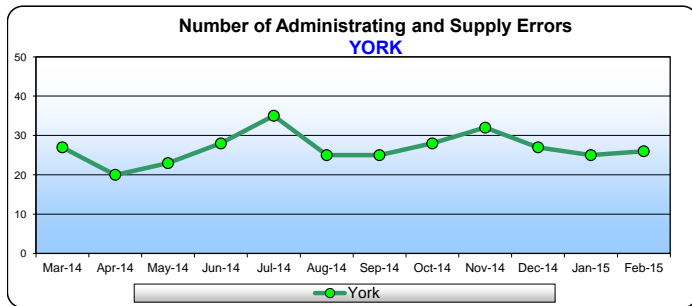
Measures of Harm: Safety Thermometer

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 February the percentage receiving care "free from harm" following audit is below:
·York: 95.3%
·Scarborough: 90.6%
·Community Hospitals: 92.9%
·Community care: 91.8%

VTE

The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:
·York: 0.3%
·Scarborough: 0.7%

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: 1.3%
·Scarborough: 3.5%
·Community Hospitals: 2.7%

Safety Thermometer

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

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% of Harm Free Care	York	92.9%	93.5%	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%	94.2%	95.3%
source: Safety Thermometer	Scarborough	89.4%	92.1%	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%	93.9%	90.6%
	Community Hospitals	83.8%	93.6%	85.7%	84.4%	91.4%	91.4%	92.0%	88.6%	95.2%	92.9%	86.8%	92.9%
	District Nurses	88.2%	91.2%	91.3%	91.8%	94.0%	93.1%	94.0%	94.4%	95.6%	94.9%	94.0%	91.8%
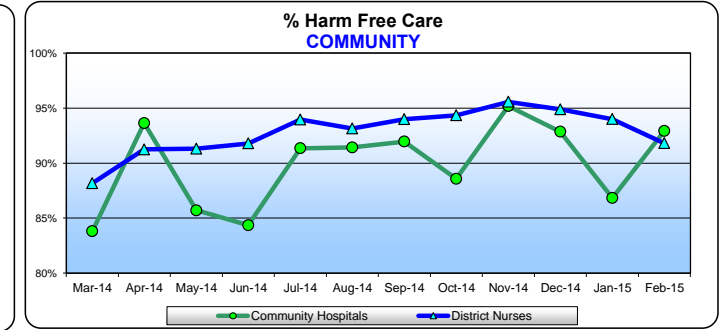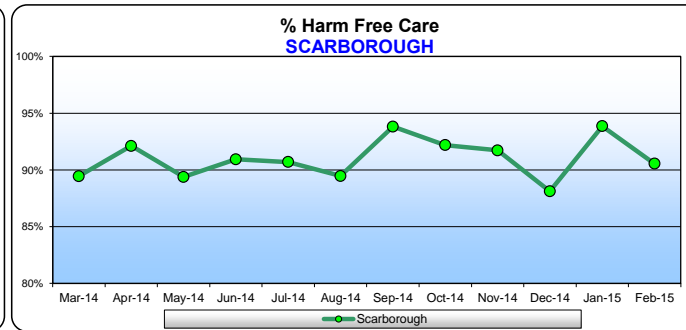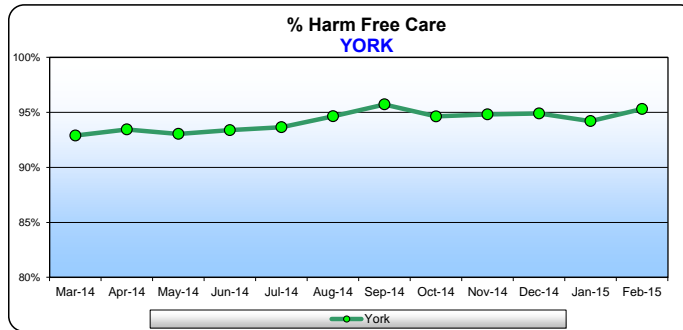
% Harm Free Care YORK

% Harm Free Care SCARBOROUGH

% Harm Free Care COMMUNITY

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% of Harm from Catheter Associated Urinary Tract Infection	York	1.5%	1.5%	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%	0.7%	1.3%
	Scarborough	1.4%	2.4%	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%	1.0%	3.5%
source: Safety Thermometer	Community Hospitals	2.9%	2.7%	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%	1.8%	2.7%
	District Nurses	2.0%	1.8%	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%	0.6%	0.6%
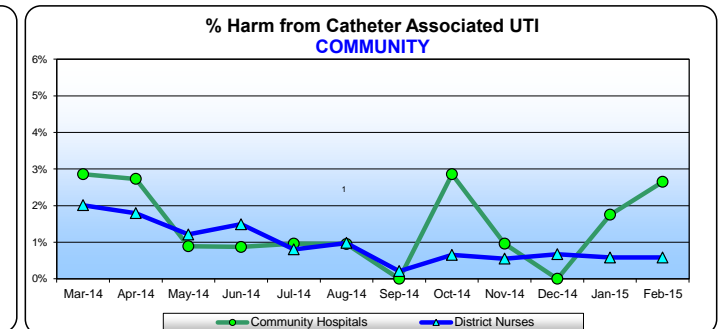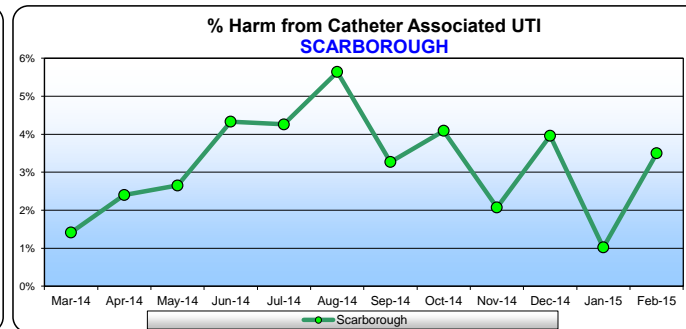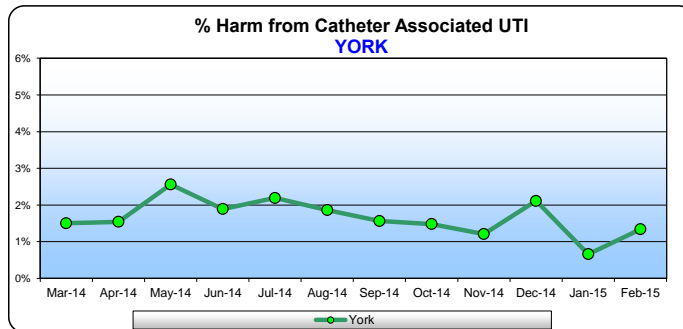
% Harm from Catheter Associated UTI YORK

% Harm from Catheter Associated UTI SCARBOROUGH

% Harm from Catheter Associated UTI COMMUNITY

Safety Thermometer

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

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% of Harm from Falls source: Safety Thermometer	York	1.3%	0.4%	1.1%	1.1%	0.6%	0.6%	0.4%	0.2%	1.7%	0.4%	1.0%	1.0%
	Scarborough	3.5%	0.0%	2.7%	1.2%	1.6%	0.8%	0.0%	0.7%	2.8%	2.0%	0.0%	0.7%
	Community Hospitals	3.8%	0.9%	0.9%	2.6%	1.9%	2.9%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%
	District Nurses	1.1%	2.0%	1.8%	2.1%	0.4%	0.4%	0.4%	1.7%	0.6%	0.7%	1.0%	1.4%

% Harm from Falls YORK — % Harm from Falls SCARBOROUGH — % Harm from Falls COMMUNITY
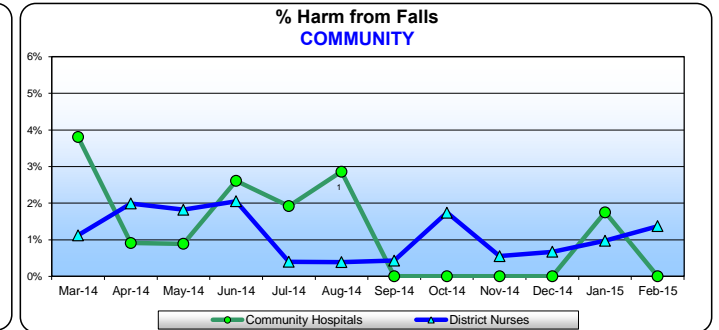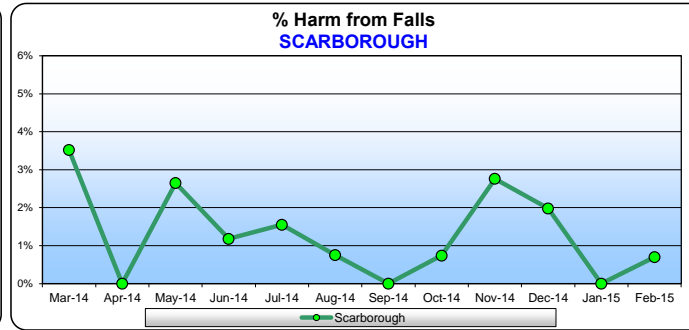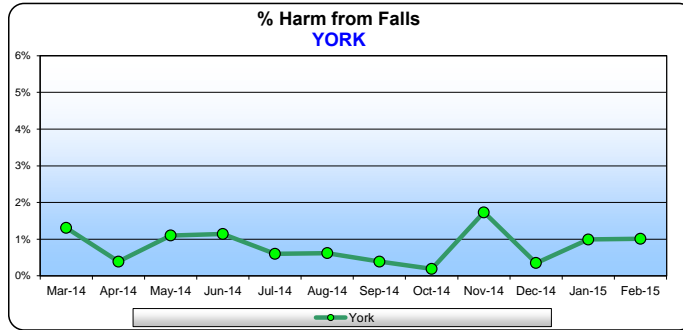
Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% of VTE source: Safety Thermometer	York	1.3%	1.7%	0.4%	0.2%	0.4%	0.0%	0.0%	0.4%	0.0%	0.2%	0.3%	0.3%
	Scarborough	0.7%	0.0%	0.4%	0.0%	0.0%	0.4%	0.7%	0.7%	0.0%	0.3%	0.7%	0.7%
	Community Hospitals	0.0%	0.9%	1.8%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.9%
	District Nurses	0.7%	0.4%	0.6%	0.4%	0.4%	0.4%	0.4%	0.7%	0.4%	0.5%	0.2%	0.8%
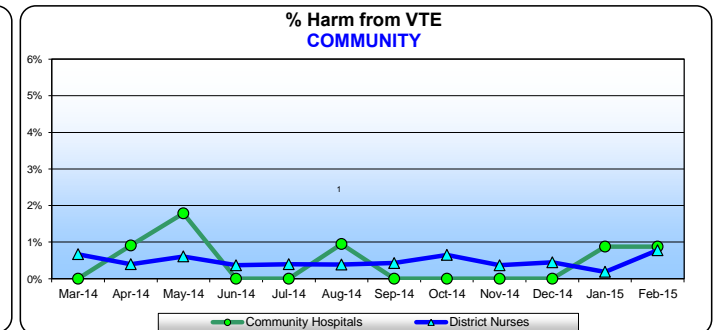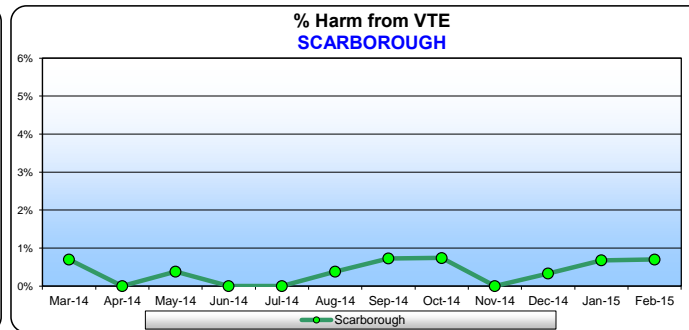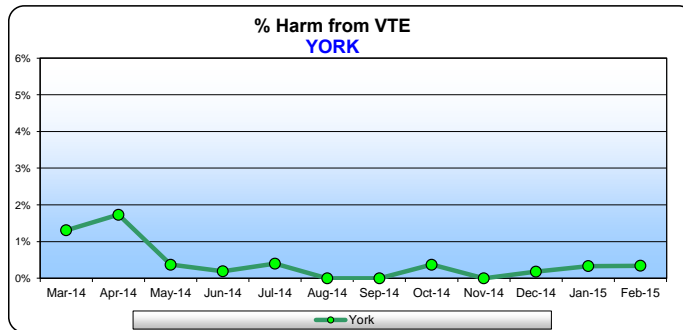
% Harm from VTE YORK — % Harm from VTE SCARBOROUGH — % Harm from VTE COMMUNITY

Safety Thermometer

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

Indicator		Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
% of Pressure Ulcers source: Safety Thermometer	York	3.0%	3.1%	3.1%	3.6%	3.2%	3.1%	2.3%	3.3%	2.6%	2.6%	3.8%	2.4%
	Scarborough	4.9%	6.2%	5.3%	4.7%	3.9%	4.9%	2.2%	3.7%	4.1%	5.9%	4.4%	4.6%
	Community Hospitals	10.5%	2.7%	11.6%	13.0%	5.8%	3.8%	8.0%	8.6%	3.9%	7.1%	8.8%	3.5%
	District Nurses	6.0%	4.6%	5.4%	5.3%	4.3%	4.5%	3.9%	3.6%	3.4%	4.1%	4.7%	4.7%

% Harm from Pressure Ulcers — YORK

% Harm from Pressure Ulcers — SCARBOROUGH

% Harm from Pressure Ulcers — COMMUNITY

Never Events

York Teaching Hospital NHS
NHS Foundation Trust

Indicator	Consequence of Breach	Threshold	Q1	Q2	Q3	Dec	Jan	Feb
SURGICAL								
Wrong site surgery	As below	>0	1	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0
Retained foreign object post-operation		>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
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0
Maladministration of insulin		>0	0	0	0	0	0	0
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>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
Entrapment in bedrails		>0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0
Severe scalding of Service Users		>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

Date	Location	Participants	Actions & Recommendations
06/02/2015	Ward 23 & Ward 26	Sue Rushbrook – Director John Coyle – Clinical Director Jamie Todd – Directorate Manager Katie Holgate – Matron Philip Ashton - NED	Senior nurse leadership staffing at weekends. Action - JT to discuss plan going forward with PHS Clarity of 1-1 and cohorting and responsibility of staff delivering 1-1 required. Action - KH to check policy for enhanced nursing service with PHS. Additional DOLS training required. Action - CW and KH to contact Safeguarding Team. Assessment of pressure ulcers. Action - KH to email LH in IT to discuss ability to upload photographs to CPD.
12/02/2015	Ophthalmology Outpatients, Eye Ward, Day Unit & Theatre	Sue Holden - Director Nicola Topping – Clinical Director David Pullen – Directorate Manager Katrina Swires – Matron Alan Rose - NED	Awaiting report.
19/02/2015	Labour Ward, Antenatal Services, G2 & G3	Mike Proctor - Director Natalie Wilde – Deputy DM Liz Ross – Head of Midwifery Chris Foster – Matron Libby Raper - NED	Postponed due to urgent departmental team meeting with executive directors.
27/02/2015	Ward 25	John Coyle – Clinical Director Jamie Todd – Directorate Manager Hilary Woodward – Matron Alan Rose – NED	Lack of clarity and access to appropriate Bariatric equipment. Action - JT to escalate onto directorate risk register and discuss with Brian Golding as to what the actions / future plans are for purchase and availability of bariatric equipment. Plan for provision of a dining support service utilising volunteers. Action - JT to discuss with directorate teams and raise with HR regarding potential volunteers to support implementation of this service. Explore whether bathroom space could be safely used as a 'pre-discharge' area. Action - JT to discuss with MH / senior nursing team to identify whether partial use of this space can be effectively and safely used as an area to facilitate timely discharge.

Community Hospitals

Indicator	Hospital	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
	Archways	23.4	22.1	20.6	16.4	29.7	28.3
	Malton Community Hospital	24.5	18.6	17.1	18.0	16.0	13.3
Community Hospitals average length of stay (days)	St Monicas Hospital	24.5	23.2	22.0	23.4	25.8	22.3
	The New Selby War Memorial Hospital	13.8	15.6	13.7	15.5	14.8	19.3
	Whitby Community Hospital	21.1	20.3	20.9	22.7	21.2	21.3
	Total	20.4	19.4	18.1	19.1	19.6	19.8
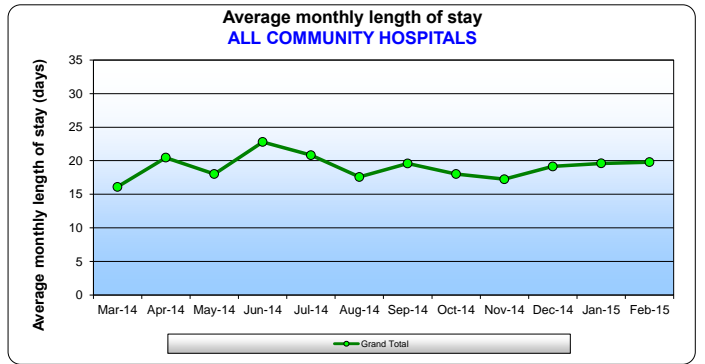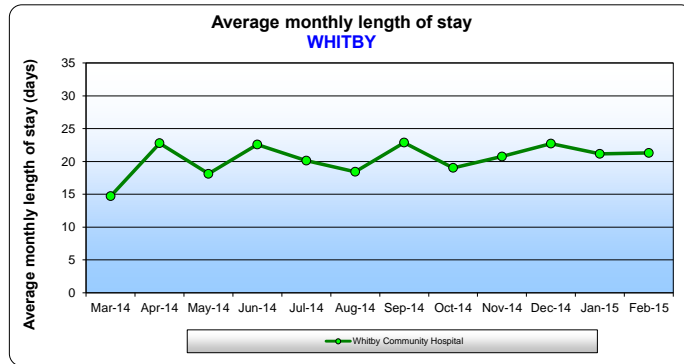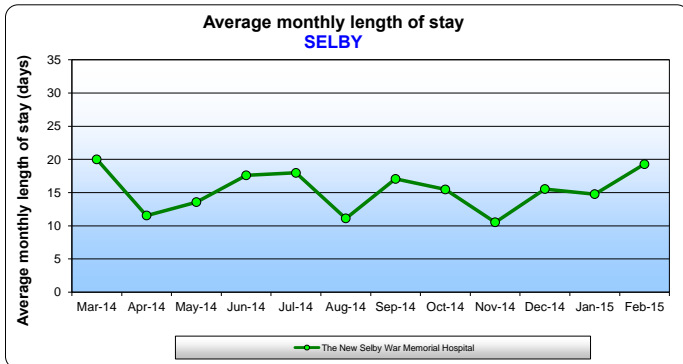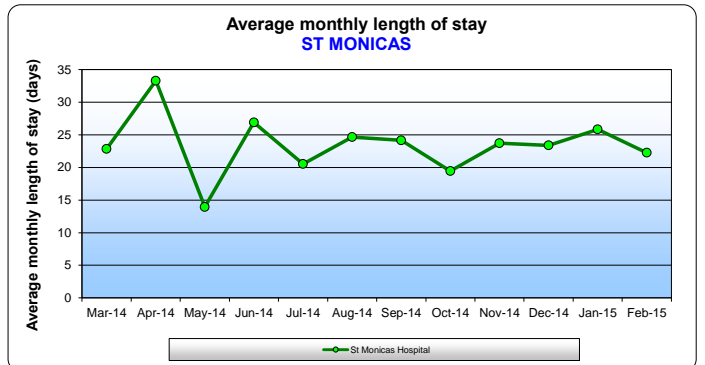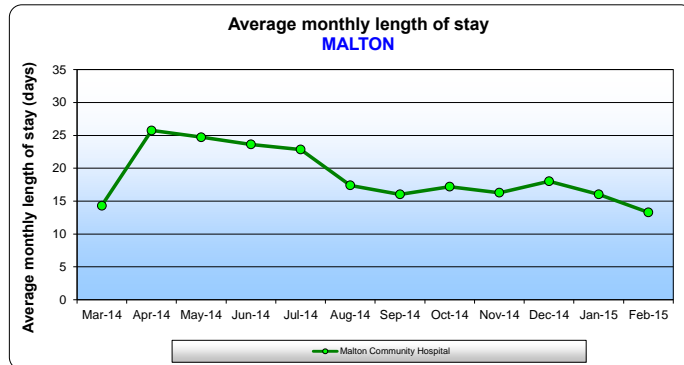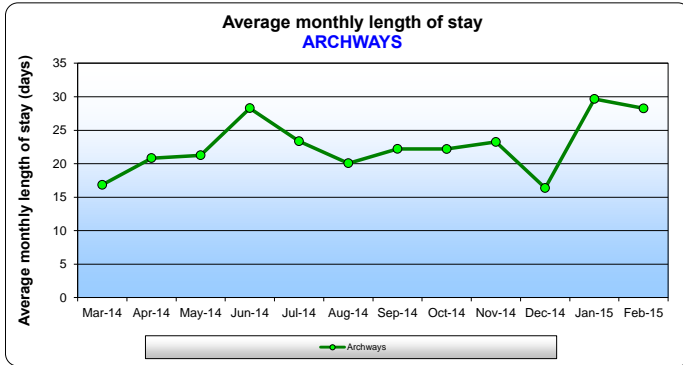
Average monthly length of stay
ARCHWAYS

Average monthly length of stay
MALTON

Average monthly length of stay
ST MONICAS

Average monthly length of stay
SELBY

Average monthly length of stay
WHITBY

Average monthly length of stay
ALL COMMUNITY HOSPITALS

Community Hospitals

Indicator	Hospital		Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
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	0	3
		Emergency	66	91	77	27	21	28
	Malton Community Hospital	Elective	4	10	21	6	22	18
		Emergency	89	114	121	37	37	34
	St Monicas Hospital	Elective	9	13	9	1	4	4
		Emergency	36	35	27	12	14	10
	The New Selby War Memorial	Elective	68	62	69	18	21	20
		Emergency	71	66	69	16	17	15
	Whitby Community Hospital	Elective	0	1	4	0	0	0
		Emergency	152	123	142	52	48	41
	Total	Elective	89	90	111	30	47	45
		Emergency	414	429	436	144	137	128

Admissions ARCHWAYS

Admissions MALTON

Admissions ST MONICAS

Admissions SELBY

Admissions WHITBY

Admissions ALL COMMUNITY HOSPITALS

YORK - MATERNITY DASHBOARD

		Measure name	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	March	April	May	June	July	August	September	October	November	December	January	February	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	295	276	297	253	302	254	325	314	296	246	311	300	289.1
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	88.0%	84.1%	82.8%	88.4%	89.7%	86.6%	86.3%	86.6%	88.0%	87.0%	88.0%	90.0%	87.1%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers		< 10%	10%-20%	>20%	CQUIN	7.1%	8.0%	4.7%	5.5%	3.0%	6.3%	7.1%	8.3%	6.4%	5.3%	6.0%	5.0%	6.1%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-	-	
		Births	No. of babies	CMIS	≤295	296-309	≥310	prev. stats	285	250	292	289	308	317	308	319	244	264	269	228	281.1
		No. of women delivered	No. of mothers	CMIS	≤296	296-310	≥311		285	243	290	289	302	311	303	316	239	261	265	224	277.3
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		4	0	2	0	0	0	1	1	3	1	3	1	1.3
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	0	0	0	0	0	1	0	0	1	0	0.2
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		2	1	2	4	4	2	1	5	1	1	3	1	2.3
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	1	1	0	0	0	0	0	0	0	0	0.2
		SCBU closed to admissions	In utero transfers	Transfer folder	0	1	2 or more		0	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	28.5	29.0	29.0	29.0	29.8	30.5	31.4	31.3	31.9	33.2	32.5	32.5	30.7
		HCA's	Ratio	Matron				staffing paper	19.43	19.43	19.43	18.83	19.43	19.03	20.63	19.80	21.00	21.20	20.40	20.40	19.9
		1 to 1 care in Labour		Risk Team	≥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%	80.7%
		L/W Co-ordinator supernumary %		Risk Team					65	71	51	50	45	61	48	43	56	55	70	63	56.4
		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 Indicators	Neonatal/Maternal Morbidity	Sponateous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		59.6%	58.0%	58.5%	65.6%	62.7%	61.4%	64.4%	58.2%	58.2%	57.5%	79.3%	74.6%	63.2%
		Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	12.6%	22.4%	19.9%	14.6%	12.7%	13.2%	11.2%	14.9%	15.9%	18.0%	17.4%	12.5%	15.4%
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	27.7%	25.8%	26.0%	23.3%	27.3%	22.8%	21.1%	25.6%	24.3%	22.2%	19.2%	24.6%	24.2%
		Eclampsia	No. of women	CMIS	0		1 or more		0	0	1	0	0	0	0	1	0	0	0	0	0.2
		Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	0	0	2	1	3	0	0	1	1	1	2	1	1.0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	2	0	0	0	0	0	1	1	0	0.3
		HDU on L/W	No. of days	Handover Sheet					11	10	30	30	20	20	15	25	15	28	15	14	19.4
		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	3	4	5	3	4	3	7	4	2	8	4	4	4.3
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	1	0	1	1	1	0.4
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more		-	-	-	-	-	-	-	-	-	-	1	1	1.0
		Intrapartum Stillbirths	No. of babies	Risk Team	0	0	1 or more		-	-	-	-	-	-	-	-	-	-	0	0	0.0
	Risk Management	SI's	Total	Risk Team	0	1	1 or more		0	0	1	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	1	5	4	4	1	2	2	0	2	1	2	2.1
		Shoulder Dystocia - True	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	RCOG	2	1	3	5	2	3	7	5	1	6	4	1	3.3
		3rd/4th Degree Tear	% of tears (vaginal b	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	6.8%	5.4%	5.3%	6.4%	6.3%	2.3%	3.5%	2.2%	2.2%	3.0%	1.5%	5.4%	4.2%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		95.0%	96.0%	94.0%	92.0%	91.0%	91.0%	91.0%	89.0%	91.0%	92.0%	86.0%	89.0%	91.4%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		81.0%	78.0%	83.0%	74.0%	71.0%	71.0%	46.0%	46.0%	50.0%	50.0%	79.0%	76.0%	67.1%
		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	Matron	0	1-4	5 or more		1	3	0	3	3	1	1	1	2	0	0	1	1.3
		Formal	Total	Matron	0	1-4	5 or more		0	2	0	0	1	0	2	0	4	0	0	2	0.9

SCARBOROUGH - MATERNITY DASHBOARD

		Measure	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	March	April	May	June	July	August	September	October	November	December	January	February	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤200	201-249	≥250	prev. stats	201	193	183	185	187	176	192	193	139	136	151	131	179
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	92.0%	94.3%	88.1%	94.6%	87.1%	84.7%	87.4%	87.2%	92.4%	90.4%	87.0%	91.6%	89.7%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers		< 10%	10%-20%	>20%	CQUIN	7.2%	4.1%	9.7%	3.8%	9.8%	11.9%	9.9%	11.7%	6.5%	8.8%	9.8%	7.6%	8.4%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-	-	-
		Births	No. of babies	CMIS	≤170	171-189	≥190	prev. stats	119	119	119	125	134	158	146	148	129	138	142	125	134
		No. of women delivered	No. of mothers	CMIS	≤170	171-189	≥190		118	116	119	124	132	158	146	145	127	136	138	125	132
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		0	0	0	1	0	0	0	0	0	1	0	0	0
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	0	1	0	0	0	0	0	1	0	0	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		0	0	0	1	0	0	0	0	1	1	0	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	0	1	0	0	0	0	0	1	0	0	0
		SCBU closed to admissions	In utero transfers	Transfer folder	0	1	2 or more		4	7	26	10	4	21	10	8	8	20	26	5	12
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	44.0	43.3	43.5	42.5	43.7	40.1	38.2	38.0	39.9	38.6	42.0	42.3	41.7
		HCA's	Ratio	Matron				staffing paper	18.3	15.7	15.3	15.7	14.5	14.5	15.9	15.9	15.3	15.8	16.3	16.3	16.2
		1 to 1 care in Labour		Risk Team	≥75%	61%-74%	≤60%		99.2%	88.0%	86.0%	87.0%	88.0%	88.0%	92.0%	93.0%	91.3%	91.3%	90.6%	93.6%	91.5%
		L/W Co-ordinator supernumary %		Risk Team					64.5%	64.5%	70.9%	75%	58%	50%	50%	58%	50%	59%	55%	64%	64.5%
		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	Neonatal/Maternal	Sponateous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		72.3%	76.7%	68.9%	64.0%	76.5%	70.3%	76.0%	71.0%	72.4%	69.9%	77.5%	75.2%	72.2%
Indicators	Morbidity	Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	5.9%	3.4%	6.7%	6.5%	3.8%	9.5%	9.0%	5.5%	4.7%	7.4%	5.8%	9.6%	6.1%
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	21.0%	19.8%	23.5%	29.0%	18.9%	20.9%	15.2%	22.8%	22.8%	22.8%	22.5%	24.8%	22.3%
		Eclampsia	No. of women	CMIS	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	0	1	1	0	0	0	0	0	0	1	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					1	3	0	0	2	2	2	2	3	2	4	0	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	0	3	2	0	2	1	1	3	0	1
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	1	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	1
		Stillbirths Intrapartun	No. of babies	Risk Team	0	0	1 or more	prev. stats	-	-	-	-	-	-	-	-	-	-	1	0	1
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		0	1	0	0	0	0	1	1	0	0	0	1	0
		PPH > 2L	No. of women	Risk Team - Datix	1 or less	2-3	3 or more		0	2	0	0	2	0	1	3	0	0	1	0	1
		Shoulder Dystocia - True	No. of women	Risk Team - Datix	1 or less	2-3	3 or more	RCOG	0	0	1	1	0	1	0	0	0	0	1	1	1
		3rd/4th Degree Tear	% of tears (vaginal b	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	0.0%	0.4%	0.7%	1.6%	0.0%	1.3%	0.7%	2.1%	0.0%	3.7%	1.4%	1.1%	1.6%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		93.0%	91.0%	90.0%	94.0%	93.0%	93.0%	93.0%	94.0%	84.0%	89.0%	66.0%	80.0%	88.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		0.0%	0.0%	0.0%	77.0%	92.0%	92.0%	92.0%	92.0%	100.0%	92.0%	93.0%	86.0%	67.5%
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	0	0	8	0	0	0	0	0	1
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		2	0	1	0	1	2	3	1	1	0	0	1	1
		Formal	Total	Matron	0	1-4	5 or more		0	2	0	0	0	1	4	0	0	0	0	0	1

York Teaching Hospital **NHS**

NHS Foundation Trust

Board of Directors – 25 March 2015

Medical Director's Report

Action requested/recommendation

Board of Directors should be aware of:

- Consultants joining the Trust
- Compliance with antimicrobial prescribing
- Information Governance arrangements in the Trust.

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 Directors
Risk	No additional risks have been identified others than those specifically referenced in the paper.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	March 2015
Version number	Version 1

Board of Directors – 25 March 2015

Medical Director's Report

1. Introduction and background

In the report this month:

- New consultants
- Antimicrobial prescribing audit
- Information Governance update.

2. Consultants new to the Trust

Bahir Almazedi
Consultant Radiologist
York Hospital

Sheik Abdul Kadhar Moopan Abdul Razak
Consultant in Paediatrics
Scarborough Hospital

Leila Fahel
Locum Consultant in Obstetrics and Gynaecology – until 01/07/2015
York Hospital

3. Antimicrobial prescribing audit

SUMMARY OF ANTIBIOTIC PRESCRIPTION AUDIT RESULTS
January – December 2015

indication on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	85%	87%				
Scarborough Hospital	81%	76%				
Trust average	83%	82%				

duration / course length on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	84%	88%				
Scarborough Hospital	84%	88%				
Trust average	84%	88%				

% patients >65 years co-prescribed VSL#3 (NB the audit did not investigate if any of the patients >65 years who were not on VSL#3 met any of the exclusion criteria)	Jan	Feb	Mar	Apr	May	Jun
York Hospital	71%	64%				
Scarborough Hospital	79%	67%				
Trust average	75%	65%				

% of in-patients prescribed antibiotics	Jan	Feb	Mar	Apr	May	Jun
York Hospital	24%	25%				
Scarborough Hospital	36%	36%				

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

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

SPECIALIST MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	2	3				
Antibiotic prescriptions with INDICATION	100%	67%				
Antibiotic prescriptions with DURATION / REVIEW	100%	67%				
% 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				
Antibiotic prescriptions with INDICATION	73%	71%				
Antibiotic prescriptions with DURATION / REVIEW	64%	76%				
% patients >65 years co-prescribed VSL#3 *^	60%	78%				

GENERAL SURGERY & UROLOGY	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	40	51				
Antibiotic prescriptions with INDICATION	80%	88%				
Antibiotic prescriptions with DURATION / REVIEW	75%	84%				
% patients >65 years co-prescribed VSL#3 *^	42%	59%				

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

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

NB   With effect from January 2015, Directorate results are derived from the consultant assigned to each patient on CPD on audit day.

*   The audit did not investigate if any o 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.   Information Governance

Information Governance is the NHS framework for managing the quality and security of information and records. Effective information governance is essential to the delivery of safe, effective care and to satisfying the business needs of the Trust – in short, it is about getting the right information, to the right person, at the right time.

The IG framework, provided by the Health and Social Care Information Centre, sets standards relating to people, processes and systems, with a particular emphasis on the accuracy and availability of patient records.

IG Work Plan 2014-15

The Trust's Information Governance Work Plan is overseen by the Information Governance Group, under the chairmanship of the Medical Director. The Plan governs the activities of the IG team (1.8 WTE) in providing an IG service to the Trust. Table 1 below summarises the year's activity and Table 2 progress against the stated priorities for 2014-15.

Table 1.

IG Team function	Summary 2014-15
Providing advice, guidance and training	Average 30 staff enquiries per week, face-to-face training with 150+ staff per month, IG e-learning mandated for all staff on Learning Hub
Maintaining Information Governance policies, procedures and guidelines	6 x BIG News magazines during year plus features in Staff Matters. New staff guides for Junior Doctors, IT security, use of digital cameras, confidentiality over the phone

	published or in preparation.
Managing Information Security Incidents	Average 30 AIRS reported per month. Enhancements to Datix implemented. 3 IG Serious incidents investigated and followed up during the year. Information Commissioner satisfied with Trust action on one closed incident, so averting enforcement action incl fines up to £500K
Responding to requests made under the Freedom of Information Act 2000	277 requests processed in 2014. Estimated cost, including Directorate input and overheads, approaching £125K
Supporting Directorates to comply with the IG standards	Presentation to DMs, support to SNS IG Working group, review of confidential waste disposal on wards, work with Finance team on invoice validation, 80 R&D applications reviewed for IG.
Preparing the Information Governance annual return, with supporting evidence.	See 'Performance' below.

Table 2.

Work Plan priority	Progress
Meet the Trust's commitments arising from the Caldicott2 Review of patient confidentiality	All elements rated amber or green, four upgraded to blue (fully implemented/business as usual) on submission to national Caldicott Implementation Monitoring Group. See Appendix 2.
Carry out Privacy Impact Assessments in respect of the York Community hub	CCG led on PIA. Practical support given to development of referral process, patient leaflets and in training staff recruited to Hub.
Document Information Sharing agreements to support delivery of integrated care	**Developing Multi-Agency protocol in partnership with City of York Council, NYCC, N Yks Police etc. Piloting use of Information Sharing Agreement e.g. social workers accessing CPD records**
Address the particular IG requirements of staff working in Community Services	Ad hoc support provided on issues e.g. management of work diaries. Strategic approach still to establish.
Working together with Systems and Network Services, apply the	Team leaders attended bespoke IG

Information security standards and build the evidence base.	training for IT staff. SNS working group addressed info security standards.	

Trust Performance

The Trust is required to submit an annual self-assessment of its performance under six domains as in the table at Appendix 1. The table shows provisional scores for the year 2014-15 (last year's scores in brackets). Overall, the Trust expects to achieve 85% compliance, achieving or exceeding the 'satisfactory' rating for each standard. The self-assessment is subject to annual Internal Audit, which has always resulted in significant assurance to the Board.

Uplifts in the scoring have been achieved this year due to:
- Enhanced effort on the part of colleagues in Systems & Network Services to evidence compliance
- Replacement of last IT system not to support use of NHS Number
- Consolidation of systems and processes across York and Scarborough sites.

Whilst still registering as satisfactory, certain scores have fallen away due to:
- Difficulty in evidencing formal contracts with all information system and service providers
- Challenges associated with corporate records management and increasing volumes of Freedom of Information requests.

As the Trust operates under increasing pressure of demand and organisational change, the ongoing challenge is to uphold information governance standards in the interests of the Trust, its patients and staff.

