

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

on: **Wednesday 26<sup>th</sup> February 2014**  
 in: **The Boardroom, The York Hospital**

<b>Time</b>	<b>Meeting</b>	<b>Location</b>	<b>Attendees</b>
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Critical Care Seminar Room	Non-executive Directors
<b>9.15am – 12.00noon</b>	<b>Board of Directors meeting held in public</b>	<b>Boardroom, York Hospital</b>	<b>Board of Directors and observers</b>
12.05pm – 1.15pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
1.15pm - 2.15pm	Lunch		
2.15pm – 3.45pm	Cooperation and Competition legal presentation	Boardroom, York Hospital	Board of Directors and representatives from Capsticks
3.50pm - 5.00pm	Remuneration Committee	Boardroom, York Hospital	Non-executive Directors



The core values of the Trust are:

- **Improve quality and safety**
- **Create a culture of continuous improvement**
- **Develop and enable strong partnerships**
- **Improve our facilities and protect the environment**

These will be reflected during all discussions in the meeting

**Restricted – Management in confidence**

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

On: **Wednesday 26<sup>th</sup> February 2014**

At: **9.15am – 12 noon**

In: **The Boardroom York Hospital**

**A G E N D A**

No	Item	Lead	Comment	Paper	Page
<b>Part One: General</b>					
<b>9.15am – 9.35am</b>					
1.	<b><u>Welcome from the Chairman</u></b> The Chairman will welcome observers to the Board meeting.	Chairman			
2.	<b><u>Apologies for Absence</u></b> Sue Holden, Director of Corporate Development	Chairman			
3.	<b><u>Declaration of Interests</u></b> To receive any changes to the register of directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		<a href="#">A</a>	7
4.	<b><u>Minutes of the Board of Directors meeting</u></b> To review and approve the minutes of the meeting held on 29 <sup>th</sup> January 2014.	Chairman		<a href="#">B</a>	11
5.	<b><u>Matters arising from the minutes</u></b> To discuss any matters arising from the minutes.	Chairman		Verbal	
6.	<b><u>Patient Experience</u></b> Hello my name is.....	Director of Nursing		Verbal	

No	Item	Lead	Comment	Paper	Page
<b>Part Two: Quality and Safety</b> <b>9.35am – 10.25am</b>					
7.	<p><b><u>Quality and Safety Performance issues</u></b></p> <p>To be advised by the Chairman of the Committee of any specific issues to be discussed.</p> <ul style="list-style-type: none"> <li>• Patient Safety Dashboard</li> <li>• Medical Director Report</li> <li>• Chief Nurse Report</li> </ul>	Chairman of the Committee		<p><a href="#">C</a></p> <p><a href="#">C1</a></p> <p><a href="#">C2</a></p> <p><a href="#">C3</a></p>	<p>21</p> <p>29</p> <p>47</p> <p>53</p>
8.	<p><b><u>Quality Effectiveness and Safety Trigger Tool (QUESTT) &amp; Nursing Dashboard</u></b></p> <p>The Board is asked to approve the proposal included in the paper.</p>	Chief Nurse	Jennie Adams	<a href="#">D</a>	61
<b>Part Three: Finance and Performance</b> <b>10.25am – 11.00am</b>					
9.	<p><b><u>Finance and Performance issues</u></b></p> <p>To be advised by the Chairman of the Committee of any specific issues to be discussed.</p> <ul style="list-style-type: none"> <li>• Operational Performance Report</li> <li>• Finance Report</li> <li>• Trust Efficiency Report</li> </ul>	Chairman of the Committee		<p><a href="#">E</a></p> <p><a href="#">E1</a></p> <p><a href="#">E2</a></p> <p><a href="#">E3</a></p>	<p>67</p> <p>77</p> <p>91</p> <p>97</p>
<b>Part Four: Workforce</b> <b>11.00am – 11.10pm</b>					
10.	<p><b><u>Quarterly Human Resources Report</u></b></p> <p>To receive and consider the report.</p>	Director of HR	Philip Ashton	<a href="#">F</a>	103
11.	<p><b><u>Workforce Strategy Committee</u></b></p> <p>To receive and consider the points raised in the report.</p>	Director of HR	Dianne Willcocks	<a href="#">G</a>	107

No	Item	Lead	Comment	Paper	Page
<b>Part four: Strategy Work</b> 11.10am – 11.25am					
12.	<b><u>Acute Strategy update</u></b>  To receive an update following the presentation given at the last Board meeting.	Chief Executive		Verbal	
13.	<b><u>Community Hub update</u></b>  To receive an update following the discussion at the last Board meeting.	Chief Operating Officer		Verbal	
<b>Part Five: Governance</b> 11.25am - 12.00 noon					
14.	<b><u>Report of the Chairman</u></b>  To receive an update from the Chairman.	Chairman		<a href="#">H</a>	111
15.	<b><u>Report of the Chief Executive</u></b>  To receive an update on matters relating to general management in the Trust.	Chief Executive		<a href="#">I</a>	115
16.	<b><u>Impact and Implications of Tour de France 2014</u></b>  To receive a report on the implications of the Tour de France 2014.	Chief Executive		<a href="#">J</a>	125
17.	<b><u>Annual Fire Safety Report</u></b>  To receive the annual fire report	Director of Estates and Facilities		<a href="#">K</a>	135
<b>Business Case</b>					
18.	<b><u>Business Case 2013-14/116: Procurement of a Picture Archiving Communication System (PACS) and Vendor Neutral Archive (VNA)</u></b>  To approve the above business case.	Director of Finance	Mike Keaney	<a href="#">L</a>	151

## Any other business

19.	<b><u>Next meeting of the Board of Directors</u></b>  The next Board of Directors meeting held in public will be on 26 <sup>th</sup> March 2014 in the Boardroom, The York Hospital.
20.	<b><u>Any other business</u></b>  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 1960.*

Items which will be discussed and considered for approval in private due to their confidential nature are:

Clinical Excellence Awards

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**Additions:** Mr M Proctor—Spouse is a senior member of staff in Community Services  
Ms P Hayward— Vice Chairman—HPMA

**Changes:** Professor D Willcocks—update to Joseph Rowntree declaration to now include Joseph Rowntree Housing Trust

**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-
<b>Mr Alan Rose</b> <i>(Chairman)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil
<b>Jennifer Adams</b> <i>Non-executive Director</i>	<b>Non-executive Director</b> Finance Yorkshire PLC	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Spouse is ;clinical Director for Anaesthetics, Theatres, Critical Care,
<b>Mr Philip Ashton</b> <i>(Non- Executive Director)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity  <b>Member of the Board of Directors</b> — Diocese of York Education Trust	Nil	Nil
<b>Ms Libby Raper</b> <i>(Non-Executive Director)</i>	<b>Director</b> —Yellowmead Ltd	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	<b>Governor and Vice Chair</b> —Leeds City College  <b>Chairman and Director</b> - Leeds College of Music	Nil
<b>Michael Keaney</b> <i>Non-executive Directors</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil



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

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
<b>Ms Peta Hayward</b> <i>(Executive Director Director of Human Resources)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	<b>Vice -Chairman</b> HPMA	Nil
<b>Mrs Sue Holden</b> <i>Executive Director of Corporate Development</i>		<b>Director</b> – SSHCoaching Ltd		<b>Member</b> -Conduct and Standards Committee – York University Health Sciences  <b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil
<b>Dr Alastair Turnbull</b> <i>(Executive Director Medical Director)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil
<b>Mr Andrew Bertram</b> <i>(Executive Director Director of Finance)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	<b>Member</b> of the NHS Elect Board as a member representative	Nil
<b>Mr Mike Proctor</b> <i>(Executive Director Deputy Chief Executive, COO and Chief Nurse)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom, The York Hospital, on 29 January 2014.

**Present: Non-executive Directors**

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

**Executive Directors**

Mr P Crowley	Chief Executive
Mr M Proctor	Deputy Chief Executive/Chief Operating Officer/ Chief Nurse
Mr A Bertram	Executive Director of Finance
Ms P Hayward	Executive Director of Human Resources
Mrs S Holden	Executive Director of Corporate Development & Research
Dr A Turnbull	Medical Director

**Attendance: Corporate Directors**

Mr B Golding	Director of Estates and Facilities
Mrs B Geary	Director of Nursing

**Minutes:** Mrs L Provins Head of the Business Intelligence Unit

**Observers:** 9 Governors

**14/001 Apologies for absence**

Apologies for absence were received from Mr P Ashton, Non-executive Director, Mrs S Rushbrook, Director of Systems and Networks and Mrs A Pridmore, Foundation Trust Secretary.

**14/002 Declarations of Interests**

Mr Rose congratulated Ms Raper on her appointment as Chair of the Leeds College of Music. The Board of Directors **noted** this change to 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.

**14/003 Minutes of the meeting held on the 27 November 2013**

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

#### **14/004 Matters arising from the minutes**

There were no matters arising from the minutes.

#### **14/005 Patient Experience**

The Board were shown a short film used to emphasise patient/relative/carer experience. Dr Turnbull reported that the film was currently being used in induction programmes. Mr Crowley added that this highlighted the different emotional states including stress, anxiety and sometimes euphoria experienced by individuals passing through the Trust and that there was a collective responsibility to provide a unique experience.

Mrs Cowley, a Learning Disabilities Specialist Nurse with the Trust, provided a presentation which evidenced adjustments being made to provide a service for a patient with learning disabilities. Mrs Cowley advised that this approach is also being used at Scarborough, following integration.

Mr Rose thanked Mrs Cowley for her presentation which highlighted work being done in the Trust and which puts patients at the centre of their care.

#### **14/006 Quality and Safety Committee**

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

**Integrated Dashboard** – Ms Raper stated that new rigorous approach to falls reporting had been noted. Dr Turnbull explained to the Board that some falls do result in significant harm and that the new reporting arrangements enabled investigation and sharing of good practice. He stated that this change to reporting practice has generated an increase in the number of Serious Incidents being reported, but this increase should provide assurance, not alarm.

Mrs Geary stated that this was an opportunity to carry out a stock take of falls prevention, looking at risk mitigation, good practice and shared learning. She noted that some local areas were good at falls prevention and this should be used across the Trust, including community and not just in isolated pockets.

Mrs Adams asked whether changes are being allowed to embed to allow a long term benefit to be produced. Mrs Geary stated that when comfort rounds were introduced this produced a significant reduction in falls, although this infrastructure needed to feed into the rest of the organisation. Mrs Geary advised that staffing had increased over the past 12 months, so there was no direct correlation to staffing. This work builds on the 'it's my ward' programme that has been rolled-out to build strong leadership and strengthen compliance.

Mr Proctor stated that there was no CQUIN in relation to falls, but that this work was to increase focus and learning. He stressed that patient safety was key to the agenda and this would be further assisted by the leadership restructure. Reinforcement of initiatives needed to be constant, due to the turnover of staff, as there will always be patient falls, particularly in areas where patients are confused or have dementia. Mr Proctor

welcomed the focus provided by the Quality and Safety Committee and the links being made to the 'it's my ward' programme.

**Clostridium Difficile (C Diff)** – Dr Turnbull advised the Board that there had been 8 additional cases in December and that a significant amount of work was ongoing in the effort to reduce the numbers. He noted that at the beginning of this week the number of cases was 55, 35 in York and 20 in Scarborough, which is 12 ahead of trajectory; however, the last reported case was 15 days ago. He added that the CCG have raised their concern about the numbers.. A useful report from Public Health England had provided a number of areas to focus on.

Dr Turnbull stated that a number of new measures had been put in place, including the following:

- patients being provided with 3 hand wipes per day to use before meals
- intercommunicating ward doors had been locked
- antibiotic prescriptions now required senior doctor sign-off within 24 hours
- the use of probiotics was being discussed again
- the publication of antibiotic compliance levels for consultants
- series of meetings to close the loop in respect of RCA investigations

It was expected that these measures would drive good practice. Some of these initiatives did have a cost, but others were about changes in practice. One issue that had been raised was whether the isolation of patients took place quickly enough, but there were capacity challenges with this and the redesign of buildings would not be a quick solution. Dr Turnbull noted that all changes in practice would ultimately have a positive effect on other infections. He stated that currently there was no norovirus present, but one bay was closed for observation.

Dr Turnbull stated that the increase in numbers of norovirus and C Diff were a pressure point for regulators and the quarter three letter was due to go to Monitor this week. He had also arranged to meet the Chief Nurses of each of the three CCGs to discuss the position and any concerns. Dr Turnbull highlighted the very quick response by the Estates Team in helping to provide hand wipes and bolts, which enabled these initiatives to be quickly put into place.

**Mortality** – Dr Turnbull circulated an additional sheet, which showed steady progress. He advised that York's figure of 96 was well below the 100 line, but that Scarborough was still a concern, with a figure of 108. Dr Turnbull stated that the latest overall figure released is 101, which is still good, as this is within the context of other Trusts' mortality figures also improving. However, he advised that the Core Patient Database (CPD) is now up and running in Scarborough, so the capture of data and coding should improve, which should affect the next Summary Hospital –level Mortality Indicator (SHMI). Dr Turnbull stated that he is looking into a possible correlation between the mortality figures and the number of non-consultant grade doctors. However, if the correlation is shown, it would take time and money to address, although the introduction of ACPs will help. Dr Turnbull will provide further details at a later date.

**Action Dr Turnbull to provide an update to the Board on the possible correlation between the mortality figures and the number of non-consultant grade doctors, once the study is completed.**

**Supplementary Medical Director Report** – Ms Hayward advised the Board that she had looked at the figures for those staff having the ‘flu vaccine in more detail and noted that some people may be included that did not belong to the Trust which, if this is the case, will make the ratio better. The active campaign has stopped, so take-up of the vaccine is significantly lower; however, front line staff were above the 75% mark, which was reassuring.

**Friends & Family** – Ms Raper stated that there was a slight dip in performance during December. .

The next roll out phase Friends & Family will encompass Outpatients, Community, day cases and staff and plans have been made to start recording in April, so that performance can be monitored before external reporting commences and building on our learning from the introduction of the system in other areas. However, there was a note of caution, as there are some patients becoming frustrated by the system; e.g.: dialysis patients who attend 3 times a week and will end up being asked for comments three times a week for weeks on end!

There is also a need to focus on the results and continue to show that the quantitative data is satisfactory, as well as taking into account the qualitative information given by the responder.. The Emergency Department has made significant progress with the Friends and Family test and it was noted that the Governors had been significantly involved. The Yorkshire Ambulance Service has asked if it can send along one of its “shadow” Governors to see what is being done.

**Chief Nurse’s Report** – Ms Raper stated that concern had been raised about the significant number of nurse vacancies. Ms Hayward responded that progress has been made over the last few months resulting in a January position of 65 vacancies, which had roughly halved since October. Overseas recruitment was being scoped as an option, but there should be elements of caution with this approach, as many other Trusts were going down this route and retention was always an issue. She noted there was still some way to go, but a normal position for the Trust is to have approximately 70 to 80 vacancies at any one time, so this position was good.

#### **14/007 Quarterly Report from the Director of Infection Prevention and Control**

Following earlier discussions in the meeting of the items contained in this report, the Board **approved** the Report.

#### **14/008 Quarterly Patient Experience Report**

Mrs Geary briefed the Board on the patient experience review which is being carried out and will include looking at the Complaints Policy, trends and complex complaints management.

**Action: Mrs Geary will provide an update on the review to the March Board.**

Mr Keaney highlighted the positive feedback received within the quarter. In respect of complaints, Medicine, Elderly Medicine and Emergency Medicine are proportionately

higher. Mrs Geary stated that this all links to the 'it's my ward' programme and that ward sisters are aware of the new expectations on them and that there is a change of culture by which staff are required to listen to patients and deal with complaints at source. There was also a need to focus on areas of positive feedback from the Friends and Family test, to see if there is shared learning.

The Board thanked Ms Raper for her feedback and for the contribution from others on the report.

## **14/009 Finance and Performance Committee**

Mr Sweet highlighted the following points from the discussions at the Finance and Performance Committee:

### **Access target**

**18 Weeks** - Mr Sweet stated performance was good, however, there are some specific issues in relation to 18 weeks, but action is being taken and the CCGs are involved. There are still some affordability issues for the CCG and the position may result in some external scrutiny being brought in. Mr Crowley advised the Board that no paediatric surgery is currently taking place at Scarborough, due to capacity and improvement issues. Patients are currently being kept on the waiting list, but it may be that they will have to be fast tracked or referred back to their GP.

Post meeting note: Outside the Board meeting Mr Crowley had a discussion with Monitor about the achievement of the 18 week target over February and March 2014 and obtained verbal approval in principle that if it was necessary for the Trust to fail to achieve the target during those two months Monitor recognised this would be a "planned fail".

**ED** – Mr Sweet briefed that the Trust failed quarter three, but signs were encouraging for the current quarter. The figure today was 95.4% and six out of the last seven weeks had been achieved. Mr Proctor advised that the position was being very carefully managed at both Scarborough and York.

**Ambulance Handover** – This was noted as a concern, but early January has been encouraging. However, there could be a potential issue with planned building works affecting capacity.

**First to follow-up ratio** – Mr Bertram stated that 25 registers covering 250 conditions have been shared with the CCGs. Meetings are currently being arranged which will involve consultant leads and GPs from both Scarborough & Ryedale and Vale of York CCGs, which will inform the outcome of any final settlement.

**Clostridium Difficile (CDif)** – Mr Bertram stated that it was anticipated the Trust would be fined £50k per case over target this year.

**CQUINs** – Mr Proctor noted that there is an increased focus on approximately 5 of the targets, but it is now about reducing the risk, as the Trust will not meet them all.

**Finance** – Mr Bertram advised that the Trust has a surplus of £0.9m, which is £2.25m behind plan. Whilst it is encouraging that the Trust is showing a modest surplus it is disappointing that the position is materially behind plan. An estimated £1.7m of penalties have been incurred and arguably therefore the deficit against plan was attributable to non-recurrent target delivery failures. There were concerns about the “overtrade” position and the implications for CCG affordability, although these concerns were also reflected at a National level.

**Cost Improvement Plan (CIP)** – Teams needed to be congratulated, as £4.1m CIPs had been achieved in December; however, only 49% of that was recurrent. There was still a small gap in the planning for the next 2 to 5 years, but efficiency panels were continuing to challenge the detail in plans and focus on possible savings through the clinical alliances and partnership working.

**Reference Costs** – Mr Bertram stated the Trust’s reference cost has only increased from 96 to 97 as a combined Trust. This means the Trust is still a lower-cost organisation than the national average.

**Specialist Commissioning** – Mr Bertram stated that there was a meeting last week, which had provided some reassurance around the Trust’s data, but unfortunately, the specialist commissioners were also struggling with affordability of services. Negotiations continue.

#### **14/010 Workforce Strategy Committee**

Professor Willcocks reported that the Committee continued to look at the nursing establishment with the focus of safe staffing levels. The Committee would also maintain oversight of next steps re the trust commitment to the living wage once the National determination has been made. Professor Willcocks stated that the Committee was pleased with the ongoing development of self declaration in relation to statutory and mandatory training, which would provide better understanding of the Trust’s workforce and equality and diversity issues. She stated that closer scrutiny of temporary staffing spend and medical workforce profile and distribution were planned.

#### **14/011 Information for Publication as part of the Equality Act 2010**

Mr Crowley asked the Board to approve the content of this document, which had been discussed previously.

The Board **noted and approved** the document.

#### **14/012 Report of the Chairman**

Mr Rose advised that there was a meeting with Vale of York CCG before the next Board meeting, which would need to look at aligning planning and the joint statement of intent/collective view on the application of the Better Care Fund. Interim plans were due to go to the Health and Wellbeing Board in February and would require sign off by the end of March.



Mr Crowley stated that the Executive Teams had met on two occasions and the CCG had shared its presentation in respect of its plans, however, this would need operationalising. He advised that Mr Proctor and Mrs Scott had influenced the work and that this was an exciting step as organisations were being forced to plan in a more aligned way. This work was vital due to the complexity of the different organisations and would help to bring agendas together.

Mr Rose stated that a number of communication events were planned in the next few months to provide all our communities with information about how services and planning is evolving. Mr Crowley advised that the whole public engagement agenda was being looked at, including the possibility of having one open day a year, alternating between York and Scarborough which would also incorporate the Annual General Meeting. There was also the possibility of using HealthWatch to support some of the communication events to ensure more broad engagement of the public. Ms Raper stated this sounded very positive and it would be useful to engage some of the governors to provide a presence at the events.

**Action: Mr Rose will communicate to governors about engagement in these communication events when the plans are ready.**

**Staff Governors** – Mr Rose briefed the Board that in light of the number of staff governor vacancies which have arisen, the opportunity will be taken to reinvigorate the role. This will look at how the role sits alongside staff-side representation and also the expectations on the role and support provided. There was a suggestion that the possibility of using staff side chairs as staff governors should be looked at. Professor Willcocks stated that University Councils are more evolved and are now in the process of agreeing criteria and job descriptions so that staff become engaged and understand exactly what is required of the position.

**Action: Mr Rose to discuss the Staff Governor role with the Governors and develop a plan for the next set of elections**

#### **14/013 Report of the Chief Executive**

**CNST Level 2 Assessment in Maternity** – Mr Crowley briefed the Board that a mock assessment had been carried out and further work was being carried out to close any gaps in evidence. Mr Crowley asked the Board to support staff in their aim to achieve level 2. The Board **supported** the decision to proceed to the Level 2 Assessment on the 27 and 28 February.

**CQC Report for Scarborough** – Mr Crowley advised the Board that the formal report had been received from the CQC and was extremely positive. Mr Crowley wished to thank Dr Turnbull, Mr Proctor, Mrs Geary and the staff at Scarborough for the rapid resolution of issues especially when the visit took place one of Scarborough's busiest days.

#### **14/014 Francis Report**

Mr Proctor stated that the recommendations from the Francis Report had been far and wide ranging; however, at a recent conference Mr Francis himself had said that there

should be a line drawn and Trusts should move on and do the right things culturally. He stated that one of the recommendations was a biannual report, but it seemed more appropriate to pick this up annually and report on progress and development more broadly, as any issues should be picked up through the Trust's committees and assurance processes. Mr Proctor advised that it may be more appropriate to map actions against themes. The Board **agreed** an annual report following on from the Francis Report which would focus on progress via the many initiatives that are underway that reflect the spirit of Francis.

Mr Crowley advised the Board that there were a number of pieces of work being carried out to look at the Governance structure, including a review of the Risk Management Group, revising of executive leadership roles to align responsibilities and there was also work in relation to the Fit and Proper Persons Test. He stated that Mrs Holden and Mrs Kemp-Taylor were looking at interconnectivity, which would strengthen governance going forward and provide a stronger level of assurance.

**“Open and Honest Care” Pilot** – Mrs Adams asked whether the Trust should be involved in this pilot. Mr Proctor stated that a discussion had taken place at Corporate Directors and it was decided that a recommendation to take part in this was not the right thing to do at the present time. He briefed the Board that a considerable number of other Trusts had also taken this position.

#### **14/015 Monitor Update**

Mr Crowley stated that the Trust would be reporting a continuity of service risk rating of 4 across the board. The Trust is likely to receive a “narrative” rating due to the target failures previously discussed in the Finance and Performance Issue section.

The Board **noted** the Return.

**Post meeting note: Monitor wrote to the Trust on 31 January 2014 and confirmed the Trust governance rating had been returned to green.**

#### **14/016 Any other business**

**Place of Safety** - Mr Sweet asked for an update regarding the development of a “Place of Safety” at York. Mr Proctor stated that the work was nearly complete, but York was approximately two weeks behind. Scarborough's Place of Safety was due to open this week. These are the responsibility of the respective mental health Trusts. There was a suggestion that the mental health staff might be available to support the nearby ED Departments during periods when the Places of Safety were unoccupied.

**Psychiatric Liaison Services** – Mr Proctor provided an update on progress of discussions, which were slow, but steadily moving in the right direction. Mr Bertram stated that the respective Finance Teams had also met.

**Action: Mr Rose stated that an update on Psychiatric Liaison Services should be received quarterly.**

**Annual Plan** – Mr Bertram stated that he had been tasked with leading the various elements of the Annual Plan with Mrs Holden. A process has been put in place with timescales, which would be launched at the Directorate Managers' meeting on the 30 January. The element of note was that Monitor would be looking at the alignment of plans between CCGs and Acute Trusts. Mr Rose requested that Non-executive Directors and Governors were included in this process of reviewing the Plans.

**14/017      Next meeting of the Board of Directors**

The next meeting, in public, of the Board of Directors will be held on 26<sup>th</sup> February 2014 in the Boardroom, The York Hospital.

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**Quality & Safety Committee – 18<sup>th</sup> February 2014 Room 1 Post Graduate Centre, York Hospital**

**Attendance:** Libby Raper, Jennie Adams, Philip Ashton, Alastair Turnbull, Anna Pridmore, Diane Palmer, Becky Hoskins

**Apologies:** Beverley Geary

**Observer:** Mike Sweet

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	<b>Last meeting notes 21<sup>st</sup> January 2014</b>		Accepted as a true record.  LR reiterated the invitation for any Non-executive Director to attend the Committee at any stage.		
2	<b>Matters arising</b>		<b>CNST Review</b> – The Committee was advised that the review would not be taking place until the end of the month, currently the team are gathering the data needed for the review. It was explained that most of the assessment would be undertaken as a table top exercise, rather than a physical inspection of clinical areas.  LR asked for the Committee to consider the relationship between nursing vacancies and directorate risk register. It was noted from the community dashboard that nursing levels were included in the risk registers. AJT suggested that a review of the SIs, complaints and RCAs could provide some evidence of the frequency of staffing levels being lower than planned. It was agreed it was an issue the Committee would keep under regular review.	The Committee noted the comments and the description of the preparation currently underway. The Committee commented that it would look forward to hearing the results of the visit at the next meeting.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3	<b>Performance booklet</b>	AFW 1.1, 1.4, 1.9,1.10, 1.11, 1.13, 1.15 CRR 7,19,4,20, 44, 45	<p>The Committee reviewed the executive summary of the dashboard.</p> <p><b>Serious Incidents (SIs)</b> – There had been 8 SIs during January, of which 7 were related to severe injury from an in-patient fall. It was noted by the Committee that a group is being set up to work across the organisation to reduce the number of patient falls.</p> <p><b>Clostridium Difficile (C-Diff)</b> - It was noted that there had been a significant slow down in the number of cases being reported. In January there had only been 1 case and in February, up to the date of this paper, there had been a further 3 cases, making a total of 4 cases this quarter. The Committee understood that there was no evidence of clustering or case to case transmission on the instances that had been seen. AJT advised that the Trust is now circulating prescribing data to the Consultants at consultant level and has released a letter reminding consultants that non compliance with prescribing compliance must be adhered to. AJT advised that he would provide a short additional paper to the Board meeting on the comments from NHS England. AJT added that in the contract negotiations it is expected that the penalties my change slightly, and the trajectory will change to become much tighter.</p> <p><b>Flu vaccine</b> – The Committee noted that 80% of clinical staff received the vaccine. This was an excellent achievement.</p>	<p>The Committee noted the comments made and the assurance received about the introduction of a falls group.</p> <p>The Committee were pleased to see a reduction in the frequency of the C-Diff cases and assured by the comments made. It was noted that AJT would table a further paper at the Board meeting</p>	<p>Alastair Turnbull to provide further comment and table a paper.</p>

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3 Cont'd	<b>Performance Booklet</b>		<p><b>Pressure Ulcers</b> – The Committee discussed the Commissioning for Quality and Innovation (CQUIN) target and noted that the target was now set against incidents and not prevalence. The target is now set at 50% reduction based on the data from the first 6 months of the year. It was noted that there are concerns about the achievement of the target, but significant work has been undertaken to understand the performance, and further work does need to be completed to ensure all staff are up to date including community staff.</p> <p>The Committee was advised that prevalence scores were part of the Safety Thermometer, and therefore existed nationally as a requirement, but local indicators were being developed for the next financial year around incidents.</p> <p><b>Patient Safety Walkrounds</b> - The Committee noted the summary of the walkrounds and the information about the occasions the walkrounds had been cancelled. DP explained that there are occasions where a cancellation is unavoidable, but in her planning it is expected that there will be a walkround every week. The Committee asked if the night visits are part of the Patient Safety Walkrounds, DP explained that they were not part of the same system, but if any quality and safety issues are identified as part of night time walkrounds, those issues are brought to her attention.</p> <p><b>Community Dashboard</b> – The Committee reviewed the dashboard.</p>		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3 Cont'd	<b>Performance Booklet</b>		<p><b>Corporate Risk Register (quality and Safety issues)</b> – It was noted that there had been no changes to the Corporate Risk Register.</p> <p><b>Maternity dashboard</b> –The dashboards were noted. The Committee also noted that following a Patient Safety Walkround in the maternity areas staff were using the dashboards and they were displayed in staffing areas.</p> <p><b>Complaints</b> – DP explained that the data from Scarborough around complaints was now becoming available, although there was still some data outstanding as validation has not been completed.</p>		
4	<b>Quality Effectiveness and Safety Trigger Tool (QUESTT) &amp; Nursing Dashboard</b>		<p>BH presented the paper and highlighted the key points from the paper. She described the QUESTT framework and how it would work. She explained that the tool had been tested in 3 wards on the York site and the test did not identify any high risk areas. Currently work was underway to develop a web-based version of the tool which visually would be similar to the Safety Thermometer.</p> <p>BH outlined the proposal that was being made, she explained that the current nursing care indicators generally identify compliance with nursing assessments, so in order to improve assurance in relation to quality of nursing care outcomes, a number of metrics would be utilised to provide assurance at ward level for the care that is delivered. This would be recorded on a dashboard provided at ward level, in addition to the QUESTT score, so that there is a clear understanding of the</p>	The Committee noted the proposed changes and were assured by the comments made and the plans to introduced both the QUESTT and the Nursing dashboard.	The Board is required to approve the proposal



	Agenda Item	AFW	Comments	Assurance	Attention to Board
4 Cont'd	<b>Quality Effectiveness and Safety Trigger Tool (QUESTT) &amp; Nursing Dashboard</b>		<p>health of the ward or team.</p> <p>The Committee discussed the proposal and were supportive of its introduction; the Committee did make the suggestion that there should be the opportunity for the information to be collated so that it can be review on a more corporate basis too. The Committee did express concern over the potential proliferation of metrics, both at ward and corporately and it was confirmed that the information would sit within the performance booklet.</p>		
5	<b>Medical Director supplementary report</b>		<p>AJT referred the Committee to the Summary Hospital-level Mortality Indicator (SHMI) and highlighted the table that showed the SHMI by day. The Committee discussed the CQUIN related to admissions, in terms of a senior review of the patient being undertaken within 12 hours. AJT advised that the Trust was struggling to achieve this target at weekends. He suggested that the CQUIN target next year may change to a review taking place within 14 hours, but it would also be expected that a review of a patient by a senior would take place within 6 hours for daytime activity. This would mean that evening referrals would be subject to the 14 hour rule. AJT added that the 10 standards for acute care are also likely to become set standards that the Trust will comply with and which include senior presence at weekends and MDTs to be held at weekends.</p> <p>The Committee discussed the implications of 24 hour including where possible investment might need to be made. AJT added that during the day</p>	The Committee noted the comments and took assurance from the paper presented	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
5 Cont'd	<b>Medical Director supplementary report</b>		<p>the calculation of programmed activity (PA), is 4 PA per day and 3 PA at night. One possible way of working would be to introduce more shift work. Some Trusts have managed to develop this without too much additional expense, although AJT's view was that there would need to be some additional investment in seniors and juniors, and commissioners will require compliance with the national guidelines.</p> <p><b>Norovirus</b> –AJT updated the Committee on the current outbreak of Norovirus at Scarborough. He advised that at the time of the meeting there were 2 wards and 2 bays still closed, earlier in the outbreak there had been 3 wards and 5 bays. This outbreak has created some challenges, but these have been managed between the two main sites. AJT reminded the Committee about the commitment to ensuring the Trust does comply with Infection Control Prevention procedures and advised that all staff have been reminded that non-compliance is not acceptable.</p>	The Committee noted the comments and assurance given on the improvements of the situation	
6	<b>Chief Nurse supplementary report</b>		The Committee reviewed the Chief Nurse supplementary report and noted the 10 core expectations in respect of getting nursing and midwifery care staffing right	The report highlighted the key points for the Committee. The Committee was assured by the report.	Beverley Geary to comment on the 10 core expectations.
7	<b>Quality Report quarterly update</b>		<p>The Committee reviewed the report and noted the areas of risk identified.</p> <p>It was agreed that the draft expectations for 2014/15 would be provided to the Committee for discussion at the next meeting.</p>	The Committee received assurance from the report on compliance with the stated expectations in the Quality Report 2013/14	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
8	<b>Draft Quality Governance Framework</b>		<p>AP explained the background to the Quality Governance Framework and the updating process that had taken place.</p> <p>The Committee discussed the document and recognised that a further action plan was being developed and comments from the Committee would be very helpful at this point.</p>	The Committee was assured that the updating of the document had been undertaken robustly and recognised that the final document would not be available for discussion by the Board until April 2014	The Board will at a future meeting be asked to approve the updated Quality Governance Framework. It was suggested that this should be discussed as part of a strategy afternoon prior to approval.
9	<b>Any other business</b>		There was no further business		
12	<b>Date and time of next meeting</b>		The next meeting will be held on 18 March 2014 at 13.30 in Post Graduate Centre, York Hospital		

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# Patient Safety and Quality Report

February 2014

**Our ultimate objective** To be trusted to deliver safe, effective healthcare to our community.



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**Patient Experience**

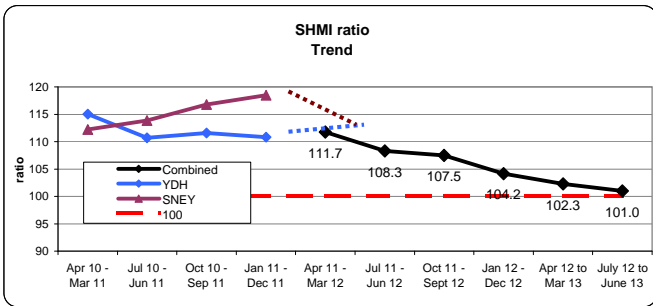
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**Executive summary**

- There were no 'Never Events' identified in the Trust during January.
- Eight Serious Incidents (SIs) were declared.
- One case of c. diff was identified in January.
- The Summary Hospital-level Mortality Indicator published by the Information Centre on 29th January for the reporting period July 2012-June 2013 is 101.

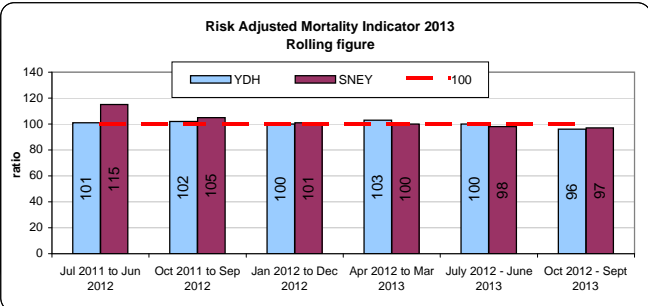
**Patient Safety**

**Mortality**



The latest SHMI for the period July 2012-June 2013 reports the Trust to be in the 'as expected' range. The SHMI is 101 (100.7) and indicates a continued reduction for the Trust. More detailed information is provided in the Medical Director's Report.

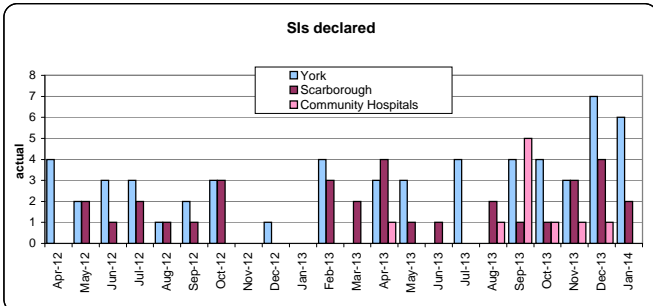
Data source: Health and Social Care Information Centre.



The Risk Adjusted Mortality Indicator (RAMI) for the reporting period October 2012-September 2013 continues to demonstrate a small but consistent reduction.

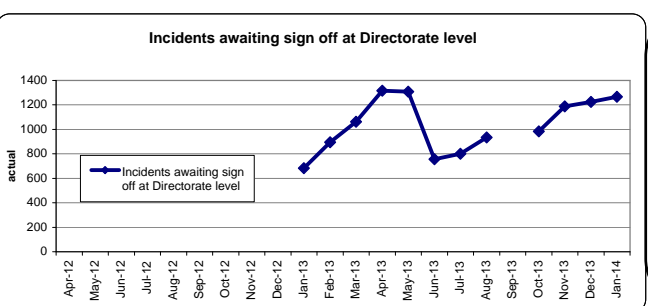
Data source: CHKS - does not include deaths up to 30 days from discharge.

**Measures of Harm**



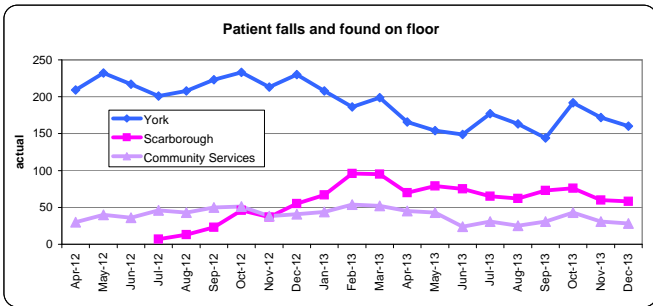
There were 8 serious incidents (SIs) reported in January 2014, six from York Hospital, two from Scarborough Hospital and none from Community. Seven of these SIs related to severe injury from an inpatient fall. The Trust is now considering all such incidents as potential SIs. One SI related to a missed dose of a critical medicine.

Data Source: Datix



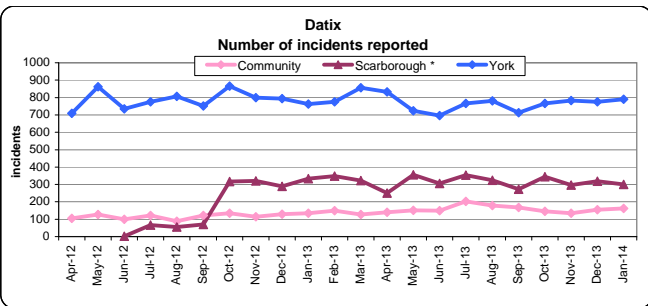
There has been a further increase in the number of incidents awaiting final approval. At the time of reporting there were 1267 incidents awaiting sign-off by the directorate managers.

Data Source: Datix



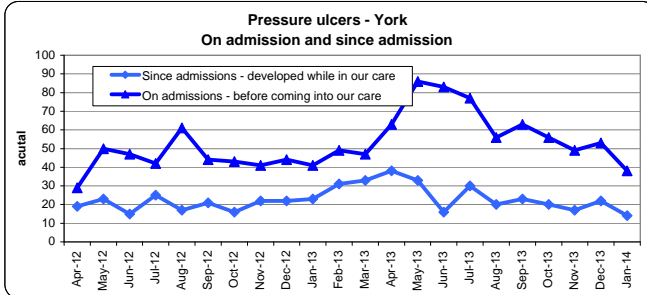
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. 160 patients fell and were found on the floor at the York site, 58 patients at Scarborough and 28 patients within the Community Hospitals in December.

Data Source: Datix



The total number of incidents reported in the Trust during January was 1255. The Scarborough/Bridlington low figures are thought to represent under-reporting rather than actual significant difference between acute sites.

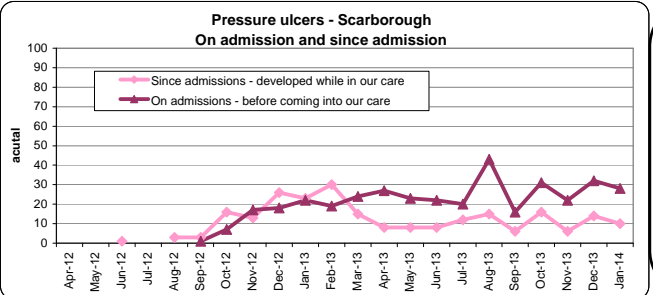
Data Source: Datix



During January a total of 14 pressure ulcers were reported to have developed on patients in York Hospital.

These figures should be considered as approximations as not all investigations have been completed.

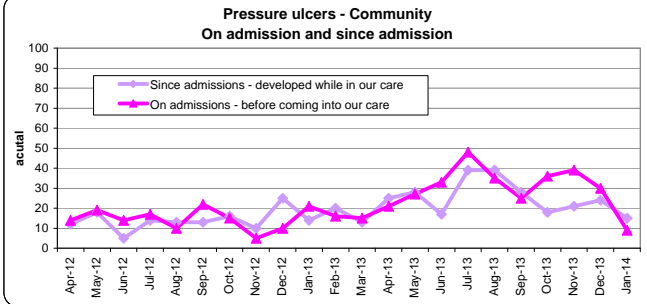
Data Source: Datix



During January a total of 10 pressure ulcers were reported to have developed on patients in Scarborough Hospital.

These figures should be considered as approximations as not all investigations have been completed.

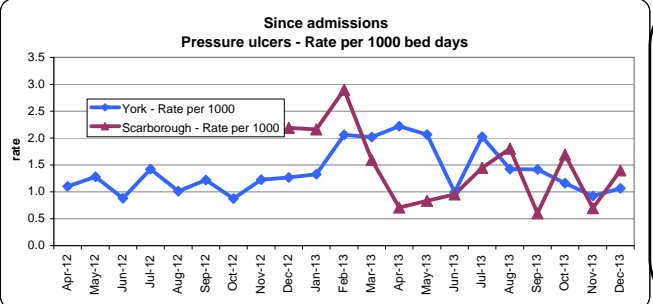
Data Source: Datix



During January a total of 15 pressure ulcers were reported to have developed on patients in our community hospitals or community care.

These figures should be considered as approximations as not all investigations have been completed.

Data Source: Datix

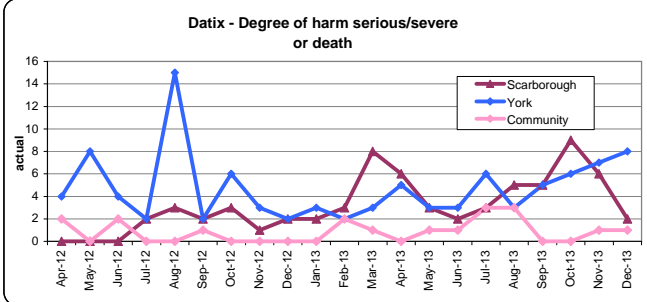


The rate of pressure ulcer development in York Hospital in December was 1.1/1000 bed days.

The rate of pressure ulcer development in Scarborough Hospital was 1.4/1000 bed days.

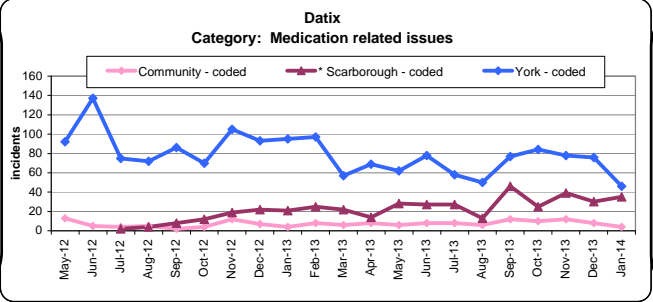
These figures should be considered as approximations as not all investigations have been completed.

Data Source: Datix



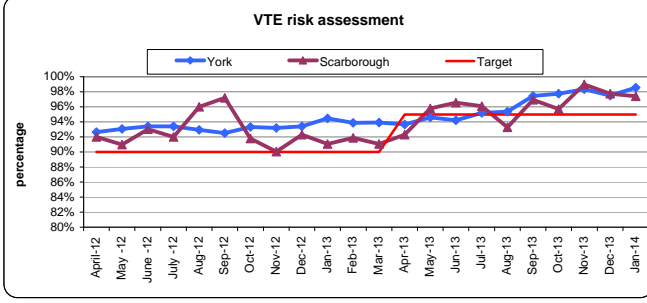
During December a total of 11 patient incidents were reported which resulted in serious or severe harm.

Data Source: Datix



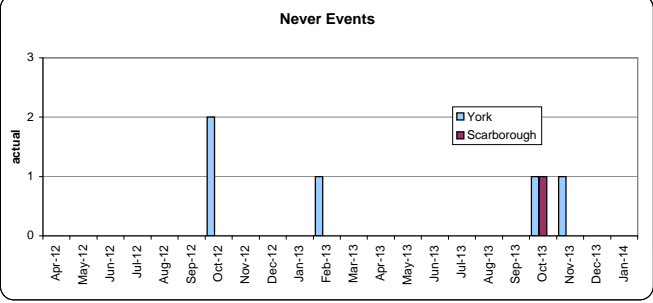
During January a total of 85 medication related incidents were reported.

Data Source: Datix



The target of 95% of patients receiving a VTE risk assessment has been maintained during January 2014.

Data Source: Systems & Network Services

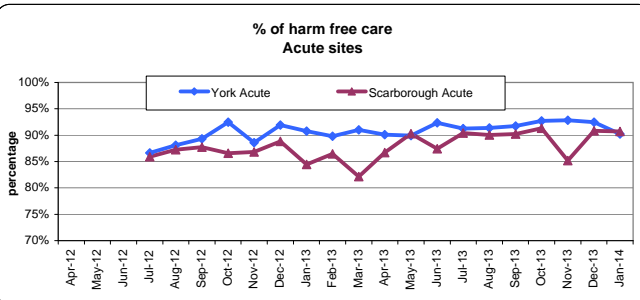


There have been no Never Events identified in January 2014.



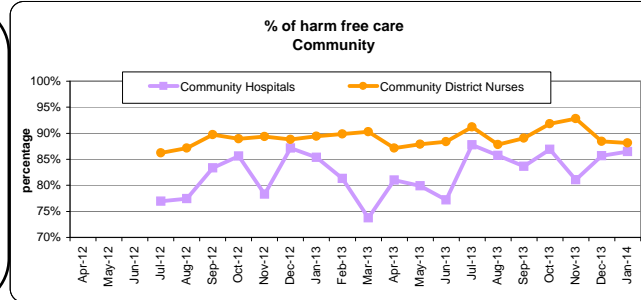
**Safety Thermometer**

The NHS Safety Thermometer provides a 'temperature check' on harm, by measuring the percentage of patients who are harm free from pressure ulcers, catheter associated urinary tract infections, venous thromboembolism and fall whilst in our care. Collection of robust data on harm free care is linked to the national CQUIN scheme. The Trust has agreed an improvement incentive on delivery of harm free care related to pressure ulcers.



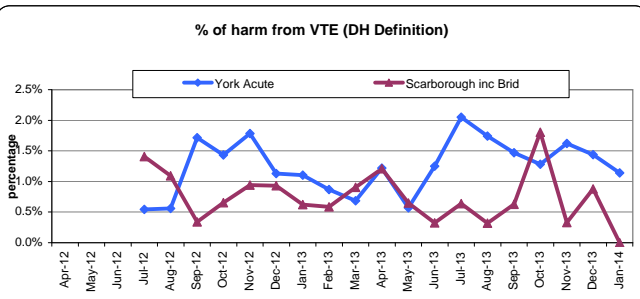
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In January 90% of patients were audited as care 'free from harm' on the acute hospital sites.

Data source: Safety Thermometer



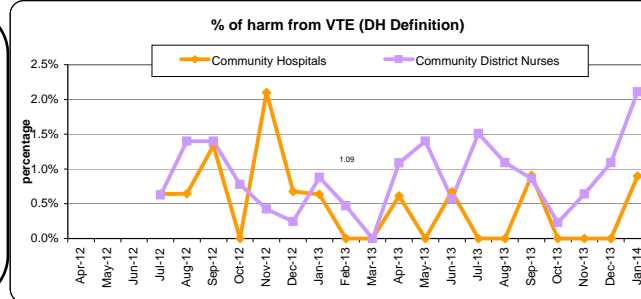
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In January 86.49% of patients in our community hospitals and 88.16% of patients in our care in the community received care 'free from harm'.

Data source: Safety Thermometer



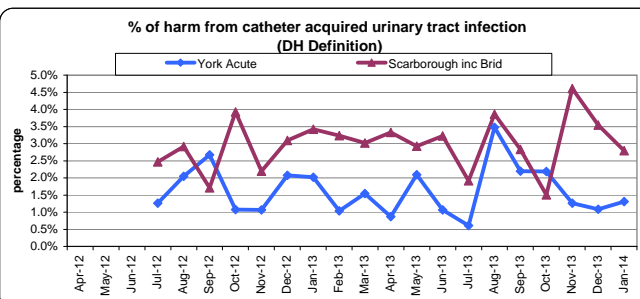
The percentage of patients affected by VTE as measured by the Department of Health (DH) definition, monthly measurement of prevalence, was 1.14% in York and 0 in Scarborough acute hospitals in January.

Data source: Safety Thermometer



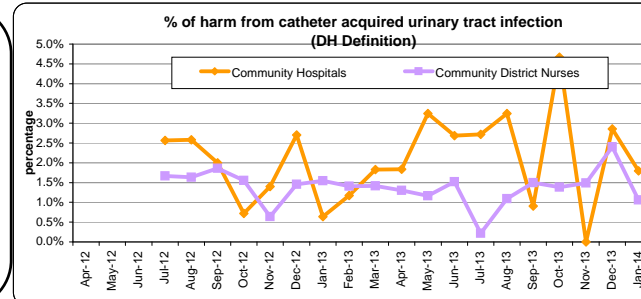
The percentage of patients affected by VTE as measured by the DH definition, monthly measurement of prevalence was 0.90% in community hospitals and 2.11% in community care in January.

Data source: Safety Thermometer



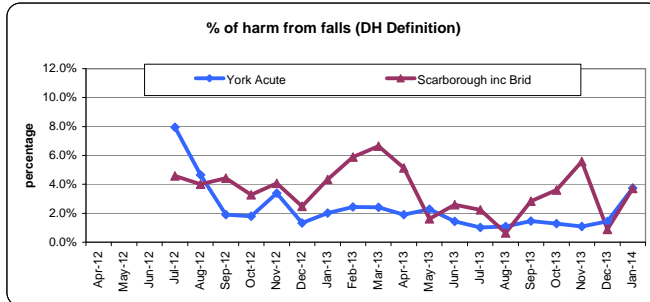
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 1.31% in York and 2.79% in Scarborough acute hospitals in January.

Data source: Safety Thermometer



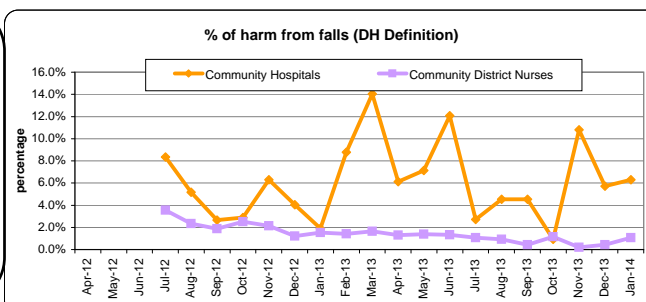
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 1.80% in community hospitals and 1.06% in community care in January.

Data source: Safety Thermometer



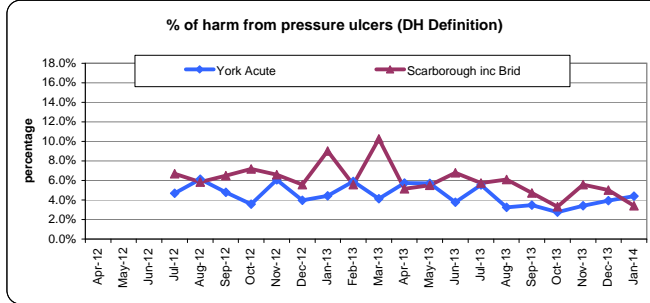
The percentage of patients affected by falls as measured by the Department of Health data definition monthly measurement of prevalence was 3.75% for York and 3.72% for Scarborough acute hospitals in January.