Appendix 1

Information Governance Toolkit v.12

Provisional Scores by Domain

(published scores 2013-14 in brackets)

Information Governance Management 90% (93%)
Covers: IG framework, policies, employment contracts and training, control of suppliers of information systems and services
Confidentiality and Data Protection Assurance 88% (88%)
Covers: Skills and experience, guidance documents for staff and patients, protocols for information sharing, IG security accreditation in system and process development
Information Security Assurance 77% (71%)
Covers: Information risk assessment, technical and organisational controls for systems and networks, breach reporting, business continuity planning
Clinical Information Assurance 93% (86%)

Covers: Use of NHS number, clinical record-keeping standards and audit, availability of patient records	
Secondary Use Assurance 95% (87%)	
Covers: Data standards and validation, benchmarking, clinical coding standards and audit	
Corporate Information Assurance 77% (88%)	
Covers: Corporate records management and Freedom of Information	

- Please see Appendix A for the Progress Report

5. Recommendations

Board of Directors should be aware of:

- Consultants joining the Trust
- Compliance with antimicrobial prescribing
- Information Governance update.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**March 2015**

Commitment Number	Govt commitment	York Teaching Hospital Trust status	Analysis	RAG Status	Next Update Due
31	Be aware that the duty to safeguard children or vulnerable adults may mean that information should be shared, if it is in the public interest to do so, even without consent.	1. Safeguarding Policies in place 2. Safeguarding training mandated as apt for different staff groups 3. Information Governance knowledge assessment includes new Caldicott principle 4. Information Governance guidance on information sharing under review	To confirm with Safeguarding Lead 15th Dec 2014	Amber	March 2015
32	Look at information governance best practice and how it affects their work.	1. IG compliance included in ongoing audit and inspection programme 2. Practice reviewed annually against IGT standards 3. To identify any additional requirements for inclusion in 2014-5 IG work plan	Established ongoing review	Green	N/a
33	Examine their existing arrangements, and lead by example with their local partners to make it easier to share information.	1. Information sharing reviews under way with LA commissioners 2. Protocols in preparation for Community Hubs, being approved for Shared Electronic Care Record	Addressed under IGT standard 207 (protocols)	Amber	March 2015

34	Expect that relevant personal confidential data is shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual.	1. Access to paper and electronic records enabled on a 'need to know' basis.audit logs available. 2. Failure to share where needed for care consititutes a reportable IG incident 3. To check understanding of 'regulated H&SC professional' and 'legitimate relationship' 4. Audit against NICE guideline 138 on Patient Experience work plan for 2014-15	Addressed under IGT standards 202 (controls on sharing), 206 (audit) NG138 baseline audit shows compliance with stds relating to information sharing For confirmation IG Group March 2015	Amber	March 2015
35	Seek advice from the ICO and refer to the HSCIC's Confidentiality Code of Practice for further advice on managing and reporting data breaches.	Trust has developed policies and procedures to comply with published guidance, notably contained within the IG Toolkit.	IGT Standard 302 New IGT guidance implemented, amendments made to Datix Nov 2014	Amber	March 2015
36	Explain and apologise for every personal data breach, with appropriate action agreed to prevent recurrence.	1. Remedial action is a key focus of every investigation. In accordance with ICO and IC guidance, consideration is always given to notifying those affected. 2. Approach in keeping with Trust's 'Being Open' Policy ie allowing for degree of harm when considering notifying data subjects.	Compliant	Green	March 2015
37	Clearly explain to patients and the public how the personal information they collect could be used in de-identified form for research, audit, public health and other purposes.	Current patient information leaflets and website were revised prior to publication of Caldicott report. To review in 2014-15.	Addressed under IGT standards 202 & 203 On work plan	Amber	March 2015
38	Make clear what rights the individual has open to them, including any ability to actively dissent.	1. As for commitment 37 above. 2. Integral to SCR usage 3. To develop local procedures for responding to pt dissent (Core pt database)	Addressed under IGT standards 202 & 203 Not currently on work plan – agree priority with FCJ	Amber	March 2015

			1.12.2014	Amber	
41	Appoint a Caldicott Guardian or Caldicott lead with access to appropriate training and support.	Caldicott Guardian in place since original recommendation. Current CG established in role and fully supported as per IGT. Last reviewed and approved 2013	Compliant	Green	March 2015
43	Strengthen their leadership on information governance.	1. Board members strongly represented on IG Leadership - Medical Director, Director of Finance, IT Director, also Deputy Dir Healthcare Governance. 2. To review of IG Group terms of reference and membership scheduled for 2014-5 3. To strengthen senior mgt accountability by assigning owners to individual IGT requirements.	Green subject to agreement of IAOs. To confirm at IG Group	Amber	March 2015
44	Ensure that the information provided to inform citizens about how their information is used does not exclude disadvantaged groups.	1. All patient information currently made available in alternative formats. This is prominently displayed on all leaflets. 2. To discuss with Equality and Diversity Lead, to see if more could be done.	On work plan for New Year IGT standard 203	Amber	March 2015
45	Use the revised Caldicott principles in all relevant information governance material and communications.	1. IG Knowledge Assessment already includes new Caldicott principle. 2. Concluded: Revision of Confidentiality Staff Guide, new Code of Practice, 3. Under way Nov 2014: development of Intranet as info hub for IG guidance.	Addressed under IGT standard 105 (Policies) &102 (Training)	Amber	March 2015

| 46 | Audit their information sharing practices in adult NHS services against NICE Clinical Guideline 138. | Baseline Assessment concluded. Only action in relation to information sharing relates to Copying Letters to Patients. Work in progress by Patient Involvement Lead. | Mostly compliant Action and timescales to be agreed | Amber | March 2015 |

Last updated:
Susan Hall
30.11.2014

Board of Directors – 25 March 2015

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board is asked to note the Chief Nurse report for March 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.
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	March 2015
Version number	Version 1

Board of Directors – 25 March 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

The implementation plan is still current and will be updated with priorities for the final year in the next few months. Development of the dashboard continues, an example is shown in Appendix 1.

2. Safer Staffing

 2.1   This remains a key priority and the Trust continues to monitor and report to both the Quality and Safety Committee and Board of Directors staffing levels and exception reporting on a monthly basis. A separate report is available reporting on the March submission. A detailed report with the assessments undertaken, actions resulting from recommendations and plans to address gaps medium to long term is being prepared and will be submitted to the Committee at a future date.

2.2   Safer Staffing Guidance on Maternity Settings
NICE has published its guidance on 27th February 2015 on safer staffing in maternity settings. The key recommendations of guidance are broken down into four themes: - Organisational Requirements

- Accountability for midwifery staffing establishments
- Organisational level actions to enable responsiveness to variation in demand for maternity services
- Monitoring the adequacy of midwifery staffing establishment

The Chief Nurse team is now assessing the implications of this guidance and an action plan and report will be prepared in due course.

Following receipt of the first 3 month report from birthrate plus acuity data for Labour Wards a business case is to be submitted to increase staffing levels on York Labour Ward.

2.3   Safer Staffing Guidance for Accident and Emergency Departments
Work continues to assess the implications of the NICE draft safer staffing guidelines for Emergency Department. The final guidance is expected in May 2015.

3. Medicines Management

3.1 Statutory and Mandatory Training

Following the change to 3 yearly medicines management update and the introduction of the HUB compliance is at 73%.

3.2 Non medical prescribing

The request for the annual declaration of competence has been sent out with a deadline of 31st March 2015. Return rate so far is low. Expressions of interest for those who would like to undertake a non-medical prescribing course has been sent out, closing date 9th March 2015. Again numbers are low so far.

3.3 Electronic Prescribing Medicines Administration (EPMA)

This project is a key priority for the medicines' management team and the multi disciplinary project team meet on a regular basis. There has been significant improvements' in patients' safety where this initiative has been introduced. The recruitment of the nursing team is ongoing and appointments' have been made top key positions. This will be fundamental in the delivery of the changes to nursing practice in clinical areas.

3.4 Ongoing nursing issues

- Documentation supporting Community Health Care Support Workers in the Community Response Teams is being processed through the ACP group for final ratification.
- A pilot of the new community insulin chart has commenced in four teams across the Trust, this is in addition to the chart being piloted as part of the HCA administering insulin pilot.
- A prescription chart for District Nursing Teams is in development to further facilitate safer administration of medicines in the community and to help wrap governance around the work of HCAs in those teams.
- Sessions have started on surgical wards to reinforce the practices administration of controlled drugs.
- Development work with the Ophthalmology and Renal teams has commenced around PGD's and Protocols for administration of medications in order to streamline and ensure robust compliance with legislation

4. Adult Safeguarding

4.1 Cheshire West Supreme Judgement

The Board of Directors has previously received briefing papers and updates regarding Cheshire West. In addition, a session was delivered by Capsticks solicitors at the January board. The Safeguarding Adults team have implemented a number of initiatives to raise awareness and training has been delivered to a number of disciplines'. In addition, the team introduced 'Ward Wanders' to raise the profile further in the clinical areas and are on hand to advise and support. A pocket guide has been developed and has been distributed as an aide memoir for all staff.

The team continues to Liaise with Intensive Care Consultants (and their networks) to assist with the implementation of the judgement in ICU settings. The initial plan has been developed and is currently being piloted in units.

4.2 Counter Terrorism

"PREVENT" is the Home Office Strategy for Counter Terrorism. The Counter Terrorism act was given royal assent on 1st March 2015 which includes a

"PREVENT duty" on all healthcare providers to commit to the implementation of the strategy with their organisations. The adult safeguarding team has developed a Trustwide policy which is awaiting approval by the Safeguarding Adults Governance Group, and Executive Board during March 2015. Publication is expected in April 2015 with training commencing in April 2015.

4.3 Exclusion Policy

The adults safeguarding team and Head of Security have reviewed the Trust policy on the Exclusion Policy for individuals who display unacceptable behaviour. The revised policy is expected to be approved and published in April 2015.

4.4 Supervision of Patients Guidance

In order to support the clinical teams in decision making and risk assessment guidance on the supervision of patients has been developed. The policy has now been drafted and a pilot of the risk screening and assessment tool is being undertaken on eight wards across sites. The outcome of the pilot will be presented to the senior nurses meeting at the end of March 2015.

4.5 Mental Health Review Group

This group has been established in order to improve the experience of patients in our settings with Mental Health issues, the core remit of group is to develop the following:-

i. SLA with Mental Health Providers
ii. Staff training
iii. Policy development and guidance
iv. Audit of care of patients with mental ill-health in an acute setting.

53 staff have attended Mental Health First Aid Training, which gives an overview of the common conditions, presentation and management of patients with MH problems. Early feedback is that it is effective and valuable. There are plans to use the trained individuals to cascade their training to their department.

Additionally the Trust has given their commitment to involvement to multi-agency working on the Mental Health Crisis Concordat which focuses on improving the care of patients with mental ill-health. The Lead Nurse for Safeguarding Adults will represent the Trust at this forum.

4.6 New Appointments & changes to team

The adult safeguarding team has recently strengthened its team with a new appointment in Chloe Haigh who has been appointed as a Safeguarding Adults Specialist Nurse. This had led to further capacity being given to the Learning Disability service and has resulted in Ben Haywood providing liaison services for people with Learning Disabilities across both sites from 5th January 2015.

5. Community Nursing

The Community Nursing team has seen the introduction of Assistant Director of Nursing and this post is already proving valuable. A development session for the District Nurses was recently held at Easingwold with Chief Nurse and ADN with input from the Patient Experience and Corporate Governance teams. This session evaluated really well and more are planned. There is now a clear focus upon this service and how we can improve experience for patients not only in the community hospitals but also in their own homes.

Developments include:

5.1 The training and competencies for the administration of medicines by non-registered health care workers has been rolled out across Selby and Ryedale Community Response teams. New medicines charts have been developed and implemented.

5.2 A training and competency framework for non-registered members of district nursing teams has been developed and discussions are taking place with Corporate Learning and Development on the next steps using the Calderdale facilitators and link operational managers to support this.

5.3 An operational Community workforce planning group has been established to scope out the needs of the service and support the implementation of the outcomes of the Calderdale framework.

5.4 The Community Hubs have been set up and are working in both Ryedale and Selby. In York the Community Response Team continues to operate but further work is still needed for this to become an integrated service.

5.5 Community are looking to employ a discharge liaison nurse to act at the interface between acute and community units

5.6 Community services are being supported by Skills for Health in the development of a training pathway for apprentices in healthcare. Further information on this work will be reported in due course, as the work progresses.

6. Midwifery update

6.1 UNICEF Baby Friendly Initiative (BFI)
Maternity services are now fully accredited to BFI standards.
The standards are to promote, protect and support breast feeding and bonding with baby. The UNICEF Baby Friendly Initiative is the first ever national intervention to have a positive effect on breastfeeding rates in the UK. Baby Friendly awards are based on a set of interlinking evidence based standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. Facilities implement the standards in stages over a number of years. At each stage they are externally assessed by UNICEF UK. When all the stages are passed they are accredited as Baby Friendly. Maternity services are very proud of this award which will be publicised shortly

6.2 External service review of Scarborough site
The final external report is due this week. An action plan is under development from both internal and external reports
Two senior midwives have been placed at Scarborough site in the role of Labour Ward Manager and Labour Ward Co-ordinator for a period of 3 months initially to provide senior support, leadership and management to this high risk area.

6.3 A report of the Morecambe Bay investigation by Dr Bill Kirkup has been published (March 2015). This report outlines the failings in Furness General Hospital Maternity service with serious concerns over clinical practice
The report makes 44 recommendations for the Trust and wider NHS aimed at ensuring the failings are properly recognised and acted upon. The findings and recommendations from this report will form part of the Maternity service action

plan and will come to the Committee for information in the next few months.

6.4 Kings Fund report into Maternity services at Morecambe Bay published in January 2015 following the Parliamentary and Health Service Ombudsman's report into midwifery regulation (Dec 2014).
This report made recommendation to remove statutory supervision for midwives from legislation and was accepted by the Nursing and Midwifery Council in January 2015. The NMC, as health care professional regulator should have direct responsibility and accountability for nurses and midwives, it is anticipated that statutory supervision is to cease. (The additional layer of regulation currently in place for midwives) However, the NMC recognise that the practice support and clinical supervision side of statutory supervision is highly valued and therefore does have a part to play in revalidation. The changes are expected to take place over the next 2-3 years. Until then the current statutory supervisory function will continue.

6.5 Strategic Clinical Network Group
Maternity services have been accepted to be a pilot site for national work on reducing stillbirths (care bundles). The work focuses on reducing smoking in pregnancy, management of small for gestational age babies, fetal movements in pregnancy and fetal monitoring in pregnancy.

6.6 Research: BaBY (Born and Bred in Yorkshire) study
The last baby for this study has been born. This study has been ongoing since June 2011, we have managed to recruit 5961 persons in York – which is a great achievement. The data provided from their healthcare records will help the Research team at the University of York to monitor the health of our local population. The cord blood samples donated will help to identify which illnesses now and of the future can be detected at birth. Maternity services are proud to have been a part of this study which will benefit our region for generations to come.

6.7 Maternity services were shortlisted for the RCM partnership working award for joined up working with children's centres, health visitors and midwifery to provide accessible parent education in Scarborough, Malton Whitby and Bridlington. The award ceremony took place on 3 March 2015 and whilst the team didn't recognise the achievement in being shortlisted.

6.8 Patient Experience Network National Awards (PENNA) Maternity services have been selected as a finalist for successful implementation of the Maternity Friends and Family Test. Matron Chris Foster took the lead in implementing this and ensuring the qualitative feedback is shared with staff and service users and themes from feedback is acted upon.

6.9 Maternity Services Liaison Committee (MSLC)
This user forum has been under review during the last few months and is now regrouping with new terms of reference and membership to include a wide range of service users including the National Childbirth Trust, Association of Improvements in Maternity Services, Refugee Action York, Doulas, Homebirth support representatives, breast feeding peer supporters and Kyra women's project (supporting women with perinatal mental health problems)

The group plan to focus on 4 key areas in 2015;
- Reducing stillbirth (fetal movements in pregnancy and reducing smoking)
- Homebirth
- Perinatal mental health

- Breast feeding

Members of the group supported a 'café' style engagement event in February. This was held in a Children's Centre with the aim to gain input from women regarding what parent education they would like to be provided in York.

7. Recommendation

The Board is asked to note the Chief Nurse report for March 2015

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

Nursing Dashboard - Trustwide

Category	Sub	Metric	Measure	Data Source	Trajectory	RAG	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer			15	14	19	22	26	26						
		Cat 4	No. of Patients (PP)	Safety Thermometer			0	0	11	0	1	18						
		Cat 3	No. of Patients (PP)	Safety Thermometer			2	1	2	0	5	4						
		Cat 2	No. of Patients (PP)	Safety Thermometer			11	5	0	16	16	0						
		Unstageable	No. of Patients (PP)	Safety Thermometer			3	8	6	6	4	3						
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer			0	0	0	0	0	1						
	Falls	Falls	No. of Patients (PP)	Safety Thermometer			38	37	39	39	42	45						
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer			2	6	4	1	1	6						
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer			94.15	93.66	94.39	93.17	93.29	92.52						
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer			19	27	18	27	12	24						
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer			23	18	23	18	16	24						
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer			4	5	2	4	5	4						
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer			0	2	0	2	2	0						
Workforce	Vacancies	Trust wide Vacancies Overall - RN at end of each month	Number	CN Team				48.05	55.96	84.00	90.83	159.57						
		Trustwide Vacancies Overall - HCA at end of each month	Number	CN Team				13.51	2.62	9.01	12.24	39.48						
		Inpatient area vacancies -RN	Number	CN Team								102.58						
		Inpatient area vacancies - HCA	Number	CN Team								27.30						
	Sickness			Workforce Info						3.98	4.04							
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green	97.71	117.10	91.28	92.45	87.32	85.36						
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Green	107.00	125.14	106.87	107.94	101.01	88.87						
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green	94.00	112.14	90.04	93.55	91.45	99.64						
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red	114.00	115.49	113.75	117.38	87.74	112.25						
	NHSP Fill Rate	Fill Rate	%	Workforce Info			69.78	69.75	70.74	52.71	57.00							
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			82.10	88.10	85.97	83.10	83.25							
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	0.00	0.00	0.00	0.00	0.00							
		MRSA Screening - Elective	Compliance %	Signal			89.12	90.42	88.18	86.58	86.23							
		MRSA Screening - Non-Elective	Compliance %	Signal			73.53	71.76	71.34	69.26	69.18							
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	59	Green	22	24	28	38	45							
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	29	Red	23	29	34	42	46							
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			50	57	68	78	89							
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber				86.00	90.00	90.00						
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix							15.00	16.00						
	Critical Incidents	CI's reported	Number	Datix								2.00						
	Never Events	Never Events declared	Number	Datix								0.00						
Early Warning Trigger Tool	EWTT (Trust-wide inpatient areas only)	Ward Leader for more than six months	Number compliant	EWTT Monthly Returns					47	47	44	44						
		Vacancies at less than 3%	Number compliant	EWTT Monthly Returns					15	21	21	23						
		Unfilled shifts is less than 6%	Number compliant	EWTT Monthly Returns					37	34	31	34						
		Sickness absence rate less than 3.1%	Number compliant	EWTT Monthly Returns					10	12	8	10						
		Evidence of monthly review of key quality indicators by peers	Number compliant	EWTT Monthly Returns					48	46	50	49						
		Appraisal rate 95% or above	Number compliant	EWTT Monthly Returns					11	17	21	19						
		Evidence of involvement in Trust-wide multi-disciplinary meetings	Number compliant	EWTT Monthly Returns					51	49	50	49						
		month and return rate from F&F Test is greater than 30%	Number compliant	EWTT Monthly Returns					33	33	37	37						
		Less than two formal complaints in previous month (wards) or less than 3 (A&E or Depts)	Number compliant	EWTT Monthly Returns					50	47	54	53						
		Evidence of resolution to recurring themes	Number compliant	EWTT Monthly Returns					50	51	52	52						
		Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)	Number compliant	EWTT Monthly Returns					40	47	36	41						
		Hand hygiene & BBE 95%	Number compliant	EWTT Monthly Returns					0	7	10	14						
		Matrons environment audit 95% or above	Number compliant	EWTT Monthly Returns					34	32	36	38						
		Ward/department appears tidy	Number compliant	EWTT Monthly Returns					50	51	53	52						
		Evidence of effective multidisciplinary/multi-professional team working	Number compliant	EWTT Monthly Returns					51	52	54	54						
		RCA's & infection control RCA's)	Number compliant	EWTT Monthly Returns					36	41	41	39						
Patient Experience	Friends and Family	Inpatient Friends and Family Test	Net Promoter (Trust wide)	Signal			72	70	71	69	74	69						
		A&E Friends and Family Test	Net Promoter (Trust wide)	Signal			48	42	44	40	60	57						
		Maternity (Ante Natal)		Signal			66	66	66	68	72	70						
		Maternity (Post Natal)		Signal			71	66	69	82	82	70						
	Complaints	Complaints Total	Number	PE Team					55	22	16	8						
		Staff Attitude	Number	PE Team					3	1	4	1						
		Patient Care	Number	PE Team					36	11	4	5						
		Communication	Number	PE Team					16	10	8	2						

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York Teaching Hospital **NHS**

NHS Foundation Trust

Board of Directors – 25 March 2015

Staffing Exception Report

Action requested/recommendation

The Board is asked to:

a) Receive the exception report for information.
b) Note the draft rating provided by NHS England on the additional performance indicators and, its publication in Spring 2015

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

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 Project Manager
Date of paper	March 2015
Version number	Version 1

Board of Directors – 25 March 2015

Staffing Exception Report

1. Introduction and background

The Board of Directors are aware that from May 2014 all organisations are required to report actual versus planned staff in public. This is the tenth submission to NHS choices of data of actual against planned staffing for day and night duty in hours; by ward.

As previously reported work continues to refine the reports in order to give an accurate reflection of the staffing levels on a shift by shift basis in order that the Board are assured that all areas are staffed appropriately and safely. As a result we have continued to base the return on the average bed occupancy rates by ward at 12 midday and 12 midnight, given that the staffing establishment is set on the number of beds on each ward; taking bed occupancy rates into consideration gives a more precise reflection of the safety of the staffing levels.

A detailed breakdown is attached at appendix 1.

2. High level data by site

		Day		Night	
Site Code	**Site Name**	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**
RCBAW	Archways	87.7%	87.2%	99.7%	95.7%
RCBNH	Bridlington and District Hospital	82.1%	78.9%	105.1%	132.6%
RCBL8	Malton Community Hospital	105.8%	108.7%	108.4%	99.1%
RCBCA	Scarborough General Hospital	78.1%	91.7%	92.3%	117.7%
RCB07	Selby And District War Memorial Hospital	85.1%	97.3%	112.2%	97.7%
RCBTV	St Helens Rehabilitation Hospital	96.5%	91.1%	108.0%	108.0%
RCB05	St Monicas Hospital	119.0%	76.5%	100.0%	90.3%
RCBG1	Whitby Community Hospital	96.9%	92.1%	102.2%	96.1%
RCBP9	White Cross Rehabilitation Hospital	93.3%	80.3%	143.3%	111.3%
RCB55	York Hospital	84.2%	86.7%	104.1%	109.5%

3. Exceptions

All the Trust sites continued to be very busy during February 2015 and vacancies and sickness continued during this period.

Over 100%

Enhanced Supervision

A number of areas show an over 100% fill rate – usually in care staff. This is due to the enhanced supervision patients who require a higher level of observations such as those who wander, are very high risk of fall or have mental health issues. These areas were:

Scarborough	Bridlington	York	
Oak	Waters	Ward 26	Ward 36
		Ward 28	Ward 37
		Ward 32	Ward 39
		Ward 33	Short Stay Ward
		Ward 35	

Low patients numbers

The data is analysed on the basis of bed occupancy reference points of 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		Duke of Kent	Ward 17
Lloyd		Hawthorn	Ward 28
			Ward 29
			CCU
			G3

Provision of Safe Ward Cover

A number of areas have had to change the ratio of registered and unregistered staff to ensure basic care needs are delivered due to vacancies, sickness or variations of operative procedures. This has resulted at times in additional staff being rostered to work to ensure safe patient care. These ward areas are:

Bridlington	Community	York
Waters	War Memorial Whitby	G2
	Abbey	
	Selby Inpatients	
	Whitecross Court	
	St Helen's	
	St Monica's	

Additional Bed Capacity

Due to the high activity across the Trust in, it was necessary to open the Extended Stay Unit, in York and, 6 beds in Aspen ward, outside its usual operational hours as an escalation area.

Under 80%

Vacancies, Sickness and the Trust's ability to fill shifts can reduce the average percentage staffing levels each month.

Vacancies

Bridlington	Community	Scarborough	York
Johnson		Ann Wright	Ward 14
		Oak	Ward 15
		Beech	Ward 16
		Chestnut	Ward 23
		Cherry	Ward 25
		CCU	AMU
		Holly	Short Stay Ward
		Maple	
		Ash	
		ITU	

Sickness

Bridlington	Community	Scarborough	York
Waters		Stroke	Ward 11
		Oak	Ward 14
		Holly	ICU
			Ward 31
			Ward 33
			Ward 34

Actions and Mitigation of risk
At least daily staffing meeting are taking place to deploy staff to high risk areas. Where there is low activity these staff are moved to other wards in order to improve levels.

During the current pressures matrons and ADNs are meeting twice daily to ensure safe deployment of staff.

4. Vacancies by Site

The vacancies reported below, for 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 6th March 2015.

	Bridlington		Community		Scarborough		York	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
Actual Vacancies	9.22	3.20	20.48	12.61	49.84	18.39	97.37	23.54
Pending Start	1.80	1.60	5.00	7.36	7.58	3.00	20.42	8.60
Outstanding Posts	7.42	1.60	15.48	5.25	42.26	15.39	76.95	14.94

Recent recruitment campaigns' for HCA's have been very successful with over recruitment taking place in some areas.

Recruitment Plans

The Committee were aware of the Trust's plans to recruit internationally and arrangements were made through Search recruitment for interviews to take place on 4th & 5th March and 21st & 22nd April 2015 in Spain. These plans had now been delayed due to difficulties in attracting sufficient candidates. The Trust is working with Search recruitment to agree a way forward.

The Trust will be attending a nurse recruitment fair in York on 16th March and a further fair in Hull on 25th March 2015. These fairs are targeted at student nurses who are due to complete their nurse training later in the year. Interviews are being organised for 8th April 2015.

5. Sickness, Bank and Agency Fill

Sickness

The overall absence rate for the Trust for the month of January 2015 was 4.10 %. The overall absence rate for the last 3 months is about 0.5% higher than in the previous 3 month period but this is to be expected due to seasonal fluctuations in absence rates. By site, sickness within the Nursing and Midwifery workforce was, as follows;

- York Acute Hospital – 4.92%
- Scarborough Acute Hospital – 6.54%
- Community Services – 5.47 %

NHSP fill rate (York) – February

53.9% of hours requested through NHSP were filled – this was a decrease of just over 3% in fill rate from the previous month. The fill rate for qualified hours was 46.1% and the fill rate for unqualified hours was 60%. The top reason for shift requests was vacancies, accounting for more than 40% of all hours requested. Sickness accounted for 29% of requests and enhanced supervision accounted for 20% of requests.

Temporary Staffing (Scarborough) - January

Overall fill rate of bank shifts requested through the internal bank was 87.95%. and improvement of 4.7% on December 2014. The fill rate for qualified shifts was 87.66% and the fill rate for unqualified shifts was 88.06%. The percentage of shifts filled by agency increased this month for both RN shifts and unqualified shifts with half of all RN shifts in January filled by external agency. Of particular note is that A&E at Scarborough made requests for RNs totalling 11.9 FTE of which 3.9 FTE was filled by the internal bank and, 6.4 FTE with external agency staffing.

6. Recommendation

The Board is asked to:

- c) Receive the exception report for information.
- d) Note the draft rating provided by NHS England on the additional performance indicators and, its publication in Spring 2015

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

NHS England: *Safer Staffing: A guide to Care Contact time".* November 2014

Author	**Nichola Greenwood, Nursing Workforce Project Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**March 2015**

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RCB   York Teaching Hospital NHS Foundation Trust

Period: February_2014-15

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/

Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Registered Total monthly planned staff hours	Day Registered Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Registered Total monthly planned staff hours	Night Registered Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1804.8314	1410	1084.3256	855	669.78788	577.25	669.78788	568.5	78.1%	78.9%	86.2%	84.9%
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1742.8365	1312.83	1161.891	933	835.75419	931.5	590.50279	634.33	75.3%	80.3%	105.2%	107.4%
YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1601.7738	1257.5	1201.3304	1062	929.33770	860.5	309.77926	319.75	78.5%	88.4%	92.6%	103.2%
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2315.625	1762	990.375	832	1249.8155	1199	581.81068	582	76.1%	84.0%	95.9%	100.0%
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		634.65517	1074	423.10345	129	469.24138	906	156.41379	254	169.2%	30.5%	193.1%	162.4%
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1642	1126.5	1026.25	1037.08	630.2	545.5	630.2	598.5	68.6%	101.1%	86.6%	95.0%
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1612.7039	1273.5	1007.9399	906.5	621.85673	586	621.85673	619.5	79.0%	90.1%	94.6%	99.6%
YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1630.0595	1196.38	1018.7872	1131.49	623.27533	586	623.27533	672	73.4%	111.1%	94.0%	107.8%
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1797.291	1447.25	998.49498	857.42	595.125	609	595.125	713.75	80.5%	85.9%	102.3%	119.9%
YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1415.4331	1242.75	707.71654	594.5	530.15796	598	266.07869	293.75	87.8%	84.0%	100.7%	109.6%
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1826.25	1461.25	811.66667	626.5	609.5	588	304.75	264	80.0%	77.4%	96.5%	96.5%
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1641.0811	1384	1230.8108	1113	624.20999	616.25	624.20999	743.17	84.3%	90.4%	98.7%	119.1%
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1651.9666	1240	1238.975	1219.5	625.42308	615.5	625.42308	715	75.1%	98.4%	98.4%	114.3%
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1649.4892	1336.5	1237.1189	935.5	621.21005	634.16	621.21005	626.67	81.0%	75.6%	102.1%	100.9%
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1661.1236	1145	1038.2022	1112.75	631.77215	584.25	631.77215	751	68.9%	107.2%	92.5%	118.9%
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1569.4737	1370.5	980.92105	973.5	889.76316	798.17	579.84211	735.75	87.3%	99.2%	91.8%	126.9%
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1230	1007.25	1435	1216.83	635.2381	568.5	635.2381	787.75	81.9%	84.8%	89.5%	124.0%
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1252.9081	930.5	1044.0901	886	642.79174	557.5	321.39567	388.25	74.3%	84.9%	86.7%	120.8%
YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2394.9724	1855.5	1995.6104	1491	1428.7179	1339.5	1142.9744	1179	77.5%	74.7%	93.8%	103.2%
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1410	1394.5	176.25	190.25	1122	1077.75	0	0	98.9%	107.9%	96.1%	-
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	841.87894	882.33	420.63947	340.33	255.45272	437.67	0	109.33	104.8%	80.9%	171.3%	-
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3465	3566	315	130.5	2772	3207.08	252	132.08	102.9%	41.4%	115.7%	52.4%
YORK HOSPITAL - RCB55	Short Stay Ward	300 - GENERAL MEDICINE		1640.1806	1172.17	1230.1354	1050.01	608.4239	567.08	608.4239	651.25	71.5%	85.6%	93.2%	107.0%
YORK HOSPITAL - RCB55	G1	502 - GYNAECOLOGY		1571.134	1387.25	785.56701	663.5	598.10996	627	598.10996	582.5	88.3%	84.5%	104.8%	97.4%
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1177.68	1062	588.84	471.25	536.19383	616	268.09692	473	90.2%	80.0%	114.9%	176.4%
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		345	686.5	172.5	275.5	208.91667	591	0	0	199.0%	159.7%	262.9%	-
ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		840	737	1050	915.5	322	321	644	616	87.7%	87.2%	99.7%	95.7%
MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		779.16137	824.34	1363.5324	1462.42	568.07143	616	568.07143	563	105.6%	108.7%	108.4%	99.1%
SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1004.4186	854.5	1004.4186	977	296.04348	332.17	592.08696	578.5	85.1%	97.3%	112.2%	97.7%
ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		774	747	967.5	881.5	298.125	322	298.125	322	96.5%	91.1%	108.0%	108.0%
WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		840	739.5	1260	1084.83	308	308	672	616	88.0%	86.1%	100.7%	91.7%
WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		513	572	855	863.5	277.6	319	277.6	297	111.5%	101.0%	114.9%	107.0%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		990.09509	882	1386.1331	1167	610.21304	514.5	305.10652	377.5	89.1%	84.2%	84.3%	123.7%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		679.6875	785.17	543.75	697.73	189.75	357	0	199.5	115.5%	128.3%	188.1%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		1013.9552	756.5	1013.9552	1082.5	619.0462	588	309.5231	314.92	74.6%	106.8%	95.0%	101.7%

Validation alerts (see control panel)	Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Registered Total monthly planned staff hours	Day Registered Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Registered Total monthly planned staff hours	Night Registered Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)
		ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		446.875	532	676.69640	517.75	336	336	372	336	119.0%	76.5%	100.0%	90.3%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1215	920.2	1012.5	1033.42	602.55556	605	301.27778	506	75.7%	102.1%	100.4%	166.0%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		951.5625	760.75	761.25	835.17	595.125	418.33	0	178.5	79.9%	109.7%	70.3%	-
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1653.75	1226.87	1447.0313	1133.75	988.89532	737.5	659.26421	627	74.2%	78.4%	74.6%	95.1%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1897.0361	1530.08	1517.6289	1266.42	1359.4889	1237.25	1087.5751	1291	80.7%	83.4%	91.0%	116.7%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2231.8274	1791.42	405.7868	480	1279.5616	957	319.89041	440	80.3%	118.3%	74.8%	137.5%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1644.507	1114.5	1233.3803	974.5	652.40793	583	652.40793	584	67.8%	79.0%	89.4%	89.5%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1319.7108	1095	329.92771	383	472.17266	616	236.08633	286	83.0%	110.0%	130.5%	121.1%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		1995	1464.56	1396.5	1180.11	1158.6667	828	579.33333	550.83	73.4%	84.5%	71.5%	95.1%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Haldane	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1164.0609	1074.75	970.05076	819.58	590.51525	598.5	295.25763	294	92.3%	84.5%	101.4%	99.6%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1231.0088	859	1025.8407	971.75	626.75	588	626.75	524.75	69.8%	94.7%	93.8%	83.7%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2046.7005	1643.5	341.11875	296.5	1383.9286	1587	0	11.5	80.3%	86.9%	114.7%	-
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1654.4625	1415.5	1447.6547	1554.25	628.69978	819	628.69978	856.75	85.6%	107.4%	130.3%	136.3%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1634.9256	1131.08	817.46341	772.83	973.24138	769.5	324.41379	329.5	69.2%	94.5%	79.1%	101.6%
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		763.63636	677.75	381.81818	322	577.93151	632.5	0	241.5	88.8%	84.3%	109.4%	-
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		1035	629.32	862.5	55	90	125.93	90	42.75	60.8%	6.4%	139.9%	47.5%
		WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		803.53608	749.5	1004.4212	806.5	311.66292	446.5	311.66292	347	93.3%	80.3%	143.3%	111.3%
			Total			72648.087	60498.75	49397.795	43612.42	36144.708	36376.63	22411.409	24756.33				

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Finance and Performance Committee –17 March 2015 – Boardroom

Attendance: Mike Keaney Chairman
Mike Sweet   Juliet Walters
Lucy Turner   Steve Kitching
Sue Rushbrook

Apologies: Anna Pridmore, Andrew Bertram

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 17 February 2015**	The agenda covered the following	The minutes were approved as a true record of the meeting		
2	**Matters arising**	AFW and CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-4	MS asked for clarification on 2 items - reduction in attendances and why this affected breaches. LT explained this was in relation to the denominator reducing. The Committee agreed that Acute Short Term Strategy would be removed from the agenda from now on and this would be picked up under Performance. The Committee agreed that the Tender doc would be moved to next month's meeting. SR circulated several sheets of updates where errors had been spotted on the Performance report after		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			issue to the Committee		
3.	**Finance Report**		GAL presented the financial position. He advised that the I&E position had further improved from £2.8m deficit reported in January to £2.4m deficit in February, against a planned position of £2.8m surplus. This position resulted in a CoSRR score of 4 in line with the planned position. He drew the committee's attention that the reported position included a first assessment of £700k additional commissioner support in line with current negotiations. He reminded the committee that the focus of the negotiations were the reinvestment of ED fines, the receipt of slippage on resilience funding to acknowledge the additional cost of escalation areas and other investment incurred by the Trust in managing winter pressures, and the reinvestment of non-elective marginal rate/ 30 day readmissions funding withheld from Q2 onwards. The Trust has now received agreement from commissioners to reinvest and allocate a proportion of these funds, although at this stage actual amounts had yet to be agreed. With regard to the underlying I&E position he referred to the impact on clinical income from the continuing high levels of additional non-elective activity payable at only 30% tariff, effectively displacing elective capacity at a loss of 100% tariff. For expenditure, the impact of premium costs from the continued requirement to use of agency and locum staff to fill key nursing and medical posts had further moved pay costs ahead of plan. GAL informed the committee that such was the impact of the increased	The committee acknowledged the I&E improvement over the previous month, and noted the assumption around CCG reinvestment leading to that position. The committee noted the work that had been undertaken and were assured by the comments made, but recognise the challenge to the year-end position.	AB to update Sue Holden and Bev Geary to update on progress to reduce reliance on locum and agency staff.
	Finance Report				

Agenda Item	AFW	Comments	Assurance	Attention to Board
cont'd		reliance in agency and locum staff, that the financial plan for 2015/16 did include a provision to recognise the premium payment impact.		
		MK asked that the Board receive an update from Sue Holden and Bev Geary on progress to reduce reliance on locum and agency staff.		
		MK asked for further clarification around the restructuring costs. GAL explained that that the costs related primarily to redundancy resulting from restructuring of support services across the York and Scarborough sites.		
		The Trust's contract position with individual CCGs is in total £0.8m ahead of contract, and the main variances with the VoYCCG and S&R CCG were discussed.		
		MS asked whether the under trading position with the VoYCCG was down to CCG efficiency schemes. GAL explained that the main reason was activity being behind plan, most notably in relation to VET services in Ophthalmology.		
		GAL reported that the Trust's cash balance stands at £22m, and discussed the main drivers behind the gradual reducing balance over the year.		
Finance Report		MS asked whether the cash position included the £3m final expected tranche of strategic capital support. This information was not available at the meeting, however it can be subsequently confirmed that the cash position does not include the final tranche of strategic capital, which is now expected		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	cont'd		during 2015/16. GAL advised that the Trust's capital programme was forecast to marginally underspend on the in-year plan. MK enquired about note on the 'Capital programme management' line of the programme, and its relationship with the scheme to 'Refurbish the main production kitchen & Mallard restaurant'. MS also asked about the £770k over spending on the scheme to 'Refurbish the main production kitchen & Mallard restaurant' as it appeared to conflict with information reported through the Catering Project Management Board. This information was not available at the meeting, and will be updated at the Board meeting		
4.	**Grant Thornton KPI Benchmarking Report** Grant Thornton		GAL reported that the report calculated 12 key financial indicators from 147 current NHS Foundation Trust (FT) accounts for the period ending March 2013, and March 2014, and compared the Trust's performance with FT sector average performance. The purpose of the report by Grant Thornton was to compare information with other FTs and identify potential areas for further investigation. GAL went through each indicator in turn and discussed with the committee the Trust's year on year performance, and performance against the FT sector average. It was acknowledged that as the FT sector comprised FTs with differing structures and service remit (e.g. Acute only, Mental Health, Community, Acute/Community combined, etc.) this would naturally influence the FT average when	The committee found the discussion generated by the report a useful exercise, and were reassured that the report revealed no material issues of which the committee were not already aware.	AB to update the Board

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	KPI Benchmarking Report cont'd		drawing direct comparison with the Trust's figures. In addition, the Trust's own status in terms of being in receipt of transitional support funding and Strategic Capital linked to the acquisition of SNEY would itself introduce anomalies when comparing results over this period. With these points in mind, the committee found the report and the discussion around the comparisons it generated a useful exercise, and concluded that the report did not uncover any significant issues of which the Trust was not already aware. The area agreed for further investigation related to the 'Return on Assets' indicator. Although ahead of the FT sector average, it was agreed to look into the reasons for the material reduction in the Return on Assets indicator for the Trust between 2013 and 2014.		
5	**Efficiency Report** Efficiency Report		SK updated the Committee on the current position. Overall delivery is £23.9m in February 2015 which is 99.5% of the £24m annual target. This has improved from the last reported position in January 2015 by £3.3m. This is a significant improvement from the January 2015 position, and has involved some extremely focused effort from the Resource Management and Directorate teams. The in year planning surplus is £2.5m in February 2015, however if high & medium risk plans are removed the planning surplus decreases to £1.5m. The expectation is that the year end position will be over delivered in the range of £1m to £2m. The four year planning gap is now (£36.5m) the position has now been moved on a year to reflect the	The Committee were pleased to see the improvement in the position and recognised the hard work that had been undertaken to achieve the improvement. The Committee were assured about the year end position, but continue to be concerned about the future delivery of CIP in the coming years.	