Data source: Safety Thermometer



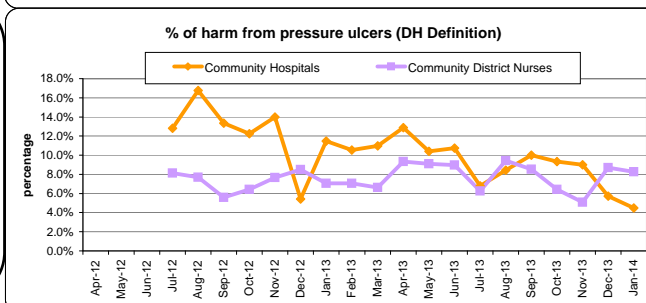
The percentage of patients affected by falls as measured by the Department of Health data definition monthly measurement of prevalence was 6.31% in community hospitals and 1.06% in community care in January.

Data source: Safety Thermometer



The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition monthly measurement of prevalence was 4.40% for York and 3.41% for Scarborough acute hospitals in January.

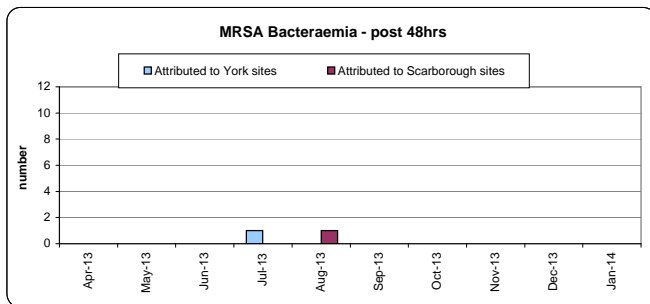
Data source: Safety Thermometer



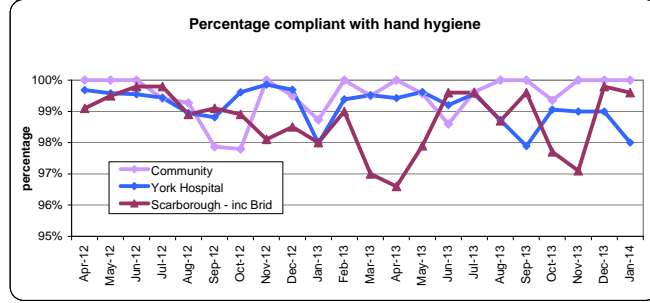
The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition monthly measurement of prevalence was 4.50% in community hospitals and 8.25% in community care in January.

Data source: Safety Thermometer

**Infection Control**



There were no patients in the Trust identified with healthcare associated bacteraemia during January.



Hand hygiene compliance is >99%.

Please note, scale starts at 95% to show detail.

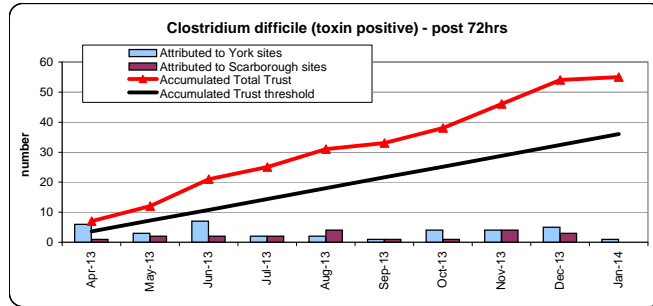
**Influenza Vaccinations**

**Staff vaccinated against influenza**

Overall % for York and Scarborough as per Immform reporting (January 2014)	
All Doctors	77.10%
Qualified Nurses & Midwives	70.50%
All other Professionally Qualified Clinical Staff	77.80%
Support to Clinical Staff	90.60%
<b>Total</b>	<b>80.30%</b>

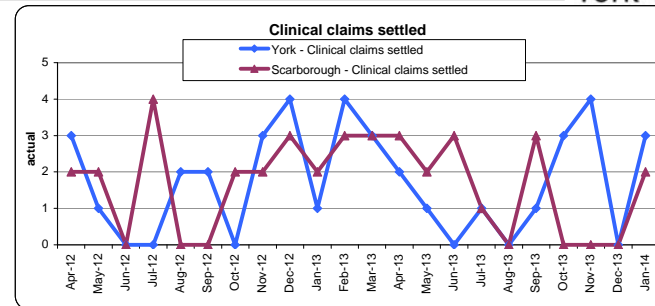
80% of clinical staff have received the influenza vaccination this Winter.

**Infection Control**



One case of c. diff was identified in the Trust during January, taking the accumulated Trust total to fifty five.

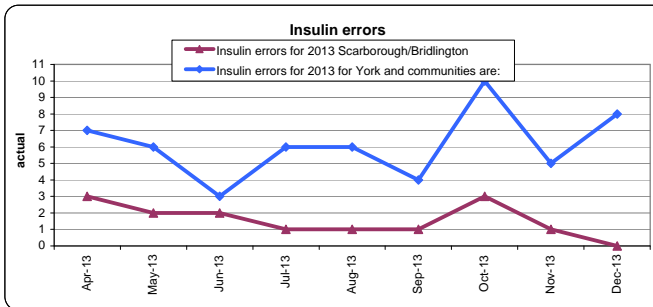
**Litigation**



In total, five clinical claims were settled in January 2014.

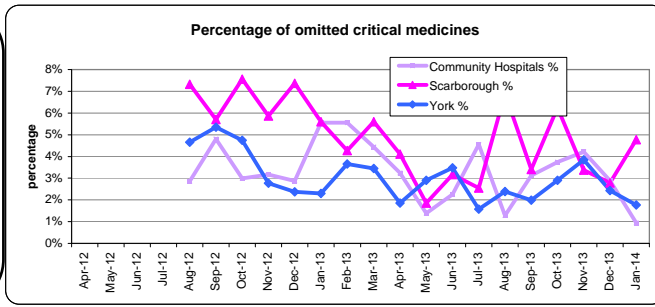
Data Source: Risk and Legal Services

**Drug Administration**



There were eight insulin related errors reported in December.

Data Source: Datix



The number of critical medicines which are omitted remains a concern.

Data source: monthly prevalence

**Patient Safety Walkrounds**

Date	Location	Participants	Actions & Recommendations
Tuesday 7 <sup>th</sup> January 2014	Ophthalmology services (York Hospital)	Sarah Anderson-CD Gemma Cuss- DM Katrina Swiers-Matron Director- Andy Bertram NED- Philip Ashton	<ul style="list-style-type: none"> <li>High level of cancellations on the day - Directorate to review reasons again in detail to identify further opportunities for improvement.</li> <li>An electronic solution is required for the handover of junior doctors to inpatients - SA to discuss with SR.</li> <li>A serious concern for the directorate –that key imaging equipment will not be allowed to function from April – directorate to continue to liaise with IT and AB to raise at Directors.</li> <li>Video Conference facilities - Ongoing challenge for the directorate to have single directorate meetings – resulting in increased travel. AB to raise at Directors.</li> </ul>
Thursday 9 <sup>th</sup> January 2014	White Cross Court (York)	Pamela Hayward-Sampson – Assistant Director of Nursing Dr Coyle- CD Steve Reed- DM Beth Horwell-Matron NED- Phillip Ashton Karen Ogden	<ul style="list-style-type: none"> <li>In July 2013 there was an increase in patients colonised with MRSA, this led to temporary closure and an action plan. Some actions remain outstanding:                             <ul style="list-style-type: none"> <li>Relocate the dirty utility room to the previous laundry area.</li> <li>Replace the existing nursing station with one that is infection prevention compliant.</li> </ul> </li> <li>Some patients transferred have significant co-morbidities of which dementia is one. This has increased recently and does impact on the ability for appropriate rehabilitation for some patients. Recent work has been undertaken regarding ensuring appropriate patients are transferred to White Cross Court for rehabilitation. This included a revision of the referral documentation.</li> <li>A workforce review has been undertaken recently to determine the appropriate nurse to patient ratio. The option of a twilight shift is being considered.</li> </ul>
Friday 24 <sup>th</sup> January 2014	Theatres/ Day Unit/ Admissions Unit/ Pre Assessment	Brian Golding-Director Dr Wilson- CD Richard Morris-DM	<ul style="list-style-type: none"> <li>Extended stay area clogged up by acute admissions. - Continue to work with the ops team and bed managers to restrict access.</li> <li>Although a kitchen has been added to the extended stay area sluice and drug prep areas are lacking - Submit Project Initiation Document to capital team to prioritise within capital programme.</li> </ul>

Susan Blackhurst-Matron Libby Raper- NED	<ul style="list-style-type: none"> <li>Penicillin has been administered to an allergic patient, (without harm), and there was potential double dosing at handover between staff groups - Ensure that the directorate feedback to and are represented at the appropriate committees and groups.</li> <li>Pre-assessment unit is on a redundant ward, (27) and not fit for purpose:                             <ul style="list-style-type: none"> <li>Continue to develop interim improvements, under leadership of the surgical board.</li> <li>Participate in the forthcoming review of ward configuration.</li> </ul> </li> <li>Theatre ventilation grilles showed signs of dust build up - Ensure that ventilation grille cleaning in high risk areas is in the routine maintenance programme.</li> <li>Check list fatigue - Concerns were raised that complacency may be a result of frequent use of checklists. The team discussed the recent SI involving a retained piece of equipment during eye surgery, and it was agreed that the post operative checklist should have picked this up.</li> <li>Inadequate storage restricting theatre circulation space.</li> <li>PACU housing 22 patients in space planned for 16 - Needs an interim solution in advance of main theatre redevelopment. Consider using Patient Lounge and adjacent courtyard.</li> <li>Patient information displayed on whiteboard in Day Unit - Continue to work with SNS towards computer based solution.</li> <li>Checklists are paper based - Continue to work with SNS towards capturing in CPD. Meanwhile maintain established random auditing system.</li> <li>Touch screens identified as potential source of cross contamination - Source appropriate cleaning system.</li> <li>Staff kitchen project will release potential development space - Complete and submit Project Initiation Document.</li> <li>No apparent feedback loop for fire and crash call testing - Review procedures to ensure that they are efficient and effective.</li> </ul>
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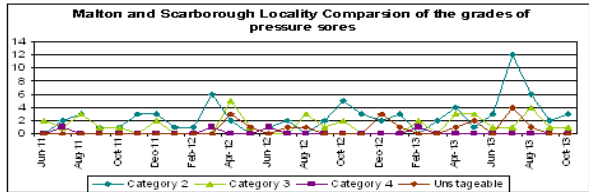
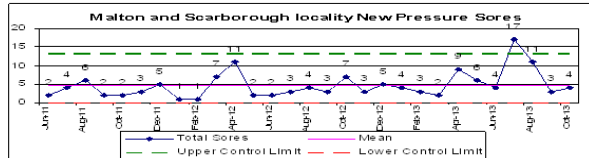
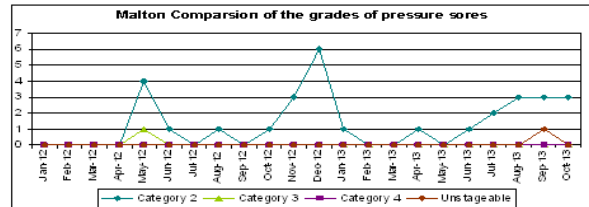
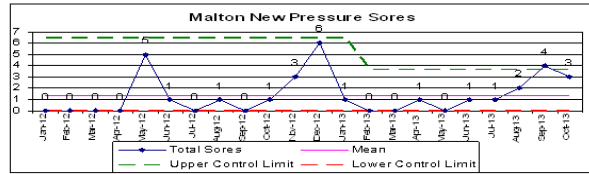
Please note that four Patient Safety walkrounds were cancelled in January 2014.

Community Hospital Dashboards

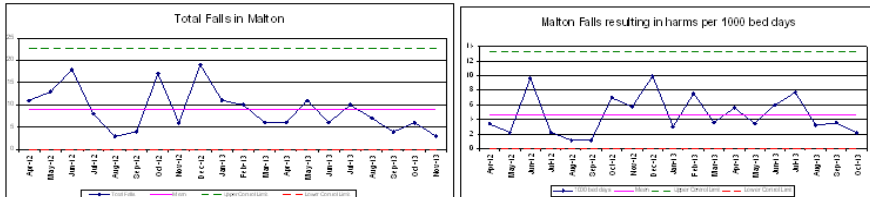
Malton Community Hospital York Teaching Hospital NHS Foundation Trust  
Patient Safety Dashboard – 16th January 2014

Date Incident Reported	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - UHPC web	17	24	22	25	32	27	20**	20	22			
Number of medication related incidents	1	3	1	1	0	1*	1***	1*	0			
Number of new clinical litigation cases	0	0	0	0	0	0	1	0	0			
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0			
Number of formal complaints	1	0	0	1	1	1	0	0	0			
Number of serious incidents (SIS)	0	0	0	0	1	0	3	0	1			
Number of clinical incidents (CIS)	0	0	0	0	0	0	0	0	0			

Pressure Ulcers



Falls (Datix)



Target of 20% reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <3.8 per month)	5.6	3.4	5.9	7.7	3.2	3.5	2.2					

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths	2 (5.4%)	4 (10.3%)	5 (6.6%)	3 (2.5%)	2 (2%)	5 (5.2)	6 (13.3)	5 (12.5)	5 (13.9)			
Number of mortality reviews	0	0	3	0	0	0	0*	1	1			

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
Admissions	21	34	19	16	32	49	43	76	19	72	19	69	21	13	20	10	9	21						
Discharges	23	14	21	19	30	46	40	77	25	75	22	74	28	20	25	15	11	25						
Length of hosp stay - mean	26.5	30.3	24.0	24.8	17.3	22.3	17.5	20.0	24.2	26.1	19.9	42.5	31.8	33.1	24.3	36.8	23.9	29	30.5	16.5	24.5	26.8	19.9	22.5

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
% compliance with hand hygiene	100	100	100	100	75	100	100	100	100	100	100	100	100	100	100	100	100	100						
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100						
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100						
CDIFF >72hrs (100 year to date)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0						

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	
VTE (% of patients with a VTE)	0%	0%	7% (1 old)	0%	7% (1 old)	0%	7% (1 old)	7% (1 old)	0%	8% (1 old)	0%	0%	0%	0%	0%	0%	0%	20% (3 old)	0%
Falls (% of patients who fell)	17% (3 low, 3 mod, 3 sev harm)	46% (1 low, 3 mod, 3 sev harm)	0%	13% (2 low harm)	23% (3 low harm)	18% (2 mod harm)	14% (1 mod, 1 low harm)	15% (1 no, 1 low harm)	6% (1 low harm)	8% (1 NH, 3 LH, 2 MH)	42% (1 NH, 3 LH, 2 MH)	0%	14% (2 no harm)	8% (1 no harm)	33% (4 low harm, 1 no harm)	0%	40% (4 low harm, 2 mod harm)	0%	0%
Pressure Ulcers (% of patients with a new PU-CQUIN)	5% (1 cat 2)	6% (1 cat 3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14% (1 cat 2)	0%	0%	7% (1 cat 2)	0%	7% (1 cat 3)	0%
Pressure Ulcers (% of patients with an old PU-CQUIN)	5%	13%	0%	20%	23%	27%	0%	7%	6%	16%	28%	14%	23%	6%	7%	0%	0%	0%	0%
UTI (% of patients)	23%	20%	50%	6%	30%	14%	22%	22%	8%	21%	7%	7%	15%	26%	7%	6%	7%	7%	7%
Empty Admin Boxes	41%	20%	28%	6%	7%	63%	28%	69%	33%	7%	43%	7%	23%	21%	26%	20%	26%	7%	7%
Omission code 4	41%	20%	0%	20%	30%	72%	28%	7%	22%	25%	14%	14%	7%	23%	0%	28%	20%	7%	7%
Omitted Critical Medicines	0%	0%	0%	0%	18%	0%	23%	0%	0%	7%	0%	0%	8%	13%	0%	0%	0%	7%	7%

RCA feedback and action planning: RCA for a pressure ulcer highlighted poor documentation standards, staff to undergo training and audit of nursing documentation to take place.

Risk Register

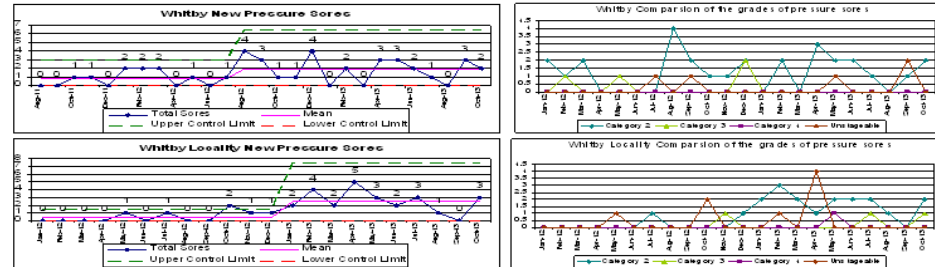
Top 3 Risks on Risk Register
1. Community nurses in Scarborough and Ryedale are GP Practice based and have never had access to York Trust IT systems including emails and Horizon, this has been flagged at senior meetings.
2. Reduced portering cover at Malton hospital resulting in security concerns. - "update from last meeting" work is underway to resolve the issue, now have cover until 8.30pm to review risk concerns over next month.
3. Incomplete stat. and mandatory training package for community staff specific to their work areas leading to non compliance.

**WHITBY Community Hospital**  
**Patient Safety Dashboard – January 9<sup>th</sup> 2014**

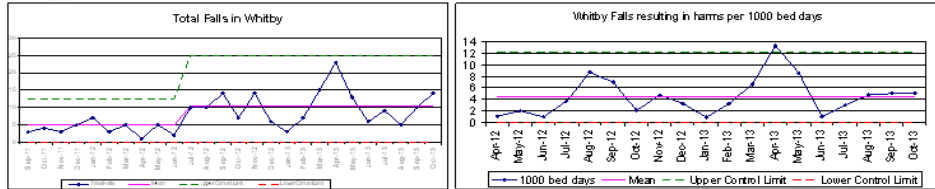
Datix Incident Reporting Whitby Hospital	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on Datix web	26	22	19	18	17	14	33	18				
Number of medication related incidents	0	1	3	0	0	0	2	1*				
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0				
Number of formal complaints	0	0	0	0	0	0	0	0				
Number of Serious Incidents (SIs)	0	0	0	0	1	1**	0	0				
Number of Critical Incidents (CIs)	0	0	0	0	1	0	0	0				

\* 200 report not signed for

**Pressure Ulcers**



**Falls (Datix)**



Target 20% reduction in falls 13/14: Mean number of Falls with harm per 1000 beds days to not exceed 3.6 per month.

Mean falls with harm per 1000 bed days	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
	13	8.6	1	3	4.8	4.5	4.4	4.5	

Meeting on update on progress on the falls action plan – planned for January 2014 with Sister Kathy Davies.

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14		
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	
Admissions	19	18	17	35	11	24	18	27	10	16	7	11	9	14	11	15	9	15							
Discharges	21	19	18	30	10	22	17	26	18	29	10	14	15	30	15	17	19	23							
Mean Length of stay *previous 70	20.6	20.8	28.9	16.0	17.2	15.7	36.5	21.6	33.3	23.3	41.8	29.5	42.1	43.9	21.3	29.3	44.6								
Delayed Transfer of Care																									
	2 - as of 2 <sup>nd</sup> Jan 14																								

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14		
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	
% compliance with hand hygiene	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100							
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100							
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100							
CDIFF >72hrs (accrutable Whitby year to date)	1		1		1		0		0		0		0		0		0								

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths (discharge as death)	6 (12.5%)	2 (3.6%)	3 (7.7%)	9 (16%)	9 (16%)	6 (18%)	4 (6.9%)	5 (11.6%)	1 (1.9%)			
Number of mortality reviews	2	0	0	0	0	1	0	1				

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
VTE (% of patients with a VTE)	0%	5% (1 new)	0%	11% (2 old)	7% (1 old)	8% (1 old)	0%	0%	7% (1 old)	0%	0%	5% (1 new)	7% (1 old)	5% (1 old)	9% (1 old)	0%	7% (1 old)	20% (3 old)
Falls (% of patients who fell)	13% (2 no harm)	10% (2 no harm)	14% (2 low harm)	11% (2 low harm)	57% (1 sev, 3 mod, 4 low)*	12% (2 low harm)	6% (1 no harm)	0%	6% (1 no harm)	0%	0%	6% (1 no harm)	7% (1 mod harm)	0%	0%	7% (1 no harm)	0%	0%
Pressure Ulcers (% of patients with a new PU - CQUIN)	7% (1 cat 2)	0%	0%	0%	0%	6% (2 cat 2)	13% (2 cat 2)	0%	0%	10% (2 cat 2)	0%	0%	7% (1 U)	5% (1 cat 2)	9% (1 cat 2)	0%	7% (1 cat 2)	0%
Pressure Ulcers (% of patients with an old PU - CQUIN)	0%	10% (2 cat 3)	7% (1 cat 2)	16% (1 cat 3, 2 cat 2)	7% (1 cat 2)	8% (1 cat 4)	6% (1 cat 2)	5% (1 cat 2)	0%	5% (1 cat 2)	7% (1 cat 2)	12% (2 cat 2)	7% (1 cat 2)	10% (1 cat 2, 1 cat 3)	0%	5% (1 cat 2)	0%	0%
UTI (% of patients)	26% (4 old)	10% (1 new, 1 old)	14% (2 new)	27% (5 new)	7% (1 new)	12% (2 old)	13% (1 new, 1 old)	21% (4 old)	5% (1 new, 1 old)	21% (2 new, 1 old)	6% (1 new)	13% (2 new)	40% (6 new, 2 old)	9% (1 old)	10% (1 old, 1 new)	7% (1 new)	0%	

Safety Thermometer - Local measures	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	
Empty Admin Boxes (% missed doses)	20%	5%	35%	0%	50%	56%	0%	0%	0%	10%	0%	0%	0%	20%	45%	0%	10%	7%	
Omission code 4 (% drug not available)	46%	5%	42%	0%	21%	31%	0%	5%	0%	5%	0%	0%	13%	10%	0%	10%	0%	47%	
% Omitted Critical Medicines	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%

**RCA feedback and action planning**      **No RCAs for Whitby site since last meeting**

**Risk Register**

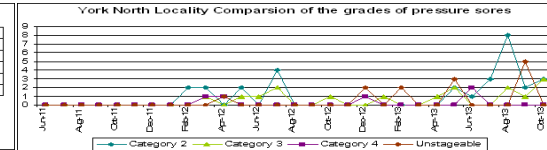
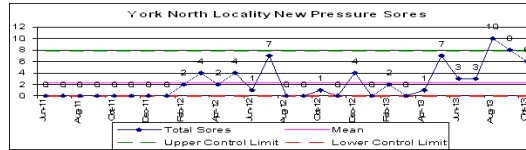
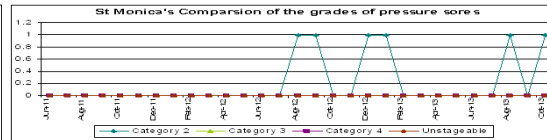
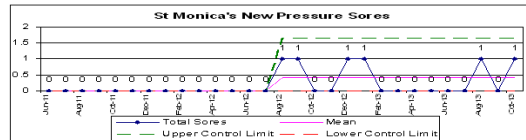
Top 3 Risks on Risk Register	
1.	Failure to meet CQUIN pressure ulcer target
2.	Clinical Governance around MIU.
3.	North York Fire Service work to be carried out following recent review of site.

**ST MONICA'S Community Hospital  
Patient Safety Dashboard – January 9<sup>th</sup> 2014**

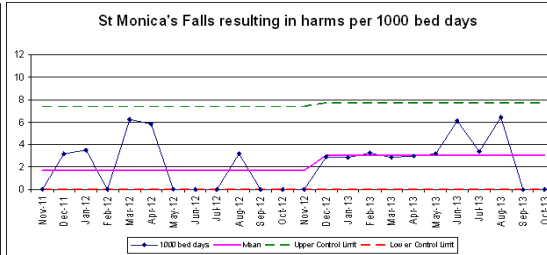
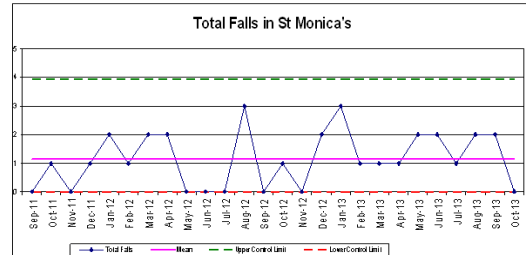
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	2	5	6	4	7	2	3	6	2
Number of medication related incidents	0	0	0	3	0	0	0	2*	0
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0	0	0	0	0	0	0	0	0
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	0
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	0

\* amoxicillin prescribed to patient with a penicillin allergy (not given), controlled drugs not sent in sealed bag (all accounted for)

**Pressure Ulcers**



**Falls**



Target of 20% reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <1.7 per month)	3.0	3.2	6.1	3.4	3.4	0	0		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths (%)	4 (19%)	1 (5.6%)	5 (41%)	0	1 (7%)	3 (17%)	2 (18%)	2 (11%)	2 (11%)
Number of mortality reviews	0	0	1	0	0	3	1	1*	0*

\*as of 23/12/13

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Admissions	17	14	12	15	14	19	8	14	18
Discharges	18	14	12	15	14	17	11	17	12
Delayed Transfer of Care	No Information available								
Length of hospital stay – mean (previous yr)	24 (40)	13.1 (23)	30 (21)	13.9 (50)	24.3	18.7	20.8	19.4	18.2

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	95%	95%	94.3%	100%	100%	100%	100%	100%
% compliance with glove use	100%	100%	100%	100%	100%	100%	100%	100%	100%
% compliance with bare below the elbow	88%	95%	95%	89%*	100%	100%	100%	100%	100%
CDIFF >7.2hrs (accumulative Whitby year to date)	0	0	0	0	0	0	0	0	0

\*Dr 67%

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE (% of patients with a VTE)	0%	0%	0%	0%	0%	0%	0%	0%	0%
Falls (% of patients who fell)	9% (1 no harm)	33% (3 low harm)	10% (1 low harm)	23% (1 no harm, 1 low harm)	0%	0%	0%	0%	16% (1 no harm)
Pressure Ulcers (% of patients with a new PU)	0%	0%	0%	0%	10%	0%	0%	11%	0%
Pressure Ulcers (% of patients with an old PU)	0%	0%	0%	0%	0	11%	0%	0%	16% (1 cat 3)
UTI (% of patients)	19% (1 old, 1 new)	12% (1 old)	20% (1 old, 1 new)	23% (1 old, 1 new)	30% (3 new)	0%	0%	0%	0%
Empty Admin Boxes	0	10%	0%	20%	20%	22%	9%	11%	50%
Omission code 4	0%	12%	0%	23%	20%	44%	0%	11%	16%
Omitted Critical Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%

**RCA feedback and action planning**

No RCA's taken place since the last meeting.

**Risk Register**

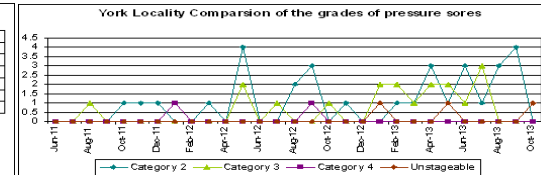
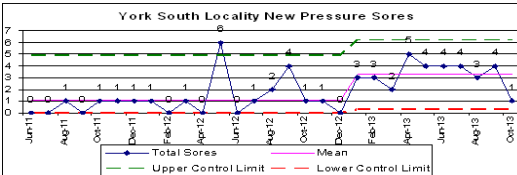
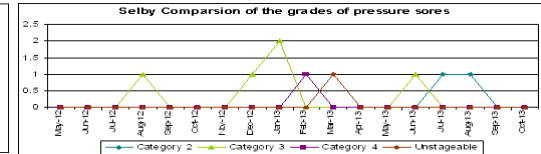
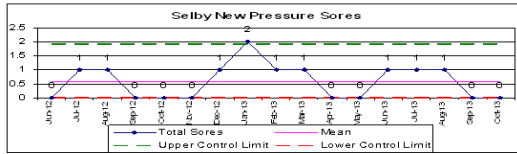
**Top 3 Risks on Risk Register**

- Lack of storage space for equipment in St Monica's hospital**
- Body store at St Monica's not fit for purpose**
- Staffing at St Monica's below national recommendations for establishment.**

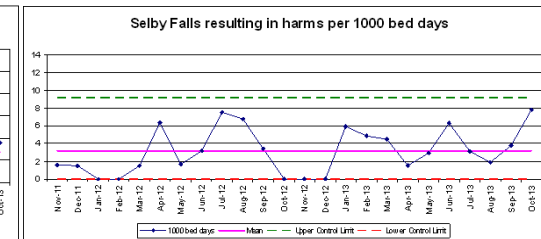
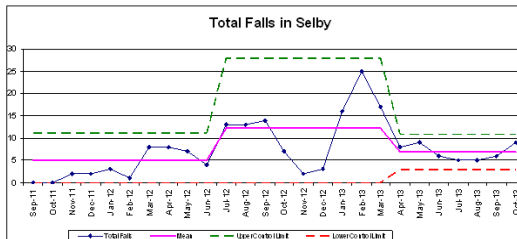
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	15	13	12	20	10	14	17	16	
Number of medication related incidents	1	0	1	3	0	2	4*	0	
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	
Number of formal complaints	0	0	0	0	0	0	0	0	
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	

\*Incorrect dose of diamorphine, methotrexate prescription related, 2 x discharge drugs missing.

**Pressure Ulcers**



**Falls**



Target of 20% reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <2.32 per month)	1.5	3.0	6.3	3.0	0	4	8		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths (%)	1 (2.6)	3 (5.7)	3 (5.9)	6 (10)	8 (17)	5 (11)	4 (7.4)	6 (11.3)	
Number of morality reviews	1	3	3	4	8	4	4	3	

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	39	55	48	61	43	45	62	51				
Discharges	39	53	51	60	47	45	54	53				
Delayed Transfer of Care								2				
Length of hospital stay – mean (previous yr)	32 (27)	29 (19)	21 (18)	22.4 (25)	14.3 (20.1)	21.1 (18.9)	15.3 (25.5)	14.7 (17.6)	(24)	(20.7)	(21.7)	(21.8)

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%	100%		
% compliance with glove use	100%	100%	100%	100%	100%	100%	100%		
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%	100%		
CDIFF >72hrs (accumulative Selby year to date)	0	0	0	0	0	0	0		

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
<b>Overall Ward Harm free</b>	90%	100%	100%	95%	100%	100%	100%	100%	100%
VTE (% of patients with a VTE)	0%	0%	0%	0%	10% (2 old)	5% (1 old)	0%	0%	4.35% (1 old)
Falls (% of patients who fell)	4% (1 no harm)	10% (1 no harm, 1 moderate harm)	5% (1 no harm)	4% (1 no harm)	0%	0%	0%	0%	8.7% (2 no harm)
Pressure Ulcers (% of patients with a new PU)	4%	0%	0%	10%	0%	0%	7%	0%	0%
Pressure Ulcers (% of patients with an old PU)	13%	14%	8%	10%	25%	15%	14%	0%	13.1%
UTI (% of patients)	18% (3 new, 1 old)	23% (3 new, 2 old)	4% (1 new)	10% (1 old, 1 new)	15% (2 old, 1 new)	10% (2 new)	14% (2 new)	9.52% (2 new)	8.7% (2 new)
Empty Admin Boxes	13%	23%	17%	14%	30%	20%	14%	19.5%	13.04%
Omission code 4	0%	4%	0%	0%	10%	0%	7%	0%	0%
Omitted Critical Medicines	4%	4%	0%	4%	5%	5%	14%	4.76%	8.7%

**RCA feedback and action planning** No RCA completed since last meeting

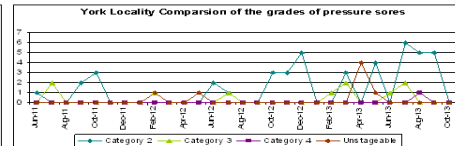
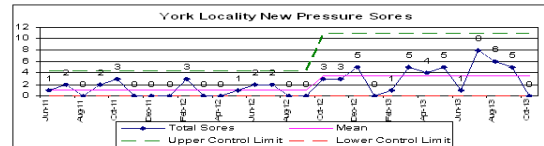
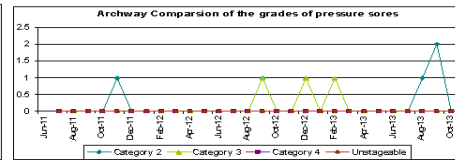
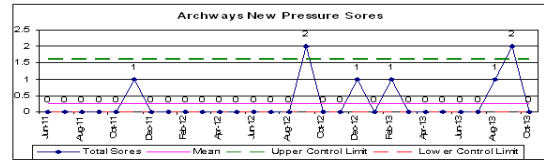
**Risk register**

Top 3 Risks on Risk Register	
1.	Access to temporary staffing for Community Nursing and the IPU to cover sickness, vacancies
2.	Incorrect skill mix identified for IPU
3.	Community Equipment issues- hire costs unfunded

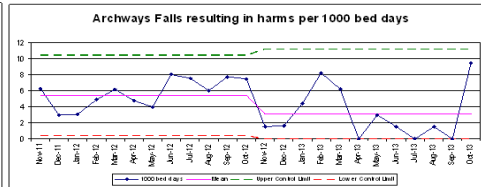
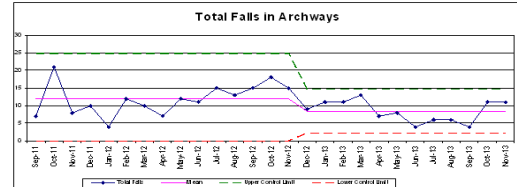
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	12	10	8	12	10	10	11	14	12
Number of medication related incidents	0	0	0	0	0	0	0	3*	1*
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0	0	0	0	0	0	0	0	0
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	0
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	0

\*Bisoprol prescribed at 18.00 but given at 8.00, patient self administered own paracetamol (Nov) \* Discrepancy of 6.5mls Oramorph checked register for discrepancy in calc but none found (Dec) \*\*Pt only had one Prampipex he requires 2 tds (Nov) – No harm resulted from any of these errors.

**Pressure Ulcers**



**Falls**



Target of 20% reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <4.28 per month)	0	2.56	1.5	0	1.5	0	9.5		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths	1 (3.4%)	0	0	2 (5.6%)	0	1 (4%)	0	1 (3.3%)	0
Number of mortality reviews	0	N/A	N/A	1*	N/A	1	N/A	1	N/A

\*2 mortality reviews received with no hospital name on – could be these 2 allocated

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	30	22	22	36	33	24	30	34	25			
Discharges	29	29	22	38	33	25	33	30	25			
Length of hospital stay – mean (previous yr)	28 (26)	21 (22)	28 (16)	19.7 (22)	18.7 (27.7)	24.7 (21.4)	24.5 (29.3)	15.2 (23.8)	22.4 (15.8)	(27.6)	(32.7)	(19.6)
DToC										2		

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%	82%*	100%	100%
% compliance with glove use	80%	80%	100%	100%	100%	100%	80%	100%	100%
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%	87%**	100%	100%
CDIFF >72hrs (accumulative Archways year to date)	0	0	0	0	0	0	0	0	0

Harm Free Care – Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE (% of patients with a VTE)	0%	0%	5% (1 old VTE)	0%	0%	0%	0%	0%	0%
Falls (% of patients who fell)	9% (2 no harm)	9% (1 no harm, 1 low harm)	0%	0%	10% (2 low harm)	0%	0%	4.7% (1 low harm)	0%
Pressure Ulcers (% of patients with a new PU - CQUIN)	0%	0%	0%	0%	0%	4.5%	0%	0%	0%
Pressure Ulcers (% of patients with an old PU - CQUIN)	4%	4%	5%	0%	0%	0%	4.5%	14%	5.26%
CaUTI (% of patients)	0%	0%	0%	0%	0%	0%	0%	0%	0%
Empty Admin Boxes	28%	55%	15%	6%	10%	18%	0%	4.7%	0%
Omission code 4	9%	22%	0%	12%	5%	4.5%	0%	0%	0%
Omitted Critical Medicines	9%	0%	5%	0%	0%	4.5%	0%	4.7%	0%

RCA feedback and action planning	No RCA's since last meeting
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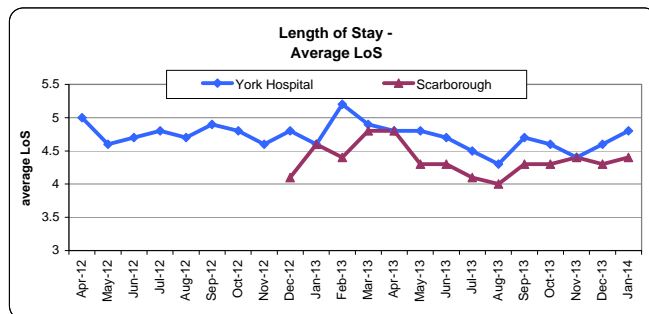
**Risk Register**

Top 3 Risks on Risk Register	Archways Community Hospital:	Community District Nursing Teams:
1.	EDN not available at Archways	Lack of timely access to palliative carer's from agencies
2.	Environment at Archways is a risk for not being able to easily observe patients.	Lack of timely response to social services requests.
3.	Curtains are Archways are a fire hazard not compliant with fire regulations	



### Clinical Effectiveness Dashboard

#### Clinical Effectiveness



The Length of Stay (LOS) for in-patients (excluding day cases and babies) was 4.8 days for York Hospital and 4.4 days for Scarborough Hospital during January.

Data source: Signal

#### Corporate Risk Register (Quality and Safety issues)

January 2014

- No new risks have been added to the register this quarter.

Risk description	Risk Rating	Start date
Capacity Issues	20	Feb-13
A risk to patients of harm through Drug Errors both within acute and community services E.g. Never event that occurred at Whitby Hospital	20	Oct-03
Risk of harm to patients due to lack of patient ID and failure to follow policy. (updated November 2010) Variation in compliance with patient ID policy	16	Jun-09
Risk to patient safety from the lack of a commissioned service to specialist advice regarding paediatric mental health as there is no 'out of hours' service provision by the mental health specialist services.	15	Feb-11
Exceeding trajectories for C. diff	15	Feb-11
Secondary care patients at risk of sub-optimal care due to lack of psychiatry liaison.	12	Jan-06
Inability to fulfil the Training requirements of the PREVENT Strategy to the standards as laid out in the Department of Health Document; "Building Partnerships, Staying Safe, the health sector contribution to HM Governments Prevent strategy.	12	Jun-12
Public/Stakeholder/Political reputation/media turbulence as reconfiguring proposals begin to be in the public domain	10	Feb-11
Delay in treatment due to failure to act on abnormal test results	5	Sep-07
Risk to compliance with Children's safeguarding standards due to levels of staff trained at levels 2 and 3	6	Sep-12

Report: Patient Safety > Patient Safety Scorecard

Hierarchy: Trust overview

Site time period:

Dec 2012 to Nov 2013

Peer time period:

Dec 2012 to Nov 2013

Description	Change	Value Current Period	Value Previous Period	Site Numerator	Site Denominator	Peer 25th Percentile	Peer 75th Percentile	Peer Average	Rating
Data Quality Index (HRGv4 based)	Current period is 1% worse than previous period.	94.4	95.7	158,175	167,480	95.5	96.8	95.7	Red
% FCEs with palliative care code	Current period is 6% better than previous period.	0.70%	0.74%	1,148	164,004	1.00%	0.57%	0.74%	Amber
% Deaths with Palliative care code	Current period is 5% worse than previous period.	15.45%	14.78%	321	2,077	22.92%	13.59%	18.05%	Amber
% Sign or symptom as a primary diagnosis	Current period is 11% better than previous period.	10.98%	12.27%	18,007	164,004	11.85%	9.04%	10.08%	Amber
Outpatient DNA Rate	Current period is 6% better than previous period.	6.20%	6.60%	36,466	590,688	10.00%	6.90%	8.90%	Green
Readmissions 7 days	Current period is 4% better than previous period.	2.90%	3.10%	4,053	137,417	3.60%	2.80%	3.10%	Amber
Readmissions 30 Days	Current period is 4% better than previous period.	6.70%	6.90%	8,955	133,592	7.50%	5.90%	6.50%	Amber
Mortality	Current period is 2% better than previous period.	1.54%	1.57%	2,051	133,592	1.59%	1.25%	1.32%	Amber
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 13% worse than previous period.	1.80%	1.60%	157	8,797	1.80%	1.20%	1.50%	Red
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 10% worse than previous period.	0.03%	0.02%	7	27,135	0.04%	0.02%	0.03%	Amber
Discharge to usual place of residence within 28 days of emergency admission from there with a hip fracture	Current period is 8% better than previous period.	53.10%	49.30%	310	584	41.00%	54.20%	48.30%	Amber

Maternity Dashboard - York and Scarborough

York Maternity Dashboard:

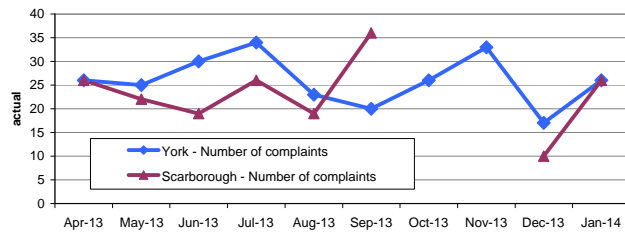
			Measure	Data source	No Concerns (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	Feb	Mar	April	May	June	July	August	September	October	November	December	January	Av. Monthly YTD	
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	305	266	352	312	291	301	317	275	261	277	274	374	302	
		Bookings <13 weeks	No. of mothers	CMIS	≥90%	76%-89%	≤75%	CGUIN	89%	90%	87%	89%	91%	91%	89%	88%	87%	89%	88%		89%	
		Bookings ≥13 weeks (exc transfer)	No. of mothers		≥90%	76%-89%	≤75%	CGUIN														
		Bookings ≥13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CGUIN														
		Births	No. of babies	CMIS	≤295	296-309	≥310	prev. stats	243	260	295	274	241	299	282	296	293	279	285	295	279	279
	Closures	No. of women delivered	No. of mothers	CMIS	236	247	290	271	269	233	294	271	289	283	274	276	288	288	288	288	288	288
		Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		3	5	1	2	2	0	1	1	6	6	4	4	3	3
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	2	1	0	0	0	0	0	2	0	0	0	0	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		3	3	3	1	0	1	0	5	3	3	2	2	2	2
		Maternity Unit Closure	No. of closures	Matron	0	0	1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SCBU closed to admissions		In utero transfers	Transfer folder	0	1	2 or more		1	0	1	1	0	0	2	4	3	0	3	0	0	1	
Workforce	Staffing	MW per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	30.3	30.3	29.5	30.0	30.5	30.5	30.1	29.7	28.4	28.4	29.8	29.8	29.8	
		HCA's	WTE	Matron				staffing paper	17.81	19.14	19.82	18.62	20.62	20.62	19.82	20.02	20.02	20.02	21.01	21.01	19.77	
		1 to 1 care in Labour		Risk Team																		
		LW Co-ordinator supernumary %		Risk Team					59	48	46	75	86	65	48	55	48	47	45	51	56	
		Consultant cover on LWW	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76	76	76
		Anaesthetic cover on LWW	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10	10
Clinical Indicators	Neonatal Maternal Morbidity	Sponataneous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		61.3	61.5	59.6	56.9	56.8	67.2	62.7	63.5	68.3	64.8	62.1	61.7	62.2	
		Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	12.3	15.8	14.9	11.7	17.8	11.7	12.4	8.4	10.9	10.7	12.9	9.4	12.4	
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	26.3	22.7	25.4	31.4	25.3	21.1	24.8	27.7	20.8	24.0	24.5	28.8	25.2	
		Eclampsia	No. of women	CMIS	0	0	1 or more		0	0	0	0	0	0	0	0	0	0	0	0	1	0
		Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	1	0	2	1	1	1	4	1	3	3	1	1	2	
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	1	2	1	0	1	0	1	2	1	
		HDU on LWW	No. of days	Handover Sheet	25	29	28	24	12	21	15	15	25	15	14	18	20					
		P/N Hysterectomies < 7days p/n	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	0	1	0	0	0	1	0	0	
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	1	8	3	1	1	3	7	2	6	4	1	4	3	
		Meconium Aspirate	No. of babies	SCBU sister	0	1	2 or more	prev. stats	0	0	0	0	0	0	1	0	0	0	0	0	0	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	1	0	2	1	1	0	0	0	0	1	
		Risk Management	SFs	Total	Risk Team	0	1	2 or more		0	0	0	0	0	1	0	0	0	0	0	0	0
			PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		1	4	2	0	2	2	5	4	7	7	1	1	3
			Shoulder Dystocia - True	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	RCOG	1	6	2	0	2	3	1	3	6	6	3	0	2
		Training Attendance	3rd/4th Degree Tear	% of tears (vaginal)	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	6.1	5.5	8.2	4.8	6.1	5.9	4.2	3.7	3.4	6.1	2.8	4.7	5.1
YMET - Midwives	% of staff trained		Risk Team	≥75%	61%-74%	≤60%		78	81	80	73	80	90	90	90	89	90	89	94	86		
YMET - Doctors	% of staff trained		Risk Team	≥75%	61%-74%	≤60%		19	30	37	64	69	69	39	48	55	60	69	78	52		
New Complaints	Training cancelled	No. of staff affected	Risk Team	0	0	≥1		0	0	0	9	8	44	0	7	1	0	1	1	0		
	Informal	Total	Matron	0	1-4	5 or more		0	1	0	2	2	1	1	0	0	1	0	3	1		
New Claims	Formal	Total	Matron	0	1-4	5 or more		1	2	1	3	1	3	3	1	2	1	2	1	2		
	Total	Directorate Manager		0	1	2 or more		1	0	0	0	0	0	1	0	1	0	0	0	0		

Activity	Measure	Data source	No Concern (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	Dec-12	Jan-13	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-14	Av. Month yTD			
Births	Bookings	1st m/w visit	IS - Evolution	≤200	201-249	≥250	prev. stats	176	207	159	176	159	102	118	176	112	171	37	165		157			
	Bookings <13 weeks	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	86%	87%	90%	93%	89%	79%	81%	87%	83%	82%	81%	70%		87%			
	Bookings <13 weeks (exc transfers etc)	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	94%	97%	96%	98%	94%	83%	97%	88%	99%	86%	TBC			94%			
	Bookings ≥ 13wks seen within 2 wks	No. of mothers		≥90%	76%-89%	≤75%	CQUIN	awaiting CPD commencement																
	Births	No. of babies	IS - Evolution	≤170	171-189	≥190	prev. stats	152	117	135	120	121	147	108	140	154	135	145	131	123		130		
	No. of women delivered	No. of mothers	IS - Evolution	≤170	171-189	≥190	prev. stats	150	116	132	118	120	146	107	140	153	133	142	129	122	143	129		
	Closures	Homebirth service suspended	No. of closures	Comm Team Leader	0-3	4-6	7 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Homebirth service suspended	No. of women	Comm Team Leader	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Escalation Policy implemented	No. of times	Matron	3	4-5	6 or more		2	1			0	0	0	0	0	0	0	0	0	1		
		Maternity Unit Closure	No. of closures	Matron	0	1	1 or more		2	1	0		0	0	0	0	0	0	0	0	0	0		
SCBU closed to admissions		In utero transfers	Risk Team	0	1	2 or more		0	0	1	0	0	0	0	0	0	0	1	1	2				
Workforce	Staffing	MW per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH		44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0		
		HCA's	WTE	Matron				staffing paper	15.79	15.46	17.26	18.55	18.55	18.55	18.55	18.79	18.79	19.59	19.59	19.59	18.32	17.36		
		1:1 care in labour		IS - Evolution					95%	98%	91%	96%	94%	95%	95%	94%	96%	96%	96%	98%	99%			
		LW Co-ordinator Supernumary %		LW Manager					0												56%	56%		
		Consultant cover on LW	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40	40	40	40		
		Anaesthetic cover on LW	av. sessions/week	Rota	10		≤10	Safer Childbirth	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
		Supervisor : M/w ratio 1 :	Ratio	Matron	15	16-19	≥20	NMC	15	15	15	15	13	13	13	13	13	13	13	13	13	14		
Clinical Indicators	Neonatal Maternal Morbidity	Sponateous Vaginal Births	No. of svd	IS - Evolution	≥65%	64%	≤63%		77.6%	74.4%	74.1%	75.0%	75.2%	75.5%	76.9%	76.4%	77.9%	70.4%	64.8%	65.6%	69.5%	69.9%	73.1%	
		Operative Vaginal Births	No. of instr. births	IS - Evolution	≤15%	16-19%	≥20%	prev. stats	3.3%	1.7%	4.4%	3.3%	3.3%	4.8%	4.6%	5.0%	4.5%	8.1%	8.3%	6.1%	4.0%	3.5%	3.6%	
		C/S Deliveries	Em & elect	IS - Evolution	≤24%	24.1-25.9	≥26%	prev. stats	17.8%	22.2%	18.5%	20.0%	19.8%	19.0%	17.6%	17.9%	16.2%	20.0%	24.8%	26.0%	27.0%	26.6%	19.3%	
		Eclampsia	No. of women	IS - Evolution	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		Undiagnosed Breech in Labour	No. of women	Risk Team	2 or less	3-4	5 or more	prev. stats	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	
		ICU transfers	No. of women	IS - Evolution	0	1	2 or more	prev. stats	1	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0
		HDU on LW	No. of days	Risk Team					0	0	0	0	1	0	0	0	0	0	2	2	5	4	2	1
		P/N Hysterectomies < 7days p/h	No. of women	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		BBA	No. of women	IS - Evolution	1	2-3	4 or more	prev. stats	2	1	2	1	2	1	1	1	4	0	1	0	1	1	1	1
		Meconium Aspirate	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Diagnosis of HIE	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Risk Management	SIs	Total	Risk Team	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		PPH ≥ 2L	No. of women	IS - Evolution	1 or less	2-3	3 or more		1	0	2	0	2	0	0	0	0	1	0	1	2	0	1	
		Shoulder Dystocia - True	No. of women	IS - Evolution	1 or less	2-3	3 or more	RCOG	1	1	1	0	2	2	1	1	1	0	4	0	0	0	1	
		3rd/4th Degree Tear	% of tears (vagina)	IS - Evolution	≤1.5%	1.6-6.1%	≥6.2%	RCOG	1.3%	0.9%	3.0%	0.0%	0.8%	2.1%	0.9%	1.4%	2.6%	0.0%	1.4%	0.8%	2.5%	7.3%	1.3%	
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%									67	67	77	85	92	98	91	82	
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%									57	57	53	79	82	90	37	85	
	Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0					0	0	0	0	0	1	0	0	0		
New Complaints	Informal	Total	Matron	0	1-4	5 or more		1	0	1	0	1	1	1	0	0	1	3	1	1	1	1		
	Formal	Total	Matron	0	1-4	5 or more		2	2	2	2	0	1	1	1	0	1	1	1	1	1	2		
New Claims	Total	Risk Team	0	1	2 or more		0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0		

## Patient Experience Dashboard

### Patient Experience

Number of complaints

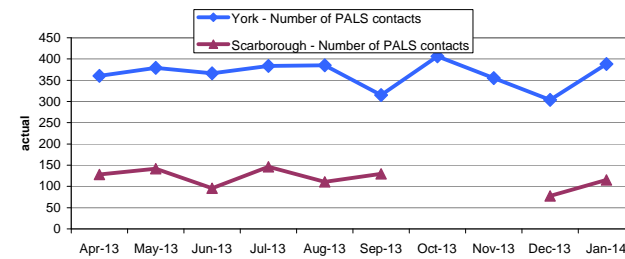


Complaints registered in York relate to York Hospital and Community Services.

Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

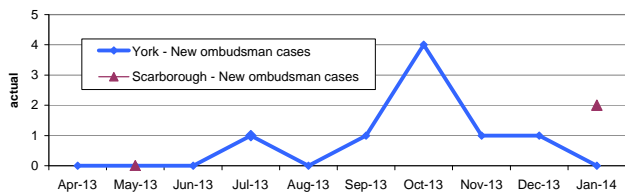
Number of PALS contacts



PALS contacts include face to face contact or contact by telephone or e-mail. Completed comment cards are also included in these figures.

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

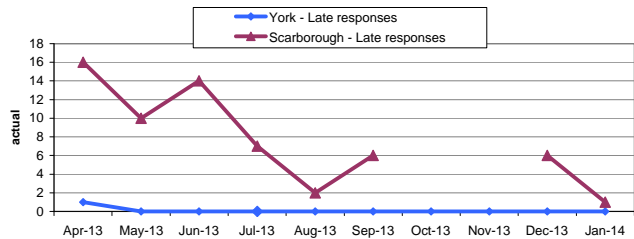
New ombudsman cases



In York during 2012/2013, six complaint cases were referred to the HSO, this represents 1.8% of the total number of complaints received. Since April 2013, there have been eight cases referred to the HSO, four in October.