Agenda Item	AFW	Comments	Assurance	Attention to Board
cont'd		planned target for 2015/16 of £25.8m, therefore cannot be compared to the previous month. This position does however compare with a (£27.9m) shortfall at this stage last year. The planning gap in 2015/16 is currently (£6.7m), and work continues to close this gap. Recurrent delivery remains a key risk with £7.7m (32%) of the £23.9m being delivered recurrently. Work continues to identify recurrent schemes. MK noted the significant progress and the effort of the Resource Management and Directorate teams, to close the gap. **Service Line Reporting (SLR) update** SK presented the SLR & Costing update including the highlights of the previous year, including a significant piece of work to re-build the system to incorporate Scarborough data. SK stated this was a team effort including key support from SNS and the system supplier, Bellis Jones-Hill. SK highlighted other significant pieces of work which were undertaken during the year, including the delivery of the Trust Reference Cost return, delivering the 13/14 Health Education England return, which was a significant undertaking in its own right and required support from the wider Resource Management Team, and providing key data to support the Efficiency panels and overall agenda. SK informed the Committee that the Trust Reference Cost index is 97 which is 3% below the national	The Committee were pleased to see the progress against the Service Line Reporting systems. The Committee noted the challenge around recruitment of appropriately trained staff and noted the approach being taken to 'grow our own' expertise.	
Efficiency Report		average; this index includes transition funding which		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	cont'd		increases our cost base; so it is not unreasonable to assume our underlying rate should be nearer to 94/95, which means our costs are well below average. SK also reported as part of the Trust acceptance of the enhanced tariff option we have agreed to participate in further work with Monitor with regard to a Patient Level Costing (PLICS) submission. We await further details; however we believe we are in an extremely strong position to deliver this given our historic investment in the SLR system. SK updated the Committee regarding recent recruitment attempts and the difficulty in recruiting applicants with costing experience. This is not thought to be a short term problem and will continue to be an issue. The current strategy employed is to recruit to training posts and 'grow our own' expertise; this will however impact on our ability to progress at the pace we would like. This position will remain under review.		
6	**Operational Report**		JW identified that the Trust was continuing to fail in four key areas: 4 hr target, 18wks admitted, Cancer (62 days, FT & Symptomatic Breast) and Diagnostics. LT & JW presented 'Operational Performance Recovery Plan: Update on Progress' to the group. This was circulated to MS & MK after the meeting. MK commented he had gained significant assurance from this presentation and the group agreed with the approach outlined in the draft action plans presented. The aim was to produce realistic and achievable plans that brought the Trust back to sustainable delivery. JW and LT acknowledged that	The Committee gained significant assurance from the presentation given by JW and LT	JW was asked to give the presentation to the Board meeting

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Operational Report cont'd		there was still a lot of work to be done to complete and finalise the action plans. The Committee agreed they would monitor the action plans by exception and by performance against trajectories and milestones set out in the plans.		
7	**Next meeting**		The next meeting is arranged for 21st April 2015		

York Teaching Hospital **NHS**
NHS Foundation Trust

Monthly Performance Report

February 2015

Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
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%	83.8%	79.4%	84.6%
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%	96.0%	95.7%	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:** £100 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	93.3%	93.4%	93.0%	93.0%	92.2%	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	0	0	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	Nov	Dec	Jan
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	86.1%	85.9%	85.4%	85.0%	84.3%	80.4%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	45.6%	78.6%	90.5%	84.7%	93.4%	92.0%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	98.6%	97.9%	98.4%	99.5%	98.2%	96.2%
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%	96.9%	95.3%	93.5%
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%	100.0%	100.0%	99.0%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	87.8%	87.6%	85.0%	85.4%	85.0%	75.40%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	96.6%	93.8%	92.5%	91.4%	92.9%	91.8%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£200 fine per patient below performance tolerance (maximum 8% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	93.9%	92.6%	89.1%	86.5%	89.5%	89.3%
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	208	115	147
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	201	108	78
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**	**Dec**	**Jan**	**Feb**
	NHS VALE OF YORK CCG	30mins - 1hr	176	70	154	80	46	65
		1hr 2 hours	94	19	109	77	51	24
		2 hours +	7	13	54	41	26	9
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	141	202	176	55	29	42
		1hr 2 hours	52	88	77	27	10	23
		2 hours +	4	12	25	12	2	3
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	96	122	127	51	29	30
		1hr 2 hours	26	73	54	21	10	12
		2 hours +	0	9	13	5	2	2
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	34	17	5	4	3
		1hr 2 hours	5	12	13	3	2	2
		2 hours +	0	2	1	0	0	0
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	5	1	2	0	2	1
		1hr 2 hours	0	1	1	1	0	0
		2 hours +	0	0	0	0	0	0
	OTHER	30mins - 1hr	36	60	38	17	5	6
		1hr 2 hours	19	25	16	8	2	3
		2 hours +	0	1	8	6	3	0
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**> 12 hrs**	0	2	2	2	7	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%	97.5%	To follow	To follow

Mortality

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

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**59**	12	10	16	10	7	9
Number of Clostridium difficile due to "lapse in care"	*TBC*	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**108**	30	20	28	10	11	6
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	**Quarterly:** General Condition 9	**35**	14	9	19	8	4	5
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	0	0	0	0	0	0
Notification of MRSA Bacteraemia to be notified to commissioner within 2 working days	General Condition 9	**100%**	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
Post Infection Review (PIR) completed	TBC	**TBC**	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% by Q4 TBC**	87.9%	88.7%	88.5%	87.1%	86.2%	85.4%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95% by Q4 TBC**	71.2%	72.7%	70.1%	69.2%	68.0%	67.7%

Information Team
System and Network Services

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
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%	97.9%	95.1%	96.6%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	2	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	0	3	7	3
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
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	63	75	242	131	189	191
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%	97.2%	96.9%	97.1%	96.9%	97.0%	96.9%
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%	99.8%	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%	6.0%	3.8%	4.4%
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 - 89% Q2 - 90% Q3 - 92% Q4 - 95%	85.9%	86.4%	86.3%	85.4%	93.5%	92.6%
Delayed Transfer of Care to be maintained at a minimum level	TBC	TBC	1548	1988	1612	609	493	403
Trust waiting time for Rapid Access Chest Pain Clinic	None	99%	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	172	181	145
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	Baseline 784; end Q2 745; end Q4 722	2236	2287	2381	773	879	670
% Compliance with WHO safer surgery checklist	No financial penalty	100%	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	371	352	388	130	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	1247	1192	1368	445	2 month coding lag	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	Q2 onwards 80 p.m. (TBC)	256	269	353	148	128	133

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
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%	83.5%	79.4%	80.0%
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%	98.5%	97.8%	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%
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%	88.2%	80.3%	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)	70% (TBC)	86.7%	86.0%	82.0%	80.5%	70.0%	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	65%	95.0%	100.0%	100.0%	100.0%	92.3%	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
Patients who require an urgent scan on hospital arrival, are scanned with in 1 hr of hospital arrival (TBC)	No financial penalty	50%	82.6%	71.2%	70.8%	68.4%	80.0%	one month behind
Proportion of stroke patients scanned within 24 hours of hospital arrival	No financial penalty	90% (TBC)	91.6%	96.5%	93.2%	94.7%	92.7%	one month behind
Immediate Discharge Letters (IDLs) handed to patients on Discharge	General Condition 9	98%	Annual letter of assurance to be provided to CMB					
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	Failure to deliver quarterly trajectories at Trust aggregate level for each quarter will result in the application of a £10K sanction relating to each underperforming quarter. Maximum sanction of £40k per fiscal year. The penalty will be applied by the commissioners in line with respective finance baselines (TBC)	Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 95%	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)	Failure to deliver the quarterly target will result in the application of a £6k penalty per quarter. Maximum sanction of £24k in line with respective finance baselines (TBC)	Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 94%	Quarterly audit					
All Red Drugs to be prescribed by provider effective from 01/04/14	£50 penalty for any request to primary care for prescription of Red Drugs (TBC)	100% list to be agreed	CCG to audit for breaches					
All Amber Drugs to be prescribed by provider effective from 01/04/14	No financial penalty	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%	85.3%	85.8%	85.8%

Never Events

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

District Nursing Activity Summary

Indicator	Source	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Dec	Jan	Feb
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1862	1871	1975	697	608	597
	Community nurse/service	n/a	964	1018	767	231	276	252
	Acute services	n/a	741	912	845	295	291	314
	Self / Carer/family	n/a	409	398	291	86	84	121
	Other	n/a	224	253	226	69	76	67
	Grand Total	n/a	4200	4452	4104	1378	1335	1351
Community Adult Nursing Contacts	First	n/a	2584	2657	2759	906	939	1038
	Follow up	n/a	31371	30399	29999	8978	10472	10902
	Total	n/a	33955	33056	32758	9884	11411	11940
	First to Follow Up Ratio	n/a	12.1	11.4	10.9	9.9	11.2	10.5
Community Hospitals average length of stay (days)	Archways	n/a	23.4	22.1	20.6	16.4	29.7	28.3
	Malton Community Hospital	n/a	24.5	18.6	17.1	18.0	16.0	13.3
	St Monicas Hospital	n/a	24.5	23.2	22.0	23.4	25.8	22.3
	The New Selby War Memorial Hospital	n/a	13.8	15.6	13.7	15.5	14.8	19.3
	Whitby Community Hospital	n/a	21.1	20.3	20.9	22.7	21.2	21.3
	Total	n/a	20.4	19.4	18.1	19.1	19.6	19.8
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways Elective		8	4	8	5	0	3
	Archways Emergency		66	91	77	27	21	28
	Malton Community Hospital Elective		4	10	21	6	22	18
	Malton Community Hospital Emergency		89	114	121	37	37	34
	St Monicas Hospital Elective		9	13	9	1	4	4
	St Monicas Hospital Emergency		36	35	27	12	14	10
	The New Selby War Memorial Elective		68	62	69	18	21	20
	The New Selby War Memorial Emergency		71	66	69	16	17	15
	Whitby Community Hospital Elective		0	1	4	0	0	0
	Whitby Community Hospital Emergency		152	123	142	52	48	41
	Total Elective		89	90	111	30	47	45
	Total Emergency		414	429	436	144	137	128

Complaints and PALS

Complaints and PALS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
New complaints this month	51	38	58	57	46	47	43	60	31	39	37	
Complaints at same month last year	52	48	49	59	42	56	52	45	27	52	16	
Number of complaints upheld (cumulative)*	75% of Q1 complaints generated actions for improvement			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	2	0	3	0	0	0	0	0	3	4	
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	
Number of Ombudsman complaint reviews partly upheld	0	1	1	2	0	0	0	0	0	1	1	
Late responses this month (at the time of writing)***	4	7	4	9	4	1	8	5	5	4	1	
Top 3 complaint issues												
Aspects of clinical treatment	39	27	34	39	37	35	31	44	18	21	20	
Admission/discharge/transfer arrangements	5	2		3	2		5	4	0	2	3	
Appointment delay/cancellation - outpatient	3				1				4	1	2	
Staff attitude		4	6	10	6	5		5	5	10	7	
Communications			5	3	0	4			0	2	2	
Other							2		0	0	1	
New PALS queries this month	495	474	528	531	488	570	653	552	443	620	559	
PALS queries at same time last year	488	521	462	563	498	445	536	419	385	503	470	
Top 3 PALS issues												
Information & advice	107	118	168	140	158	192	42	150	136	189	not available	
Staff attitude	61	0	0	0	15	0	0	0	17	19	not available	
Aspects of clinical treatment	53	87	99	104	93	86	89	105	66	77	not available	
Appointment delay/cancellation - outpatient	0	66	59	67	56	65	24	63	41	47	not available	
*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

Serious Incidents	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Number of SI's reported	19	21	20	19	13	13	35	12	25	15	16	
% SI's notified within 2 working days of SI being identified*	89%	76%	70%	94%	100%	100%	100%	100%	100%	100%	100%	
% SI's closed on STEIS within 6 months of SI being reported	50%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	
Number of Negligence Claims	11	14	16	15	21	8	16	8	8	12	17	
* this is currently under discussion via the 'exceptions log'												

Pressure Ulcers**

Number of Category 2	43	40	37	22	29	28	31	32	30	50		
Number of Category 3	12	9	10	5	5	8	7	6	3	4		
Number of Category 4	1	0	0	0	0	0	1	1	0	1		
Total number developed/deteriorated while in our care (care of the organisation) - acute	35	27	24	15	24	28	39	32	42	47		
Total number developed/deteriorated while in our care (care of the organisation) - community	32	29	27	19	18	20	22	37	18	25		

Falls***

Number of falls with moderate harm	10	8	7	3	3	3	6	1	7	3		
Number of falls with severe harm	8	6	4	1	2	2	3	2	5	1		
Number of falls resulting in death	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%	
% of staff compliant with training (adult)			39%	40%	43%	40%	42%	43%	45%	56%	59%	
% 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	3 in total	3 in total					
Number of concerns raised via the incident reporting system	nil	nil	nil	nil	nil	nil	nil					

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York Teaching Hospital **NHS**

NHS Foundation Trust

Board of Directors – 25 March 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 28 February 2015.

At the end of February the Trust is reporting an Income and Expenditure (I&E) deficit of £2.4m against a planned surplus of £2.8m 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	Prepared for presentation to the Board of Directors.
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	March 2015
Version number	Version 1

Briefing Note for the Board of Directors Meeting 25 March 2015

Subject: February 2015 (Month 11) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for February 2015

The reported position for February 2015 has seen an improvement from a deficit of £2.8m at January to a £2.4m deficit at February. Against our planned year-to-date surplus of £2.8m we are currently operating £5.2m short.

All expenditure control and income improvement actions, implemented at the end of January, remain in place.

The Board should be aware that for this month's reported position a first assessment of additional commissioner support, in line with current negotiations, has been included. The Board are aware that the Trust has had to open additional unplanned escalation areas, source staff through expensive locum and agency options and has extended the scope and remit of certain services to help meet recent high levels of emergency demand. Negotiations are progressing around the following areas of support:

- There is some slippage on schemes agreed as part of the nationally funded winter resilience schemes. This slippage relates to both Trust schemes and initiatives planned with other providers. The Trust is seeking access to this slippage to help meet the additional costs of current emergency demand. Verbal confirmation is in place that access to these funds will be given.
- Reinvestment of ED 4-hour target breach fines and ambulance turnaround penalties (beyond those already agreed). There is widespread acceptance amongst stakeholders that the Trust has performed well in coping with recent exceptional levels of emergency demand and there is acknowledgement of shared system responsibility in terms of Social Care and Primary Care. Agreement has been reached with commissioners to reinvest a proportion of these penalties and negotiations continue as to the value.
- Given the recent exceptional levels of demand, the level of emergency admission marginal rate "savings" made by the CCGs have exceeded planning expectations. Negotiations continue over access to the use of these funds were they have not been committed against specific schemes. There is no movement with commissioners in regard to access to these funds at this stage although negotiations continue.

Clearly, agreement with commissioners is essential to secure an improved financial position for the Trust. Finishing the financial year with a deficit position will result in an equal and corresponding reduction in cash available for the Trust's capital investment programme. There are no alternative sources of cash to finance any outturn deficit. Based on current negotiations a prudent accrual in relation to additional support has been made. This has been applied pro-rata for the year to date so as not to disproportionately skew the reported position for February.

As part of the negotiations around additional commissioner support, active discussions have commenced to reach a full and final year end agreement with commissioners. The Board are aware this was possible in the last financial year and provided significant benefit in terms of income assurance for the purpose of the Trust's (and Commissioner) statutory financial returns. All commissioning parties are currently working with the Trust to seek the same position for 2015/16.

The February position returns a provisional COSRR of 4, moving the Trust back to plan. The position is a weak 4 but the improvement in the deficit from that reported last month has improved the COSRR from 3.

CIP performance remains behind the required savings level but has significantly improved from that reported last month. This issue is dealt with in detail in the efficiency report.

Income Analysis

The income and expenditure report shows a further falling behind plan in relation to elective activity, albeit at a lower rate than recent months. Non-elective activity continues to significantly exceed plan (even at the 30% payment rate). The Board are fully aware of the current operational pressures within the system compromising elective activity.

Contract penalties have increased further this month, following an established trajectory. Details are provided in the finance and performance report. Securing the reinvestment of elements of these penalties is crucial to the Trust's overall financial position.

Expenditure Analysis

Pay budgets and provisions have followed previous underlying trends and continue to overspend. However, the report shows a significant deterioration with the reported overspend now standing at £6.2m. This has been directly affected by a full CIP review of operational pay budgets during February with a number of vacancies taken as savings. These will all be reviewed as part of the year end analysis as to whether savings can be made recurrently. Whilst this has exacerbated the pay overspend, the reality is it has simply flushed out the real impact of the need for additional escalation areas and the cost of locum and agency staffing. Making this change has not impacted on the Trust's bottom line reported position but rather moved a variance between staffing and CIP.

Concerted attempts to recruit substantively must continue as an annual forecast agency expenditure bill of around £10m represents a significant premium on costs.

The drug expenditure variance has remained at £1.5m overspent but this is, in the main, directly related to high out of tariff drug costs for which direct recharges are made to commissioners. The level is running ahead of plan though and will be of concern to the Trust's commissioners. There are no other material pressures to report in terms of other operational budgets.

Contracting Matters

Discussions are underway with all commissioners in relation to 2015/16 contracts. I will update the Board on the latest position during the meeting.

<u>Other Issues</u>

At this stage in the financial year there are no other Trust finance issues I would wish to bring to the attention of the Board. Cash levels are satisfactory and capital programme spending is as expected.

York Teaching Hospital **NHS**
NHS Foundation Trust

Finance
Performance Report

March 2015

Our ultimate   To be trusted to deliver safe, effective healthcare to our community.
objective
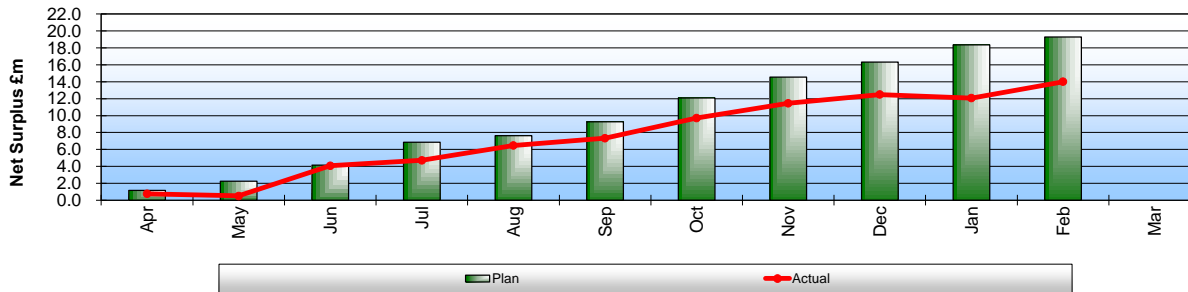
York Teaching Hospital NHS
NHS Foundation Trust

Summary Position:

* The Trust is reporting a net I&E deficit of £2.4m, placing it £5.2m behind the operational plan.

* Income is £2.3m ahead of plan, with clinical income being £2.1m behind plan offset by non-clinical income being £4.4m ahead of plan.

* Expenditure is ahead of plan by £7.6m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £14.0m (3.4%) compared to plan of £19.3m (4.71%), and is reflective of the reported net I&E performance.
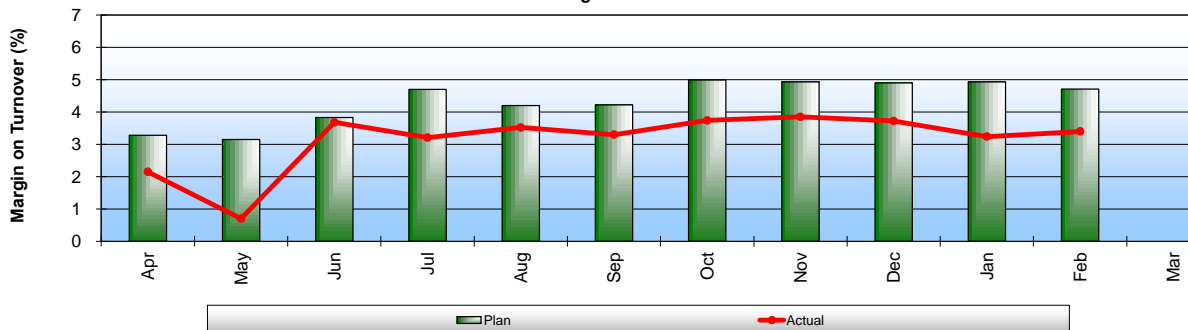
	Annual Plan	Plan for Period	Actual for Period	Period Variance
	£000	£000	£000	£000
NHS Clinical Income				
Elective Income	27,256	24,878	22,238	-2,640
Planned same day (Day cases)	35,718	32,577	32,466	-111
Non-Elective Income	96,473	88,165	92,447	4,282
Outpatients	61,095	55,718	53,870	-1,848
A&E	13,411	12,254	12,407	153
Community	35,289	32,339	32,141	-198
Other	129,303	118,088	116,338	-1,750
	398,545	**364,019**	**361,907**	**-2,112**
Non-NHS Clinical Income				
Private Patient Income	1,026	940	1,006	66
Other Non-protected Clinical Income	1,722	1,579	1,632	53
	2,748	**2,519**	**2,638**	**119**
Other Income	0	0	0	0
Education & Training	14,434	13,231	14,659	1,428
Research & Development	2,005	1,838	3,412	1,574
Donations & Grants received (Assets)	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	550	550	0
Other Income	17,671	16,226	17,528	1,302
Transition support	12,218	11,200	11,200	0
	46,928	**43,045**	**47,349**	**4,304**
Total Income	**448,221**	**409,583**	**411,894**	**2,311**
Expenditure				
Pay costs	-293,710	-268,329	-274,497	-6,168
Drug costs	-42,024	-38,504	-40,073	-1,569
Clinical Supplies & Services	-44,467	-40,654	-40,362	292
Other costs (excluding Depreciation)	-46,749	-42,073	-42,706	-633
Restructuring Costs	0	0	-245	-245
CIP	129	-726	0	726
Total Expenditure	**-426,821**	**-390,286**	**-397,883**	**-7,597**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**21,400**	**19,297**	**14,011**	**-5,286**
Profit/ Loss on Asset Disposals	0	0	0	0
Fixed Asset Impairments	-300	0	0	0
Depreciation	-10,854	-9,950	-9,950	0
Interest Receivable/ Payable	100	92	151	59
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	-415	-382	-314	68
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	-23	-23
Other Finance costs	0	0	-52	-52
PDC Dividend	-6,804	-6,233	-6,233	0
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**3,127**	**2,824**	**-2,410**	**-5,234**

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

Net Income & Expenditure

EBITDA Margin

Income and Expenditure
Finance Directorate **125**

York Teaching Hospital **NHS**
NHS Foundation Trust

Contract	Contract Value £000	Contract to Date £000	Actual to Date £000	Variance £000
Vale of York CCG	195,649	179,048	177,421	-1,627
Scarborough & Ryedale CCG	73,707	67,403	69,525	2,122
East Riding CCG	36,943	33,770	34,036	266
Other Contracted CCGs	22,195	20,310	20,585	275
NHSE - Specialised Commissioning	34,690	31,725	32,173	448
NHSE - Public Health	15,367	14,057	13,684	-373
Local Authorities	5,317	4,866	4,515	-351
Total NHS Contract Clinical Income	**383,868**	**351,179**	**351,939**	**760**

Plan	Plan Value £000	Plan to Date £000	Actual to Date £000	Variance £000
Non-Contract Activity	7,644	6,995	8,900	1,905
Risk Income				
Total Other NHS Clinical Income	**7,644**	**6,995**	**8,900**	**1,905**

Total NHS Clinical Income	**391,512**	**358,174**	**360,839**	**2,665**

Specialist registrar income moved to other income non clinical	-1271
Winter resilience monies in addition to contract	2,339
Agrees to Clincial Income reported to board	**361,907**

Vale of York CCG

Scarborough & Ryedale CCG

East Riding CCG

Other CCGs and NHSE Public Health

NHSE Specialised Commissioning

Local Authorities
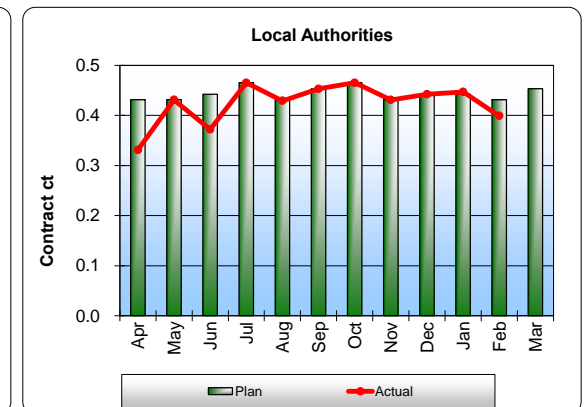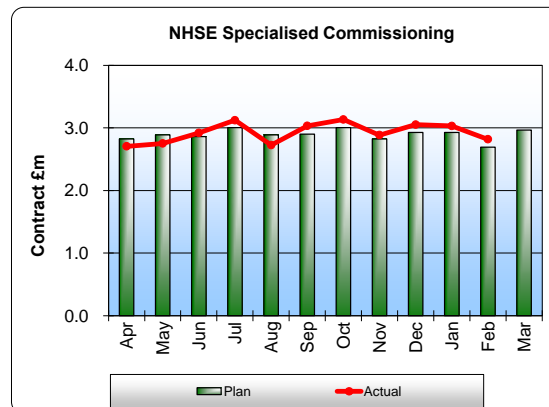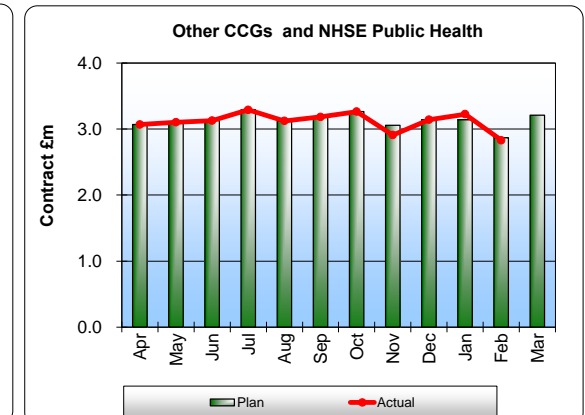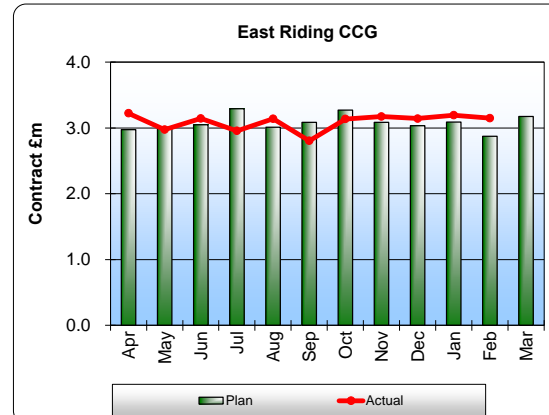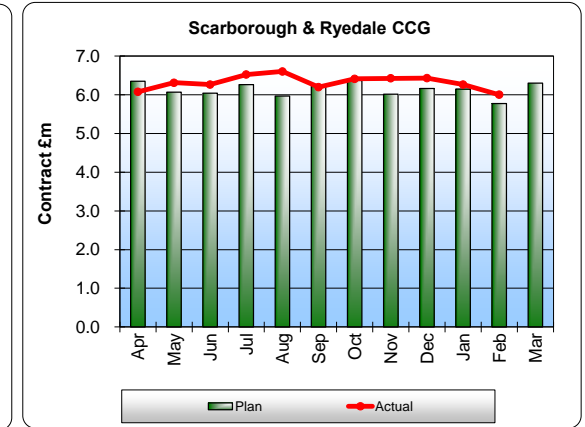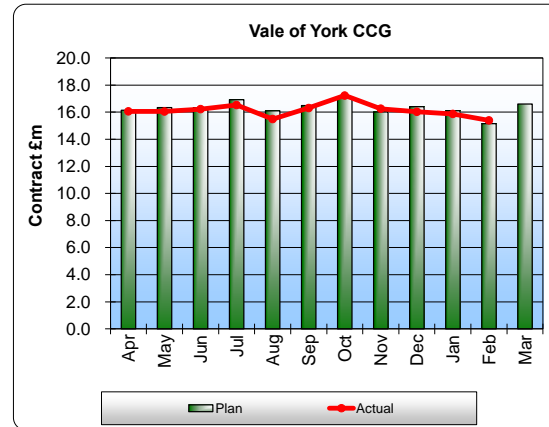
Key Messages:

There is an adverse expenditure variance of £7.6m at the end of February 2015. This comprises:

* Pay budgets are £6.2m adverse, predominantly due to the premium paid for agency staffing.

* Drugs budgets are £1.6m adverse, mainly due to pass through costs for drugs excluded from tariff.

* CIP achievement is £0.7m ahead of plan.

* Other budgets are £0.5m adverse

Staff Group	Annual Plan	Period Plan	Period Contract	Period Overtime	Period WLI	Period Bank	Period Agency	Period Total	Period Variance	Previous Variance	Comments
Consultants	52,006	47,519	43,428	0	1,656	0	1,811	46,896	623	742	
Medical & Dental	27,881	25,548	24,411	0	151	0	3,620	28,181	-2,633	-2,110	
Nursing, Midwifery & Health Visting	103,781	94,949	84,394	370	308	3,747	3,416	92,234	2,715	3,135	
Professional & Technical	8,833	8,085	7,209	83	107	0	666	8,065	19	-75	
Scientific & Professional	15,421	14,126	13,141	80	2	0	254	13,477	649	656	
P.A.M.s	21,261	19,470	17,294	67	347	0	74	17,783	1,687	1,555	
Healthcare Assistants & Other Support Staff	30,017	27,536	26,590	446	141	31	111	27,320	216	260	
Chairman and Non-Executives	163	149	148	0	0	0	0	148	1	1	
Executive Board and Senior Managers	13,064	11,945	11,708	5	1	0	127	11,840	105	173	
Administrative & Clerical	32,430	29,672	27,971	198	91	2	290	28,552	1,120	851	
Vacancy Factor	-11,147	-10,669	0	0	0	0	0	0	-10,669	-9,650	
TOTAL	293,710	268,329	256,295	1,250	2,804	3,780	10,369	274,497	-6,167	-4,465	

Bridge Analysis of Variance From Plan
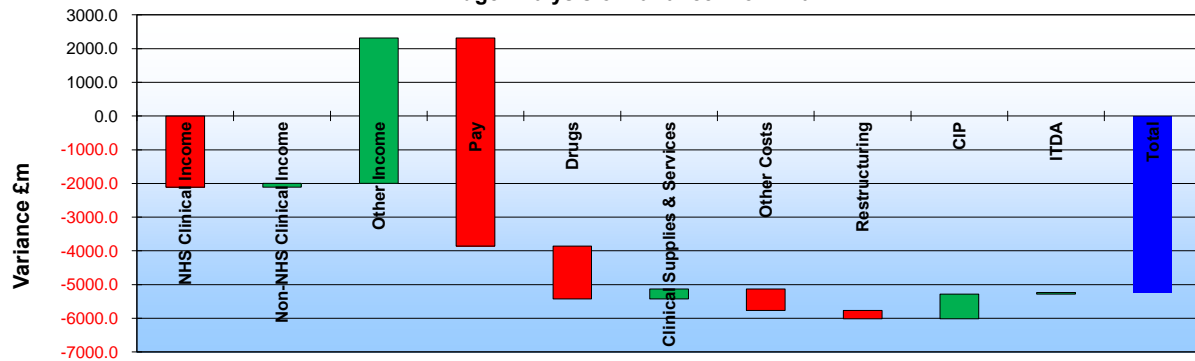
Cumulative Agency Usage
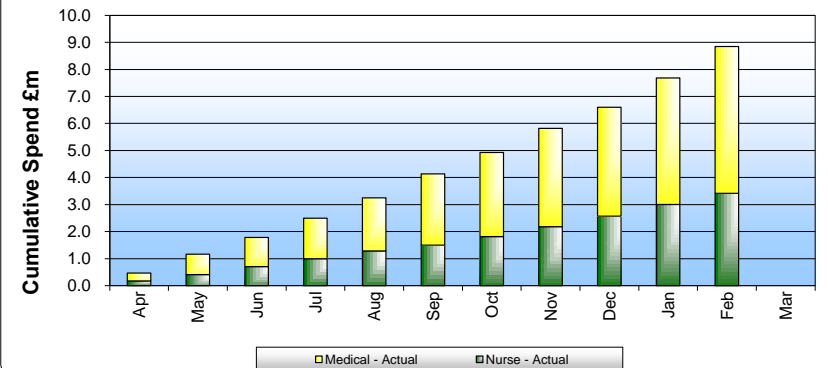
Key Messages:

* The receipt of strategic capital of £12m in June 2014 provided a boost to the Trust's overall cash balance. However, overall the trajectory of cash balances is downwards as the Trust makes progress with its capital programme, but also linked to the underlying I&E trading position.

* Work is underway to bring payables up to date for the year end, with the number of outstanding invoices expected to reduce significantly over the next two months. The year end agreement of balances process is also supporting our debt recovery programme. Our three largest debtors are NHS England, North Yorkshire County Council and Harrogate FT. Significant work is in progress to reduce all of these values, and good progress is being made in this regard.

* The Continuity of Service Risk Rating (CoSSR) has increased from 3 in January to 4 in February, and is reflective of the improved I&E position between months.