In Scarborough during 2012/2013, nine cases were referred to the HSO, this represents 3.1% of the total number of complaints received. Since April 2013, three cases have been referred to the HSO.

Complaints - Late responses



Late responses are defined as those complaints which do not meet the agreed response time. Complaint investigations that have been extended and agreed with the complainant are not included unless the extended deadline is not achieved.

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

York Complaints by Directorate: January 2014

Elderly Medicine	4
Obstetrics and Gynaecology	4
General Surgery & Urology	4
Emergency Medicine	3
Child Health	2
Specialist Medicine	2
Medicine (General & Acute)	2
Theatres Anaesthetics and Critical Care	1
Community Services	1
Estates and Facilities	1
Head & Neck	1
Nursing and Improvement	1
Totals:	28

York Complaints by subject: January 2014

Appointments, delay/cancellation (out-patient)	1
Attitude of staff	1
Complaints handling	1
Policy and commercial decisions of trusts	1
Admissions, discharge and transfer arrangements	2
Hotel services (including food)	2
All aspects of clinical treatment	18
Totals:	26

- All aspects of clinical treatment	14
- Attitude of staff	4
- Patient's privacy & dignity (including care and comfort)	2

### Friends & Family Test Results

York Teaching Hospital **NHS**  
NHS Foundation Trust

01 Nov 2013 - 30 Nov 2013

Your Friends & Family Test Score is... **58** Last month your score was... **65**

Top 3 most improved wards this month

Ward	6 Month Average	This Month	Improvement	Trend
Oak	53	100	47	
Ward 37	45	67	22	
Ward 26	48	69	21	

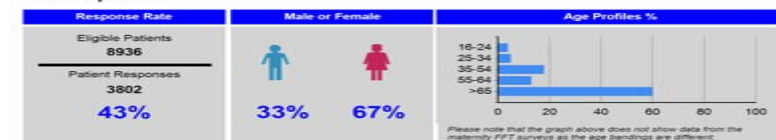
Top 5 consistently high performing wards

Ward	6 Month Average	This Month	Improvement	Trend
ICU	100	100	0	
CCU York	95	90	-5	
Ash	94	93	-1	
Bridlington Community Team - postnatal	94	100	6	
Whitby Community Team - postnatal	94	88	-6	

Top 5 consistently low performing wards

Ward	6 Month Average	This Month	Improvement	Trend
Ward 37	45	67	22	
Chesham	47	58	11	
A&E York	48	40	-8	
Ward 26	48	69	21	
Oak	53	100	47	

### Who responded?



Patients extremely likely to recommend our Trust said:

"Very good nursing staff and excellent doctors."

"Could not have been looked after by more caring people. Thank you all."

Patients unlikely or extremely unlikely to recommend our Trust said:

"Lack of hygiene resulting in bed sores."

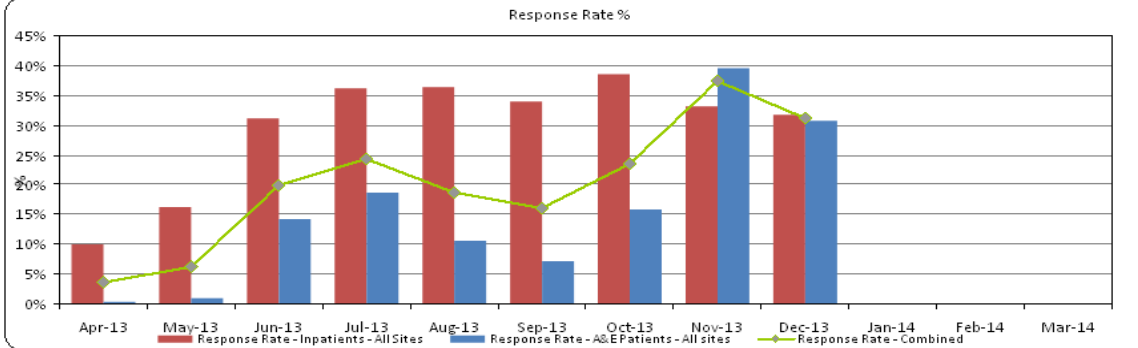
"Waiting, waiting, waiting. After getting in quite quick"

Produced by  
**PICKER**  
Patient Experience

The Friends and Family score is calculated using the proportion of patients who would strongly recommend (minus those who would not recommend, or who are indifferent)

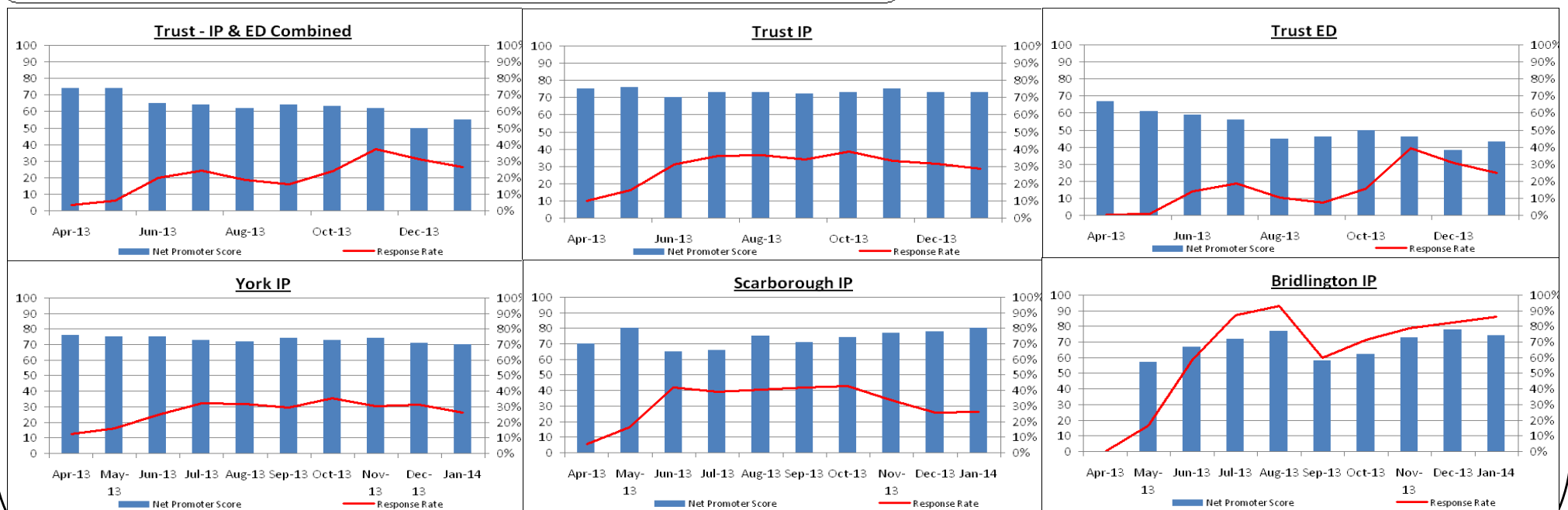
### The Friends and Family Test Inpatients/Maternity and the Emergency Department

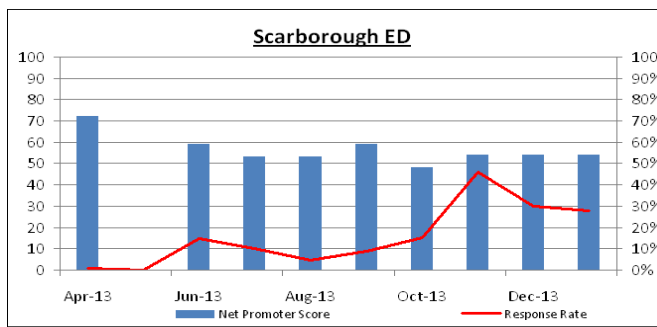
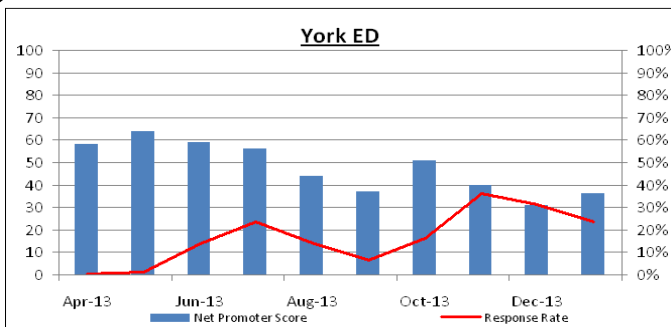
The Friends and Family Test (FFT) has now been rolled out across the Trust, with all adult inpatients, those attending ED and women accessing maternity services being asked the question “would you recommend this ward/ED/antenatal/labour and postnatal service to your family and friends”.



Whilst the overall Trust response rate for ED and Inpatients was 30% for December, some wards have been declining in their response rates over the past two months. Scarborough Hospital reduced to 26% in December after achieving 40%+ for a number of months in 2013. Figures for January have not been uploaded at the time of this report, however, figures show that the wards have reduced in response rate again during January. Wards have been asked to look at how the FFT is embedded within their areas to ensure that the response rate increases and the Q4 CQUIN is achieved. The token system reduced by 9% following its introduction in November to 30%.

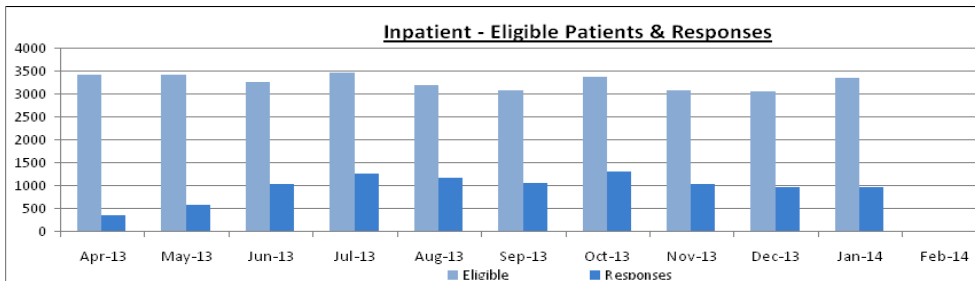
	Q1	Q2	Q3	Q4
Response Rate	9.80%	19.91%	30.43%	



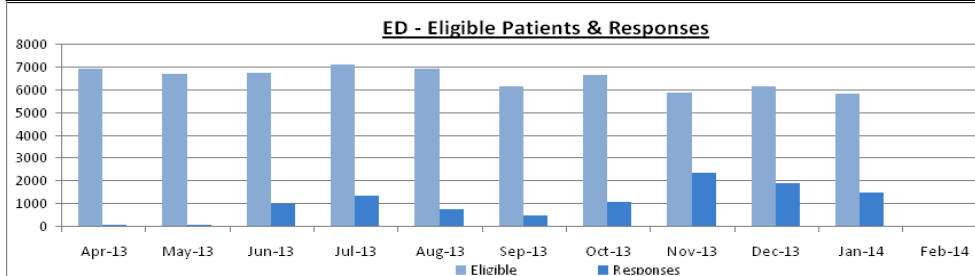


ED Response Rate by Site - January 2014

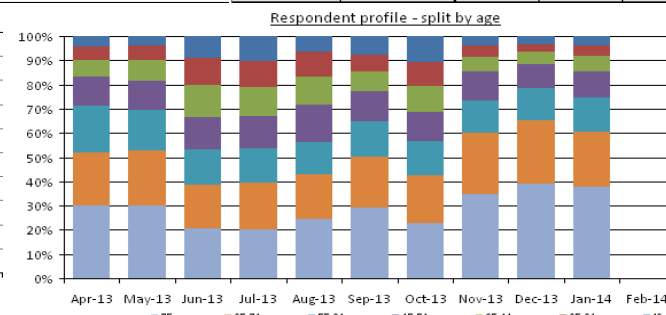
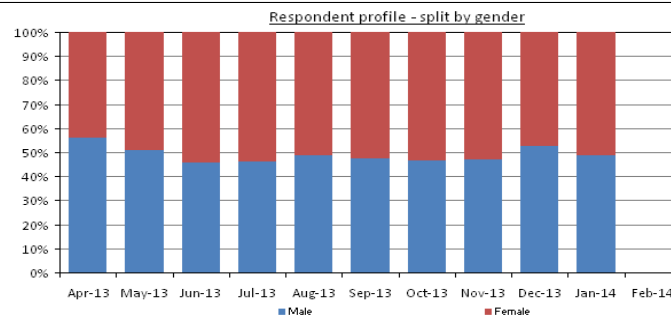
Hospital	Eligible Patients	Total Responses	Response Rate	Net Promoter Score
York ED	3843	899	23.39%	36
Scarborough ED	1962	548	27.93%	54
<b>Overall</b>	<b>5805</b>	<b>1447</b>	<b>24.93%</b>	<b>43</b>



		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
York IP	Eligible	2301	2236	2126	2267	2177	2128	2312	2122	2074	2318
	Responses	287	364	528	730	695	629	819	646	649	604
Sboro IP	Eligible	1033	1090	1015	1073	910	831	944	834	853	904
	Responses	57	180	424	420	370	347	403	281	221	239
Brid IP	Eligible	86	91	104	107	102	102	112	118	115	130
	Responses	0	15	61	93	95	61	80	93	95	112
Combined	Eligible	3420	3417	3245	3447	3189	3061	3368	3074	3042	3352
	Responses	344	559	1013	1243	1160	1037	1302	1020	965	955



		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
York ED	Eligible	4567	4381	4413	4505	4223	3885	4218	3787	4066	3843
	Responses	12	63	618	1055	602	250	691	1367	1270	899
Sboro ED	Eligible	2320	2277	2329	2581	2660	2244	2405	2075	2063	1962
	Responses	18	1	347	262	125	199	365	955	615	548
Combined	Eligible	6887	6658	6742	7086	6883	6129	6623	5862	6129	5805
	Responses	30	64	965	1317	727	449	1056	2322	1885	1447



## Board of Directors – 26 February 2014

### Medical Director's Report

#### Action/Recommendation

Board of Directors are requested to:

- note the good progress in reduction of the SHMI and also that further reduction is still to be achieved, particularly in the diagnostic groups with more than ten excess deaths
- note the compliance with the antimicrobial prescribing standards report.

#### Summary

This report provides an update from the Medical Director on current patient safety issues.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

It is anticipated that the 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 indicated other than those reported on the 'Risk Register' item.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	19 <sup>th</sup> February 2014
Version number	1



## Board of Directors – 26 February 2014

### Medical Directors Report

#### 1. Introduction

In the report this month:

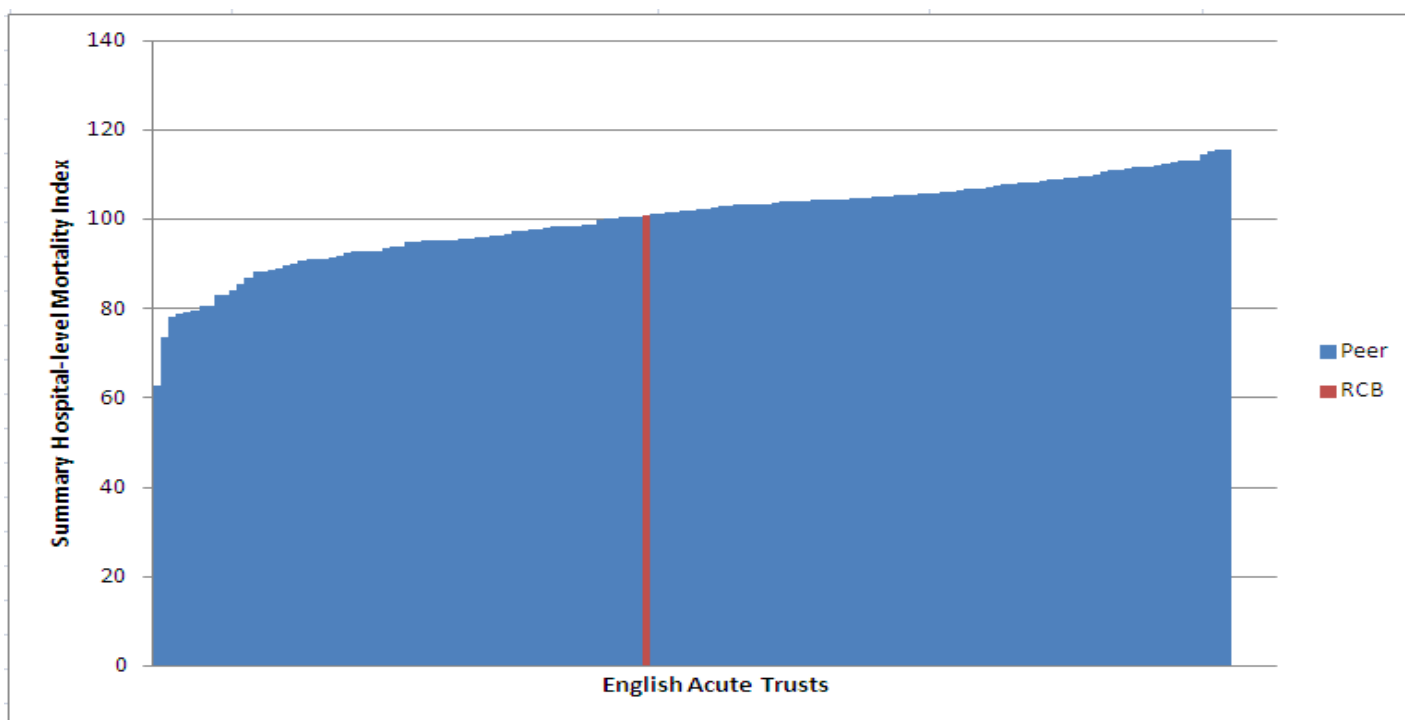
- Summary Hospital-level Mortality Indicator (SHMI) update
- Consultant appointments
- Antimicrobial prescribing audit results.

#### 2. Summary Hospital-level Mortality Indicator (SHMI) update

The Trust SHMI for the period July 2012 – June 2013, was 100.7, which represents a slight reduction (102.3) in the previous period. There were 21.6 excess deaths identified.

The Trust SHMI of 100.7 is within the 'as expected' range.

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
76092	3095	3073.4	100.7	21.6



The diagnostic groups with more than ten excess deaths are shown in the table below.

Condition	Cases	Observed	Expected	SHMI	Excess Deaths
Congestive heart failure nonhypertensive	646	148	113.8	130.0	34.2
Acute cerebrovascular disease	1060	217	198.8	109.2	18.2
Chronic obstructive pulmonary disease and bronchiectasis	1228	106	93.2	113.7	12.8
Aspiration pneumonitis food/vomitus	175	87	76.6	113.5	10.4
Cancer of other GI organs peritoneum	47	22	11.8	186.8	10.2

SHMI (all conditions) by day of death is presented in the table below.

Day of Admission	SHMI Spells	SHMI Deaths	Rate % of all deaths	Rate % of all spells
0 - Sunday	7687	255	12.36	0.34
1 - Monday	11961	338	16.38	0.46
2 - Tuesday	11856	308	14.93	0.41
3 - Wednesday	11587	273	13.23	0.37
4 - Thursday	11950	311	15.08	0.42
5 - Friday	11436	329	15.95	0.44
6 - Saturday	7799	249	12.07	0.34
	74276	2063	100.00	2.78

In comparing our position with Trusts which have a very low SHMI, 13 of the 17 trusts were in Central or Outer London, two in Devon, one in East Anglia and one in Yorkshire.

The SHMI for Trusts in Yorkshire is presented in the table below.

Trust	SHMI
Sheffield	88.3
Airedale	92.7
Mid Yorkshire	93.9
Leeds	95.2
Harrogate	98.5
Bradford	100.0
York	100.7
Hull & East Yorkshire	102.7
Calderdale & Huddersfield	105.7
Barnsley	106.9
Doncaster & Bassetlaw	107.9
Rotherham	111.0

### 3. Consultant appointments

No new consultants commenced employment in January.

### 4. Antimicrobial prescribing audit results

Compliance with antimicrobial standards is audited monthly.

Prescribers are expected to:-

- only use antibiotics if there is evidence of bacterial infection and follow guidance on the antibiotic treatment poster, C & S results or seek microbiologists' advice
- document a clear indication on the antibiotic prescription
- document the duration of therapy or a review date on the antibiotic prescription
- review intravenous antibiotics daily.

Ward staff are expected to:-

- challenge antimicrobial prescriptions without an indication or a duration/review date.

We aim to achieve the 100% prescribing standard against an indication and a duration or review date on antibiotic prescriptions.

January audit results indicate that we are only achieving 68% compliance with the antimicrobial standards.

	York	Scarborough	Trust
No. antibiotic prescriptions audited	160	103	263
% with INDICATION	<b>58</b>	<b>78</b>	<b>68</b>
% with DURATION or REVIEW DATE	<b>58</b>	<b>77</b>	<b>68</b>

Medical Wards – York Hospital

Ward	Number of antibiotic prescriptions audited	% with indication	% with duration or r/v date
23	9	56	67
25	1	100 (G)	0
26	5	80	60
35	0		
37	1	100 (G)	100 (G)
32	7	57	71
33	6	17	50
34	15	33	53
AMU 22	10	70	50
SSW 21	13	92 (A)	92 (A)
ASU 36	3	100 (G)	100 (G)
Stroke 39	4	25	25
CCU	0	~	~
24	5	80	80
31	7	29	43
hospital average		58	58
Trust average		68	68

Medical Wards – Scarborough Hospital

Ward	Number of antibiotic prescriptions audited	% with indication	% with duration or r/v date
AMU	15	87	80
Ann Wright	2	100 (G)	100 (G)
Beech	7	71	71
CCU	5	80	60
Chestnut	14	79	57
Graham	3	100 (G)	100 (G)
Holly	6	33	33
Oak	11	91 (A)	100 (G)
Stroke	2	100 (G)	100 (G)
Willow	3	67	100 (G)
hospital average		78	77
Trust average		68	68

## Surgical Wards – York Hospital

Ward	Number of antibiotic prescriptions audited	% with indication	% with duration or r/v date
11	18	83	100 (G)
14	3	0	67
15	16	44	56
16	12	33	33
28	13	38	31
29	3	67	67
G1	3	0	67
ICU	4	75	25
HDU	2	100 (G)	50
hospital average		58	58
Trust average		68	68

## Surgical Wards – Scarborough Hospital

Ward	Number of antibiotic prescriptions audited	% with indication	% with duration or r/v date
Aspen	0	~	~
Ash/ESA	0	~	~
Haldane	16	75	71
Maple	13	54	38
ICU	6	67	67
hospital average		78	77
Trust average		68	68

**5. Recommendations**

Board of Directors are requested to:

- note the good progress in reduction of the SHMI and also that further reduction is still to be achieved, particularly in the diagnostic groups with more than ten excess deaths
- note the compliance with the antimicrobial prescribing standards report.

<b>Author</b>	<b>Diane Palmer, Deputy Director of Patient Safety</b>
<b>Owner</b>	<b>Dr Alastair Turnbull, Medical Director</b>
<b>Date</b>	<b>19<sup>th</sup> February 2014</b>

## Board of Directors – 26 February 2014

### Chief Nurse Report – Quality of Care

#### Action requested/recommendation

The Board is asked to accept this report as assurance of standards of care for patients and note areas of both risk or significant progress.

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

#### Implications for equality and diversity

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

It is anticipated that the 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, but 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                      Executive Board.

Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Mike Proctor, Chief Nurse
Author	Beverley Geary, Director of Nursing
Date of paper	February 2014
Version number	Version 1

**Board of Directors – 26 February 2013**

**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 work-plan against year one of the strategy is progressing well. Following discussions with Matrons and other senior nurses there has been an agreement that individual areas should identify risks and determine priorities for their wards and clinical areas.

This will be done in collaboration with the Ward Sisters and formulate the implementation plan for year 2 of the strategy.

**2. Advanced Clinical Practitioners**

The first cohort of ACP trainees will complete their first year of training this month. Currently they are rotating around the two main sites and focussing in key areas previously agreed by Corporate Directors' as a priority and risk, these include AMU, ED and Trauma and orthopaedics'.

The trainees will be placed in their end point placement in the spring in order that the role can be established and begin to be embedded into the clinical teams.

An evaluation of the programme is being undertaken by ACUA Solutions Limited, The evaluation project will determine the impact of the Masters programme at a number of levels – as follows:

Practitioner level – the impact on learners' knowledge, skills, attitudes and beliefs, sense of worth, confidence and commitment

Service level – the impact on service delivery (e.g. better quality, improved working practices) and patient care

Organisational level – the return on expectations and investment realised (e.g. reduced attrition rates and career progression, improved employee performance, higher levels of innovation).

The initial feedback has been collected and a mid point and end point review is also planned.

Following recent interviews a further cohort of 12 trainees have been recruited to, these will commence training in May, as already illustrated this cohort will include opportunities' for Community advanced practitioners'.

### 3. Nurse staffing

**How to Ensure the right people, with the right skills, are in the right place at the right time.**

There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. Compassion in practice emphasised the importance of getting this right, and the publication of the report of the Mid-Staffordshire NHS Foundation Trust Public inquiry, and more recent reviews by Sir Bruce Keogh and Don Berwick's review into patient safety and the Cavendish review into the role of the healthcare assistants and support workers also highlights the risks to patients of not taking this issue seriously.

There has been much discussion and debate about defining staffing ratios in the NHS however there is no single ratio or formula that can calculate the answers to complex questions as the right answer will differ across and within organisations. Reaching the answer requires the use of evidence, evidence based tools and the exercise of professional judgement. Above all, it requires openness and transparency, within organisations and with patients and the public. To aid organisations to make decisions using tools, resources and examples of good practice NHS England Chief Nursing Officer, Jane Cummings, along with the National Quality Board has developed guidance that sets out expectations of commissioners and providers in relation to getting nursing, midwifery and care staffing right. The expectation is that all organisations should be meeting these currently or taking active steps to ensure that they do in the very near future.

The guidance is set out in 10 core expectations in respect of getting nursing and midwifery care staffing right. It also provides practical advice on how each expectation can be met. The expectations' are listed below:

1. Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.
2. Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns
5. A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
7. Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements.
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within providers with whom they contract.

Given the expectation is that all organisations will meet these requirements of this national guidance before April 2014, an evaluation of the key expectations and gap analysis will be undertaken.

An action plan with risk areas and recommendations will be presented to the Board in March



2014.

#### 4. Community Nursing - update

Community services transferred over to York Trust from North Yorkshire and York Foundation Trust in April 2011. These services include community hospitals and community nursing and therapy teams, providing services across a variety of settings including health centres, GP Practices and patient homes.

The community services team have developed and implemented a strategy aimed at developing and empowering community staff and driving quality improvements. Given the significant number of nursing interventions' delivered by community services; work continues to focus on this area and key developments include:

1. **Pressure Ulcer Prevention and Management:**

A community task and finish group has been established. Key outcomes include the co-creation of a risk assessment tool and a staff training and development package to support early assessment and intervention.

2. **Falls Prevention:**

During the last 12 months, focused work has been undertaken with all community hospitals to reduce the number of patient falls. Falls reduction plans have been developed with ward staff and detailed work undertaken re: falls assessments and prevention.

3. A **Community Nursing Professional Forum** has been established and meets monthly. This meeting chaired by the Assistant Director of Nursing monitors and reviews Professional Nursing issues relevant to Adult Community Nursing. Examples include the implementation of policies and protocols and issues relating professional practice such as the administration of medicines.

4. An **End of Life Care Facilitator** has recently been appointed. A training and development package aimed at both registered and non registered community staff will be rolled out during 2014.

5. A **snapshot audit of community nursing activities and a review of caseloads (by team)** have highlighted areas where changes in practice can create efficiency and additional capacity. In particular, it is recognised that currently the administration of Insulin is only undertaken by registered community nurses. The development of a HCA competency and training package will support the shift of insulin administration to HCAs and in turn this will free up registered nursing time to undertake more complex care. A task and finish group has been established to take this work forward.

6. An **Assistant Director of Community** nursing position has been created as part of the Trust Senior Nursing restructure. This new role will support the community services locality managers and will be responsible for the development and delivery of clinical and professional standards, and the development of leadership and management capacity within community nursing.

7. Six **Advanced Care Practitioners** have been recruited and will start their Masters Programme in May 2014. It is anticipated that once qualified (in 2016), they will support and lead a range of services across community sites.

## 5. Patient Safety

### **Pressure Ulcer Reduction Programme:**

An annual review has been undertaken to reassess the priorities and identify risks in the delivery of the PURP.

Whilst a significant amount of work has been undertaken this remains a key focus areas and work will continue to reduce the incidence and deterioration of pressure ulcers for patients who are admitted with, or develop ulcers in our care.

### **Falls**

As previously reported Falls that result in harm are now reportable as Serious Incidents and the leadership of work to reduce falls has been transferred to the Chief Nurse team.

A Trust steering group has now been established to oversee the delivery of a falls reduction plan. This will give an organisational approach and provide consistency, reduce duplication of effort and address any areas where there are gaps or risks with recommendations to mitigate these.

## 6. Midwifery

### **Yorkshire and the Humber Local Supervising Authority Annual Audit Report for York Teaching Hospital NHS Foundation Trust 2nd October 2013 (published January 2014)**

The Nursing and Midwifery Council (NMC) sets the rules and standards for the function of the Local Supervising Authorities (LSAs) and the supervision of midwives.

The Local Supervising Authority Midwifery Officer (LSA MO) is professionally accountable to the NMC. The function of the LSA MO is to ensure that statutory supervision of midwives is in place to ensure that safe and high quality midwifery care is provided to women.

The Supervisors of Midwives (SoMs) are appointed by the LSA and the function sits within NHS England. The SoMs oversee midwives practice, carries out an annual midwife review, provides advice, guidance and support, audit records of practice and investigate any reports of concerns in practice (including SIs)

An annual audit is carried out of the practice and supervision of midwives to ensure the requirements of the NMC are being met. This report follows the LSA MO annual audit on 2nd October 2013 and will inform the LSA annual report to the NMC.

### **Summary of York report;**

Women birthed in 2013/14 is predicted to be slightly down this year (this is in line with most other Trusts across Yorkshire and the Humber)

The predicted midwife to birth ratio is 1 midwife to 28 births (within national recommendations)

The stillbirth rate is lower than the LSA rate (this has reduced since last year)

- i. Domain 1 : Partially met (The interface of Statutory Supervision of Midwives with clinical governance)
- ii. Domain 2: Partially met (The profile and effectiveness of Statutory Supervision of Midwives)
- iii. Domain 3: Fully met (Team working, leadership and development)

iv. Domain 4: Partially met (Supervision of Midwives and interface with service users)

**Good practice points:**

- Cross site strategy for supervision published July 2013
- Much work has been done to have a consistent approach to supervision across both sites
- Excellent progress noted in the action plan from previous years audit
- 98% of annual reviews undertaken (with good rationales for the remaining 2%)
- Succession planning in place to aim to achieve recommended ratios of SoMs per Midwife
- Good work leading on initiatives to prevent 3rd degree tears including audit and reflection of practice.

**To consider/work towards:**

- Supervisors of Midwives to attend governance meetings as a SoM (and not in their substantive role)
- Supervisor of midwives to midwife ratio is currently above the NMC recommended ratio
- Consider midwives to change their named SoM for a 'fresh eyes' approach every few years
- Promoting the role as SoM role not well promoted to women (user auditor)
- Adding photographs and have a language option on the Trust website (user auditor)

**Recommendations:**

The over-arching recommendation of the LSA to fully meet Domain 1,2 and 4 fully is to enhance the resource to supervision through increased dedicated time or to consider a SoM of the day initiative and dedicated office space and equipment.

During the audit some service users expressed concerns about the lack of consistency of care from Midwives and the SoM role not well communicated. Service users also commented on Labour Ward being 'short staffed' This is being addressed through the Midwifery workforce strategy.

**Comment from LSA MO**

On the whole this was a much re-energised team who felt to have made many enhancements to their team, but in particular cross-site supervision.

There are a few recommendations with many good practice points. Much work has been done to have a consistent approach to supervision across site and the SoMs were congratulated on this.

An action plan following receipt of this report has been formulated.

**7. Recommendation**

The board is asked to receive the update report and current work-streams of the Chief Nurse Team for information.

<b>Author</b>	<b>Beverley Geary, Director of Nursing</b>
<b>Owner</b>	<b>Mike Proctor, Chief Nurse</b>
<b>Date</b>	<b>February 2014</b>

**Board of Directors – 26 February 2014**

**Quality Effectiveness and Safety Trigger Tool (QUESTT) & Nursing Dashboard**

Action requested/recommendation

The Board of Directors are asked to support the implementation of the QUESTT early warning process and the dashboard approach to measuring quality of nursing care.

The Board of Directors are asked to approve a pilot phase to test the process.

Summary

The utilisation of an early warning trigger tool in addition to a number of other data sources could provide an overarching picture of the health of a ward or team to prevent issues escalating and enable proactive management and/or provide additional support where this is required.

In addition to supporting the local Nursing and Midwifery strategy, adopting the early warning process meets with the recommendations of the Francis report and the National Quality Board in relation to measuring and managing quality of patient care in an open and honest manner.

It will support early discussion with local teams where problems are identified and enable subsequent escalation and assurance to the Board.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

belief, gender and sexual orientation).

It is anticipated that the 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

4, 5, 7, 8, 9, 10, 11, 14, 16, 17

Progress of report      Matrons meeting February 2014

Risk                      None identified

Resource implications    To be assessed

Owner                    Beverley Geary, Director of Nursing

Author                    Becky Hoskins, Assistant Director of Nursing

Date of paper              February 2014

Version number            Version 1

**Board of Directors – 26 February 2014**

**Quality Effectiveness and Safety Trigger Tool (QUESTT) & Nursing Dashboard**

**1. Introduction and background**

The Francis Inquiry (2010 & 2013) reported a number of failings for which YTHNHSFT have a duty to learn from. These include:

1. A lack of basic care across a number of wards
2. Lack of openness and an acceptance of poor standards
3. Dominated by financial pressures to the detriment of quality care
4. Failure by management to remedy the deficiencies in staffing levels and governance
5. Lack of internal and external transparency regarding problems that existed at the Trust.

Both reports into the failings at Mid Staffordshire state that those individuals with responsibility for leading and managing patient care, claimed that no cause for concern was drawn to their attention; that there were no early warning signs.

In the Government's response to the Francis Inquiry (Patients first and foremost (2013)) a number of actions were identified. These include:

1. Preventing and detecting problems quickly
2. Taking action promptly.
3. Ensuring robust accountability

Furthermore, Compassion in Practice (Department of Health 2012) highlights that high quality care should be measured against outcomes in order to drive improvement.

The National Quality Board (2013) undertook a review of early warning systems in the NHS in February 2010 of which the findings include:

1. Robust systems and processes to monitor and manage performance are essential, but are dependent on the values and behaviours of the staff working within the organisation.
2. The NHS must embrace a culture of openness and honesty about the quality of care being delivered to address any concerns and raise standards.
3. NHS staff are the first line of defence in preventing serious failure.

Moreover, the review found that the leadership within provider organisations, saw their fundamental role as one which ensures high quality care for patients by:

4. Monitoring the quality of care delivered
5. Challenging poor performance and variation
6. Asking for help and raising concerns
7. Fostering a culture of openness and transparency

This proposal supports the Trust's Nursing and Midwifery Strategy in 2 domains:

1. Delivering high quality and safe patient care
2. Measuring the impact of care delivery.

## 2. QUESTT framework

The QUESTT framework was developed by NHS South West as an early warning system for acute ward areas.

The tool comprises of 16 questions, each with a true or false response. Each question has a weighting score between 1-3 depending on its importance

The Quality, Effectiveness and Safety Trigger Tool identifies the potential for deteriorating standards in the quality of care delivered in a defined area, usually a Ward or Clinical Team.

It is based on the principles of early warning systems; for example the NEWS or MEWS (those tools concerned with identifying and acting to prevent physiological deterioration of individual patients). The QUESTT, whilst based upon the same principles, uses a different set of indicators and has another purpose. The indicators, when grouped together, describe the most important conditions necessary for a well functioning team. The tool prompts you to make a judgement against the key indicators and then it automatically weights and scores them according to their importance. An overall score of more than 12 indicates that remedial action needs to be taken to prevent a later impact on the quality of care provided within that area.

The table below shows the questions that should be asked on a monthly basis - within the guidance booklet that supports the tool, there are clear descriptors for each question:

No or new ward leader (within the last six months)
Vacancy rate higher than 3 %
Unfilled Shifts is higher than 6%
Sickness/ absence higher than 3.1%
No monthly review of key quality indicators by peers (e.g. peer review or governance meetings)
Appraisal rate less than 95%
No involvement in Trust- wide multi- disciplinary meetings
No formal feedback obtained from patients during the month or return rate from F&F test is less than 20%
2 or more formal complaints in a month (wards) or 3 or more (A&E or OPD) or 1 or more (CCU &ICU)
No evidence of resolution to recurring themes
Unusual demands on service exceeding capacity to deliver
Hand hygiene & BBE less than 100%
Matrons environment audit less than 95%
Ward/ Department appears untidy
No evidence of effective multidisciplinary/multi-professional team working
On going investigation or disciplinary (inc RCA)

As the tool has been validated by NHS South West, they have copyright protection on the questions. In order to ensure reliability and validity of the trigger score responses, the tool has been amended only slightly to reflect the Trust's policies and processes. For example; the tool asks to identify if 'planned annual appraisals not performed' – this has been changed to reflect the Trust target as 'less than 95% appraisal rate achieved'.

The tool was tested on paper initially with 3 Care of the Elderly wards on the York site in September 2103. This initial test did not identify any high risk areas however, it should be noted that this only provides one data point and therefore no assumptions can be made.

The IT development team are currently working up a web-based solution. The electronic version being proposed is visually similar to the Safety Thermometer. The electronic tool is now undergoing the IT testing phase.



The tool is currently being reviewed by the community services directorate to understand its use in the virtual teams. This review is being managed through the Community Professional Nursing Forum.

### 3. Nursing Metrics

#### **Proposal:**

Currently, a number of nursing processes are measured as part of the Nursing Care Indicators. In the main, these identify compliance with nursing assessments. Moreover, data from electronically completed nursing assessments will be made available in the very near future.

In order to improve assurance in relation to the quality of nursing care outcomes, a number of metrics could be utilised to provide assurance at ward level for the care that is delivered; A dashboard pertaining to nursing will be used, in addition to the QUESTT score to truly understand the health of a ward or team.

#### Proposed Nursing Dashboard (data relating to the preceding month):

Cases of MRSA Bacteraemia  
Cases of Clostridium Difficile  
Number of complaints relating to behaviour & attitude  
Number of complaints relating to poor standards of care  
Number of complaints relating to poor communication  
Friends & Family Test return rate  
% of staffing – planned versus actual  
Number of pressure ulcers (Category 2,3,4 and unstageable)  
Number of falls  
Number of falls with moderate / severe harm  
% compliance with nursing assessments (Nutrition, waterlow, falls, manual handling & bed rails)  
% missed critical medicines  
% environmental audit  
% compliance with observations

#### **Implementation:**

It is proposed that the data will be captured on the 1<sup>st</sup> Wednesday of the month; this coincides with Harm Free Care day. A template for data capture will be provided and a number of wards across the organisation will be identified to pilot and evaluate this process. The pilot wards will be agreed and receive training by end of March 2014, in preparation for a 3 month pilot phase April – June 2014.

In addition to this data being used at Matrons' 1:1 assurance meetings with Assistant Directors of Nursing, the high level data will be presented at a number of professional nursing forums for discussion and action planning.

### 4. Conclusion

The utilisation of an early warning trigger tool in addition to a number of other data sources could provide an overarching picture of the health of a ward or team to prevent issues escalating and enable proactive management and/or provide additional support where this is required.

In addition to supporting the local Nursing and Midwifery strategy, adopting the early warning

process meets with the recommendations of the Francis report and the National Quality Board in relation to measuring and managing quality of patient care in an open and honest manner.

It will support early discussion with local teams where problems are identified and enable subsequent escalation and assurance to the Board.

## 5. Recommendation

The Board of Directors are asked to support the implementation of the QUESTT early warning process and the dashboard approach to measuring quality of nursing care.

The Board of Directors are asked to approve a pilot phase to test the process.

## 6. References and further reading

NHS South West (2011) QUESTT guidance booklet  
Department of Health (2012). Compassion in Practice.  
Department of health (2013). Patients First and Foremost.  
National Quality Board (2013) Quality in the New Health System  
Robert Francis (2010 & 2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

<b>Author</b>	<b>Becky Hoskins, Assistant Director of Nursing</b>
<b>Owner</b>	<b>Beverley Geary, Director of Nursing</b>
<b>Date</b>	<b>February 2014</b>

**Finance and Performance Committee – 18<sup>th</sup> February 2014**

Attendance: Mike Sweet, Chairman  
Mike Keaney  
Andrew Bertram  
Anna Pridmore  
Debbie Hollings-Tennant  
Graham Lamb  
Lucy Turner  
Liz Booth

Observing: Zoe Bland Deputy Directorate Manager

Apologies: There were no apologies

MS welcomed Liz Booth and Zoe Bland

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	<b>Last Meeting Notes Minutes Dated 18<sup>th</sup> January 2014</b>		The notes were approved as a true record of the meeting.		
2	<b>Matters arising</b>		There have been no developments with the CCG around the non-elective 70%.  Presentation of the KPI document from Grant Thornton has been postponed and will be presented to the next meeting along with a presentation on the financial health of the FT sector generally.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2	<b>Operational Report</b>		<p><b>Emergency Department</b> - LB advised the Committee that the Trust had achieved the ED target in January at 95.6% all types. The committee welcomed the improvement. Currently, there are some issues around closed wards at Scarborough due to an outbreak of Norovirus. As a result there were a number of days during February when some ambulances and patients were diverted to York. It is anticipated that the target for February may not be achieved, but it is expected that the target will be achieved for the quarter.</p> <p>The Directorate Managers involved are working together well and addressing the delayed transfer of care issues and seeking to reduce the length of stay.</p> <p>The Committee asked if there was assurance that the change in practice and the improvements that have been made in ED are now embedded in the organisation. LB confirmed that there is a change in culture and people are becoming proud of the service provided, she added that she had confidence in the current leadership arrangements.</p> <p><b>Ambulance turn round time</b> – LB advised that there had been a marked improvement in figures for January 14 compared to December 13. Work was currently underway to recruit staff for the observation area that was being developed. She added that the building project will be completed by April 2014 and in the meantime work is being carried out to ensure these additional members of staff are utilised in the most efficient way. LT added in terms of compliance with the turn round times, there is some concern</p>	<p>The Committee took assurance from the comments made by LB around the change in culture and the effectiveness of the revised systems.</p> <p>The committee was assured by the commencement of the works that are expected to significantly improve handover arrangements</p>	<p>Mike Proctor to provide a current update</p>

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2 Cont'd	<b>Operational Report</b>		<p>about the validation of the YAS information and the escalation processes. Further discussions with the ambulance service are taking place.</p> <p>The Committee understood there were two building projects being undertaken in the ED area, those being, the observation area improvements where there is an expansion from 4 to 8 beds and the ambulance handover area. There is a need to provide the existing observation area elsewhere in the hospital during the building work, so the proposal that has been made is that the current escalation area is closed early and used as an observation area. Discussions are also being held with other directorates to see if there are opportunities for people to work differently and have patients assessed in some cases on the wards rather than in ED.</p> <p>LT provided commentary on the performance report.</p> <p><b>Access Targets</b></p> <p><b>18 Weeks</b> – LT advised that the target had been achieved for January, but there was an outstanding issue with patients waiting for 36 weeks. The Trust was expected to have had no patients waiting for 36 weeks at the end of quarter 3, but that has not been achieved and work is now underway to meet the target by the end of quarter 4. The plan has been agreed with the CCG. LT explained the plan to achieve the target and advised that the issue was more at a specialty level and included a number of patients who are based in Scarborough and have been offered the opportunity to be treated in York, but</p>		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2 Cont'd	<b>Operational Report</b>		<p>have declined the offer. As part of the preparation for taking action to achieve the longer term target the Trust has discussed the planned failure of the 18 week target in Q4 with Monitor. Monitor has confirmed that they understand the challenges and are content for the fail to occur.</p> <p>The Committee discussed the actions being taken to resolve the problem and noted that the issue involved a small number of specialties and the Trust has obtained good quality analysis of the relevant data. The Trust is also ensuring it reviews the patients that are waiting between 15 and 18 weeks to ensure a backlog does not develop during this period. The Trust has also requested the support of the DoH specialist Intensive Support Team to review the plans for the management of 18 weeks. Additionally a separate piece of work is being commissioned to map the Trust's management of 18 weeks and development plans and to ensure that usage of the theatre areas is maximised.</p> <p><b>6week diagnostics</b> – the Trust failed the target in December 13 and January 14 in part because of a shortage of staff in Radiology at Bridlington. The Trust has been able to fill the vacancy and has as a result transferred a member of existing staff to Bridlington. It is expected that the Trust will achieve the target in February.</p> <p><b>Recording of Expected Discharge Data</b> – MS noted that there was a reference to Exceptional Reports and asked if it could be explained. LT explained that it was a request from the commissioner to provide information so that the commissioner could decide if a</p>	The Committee was provided with assurance that the actions being taken would resolve the issues.	Andrew Bertram to provide some more detail to the Board.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2 Cont'd	<b>Operational Report</b>	2.12 2.13	<p>Performance Notice should be issued.</p> <p><b>Reduction in number of hospital cancelled first and follow-up OP as for non clinical reasons (Scarborough)</b> – LT explained that an inappropriate administrative process in Bridlington has been identified that often results in a significant number of cancellations for non-clinical reasons. That practice has now been changed.</p> <p><b>Cancer</b> – The Trust is struggling to achieve the 6-week symptomatic breast target. Currently there is an issue around the level of staffing available to allow the Trust to provide 2 sessions a week in Scarborough, due to a key member of staff being on long term sick. The Directorate are developing a business case to address the issue and Scarborough patients have been given the option of being seen by a consultant in York, but many have chosen not to take that option.</p> <p>It was noted that there are implications and fines related to this target and it is expected that there will be further implications and fines in the new contract.</p> <p><b>CQUIN</b> - LT confirmed that the commissioners had completed their validation and the Trust had achieved all Commissioning for Quality and Innovation (CQUIN) targets at quarter 3 and would be paid. She added that there are some concerns about achieving some of the targets in quarter 4, specifically a target related to patients being reviewed by a consultant within 12 hours of admission at Scarborough. The Committee agreed to review the 14/15 CQUIN targets at the next meeting by when there was expected to be more clarity about the</p>		<p>Mike Proctor to update the Board further on the issues relating to staff</p> <p>Alastair Turnbull to provide further comment to the Board on the 12 hour consultant CQUIN target.</p>

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2 Cont'd	<b>Operational Report</b>		<p>Requirements.</p> <p>The Contract is due to be signed before the end of the month and it is expected that the CCG will reduce the number of CQUIN schemes being tracked. This will mean that there will be a higher value attached to each CQUIN and therefore potentially higher risk for the Trust. In the meantime the Committee noted the efforts being made by YFT staff to complete the negotiations as quickly and successfully as possible.</p> <p><b>Quality and Safety – C-diff</b> There was one case in January 2014 and there have been a further three cases to date in February 2014. As a result of this reduction in the rate of accrual of cases the potential level of fines has reduced, but not eliminated as the level of incidence will still require the Trust to pay a significant penalty.</p> <p><b>Stroke patients scanned within 24 hours of hospital arrival</b> – This involves a low number of patients and the indicator is 100%. Currently the CCG has raised a contract query which is being commented on by the Trust. The CCG would like to keep the target at 100%, but that is not considered achievable.</p> <p><b>Women who see a midwife in 12 weeks 6 days of pregnancy-</b> This target was not achieved in January 2014 but is considered to be a one-off failure.</p>		See Q&S report
3	<b>Efficiency Report</b>		<p>DHT presented the report and highlighted the continuing good performance in January.</p> <p>DHT reported that the gap to delivery at January</p>	The Committee was assured by the improvements made and the comments made by DHT, and was further assured that the full	AB to provide a further



	Agenda Item	AFW	Comments	Assurance	Attention to Board
3 Cont'd	<b>Efficiency Report</b>		<p>2014 was £2.4m which was only £0.5m behind the January 2013 position. The Trust does continue to be behind the Monitor plan by £0.9m at this stage, but has achieved in full year terms £21.0m against the plan of £23.4m. The reported position this month is made up of 46% recurrent and 54% non recurrent schemes, it was disappointing to note that this position has not changed since last month and that the recurrent element has reduced. It was felt that there was a possibility that there were still some schemes that could be converted to recurrent schemes this year. The Trust currently has a planning surplus in year of £1.5m which has improved slightly from last month's position.</p> <p>DHT also informed the Committee that it had now been arranged for Monitor to visit the Trust and undertake the planned review of the CIP schemes. AB explained that this had been an expectation of the Trust for some time as Monitor had indicated that a review would be undertaken when the Trust acquired Scarborough. Monitor will be attending the Trust on 26/27 March.</p> <p>DHT commented on the future year planning highlighting that there is a shortfall of £3.8m over 4 years on the base target, but following significant work during the last month there has been a marked improvement, but still indicates the need for some significant saving scheme in the coming years.</p> <p>The Committee asked for some further detail on the directorates that are continuing to show a low</p>	year CIP target would be achieved.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3 Cont'd	<b>Efficiency Report</b>		percentage of delivery against their targets and it was agreed that further detail would be provided to the April meeting. The Committee also discussed those directorates with Red and Red/Amber risk scores and the complexities behind those risks, It was pointed out that in the case of some of the Corporate Directorates there are often pieces of work undertaken centrally/corporately the savings from which are identified in a non-corporate directorate.		
4	<b>Workforce efficiencies</b>		<p>DHT presented the additional paper which provided a summary of the efficiency savings made against salary costs for the first three quarters of the financial year. This element of delivery has been highlighted as it is the most challenging and important component of the programme. DHT explained that pay represents 70% of the Trust's spend, and at this stage this component is ahead in total CIP terms having delivered £13m against a target of £12.4m. The Committee noted the breakdown of the achievement in medical staff, nursing staff and other staffing groups, and noted the investment that has been made in nursing and continues to take place.</p> <p>The Committee discussed the implications from the various national quality reviews and the developing agenda around prescribed staffing levels. The Committee noted the impact such arrangements may have on the forward looking CIP savings programme. The Committee discussed the vacancy level and the impact of that on CIPs and the quality of services. Questioning from the Committee</p>	The Committee were assured by the information given, the comments made in the meeting and the agreement to further investigation	AB to provide further comment

	Agenda Item	AFW	Comments	Assurance	Attention to Board
4 Cont'd	<b>Workforce efficiencies</b>		identified a current potential weakness in the quality and safety assessment of CIPs where these are delivered through generic vacancy factors. DHT agreed to review the process in this regard, and it was agreed that the Committee would receive a further assurance paper on the vacancy factors at the March meeting. A second piece of work to understand the possible implications of prescribed staff levels on the ability of the Trust to generate savings will be provided in April.		
5	<b>Finance Report</b>	2.15 3.1 3.11	<p>GL presented the finance report. He advised that at month 10 the Trust had an I&amp;E surplus of £1m, which is £2.7m behind the Trust's operational plan. The variance to plan can be mostly explained by the triggering of contract penalties. The report shows contract penalties of £0.6m related to access and quality issues. Further adjustments have been made for C-Diff. The current C-Diff performance has improved significantly on that reported in Q1 and Q2, and this will result in a reduced forecast penalty for the full year. The balance relates to the in-year CIP shortfall against the planned profile.</p> <p>Overall income is assessed to be £2.6m ahead of plan but there are significant variances to the contracts underlying this position. These include a residual concern around the CCGs ability to pay for activity above plan. The Trust has significantly reduced the number of follow up patient appointments and the follow up ratio has been reduced to 1:1.8. The clinical evaluation of the Trust's Conditions Registers has now commenced and 2 of the 8 specialities have completed their</p>	The Committee were assured by the information provided particularly around the Conditions Register and the penalties	Andrew Bertram to update on commissioner affordability and F to FU payments