Cash Balance
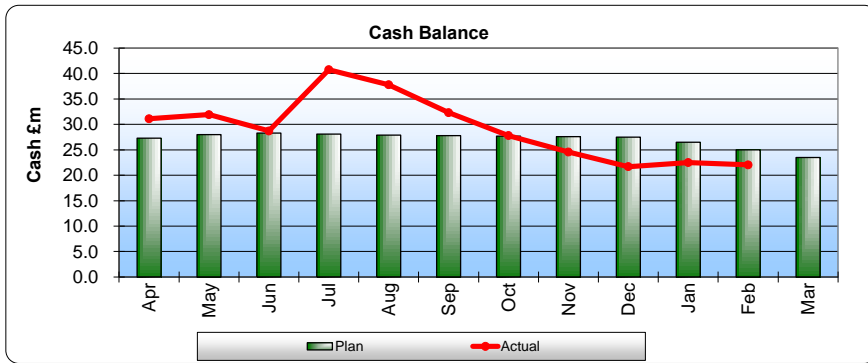
	Not Due £m	1 Month £m	2 Months £m	3 Months £m	3 Months + £m	Total £m
Payables	2.5	0.3	0.2	0.1	0.3	3.4
Receivables	2.4	1.1	1.8	0.6	1.9	7.8

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	**£417K**
North Yorkshire County Council	**£235K**
NHS England	**£157K**

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%)	3	3	3	3
Overall Continuity of Service Risk Rating	4	4	4	4

Liquid Ratio (days)

Debt Service Cover
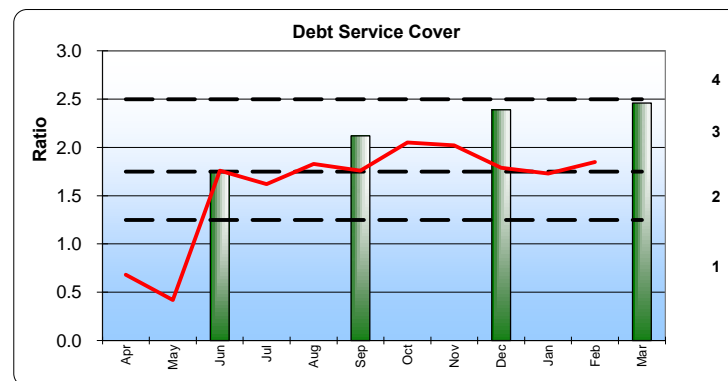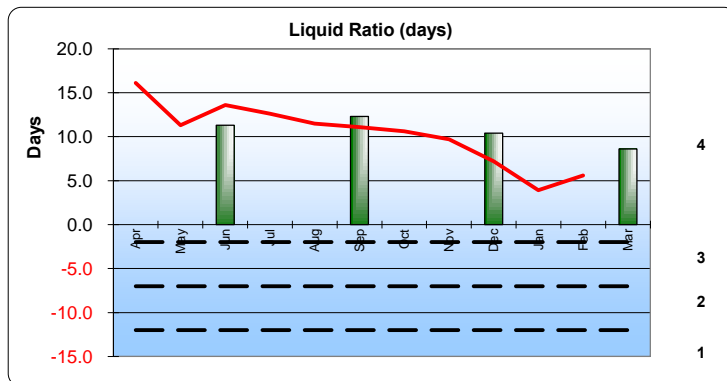
Key Messages:

*   Strategic capital is supporting investments at Scarborough and Bridlington. Mapel 2 is expected to be handed over in March 2015.

*   There has been a over spend associated with the York Kitchen and Restaurant.

*   There has been some slippage against the fire alarm upgrade at York, the Scarborough lifts, ward security at York and Scarborough, and Estates Backlog maintenance.

*   Forecast outturn expenditure is expected to be £22.775m, which is 6% behind plan. This includes spend on the recently approved business case for the update of the Trust Wireless Network.

Capital Expenditure
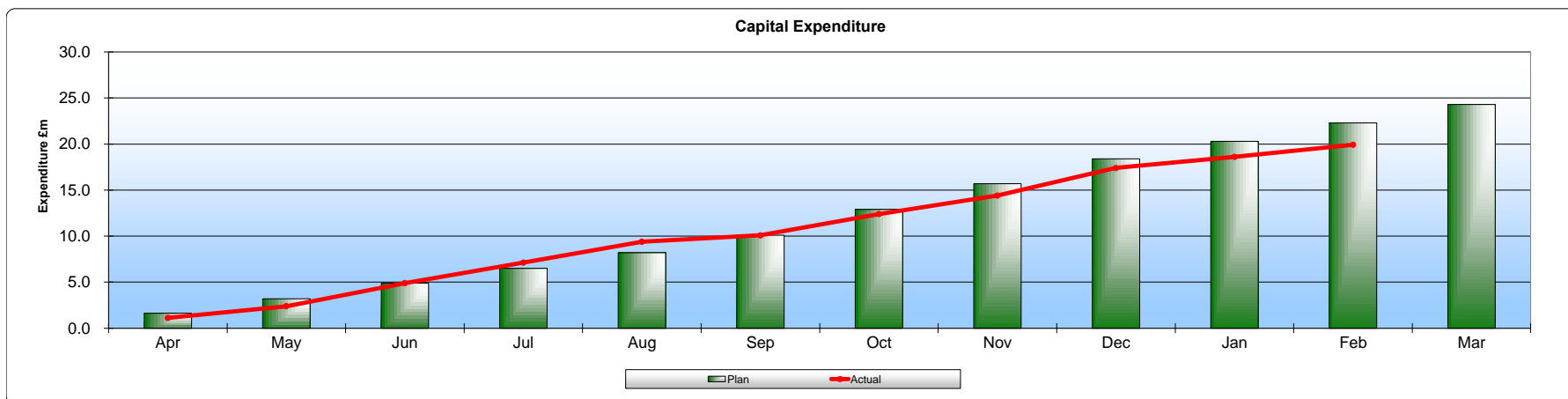
Scheme	Total Approved Scheme Expenditure £	Approved in-year Expenditure £	Year-to-date Expenditure £	Forecast Outturn Expenditure £	Variance £	Comments
York - CT Scanner Replacement	3,900	700	1,111	1,050	-350	
York ED Phase 2	1,414	-	107	150	-150	
PACS	1,910	1,800	1,608	1,800	0	
BDH Standby Generator & Control Replacement	603	145	158	200	-55	
Maple 2	5,612	5,140	4,730	5,000	140	
Maternity Theatre Upgrade SGH	1,000	87	78	150	-63	
Refurbishment of Main Production Kitchen & Mallard Restaurant	3,200	2,780	3,349	3,550	-770	
Renal Unit Harrogate District Hospital	800	620	616	620	0	
Carbon and Energy Fund	4,635	1,086	1,099	1,086	0	
Other Capital Schemes < £500k	21,215	3,400	2,106	2,434	966	
Estates Backlog Maintenance - Scarborough	1,861	1,230	335	512	718	
Estates Backlog Maintenance - York	2,441	955	607	1,194	-239	
CPMG Minor Approvals	1,162	1,062	603	729	333	
Medical Equipment	650	650	606	850	-200	
IT Capital Programme	1,700	1,700	1,607	2,300	-600	
Capital Programme Management	1,150	1,650	1,197	1,150	500	£500k variance due to contingency used against Caterting refurb overspend
TOTAL CAPITAL PROGRAMME	**53,253**	**23,005**	**19,917**	**22,775**	**230**	Underspend on plan

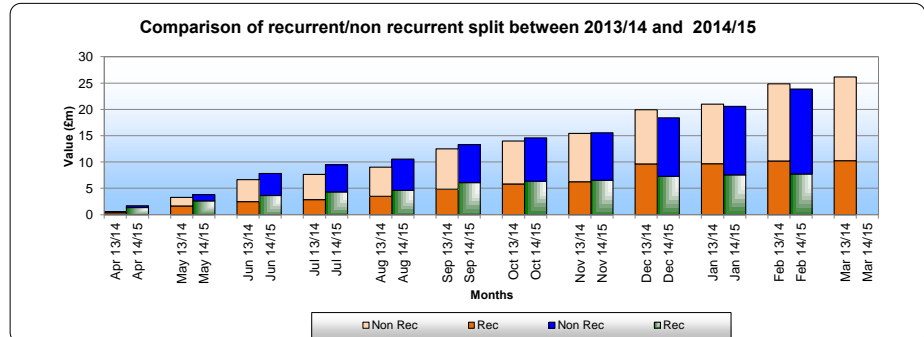| Funding	Total Approved Funding £	Approved in-year Funding £	Year-to-date Funding £	Forecast Outturn £	Variance £	Comments
Depreciation	11,000	11,000	10,083	11,000	-	
Loan	4,380	4,380	4,341	4,736	- 356	CT Scanners ahead of plan, matched loan funding
Proceeds from Disposals					-	
Proceeds from Donations	730	730	596	650	80	
PDC - Safer Hospitals	986	986	904	986	-	
Strategic Capital Funding	5,909	5,909	4,953	5,403	506	Slip Strategic Capital to match forecast outturn
Other						
TOTAL FUNDING	**23,005**	**23,005**	**20,877**	**22,775**	**230**	

Key Messages:

* Delivery - £23.9m has been delivered against the Trust annual target of £24m, leaving a delivery gap of (£0.1m).
* Part year Monitor variance - The part Monitor variance is now favourable by £0.8m, which is a £2.2m improvement from the January 2015 position.
* In year planning - The in year planning surplus is £2.5m; if high and medium risk plans are removed the surplus decreases to £1.5m.
* Four year planning - The four year planning gap is (£36.5m), it should be noted that the position has been moved on 1 year to include the new targets from 2015/16 for 4 years.
* Recurrent delivery - Recurrent delivery is £7.7m which is 1.8% of operational expenditure

Executive Summary - February 2015	
	Total £m
TARGET	
In year target	24.0
DELIVERY	
In year delivery	23.9
In year delivery shortfall	-0.1
Part year delivery (shortfall)/surplus - monitor variance	0.8
PLANNING	
In year planning surplus/(gap)	2.5
FINANCIAL RISK SCORE	
Overall trust financial risk score	(3 - AMBER)

4 Year Efficiency Plan - February 2015					
Year	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m
Base Target	25.8	16.5	16.4	16.4	75.1
Plans	19.1	11.4	5.9	2.2	38.6
Variance	-6.7	-5.1	-10.5	-14.2	-36.5
%	74%	69%	36%	13%	51%

Risk Ratings			
Financial			
Score	January	February	Trend
1	16	11	↓
2	9	7	↓
3	3	8	↑
4	2	3	↑
5	2	3	↑
Governance			
Score	January	February	Trend
Red	9	8	↓
Green	23	24	↑

Gap to deliver 2014/15 - Progress profile compared to 2013/14

Full year delivery in month 11 is £23.9m, which leaves a gap to deliver of £0.1m.

CIP Analysis February 2015 - Actual and plans to achieve by risk

Monitor variance by month

Cumulative surplus at month 11 is £0.8m

Future months delivery

Comparison of recurrent/non recurrent split between 2013/14 and 2014/15

Executive Pack

February 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	3	0	0	0	2572	2351	2445	94	10	10	8	-2	370	335	432	97	70	66	190	124	0	0	0	0	0	0	0	0
Acute Medicine	0	0	0	0	10	10	196	186	34	33	106	73	328	296	1001	705	444	405	1532	1127	0	0	74	74	0	0	0	0
Anaesthetics	73	66	51	-15	30	30	15	-15	2990	2731	2082	-649	2221	2027	2008	-19	3573	3261	2585	-676	0	0	0	0	1362	1245	455	-790
Cardiology	358	327	229	-98	2470	2263	2265	2	1263	1152	1023	-129	13618	12426	11241	-1185	17261	15751	14177	-1574	115	105	105	0	5121	4670	4540	-130
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	180	166	0	-166	174	158	0	-158	0	0	0	0	0	0	0	0
Chemical Pathology	0	0	0	0	0	0	0	0	364	333	50	-283	64	59	37	-22	208	190	75	-115	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1488	1361	951	-410	88	80	50	-30	0	0	0	0	0	0	0	0
Dermatology	2	0	0	0	6	0	6	6	134	124	111	-13	6985	6375	5556	-819	13894	12677	13280	603	394	361	86	-275	18076	16492	14800	-1692
Ear, Nose And Throat	635	579	700	121	900	822	871	49	1260	1147	998	-149	8014	7313	7187	-126	8755	7990	9193	1203	29	25	12	-13	9862	8997	6917	-2080
Endocrinology	0	0	4	4	2805	2565	3206	641	429	391	365	-26	1872	1708	2052	344	7974	7276	6797	-479	418	380	317	-63	0	0	0	0
Gastroenterology	285	260	301	41	3857	3529	4449	920	11236	10249	10217	-32	5172	4719	4086	-633	8847	8074	7251	-823	623	568	912	344	84	78	72	-6
General Medicine	10	8	2	-6	1541	1407	522	-885	1751	1599	2087	488	1137	1036	83	-953	1288	1175	104	-1071	0	0	9	9	66	60	61	1
General Surgery	2904	2650	2509	-141	6444	5891	6109	218	7199	6571	6572	1	15075	13754	13889	135	20577	18776	20167	1391	242	222	681	459	3896	3556	3695	139
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	14337	13081	12851	-230	7217	6584	6024	-560	0	0	0	0	0	0	0	0
Geriatric Medicine	8	8	4	-4	9580	8760	9494	734	168	153	147	-6	4468	4074	3545	-529	5940	5423	3329	-2094	492	450	205	-245	62	57	58	1
Gynaecology	750	687	707	20	1200	1098	916	-182	1626	1484	1309	-175	7782	7102	6829	-273	8176	7460	5181	-2279	0	0	0	0	4098	3738	4019	281
Haematology (Clinical)	104	95	33	-62	139	128	132	4	4394	4011	3534	-477	1908	1738	1779	41	10426	9513	10887	1374	374	341	564	223	38	34	90	56
Maxillofacial Surgery	359	327	318	-9	320	287	324	37	1961	1790	1860	70	7209	6581	6289	-292	8443	7704	7073	-631	6	5	0	-5	1281	1167	1949	782
Medical Oncology	20	20	52	32	177	161	143	-18	8096	7389	6604	-785	4174	3806	3954	148	24854	22677	21705	-972	22108	20173	15980	-4193	18	16	103	87
Nephrology	55	50	54	4	1733	1584	1397	-187	443	402	546	144	618	565	634	69	7509	6849	6265	-584	5346	4878	3798	-1080	0	0	0	0
Neurology	16	11	9	-2	50	44	150	106	612	561	709	148	3358	3062	2932	-130	5983	5459	5160	-299	870	794	845	51	408	369	0	-369
Neurosurgery	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics & Midwifery	0	0	28	28	5045	4613	5211	598	0	0	0	0	0	0	128	128	0	0	1045	1045	0	0	0	0	28	23	124	101
Ophthalmology	210	191	226	35	84	77	70	-7	5877	5362	5013	-349	15888	14498	14133	-365	51158	46674	44237	-2437	0	0	0	0	21566	19673	10214	-9459
Orthodontics	0	0	10	10	0	0	3	3	0	0	0	0	1606	1469	1264	-205	1704	1556	1755	199	0	0	0	0	9022	8232	8205	-27
Paediatrics	60	55	41	-14	7264	6644	6958	314	192	177	178	1	4736	4322	4969	647	11245	10260	9423	-837	80	72	51	-21	446	405	503	98
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	828	755	986	231	2536	2316	4377	2061	768	698	499	-199	0	0	0	0
Plastic Surgery	0	0	24	24	0	0	6	6	0	0	328	328	0	0	411	411	0	0	402	402	0	0	0	0	0	0	25	25
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	15	15	518	472	487	15	365	330	265	-65	0	0	0	0	1624	1481	667	-814
Rheumatology	2	0	6	6	16	14	15	1	2198	2005	2022	17	3162	2885	2386	-499	11153	10175	12083	1908	1908	1743	1091	-652	166	151	0	-151
Thoracic Medicine	106	99	81	-18	3791	3466	3232	-234	395	359	502	143	3394	3099	2799	-300	10241	9345	8113	-1232	127	116	109	-7	172	156	229	73
Trauma And Orthopaedic Surge	2128	1943	1840	-103	3362	3072	2779	-293	2162	1976	2133	157	19224	17540	16674	-866	26092	23804	25360	1556	0	0	0	0	3598	3282	1323	-1959
Urology	1708	1558	1426	-132	1625	1489	1417	-72	9841	8980	8180	-800	5705	5204	5175	-29	9184	8377	8261	-116	26	22	41	19	318	291	34	-257
Obstetrics & Midwifery Zero Tari	0	0	0	0	5446	4980	5188	208	0	0	0	0	6952	6341	7919	1578	53326	48655	27132	-21523	5282	4819	0	-4819	9204	8396	8389	-7
Gynaecology Zero Tariff	2	0	2	2	296	271	290	19	12	10	1	-9	10	10	2	-8	1334	1221	30	-1191	0	0	0	0	194	177	18	-159
Total	**9798**	**8934**	**8657**	**-277**	**60765**	**55556**	**57809**	**2253**	**64647**	**58999**	**56700**	**-2299**	**162401**	**148179**	**144669**	**-3510**	**340039**	**310261**	**283508**	**-26753**	**39208**	**35772**	**25379**	**-10393**	**90710**	**82746**	**66490**	**-16256**

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York Teaching Hospital **NHS**

NHS Foundation Trust

Board of Directors – 25th March 2015

Efficiency Programme Update – February 2015

Action requested/recommendation

The Committee is asked to note the February 2015 position with its future potential risks to delivery. Significant and sustained action is required to close these gaps.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2014/15 target is £24m and full year delivery in February 15 is £23.9m, leaving a gap to be delivered of (£0.1m). There is a planning surplus of £2.5m following a review of all in year plans. If high and medium risk plans are removed this decreases to £1.5m.

The Monitor variance is £0.8m ahead of 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.

<u>Reference to CQC outcomes</u>

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   March 2015

Version number   Version 1

Briefing note for the Board of Directors Meeting 25th March 2015

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

Summary reported position for February 2015

Current position – highlights

Delivery - Overall delivery is £23.9m in February 2015 which is 99.5% of the £24m annual target. This has improved from the last reported position in January 2015 by £3.3m. This is a significant improvement from the January 2015 position, and has involved some extremely focused effort from the Efficiency and Directorate teams.

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

In year planning – The in year planning surplus is £2.5m in February 2015, however if high & medium risk plans are removed the planning surplus decreases to £1.5m. My expectation is that the year end position will be over delivered in the range of £1m to £2m.

Four year planning – The four year planning gap is now (£36.5m) the position has now been moved on a year to reflect the planned target for 2015/16 of £25.8m, therefore cannot be compared to the previous month. This position does however compare with a (£27.9m) shortfall at this stage last year.

Recurrent vs. Non recurrent – Of the current £23.9m delivery £7.7m (32%) is recurrent, which has improved by £0.1m from the January 2015 position of £7.6m. This position is behind the February 14 position which was £10.2m (41%) delivered recurrently. The work continues to identify recurrent schemes.

Quality Impact Assessments (QIA) – Mr Martin Telfer has agreed to support the team carry out QIA's. This is an interim arrangement until his retirement in August 2015, at which time a permanent replacement will be identified. This arrangement will allow the assessment of the bulk of new schemes in the first quarter of the financial year which is where the majority of the work takes place. Appendix 1 attached provides further detail, by Directorate.

Overview

As noted above a significant amount of effort has been focused on improving delivery of the in year position over the last month from both the Efficiency and Directorate teams; with some significant progress being made in areas which have previously been struggling, particularly Medicine for the Elderly.

There have been a combination of factors which have influenced this position including Finance Director led Financial Review Meetings, specifically targeted support from the Efficiency Team, direct targeting of underperforming areas to increase the profile of efficiency delivery and the impact of new Directorates teams bedding in.

<u>Risks</u>

The two key risks of recurrent delivery and a large shortfall in plans over the next four years are obvious concerns for me, 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

<u>Proposed actions to address the key risks</u> -

➢ Financial review meetings, chaired by the Director of Finance, are expected to continue in the new financial year, which offer challenge on 3 fronts - in year delivery, recurrent delivery and planning support;

➢ Resource Management meetings with Directorate teams will continue 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;

➢ Further recruitment to vacant posts in the Resource Management team will offer additional resource, new skills & perspectives and a beneficial refresh of the team;

➢ The Efficiency Matrix information will offer us a clear team focus along with benchmarking and peer trust information. This information will also allow focused discussions to take place with commissioners where services prove to be financially unsustainable;

➢ Work has started with our two main commissioners to identify shared savings and system improvements, this work is at an early stage but initial signs are positive, and we have committed team resource to this work;

➢ A work plan is currently being developed alongside the Corporate Improvement Team to ensure all opportunities are identified, again this will offer short/medium term opportunities, and this work is ongoing;

➢ New approaches to refresh the programme are also under consideration including the potential to enhance and incentivise recurrent delivery, which is an obvious area of concern.

DIRECTORATE	FINANCE					GOVERNANCE			
	R	RA	A	AG	G	R	RA	AG	G
RADIOLOGY	●								●
WOMENS HEALTH	●								●
GEN MED SCARBOROUGH	●					●			
OPHTHALMOLOGY	●								●
SPECIALIST MEDICINE	●								●
TACC YORK	●								●
ED YORK	●								●
ED SCARBOROUGH		●							●
COMMUNITY		●							●
CHILD HEALTH		●							●
SEXUAL HEALTH		●							●
HEAD AND NECK		●							●
GS&U		●				●			
GEN MED YORK			●						●
TACC SCARBOROUGH			●						●
THERAPIES			●						●
T&O YORK			●						●
T&O SCARBOROUGH			●						●
MEDICINE FOR THE ELDERLY SCARBOROUGH				●		●			
MEDICINE FOR THE ELDERLY				●		●			
LAB MED				●					●
PHARMACY					●				●
CORPORATE									
OPS MANAGEMENT SCARBOROUGH	●					●			
OPS MANAGEMENT YORK	●					●			
CORPORATE NURSING	●					●			
SNS	●								●
ESTATES AND FACILITIES		●							●
AL&R			●						●
MEDICAL GOVERNANCE			●			●			
HR			●						●
CHIEF EXEC					●				●
FINANCE					●				●
TRUST SCORE			●						

RISK SCORES - FEBRUARY 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
RADIOLOGY	1,901	3,800	54%	1	42%	1	2%	1	54%	1	4	1
WOMENS HEALTH	2,342	4,464	49%	1	48%	1	31%	1	64%	2	5	1
GEN MED SCARBOROUGH	965	2,441	68%	1	60%	1	26%	1	64%	2	5	1
OPHTHALMOLOGY	875	2,667	74%	2	59%	1	58%	2	49%	1	6	1
SPECIALIST MEDICINE	1,984	5,891	61%	1	61%	1	17%	1	75%	3	6	1
TACC YORK	2,264	5,349	72%	2	72%	2	47%	1	40%	1	6	1
ED YORK	501	1,426	49%	1	48%	1	13%	1	82%	4	7	1
ED SCARBOROUGH	298	897	17%	1	17%	1	14%	1	104%	5	8	2
COMMUNITY	1,648	4,390	51%	1	44%	1	37%	1	105%	5	8	2
CHILD HEALTH	1,247	2,999	84%	2	77%	2	32%	1	79%	3	8	2
SEXUAL HEALTH	491	1,129	80%	2	78%	2	42%	1	75%	3	8	2
HEAD AND NECK	480	1,863	91%	3	78%	2	44%	1	70%	3	9	2
GS&U	1,938	5,471	92%	3	88%	2	44%	1	72%	3	9	2
GEN MED YORK	1,672	5,114	99%	4	90%	3	41%	1	93%	5	13	3
TACC SCARBOROUGH	806	2,178	109%	5	108%	5	37%	1	63%	2	13	3
THERAPIES	1,367	3,772	105%	5	99%	4	32%	1	86%	4	14	3
T&O YORK	789	2,331	112%	5	112%	5	30%	1	89%	4	15	3
T&O SCARBOROUGH	324	1,298	149%	5	149%	5	68%	2	75%	3	15	3
MEDICINE FOR THE ELDERLY SCARBOROUGH	806	1,653	128%	5	101%	5	33%	1	110%	5	16	4
MEDICINE FOR THE ELDERLY	174	1,717	126%	5	103%	5	24%	1	108%	5	16	4
LAB MED	1,672	4,022	138%	5	103%	5	68%	2	97%	5	17	4
PHARMACY	-188	611	101%	5	101%	5	101%	5	183%	5	20	5
CORPORATE												
OPS MANAGEMENT SCARBOROUGH	329	638	34%	1	29%	1	2%	1	45%	1	4	1
OPS MANAGEMENT YORK	239	419	29%	1	29%	1	0%	1	70%	3	6	1
CORPORATE NURSING	334	496	79%	2	79%	2	16%	1	55%	1	6	1
SNS	1,137	2,557	86%	2	73%	2	34%	1	68%	2	7	1
ESTATES AND FACILITIES	2,878	7,804	89%	2	89%	2	39%	1	96%	5	10	2
AL&R	185	420	101%	5	101%	5	0%	1	68%	2	13	3
MEDICAL GOVERNANCE	77	180	139%	5	139%	5	17%	1	67%	2	13	3
HR	446	1,169	135%	5	135%	5	26%	1	84%	4	15	3
CHIEF EXEC	75	448	485%	5	485%	5	242%	5	84%	4	19	5
FINANCE	251	1,116	205%	5	205%	5	114%	5	105%	5	20	5
TRUST SCORE	**30,308**	**80,731**	**109%**	**5**	**99%**	**4**	**32%**	**1**	**84%**	**4**	**14**	**3**

Board of Directors – 25 March 2015

Corporate Financial Plan 2015/16

Action requested/recommendation

The Board is asked to note this report and the Appendices, and to approve the Trust's Financial Plan for 2015/16.

Summary

Over recent months work has been ongoing to develop the Financial Plan for 2015/16. The financial plan 2015/16 has been developed through a process of consultation and discussion with Directorates and local commissioners, and is now presented for approval by the Board of Directors.

The Board of Directors is asked to consider and approve the plan for 2015/16 in order to confirm operational budgets, including detailed cost reduction requirements for the financial year. The financial plan supports the draft Annual Plan submission to Monitor due on 7th April 2015. The final Annual Plan submission to Monitor is due on 14th May 2015, and the Board will receive a further report in this regard at its April meeting.

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	Prepared for presentation to the Board of Directors.
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	March 2015
Version number	Version 1

Board of Directors – 25 March 2015

Financial Plan 2015/16

1. Introduction

The approach to Annual Planning for 2015/16 as prescribed by Monitor has taken a different direction to that adopted last year. Whereas for 2014/15 Monitor required the development of a 5 year strategic plan split over two phases; for 2015/16 Monitor only requires the submission of a one year plan, with the prospect of a revision to the 5 year strategic plan being requested later in the year.

The development of the one year plan for 2015/16 is to involve an initial draft submission, on which Monitor will give feedback, followed by a final submission. Originally, the draft was due for submission on 27th February 2015; however following the withdrawal of the proposed national tariff for 2015/16 as a result of the majority of providers (by share of supply) objecting to its calculation method and resultant affordability issues, the date for the draft submission was deferred. Monitor have now announced the revised submission date, as follows:

- Draft submission – 7th April 2015
- Final submission – 14th May 2015

The financial plan detailed in this report covers 2015/16 only, and has been developed to meet the requirements of the draft submission. The plan has been developed through a process of consultation and discussion with Directorates and local commissioners, and is now presented for approval by the Board of Directors.

The plan will be underpinned by contracts with 9 x Clinical Commissioning Groups (CCGs), 2 x Local Authorities, and 2 x Area Teams of NHS England; covered by 4 separate contracts. The activity underpinning this is the 2014/15 forecast outturn, adjusted for anticipated activity changes.

Contracts (both acute and community) are not yet agreed with the various commissioners and work continues in this regard with a view to signing contracts as soon as practical. The main obstacle to contract agreement at this stage is one of affordability for commissioners, and the still awaited publication of the 2015/16 NHS standard contract.

The Board of Directors is asked to consider and approve the plan for 2015/16 in order to confirm operational budgets, including detailed cost reduction requirements for the financial year. The financial plan supports the draft submission of the Annual plan to Monitor due on 7th April 2014.

A further report will be presented to the Board at its April meeting, following the receipt of feedback on the draft submission from Monitor, and will form the basis of the Trust's final Annual plan submission due on 14th May 2015.

1

2. Payment by Results

As was the case from 2014/15, responsibility for the NHS payment system will lie in a partnership between NHS England and Monitor, with NHS England leading on specifying the units of purchase (currencies) and Monitor leading on pricing methodologies.

The Board was briefed at its February meeting that more than 51% of providers (by share of supply) objected to the proposed tariff for 2015/16 calculation methodology, resulting in its withdrawal. In its place, a revised offer was made to providers of either an 'Enhanced Tariff' option, or to adopt by default a rollover of the 2014/15 tariff until such time that it is superseded by a new tariff. Provider organisations were given until the 4th March 2015 to indicate their preferred option, and if no reply was given the default rollover of the 2014/15 would apply The key features of both options are illustrated in the table below.

	Enhanced Tariff	Rollover Tariff
Emergency admissions marginal rate	Increase from 30% to 70%	Stays at 30%
Specialised services marginal rate	Increased from proposed 50% to 70%	No marginal rate
Gross tariff deflator (efficiency)	Reduced from proposed 3.8% to 3.5%	No adjustment
CNST	Prices incorporate extra funding for premium rises	No CNST based price increases
CQUIN	Access to 2.5% CQUIN	Not eligible for CQUIN

As assessment of the potential impact of both options, and the margin by which the Enhanced Tariff option exceeds the Rollover tariff option has been assessed at £7.1m for the Trust. As a consequence, the Trust has indicated its acceptance of the Enhanced Tariff option, and this is the basis of the assessment of NHS Clinical income within the financial plan.

The 2015/16 enhanced tariff includes the following assumptions, which have a direct impact on the Trust's overall level of income:

- Pay, prices and reform uplift 1.9%.
- A Department of Health imposed efficiency requirement of 3.5%.
- Tariff deflated on average by 1.6%.
- 2.5% relating to the continued delivery of the quality reform agenda and targets (CQUIN).
- The non-elective threshold continues on activity over 2008/09 outturn levels for which marginal income at 70% of tariff will apply.
- Non-payment for certain elective and non-elective readmissions within 30 days of discharge.
- Specialised services marginal rate above 2014/15 contract levels 70%.

Expectations on commissioners and providers continue to be as set out in respect of behaviour under the PbR system in the Code of Conduct, which was adopted by the board at the February 2006 meeting. The code sets out principles to be observed and states that losses and gains should be taken overall, and cherry picking of tariff 'gainers' or 'losers' should not take place.

3. Income & Expenditure Plans

The income and expenditure plans are based on the Directorate assessments of activity requirements to meet forecast demand.

In summary the Income & Expenditure plan for 2015/16 is presented in **Appendix A**. This includes income growth from commissioners and other sources of £6.2m compared with the 2014/15 baseline plan, after assuming £14.0m reduction in income resulting from PCT QIPP schemes, fines, and other payment risk issues. The income plan is based broadly on the estimated outturn activity for 2014/15 together with Directorate assessments of growth to sustain national prescribed access requirements, and underlying growth in non-elective demand, plus service developments. The directorate activity plans underpinning the income plan are shown in **Appendix B**.

In terms of expenditure, a net increase in expenditure of £22.1m is assumed in 2015/16. This includes pay and inflationary pressures of £8.1m; investment in largely pre-committed service developments, the cost of meeting the assessed growth in activity, and other costs £19.5m. This is offset by cost reductions resulting from services transferring from the Trust to other providers (-£5.6m), which are the Hambleton, Richmondshire, and Whitby CCG community contract to Virgin Healthcare, and Urgent Care Centre services at Malton MIU and Scarborough ED to Yorkshire Doctors. The net increase in expenditure is set out in more detail in **Appendix C**.

The plan provides for £0.3m exceptional costs in 2015/16 related to the writing down of fixed assets following the completion of refurbishment capital schemes. These costs, known as impairments, have a negative technical impact on the Income and Expenditure position of the Trust. The plan also allows for a technical loss on disposal of £4.5m arising from the transfer of Whitby Hospital to NHS Property Services, following the termination of the community contract with Hambleton, Richmondshire and Whitby CCG.

After planned CIPs, a deficit of £7.8m in 2015/16, including the impact of the £0.3m technical impairment loss and £4.5m technical loss on the transfer of Whitby hospital, is projected. After discounting these technical adjustments and assume donated income in line with Monitor guidance, the 'normalised' deficit is £3.6m.

In light of the projected deficit, work has commenced on developing a financial planning strategy that returns the Trust to a surplus position within the next two years.

4. Financial Risk

A number of significant risks and assumptions to achieving the Income and Expenditure position summarised above are included in the plans, and these are set out below.

- At this stage no contracts have been signed for 2015/16 with commissioners as both providers and commissioners still await the publication of the NHS Standard Contract for 2015/16. Discussions continue with all commissioners and there remain differences between the Trust's assessed activity and income included in this plan and assumed local price levels, and the CCGs willingness and ability to fund at these levels.
- Activity and income plans will be underpinned by Payment by Results principles. Income will be clearly linked to activity and there is a risk that if activity is below plan then income will be also be less than plan.
- The Trust's activity plan and therefore income plan is based on Directorate

assessments of the forecast non-elective demand, and referrals into services generating additional activity necessary to sustain the cancer and other access requirements.

- The expenditure plans assume that in year overspending on operational budgets can be managed by Directorates.
- Further investment in NICE recommendations outside of the PbR tariff is subject to securing specific agreement and income from commissioning PCTs. The plans assume that no unplanned investment will take place unless specific income is secured.
- The plans assume a significant and challenging corporate CIP target. A new CIP in 2015/16 of £14.7m (3.5%) is necessary. This is increased to £25.8m (6.7%) once the estimated net non-recurrent carry over figure from 2014/15 is included.
- The plan assumes that £2.5m planned slippage of proposed developments is achieved.
- The plan assumes payment of 2.5% for the CQUIN quality improvement scheme is achieved.
- The plan assumes a reduction of £1.74m non-payment by commissioners for 30 day readmissions.

It is essential during 2015/16 that Directorates manage non-activity related expenditure within budget, including any unforeseen pressures if the overall plan is to be achieved. In addition the achievement of agreed cost improvements and the generation of additional income during the year are essential to delivery of the plan and will require strong leadership and commitment at all levels in the organisation.

5. Investment in Prior Commitments – Appendix C

Pay and Inflationary Pressures (£8.1m)

Based on supporting information for calculation of the 2015/16 PbR tariff, an average provision is made for Pay & Price inflation of 1.9%. An average increase of 1.0% is assumed for Cost of Living pay increases in 2015/16.

Provision is also made for other pay pressures linked to Agenda for Change, the Consultant Contract including providing for Clinical Excellence awards.

Investment in Activity Related Developments (£9.6m)

Significant resources are required to meet the full year cost of commitments, which commenced during or prior to 2014/15, and new service developments and other costs necessary to ensure that projected activity can be delivered and access targets sustained.

    (i)   Consultant Appointment in:

- Locum Nephrologists/ Acute Physician Cover

    (ii)   Other Specific Service Developments

- Common Pathway for Diabetic Eye Screening.
- Acute Myocardial Perfusion Scan Capacity on the Scarborough Site

    (iii)   General Activity Growth: 2014/15 Plan to 2015/16 Plan.

A provision of £9.1m to meet growth experienced during 2014/15 and further anticipated growth during 2015/16, including a figure of £4.1m relating to anticipated growth in drugs and devices that are excluded from PbR and for which additional income from commissioners to match cost is assumed in the plan. Included within this provision, due primarily to the growth in activity and current capacity constraints are additional resources for extra contract activity and the use of other providers of £1.0m.

Quality & Risk Management (£6.2m)

A number of potential risk areas exist in the delivery of qualitative and quantitative targets and requirements, service improvement, and in ensuring basic infrastructure essential to the safe delivery of services is in place. The provision is intended to cover the following risk areas:

- Meeting qualitative and other non-activity related cost pressures identified by Directorates arising in 2014/15.
- A planned increase of general provisions is made to meet other quality, safety and risk issues, particularly premium agency and locum premium costs incurred in maintaining safe staffing levels.
- Investment in safe levels of nurse staffing overnight on some wards.

Other Costs (£4.0m)

This is mainly attributable to additional costs linked to the Malton and Selby community hubs, CLRN 'Hosting' costs, and the successful Sexual Health tenders. All costs are covered by additional planned income.

Business Transferring from the Trust (-£5.6m)

A net reduction in costs in 2015/16 is expected linked to the termination of the community services contract with the Hambleton, Richmondshire and Whitby CCG, and as a result of the Malton MIU and Scarborough ED minors transferring to Yorkshire Doctors.

Depreciation, Dividend, and Interest Payable (£-0.1m)

Only minor marginal changes are anticipated (+/-) in Depreciation, PDC, and Interest payable during 2015/16.

6. Operational Budget Setting

Operational budget-setting discussions with directorates and departments have focussed on an analysis of the service pressures incurred during the last financial year (2014/15) and those that are anticipated this year, together with assessments of the means and cost of delivering planned activity in 2015/16. An overall net additional provision of £2.9m has been assessed in the overall strategy to supplement qualitative, risk, and general service pressures. Directorates have assessed the additional cost of activity over the 2014/15 plan and this is reflected and discussed in section 5 above.