	Agenda Item	AFW	Comments	Assurance	Attention to Board
5 Cont'd	<b>Finance Report</b>		<p>investigations and concluded that the registers were correct; this strongly supports the Trust's claim for fair payment for appropriate work done.</p> <p>The contracts held by the Trust include a number of CCG contracts, a significant contract with NHS England for both public health services and prescribed specialist services and Local Authority contracts. Overall these contracts are ahead of plan by an estimated £7.5m, and discussions are ongoing to confirm that activity above plan will be paid. Pay is reported as overspent by £1.5m, although this does represent a modest improvement in the position from last month. Pressure in the main relates to premium costs associated with the continued and necessary use of temporary staff plus costs associated with higher than planned levels of extra contractual work, necessary to meet our access targets.</p>		
6	<b>Tender document</b>		The Committee reviewed the document and noted the current and potential future tender exercises.	The Committee received assurance from the information provided about the current and future tender exercises and their correlation to the strategy of the Trust.	
7	<b>Any other business</b>		There was no further business to discuss.		
8	<b>Next meeting</b>		The next meeting will be on Tuesday 18 <sup>th</sup> March at 9.30am in Room 5 Post Grad Centre, York Hospital		

# Monthly Performance Report

January 2014



## Performance Headlines 2013/14 – January

Access	CQUINS	Quality and Safety	Finance Penalties
<p><b>18 weeks:</b> Zero patients waited over 52 weeks for treatment in December.</p> <p>The Trust has achieved all 18 week targets on aggregate in December.</p> <p>Continued reduction in patients waiting over 36 weeks for their treatment. The trust has not hit the contractual requirement of zero patients waiting more than 36 weeks by the end of Q3. In order to ensure this target is hit by the end of Q4, patients will continue to be offered treatment in the private sector and the Trust plans to fail the admitted target for Feb &amp; Mar in order to treat long waiters from the backlog.</p> <p><b>6wks Diagnostic:</b> The Trust has not met this target in January. There are ongoing issues with sonography staffing at the Bridlington site and issues with urological cystoscopies at the York site due to a shortfall in capacity and increase in fast-track cancer referrals.</p> <p><b>Recording of Expected Discharge Date (elective):</b> the Trust continues to fall behind the 95% trajectory for this indicator by Q4,.</p> <p><b>Reduction in number of hospital cancelled first and follow up OPAs for non clinical reasons (Scarborough):</b> slight improvement on the Scarborough site. Plans in place to aim for 10.7% target by Q4.</p> <p><b>ED:</b> 95.6% achieved for all types in January (target 95%).</p> <p><b>Cancer:</b> Ongoing concern regarding Symptomatic Breast target due to patient choice and reduced radiology cover at Scarborough site. Target not achieved for Q3 and unlikely to be met in Q4.</p>	<p><b>Dementia:</b> the Trust has again failed the case finding question target in January. Urgent action required to ensure that this target is hit in Q4. This indicator remains a national CQUIN in 2014/15.</p> <p><b>Care of the deteriorating patient:</b> Both sites failed clerking in 4hrs 80% target in January, after considerable improvement in previous months. There is a significant risk that the 12 hour post take review target will not be achieved by the end of Quarter 4 due to issues on the Scarborough site (financial value of £360k if 12hr Q4 target not met)</p> <p><b>NEWS:</b> Obs within 1 hr - reduction of Q4 target to 85% from the current 90% is currently under review with CCGs. (Financial value of £175k if Q4 not met).</p> <p><b>Elderly length of stay:</b> Currently above trajectory York site, however, target will be based on whole of Q4. Continued reduction beyond required target Los at rehab beds should be noted.</p>	<p><b>Cdiff:</b> Cumulative YTD position of 55 against a YTD trajectory of 36 and a total yearly target of 43. Note only 1 case in January.</p> <p><b>Stroke patients scanned with 24 hrs of hospital arrival:</b> The Trust continues to be unable to achieve the 100% target for this indicator.</p> <p><b>Women who see midwife in 12wk 6 days of pregnancy:</b> target of 90% was not met in January</p>	<p><b>Key Performance Indicators April - January 2013/14 (approximate value)</b></p> <p>18 weeks: £337,834 52 weeks: £105,000 Cdiff: £950,000 MRSA: £9,860 EMSA: £6,750 ED 12 hour trolley wait: £1,000 ED 4 hour target: £136,071</p> <p><b>Total: £1,546,515</b></p> <hr/> <p><b>Monitor Issues</b></p> <p><b>Quarter 3:</b> <u>Actual</u></p> <p><b>ED:</b> 95% target: <b>18 weeks:</b> 92% incomplete pathway – 1 month fail in quarter <b>Cdiff:</b> over YTD trajectory <b>14 day Breast Symptomatic</b> – 85.6% delivery against target of 93%</p>

Indicator	Section	Page
<b>18 Weeks</b>		
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Access	1
Zero tolerance RTT waits over 52 weeks	Access	1
Zero tolerance RTT waits over 36 weeks by Q3	Access	1
% of patients seen within 18 weeks for direct access audiology	Access	1
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Access	1
<b>Inpatients</b>		
Sleeping Accommodation Breach	Access	1
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 patient's treatment to be funded at the time and hospital of the patient's choice	Access	1
No urgent operation should be cancelled for a second time	Access	1
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Access	1
Delayed transfers of care: number of bed days	Access	1
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Access	1
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Quality & Safety	7
% Compliance with WHO safer surgery check list	Quality & Safety	7
Readmissions within 30 days – Elective	Quality & Safety	7
Readmissions within 30 days – Non-elective	Quality & Safety	7
Number of medication errors affecting CYP (under 19yrs old)	Quality & Safety	7
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Quality & Safety	7
<b>Discharge Notifications</b>		
Immediate Discharge letters – 24 hour standard: York Hospital	Quality & Safety	8
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quality & Safety	8
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quality & Safety	8
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quality & Safety	8
Quality of ED IDLs - York	Quality & Safety	8
Quality of ED IDLs - Scarborough	Quality & Safety	8
<b>Outpatients</b>		
Trust waiting time for Rapid Access Chest Pain Clinic	Access	2
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Access	2
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Access	2
North Yorkshire Commissioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	Access	2
Outpatient clinics cancelled with less than 14 days notice	Access	2
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Access	2
<b>Emergency Department</b>		
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Access	2
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Access	2
Recording of <b>compliance</b> with patient handover arrangements in A&E	Access	2
All handovers between ambulance and A & E must take place within 15 minutes	Access	2
All handovers between ambulance and A & E must take place within 15 minutes	Access	2
Trolley waits in A&E	Access	2
A&E: % attendances for cellulitis and DVT that end in admission	Access	2
A&E: % re-attending (unplanned)	Access	2
A&E: % left department without being seen	Access	2
A&E: 95th percentile for time to initial assessment	Access	2
Service experience - any worsening in the aggregate score of national patient survey	Access	2
Monthly report to show patient satisfaction score for A&E department	Access	2

Indicator	Section	Page
<b>Cancer</b>		
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Access	3
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	Access	3
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Access	3
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Access	3
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	Access	3
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	Access	3
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Access	3
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Access	3
<b>Infection Prevention</b>		
Rates of Clostridium difficile	Quality & Safety	7
Zero tolerance MRSA	Quality & Safety	7
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Quality & Safety	7
<b>Mortality</b>		
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Quality & Safety	7
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Quality & Safety	7
Number of Inpatient Deaths	Quality & Safety	7
<b>Stroke/TIA</b>		
Proportion of stroke patients who spend >90% of their time on a stroke unit	Quality & Safety	7
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Quality & Safety	7
Percentage 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 for anti-coagulation	Quality & Safety	7
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Quality & Safety	7
% of stroke patients scanned within 24 hours of hospital arrival	Quality & Safety	7
<b>Maternity</b>		
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Quality & Safety	8
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	Quality & Safety	8
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Quality & Safety	8
% of women initiating breast feeding.	Quality & Safety	8
Number of term babies admitted to NICU or SCBU	Quality & Safety	8
Number of adverse midwifery/obstetric related incidents	Quality & Safety	8
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Quality & Safety	8
Number of babies born between 32 and 36 weeks	Quality & Safety	8
Number of babies born between 28 and 31 weeks	Quality & Safety	8
Number of babies born between 24 and 27 weeks	Quality & Safety	8
Number of babies born under 24 weeks	Quality & Safety	8
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Quality & Safety	8



Indicator	Section	Page
<b>CQUINS</b>		
1.1 Friends & Family Test - Phased Expansion - Delivery of Friends and Family rollout for maternity services	CQUINS	4
1.2 Friends and Family Test - Increased Response Rate - Provider achieving an increase in response rate that improves on Q1 and is 20% or over	CQUINS	4
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test - Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile	CQUINS	4
2 NHS Safety Thermometer - Improvement	CQUINS	4
Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	CQUINS	4
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	CQUINS	4
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	CQUINS	4
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	CQUINS	4
3.2 Dementia - Clinical Leadership 10/09/2013 named lead clinician and submit training plan to be delivered by March 2014	CQUINS	4
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners	CQUINS	4
4.1 VTE Risk Assessment	CQUINS	5
4.2 VTE Root Cause Analysis	CQUINS	5
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and Cherry will be reviewed within 4 hours of admission	CQUINS	5
	CQUINS	5
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly medical and orthogeriatric patients to have a Consultant post take ward round consultation within 12 hours of arrival.	CQUINS	5
	CQUINS	5
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU, Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quarterly report on actions taken and improvements made to care pathways	CQUINS	5
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.	CQUINS	5
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	CQUINS	6
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	CQUINS	6
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's.	CQUINS	6
7.1 Effective Discharge - Self-Management Care Plans on Discharge: Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	CQUINS	6
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD	CQUINS	6
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged home with completed care bundle	CQUINS	6
	CQUINS	6
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3	CQUINS	6

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
<b>18 Weeks</b>								
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	<b>Monthly:</b> Specialty fail: 37.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice <b>Quarterly:</b> 1 Monitor point	<b>90%</b>	90.2%	90.4%	90.8%	90.3%		
Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	<b>Monthly:</b> Specialty fail: 12.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice <b>Quarterly:</b> 1 Monitor point	<b>95%</b>	95.0%	95.3%	95.7%	95.9%		
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	<b>Monthly:</b> Specialty fail: 50% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice <b>Quarterly:</b> 1 Monitor point	<b>92%</b>	92.0%	92.0%	92.0%	92.0%		
Zero tolerance RTT waits over 52 weeks	£5000 per patient waiting over 52 weeks	<b>0</b>	1	0	0	0		
Zero tolerance RTT waits over 36 weeks by Q3	Performance Notice (VoY)	<b>0</b>	277	226	173	148		
% of patients seen within 18 weeks for direct access audiology	Performance Notice	<b>95%</b>	99.9%	99.9%	100.0%	99.9%		
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	2% of revenue from provision of service line	<b>99%</b>	99.0%	99.3%	99.0%	98.8%		
<b>Inpatients</b>								
Sleeping Accommodation Breach	£250 per patient per day	<b>0</b>	0	24	3	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 patient's treatment to be funded at the time and hospital of the patient's choice	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	<b>0</b>	1	0	0	0		
No urgent operation should be cancelled for a second time	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	<b>0</b>	0	0	0	0		
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Exception Report to be provided where the target failed in any one month (ER)	<b>95% by Q4 (Elective)</b>	81.5%	82.2%	83.2%	84.2%		
Delayed transfers of care: number of bed days	Performance Notice	<b>None - indicator to inform 14/15</b>	799	1053	1444	517		
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Performance Notice (VoY)	<b>End Q3 &gt;88%</b> <b>End Q4 &gt;90%</b>	89.6%	88.8%	90.3%	91.6%		

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
<b>Outpatients</b>								
Trust waiting time for Rapid Access Chest Pain Clinic	Performance Notice (ER)	98%	100.0%	100.0%	100.0%	100.0%		
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Performance Notice (ER)	York Baseline 11.1% to achieve 10.74% By Q4	12.6%	11.6%	10.0%	10.3%		
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Performance Notice (ER)	Scarborough baseline 11.2% to achieve 10.7% by Q4	18.0%	16.8%	15.6%	14.8%		
North Yorkshire Commssioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	£	1:1.5 (Q2 on)	2.06	1.85	1.86	1.91		
Outpatient clinics cancelled with less than 14 days notice	Performance Notice (VoY)	Baseline 258 End Q2 <258 End Q3 <254 End Q4 <250	744	667	491	140		
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Performance Notice ER and VOY	>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%	4.18%	6.8%	5.0%	2.7%		
<b>Emergency Department</b>								
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Monthly: 2% of revenue from provision of service line Quarterly: 1 Monitor point	95%	96.3%	94.1%	93.4%	95.6%		
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Performance Notice	Q1 90%; Q2 90%; Q3 95%	York: 95.0% Scar: 95.1% Total: 95.1%	York: 93.2% Scar: 88.6% Total: 91.5%	York: 90.9% Scar: 91.0% Total: 90.9%	York: 95.2% Scar: 92.0% Total: 94.1%		
Recording of <b>compliance</b> with patient handover arrangements in A&E	£5 per patient from Q3 onwards	Q1 90% Q2 90% Q3 95%	82.3%	83.7%	92.3%	90.1%		
All handovers between ambulance and A & E must take place within 15 minutes	£200 per patient waiting over 30 minutes from Q3	> 30min	595	762	699	134		
All handovers between ambulance and A & E must take place within 15 minutes	£1000 per patient waiting over 60 minutes from Q3	> 60min	135	284	280	31		
Trolley waits in A&E	£1000 per breach	> 12 hrs	0	1	0	0		
A&E: % attendances for cellulitis and DVT that end in admission	Quarter: Performance Notice	> 12/13 Avg	17.0%	17.3%	23.7%			
A&E: % re-attending (unplanned)	Quarter: Performance Notice	> 5%	3.0%	3.2%	3.1%	2.7%		
A&E: % left department without being seen	Quarter: Performance Notice	> 5%	3.0%	4.7%	4.3%	2.6%		
A&E: 95th percentile for time to initial assessment	Quarter: Performance Notice	>15mins by end Q2	61	89	80	76		
Service experience - any worsening in the aggregate score of national patient survey	Annual: Performance Notice							
Monthly report to show patient satisfaction score for A&E department	Performance notice	none	62	49	45	43		

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
<b>Cancer (one month behind due to national reporting timetable)</b>								
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 1 Monitor point	<b>85%</b>	92.1%	91.4%	89.1%	not available yet		
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 1 Monitor point	<b>90%</b>	98.2%	91.4%	92.4%	not available yet		
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	<b>Monthly:</b> 2% of revenue from provision of service line	<b>85%</b>	100.0%	100.0%	100.0%	not available yet		
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 1 Monitor point	<b>96%</b>	99.3%	99.3%	99.3%	not available yet		
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 1 Monitor point	<b>94%</b>	95.5%	97.8%	97.1%	not available yet		
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 1 Monitor point	<b>98%</b>	100.0%	99.5%	99.6%	not available yet		
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 0.5 Monitor point	<b>93%</b>	95.6%	94.2%	95.9%	not available yet		
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	<b>Monthly:</b> 2% of revenue from provision of service line <b>Quarterly:</b> 0.5 Monitor point	<b>93%</b>	94.7%	93.1%	85.6%	not available yet		

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments	
<b>N1: Friends and Family Test [To improve the experience of patients in line with the domain 4 of the NHS Outcomes Framework]</b>												
1.1 Friends & Family Test Phased Expansion - Delivery of Friends and Family rollout for maternity services		0.0375%	£135,000									
1.2 Friends and Family Test - Increased Response Rate Provider achieving an increase in response rate that improves on Q1 and is 20% or over	Q1: 15% Q4: 20%	0.0500%	£180,000	9.8%	19.9%	30.3%	26.2%					
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile		0.0375%	£135,000									
<b>N2: Safety Thermometer</b>												
2 NHS Safety Thermometer - Improvement Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	2.9%	0.0625%	£225,000	5.4%	4.6%	3.8%	4.2%				Acute	
	7.46%	0.0625%	£225,000	9.9%	8.6%	7.3%	8.1%				Community	
<b>N3: Dementia</b>												
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	90%	0.0750%	£270,000	94.0%	92.5%	90.4%	88.6%					
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	90%			97.6%	99.2%	99.1%	98.8%					
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	90%			99.0%	100.0%	98.9%	98.5%					
3.2 Dementia - Clinical Leadership 10/09/2013 named lead clinician and submit training plan to be delivered by March 2014		0.0125%	£45,000									
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners		0.0375%	£135,000									

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments
<b>N4: VTE</b>											
4.1 VTE Risk Assessment	95%	0.1250%	£450,000	95.0%	96.1%	97.8%	98.2%				
4.2 VTE Root Cause Analysis				96.2%	94.4%	90.5%	100%				Q3 provisional
<b>N5: Care of the Deteriorating Patient</b>											
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and Cherry will be reviewed within 4 hours of admission	Q4: 80%	0.4000%	£1,440,000	80.3%	88.4%	81.7%	77.7%				York
	Q4: 80%				74.1%	80.0%	78.8%				Scarborough
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly medical and orthogeriatric patients to have a Consultant post take ward round consultation within 12 hours of arrival.	Q4: 80%	0.4000%	£1,440,000	68.5%	71.5%	74.1%	81.7%				York
	Q4: 80%				52.9%	60.6%	61.9%				Scarborough
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU, Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quarterly report on actions taken and improvements made to care pathways	Q2 70% Y&S; Q3 80% Y&S; Q4 90% Y&S	0.4000%	£1,440,000	64.7%	65.5%	80.0%	79.6%				1hr Obs
	Q2-4								Quarterly audit	Quality of escalation response	
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.		0.1000%	£360,000								

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar	Q4 Actual	Comments
<b>N6: Reduce Length of Stay on Elderly Medicine Bed Base</b>											
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	100% 9 days; 75% 9.2 days; 50% 9.5 days	0.0500%	£180,000	9.62	10.84	10.10	11.95				
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	100% 10 days; 75% 10.16 days; 50% 10.32 days	0.0500%	£180,000	11.17	10.71	11.89	10.44				
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's.	100% 50 days; 75% 51.17 days; 50% 52.3 days	0.1000%	£360,000	53.14	48.79	43.53	44.47				
<b>N7: Effective Discharge</b>											
7.1 Effective Discharge - Self-Management Care Plans on Discharge Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	Q4: 60%	0.2500%	£900,000				to follow				
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD		0.0500%	£180,000		Implementation plan agreed by Q2						
<b>N8: Respiratory</b>											
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged home with completed care bundle	75%	0.0500%	£180,000								Under 19
	75%										Over 19
<b>N9: Stroke Accreditation</b>											
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3		0.5000%	£1,800,000								

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
<b>Infection Prevention</b>								
Rates of Clostridium difficile	Schedule 4 part H (confirm calc) Quarterly: 1 Monitor point	> 43 annual	21	12	21	1		
Zero tolerance MRSA - <b>NO LONGER A MONITOR TARGET FROM OCT 2013</b>	Non payment of inpatient episode Quarterly: 1 Monitor point	0	0	2	0	0		
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Non payment of inpatient episode (VoY)	30 annual	10	9	5	2		
<b>Mortality</b>								
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	>= 12/13						
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	>= 12/13	1.04	1.02	1.01			
Number of Inpatient Deaths	none - monitoring only	none	511	473	506	205		
<b>Inpatients</b>								
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Performance Notice - (VoY) with the exception of any imposed financial penalty for breaches at Scarborough Hospital	Baseline 3.8% End Q2 <3.8% End Q3 <3.4% End Q4 <3%	3.0%	3.2%	2.9%	3.0%		
% Compliance with WHO safer surgery check list	Non-compliance of any areas will require RCA and Remedial Action Plan £500 penalty if not achieved within 3 consecutive months (ER)	95%	Written assurance					
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	394	310	to follow	to follow		
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	1267	1076	to follow	to follow		
Number of medication errors affecting CYP (under 19yrs old)	Performance Notice (ER)	none						
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Performance Notice (ER)	none						
<b>Stroke/TIA</b>								
Proportion of stroke patients who spend >90% of their time on a stroke unit	Performance Notice (ER)	80% (York)	86.0%	89.1%	93.6%	to follow		
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	60% (VoY) 75% York (ER)	74.5%	78.8%	76.3%	to follow		
Percentage 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 for anti-coagulation	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	60%	70.8%	81.8%	79.3%	to follow		
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	85% by Q4 for York site only (ER)						
% of stroke patients scanned within 24 hours of hospital arrival	Performance Notice	100%	86.9%	82.0%	85.9%	to follow		



**Contracted Performance Requirements 2013/14: Quality and Safety**

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Jan	Feb	Mar
<b>Maternity</b>								
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Performance Notice	90%	91.6%	93.3%	90.4%	83.3%		
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	Performance Notice	100% (VoY) 95% (ER)	100.0%	100.0%	100.0%	100.0%		
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Performance Notice (VoY)	90% offered a referral, 100% of those consenting referred VoY and ER	100.0%	100.0%	100.0%	100.0%		
% of women initiating breast feeding.	Performance Notice	60%	68.3%	71.5%	69.6%	67.0%		
Number of term babies admitted to NICU or SCBU	Performance Notice	none	29	40	29	6		
Number of adverse midwifery/obstetric related incidents	Performance Notice	none	0	0	0	0		
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Performance Notice	none	202	225	128	46		
Number of babies born between 32 and 36 weeks	Performance Notice	none	65	63	75	21		
Number of babies born between 28 and 31 weeks	Performance Notice	none	4	10	8	0		
Number of babies born between 24 and 27 weeks	Performance Notice	none	4	5	3	0		
Number of babies born under 24 weeks	Performance Notice	none	0	0	0	0		
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Performance Notice	none	641	932	870	294		
<b>Discharge Notifications</b>								
Immediate Discharge letters – 24 hour standard: York Hospital	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	90% - Q2 92% - Q3 93% - Q4		65.3%	69.1%	72.9%		
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	30% - Q2 60% - Q3 90% - Q4		32.5%	36.7%	36.6%		
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quarterly: Performance Notice (VoY)	98%	Written assurance					
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quarterly: Performance Notice (VoY) £7k per quarter (ER)	90% Q4						
Quality of ED IDLs - York	Quarterly: £6k per quarter (ER)	Q1: 80% Q2: 83% Q3: 85% Q4: 90%	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts	Quarterly audit of 60 Pts		
Quality of ED IDLs - Scarborough	Quarterly: £6k per quarter (ER)	Q2 - 30% Q3 - 60% Q4 - 90%	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts	Quarterly audit of 60 Pts		

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**Board of Directors – 26 February 2014**

**Finance Report**

Action requested/recommendation

To note the contents of this report.

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31<sup>st</sup> January 2014.

At the end of January, there is an Income and Expenditure surplus of £1.0m (after restructuring costs of £0.8m) against a planned surplus for the period of £3.7m, and an actual cash balance of £25.6m. The Income and Expenditure position places the Trust behind its Operational plan.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

No reference 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	February 2014
Version number	Version 1

**Briefing Note for the Finance & Performance Committee Meeting 18 February 2014**  
**Briefing Note for the Board of Directors Meeting 26 February 2014**

**Subject: January 2014 Financial Position (Month 10)**

**From: Andrew Bertram, Finance Director**

**Summary Reported Position for January 2014**

The attached income and expenditure account shows an actual £1.0m surplus of income over expenditure. This is £2.7m behind the Trust's operational plan of an expected surplus of income over expenditure of £3.7m.

This represents a continuation of the broadly static surplus position over recent months. Whilst our position remains positive in terms of maintenance of expenditure at a level lower than income receipts we have not made any improvement in our variance from plan.

In summary terms the variance to plan can be mostly explained by our triggering of contract penalties. The finance report describes penalties of £0.6m for access and quality issues and a further adjustment has been made for c diff. Of note is that current c diff performance is markedly improved on that reported in Q1 and Q2 with the resulting effect of a significantly reduced forecast penalty for the full year. The balance of the pressure on our income and expenditure position mainly relates to the shortfall in CIP delivery.

Of note is that the position includes restructuring costs of £0.8m relating to redundancy and MARS and donated income of £0.5m. Both are excluded in Monitor's assessment of our position.

**Income Analysis**

The income position is based on coded and costed April to December activity and an estimate has been used for January (based on reported activity levels but using average specialty costs). At this stage overall income is assessed to be £2.6m ahead of plan but there are significant variances to contract underlying this position. These are described in the finance report.

This remains of concern in terms of CCG affordability. The position is openly discussed with the CCGs in the Contract Management Board and the associated Finance and Performance Subgroup meetings.

We have significantly reduced the number of follow up patients the Trust has seen under the CCG's QIPP initiative. Overall our new to follow up ratio has reduced from 1:2.1 to a little over 1:1.8. Whilst this work has not hit the CCG's target of 1:1.5 this has undoubtedly resulted in a successful CCG QIPP scheme.

The clinical evaluation of the Trust's Conditions Registers has now commenced. At the time of writing this report 2 of the 8 specialties the CCGs wish to investigate have had their reviews (Dermatology and General Surgery). The review meetings comprised Trust Medical Staff, GP representatives and management representative from both the Trust and the CCGs. The work done so far has confirmed that given current service and commissioning arrangements the Trust has drawn an appropriate line of safety around its follow up activity and that all work done is clinically appropriate. This strongly supports the Trust's claim for fair payment for appropriate work done. Additionally the review work has identified opportunities for further work to consider the development of pathway changes to release further savings going forward; this work will be managed through the Collaborative Improvement Board with the CCGs.

### **Expenditure Analysis**

Pay is reported as £1.5m overspent. Of note is that this represents a modest improvement from the position last month. This is the net position after release of reserves for escalation areas and other agreed developments. Pressures in the main relate to premium costs associated with the continued and necessary use of temporary staff plus costs associated with higher than planned levels of extra contractual work necessary to meet access targets. Additional pressure from higher than planned cleaning expenditure continues to cause an in-year pressure.

Drug costs are over spent by £3.2m with this almost exclusively relating to pass through drug costs excluded from tariff (particularly high cost rheumatology and oncology drugs). There is corresponding additional income in this regard. There are no operational drug pressures to report in terms of regular tariff funded drug expenditure. Pressure in this budget area is causing Specialist Commissioners significant concern and this is reflected in a material growth pressure nationally as well as that experienced locally.

Clinical supplies and services are overspent by £0.5m. This is primarily due to pressure on excluded from tariff devices for which there is a direct income charge. There is evidence of some activity related pressures on budgets but there are no material issues I would wish to bring to the Board's attention.

The report shows that the CIP programme is impacting adversely on the position by £0.9m. This continues to place pressure on the reported income and expenditure position but is being compensated for by additional income and slippage on planned developments.