5

7. Cost Improvement Targets

Delivery of the financial plan for 2015/16 continues to reliant on the achievement of high levels of cost savings, and improvements in efficiency. Under the Enhanced Tariff option the Trust is required to deliver 3.5% efficiency improvements in 2015/16.

In planning CIPs for the Trust, a new in year target for the Trust of £14.7m (3.5%) has been set. This has increased to £25.8m (6.7%) with the inclusion of the 2014/15 carry forward.

Work to develop and implement initiatives to deliver the efficiency target is well underway. Directorates have been set challenging local CIP targets and numerous meetings have been held with each in developing their local programmes. **Appendix D** illustrates that schemes identified to date amount to £18.4m in 2015/16, thereby giving a deficit in 2015/16 of (£7.4m).

The current CIP deficit in 2015/16, which is primarily attributable to the level of carried forward target from 2014/15, presents a challenging position, and work is continuing to identify schemes to bridge the shortfall. As always delivery of the plans is paramount and these will be monitored closely as the year progresses. If required, to mitigate against non-delivery, the Board may need to exercise delay and deferral of any and all new investment.

8. Non Recurrent Expenditure Programme

The non-recurrent expenditure and leasing programme of £6.8m is held centrally to support equipment leasing programmes, equipment purchases, non-recurrent revenue costs associated with capital schemes, minor works schemes and other significant non-recurrent costs including expensive equipment repairs. Centralising these budgets provides flexibility to cover expenditure that can vary significantly from year to year. The Programme mainly covers existing commitments, but also allows for the lease cost of additional equipment to support the capital equipment replacement programme, and the planned replacement of ward based medical equipment, and surgical instruments.

9. Capital Programme Expenditure

The resource available for capital investment in 2015/16 is currently estimated at £26.1m. This is derived from depreciation funding, strategic capital, loan finance, property sales and additional PDC. An outline programme will be presented to the Capital Programme Group in March 2015, and to Board, for approval, in April. Anticipated new schemes include two replacement MRI Scanners, X-Ray equipment and a SPECT CT in Scarborough. Improvements to York ED will be completed, along with the replacement of Fire Alarm systems across York and Scarborough. Plans are in place to implement a carbon & energy reduction scheme at Scarborough.

The draft Capital programme also includes schemes to reduce backlog maintenance, improve statutory compliance, maintain and develop our IT capability and to upgrade the wireless network across the Trust. Finally included is a provision for a new build to increase cardio-vascular capacity, which would be loan-funded. The replacement of equipment will continue to be mainly funded through leasing.

10. Balance Sheet

Fixed assets are expected to increase as capital is invested in new developments, while current assets are forecast to remain broadly level. The impact of additional loans and PDC for capital is included.

The forecast balance sheet as at the end of March 2016 is attached at **Appendix E.**

11. Cash Flow Forecast

The cash flow forecast assumes that the final £3m of strategic capital PDC is received during 2015/16 together with additional loan funding. It also reflects transitional support funding from NHS England of £10.9m. Cash levels are expected to decrease gradually over the next year, from £20.9m at the end of 2014/15 to £15.7m at the end of 2015/16 as capital funding is invested over this period, and due to the planned I&E deficit.

The forecast cash flow for 2015/16 is attached at **Appendix F.**

12. Continuity of Service Risk Rating

Monitor's 'Continuity of Service Risk Rating' (CoSRR) focuses on the Trust's ability to keep trading (providing services) and has two measures: a Liquidity Risk Ratio, and a Capital Servicing Capacity, each with an equal weighting, with a score of 1 (low) to 4 (high) in each case. The overall rating is an average of these.

Based on the current plan, the Trust would expect to achieve a maximum rating of 3 in 2015/16. The results are attached at **Appendix G**.

13. Recommendation

The Board of Directors is asked to note this report and the Appendices, and to approve the Trust's Financial Plan for 2015/16.

Author	**Graham Lamb, Deputy Finance Director**
Owner	**Andrew Bertram, Finance Director**
Date	**March 2015**

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YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION 2015/16

	£000
INCOME	
NHS Clinical Income	
Elective	25,716
Planned Same Day	32,381
Non-Elective	107,360
Outpatients	64,021
A&E	15,822
TCS	32,613
Other	126,712
	404,625
Contract Penalties	-2,000
	402,625
Non-NHS Clinical Income	
Private Patient Income	986
Other Non-protected Clinical Income	1,790
	2,776
Other Income	
Research & Development	2,794
Education & Training	14,133
Donations & Grants received of cash to buy PPE & Intangible Assets	600
Other Income	17,142
Transitional Support	10,907
	45,577
Total Income	450,978
EXPENDITURE	
Pay costs	-292,918
Drug costs	-40,915
Clinical Supplies & Services	-45,871
Other costs (excluding Depreciation)	-55,987
Total Expenditure	-435,690
EBITDA	15,288
Profit/ Loss on Asset Disposals	-4,500
Fixed Asset Impairments	-300
Depreciation	-11,000
Interest Receivable	100
Interest Expense on Non-commercial borrowings	-302
Other Finance costs	0
PDC Dividend	-7,040
Taxation Payable	0
NET SURPLUS/ DEFICIT	-7,754

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
DIRECTORATE ACTIVITY PLANS 2015/16
BASED ON DIRECTORATE ASSESSMENTS

Specialty	Elective Inpatients	Elective Daycases	Non Elective	Outpatients 1st Att	Outpatients Follow Up	Non Face to Face*	Outpatient Procedures
	FCEs	FCEs	FCEs	Atten	Atten	Contacts	Procedures
GENERAL SURGERY	3,075	7,416	9,398	14,840	22,561	792	4,185
UROLOGY	1,586	5,847	2,228	2,662	4,237	14	3,788
TRAUMA & ORTHOPAEDICS	1,869	2,299	3,834	18,638	27,268	0	1,322
ENT	756	956	1,078	7,806	8,258	12	8,987
OPHTHALMOLOGY	255	5,387	94	17,213	68,853	0	12,269
ORAL SURGERY	354	1,961	410	6,998	8,362	0	1,844
RESTORATIVE DENTISTRY	0	0	0	579	423	0	1,619
ORTHODONTICS	0	0	2	1,491	1,887	0	9,635
NEUROSURGERY	0	0	0	0	0	0	0
PLASTIC SURGERY	34	338	8	407	508	0	29
CARDIOTHORACIC SURGERY	0	0	0	0	0	0	0
ACCIDENT & EMERGENCY	2	0	3,112	945	818	0	0
ANAESTHETICS	56	1,750	22	1,624	2,466	0	24
GENERAL MEDICINE	8	2,869	3,138	92	133	18	79
GASTROENTEROLOGY	474	12,651	9,428	4,553	9,305	1,026	60
ENDOCRINOLOGY	26	482	5,342	2,203	7,125	506	0
CLINICAL HAEMATOLOGY	54	3,674	432	1,896	12,598	668	124
PALLIATIVE MEDICINE	0	0	0	1,048	3,938	416	0
CARDIOLOGY	796	1,098	6,320	12,221	19,525	155	5,267
ACUTE INTERNAL MEDICINE	16	92	4,908	774	1,004	94	0
DERMATOLOGY	0	365	22	7,084	16,045	424	15,423
RESPIRATORY MEDICINE	120	504	6,239	3,859	10,546	134	294
GENITOURINARY MEDICINE	0	0	0	14,136	6,516	0	0
NEPHROLOGY	106	794	2,686	791	8,247	3,668	0
MEDICAL ONCOLOGY	80	6,952	566	4,188	22,912	25,580	88
NEUROLOGY	20	746	284	3,272	6,109	910	56
CLINICAL NEUROPHYSIOLOGY	0	0	0	1,254	68	0	0
RHEUMATOLOGY	6	2,160	20	2,722	13,080	1,254	0
PAEDIATRICS	64	220	7,304	5,218	9,937	424	670
GERIATRIC MEDICINE	92	172	23,558	3,844	3,851	941	46
OBSTETRICS & MIDWIFE	24	0	5,512	46	1,166	0	166
GYNAECOLOGY	830	1,474	1,088	7,634	5,632	0	4,749
CHEMICAL PATHOLOGY	2	54	0	14	0	0	0
TOTAL	10,705	60,260	97,032	150,053	303,378	37,036	70,725

* Telephone Contacts

YORK TEACHING HOSPITAL NHS TRUST
FINANCIAL PLANNING 2015/16
MARGINAL EXPENDITURE PLANS

Marginal Changes @ Nominal Pay & Price Levels

MARGINAL EXPENDITURE CHANGES	2015/16 £000
1. INFLATIONARY ISSUES	
Pay & Non Pay Inflation	**6,243**
Agenda for Change	**1,514**
Consultants - Clinical Excellence Awards	**428**
Consultants - Increments	**-117**
	8,068
2. ACTIVITY RELATED DEVELOPMENTS	
Agreed/ Impacting During 2014/15	
Agreed business cases including the transfer of Elective Orthopaedics to Bridlington Hospital.	**-63**
New in 2015/16	
Excluded Drugs & Devices Growth during 2015/16	**4,100**
Agreed business cases including Additional cardiology myocardial perfusion scan capacity on the Scarborough site, Locum nephrologists/Acute Physician Cover, and Implementing the Common Pathway for Diabetic Eye Screening.	**489**
Activity Growth during 2015/16 (Incl. Premium Rate Working)	**5,033**
	9,559
3. QUALITATIVE & RISK MANAGEMENT INVESTMENTS	
Agreed/ Impacting During 2014/15	
Directorate Identified Issues	**2,889**
New in 2015/16	
Increase General Provision	**1,200**
Agreed business cases including Radiology 7-day Imaging, Resident Consultant Posts at Scarborough, In-House Nurse Bank and Rostering Expansion, Cancer Pathway Team, Paediatric Nurse Staffing Review at York, and Paediatric out-of hours Business Case.	**1,360**
Nightime Nursing Investment	**800**
	6,249
4. OTHER ISSUES	
Agreed/ Impacting During 2014/15	
Selby Community Hub	**893**
Malton Community Hub	**965**
New in 2015/16	
Increase in Costs due to New Capital Investment	**154**
Increase in Leasing Costs	**233**
Transitional costs - linked to the Acquisition of Scarborough	**-108**
Sexual Health Tender	**478**
CLRN 'Hosting' Costs	**1,339**
	3,954
5. BUSINESS TRANSFERRING TO/FROM THE TRUST	
Impacting During 2015/16	
Termination of HRW CCG Community Contract	**-4,953**
Scarborough ED Minors & Malton MIU to Yorkshire Doctors	**-655**
	-5,608
SUB-TOTAL (To EBITDA)	**22,222**
Depreciation	**146**
Interest Payable on Loans and Leases	**-101**
PDC Dividends	**-164**
TOTAL	**22,103**

York Hospitals NHS Foundation Trust
Cost Improvement Programme 2015/16
@ Nominal Pay & Price Levels

Themes	2015/16	Notes
	£'000	
Financial plan 2015/16 @ 3.5%	14,742	
Less: Income in Plan	-2,500	
Net 2015/16 plan - Expenditure	**12,242**	
Initial non recurrent to recurrent carry forward	13,513	
Total target	**25,755**	
	£'000	
1 Identified with high achievability		
Low risk		
1 Integration	471	Plans related to the integration of York and Scarborough services
2 Workforce	1,263	Workforce schemes - incl. reduced posts, skill mix and temporary staffing reviews
3 Operational	3,092	Improved use of - Clinical services & Joint CCG initiatives
4 Back Office	701	Back office review and integration including support services
Low risk	**5,528**	
2 Identified with medium achievability		
Medium risk		
1 Integration	663	Plans related to the integration of York and Scarborough services
2 Workforce	678	Workforce schemes - incl. reduced posts, skill mix and temporary staffing reviews
3 Operational	4,677	Improved use of - Clinical services & Joint CCG initiatives
4 Back Office	698	Back office review and integration including support services
Medium risk	**6,716**	
3 Identified with Low achievability		
High risk		
1 Integration	240	Plans related to the integration of York and Scarborough services
2 Workforce	102	Workforce schemes - incl. reduced posts, skill mix and temporary staffing reviews
3 Operational	5,289	Improved use of - Clinical services & Joint CCG initiatives
4 Back Office	476	Back office review and integration including support services
High risk	**6,106**	
Grand Total	**18,350**	
Shortfall against Target	**-7,406**	

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
BALANCE SHEET
FOR THE YEAR ENDING 31 MARCH 2016

	£000
ASSETS, NON CURRENT	
Intangible Assets	4,746
Property, Plant and Equipment	232,785
Trade and Other Receivables	1,395
Total Fixed Assets	**238,926**
ASSETS, CURRENT	
Inventories	7,055
Current Tax Receivables	0
NHS Trade Receivables	12,315
Other Receivables	3,802
Accrued Income	1,013
Prepayments	1,797
Cash with GBS	15,678
Cash in Commercial Accounts	0
Total Current Assets	41,660
CURRENT LIABILITIES	
Bank Overdraft	0
Drawdown in Committed Facility	0
Non Commercial Loans	-1,686
Commercial Loans	-12
Provisions, Current	0
Current Tax Payables	-5,670
Trade Payables	-13,451
Other Payables	-4,790
Capital Payables	-2,889
Accruals	-9,214
Payments on Account	-279
Finance Leases	0
PDC Dividend Creditor	0
Interest Payable on Borrowings	-76
Total Current Liabilities	-38,067
NET CURRENT ASSETS (LIABILITIES)	**3,593**
NON CURRENT LIABILITIES	
Loans Non Current Non-Commercial	-15,149
Loans Non Current Commercial	0
Provisions, Non Current	-1,214
NON CURRENT LIABILITIES	**-16,363**
TOTAL ASSETS EMPLOYED	**226,156**
TAXPAYERS' EQUITY	
Public Dividend Capital	88,930
Retained Earnings (Accumulated Losses)	82,471
Revaluation Reserve	54,755
Other Reserves	0
Total Taxpayers Equity	226,156
TOTAL FUNDS EMPLOYED	**226,156**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
CASH FLOW
FOR THE YEAR ENDING 31 MARCH 2016

	£000
Surplus/(deficit) after tax	3,988
Non-cash flows in operating surplus/(deficit)	11,300
Operating Cash flows before movements in working capital	**15,288**
Movement in Working Capital:	
Stocks & Work in Progress	0
NHS Trade Debtors	1,000
Other Debtors	0
Accrued Income	0
Prepayments	0
Trade Creditors	500
Tax	0
Other Creditors	0
Interest Payable	0
Payments on Account	0
Accruals	0
Provisions & Liabilities	0
Net cash inflow/(outflow) from operating activities	**16,788**
Net cash inflow/(outflow() from investing activities:	
Property - new land, buildings or dwellings	0
Property - maintenance expenditure	-8,064
Plant and equipment - Other	-9,461
Property, plant and equipment - other expenditure	0
Proceeds on disposal of property, plant and equipment	500
Purchase of intangible assets	-4,746
Interest received on cash and cash equivalents	100
Net cash inflow/(outflow) before financing	**-4,883**
Net cash inflow/(outflow) from financing activities:	
Public Dividend Capital Received	3,000
Public Dividend Capital Repaid	0
PDC Dividends Paid	-7,040
Interest (paid) on commercial loans	0
Interest (paid) on non-commercial loans	-297
Capital element of finance lease rental payments	-53
Drawdown of Non Commercial Loans	5,300
Repayment of Non Commercial Loans	-1,247
Drawdown of Commercial Loans	0
Repayment of Commercial Loans	-12
Other cash flows from financing activities	-5
Net increase/(decrease) in cash	**-5,237**

	£000
Opening Cash	20,915
Net increase/(decrease) in cash	-5,237
Closing Cash	**15,678**

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YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
CONTINUITY OF SERVICE RISK RATING 2015/16

Capital Service Cover

	£000
PDC dividend expense	-7,040
Interest Expense on Overdrafts and Working Capital Facilities	0
Interest Expense on Bridging loans	0
Interest Expense on Non-commercial borrowings	-302
Interest Expense on Commercial borrowings	-0
Interest Expense on Finance leases (non-PFI)	0
Interest Expense on PFI leases & liabilities	0
Other Finance Costs	0
Non-Operating PFI costs (eg contingent rent)	0
Public Dividend Capital repaid	0
Repayment of bridging loans	0
Repayment of non-commercial loans	-1,259
Repayment of commercial loans	0
Capital element of finance lease rental payments - On-balance sheet PFI	0
Capital element of finance lease rental payments - other	-53
Capital Service	-8,654

		Debt Service Cover Rating (50%)			
Revenue Available for Capital Service (£m)	14,788	**4**	**3**	**2**	**1**
Capital Service Cover metric (Times Cover)	1.71				
Capital Service Cover rating	**2**	2.50	1.75	1.25	<1.25

Liquidity

		Liquidity Rating (50%)			
Working capital balance (for use in CoS rating calculation)	-3,462				
Operating Expenses within EBITDA (£m)	-435,691	**4**	**3**	**2**	**1**
Liquidity metric (Times Cover)	-2.86				
Liquidity rating	**3**	0	-7	-14	<-14

Continuity of Service Risk Rating   3

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York Teaching Hospital **NHS**

NHS Foundation Trust

Workforce Strategy Committee Meeting – 5 February 2015

Attendance:
Dianne Willcocks - Non Executive Director (Chair)
Wendy Barker - Deputy Director of Nursing
Melanie Liley - Head of AHP Service and Psychology
Anne Devaney - Deputy Director of Applied Learning and Research
Dawn Preece - Assistant Director of HR
Jonathan Thow, Clinical Strategy Lead
Fay Andrews - Hodgson, Organisational Development Facilitator
Sian Longhorne - Workforce Information Manager
Natalie McMillan - Head of HR
Becky Blackburn - HR Advisor
Sue Holden - Director of Director of Workforce and Organisational Development.
Debbie Hollings – Tennant, Head of Corporate Finance
Jenny Adams, Non Executive Director

Apologies:
Patrick Crowley, Chief Executive
Gail Dunning, Deputy Director Applied Learning and Research
Libby Raper, Non Executive Director
Bev Geary, Director of Nursing,

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1.0	<u>Last Meeting notes</u> **September – 2014 - Paper 1**	All	Approved		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2.0	Future agenda items and timescales – dates set for 2015		Dates set for 2015 meetings Health and safety report to fall under the remit of this group – scheduling to be arranged. Action plan/ future agenda items to be determined outside the meeting and brought back for comment.		
3.0	<u>Last meeting notes</u> **December 2014 - Paper 2**		Approved with amendment to the recent appointment to the Band 8a role which will include both the Health and Wellbeing and Engagement agenda.		
4.0			*Health, Wellbeing and Engagement*		
4.1	Health and Wellbeing Working Group **Charitable Funds**		DHT advised that Tribune House is half way through a full review of charitable funds across the Scarborough and York sites. A report will follow for Jenny the Charities Committee to decide further actions. The Board very much supported money to be used as staff reward/investment– e.g. nights out, but greater transparency and accountability required	DHT – work well in progress. A report will be provided in due course.	
4.2	Health promotion/health and wellbeing **Telephone helpline**		DP confident no barriers re use of Skype being offered to provide face to face service	On the agenda for the next HWB Steering group. Different forms of communication will be made available	
4.3	Engagement **Staff Friends and Family Test**		DP reported that for Q4, there is a focus on two directorates – Specialist Medicine and Theatres, Anaesthetics and Critical Care. Ipads are being used as well as access via e-mail link, quick apps,	DP said the effectiveness of the focussed approach and new methods of collection would inform next year's	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			twitter and face book. Champions have been recruited at a local level and they are wearing badges to promote the Q4 campaign. It was clarified by SH that currently there were no CQUINs attached to completion rates but this may change next year – at a regional level. DW felt that it would be beneficial to take the 'you said, we did' approach that has been applied with the patient version. She asked if staff were concerned about the low response rate. Perhaps they didn't know the importance of it? DP said that it was important to close the feedback loop to demonstrate the benefits to staff. Staff side are being briefed.	approach	
			SH felt that the new structure in HR with Business Partners being able to focus on directorates with their own annual plans, would support this focussed approach.		
4.4	Non agenda update		SH said that there would be closer links between Health, Wellbeing and Engagement and Occupational Health, going forward and a more planned approach would be taken.		
5.0			***Employer of Choice***		
5.1	Medical Staffing **Workforce Agency Spend – Paper 3**	NM	NM tabled the paper outlining the project that has been working on medical locum and senior agency costs. (Mike Davison is the author of the paper). This is for information to demonstrate the proactive approaches around reducing our locum spend. £500,000 VAT savings could potentially be made annually. Currently the Trust has a master vendor – Medax - but SH would like to	Work is in progress to identify short term and longer term ways in which to address these issues	

Agenda Item	AFW	Comments	Assurance	Attention to Board
		explore the benefits and risks of a neutral framework, so that the Trust doesn't find itself in a bargaining position/bidding war with other Trusts. She said there was a balance to be struck between operational pressures and safe staffing/paying premium rates.		
		JT said that in recent years stability had been lost due to the increased number of junior doctor vacancies and that was driving the increased use of agency and locum staff.		
		NM said that the initial goal would be to reduce the agency spend by increasing the fill rates in the internal nurse bank.		
		NM would like to give some recognition to the medical rota team who do a challenging and sometimes thankless job, with people sometimes not turning up for the shifts that they have worked hard to fill. There had been an increase from 7,000 – 10,000 in the number of shifts requiring to be covered over the last year, placing increased pressure on the team without any additional resources for this increased demand. Additional staffing support was required, in light of this.		
		AD said longer term plans were needed because of changes to education funding and there was a need for workforce plans to be in place to mitigate risks of unfilled shifts etc. The ACP cohorts going through are an example of this being addressed.		
		Someone from Post Grad would need to join the medical workforce group. NM felt that there needed to be two groups. DHT said she had put		

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Agenda Item	AFW	Comments	Assurance	Attention to Board
		herself forward as the chair of the Nursing workforce group and would organise the terms of reference. She will bring more detail back to the next meeting. It was agreed that two groups would be needed to cover all staff.		
		NM said that the world had changed and that activity within the rota team had gone up by 50% She said that some of the current software provider's practices had been questioned nationally by the DoH and alternative software providers were being considered. The issue was on a regional agenda.		
		SH said that there were pressures regarding the management at local level. Specialists were feeling that they were working harder than locums for less reward. The total benefit package needed to be remembered – locums did not have job security, development opportunities etc. SH felt there was a need to look at retention issues as there were risks of a local bidding war.		
		NM explained that reducing spending on agency costs was the first priority and the Calderdale Framework would address the problem in a more sustainable way.		Urgent decision needed re: weekly pay
		DHT said that the issue of weekly pay had been raised by payroll staff. If this was going ahead, more clerks would be required and they would need to be trained.		Payroll will require necessary training.

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	Agenda Item	AFW	Comments	Assurance	Attention to Board
			JT proposed that excess capacity should be built into the system and then maybe doctors would have the energy to do additional shifts. For example, if the registrars grade was expanded.		
			He said that people were leaving the Trust because of the efficiency and busyness e.g. in Acute Medicine/ E &D. This could affect training. More imagination was required re: research posts.		
			SH suggested caution re: research posts, given lessons learned by Leeds who lose £2 million a year over 7 years due to cross – subsidy of clinical care by research posts.		
			The Quality and Safety Committee have concerns about this issue. Risks need to be identified and an action plan drawn up.		
			SH said that she would like to see a report prepared by Systems and Networks (Sue Rushbrook's team) looking at vacancy, workforce and throughput to see if correlations can be made between staffing issues in departments/ teams/ areas and patient care. **ACTION**		
			JT said that anecdotally, the use of locums increased the risk to patient care. We were asking locums to do an impossible job. The impact on team delivery and service would be useful so that we can move things forward		
5.2	**Medical staffing Local induction for junior doctors (from paper 5,**	AD	AD said that Medicine had now had feedback. She said that now there were handbooks for most areas. She said that the content of the induction needed to be brought up at the next Education		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	December 2014 meeting)		Review Group meeting. She reported poor levels of feedback from trainees despite several chasers. An App has been launched today for the junior doctors which could facilitate feedback for the induction. The use of Facebook and Twitter would also be explored to chase up the junior doctors. There is ongoing work being carried out on this. Confidentiality would need to be protected. There is a mechanism in-built with the App which means that the user is locked out if it is not accessed for over 7 days so data is kept safe and updated regularly		
5.3	**Medical Staffing Doctors in Training Assurance**		NM advised that the poor recording of sickness absence etc was due in part to the doctors being on rotation. They were getting lost in the system due to unclear reporting lines. An HR colleague in Scarborough has been assigned a project to improve this.	Project in place to improve this	
5.4	**Medical Staffing paper – Paper 4**		Some points have already been covered in paper 3. There were concerns with the number of consultant posts which had gone up by 50%. Non consultant/non-training grades must in future be increased to counteract this gap. SL looked at the gender split and said that there was a need to adopt more flexible working practices to retain females for the non-consultant, non-training grades and to be consultants. SL said that she had been made aware that more women went to become GPs but she doesn't currently have the specific evidence to support this claim. There had also been a national push to		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		recruit more GPs. SH said that locally there had been failed attempts to recruit to GP posts, particularly on the East Coast. It was suggested that a combined E&D/GP role suggested by Ed. Smith, might be attractive as it comprised exposure to both primary and secondary care environments. It was noted that Paediatrics and Obs and Gynae with resident on-call, attracted more females, perhaps because the roles offered more ability to plan in advance.		
		DW felt that representation of the age/gender split might be useful and statistical profiling would help.		
		SL said that that a more detailed profile of the workforce had been discussed in the Ageing Workforce task and finish group. She said that detail would be needed in particular when consideration was being made for not replacing 'like for like'.		
		JT felt that the detail would only be needed for a small number of specialities where there was a particular need.		
		DW felt that it would be beneficial to have a focussed meeting carrying out a 'deep dive' into the statistics. SH advised that work had already been done on accommodation/training etc. **ACTION**		
		JA suggested that lessons could be learnt e.g. from nursing to be more proactive and maybe preventing the need to recruit from abroad.		
		SH clarified that the option to recruit from abroad had been considered early on, but had initially		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		been discounted in favour of options which had worked in the past. The same strategies hadn't worked as before because the market had changed, therefore recruitment from abroad had then been decided.		
		JT said there needed to be a better understanding in terms of medical staffing terms of what good looked liked. Perhaps currently the model is too tight? He wondered how much more capacity would make the role more attractive.		
		SH said that these issues could be addressed through getting the right skill mix		
		DW said that there was a need to look at the critical path, so the issue wasn't always being addressed sequentially. SH said that various ideas were being considered by the Board such as providing conditional contracts for doctors in training to become consultants. MW is currently looking into this. SH explained that innovations like this needed to be trialled before wider roll out.		
		NM mentioned that whilst this meeting highlighted that there were some workforce issues, there were some matters outside of the Trust's control – e.g. the Deanery has a lot of influence. JA noted that it was important to consider other solutions, perhaps not considered yet within this paper.		
		DW noted that the challenge had been scoped and enabled prioritisation of action to take place. JA noted that it provided a lever for change. DW felt that visioning was required to enable a focus on what we are aiming towards. She expressed deep concern at the number of failed attempts to		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			recruit and the human and financial cost to the Trust. **ACTION**		
			JA noted that Scarborough seemed to be a recurrent issue. She suggested that job descriptions needed to include cross site working.		
			SL noted that choice is still offered by the Deanery regarding location and Scarborough was being turned down by trainees		
			SH noted that it was important to provide quality assurance for the placement and to ensure that quality supervision is provided. She said that she had been in discussion with the local LETB and it had arisen that there needed to address the job description and give students less choice. They were currently completing their training and then moving out of the area, often going down South.		
			SL said that what we are currently being asked to do is becoming a lot more complex and innovative.		
			DW noted that this would need to be looked at again in the next meeting to assess the progress.		
			SH plans to put a full paper to the Board for the March meeting.		
5.5	Operational HR **Revised appraisal process and framework – Paper 5**		SH noted that perhaps the existing appraisal paperwork wasn't as easy to use as it might be and the core aims of regular meaningful discussion and identification of development needs were perhaps being lost. The new appraisal sought to address this with a model that combined performance management, appraisal and ultimately talent management. She explained		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		that through discussion between appraiser and appraisee, it would be possible to identify where the appraisee was on the matrix. If they were placed in the red, a performance plan would be required. If they were placed in the upper right quadrants, they would be placed into a talent pool and considered for opportunities to undertake stretch assignments to enable their progression. It was felt that this would be a more equitable approach to development. There needed to be clear consequences for underperformance, including restrictions on pay progression. The idea was to simplify the paperwork and the process to make it easier for managers to do the right thing.		
		DW felt that appraisal training should be placed high up on the agenda and early adopters should be encouraged to lead the revised scheme.		
		SH explained that the paper was on a phased basis. Once the matrix is embedded, then phase 2 could be introduced, which would include performance management and linking this to pay. SH said that so far staff side had not shown any resistance to the matrix.		
		JT said that he felt that there was a need within the Trust for the development of appraisal skills and expressed concern that good appraisers were dropping out of appraising		
		ML noted that she felt that the Trust values could be evidenced in a tangible way and that this was an opportunity for staff to present evidence of their performance and for this to be celebrated in a positive way. She felt that appraisers may need		

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	Agenda Item	AFW	Comments	Assurance	Attention to Board
			training re: holding difficult conversations and providing 360 degree feedback.		
			NM queried whether the appraisal model would be replicated for medical staff.		
			SH said that she had started the conversation and there was so far no specific objections to this in principle. SH noted that it would supplement the national process for revalidation.		
			NM felt that it would be helpful to develop a common language around this.		
			SH suggested that the appraisal matrix perhaps needed to be taken to Executive Board to see if the Corporate Directors would like to use.		
			In terms of timescales for rollout, SH said that the matrix will be placed on the intranet fairly soon and then there could be a further discussion around it. SH felt that the work that had been done around the descriptors was powerful. She said that the KSF outlines had been embedded into the framework		
6.0			*Workforce Utilisation*		
6.1	E-rostering **Re-introduction of e-rostering meeting**	WB/BG/DHT	Covered in discussions and paper re: temporary agency spend		
6.2	E-rostering **Who responsible for filling slots on rota**	DHT	Captured in scope of working group and paper 3		
6.3	E-rostering **Linked to the**	SH/PC/JT	As above		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	above – actions re: medics on an ongoing basis				
7.0			*Organisational Development*		
7.1	Senior Leaders Programme Evaluation – **Paper 6**	SH for GD	SH presented paper provided by GD. The Trust has a good track record in investing in leadership development. Less reliance on national leadership programmes is a positive thing. SH said the evaluation demonstrates good application of learning and greater connectivity of individuals. The managers' comments demonstrate change as a consequence of the learning, which is a useful indicator of the effectiveness of the programme. JT said he had had a good response from the 3 cohorts he had experienced. He has seen application of learning and a positive impact on outcomes. He felt that the fact that it as an internal course, led to integration back into daily working life more so than externally provided courses. SH said there was a risk that as people become more sensitised, this increases the level to which people are held to account. JT said that the emphasis on values 'switches on lights' – people were not being constrained by culture. SH said that the programme is evaluated and linked to service improvement. SH said that this links to the appraisal paper and talent register. As part of this, the development of talent within the organisation will require managers to explicitly discuss how individuals have maintained their learning and applied it into	The evaluation demonstrates the effectiveness of the programme. The response rate around 50% which is a valid return rate for this type of research – SH SH said that the programme is linked to service improvement SH advised that the new appraisal framework/talent register will help sustain the transfer of learning from the programme into service improvement	

Agenda Item	AFW	Comments	Assurance	Attention to Board
		the workplace.		
		FA said that as part of the programme, individuals were placed in action learning sets and encouraged to remain with these sets following the end of the programme, which could sustainability of the programme's aims.		
		DW felt that the redesign of Ellerby's will lead people to use the spaces intelligently – to support this ongoing learning. SH said that the pods in Ellerby's were partially sound proofed to allow for the space to be used in this way.		
		NM asked if there was any analysis regarding the staff attending from the different sites. SH said there is a real mixture of people who attend, across sites. Malton Rugby ground had been used for greater access for both Scarborough and York sites, however, due to its increased profile it is becoming harder to book here so other sites are being looked into as venues for the programme.		
		JA felt that the response rate of 50% was low, for the evaluation. AD said it was better than the usual response rate of 33.3% SH said that it would be acceptable as a MORI poll and respondents may have already felt that they had fed back their views already as this evaluation was in addition to a previous course evaluation.		
		DW felt that this programme was a vehicle for managing change. JT felt that constraints on the effectiveness of the programme may arise from the environment delegates were going back to post programme. He said there was some		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			confusion over where improvement work sits and felt that people needed to be supported to deliver on the skills and knowledge they had learned on the programme.		
7.2	CAPE Workforce Strategy – Calderdale Framework and Implementation plan (Brought forward from December meeting) – **Paper 7**		SH explained the Calderdale framework in brief and explained that development of this programme had financially benefitted Calderdale Hospitals, who had developed it. SH explained that within the Trust there were large numbers of band 5 posts, but very few band 2 - 4s and the framework would seek to address this, supporting the development of new roles designed around the needs of the service. She said that the Trust had chosen to be an earlier adopter of the framework. She said it allowed the development of a complementary suite of roles which could provide support to other grades and allowed them to focus on the aspects of the role which used their more advanced competencies.		
			Facilitators have now been trained to apply the framework and a two year plan is beginning to be rolled out to develop 120 staff, initially skilling them up into newly designed band 3 roles, with the potential for further development into band 4 roles.		
			SH said that it was necessary to over recruit band 2s, so that the experience band 2s could be released for development. Staffing groups in the Trust which are difficult to recruit to have been chosen as an initial focus. Within these areas, senior nurses have been identifying suitable candidates for this skill development.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
7.3	Practice Placement Quality Assurance (PPQA) – **Paper 8**	SH for GD	SH explained that the purpose of this was to evidence how the Trust supports students on placement DW felt that this was a positive account of a project in progress SH added that the quality of the practice placements is something that we are as a Trust monitored on.		
7.4	Learning Hub Update – **Paper 9**	AD for GD	AD said that since the introduction of the Learning Hub there had been significant increases in compliance for stat. and mand. training. AD said that there were some areas where the completion rate appeared to have gone down. e.g. in Safeguarding Children level 3. This was partly due to the fact that as part of the stat. and mand. review, including revisiting the existing training needs analysis, it was identified that fewer people required this training. The compliance rate is also affected by the limited number of facilitators available to run the training and operational pressures which impact on whether or not people can be released to attend the training. Regionally the Trust is performing well (2nd in the region) compared with other Trusts for the level 1 Dementia awareness training. Some training, such as Safeguarding Adults, which require facilitators, is due to be available on-line from April, so compliance for this training is expected to go up then. DW noted that there may be an issue with compliance for End of Life training. AD said that		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			there were issues with releasing people for the training. She said that we are currently in a period of amnesty, until the end of February and e-mail reminders had been sent out which were encouraging completion. She said that End of Life and Dementia will be targeted before the CQC visit. SH said that the Board had approved that there would be disciplinary consequences after the end of February, for non compliance. NM expressed reservations at ML's suggestion that there should be a focus on one or two of the modules as by their nature they were all essential as stat and mand. SH felt that compared to 12 months ago, there seemed to be greater compliance and a truer picture of completion rates was available. She felt that a cultural shift had taken place with people feeling comfortable about accessing e-learning. AD said that she would be able to bring an update to the next meeting in April. NM said that it would be helpful for HR to have an indication of the numbers who weren't compliant to understanding needs if the disciplinary process was to be followed. AD said it might be more useful in some cases to represent the % rate of people who need to complete the training, not the % completion rate of the whole workforce.		
7.5	**OD Consultancy Strategy – Paper 10**	FAH	FAH explained that there had been a renaming from Bespoke OD to OD consultancy, for greater clarity. She said that the strategy had been developed in response to the change and complexity of the work which they wanted to be in		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		a better position to respond to. She explained that the strategy articulated a partnership model between OD and the line, in which a more responsive, ongoing conversation between the two would enable better prioritisation of OD interventions and greater alignment with the strategic objectives of the organisation could be achieved. She said it would use an 'in reach' approach, with the use of team coaching as an important basis for which learning could be explored and tested within the working environment, rather than out of the working environment, in an artificial way. There would also be a focus on embedding within the organisational structure. FAH acknowledged that this happens naturally, but the framework allowed this to be more formalised. DW was very positive about the 'organic' approach to organisational development which the partnership model promised. DP said that the OD facilitators would be able to work more closely with HR business partners, gathering intelligence from their directorates and developing intervention plans around this. It was recognised by WB that this would provide a valuable bridge/link to the workplace. ML said that this offered the benefits of 'growing outward', meaning that people who have been developed, can then perhaps to go on and become facilitators of others. This would perhaps mean that people would perhaps be more measured about when to ask for OD assistance.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
7.6	**Corporate Development Team Structure – Paper 11**	AD	AD said that that she would be able to provide a more comprehensive corporate development team structure, including the four pillars of the department, which she will do in due course. SH said that HR will be able to provide the staff structure.		
7.7	**Coaching Strategy – Paper 12**	FAH	FAH presented the coaching strategy. She said that there were currently 66 coaches in York and 10 on other sites. SH advised that these range from band 3-9. They offered 1 to 1 coaching, partnership coaching (contracted three ways between manager, coachee and coach) and there is also supervision and CPD. DW asked if expertise in this area could be a source of revenue for the Trust. FAH said that the aim was to make the coaching partly accessible for all and partly strategic. She explained that a more robust process was being put in place, to properly evaluate the coaching undertaken. She said she was also looking into health coaching, so the approach was less paternalistic. She said that more data was required to better manage the coaches. She is currently looking into the IT systems needed to do this. This expertise is something that the Trust could potentially sell. SH said that currently the coaching is not marketed, but does generate custom through word of mouth. The marketing of it would need to be better formalised. DW was keen that the reputation of the Trust		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			would benefit from having an area of excellence.		
			SH said she felt that HR had a good track record of showcasing their expertise but felt that other areas of the Trust didn't always publicise their areas of expertise.		
			DW felt that giving people the opportunity to become coaches was a way of making them feel valued, which linked to reward.		
			NM said that partnership coaching was a good early intervention before dysfunctional teams set to become established. She said that the HR and OD link was very important.		
8.0	**Any Other Business**	NM	NM wanted to give assurance that the work that had been carried out to create an internal nurse bank was an example of work carried out at pace. Very good progress had been made on this.		
9.0	**Next meeting**		21st April 2015, 10.00 – 12.00 Classroom 4, Post Grad Medical Education Centre, 5th Floor, York Hospital		
10.0	**Schedule of 2015 meetings**		3rd June 2015, 13.00 – 15.00 HR Meeting Room 1, 2nd Floor, Park House, York Hospital		
			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		

York Teaching Hospital NHS Foundation Trust

Board of Directors – 25 March 2015

Organisational Development and Improvement Learning Annual Report 2014/15

Action requested/recommendation

Identical to recommendation set out in the report.

Summary

This report summarises ODIL related activities throughout the organisation during 2014-15.

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   Board of Directors

Risk   No risk.

Resource implications	Resources implication detailed in the report.
Owner	Sue Holden, Director of Workforce & OD
Author	Fay Andrews-Hodgson, Helen Corcoran & Teresa Elliot (Approved by :Gail Dunning)
Date of paper	February 2015
Version number	Version 1

York Teaching Hospital **NHS**

NHS Foundation Trust

Organisational Development & Improvement Learning (ODIL)

Annual Report 2014-2015

Contents

ODIL: What we do

The ODIL team exists to support the organisation to achieve it's purpose of providing quality and safe healthcare to the community.

We do this by supporting staff to work in the most effective way they can, by offering opportunities for applied learning and development.

We work with individuals, teams, and whole departments to develop the way in which people work together, through coaching and team development.

We also teach tools and techniques that help staff learn about how they can look at the way they run their service and make positive changes using improvement methodology.

We work with staff from all departments and every role, across the whole organisation.

We offer:
Internal consultancy
Bespoke Team Development Interventions
Skills Learning
Individual support/development (Coaching, Mentoring and Mediation, Psychometrics
An advisory role

ODIL: Who we are

Gail Dunning – Head of Corporate Development
Teresa Elliott – ODIL Co-ordinator
Fay Andrews-Hodgson – ODIL Co-ordinator
Helen Corcoran – ODIL Co-ordinator (Scarborough)
Zoe Nicholl – ODIL Facilitator
Wendy Moment – ODIL Facilitator
Adelle Roberts – ODIL Facilitator
Wendy Gough - ODIL Facilitator (Scarborough)
Liz Battye – Administrative Co-ordinator
Sarah Sheldon – Corporate Development Secretary (maternity leave)
Alison Sidaway – Corporate Development Secretary (temporary cover)
Hannah Allenby – Administration Apprentice

OD Consultancy
Fay Andrews-Hodgson: ODIL Co-ordinator

Organisational Development (OD) Consultancy is a service that helps the organisation's effectiveness by applying the practices and principles of behavioural science. It focuses particularly on the interactions of the organisation (relationships, teams/groups, communication etc) and the 'total system'.

Summary of the year

OD consultancy has had 45 requests for work over the last year, covering most directorates.

General Medicine	0
Elderly	1
Head and Neck	3
Theatres	0
Medical Specialities	4
Emergency Department	2
CEO	0
Systems & networks	1
Trauma & Orthopaedics	1
Paediatrics	2
Community	3
AHP	3
Maternity	2
Radiology	2
Finance	3
HR/ALaR	3
Facilities	1
Microbiology	1
Pharmacy	0
Across organisational	9
Other (eg external)	4
TOTAL	**45**

NB. Some requests will have been resolved with a single scoping conversation and sign-posting, others will require extensive input over a long period. Our aim as a first point of call is to empower those we work with to work through things themselves and it is only where that is not possible do we offer our service.

Relating to teams, these requests have varied from being asked to work with teams that have had difficulties for over 10 years as well as working with teams/groups that are newly constructed and looking to put a good foundation in place. We have worked with many individuals both as professional coaches but also within our capacity as OD practitioners offering time and reflection for leaders to work through challenges. We have also had a particular focus in recent months working with the Community team in particular on their Community Response Teams pilot project.

Our consultancy cycle is iterative and follows the following process:
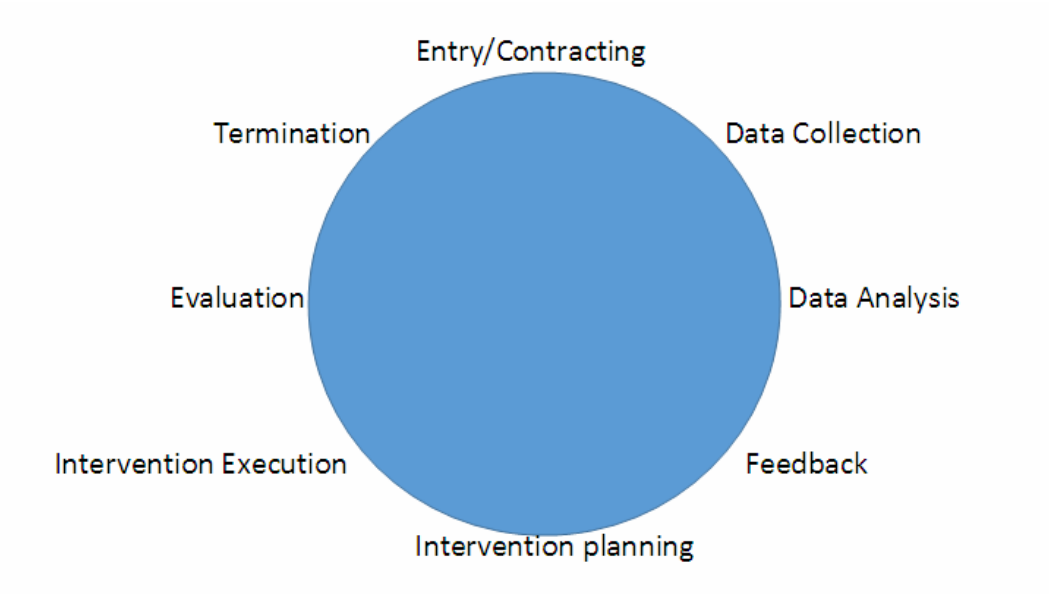
Our work can go from anything from a single one off meeting to and extensive project with multiple layered interventions. An example of this is the ED project where there have been/will be elements of:
o   Initial bespoke team timeout for B6 co-ordinators
o   Ensuring all B6s attendance of Emerging Leaders training
o   Team coaching for B7 to support the B6 co-ordinators
o   A completion day for B6 to bring the team and learning together
NB this project is still ongoing.

In order to determine the scope of the project we follow the following principle:
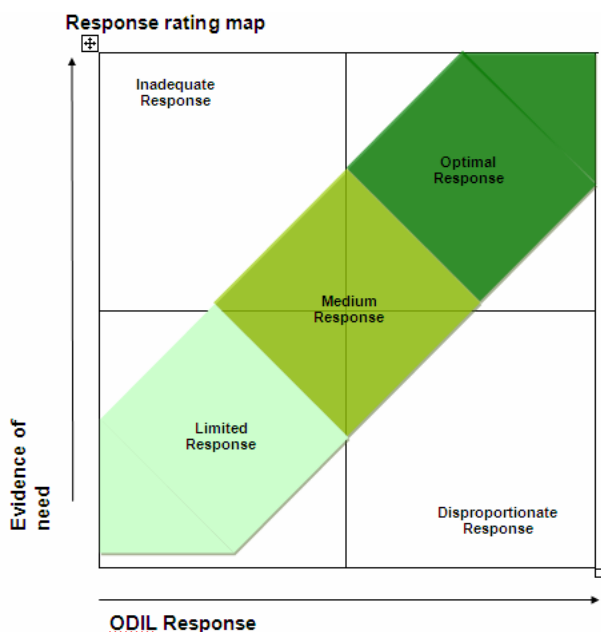
Over 95% of respondents either strongly agree or agree that we have achieved the objectives set for OD Consultancy workshops

And when asked what participants were taking back to the workplace some themes that emerge are:

Understanding role/contribution:
➢ An increase understanding of the KPIs and how the team can contribute to achieve them
➢ More understanding of the role
➢ Confidence
➢ A greater understanding of my role within the team and how we work together
➢ I'm taking more knowledge to the workplace
➢ Awareness of my role in depth.

Team working:
➢ An understanding of how the team may work together and confidence that we will achieve this
➢ Communication is vital
➢ Involve patients at all times
➢ Good team working and support
➢ Actively wanting to support one another
➢ Unity, team centred purpose
➢ Great to appreciate team members for who they are, skills mix, appreciteing/embracing differences
➢ An understanding of how we work as a team and how this could be developed in a positive way.
➢ I have a better understanding of trust within the team and it's effect on the working relationship.
➢ A greater understanding of colleagues views and understanding a feeling of support / bonding – a greater understanding of trust and what that means in practice.

New ways of communicating:
➢ New ways of empowering the staff
➢ Ways of asking questions to provoke thinking and sharing the workload
➢ Questioning to develop, not just from giving answers
➢ Having the confidence to question and allow people to work their own ways

Positivity:
➢ An open mind to future development
➢ Keep a positive outlook and know that I have support if I require it
➢ To keep it positive
➢ Optimistic and excited about the future of the team
➢ Positivity/determination/moving forward
➢ A very positive outlook
➢ Feeling supported and that it is an exciting opportunity. That we can bring our own ideas to the team
➢ Opportunities to develop and contribute to a new service

Changes over the last year

1. Due to considerable long-term shortage in staffing over the last year, we have experienced a pro-longed period of reduced capacity. The increased demand of programme work has also diminished the remaining resource available for OD Consultancy. However looking to the future with staffing back to establishment, we are looking forward to being able to offer a fuller service.

2. We have changed from the description of our service as 'Bespoke OD' to 'OD Consultancy', we felt it was a clearer description of what we do.

3. Having had 5 members of the team trained in team coaching, we have been using this methodology increasingly in our interventions. Whilst there was always an element of team coaching in the work we did previously this shift of emphasis is really showing good signs of increased sustainability. And whilst our use of team coaching is still in its infancy we are excited about how our use of team coaching can increase our impact.

4. We have been looking to experiment how we provide our services; the Community Response Teams project is a good example of us testing out a layering approach to what we offer:
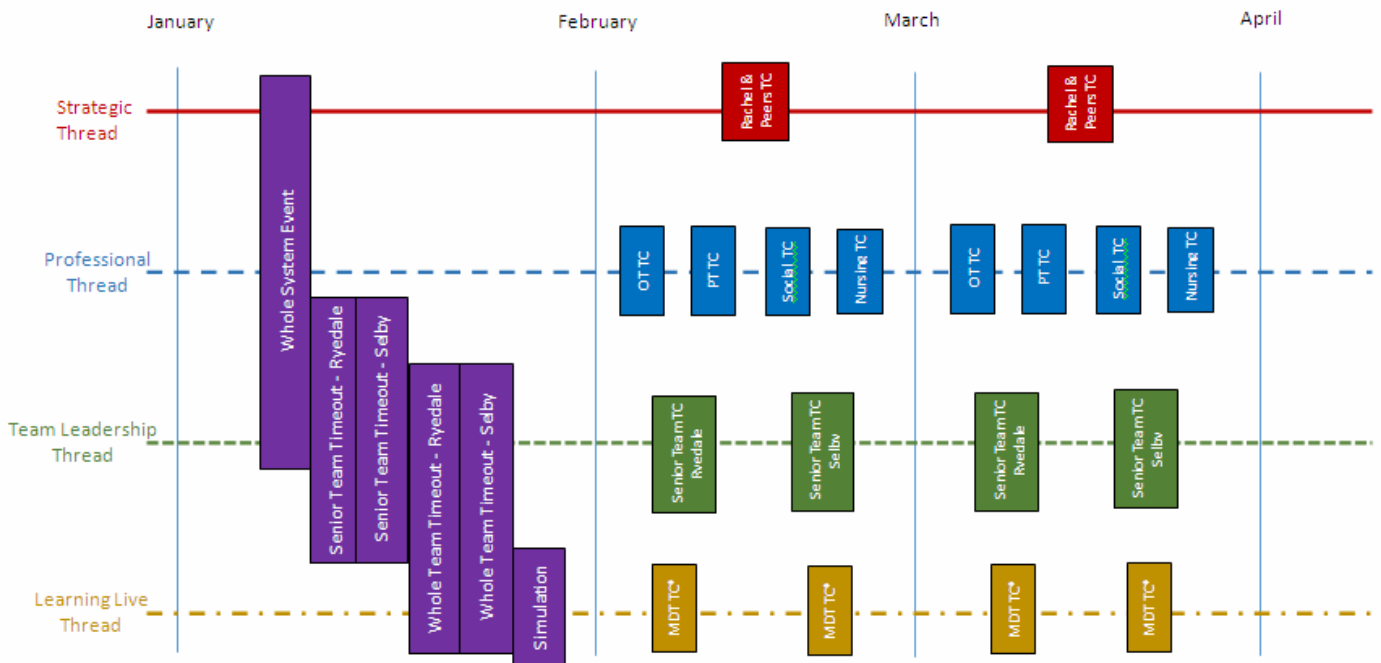
A similar blended approach was used in our ED development project, as described earlier, with very positive feedback as to its impact from sponsors and participants

Into the future

As response to the Education Strategy as well as the changing environment in which we are working (eg the increased speed of change and complexity) we have written an OD Consultancy Strategy. In this we make three proposals to the way in which we work:

1. Use a partnership model. This would mean individual OD practitioners being nominally attached to certain directorates. Our intention is to be closer to our DM /Matron/CD colleagues in order to be able to be more responsive and greater understanding both ways as to how we can use our service to greatest impact.

2. Develop an In-reach approach. We are looking to explore how we can get learning closer to the operational environment in order to maximise efficiency, impact and sustainability.

3. Three-step resource allocation. A tiered system to prioritisation, where a strategic over-arching focus can be provided from the board, a more operational view of prioritisation can be provided by cross directorate DM meetings as well as the interactions between DM/Matron/CD relationships with their OD practitioner for the more responsive work.

We are hoping that all our steps will align the work of OD Consultancy more closely with the strategic and operational objectives of the organisation. We also aim to be more responsive and increase the sustainability of our impact.

Coaching, Mediation, Mentoring, Psychometrics

Helen Corcoran: ODIL Co-ordinator

Coaching at York Teaching Hospital Foundation Trust

The use of coaching as a strategic intervention whether with individuals, managers, teams or patients, and the development of coaching skills within our organisation, is a key part of the ODIL offering. These skills can be utilised between managers and staff, but also with our patients and service users and defines a cultural shift towards empowerment and co-production in the way the system operates, as opposed to independence, which may historically have influenced the shape of the organisation.

Coaching can be defined as:

Unlocking a person's potential to maximise their own performance. It is helping them to learn rather than teaching them" (Sir John Whitmore)

Progress:

- Coaching strategy developed
- Coach skills training continues across the organisation
- Supervision sessions provided for all coaches, both group and 1-1
- Coaching newsletter developed and sent to all coaches
- YTHFT became members of EMCC (European Mentoring and Coaching Council)
- Plans developed to train more coaches in Scarborough
- Coaching CPD provided for existing coaches (Partnership, Refresher, MBTI)
- Coaching process and documents refreshed
- Team Coaching utilised as a fundamental ODIL service
- Partnership work to continue with JRF and has begun with City of York Council
- YTHFT shortlisted for funding to support a coaching database

Coaches in the organisation (as at November 2014):

York Hospital	**66**
Scarborough Hospital	**6**
Whitby Hospital	**1**
Malton Hospital	**1**
Bridlington Hospital	**0**
Selby Hospital	**1**
External	**1**
SUB TOTAL	**76**
Joseph Rowntree Foundation (JRF) (Partners with YTHFT)	10
TOTAL	**86**

Staff trained in coaching skills(August 2010-October 2014 - this figure includes staff from a variety of staff groups)**:**
NB: Not trained to be a coach, but to use coaching skills in their workplace/teams. This is done through the internal 1 day Introduction to Coaching course:

429

Types of coaching offered:
- 1-1Coaching: A coach works with 1 coachee on the coaches goal
- Partnership Coaching: A coach works with the coachee and the manager towards a mutually agreed goal (coachee and manager)
- Team Coaching: A coache(s) works with a team towards the collective goal and helps the team to understand how they function together, and how they can improve this.

Coaching interventions 2007- Nov 2014

- 1-2-1: 818
- Partnership: 12
- Team: 15 (since 2013)

Key Themes in coaching (examples)
- Communication Skills
- Career progression
- Assertiveness
- Team cohesiveness
- Health & wellbeing at work
- Stress Management
- Self development - presentation skills
- Confidence in role
- Achievement if a work based goal
- Return to work after sickness

Evaluations of coaching

'I attended the Introduction to Coaching course as part of the Leadership course within the Trust. I also received coaching offered to me as part of the Leadership course. I've always valued approaches to personal development that involved self directed learning and independent problem solving rather than just being told what to do! My own experience as a coachee really opened up my eyes to my own potential. I brought an area that i wanted to develop, into the coaching sessions, and together with my coach guiding me, I worked out how to solve my own issue. I was encouraged to think of what other options I had....and I came up with an action plan which I'm working on right now. It's actually a very empowering way to problem solve. My confidence has increased and I find myself using the coaching approach in all sorts of situations. I would certainly recommend being coached if you find yourself a bit stuck, have a problem to solve, work with difficult people, want to improve in an area of your work... coaching will give you new skills and in the end you'll feel confident as you deal with difficult things.'

Respiratory Physiotherapist

'Coaching provided me with a confidential and supportive environment to unburden myself of the things that were on my mind, and allowed the opportunity for headspace and time to come up with my own solutions to problems, so that I could make changes back in the workplace. I was supported to look within myself for answers, the coach was non judgemental and I felt able to speak freely and be heard and understood. I was quite sceptical before I had coaching, I thought it would be too 'touchy feely' and didn't believe it would work, but it did.

I feel lighter and more energised in my work, with a weight off my shoulders – coaching has definitely been worthwhile for me. By listening to me and asking questions whilst being impartial and challenging me in a supportive way, I feel more able to tackle the issues that were affecting me back in the workplace.'

Ward Sister

Mentoring

Mentoring is a personal development and empowerment tool. It is an effective way of helping people to progress. It is a partnership between two people (mentor and mentee) normally working in a similar field or sharing similar experiences.

- Work has begun on a new Mentoring database as regional level (HEE Y&H). Release date postponed from Dec 2014 to March 2015.
- Internal process changed to recruit/match mentors from Emerging and Senior Leaders programmes in preparation for the database implementation
- An increase in enquires for mentoring

Mediation

Mediation is a way of resolving disputes between two or more parties using a third party, the mediator, who assists the parties to reach an agreement.

- The mediation service has been well utilised, creating a need for more mediators. Work being done to source and provide training to fulfil this.
- Mediation guidelines reviewed
- Mediation supervision provided through out the year (group)

Psychometrics/Healthcare Leadership Model (360)

Psychometrics is based in psychology and involves the design, administration, and interpretation of quantitative tests for the measurement of psychological variables (e.g. intelligence, aptitude, and personality traits)

- MBTI (personality questionnaire) offered as part of Leadership programmes
- 1 person (ODIL) qualified in ability testing and 16PF (personality questionnaire), another (HR) to train later this year
- An additional 5 HLM 360 facilitators trained, making 12 in total
- MBTI sessions offered to teams across the organisation and to ad hoc individuals where appropriate
- Psychometrics used as part of assessment centres

Development Programmes including Leadership Development
Teresa Elliott: ODIL Co-ordinator.

Following the merger between York & Scarborough, YHFT now employs over 8,500 staff working on a number of sites across a wide geographical area, increasing financial pressures, service demands and a drive to improve quality & safety & alternative care pathways for patients, mean staff are working in a climate of constant change, which results in needing staff to work differently to meet the changing demands of the organisation and a changing workforce profile (Education Strategy 2014).

The aim of the leadership programmes is to help staff working in our organisation to become better leaders, whether or not they have a formal leadership role as part of their role as we need 'leaders at all levels of the organisation' if we are to meet the changing demands of our organisation, the local community & develop our workforce profile & talent (talent principles ref 2014).

A key component of our leadership development interventions is to promote an 'awareness' of' & 'development' of 'self' including personal qualities , 'self management' including the importance of resilience & being an 'effective' leader including effective team leadership.

All our development interventions are underpinned by our Organisational Values, Personal Responsibility Framework & Equality & Diversity Framework; as well as key Organisational & current National NHS & Social Care drivers relating to improving the quality of care & safety for patients.

As we have advanced our leadership & development approaches we have 'reached out & developed' external partnerships and we have Armed Services participants on all of our leadership programmes.

Although all out internal leadership programmes refer to banding as a criteria for selection they also refer to 'equivalent' leadership responsibilities because of variation between bands of some staff for their leadership responsibilities. In the main our leadership programmes are multi-disciplinary, attracting staff across all disciplines, clinical & non clinical; with the exception of those bespoke programmes where a more focused & targeted approach is required, for example Its My Ward for band 6 Deputy Ward Sisters, the first of these 5 day programmes is due to start in April 2015.

Leadership Development for Bands 1-4

Are currently given the opportunity to undertake a number of leadership development opportunities, accredited & non-accredited, supported by the SSLDF (support staff learning development funding**).** These are normally provided by external training providers because of the external funding stream.

Leadership Development for Bands 5 upwards

All delegates on our internal leadership programmes**:**

- Submit a statement outlining their leadership experience & learning objectives

- Complete a core programme of leadership development days,

- Maintain an individual Leadership portfolio of evidence (competency based)

- Undertake & are assessed re a quality service improvement change project

- Participate in Action Learning Sets (ALS)

- Are signposted to a coach/mentor
- Higher level programmes include psychometric feedback including MBTI & other individual/team psychometric tools

Are signposted to the following internal leadership development days: Improvement Learning, Coaching Awareness, Effective Conversations, Customer Care & Making your patient contact count plus , for those on our Senior Leaders programmes: HR, Finance, 'Professionalism' (specialty specific –e.g. nursing, therapists, pharmacy), Governance, audit, measurement & Customer care. All of our internal leadership programmes include:

Our Internal Leadership Programmes Portfolio:

Bands 5/6: Emerging leadership programme: 3 day programme: plus freestanding ALS-over 5 month programme &.signposting to **5 days** internal additional leadership stand alone days

Bands 7/8:*Senior Leaders internal programme: 4 day programme plus freestanding ALS-6 weekly plus signposting to **8 days** internal additional leadership stand alone days

Consultant development programme: Completion of 4 days senior leaders programme as a closed group with focus on role plus identified additional relevant stand alone days plus ALS & 360 Leadership Framework (LF) feedback (currently aimed at 'consultants new to the organisation')

'Aspiring' Clinical Director programme: Completion of 6 days taught programme as a closed group with focus on role plus signposting to additional relevant stand alone days plus ALS & 360 LF feedback

External Leadership Programmes-Our approach
.
Staff are signposted to external leadership programmes including those provided by Higher Education Institutions (funded for clinical staff by HEE) & the NHS Leadership Academy (funded by HEE).

There are a number of leadership programmes (with limited places per organisation) currently available from the Leadership Academy at no additional cost to healthcare organisations (this is likely to change 2014/15). These courses have academic accreditation & do require a high degree of time commitment from the individual, within & outside the working week & require release/support & staff may require backfill from the organisation to attend & undertake

associated studies.   There are specific NHS Leadership academy programmes for nurses' i.e. 'Front line Nursing & Midwifery programme' – 'Because you care' for AfC bands 6 & 7, and the 'Senior Operational Leaders' programme for nursing and midwifery staff operating at AfC Band 8.

The blended approach that ODIL have taken to the development of leadership across the organisation has been well received and well evaluated by managers and programme participants. The structure of the internal programmes affords participants the opportunity to network, whilst the content allows them to develop knowledge, and skills with in the context of internal, local & national drivers & agendas. The inclusion of action learning sets and coaching enable participants to seek resolution to 'real' problems in 'real' time. All programmes are evaluated on an ongoing basis to ensure that they fit with service need & national drivers. These approaches ensure that programmes have application in the workplace and are seen to have real enduring value by managers and participants.

In addition to the leadership programmes we also offer a number of "skills sessions" that are designed to support staffing the development & delivery of their leadership role. These are:

Effective Conversations
This is delivered in partnership with the Operational Human Resource Managers, and is a practical 1 day workshop that looks at communication on three levels: self, others, situation. It focuses on developing an understanding of these 3 aspects of communication, how they interact and impact on our communications. It also provides an opportunity for practice conversations in a safe environment, and to received and give feedback. The course includes tools to aid effective conversations, provides knowledge, skills and the opportunity to develop the confidence to have effective conversations. It is aimed at anyone within the organisation with line management responsibilities, and is attached to the Emerging Leaders programme.

Introduction to Coaching
 Is a one day coaching skills course giving a greater understanding of coaching, what it is, the skills, and processes. This course is available to anyone who wishes to develop coaching skills, and who would like to gain a greater understanding into coaching and the coaching process. It is open to staff and is an opportunity to practice basic coaching skills. Additional specialist continuous development sessions have also been provided for qualified coaching.

Making your patient and relative contact count

This is a one day course that explores the characteristics of a patient and relative, what they need for a positive experience, and the value and impact staff have on the experience. It aims to help in the development a personal sense of purpose, active listening skills, questioning skills, and personal strategies to deal with challenges. It is designed for :Reception staff, Ward Clerks, Administrators, Medical Secretaries, Porters, Domestics, HCAs, Facilities, and other support staff.

Improving Care Delivery & Services.

This suite of programmes range for level 1, a half day introduction to improvement methodology, through level 2, a 1 day workshop that looks at the tools of improvement and has a requirement to undertake a small improvement project, to level 3, a 3 day programme that supports the

application of the use of the tools leading an improvement project. Additional specialist days have also been provided to support staff when improving services & becoming more productive.

Improving the Patient Experience - train the trainer.

This 1 day event is currently offered to Matrons and Ward Sisters, and is designed to help participants to understand the key skills in customer care, to identify how customer care can be improved, and to understand key customer care concepts. It uses a train the trainer approach so the matrons & ward sisters have ownership and are empowered to cascade the learning to staff within their teams.

Conflict Resolution Training,

This aspect of the statuary & mandatory programme is delivered by the ODIL team. A tiered approach to this training was proposed and approved and now all staff now complete a risk assessment to determine own risk of violence regardless of role. The half day programme aims to increase the awareness of front line staff in the causes of conflict how to defuse this and how to keep them selves safe.

Audit Activity.

During the last year the Internal Audit Team have audited 2 of the ODIL programmes, "Its My Ward" for band 7 Ward Sisters, and the "Senior Leader Programmes" that were delivered before 2014.

The report for "Its My Ward" band 7 identified the following "Areas of achievement" for the programme:

- ❖ Improved management of self and staff including separating self from staff dynamics, increased confidence in resolving disputes or managing difficult conversations, and improved delegation skills to reduce stress and workload

- ❖ Improved sense of empowerment, recognition of ownership of their management area
- ❖ Improved time management and focus on priorities - appreciation that it is neither possible nor appropriate to try and 'do everything'.
- ❖ Stronger communication skills, more open and less of a 'rescuer'.
- ❖ Increased recognition of need to develop staff and looking for ways to achieve this.

And concluded that:

"From our interviews, we found that there was general support for the IMW programme with varying degrees of positivity about what had been gained, often related to length of management experience and whether senior development courses had already been attended.

Ward Sisters were able to give anecdotal examples of when they felt that they had handled things differently, either through their own changed response to common challenges on the ward or in the way their confidence had increased in taking an initiative forward on behalf of their team"

And the report for the Senior Leaders Programme identified the following as "Areas of positive impact/benefit"

- ❖ Successful service improvement projects have identified room for potential efficiencies.
- ❖ Delegates appear to be able to apply the learning from the programme in their own immediate team and across multiple teams.
- ❖ Improvement Thinking /Leading Change was perceived by most respondents to have had a significant impact on them as leader.
- ❖ Managers have noticed positive changes in the behaviour of delegates.

And concluded that:

Overall the Senior Leaders Programme appears to have been well received by those attending. Attendees report they have been successful in applying the learning from the programme within their own services but less successful in a wider environment.

Managers appear to be satisfied with the outcomes for staff who have attended the Senior Leaders programme with responses confirming the programme had a positive impact on their operational area and enabled the attendee to work towards achieving their personal development objectives.

Internal Programme Activity.

Course Name	Activity	Number of participants
Emerging Leaders Programme	4 programmes of 3 days each programme	77
Senior Leaders Programme	3 programmes of 5 days each programme	46
Consultant development programmes	2 programmes of 5 days each programme	21
Clinical Directors Programme	1 programme of 6 days each programme	12
Effective Conversations	5 programmes of 1 day each programme	60
Introduction to Coaching, including a refresher day	11 programmes of 1 day each programme	123
Understanding Difference in the Coaching Relationship	1 programme of 0.5 days each programme	12
Partnership or Triad	1 programme of 1 day each programme	4
Making your patient & relative contact count	3 programmes of 1 day each programme	62

Improving care & delivery services level 1	8 programme of 0.5 days each programme	100
Improving care & delivery services level 2	4 programmes of 1 days each programme	47
Improving care & delivery services level 3	1 programme of 3 days each programme	9
Introduction to Demand & Capacity	1 programme of 1 day each programme	10
Lean for Patient Experience- delivered by Lean Healthcare Academy	1 programme of 0.5 days each programme	6
Lean Office- delivered by Lean Healthcare Academy	1 programme of 0.5 days each programme	19
It's My Ward - Information Technology and Human Resources	1 programme of 1 day each programme	9
Improving the Patient Experience - train the trainer	4 programmes of 1 day each programme	58
Conflict resolution training	39 programmes of 0.5 day each programme	4224

Month/Year	TNA	Number compliant	Compliance %	Notes
April 14	4975	2222	45	Only face to face training offered
Oct 14	9051	3123	35	LH delays prevented training from April to August. New risk assessment completed by all staff
Jan 15	9271	4224	46	Elearning and face to face offered. Increase of 11% in 3 months

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York Teaching Hospital **NHS**

NHS Foundation Trust

Board of Directors – 25 March 2015

Education Strategy review

Action requested/recommendation

The Board are requested to review the progress against the learning elements of the Education Strategy.

Summary

The strategy falls naturally into two areas, learning and development, covering all staff within the organisation. An update on the development elements will follow at a future Board given the size of the portfolio.

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

CQC outcomes 1, 4 and 12

Progress of report   Board of Directors

Risk   No risk

Resource implications   Resources implication detailed in the report

Owner   Sue Holden, Director of Workforce and
                          Organisational Development

Author   Anne Devaney, Head of Corporate Learning

Date of paper   March 2015

Version number   Version 1

Board of Directors – 25 March 2015

Education Strategy review

1. Introduction and background

The strategy covers all staff within the organisation and is driven by internal needs and external drivers such as the GMC and HEE. Given the level and pace of change within the organisation a framework for progressing and reporting development is essential. Up to the date of the completion of this form all phases of the strategy are completed as per their target dates. The education aspects of the strategy involve the following teams:

1. Learning Technologies (E learning, webinar and Learning Hub). Processes to govern how new learning is put on LH and prioritised and what category it falls into e.g. stat mand are being discussed via the Education Review Group. Currently there are 12 new online courses being developed, 36 on a waiting list not yet started, and another 20 that are currently on NMLS or other national systems, that require reviewing / moving into an LH template. A DNA CPR package has very recently gone live. The total number of course completions for stat/mand since mid August 2014 stands today at **40,048.**

2. Work Based Learning for non clinical band 1-4 staff – the identification and development of learning opportunities for this group is ongoing. Stronger links have been formed with the work based clinical support staff team and Organisational Development to optimise resources and opportunities for joint provision of training where appropriate.

3. Library and Clinical librarians. One aspect of the strategy is 12 months ahead of time, namely the purchase and implementation of a new library online system. Heritage will be installed at Easter and has Internet functionality which allows users improved access to enquiries, requests and stock loans outside of the two main hospital sites. The library also received a 100% compliance rating with the national quality framework assessment submitted recently.

4. CLAD (stat /mand). A lot of work has gone into the review of stat/ mand topics especially with the Nursing Board resulting in fewer required learning courses for staff. Refresher / retraining periods have now been set for 3 years. The team have worked closely with Learning Technologies to develop staff profiles and knowledge assessments for certain topics to further decrease training expectations on staff which means less clinical time is lost.

5. ACP's – four out of 6 of the first cohort of ACPs have now qualified and are working in their clinical areas. Feedback re management of the trainees and content of the MSc course they were following has been actioned. The second cohort of 12 have a new line manager and Hull University have agreed to make changes in the course to provide hands on clinical assessment skills.

6. Postgraduate medical education. Postgrad faces challenges in the relation to falling trainee numbers and the fill rate for trainee posts regionally which have a direct impact on departmental staffing. Also expectations from the Deanery around

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devolving their work (e.g. regional teaching) to local teams without any additional resource. We are becoming providers. A new medical placement tariff is also creating challenges due to partner organisations requesting a percentage of the placement rate if a doctor has a rotation to them e.g. Mental health.

7. HYMS is currently undertaking a full curriculum review which will result in changed a completely new timetable, expectations re teaching blocks, clinical skills assessments, placements off site etc . An eight week Assistantship within the Trust at the end of year 5 is also being introduced. Given all these changes within PG and UG which are external, it is difficult to look ahead until plans are finalised, so progress with the strategy is happening but concentrating more on what can be achieved internally. Work has begun between the two education teams to develop joint processes e.g. induction and mapping training for clinical tutors/ educational supervisors to meet the GMC 'Train the trainer' requirements in 2016.

2. Conclusion

Good progress is being made in all areas of the strategy covered by the above teams which keeps risk ratings at their original levels or reduces / eliminates them.

3. Recommendation

The Board are requested to review the progress against the learning elements of the Education Strategy.

Author	**Anne Devaney, Head of Corporate Learning**
Owner	**Sue Holden, Director of Workforce and Organisational Development**
Date	**March 2015**

ALaR Education Strategy

Coversheet

Owner	Sue Holden, Director of Workforce & Organisational Development
Document created by	Business Intelligence Unit
Date Created	04.11.14
Version number	Version 1.11
Updated	27.02.15

Service Provision

Learning Hub

Introduction   The work of the new technologies team in 2014 is concentrating on the development and roll out of the new online learning system, Learning Hub. A new team structure will be finalised by July 2014 utilising CLAD staff with appropriate skills. Once the usage of LH has become embedded within the organisation and any issues arising from the roll out have been resolved, then the team will move on to content development for different specialities within the Trust. They will provide gatekeeper activities for the system which will need regularly updating to ensure learning is current, produced in an interactive format and linked to the latest copies of policies etc. There will be liaison with policy holders to ensure currency of data. LH can generate reports on training activity so the team will be able to provide training activity and compliance data to add in to the metrics already reported by HR to the Board.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Level 1 Statutory Training	Pilot and roll out of LH in June 2014	Troubleshooting usage of system by new users. Develop a hotline for user enquiries.	SW	LT / Other Staff	Jun-14		Complete
		Finish off Learner and Manager data verification.	SW	LT / other staff	Jun-15	This action is reliant on learners & managers contacting us or responding to our requests.	To Date: 8049 learners verified & 587 managers verified. Change due date to 01/06/2015.
		Timetable user awareness sessions for rest of the year and advertise the new stat / mand process.	SW	LT / other staff	Start June 2014		Complete
		Develop / upload information sheet for the first page of LH containing 'how to' information for users	SW	LT / other staff	May-14		Complete
		Train departmental link advisers in the system to enable them to access it and act as a point of assistance for local staff e.g. helping them to login / book course.	SW	CLAD / other staff	Dec-14		Complete
		Development of SOPs for system use by LT staff e.g. entering data, process for developing new packages	SW	LT / other staff	Oct-14		Complete
		Move / convert current Training Tracker packages to LH format e.g. those currently used in HYMS / junior doctor / IT inductions.	SW	LT / other staff	Jan-14		Complete
		Develop process and templates for reporting on training activity in conjunction with HR metrics already provided to Board.	SW	CLAD / WBL/ ODIL/ HR	Sep-14	WBL/ODIL/HR are responsible for their own metrics as that data is not stored on LH currently.	Stat/mand & Corporate Induction metrics developed (CLAD) - Complete

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
		Identify quiet spaces within the organisation with PCs to signpost users to, to complete their online training. Book areas at set, regular periods for access by learners and advertise. Needs to tie in with learning environment work done by ODIL.	SW	MK / ODIL	Current PC access provision - Nov. 2014.	Few spaces available organisationally. Loss of rooms in Groves Chapel have not helped this.	Quiet areas identified in Libraries on both sites, the Library Annexe and some in Postgrad / HYMS have Trust access. Staff can book the library PCs (signposted to staff) and utilise the other areas on a drop-in basis - Complete. Learning environment work within ODIL is still underway.
		Regular updates on system and usage to all staff	SW	LT / other staff	Ongoing		Complete
Level 2 Beneficial to Patient Experience	Other training	Identifying and inputting external users who have an SLA with York e.g. Leeds partnership group	SW	LT staff	Feb-15		Complete
		Identify other systems used within the organisation to record training e.g. Q Pulse and discuss how this training should be placed on LH instead so there is only one system to access for all training information.	SW	LT staff	Apr-15	Process not driven by me, reliant on others letting me know where they hold their training records.	Process complete as appropriate now.
Level 3 Specialist Learning		Inputting other training that is non stat / mand and is currently hosted on NLMS e.g. Mamma Mia induction, HEE Ed sups programme	SW	LT staff	Aug-15	Will only input courses which we know staff access via NLMS. Some national courses cannot be downloaded and will remain on NLMS only.	Process to start following end of stat/mand amnesty period.
		Work with specialties / groups within the Trust to develop core e-learning targetted at certain staff e.g. insulin awareness programme.	SW	LT staff	Ongoing - start Feb 2015		This piece of work is ongoing - however all processes are now in place to support it - Complete
Interprofessional Learning		Work with SNS to explore Webinar functionality and usage and review (with SMEs) training that can utilise this tool. Explore links from LH to webinar.	SW	LT staff / HYMS/ PGME / CLAD	Aug-15	Reliant on a volunteer SME being willing to pilot Webex as a learning tool.	Pilot will take place prior to Aug 15.
		Identify groups of staff / individuals who are having difficulty (or not) accessing LH	SW	All ALAR teams	May-15		Some early groups identified e.g. some community staff, staff based in Estates & Facilities. Internal Audit about to audit Totara which should identify more areas.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
		Move LH to an external facing server to enable staff who have difficulty accessing LH via the network the ability to access it via the internet.	SW	LT / SNS	Jun-15	Reliant on agreement with SNS.	Awaiting outcome of Internal Audit.
Skills Passport		Develop a clinical passport type process that all staff can access when leaving the organisation which records their training and dates whilst employed or on placement at York. For non training staff - possibly links into HR leaving processes?	SW	HR	Dec-15		Not started.
Future projects	Future projects	Identify areas that need regular review and establish 'gatekeeper' processes for LT team.	SW	LT staff	Jun-15		Processes agreed & implemented - Complete
		Consolidate link advisers role (maybe link with local clinical educators?) to push information into the organisation	SW	Other ALAR teams	Mar-16		Not started.
		Explore other LH functionality e.g. Mahara for online appraisal documentation and the e portfolio section. The latter could be developed for HCAs and ACPs in the first instance.	SW	NM / AD / BG	Jul-16		Not started.
		Share basic expertise / e learning packages regionally with other hospitals but also social work, local authorities etc	SW		Jul-16		Not started.
		Explore income generation potential through development of bespoke e learning modules	SW		2017		Not started.
Simulated Learning		Work with specialties / groups within the Trust to develop core e-learning as a response to critical incidents which could support debrief simulations.			2017		Not started.
Learning Education Facilitators		See above					

Work Based Learning - Non Clinical - Bands 1- 4

Introduction The work based learning team (non clinical) will concentrate on two areas of work a) development of learning opportunities for bands 1-4 non clinical staff working with others e.g. ODIL and b) organisational learning with direct reference to AIRS and SI's. The requirements for NHSLA are changing from passive (standard driven) to proactive (learning from incidents).

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Level 1 Statutory Training	Bands 1-4 staff are historically a group that do not engage well with SM requirements	Develop a robust feedback process for departments and organisationally, through data capture, to ensure that these staff access S/M training.	JC	LEFs	Jun-15		Stat Mand compliance data is now easily available via the learning hub to managers/learners. Independent reports are produced by the Mandatory Training Team for distribution via the Senior Management Team. This had led to requests for additional support from 'hard to engage areas/groups' and alternative methods of access organised. Post Amnesty Period data will be analysed and proactive approaches made where compliance is low. New Target Date: June 2015
	To support development of 'a learning organisation' and meet new NHSLA criteria of learning from incidents.	1. Set up a process for obtaining information / looking for patterns within adverse incidents from the Datix system (AIRS). Also to obtain timely information from SIs	JC	Risk and legal / patient safety / simulation / other training teams.			Completed
		2. Set up a process to link in with the different training teams so that training issues identified in 1 can be addressed.	JC	Risk and legal / patient safety / simulation / other training teams.			Completed
		3. Provide background information and support in developing bespoke training.	JC	CLAD/Relevant Subject Lead			Completed
Level 2 Beneficial to Patient Experience	Customer Service	Develop a new framework / content for the qualification to encompass more staff, working with accrediting organisation.	JC	MW / AR/ODIL	Jun-15		

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Level 3 Specialist Learning	New learning	Identify what experience / learning the organisation may need to provide differently for a more flexible workforce including quality assuring what is provided.	JC	Trust	First Phase: July 2015. Second Phase: July 2016		First Phase is nearing completion. A portfolio of bite size learning modules designed to re engage B1-4 will be available from June onwards. This will include basics like numerarcy, literacy and basic IT. Method of quality assuring/evaluating provision will be implemented with the programme. Seperately a network of key individuals is being developed to help identify/understand gaps in higher level skills provision. Once known these can be targetted.
Interprofessional Learning	Apprenticeships	Open these up to all non clinical bands 1- 4 to reflect their learning requirements with respect to personal development and changing job requirements.	JC	MW / ODIL	Jan-16		
Skills passport		All learners will need to keep supporting documentation e.g. assessments in the form of a portfolio or designated area on LH.	JC	MW / SW / ODIL/ LEFs	Mar-16		Non clinical WBL staff will form part of pilot activity. This cannot take place until Learning Hub has been fully implemented.
Simulated Learning		Staff will be involved in debriefs from CI/ SI	JC	Deteriorating patient group/ CI/ SI response team	Aug-15		Process needs to be established. Work to start April 2015.
Learning Education Facilitators	Links with WBL- clinical / ODIL		JC	CS, MK, ODIL.	Aug-15		Links are in place. Review effectiveness in six months.

Supporting Funding Stream's):   SSLDF

Clinical Skills

Introduction

The teaching of clinical skills and the use of simulation in teaching / learning has become a national issue, not just for meeting training curricula but also as a learning tool in the response to patient safety incidents within the organisation. (Francis report). Immersive learning is recognised as the most effective in that the experience and knowledge gained is retained in a different way by all individuals involved. In order to prevent situations arising in the first place it is important that clinical staff have refresher training in how to recognise a deteriorating patient and deal effectively with the situation if it arises. It is and should be a whole team approach and so the training should cover the multidisciplinary team. See clinical skills strategy.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Interprofessional learning	Multidisciplinary teaching - Open up PG/UG skills teaching to non medics. Constraints would be numbers of attendees especially if the teaching is hands on, appropriateness of what is being taught to a mixed skill audience, availability of facilitators (would need extra brought in from clinical skills team) and syllabus timeframes in which to get the core group through practical assessments.	Review HYMS teaching and timeframes initially to see if involvement of other staff groups is possible / realistic.	JG / JW	PGS, EJ, GM, Clin skills team, medical educator.	Sep-16		
		Up skill / refresh current clinical skills facilitators to create 'breadth' so that more staff are available to support planned teaching and can assist others at peak times.	MW / New simulation lead for trust	Clin skills teams	Ongoing		
	Human Factors training.	Discuss the feasibility / need for taking all non trainee doctors through Human factors training.	AD/ AC	AW / MW PG teams	Sep-14		
	Resource development	Work with the clinical skills teams to establish a central repository of created scenarios which have been tested and quality assured. These to be accessible to all training staff to reduce the need to constantly develop new resource.	AD/ AW/ MW	PG, Clinical skills, Resus	Jul-15		
		Review current training, staff leads and equipment resource. Create a centralised database for that information to be kept in a dedicated area of Staff Room.	AW/ MW	Clinical skills technicians	Aug-14		Database ready. Access to Staff Room still an issue to upload current datebase. Admin staff waiting for training from Comms team.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Simulation	Clinical Skills technicians	Continue to support clinical skills apprentices through practical training until they reach a point where they can start supporting simulated sessions in the larger organisation as well as ALAR.	AW / MW	PG teams, HYMS, clin skills staff, CS regional network	Dec-15		
	Develop more simulated scenarios to support changing School curricula	Work with the regional simulation Fellows from Medicine and Surgery.	AW/MW	PG teams	Jul-16		
		Review possibility for a Trust simulation Fellow at the next round of HEE recruitment.	AD/ AC	AW / MW PG teams	Jul-14		Complete. Simulation Fellow currently in post. Need to find funding to support a replacement
	Medical educator. Currently due to pressure of job plans any consultant with an interest in using the High Fidelity trainers for income generating courses is too busy with clinical work to develop this teaching.	Appoint a clinical skills facilitator with a specific medical remit for developing advanced simulation training for higher trainees as part of our regional responsibility but also to develop and facilitate training on the High Fidelity simulators. There are additional requirements for clinical skills teaching in the Foundation curriculum and at induction and this individual would be integral to all this as well as working closely with clinicians, Schools of medicine and Surgery and the Clinical skills and Resus teams to support more generic teaching.	MW/ AW	Consultants	Oct 14

Oct 15 | | No funding available to support a clinical educator post. Currently there are two clinical skills technicians and an apprentice across the sites to support teaching. Recruitment of a simulation lead may negate the need for this in the short term. Recruitment about to commence. |
| Organisational | Strategy | Write an organisational clinical skills strategy. | AD/ GD | MK, clinical skills working group. | Jul-14 | | Strategy draft going out for consultation April 2015 |
| | Link to CDT | Develop a process for including other staff roles in training which is agreed with their managers. | MK | PLFs | Oct-16 | | Consideration already being given to multidisciplinary training e.g. HYMS facilitators supporting ACP training, other staff invited to Grand Round and where appropraite some Foundation teaching. |

Library

Introduction	To provide a library service which continues to underpin professional development and learning through access to peer reviewed literature and information to deliver high quality information to inform management and clinical decision making at point of need.; to raise the profile of the service; to increase electronic access to a greater breadth of information resources; to train individuals and departments in effective information seeking strategies; to support organisational development and KM activities; to deliver a full range of information services to support research, education and practice.; to empower our staff to develop their own information management skills. For more detail see Clinical Librarian action plan 2014/15.

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
Level 1 Statutory Training	Current access to corporate induction is limited to that for junior doctors. Increased involvement in organisational face to face induction	Get involved in HCAs induction making the session more interactive with a structured framework to work through and leading to the development of a study skills module	HB	Library team/ C Skilbeck	Jun-16		
Level 2 Beneficial to Patient Experience	Immediate access for staff to up to date information and evidence based practice supports patient safety and experience:	Investigate available technologies, barriers to use and how they could enhance the library service. Ensuring appropriate links with Learning Hub purpose and functionality.	MS/JG	JM and library team.	Dec-15	Would need permission organisationally to start utilising these given information governance challenges and lack of consistent mobile IT equipment in the Trust.	

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Investigate use of social media/ mobile technologies	Review and assess clinical apps available and produce help guides	JG/MS/JM	Library team	Dec-15	Dependent on purchase of tablets for the library team	
	Development and introduction of electronic LibGuides	Investigate and assess LibGuide provision	JM /HB	CLs and library team.	Sep-15		
	Investigate remote access to stock and services	Undertake user surveys, arrange promotional roadshows and introduce appropriate services	HB	HB and library team	Sep-15		
	Develop an online enquiry service.	Investigate appropriate platform. The new Heritage management system is a potential option as it has a webpage which can be set up to do this which can be linked to from the OPAC.	HB/JM	CLs and library team.	Jul-16		Heritage purxchased data conversion underway currently. System installed at Easter.
	Support for Knowledge Management work within the organisation	Offer support / get involved in Knowledge management projects where appropriate to build organisational expertise	JM	CLs and library team.	Apr-16		

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Service - Investigate demand for / develop embedded CL support to more departments, teams and projects	Maintain presence at community sites and Clinical Governance meetings. Explore other opportunities - Bridlington, Grand Rounds, ACP training. Investigate other CL services re provision of evidence overviews and tiered standards of service.	JG/ MS	Library team	Dec-15		
Level 3 Specialist Learning	**Electronic** - Access to specialist information supports learning	Expand YorLIG to include more departments	JM	CLs and library team.	Dec-15		

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Review of current journal provision.	Investigate the reduction of local e journal provision by taking advantage of regional procurement process and increased YorLIG provision. This frees up funding for more targeted use e.g. to increase numbers of free ILLs available to departments and upda	JM/ HB	CLs and library team.	Oct-14		Completed. Journal subscriptions were reviewed by the library team and representatives from the Library Journal Forum. Several subcriptions have been cancelled but table of contents have been added to YorLIG.
	E book provision	Investigate appropriate ebook platforms and readers.	JM /HB	CLs and library team.	Jul-16		Depends on purchase of Heritage
	Training - Equalise access to training and literature searching services across the organisation.	Provide a remote literature searching request and training service. Visits and delivery of training to community sites and workplaces. Investigate screen casting and webex.	JG/ MS	Library team	Mar-16		

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Ensure the training offer reflects and meets needs of user community and Trust as well as ALAR strategies	Undertake training needs analysis and review training frameworks. Create lesson plans and materials. Develop a study skills session. Target other groups e.g. GPs in training. Develop bitesize sessions open to all staff. Map sessions against KSF and / or	JG/ MS	Library team	Dec-15		Date has been changed due to the long term absence of the Clinical Librarian at Scarborough.
	Development of cross site KM tools to assist CL efficiency and team working.	Examples Webex, Delicious, Diggo sites.	JG/ MS	Library team	Jan-16		
Interprofessional Learning	Development of 'Knowledge Centres'. Library services support all users and can make links between different information sources to support multidisciplinary learning.	Investigate local needs and similar provision in other Trusts. Implement on a requested basis.	JM/JG/MS	Library team.	Aug-16		

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Link with course providers within the organisation	Review with course providers what the information needs of current and new (ACPs) learners are and match to / purchase resources	HB	JM/ library team, CLs	Mar-15		Completed
	External - Review and renegotiate SLAs as required. Partnership working with other library professionals enhance the knowledge base which benefits staff	Continue to develop external links within the region and build information partnerships through SLAs e.g. Leeds and York Partnership Trust, CCGs, HEE Y&H, YSJ, HYMS	HB		Apr-15		Completed
Quality Assurance	**Organisation** - Libraries Quality Assurance Framework (LQAF).	Continue to engage with regional process	HB/ JM	CLs	Jan-15		Completed. Certificate received. 100% compliance with standards.
	Finance	Liaise with finance to secure ongoing resource funding.	HB		May-15		

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Review strategies and mechanisms to record and promote quality of CL activities.	Peer review of training. Establish performance indicators for literature searches. Follow up interviews about quality of literature search service and training.	JG/ MS	Library team	Dec-15		Date has been changed due to the long term absence of the Clinical Librarian at Scarborough.
	Strategies	Review strategies and mechanisms to record and promote impact of CL activities	JG/ MS	Library team	Dec-15		
Operational	**Marketing** - Review marketing strategy and marketing materials	Use PESTLE, SWOT. Market segmentation exercises to be carried out with senior library team	Senior Library Team	Library team	Dec-15		
	Knowledge - Increase the skills and knowledge within the team through CPD activity	Collection and sharing of papers / info etc on X drive for other staff to review.	Senior Library Team	Library team	Dec-14		Completed. CPD is a standing item on bimonthly Senior Library Team meetings.

Overall Workforce / Education strategy	Current status	Actions	Management Lead	External Contributors	Target Date	Risk/ Issues	Progress Against Actions
	Management - Implemention of RFID technology	Install RFID (Radio-frequency identification) to enhance the circulation of library materials. Purchase equipment, train staff, tag stock and train library users. Implement and review.	JM /HB	Library team	Dec-14		Completed. Self issue machines have been installed and are working at both library sites. The self issue kiosks have enhanced the user experience as they are very popular with library users.
	Purchase new Library management system (LMS) to regional NHS preferred system - Heritage.	Survey the market and purchase appropriate system with enhanced functionality. Liaise with York St John and IT dept about implementation. Develop project plan. Investigate external hosting.	JM /HB	Library team	Dec-15		Funding has been obtained to purchase Heritage and a project plan is now being put together taking in to account YSJ plans.

Hull York Medical School (HYMS)							
Introduction	Undergraduate and Postgraduate medical education are changing, with increasing synergy between standards for training e.g. induction, educational supervisor / trainer training. Curricula and expectations re clinical skills and simulation training are also under review as there is a shift towards full registration with the GMC at the end of medical school. There is still a need to take into account training that is specifically targeted for medical students / staff through their curricula which may not be appropriate for other staff e.g. wet lab dissection. There is also a national move towards multi-professional training and the involvement of other clinical team members in that e.g. AHPs, especially when associated with Critical / Serious Incidents. Clinical teams are being reconfigured and that impacts on availability and quality of departmental training for students, so addressing this will be a challenge as well as getting 'buy in' from Trust teams and local managers. There is currently a review underway of the HYMS curriculum (2014). The changes are being supported but are presenting a high level of challenge in terms of new elements, increased expectations on clinical teaching and SSIPs and significant changes to timetable.						
Overall Workforce / Education Strategy	**Current Status**	**Action**	**Management Lead**	**External Contributors**	**Target Date**	**Risks / Issues**	**Progress against Actions**
Level 1 statutory training	**N/a**						
Teaching	Currently F1 doctors and other grades are involved directly in student teaching. Changes to the curriculum and those following the merger with Scarborough have resulted in some inequality in teaching provision.	Work with SNS and learning technologies team to understand webinars and then utilise this to deliver the same teaching content, simultaneously across both hospital sites for some topics.	GM / AF	PGS / EJ	Jun-15		
Level 3 Specialist learning	Deteriorating patient	Continue to support and build on current 5th year simulation training around team working, communication and recognising the critically ill/ deteriorating patient.	PGS / EJ	JG/ JW/ CL	Dec-15		
	Higher level teaching.	Encourage HYMS students to attend Grand Rounds and the non clinical elements of Foundation teaching.	PGS / EJ	GM / AF/ Assoc docs			Completed
		To support quality assurance of this teaching, develop clinical teaching assessments.	GM / AF	PGS / EJ / HYMS Assoc Docs	Jun-15		
	QI Projects - Currently the status of these is unknown due to the curriculum review	Develop QI training for the students linking in with the ODIL team. Also for educational and clinical supervisors	PGS / EJ	MW/AW	Aug-15		
Interprofessional learning	Multidisciplinary teaching	Review areas of teaching / placement which might benefit from the inclusion of other clinical staff e.g nurses.	PGS / EJ	SLO teams	Jun-15		
	Induction	Move current induction materials from the current static software (TT) to LH which is a more interactive online system.	PGS / EJ	SW	Jan-14		Completed

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
		Review HYMS induction against that provided for Postgraduate doctors to ensure that both are consistent in message and content. Possibility of combining both?	PGS / EJ	AW/ MW	Dec-15		Content reviewed and already similar. Induction for Postgraduate trainees currently under review following audit. Work will commence on looking at a more joint approach once core topics and processes have been confirmed.
	Assistantship - Changes in the curriculum mean that during this period 5th year students will be on hospital sites for an 8 week block. This will increase pressures in the clinical areas.	Develop a more robust system for buddying students with F1 doctors	PGS / EJ	MW/AW	Jun-16		
		Identify more clinical supervisors. To minimise impact on consultants, look at training ST3s / SAS doctors / ? Senior nurses for this role.	PGS / EJ	MW/AW / AC	Jun-16		
Skills passport	Students already have portfolios of work and assessment booklets.	Work with HYMS to have this converted to electronic	PGS / EJ	HYMS central	Dec-16		
Simulated learning	Clinical skills and simulation	Maintain communication with organisational clinical skills facilitators re developments in teaching which might support the new HYMS curriculum.	PGS / EJ	JG/JW / MKs team	Dec-15		Once a simulation lead(s) has been appointed for the Trust then this work can be developed further.
Careers	Currently undergraduate and Postgraduate doctors have separate Careers events.	Work with HEE Y&H to develop a mixed careers event.	PGS / EJ / MW /AW		Sep-16		
LEFs	N/a						

Post Graduate Medical Education

Introduction   Undergraduate and Postgraduate medical education are changing, with increasing synergy between standards for training e.g. induction, educational supervisor / trainer training. Curricula and expectations re clinical skills and simulation training are also under review as there is a shift towards full registration with the GMC at the end of medical school. There is still a need to take into account training that is specifically targeted for medical students / staff through their curricula which may not be appropriate for other staff e.g. wet lab dissection. There is also a national move towards multi-professional training and the involvement of other clinical team members in that e.g. AHPs, especially when associated with Critical / Serious Incidents. The aim is to get to a stage where the training is proactive rather than reactive. Clinical teams are being reconfigured and that impacts on availability and quality of departmental training, so addressing this will be a challenge as well as getting 'buy in' from Trust teams and local managers.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Level 1 Statutory training		Review current induction programme and policy to ensure that it meets NHSLA expectations and is consistent across sites.	AD	AW/ MW	Sep-14		Corporate Induction review completed. Policy now converted to Guidelines and adopted by both sites. **Completed**
		Review local induction programmes with individual departments to ensure core topic coverage, consistency in messages. Develop a process for ensuring induction is delieverd and feedback received from trainees	AD	AW/ MW	Feb-16		
Level 2 Beneficial to patient experience	All Postgraduate Education supports safe practice and patient safety	Build an extra day into the Foundation doctors programme on generic topics i.e. Teach the teacher and Ethics so that other clinical staff can be invited to take part and train with the doctors. Identify which staff groups may benefit from this type of training.	AW/MW	Foundation faculty	Aug-14		Identified staff groups - nurses, allied health professionals (physiotherapists, OTs, etc); and Advanced Clinical Practitioners. Extra days not proved feasible in this cohort of training as changes in education team and within the community setting impacted on the number of faculty available to deliver the sessions. We have to adhere to optimum trainee numbers agreed with the Foundation School to train Foundation Doctors in the region and could not extend provision without exceeding this number. Discussions have taken place with leads for each day to review approach and timetabling for 2016.
Interprofessional learning	At every training opportunity to consider if a multi-professional approach is appropriate.	Develop networks with other training providers internally to agree a system / process for sharing / identifying / developing training opportunities	AW/ MW	CLAD / ODIL/ Simulation teams / AHPs	Ongoing		Identified network opportunities through bi-monthly Team Leaders and Learning Hub development meetings; PG admin work with ODIL facilitators; CS network meetings; advert for CS Consultant lead and exploring funding for Leadership Fellow.**Completed**
		Work with the appropriate teams to consolidate current courses provided to support the deteriorating patient strategy i.e. RAMSI, AIRA. This includes review of content to ensure it is identical and delivered in the same way across all hospital sites.	AW/ MW	PG staff/ Simulation teams	Feb-15		Completed. Current courses consolidated and content reviewed
		Ensure suitable faculty are identified and trained e.g. ACPs and the training is targetted at all staff.	AD/ CL	PG staff/ Simulation teams	Dec-16		
		Review other local teaching programmes for suitability to include non medical staff.	AW/MW	Nursing/ AHPs/ College tutors	Ongoing		Completed. ACPs now have access to timetabled junior doctor teaching. Other health staff e.g. AHPs, higher grade doctors, nursing, HR are invited to contribute to trainee doctor sessions where appropriate for their expertise and personal CPD.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
		Introduce York Pharmacy course for F1 doctors in Scarborough	MW/AW	Pharmacy- Lynn Ridley, Helen Holdsworth	Aug-14		Completed
		Review junior doctor induction in line with LH implementation and to ensure that the programme is delivered consistently at both main hospital sites.	AD / AW/ MW	PG staff	Aug-14		Completed
		Review junior doctor induction in line with HYMS student induction to provide a comparative experience.	AW/ MW	PGS/ EJ	Feb-15		PG and HYMS inductions on Learning Hub. MEMs commenced monthly 1:1s with SLOs to progress this work
		Review processes in GP VTS scheme to see if there are any areas of good practice which could be adopted for other trainees.	AW/MW	BJ/ KU/ GP tutors.	Jun-15		
		Identify possible routes to give junior doctors and ACPs more experience in Community settings.	AW/MW	PG and GP teams	Sep-15		
		Work with WBL team who will be setting up a process for informing ALAR teams about Critical and Serious Incidents involving junior doctors that may have a training recommendation /requirement. Action / develop suitable learning (? action learning sets) when appropriate. Work with other stakeholders in the organisation to develop portfolio of scenarios that have been used.	AW/ MW	WBL / other training teams.	Dec-16		WBL team now liaises with Postgrad Revalidation administrator. Training recommendations are actioned if appropriate.
		Continue to develop external partnerships with other hospitals and community / GP / Mental health to share good practice and developments. Continue to build on provision of training regionally e.g. surgical courses for CTs and develop new links e.g. CcRISP course,	AW/MW	PG teams/ regional MEMs	Ongoing		Completed. This is an ongoing process so is hard to give a timeframe for. As curricula change so the need for different partnerships emerge. There are discussions at regional level around practical skills teaching for CTs but this is dependent on Deanery decisions. A new CCrISP course is being developed in Scarborough. As far as possible training is delivered by a range of professionals (internal and external) not just doctors. Changes in training are reported through the relevant governance groups e.g. WSC, ERG.
Skills passport	All doctors in training are expected to maintain a current e portfolio of experience and assessments.	Bi annual review of Foundation portfolios by Postgrad team to inform ARCP processes. College Tutors are responsible for reviewing higher trainee specialty portfolios.	AD/ AC	AW/MW	Ongoing		Completed annually. Trust ensure that trainee doctors have access to a portfolio. Training is provided for both trainees and educational supervisors (when new in post) on how to use e portfolios. AV Technician developing videoguides.
Future		Explore whether Bridlington could be used as a venue for generic teaching between Scarborough, Hull, York.	AW/MW	PGS/ EJ	Apr-15		Completed. Teaching / study room being set up at bridlington, including provision of AV / PC equipment.
Other medical grades		Encourage and utilise the SAS doctors more e.g. those who have completed the 'Leading from the front' training to 'market' this to other staff; also develop as staff educators.	AC plus DDME	AW/MW/AD	Dec-16		
		Work with HEE Y&H towards the changes that will be coming through medical education, where roles may become more generic and training / career routes alter accordingly e.g. more doctors in to GP/ psychiatry.	AD/ SH / GD		Dec-17		

Corporate Learning & Development (CLAD)

Introduction   With the implementation of the online Learning Hub (LH) some of the work of the CLAD team will change. The first step towards this is a restructure of this team together with the staff from work based learning (for non clinical staff) and the Learning technologies team. Out of this will fall three different teams across the two hospital sites (stat/ mand, Work based learning and Learning Technologies) with greater cross boundary working. The trusts personal responsibility framework underpins all levels of professionalism and training and needs to be identified as such in all new employment contracts and marketed to the organisation. There is still a general unawareness that it exists.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
Level 1 Statutory training	Ongoing maintenance of the stat / mand programme	Team restructure. Identification of new / changed workstreams. Dedicated members of the team to support specific activities. Annual review of activity to feed in to ALAR training data for reporting to Board.	JC, MW, SW	AD / ODIL / PG/ HYMS/ Library	Oct-14	Completed	Workstreams/roles have been identified. 'Where required' staff consultation has started. Background processes to support stat mand/learning hub have been identified/implemented.
	QA of stat/ mand content	Work with SMEs to establish quality indicators for their subjects. Random audit as a quality check.	JC/ MW	SMEs / ERG	Jun-16		
	Develop feedback / evaluation processes for courses	Work with training providers to design these elements and agree how the information will be collated and shared	MW	JC, SW, ODIL, Resus, Med ED	Sep-15		Dependant on completion of staffing restructure.
	Ensure more robust mechanisms behind face to face learning	Development of centrally held lesson plans, objectives for the sessions as well as a current collection of all presentations / videos used for backfill purposes. Link to LH for the Knowledge assessments .	AD / GD	JC, MW, SW, ODIL, Resus, Med ED	Sep-15		Dependant on completion of staffing restructure.
	Access issues 1.	Work with trust to address access to e learning provision using the recommendations from the In house skills audit 2014. These include the learning environment (quiet study space), availability of PCs, offsite staff and alternative provision where applicable. There needs to be equality of access for all levels of staff	AD /GD	Trust staff	Jun-16		
	Access issues 2. Lack of IT skills is preventing access by some staff to online learning.	Set up drop in sessions for staff to become more familiar with the concept of e learning and to provide some baseline guidance.	SW / JC	MW/ IT	Aug-15		
Workforce	Annual organisational TNA	Review / refresh. Set up a process for capture of internal and external learning available. Link to learning leave process?	MW/JC	JC, BC, Trust managers	Sep-15		Dependant on completion of staffing restructure.

Overall Workforce / Education Strategy	Current Status	Action	Management Lead	External Contributors	Target Date	Risks / Issues	Progress against Actions
	DNAs to training	Develop a process with HR and other training providers for notifying staff who do not attend for training. Automated emails?	MW	SW/ JC	Sep-15		This mechanism is available via the Learning Hub, but has not been implemented yet. Once implemented it will feature as a natural part of learning hub rollout.
	Collation of training data for those courses which do not necessarily sit within LH e.g. ODIL developed courses	Agree process with ODIL and other outliers and link this in with the Learning Technologies Team so data is in a consistent format. Agree what that format might be.	AD/GD	JC / MW / HR / ODIL/ other training areas			
	Develop a process to centrally record qualifications that staff enter the organisation with	Links to payroll, HR, develop a personal profile page for new staff which needs to be completed the first time they use LH and which is interrogatable? Simple process needs agreeing	MW	JC/ SW	Sep-15		Dependant on completion of staffing restructure.
	Talent management	Develop a secondment register of departments willing to host staff looking at different working practices / roles and a process for doing so.	AD/ GD	JC/ MW	Jan-16		
	New learning leave policy implementation	To advertise the policy organisationally so that learning leave is applied for responsibly and in a timely fashion and managers are aware of potential overlaps. This will form part of ALAR reporting metrics eventually.	MW	WBL team	Sep-15		New guidelines/processes have been identified/documented. Cannot be implemented until resource is recruited to undertake the expanded role/workload.
	Supporting other departments	Review admin support currently agreed with other areas e.g. OD, CDT, Resus, manual handling etc in light of team reconfigurations especially in Scarborough to bring all arrangements in line.	JC/ MW		Oct-15		Workstreams/job roles identified. Recruitment activity needs to take place before full reconfiguration can be achieved.
	Supporting Trust partners	Discuss shared access to stat / mand and induction training to social work, local authority and other areas e.g. Hospice staff.	AD/ SH	JC/ MW	Sep-15		

	Advanced Clinical Practitioners (ACPs)					

Introduction - Staff are being recruited into these posts to support a number of organisational challenges: WTD which is having an impact on clinical areas in terms of staff being released for training; national reduction in junior doctor training places which will reduce the numbers of medical staff able do more generic clinical tasks; an ageing very specialised workforce; the need to support community as well as acute staff; the need to 'grow our own' specialists who become the bridge between traditional medical and nursing tasks and provide a more flexible workforce. They are being managed centrally initially and rotated through different clinical areas until their final speciality is 'fixed' towards the end of a two year MSc programme. There is a need to ensure that training mechanisms are robust, targeted, transparent and appropriate. 'Growing' these staff on an identified needs basis will support patient care through the availability of upskilled ward teams.

Workstream	Task description	Actions	Lead	Contributors	Target Date	Progress
Level 1 Statutory training	Induction	Co-ordinate / refine placement, corporate and clinical skills induction to meet national standards.	BG	AD	Sep-15	First cohort completed OSCES started work in their final placement team Jan 2015. Academic provider has been reviewed and programme for 2nd cohort changed to incorporate more hands on clinical skills learning.
Level 2 Beneficial to patient experience	Identify current skill level for each applicant and record that information centrally.	HR share recruitment forms. PGME to create spreadsheet of data for possible input into Learning Hub (LH) at a future date	AD	AW	Jul-14	Completed. This happens at recruitment.
	Support - Ensure that clinical skills teaching is monitored in terms of suitability for role.	Implement process for governance of practice / development of new skills.	BG		Jul-14	Completed. ACP Steering group established . National discussions still underway regarding professional governance moving to e.g. RCP
	Ensure robust and appropriate supervision of practice	Discuss supervision of ACPs at Steering group and impact on current clinical supervisors. Develop a framework / process	BG/ AD	MW/ AW	Jun-15	Supervision discussed and in place from departmental staff and two already qualified ACPs. Process for identifying supervisors in the future still needs to be determined. Update sessions to be rolled out to clinicians and senior nurses over summer 2015.
	Ensure appropriate line management in place	Discuss at Steering Group	BG / AD		Sep-14	Completed. Moved to AD in December 2015

Workstream	Task description	Actions	Lead	Contributors	Target Date	Progress
	Ensure access to support mechanisms	At induction? Introduction to counselling, Occ H, slot ACPs into supporting doctors framework? Also access to team coaching and personal coaching for change.	AD	AW/ HC/ FA-H	Jun-14	Completed
	Raise awareness of ACPs work within the organisation	Team brief / Staff Matters/Senior clinicians and directorate meetings	AD		Aug-15	Update sessions to be rolled out to clinicians and senior nurses over summer 2015.
Level 3 specialist training	Ensure that core clinical competencies are included in the two year MSc curriculum	Review core competencies	BG /AD		Jul-14	Completed. New cohort started June 2014. 15 week clinical skills programme put together by qualified ACPs for first cohort. To be carried over to second cohort if required in 2015.
	Ensure that new curriculum meets organisations' expectations	Meet with University to finalise bespoke package	BG	CS	Jul-14	Completed
	Increase capacity around non medical prescribing supervisors (DMPs)	Recruit additional consultants into this support role	BH/JB		Dec-15	
	Ensure ACPs are fit for final speciality role	At interview for speciality, identify what specific additional skills an individual may need. Identify how/ where this may be achieved. Also build this into the training for the next cohort	BG	AD/ AW / Maria Wilkinson (MW)	Sep-15	
	Evaluate local training programme	Identify quality indicators / benchmarks for training with the university and evaluate the programme on completion.	? University ? Trust feedback		Jun-16	
	Ensure educational supervision in clinical placements	Recruit additional consultants into this support role	AD/NM		Dec-15	

Workstream	Task description	Actions	Lead	Contributors	Target Date	Progress
	Develop peer support for trainees	ALS and quality circles established within each cohort. Explicit within job description that qualified ACPs provide peer support and mentoring to new trainees.	AD/ODIL		Jun-15	
Interprofessional learning	Link core competencies with Foundation doctors training where possible so ACPs can access their sessions	AW to share competency lists with BG for review. BG to identify where ACPs may link in with Foundation programmes.	BG	AD / Anne Waddington (AW)	Jul-14	Completed. ACPs invited to Foundation doctors lunchtime teaching and CMT protected teaching. F2 doctors to be used for 'refresher' teaching on core subjects in 2015
	Support clinical skills teaching for all ACPs but particularly non nurses.	Meet with Sheffield Hallam re APACS course for clinical skills teaching on site	BG / AD	Skills technicians	Sep-15	APACs course not provided by Hull. Included in 15 week ACP programme. New academic partner to be engaged who should provide this.
Skills passport	Create e portfolios for learning evidence and CPD recording	Explore and populate Mahara, an attachment to the LH	SW / NM	HR - other ALAR teams	Dec-15	
	Share ACP experience / good practice and raise profile regionally	At conferences / posters / published articles. Links with regional group and stakeholders.	BG/ AD		Sep-16	
Simulated learning	Develop ACPs to act as educators e.g. ALS instructors	Ensure ALS course is covered in core competencies and encourage ACPs to take on instructor status where appropriate.	BG	Resus team	Ongoing following initial course	Completed . First cohort ACPs booked for ALS training in April 2015. One is a recert as an instructor. Second cohort to be booked on from Sept 2015 when they have more experience.
LEFs	N/A					

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York Teaching Hospital NHS

NHS Foundation Trust

Board of Directors – 25 March 2015

Medical Education review

<u>Action requested/recommendation</u>

The Board are requested to review the updated information / actions and discuss the risk requirement that has been suggested by the GMC.

<u>Summary</u>
Attached is the action plan following the GMC visit to the Trust in October 2014 with updates / commentary on the recommendations made. There is also a GMC expectation around trainee funding and the risks to the organisation should that funding decrease.

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	☐

<u>Implications for equality and diversity</u>

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.

<u>Reference to CQC outcomes</u>

CQC outcomes 1, 4 and 12

Progress of report   Original

Risk   No risk

Resource implications   Resources implication detailed in the report

Owner   Sue Holden, Director of Workforce and
                              Organisational Development

Author   Anne Devaney, Head of Corporate Learning

Date of paper   March 2015

Version number   Version 1

Board of Directors – 25 March 2015

Medical Education review

1. Introduction and background

A GMC visit occurred in October 2014. A draft report for comment was made available and feedback given to the Trust on 3rd February 2015. The final report became available on the 23rd February with an action plan against the recommendations expected by the 27th February. There will be quarterly updates provided to the GMC. Attached are the recommendations and actions that have already been taken.

2. Key recommendations

At the feedback session clarification was sought regarding three of the recommendations.

1. Ultrasound scanning – although the teams had produced evidence of training being available, take up in some instances was low and the GMC would like to see higher numbers going through, especially of O&G trainees in Scarborough. This may mean more targeted training being developed for their specific skill requirements. This should hopefully be addressed by the local appointment of an SAS lead for that training.
2. Despite evidence that Education / Development is well supported at Director level and workstreams / risks are regularly discussed at Board and minuted, the GMC expect Education to be a standing item on the Board agenda going forwards.
3. Medical Education funding. The GMC were given assurances that training budgets were managed appropriately and effectively and that managers had sight of and worked to LDA requirements. This didn't seem to be enough. On further exploration the GMC expects to have the provision of medical education funding sitting on the Organisation's risk register with an action plan to cover the possibility of it being lost / withdrawn. Such a loss and all at once is a very unlikely scenario and I reflected this back to the team, however their expectation is that the Trust devises such a plan.

3. Conclusion

During the visit, one patient safety issue was raised which was dealt with immediately. There were no further specific actions given to the organisation, only recommendations. Feedback from the trainees was positive and the conclusion is that we are a good teaching hospital supporting HEE and GMC expectations by providing quality placements for our medical trainees. Vacant posts remain a challenge and allocation is a regional responsibility so to some extent this is out of the Trust's hands, however the GMC are now aware this is a very real issue in our locality. Most of the recommendations have already been actioned, the three mentioned above are ongoing.

4. Recommendation

1. Postgrad to audit the provision of Ultrasound training take up in October 2015
2. Board to discuss the addition of Education as a standing item on the Board agenda
3. Board to discuss appropriateness of addition to risk register and action plan.

Author	**Anne Devaney, Head of Corporate Learning**
Owner	**Sue Holden, Director of Workforce and Organisational Development**
Date	**March 2015**

Action Plan for Health Education Yorkshire and the Humber

Requirements

Report Ref	Due Date	Description	Action taken by Trust to date	Further action planned by the Trust	Timeline for action (month/ year)	LETB lead
YOR1	Next scheduled report to the GMC	Paediatric medicine – Appropriate level of cover must be provided for the paediatric medicine night duty on-call rota.	The Deputy Medical Director immediately arranged cover for the evening of the visit. 3 consultants have been successfully appointed and a mandated part of their role is on-call residency. The rota has been changed accordingly.	Plans are in place for further consultant expansion and these posts also include resident on-call.	Recruitment currently underway – March 2015	
YOR2	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training to ensure appropriate clinical supervision and expectations of doctors' competence and experience.	The Medical Director has written to all consultants and circulated a letter from the Postgraduate Dean. This has been announced on the Trust intranet. HR and Postgrad are reviewing policies and processes to ensure there are no references to SHO. What has been identified is that the term SHO / SHMO is used in the terms and conditions of	Response from the GMC has been they will look into this as it doesn't affect just York and in the meantime ask us to discourage use of the term which we have done already .		

Report Ref	Due Date	Description	Action taken by Trust to date	Further action planned by the Trust	Timeline for action (month/year)	LETB lead
			service for medicine and dentistry trainees from NHS Employers. We have asked for and would welcome clarification from the GMC on the terminology to be used as there appears to be conflicting information.			
YOR3	Next scheduled report to the GMC	The work intensity of clinical placements must be appropriate for learning.	We are aware that some areas of the hospital are under pressure. We continue to work with the HEY&H to aid recruitment. There are areas of the hospital with significant vacancies in training posts which exacerbates the problem. We have had limited success to try and recruit locally to fill these posts and efforts are still ongoing. We have a number of initiatives in place such as an Advanced Clinical Practitioner (ACP) training programme, the first cohort of which have completed training. Cohort 2 is in place and plans are in place for a third cohort. The trained ACPs have been placed in areas of greatest need. We have also expanded phlebotomy provision across the Trust.	Vacancies in training posts will continue to be highlighted at Foundation School, Deanery and LETB / HEE meetings. There are now 7 qualified ACPs working within the Trust and another 11 half way through training which will go some way to easing work intensity in pressure settings e.g. ED	Ongoing regionally. Locally 2nd cohort ACPs due to qualify in summer 2016.	

Report Ref	Due Date	Description	Action taken by Trust to date	Further action planned by the Trust	Timeline for action (month/year)	LETB lead
YOR4	Next scheduled report to the GMC	Adequate access to ultrasound training must be provided such that doctors in training are confident that they will able to meet the requirements of the curriculum.	Ultrasound training is provided across the Trust. Evidence of which was taken to the GMC wrap up meeting on 3 Feb. This included posters advertising ultrasound guided access and a FAST course. O&G specific training mapped to curriculum is available on both sites. An O&G SAS doctor in Scarborough has recently been trained to deliver Ultrasound sessions to trainees. There is an ongoing programme in York.	Increase the number of courses specifically for O&G trainees.		
YOR5	Next scheduled report to the GMC	Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.	This item was not on the initial feedback proforma. We are aware that issues have been raised previously about departmental induction and we are already attempting to address this with the areas concerned. Please see evidence on HEY&H database. Corporate induction is standardised, robust and well evaluated and all doctors receive induction in a timely manner on their first day in the Trust	Departmental induction to be reviewed with identified staff within clinical areas. Current process will need to be amended for collection of data re trainees access to induction.	August 2014	

Recommendations

Report Ref	Due Date	Description	Action taken by Trust to date	Further action planned by the Trust	Timeline for action (month/ year)	LETB lead
YOR1	Next scheduled report to the GMC	Funding for medical education should be monitored and managed to mitigate against future funding cuts.	It is, and assurance of this was given by the Assistant Director for Financial Management on the day of the visit.			
YOR2	Next scheduled report to the GMC	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.	Education is reported quarterly to the Board. Education is a standing agenda item at the monthly executive board. There is a named executive Director with responsibility for Education and a Deputy Medical Director with responsibility for Education.			

Good practice

Report Ref	Due Date	Description	Details of dissemination	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	LETB lead
YOR1	Next scheduled report to the GMC	Medical students are given the opportunity to spend up to two weeks at the hospital on a voluntary basis prior to taking up their foundation post.	We have offered to speak about good practice at Annual HEYH Foundation Schools Conference and NYEC Foundation School Annual review meeting.	Postgrad staff have volunteered to form part of an NHS 'Ambassador' group the function of which is to encourage local teenagers to consider a career in the NHS through a programme of school visits and possible shadowing opportunities.		

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York Teaching Hospital NHS

NHS Foundation Trust

Board of Directors – 25 March 2015

Chairman's Items

Action requested/recommendation

The Board of Directors is asked to note the report.

Summary

This paper provides an overview from the Chairman.

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 is no reference to CQC outcomes.

Progress of report	This paper is only written for the Board of Directors.
Risk	No risks
Resource implications	No resource implications

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Owner	Alan Rose, Chairman
Author	Alan Rose, Chairman
Date of Paper	March 2015
Version number	Version 1

Board of Directors – 25 March 2015

Chairman's Items

1. Strategy and Context

The new contract tariff turbulence continues and recent events like the crisis at Bart's only emphasise the challenge every Acute Trust has in these times. Our plan for next year will be reviewed today and there will be one last chance to review it next month, prior to final submission in early May. We are faced with another huge Cost Improvement Programme (CIP) efficiency challenge and a likely ongoing deficit position for the year ahead.

We are naturally disappointed that neither of the two "Vanguard" bids that we had a stake in managed to progress to a positive and funded decision. However, the process has brought us closer together with our two main Commissioners, I feel, and I sense that there is enough momentum and tenacity amongst colleagues that the essence of the bids can be progressed from within current resources. We will clarify this in the Community Services update item.

2. Governance & Governors

The Care Quality Commission (CQC) full Hospital (Trust-wide) Inspection is complete. Our staff have been outstanding in fairly representing the way we go about our service and we look forward to the formal feedback in a few weeks. By the time of the Board meeting, we may have some very general feedback from the Inspection leads. As I stated in our presentation to them at the start, we will listen, learn and act upon their observations and recommendations and look forward to their independent appraisal of what we do. Note that, depending upon the nature of the recommendations, we are likely to have additional costs on our plan for the coming year for specific "remedies" (these have amounted to "millions" at some Trusts in the months following full inspection. Other Trusts have also found that the work involved has provided resource/focus challenges to their leadership team, has attracted Monitor attention and fairly intense status updates, etc.).

The Governors met this month in full Council and, amongst other issues, they had a special briefing from Andy Bertram on the state and outlook of our finances, which they are naturally concerned about; in particular the options and plans we have for addressing the potential jump in deficit in '17/'18 when the acquisition support payments cease. We noted that two of our Governors are standing as Parliamentary candidates this year (York Outer and Scarborough/Whitby). We also received the good news during the meeting itself that Monitor are recommending our use of a "Governor card" (a kind of simple business card that a Governor can hand to a member of the public with contact details for PALs, etc.) as "good practice" to be noted by all FTs around the country. Congratulations for this initiative, which came entirely from the Governor body.

Today is my last Board meeting and during this month we have been working with Sue Symington to take over from April. I have very good memories from the last nine years on the Board and am proud of what the Trust has achieved over that period. I view the Board with warm respect and confidence that you can now take the Trust through the rigours of the coming years. I will watch from afar and wish you the very best of luck. Thank you for the way you have supported me throughout my period as a Non-executive Director and your Chairman.

3. Recommendation	
The Board of Directors is asked to note the report.	
Author	**Alan Rose, Chairman**
Owner	**Alan Rose, Chairman**
Date	**March 2015**

York Teaching Hospital NHS

NHS Foundation Trust

Board of Directors Meeting – 25 March 2015

Governance Review – Integrated Governance and Leadership Structure

Action requested/recommendation

The Board of Directors is asked to consider the latest version of the Integrated Governance and Leadership structure for the organisation.

Summary

The final formal report from the Governance Review Project will be presented to the Board of Directors in April.

Work on the project is now well underway to formalise the reporting structures and provide consistency across 'corporate' and 'strategic' meetings. This has involved meeting with Chairs of the newly agreed Corporate meetings to assess relevant and appropriate links to the governance structure and where necessary to review and amend the terms of reference of the meeting group.

As a result of this work the overarching integrated governance structure has been subject to a number of revisions and in its current form is presented to the Board of Directors for consideration together with the organisational leadership structure. These two documents provide the framework for governance and accountability in the Trust, and demonstrate how the structure provides assurance to the Board of Directors, Chairman and Chief Executive.

These documents will be incorporated into the Trust's Governance Manual as it is refreshed as part of the Governance Review.

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	Governance Review Steering Group
Risk	No risk.
Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Helen Kemp-Taylor, Governance Project Lead
Date of paper	March 2015
Version number	Version 1

Organisational Leadership Structure

Board of Directors

York Teaching Hospital **NHS** NHS Foundation Trust

Alan Rose Chairman ↔ **Patrick Crowley Chief Executive**

Executive Board

Governors

Andrew Butler
Ann Bolland
Caroline Patmore
David Wheeler
Dee Sharpe
Helen Fields
Helen Mackman
Helen Noble
James Carder
Jane Dalton
Jeanette Anness
Jenny Moreton
John Roberts
Joseph Riches
Les North
Margaret Jackson
Michael Beckett
Paul Baines
Penelope Worsley
Rowena Jacobs
Sheila Miller
Stephen Hinchliffe
Sue Wellington
Terry Atherton

Non-Executive Directors

Philip Ashton
Dianne Willcocks
Michael Sweet
Libby Raper
Michael Keaney
Jennifer Adams

Corporate Directors

Deputy Chief Executive,
Mike Proctor
Director of Finance,
Andrew Bertram
Director of S&NS,
Sue Rushbrook
Medical Director,
Dr Alistair Turnbull
Director of Workforce &
Organisational Development,
Sue Holden
Director of Estates & Facilities,
Brian Golding
Chief Operating Officer,
Juliet Walters
Chief Nurse,
Beverley Geary

Clinical Directors

David Alexander, Clinical Lead (Cancer)
Peter Campbell, T & O
John Coyle, Elderly Medicine
Nigel Durham,
General & Acute Medicine
Adrian Evans, O & G
James Haselden, Radiology
Jo Mannion, Children's Services
Stevan Stojkovic,
General Surgery & Urology
Mark Quinn, Specialist Medicine
James Taylor, Head and Neck
Jonathan Thow,
Clinical Lead for Education
Neil Todd, Laboratory Medicine
Mike Williams, Emergency Medicine
Tariq Hoth, Anaesthetics & Theatres
Nicola Topping, Ophthalmology
David Humphris, General Medicine
Ed Smith,
Acute & Emergency Medicine

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Overarching Integrated Governance Structure

Strategic (pink)
Corporate (light blue)

- Council of Governors
- Board of Directors

Governor Led Operational Meetings
- Nominations/ Remuneration Committee
- Community Services Group
- Patient Focus Group

- Workforce Strategy Committee
  - Fairness Forum
- Audit Committee
  - Data Quality and Performance Information Work Group
  - Clinical Standards Group*
- Quality & Safety Committee
  - Medicines Management Group
  - Nursing Group
  - Patient Safety Group
  - Hospital Infection Prevention & Control Group
- Remuneration Committee
- Executive Board
  - Community Services Improvement Board *
- Proposed Committee for Environment & H&S Issues Brian Golding – Reviewing *
  - Sustainable Development Group
  - Environment Group to be established – BG to advise *
- Finance & Performance Committee
  - Capital Programme Group
  - Efficiency Group
- Corporate Risk Committee

* Under Review

18.03.15 v 12

The operational and external facing groups of the organisation are recorded separately.

Board of Directors – 25 March 2015

**Development of Diabetes & Endocrine Workforce
(4th Diabetes Consultant)**

Action requested/recommendation

The purpose of this business case is to gain approval for the appointment of a 4th Consultant in Diabetes and Endocrine.

This case is predominantly based on 2 other developments which have already been approved as well as a reduction in PAs by one of the current Consultants.

Summary

 Appoint 4th Endocrine Consultant **–** to deliver direct community diabetes activity and indirectly by supporting MDT and governance activity. In addition provide care for in-patients with diabetes and provide input to the diabetes foot care MDT (in-patients and outpatients).

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   Presented to and approved by Executive Directors

Risk   Inability to appoint to post

Resource implications   Resources implication detailed in the report

Owner   Dr Vijay Jayagopal, Consultant endocrinologist and
                        Lead clinician

Author   Kirsty Burlinson, Deputy Directorate Manager

Date of paper   March 2015

Version number   Version 1

York Teaching Hospital **NHS**
NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2014/15-37

2. Business Case Title

Development of Diabetes & Endocrine Workforce
(4th Diabetes Consultant)

3. Management Responsibilities & Key Contact Point

Business Case Owner:	Dr Vijay Jayagopal

Business Case Author:	Kirsty Burlinson
Contact Number:	772 5326

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

The purpose of this business case is to gain approval for the appointment of a 4th Consultant in Diabetes and Endocrine.

This case is predominantly based on 2 other developments which have already been approved as well as a reduction in PAs by one of the current Consultants.

1. 2012/13 – 144 – Inpatient Diabetes Management

The case aimed to address important clinical issues on all inpatient wards in York and Scarborough with regards to diabetes management. In doing so there would be improved staff knowledge, reduced mortality, readmission and complication rates (primarily foot related); reduced adverse events, patient complaints and length of stay. Improved coding and resulting appropriate income from activity was also a benefit.

The case included funding for 3 PA's of consultant time which at the point of approval was held pending implementation review. Following a PIR meeting on 24 October – this funding is now available.

2. 2013/14 – 144 – Community Diabetes Team (CDT)

The CDT was developed to provide support to primary care to manage the increased workload and close the knowledge gap highlighted by the discharge of patients from hospital follow up in 2013. The CDT will also act as a gatekeeper to specialist care, and therefore the Trusts input into this is key to influencing the future of diabetes service provision in the locality. Care closer to patients but by staff with the appropriate skill and backup is critical in ensuring high quality care is provided. The CDT will deliver this by

providing access to specialist care to a wider population than before. This work will require extension of existing nursing boundaries and consultant input into direct care and quality assurance and governance work.

The case included funding for 6 PA's of consultant time which has been approved.

3. Reduction in PAs by current workforce

One of the existing consultants has requested a reduction in his job plan to 10 PA's from his current 12 PA job plan. The consultant will stop on call work and the released 1.25 PA will contribute towards the new post. The implication of this has been reviewed by the directorate and the trust in relation to the precedent regarding on-call in the wider organisation. The new post holder will replace the existing consultant on the on call rota so there will be no risk to the acute medical consultant cover from this change. The additional reduction in PA's will be performed as a part of the job plan review of the existing consultant. The reduction would relate to 2 PA's in total.

The 3 points above equate to 11 PA's, however, the Directorate will look to appoint to a 10 PA job plan in the first instance. The new consultant appointment will allow for a sustainable model of consultant delivered care which will help deliver the benefits of the cases described by point 1 and 2 above.

5. Options Considered

Description of Options Considered
1) **Do nothing** – remain with existing establishment
2) **Appoint 4th Consultant –** to deliver direct community diabetes activity and indirectly by supporting MDT and governance activity. In addition provide care for in-patients with diabetes and provide input to the diabetes foot care MDT (in-patients and outpatients).
3) **Appoint to hybrid post working in Diabetes and Acute Medicine** – 8 PA's with Diabetes and 2 PA's covering acute physicians' rota.

6. The Preferred Option

6.1 Preferred Option

Option 2 – appointment 4th Consultant

This option is the preferred option as it would facilitate the re-structure of Diabetes Consultant work patterns to compliment the creation of the CDT and additionally provide structure and sustainable in-patient and foot care Consultant cover.

6.2   Other Options

> **Option 1 – do nothing,** is not feasible as the current Consultants cannot deliver what is expected within the Think Glucose and CDT business cases. This would pose great risks to alliances with the CCG and integration with Scarborough. The amputation rates in diabetes are already higher than the national average and will not improve without us changing our care provision.
>
> **Option 3 – appoint to a hybrid post** – whilst a feasible option, this would deflect from the business cases and remove time from a demanding diabetes service. 8 PA's would not cover the expected outcomes outlined in these cases. In addition, this will not fit with the planned restructure of the service delivery.

7. Trust's Strategic Objectives

7.1   Alignment with the Trust's Strategic Objectives

1   Quality and Safety
2   Effectiveness, Capacity and Capability
3   Partners and the Broader Community
4   Facilities and Environment

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
To provide safe and quality services to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes developing and learning from performance indicators (e.g. PROMs, NCI, etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring consultation and engagement of patients, visitors and staff.	Yes	• Care closer to peoples homes – a national health objective • CDT model of care developed with full patient engagement • CDT will help reduce practice dependant inequity in diabetes provision • Greater access to diabetes specialist team for the local diabetes patients • Foot care provision will follow NICE guidance • In-patient diabetes national audit data reviewed annually • Priority for safer use of insulin by improved education of staff
To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.	Yes	• CDT business case, approved by CCG and accepted by the Trust, has built in KPI's as specified by the national diabetes team • The strength of the CDT model is care based on need rather than location. It is an efficient model which has been resourced to be sustainable. The model was

			created by our staff in collaboration with the CCG.
To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.	Yes	•	The CDT development work – performed by our staff along with the CCG and patients has been highlighted by the CCG as an exemplar of service development. This work has now been published in a national journal highlighting the achievement.
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	•	Delivery of the Inpatient Diabetes Management project will align with national objectives with patient safety in hospital an overriding priority. Improved staff education in the use of insulin and devices will help keep patients and staff safer.

7.2 Business Intelligence Unit Review

Date of Review	27/01/15
Comments by BIU	In full support of this case.

8. Benefit(s) of the Business Case

8.1 Benefit(s)

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
Diabetes foot care MDT service delivery	PA	0	1
Care close to peoples homes Activity is part of the block contract in regards to CDT this is different from hospital MDT type activity it will involve direct patient review, case note review, practice audit, creating care plans etc details Activity will vary depending on practice needs but	Sessions per week (as per CDT business case)	0	2 (as per CCG contract)

paid for ahead of time in the block contract. The CCG are monitoring this activity (number of visits per practice per year) CDT dashboard is being created by SNS and this will compliment the existing inpatient dashboard – this activity will be reviewed monthly at our business meeting.			
How will information be collected to demonstrate that the benefit has been achieved?			
Access & Flow			
Patient access to care in the community In addition to the above the consultant will provide support to the diabetes specialist nurses, Dietitians, practice nurses and GPs. This will be in the form of telephone support, emails and website maintenance. All included in detail in the CDT business case. Breakdown and measures please refer to the CDT case.	Phone, practice clinics	Nil	Mon-Fri
Inpatient ward rounds for diabetes and GIM This extends to GIM patients who will now also benefit from daily senior review, the benefits of this are better care, early discharge planning and reduced length of stay (see above metric for measure for reduction in LoS)	Increased Ward rounds	Twice weekly	Daily (Mon – Fri)
Complex inpatient diabetes care provision Beds saved by reducing the difference in length of stay between inpatients with diabetes and those without diabetes (York)	LoS for diabetic patients	Average length of stay for diabetic patient is 4.78 days longer	Average length of stay will be only 2.39 days longer
How will information be collected to demonstrate that the benefit has been achieved?			
Finance & Efficiency			
See business case 2012/13-144 and 2013/14-144			
How will information be collected to demonstrate that the benefit has been achieved?			

8.2   Corporate Improvement Team Review

Date of Review	04/02/15
Comments by CIT	Queried reduction in agency/locum costs – none used as cover in house.

9. Summary Project Plan

Description of Action	Timescale	By Who?
Review by Corporate Directors	2 weeks	Corp Directors
Creation of Job Descriptions/Advert	1 month	Dr Jayagopal/Kirsty Burlinson
Recruitment Process	6 months	Kirsty Burlinson/Dr Jayagopal

10. Risk Analysis:

Identified Risk	Proposed Mitigation
Unable to appoint	Continue additional activity with existing Consultants by WLI work

11. Risk of Not Proceeding:

The Directorate would be unable to deliver the existing Inpatient Diabetes Management business case, especially foot care and reducing risk in complex inpatients. It would also be unable to deliver commissioned CDT activity.

12. Consultant, and other Non-Training Grade Doctor Impact
(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

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

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

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**
Vijay Jayagopal	41	41	12	12
Jonathan Thow	41	41	12	12
Paul Jennings	41	41	12	10

12.2 Advisory Committee Review:

Date of Approval	23/01/15
Comments by the Committee	In support following amendment of recruitment schedule.

13. Stakeholder Consultation and Involvement:

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	Case circulated prior discussion at exec PMM
Corporate Improvement Team	Case circulated prior discussion at exec PMM
Workforce Team	Case circulated prior discussion at exec PMM
Other Consultation	
PIR Meeting	Discussed at length re funding for Inpatient Diabetes Management – agreed to fund case.
CDT Business Case Approval	Commissioned by CCG and approved by Trust
Lead Clinicians	In full support of business case.

14. Sustainability

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	Treating patients closer to home. More telephone and web based support/advice.
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	No	
Reduce business miles?	Yes	Using car scheme (pool car)
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

15. Alliance Working

Alliances with CCG during CDT development and approval process.

The inpatient diabetes teams are working together with shared protocols and have agreed to progress with formal integration (facilitated by the Business Intelligence Team). The new Consultant capacity will provide additional support for Scarborough by telephone cover as needed. The VOYCC – GP practices nearer the East Coast will be cross covered by both York and Scarborough teams with governance and support provided from this Consultant appointment as a part of the wider team. This will further promote service integration.

16. Impact on Community Services

The Consultant appointment will support both the inpatient and community projects which will increase the synergy in terms of seamless integrated diabetes care when patients are discharged. Early supported discharge will be a significant advantage to the current set up.

17. Impact on the Ambulance Service:

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

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

18. Market Analysis:

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

19. Estimated Full Year Impact on Income & Expenditure:

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure			0
Income	1,455	1,455	0
Direct Operational Expenditure	570	699	129
EBITDA	885	756	-129
Other Expenditure	0	0	0
I&E Surplus/ (Deficit)	885	756	-129
Existing Provisions	n/a	130	130
Net I&E Surplus/ (Deficit)	885	885	0
Contribution (%)	60.8%	60.8%	#DIV/0!
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

The case assumes a start date in August 2015. Cost for the 10 PA consultant is 3rd point on the scale with on-costs and on-call. Consultant admin staff are already in place in directorate. Non-recurrent expenditure relates to office and IT equipment. Funding for the case comes from existing provisions: 3 PA's from BC 2012-13/76 Diabetes

Management (£32k) and 6 PA's from BC 2013-14/144 Community Diabetes Team (£63k). Further PA's will be provided by a reduction in the PA's of the current consultant workforce (£35k).

20. Recommendation for Post Implementation Review

	Yes	No
Is this business case being recommended for post implementation review?		X

Reason(s) for the decision:

Business cases 2012/13–144 and 2013/14–144 are already undergoing the PIR process and this post forms part of those cases.

21. Date:

March 2015

PROSPECTIVE CONSULTANT JOB PLANNING FORM 2014/15

(For those consultants employed on the 2003 national contract)

SECTION 1	*PERSONAL DETAILS*

To be completed by all Consultants:-

Name	
Specialty	Diabetes
Clinical Directorate	Nigel Durham
Nature of Contract	*Whole time*
Normal work base	York Teaching Hospital

	Contracted (10 or less)	Additional
Current agreed number of programmed activities at York Teaching Hospital NHS Foundation Trust (year 2013/14)		
Proposed Number of programmed activities for 2014/15	10	0

Clinical Academic Consultants only to complete this box below:

Name of University		
	Contracted *(sum of PAs at both organisations should be 10 or less)*	**Additional**
Number of programmed activities at University		

PLEASE DETAIL THE FREQUENCY OF THIS TIMETABLE: (IN)

Please do not use alternative codes and ensure that start and end times are detailed.

Day	Time	Location	Work	Categorisation (e.g. DCC, SPA, ANR, ED)	No of PAs
Monday	09.00 – 12.00	Diabetes Centre	Foot Service Admin	DCC	1.0
	12.00 – 13.00	Lunch			
	13.00 – 18.00	Diabetes Centre		DCC	1.0
Tuesday	09.00 – 12.00	Diabetes Centre	Endocrinology	DCC	1.0
	12.00 – 13.00	Lunch			
	13.00 – 18.00	AMU	Acute Medicine	DCC	1.0
Wednesday	09.00 – 12.00	Diabetes Centre	Inpatient CDT	DCC	1.0
	12.00 – 13.00	Lunch			
	13.00 – 18.00	Office	SPA	SPA	1.0
Thursday	09.00 – 12.00	Diabetes Centre	Endocrinology	DCC	1.0
	12.00 – 13.00	Lunch			
	13.00 – 18.00	Office	CPD	SPA	1.0
Friday	09.00 – 12.00	Diabetes Centre	Endocrinology	DCC	1.0
	12.00 – 13.00	Lunch			
	13.00 – 18.00	Free			
Saturday					
Sunday					
Additional activity to be work flexibly					
Total					9.0

FOR USE WHERE VARIABLE WEEK PATTERNS EXIST

PLEASE DETAIL FREQUENCY OF THIS TIMETABLE:

Day	Time	Location	Work	Categorisation (e.g. DCC, SPA, ANR, ED)	No of PAs
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Additional activity to be work flexibly					
Total					

SECTION 2	WEEKLY PLAN OF PROGRAMMED ACTIVITIES

In the table overleaf you should provide a reasonable estimate of your weekly programmed activities and their location. It should include details of all programmed activity, including details of when Supporting Professional Activities are undertaken. Please provide details of the activity in the 'Work' column e.g. Outpatient Clinic, and use the following codes under the 'categorisation' column:

DCC   Direct Clinical Care
SPA   Supporting Professional Activities
ANR   Additional NHS Responsibilities
ED   External Duties.

Please do not use alternative codes.

Where applicable, the plan should also include a schedule of private practice commitments, and fee paying services, although these will not be counted towards programmed activities.

If the working pattern cycles over a period > 1 week, please attach a copy of the complete cycle, or indicate the frequency of the activity if it does not occur weekly (e.g. DCC – clinic – alternate weeks)

Funding Source

Please ensure that for both Additional NHS Responsibilities and External Duties that you detail which department or external organisation is funding these commitments.

SECTION 3	AVERAGE WEEKLY PROGRAMMED ACTIVITIES

	Type of Programmed Activity	Average number of <u>hours</u> per weeks	Number of these hours which occur in premium time	Total average number of PAs per week
i.	**Direct Clinical Care**			
	Clinical Activity *e.g. clinics, theatres, ward rounds*			
	Clinically Related Activity — *patient related admin*			
	MDT			
	Predictable Emergency Work *e.g. post take ward rounds*			
	Unpredictable Emergency Work *e.g. urgent on-call consultations, operating*			
	Other, please specify			
	Hours Sub-Total		**PA Sub Total**	

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ii.	**Supporting Professional Activity**				
	CPD *eg. Journals, statutory and mandatory training* *(1 PA per week)*				
	Audit *(Mandatory Allowance 0.25 PAs per week)*				
	Teaching and Training (excl. HYMS)	*Educational Supervisor (Allowance 0.25PAs per trainee)*			
		Clinical Supervisor (Allowance 0.25PAs per trainee)			
		Other (please specify)			
	Research *(Optional Allowance 0.2 PAs per week)*				
	HYMS *(Please specify your roles in this regard such as Year 1 HYMS tutor or, HYMS Educational Supervisor etc,.)*				
	Other, please specify e.g. Enhanced Appraiser				
	Hours Sub-Total			**PA Sub Total**	

	Additional NHS Responsibilities such as Clinical Director, Lead Clinician, Committee memberships, Training Programme Director. **Do not put educational supervisor responsibilities here**			
iii.	**Type of Programmed Activity**	**Average number of hours per weeks**	**Number of these hours which occur in premium time**	**Total average number of PAs per week**
a.				
	Hours Sub-Total		**PA Sub Total**	
b	**which are undertaken in place of (i) and (ii) above (and therefore cannot be counted towards programmed activities)**			

iii.	**External Duties** such as College Examiner, GMC Assessor.			
c	**Type of Programmed Activity**	**Average number of hours per weeks**	**Number of these hours which occur in premium time**	**Total average number of PAs per week**
	which are undertaken in addition to (i), (ii) and (iii)			
	Hours Sub-Total		**PA Sub Total**	
d	**which are undertaken in place of (i), (ii) and (iiia) above (and therefore cannot be counted towards programmed activities)**			

iv.	**Clinical Academic Consultant Activity** *(University employees only)*	

v.	**HYMS Activity**	

	TOTAL NUMBER OF PROGRAMMED ACTIVITIES PER WEEK	

SECTION 4	ON-CALL ARRANGEMENTS			
Name of Sub- Specialty Rota				
Notes regarding on-call				
Frequency:	No On-Call	1:1 to 1:4	1:5 to 1:8	1:9 or more
Category		A		B

SECTION 5	PRIVATE PRACTICE DECLARATION		
I undertake private practice *		**Yes**	**No**
My private practice commitments are as follows			

SECTION 6	FUNDING SOURCES

If you undertake any roles for organisations external to the Trust, e.g Deanery, please detail below the nature and value of that funding and indicate whether it is paid as part of your job plan or separate to it.

SECTION 7	EXTRA-CONTRACTUAL PAYMENTS (ECPs)

If you regularly deliver Extra-Contractual Payment sessions (sometimes known as WLIs) please indicate how many sessions you deliver and how often.

SECTION 8	SIGNIFICANT CHANGES FROM 2013/14 JOB PLAN

Please detail any significant changes from your 2013/14 job plan

SECTION 9	Explanatory Notes

In this section you should detail the reasons, if necessary, why your average PAs are over and above the organisationally approved threshold, deviate from any of the recognised principles.

SECTION 10	JOB PLAN DECLARATION

I confirm that any unscheduled private practice and fee paying services commitments conform to the Trust agreement of minimal disruption as defined in the Trust's Executive Board Paper of 7th July 2004. I understand that my job plan is subject to review, at least annually, by me and my Clinical Director or by delegation to another senior clinician, on behalf of the Chief Executive.

Once the Job Plan Review has been signed by both yourself and your Clinical Director, it should be forwarded to the **Medical Staffing Department, 2nd Floor, Park House** for review by the Job Planning Advisory Committee counter-signatory. Following this it will be submitted to the Chief Executive for counter-signature. A signed copy will be returned to you, for your records.

If it is not possible to agree a job plan, either initially or at an annual review, the procedure laid down in Schedule 4 of the Terms and Conditions – Consultants (England) 2003 will be followed.

I further note that there is a Working Time Regulations form at Appendix 1 of this job plan that I **must** complete (whether yes or no). I understand that if I choose not to derogate I am aware that the 48 hour working limit applies to all professional activity I undertake whether paid by York Teaching Hospital NHS Foundation Trust or not.

Signed:—————————————— **Date:** ——————————————
      Consultant

SECTION 11	JOB PLAN SIGN OFF

Signed:—————————————— **Date:** ——————————————
Clinical Director

Clinical Director Comments

Signed:—————————————— **Date:** ——————————————
Directorate Manager

Directorate Manager Comments

Signed:_____ **Date:**_____

  Chief Executive

THE DECLARATION BELOW **MUST** BE EXPLICITLY COMPLETED – WHETHER YES OR NO

EUROPEAN WORKING TIME DIRECTIVE – 48 Hour OPT OUT

This European legislation is implemented in the UK by the Working Time Regulations. It includes a limit of an average 48 hours a week on the hours a worker can be required to work, though individuals may choose to work longer by "opting out".

Following consultation with the Joint Local Negotiating Committee on Trust compliance with the Working Time Regulations, it has been agreed that the signing of this opt-out declaration will be the way in which an individual **may** elect to exceed a 48 hour working week.

If you find that you are working in excess of 48 hours per week (either wholly for the Trust or due to a combination of Trust and other work) below is an opt-out declaration which you may choose to sign.

If I choose not to opt out I am aware that the average 48 hour working limit applies to all professional activity I undertake, whether paid by York Teaching Hospitals NHS Foundation Trust or not i.e. this includes private practice.

[Further guidance is available on the intranet (Staff Room).]

DECLARATION WHETHER I CHOOSE TO OPT OUT FROM THE WORKING TIME REGULATIONS IN RESPECT OF WORKING OVER THE MAXIMUM AVERAGE WEEKLY WORKING TIME OF 48 HOURS

I am aware of the Working Time Regulations and its benefits.

☐   I **do** wish to opt out from the WTR and am prepared to work greater than 48 hours either wholly for York Teaching Hospital NHS Foundation Trust or in a combination of Trust and other work. This action is entirely voluntary and I understand the stated terms.

        I note that this decision will be reviewed on at least an annual basis unless I express a wish to withdraw from this declaration at an earlier time. I note in such circumstances this must be made in writing.

☐   I **do not** wish to opt out from the WTR and am **not** prepared to work greater than 48 hours either wholly for York Teaching Hospital NHS Foundation Trust or in a combination of Trust and other work. I understand that if I do wish to work more than 48 hours per week in future that I will need to revisit this decision.

Signed:

Name (print):

Date:

York Teaching Hospital **NHS**
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2014-15/37
TITLE:	Development of Diabetes & Endocrine Workforce
OWNER:	Dr Vijay Jayagopal
AUTHOR:	Kirsty Burlinson

Capital

	Total	Planned Profile of Change			
	£'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
Expenditure					

Capital Notes *(including reference to the funding source)*:
No Capital funds are required

Revenue

	Total Change				Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	WTE	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
(a) Non-recurring						8		
(b) Recurring								
Income								
NHS Clinical Income	0	0	0					
Non-NHS Clinical Income	0	0	0					
Other Income	0	0	0					
Total Income	1,455	1,455	0		0	0	0	0
Expenditure								
Pay								
Medical	570	675	105	1.00		70	105	105
Nursing			0					
Other (please list):								
			0					
			0					
			0					
WLI's	0	16	16			16	25	25
	570	691.117	121	1.00	0	86	130	130
Non-Pay								
Drugs			0					
Clinical Supplies & Services			0					
General Supplies & Services			0					
Other (please list):								
Rent			0					
utilities			0					
Other (please list):			0					
	0	0	0		0	0	0	0
Total Operational Expenditure	570	691	121		0	86	130	130
Impact on EBITDA	886	764	-121	1.00	0	-86	-130	-130
Depreciation			0					
Rate of Return			0					
			0					
Overall impact on I&E	886	764	-121	1.00	0	-86	-130	-130
						+ favourable (-) adverse		
Less: Existing Provisions	n/a	130	130			86	130	130
Net impact on I&E	886	894	9		0	0	0	0

Revenue Notes *(including reference to the funding source)*:
The case assumes a start date in August 2015. Cost for the 10 PA consultant is 3rd point on the scale with on-costs and on-call. Consultant admin staff are already in place in directorate. Non-recurrent expenditure relates to office and IT equipment. Funding for the case comes from existing provisions: 3 PA's from BC 2012-13/76 Diabetes Management (£32k) and 6 PA's from BC 2013-14/144 Community Diabetes Team (£63k). Further PA's will be provided by a reduction in the PA's of the current consultant workforce (£35k).

	Owner	Finance Manager	**Board of Directors Only** Director of Finance
Signed		Robert Woodward	
Dated		11/02/15	

BUSINESS CASE - ACTIVITY & INCOME

York Teaching Hospital NHS
NHS Foundation Trust

Activity

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

Income

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