### **Contracting Matters**

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

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST  
SUMMARY INCOME & EXPENDITURE POSITION  
FOR THE PERIOD 1st APRIL 2013 to 31st JANUARY 2014**

	ANNUAL PLAN	PLAN FOR PERIOD	ACTUAL FOR PERIOD	PERIOD VARIANCE
	£000	£000	£000	£000
<b>INCOME</b>				
<b>NHS Clinical Income</b>				
Elective Income				
Tariff income	25,909	21,748	21,919	171
Non-tariff income	578	483	115	-368
Planned same day (Day cases)				
Tariff income	37,576	31,332	32,800	1,468
Non-tariff income	525	438	657	219
Non-Elective Income				
Tariff income	98,995	82,398	81,494	-904
Non-tariff income	1,537	1,283	1,210	-73
Outpatients				
Tariff income	61,550	51,263	48,081	-3,182
Non-tariff income	5,611	4,783	5,290	507
A&E				
Tariff income	12,397	10,494	11,615	1,121
Non-tariff income	612	565	-348	-913
Community				
Tariff income	1,024	792		-792
Non-tariff income	33,459	27,882	29,219	1,337
Other				
Tariff income	0	0		0
Non-tariff income	99,855	83,033	86,379	3,346
Add back tempory CDIF/FFU off expend also (My value £2953k)				0
Fines and Contract Penalties		0	-596	-596
	<b>379,627</b>	<b>316,494</b>	<b>317,835</b>	<b>1,341</b>
				0
	<b>379,627</b>	<b>316,494</b>	<b>317,835</b>	<b>1,341</b>
<b>Non-NHS Clinical Income</b>				
Private Patient Income	1,088	907	862	-45
Other Non-protected Clinical Income	1,879	1,567	1,463	-104
	<b>2,967</b>	<b>2,474</b>	<b>2,326</b>	<b>-148</b>
<b>Other Income</b>				
Education & Training	14,051	11,750	12,078	328
Research & Development	8,027	6,689	7,090	401
Donations & Grants received of PPE & Intangible Assets	0	0	0	0
Donations & Grants received of cash to buy PPE & Intangible Assets	240	200	526	326
Other Income	17,647	14,569	14,957	388
Transition support	11,985	9,987	9,987	0
	<b>51,949</b>	<b>43,196</b>	<b>44,639</b>	<b>1,443</b>
<b>Total Income</b>	<b>434,543</b>	<b>362,164</b>	<b>364,799</b>	<b>2,635</b>
<b>EXPENDITURE</b>				
Pay costs	-288,469	-238,804	-240,283	-1,479
Drug costs	-35,077	-29,163	-32,369	-3,206
Clinical Supplies & Services	-41,254	-34,247	-34,739	-492
Other costs (excluding Depreciation)	-52,755	-43,292	-41,759	1,533
Restructuring Costs	0	0	-783	-783
CIP	2,358	904	0	-904
	<b>-415,197</b>	<b>-344,602</b>	<b>-349,933</b>	<b>-5,331</b>
<b>EBITDA (see note)</b>	<b>19,346</b>	<b>17,562</b>	<b>14,866</b>	<b>-2,696</b>
Profit/ Loss on Asset Disposals	0	0	3	3
Fixed Asset Impairments	-300	0	0	0
Depreciation	-10,854	-9,045	-9,045	0
Interest Receivable/ Payable	65	54	89	35
Interest Expense on Overdrafts and Working Capital Facilities	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-270	-225	-190	35
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	-81	-81
PDC Dividend	-5,566	-4,638	-4,638	0
Taxation Payable	0	0	0	0
<b>NET SURPLUS/ DEFICIT</b>	<b>2,421</b>	<b>3,708</b>	<b>1,004</b>	<b>-2,704</b>

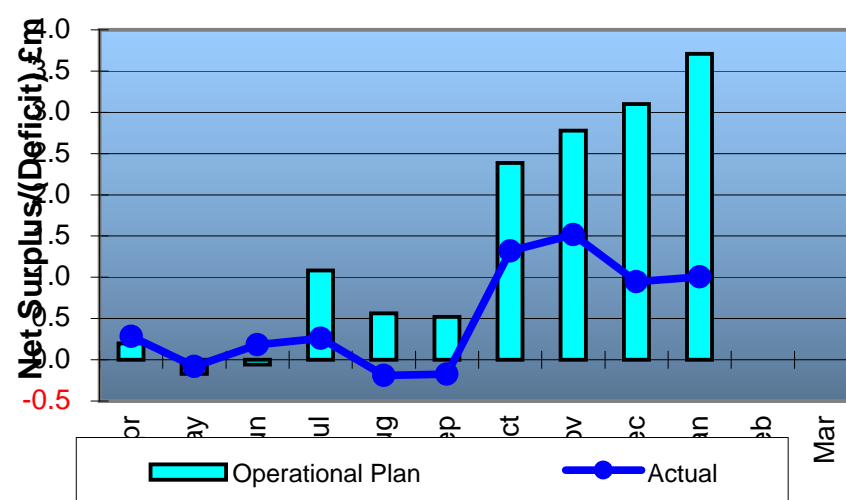
# YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

## Financial Report for the Period 1 April 2013 to 31 January 2014

### High Level Overview

- \* A net I&E surplus for the period of £1.0m means the Trust is £2.7m behind plan.
- \* CIPs achieved at the end of January total £21m. The CIP position is running £0.9m behind plan.
- \* Income from all contracts is assessed to be ahead of plan by £13.6m, before any application for potential contract penalties linked to Cdiff, and the Outpatient follow up ratio.
- \* Cash balance is £25.6m, and is £5.1m behind plan.
- \* Capital spend totalled £10.9m, and is £0.1m behind the plan.
- \* The provisional Monitor Financial Risk Rating is 3, which is on plan.
- \* The Continuity of Service Risk Rating is 4.

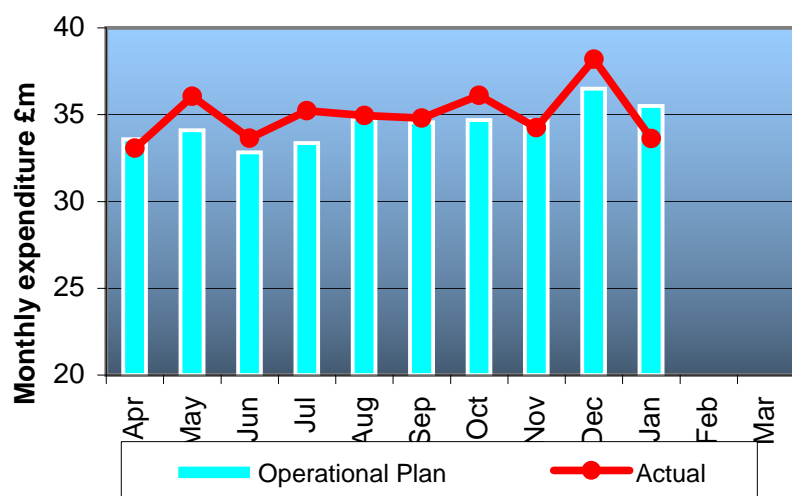
### Net Income & Expenditure



### Key Period Operational Variances

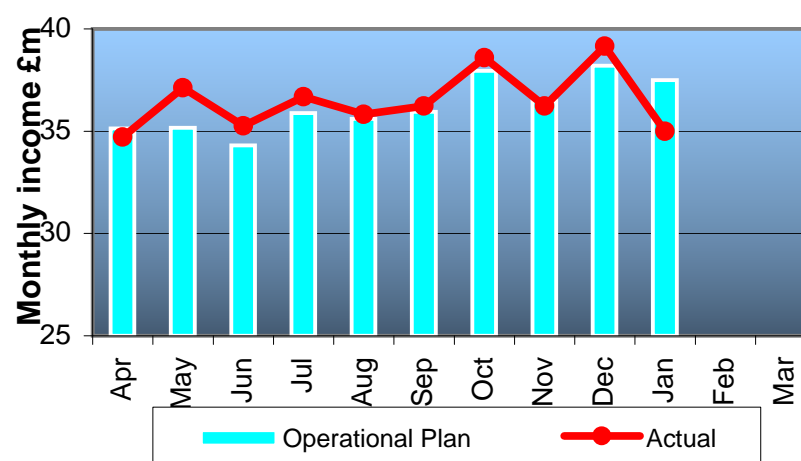
	Plan £m	Act.£m	Var. £m
Clin.Inc.(excl. Lucentis)	307.9	310.5	2.6
Clin.Inc.(Lucentis)	8.6	7.3	-1.3
Other Income	45.7	47.0	1.3
Pay	-238.8	-240.3	-1.5
Drugs	-29.2	-32.4	-3.2
Consumables	-34.2	-34.7	-0.5
Other Expenditure	-42.4	-42.5	-0.2
	<b>17.6</b>	<b>14.9</b>	<b>-2.7</b>

### Expenditure



- At the end of January there is an adverse variance against operational expenditure budgets of £5.3m. This comprises:-
- Operational pay being £1.5m overspent.
  - Drugs £3.2m overspent, mainly due to pass through costs linked to drugs excluded from tariff.
  - Clinical supplies £0.5m overspent.
  - Other costs are £1.6m underspent, primarily due to slippage on planned investments
    - Restructuring costs are £0.8m overspent
    - CIPs are £0.9 behind plan

### Income



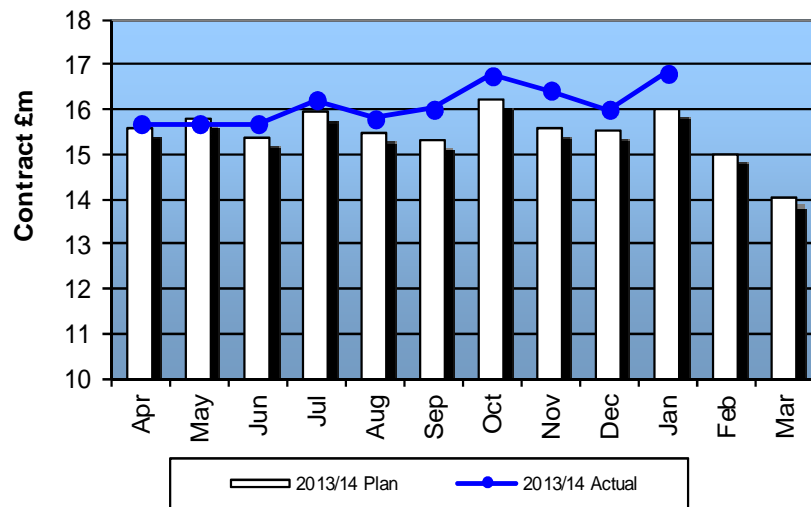
- At the end of January income is ahead of plan by an estimated £2.6m. This comprises:
- Elective and day case income are ahead of plan by £1.5m.
  - Non elective income is £1.0m below plan.
  - Community income is marginally ahead of plan by £0.5m.
  - Out patient income is behind plan by £2.7m
  - A&E is ahead of plan £0.2m.
  - Other clinical income is ahead of plan by £3.4m.
  - Other income is £1.3m ahead of plan
  - Contract penalties and the effect of CCG QIPP schemes are estimated at £0.6m.



# YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

## Financial Report for the Period 1 April 2013 to 31 January 2014

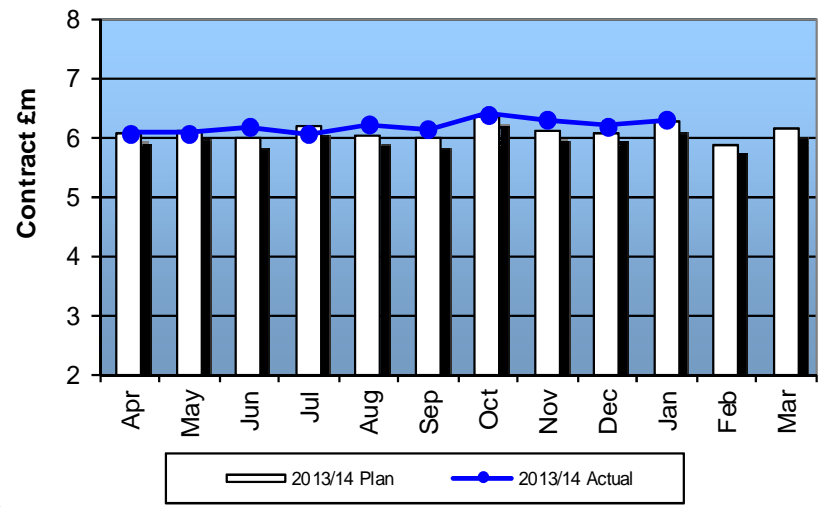
### Vale of York CCG Contract Performance



The contract value is £185.7m.

The contract is ahead of plan by £4.3m ahead of plan and includes estimates for the month of January

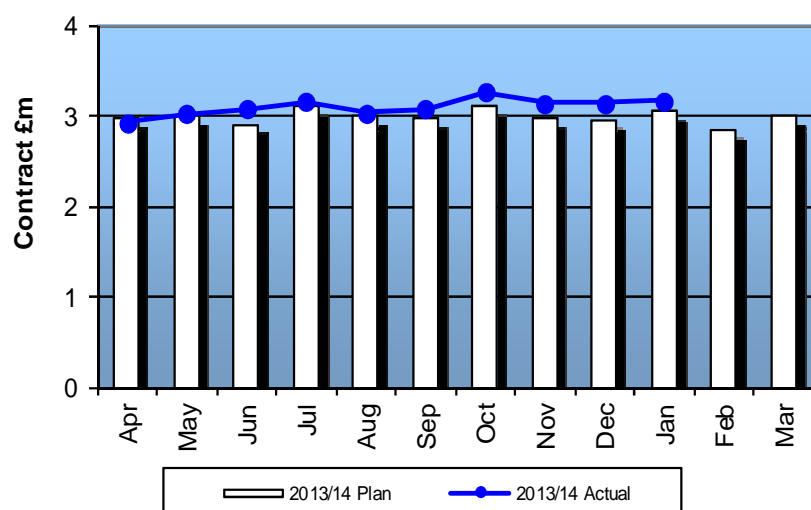
### Scarborough & Ryedale CCG Contract Performance



The contract value is £73.1m.

The contract is ahead of plan by £0.8 and includes estimates for January

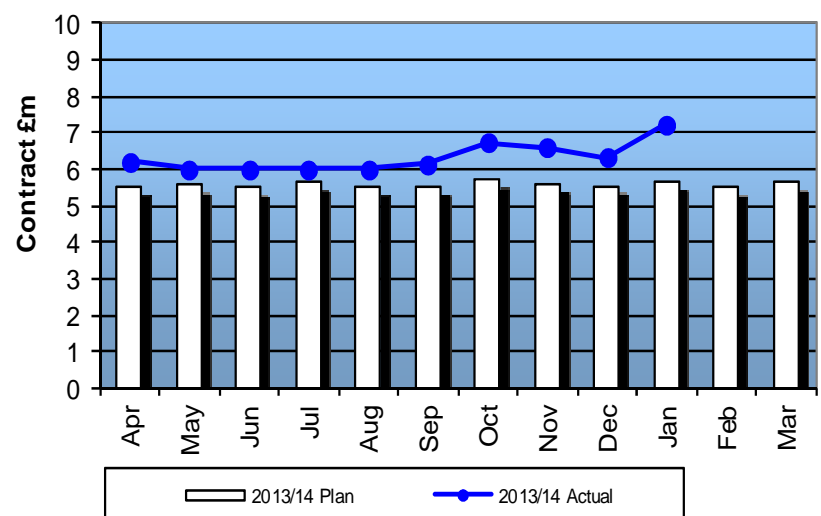
### East Riding CCG Contract Performance



The contract value is £35.8m

The contract is ahead of plan by £1.0m, and includes estimates for January.

### Other contracts - Contract Performance

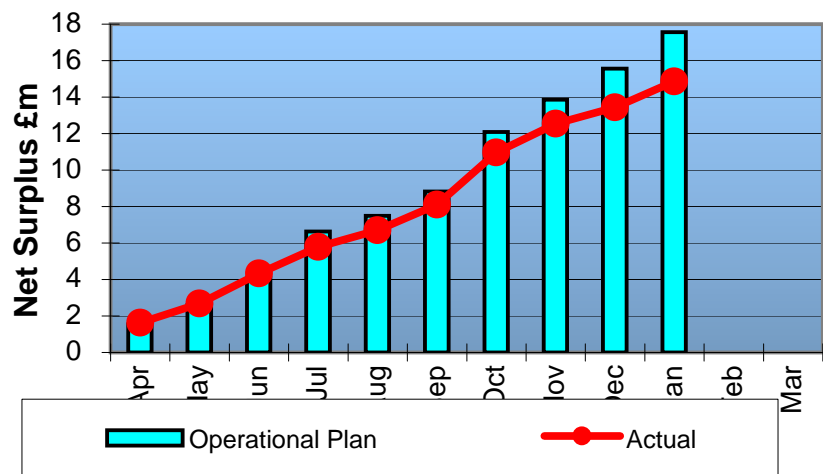


The total contract value is £67.0m

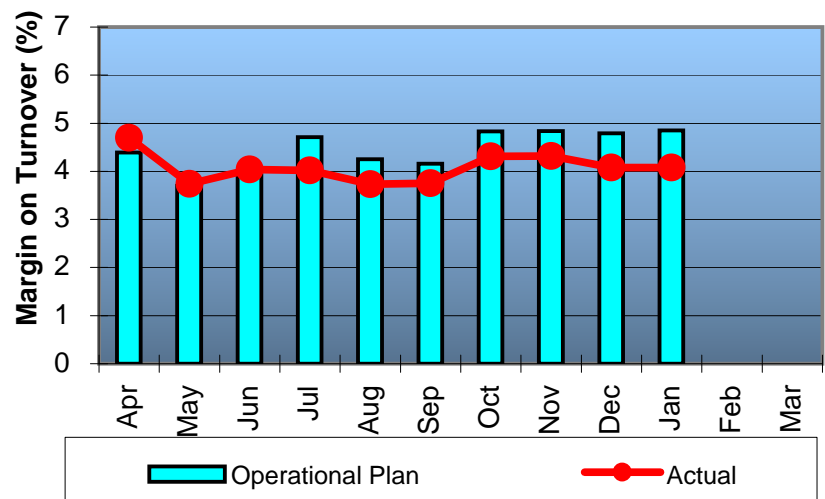
These include the smaller CCG contracts, NHS England (both public health services and prescribed specialist services), and Local Authority contracts. Overall contracts are ahead of plan by an estimated £7.5m. Prescribed specialist services are £5.8m ahead of plan, and Hambleton, Whitby and Richmondshire CCG is £0.7 ahead of plan. These positions include estimates for January.

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2013 to 31 January 2014**

**EBITDA**

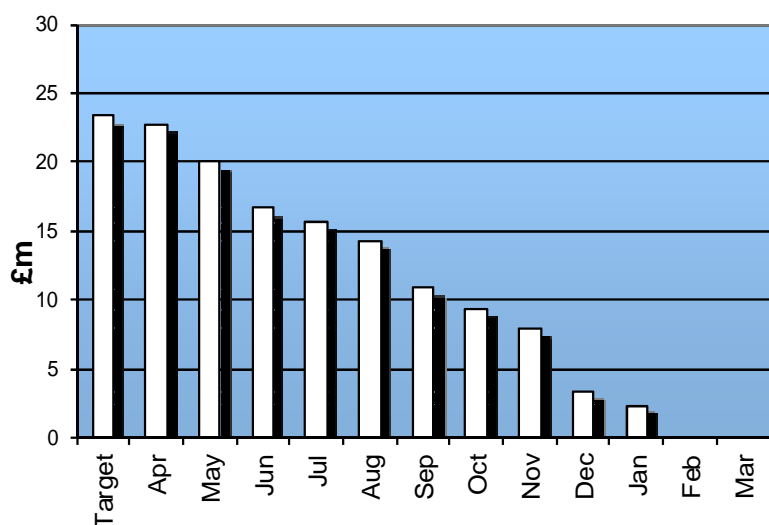


**EBITDA Margin**



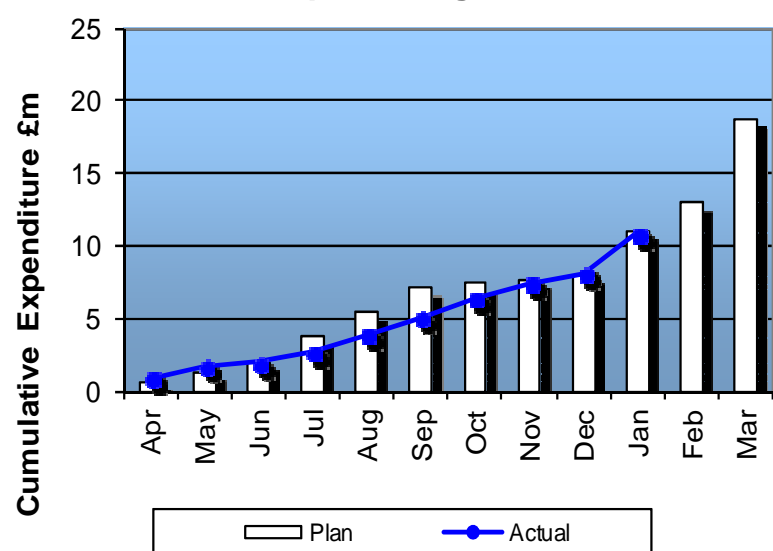
Actual EBITDA at the end of January is £14.9m (4.08%), compared to operational plan of £17.6m (4.85%), and is reflective of the overall I&E performance.

**CIP Outstanding Requirement**



The full year efficiency requirement is £23.4m. At the end of January £21.0m has been cleared.

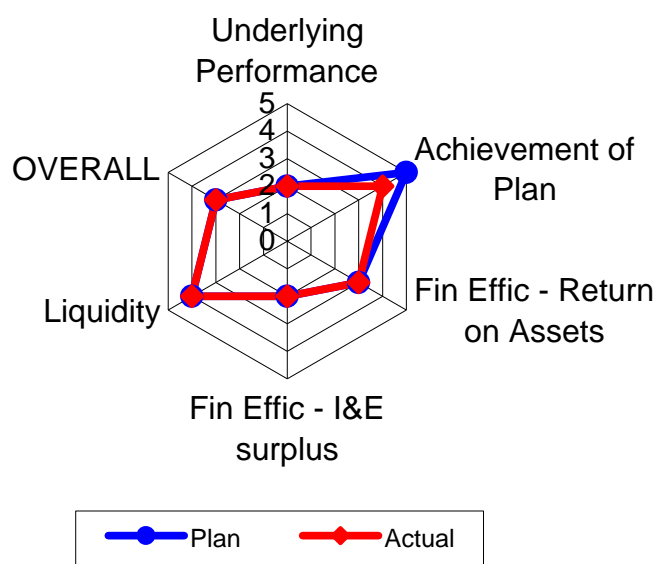
**Capital Programme**



Capital expenditure to the end of January totalled £10.9m and is £0.1m behind plan.

Capital schemes with significant in year spend to date include in York the pharmacy robot and the upgrade of ward kitchens both now complete, the Endoscopy decontamination expansion and the carbon & energy scheme, in Scarborough the maternity theatre upgrade, the new carpark, Maple 2 and Bridlington standby generator.

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2013 to 31 January 2014**



The Trust's provisional overall FRR for the year to date is 3, which is in line with the plan submitted to Monitor.

The 'Achievement of Plan' is behind the plan submitted to Monitor and is reflective of the I&E position being behind plan.

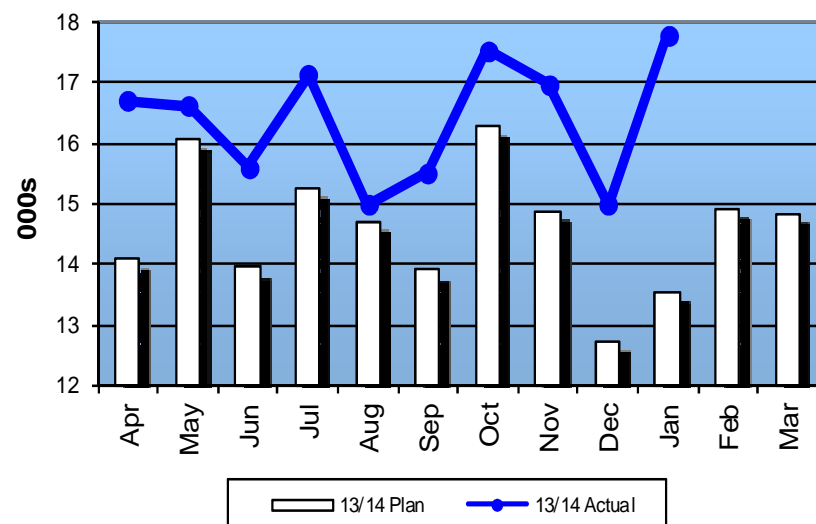
Continuity of Service Risk Rating (CoSSR):

Debt Service Cover rating 4

Liquidity rating 4

**Overall CoSSR** 4

**Referrals (All Sources)**



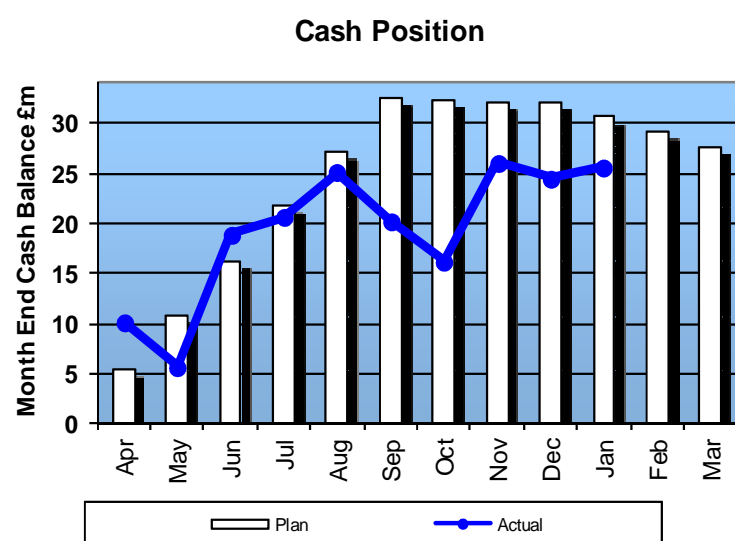
Annual plan 174,884 referrals (based on full year equivalent of 2012/13 outturn)

Variance at end of January: +18,639 referrals (+13%)

GP referrals +12,893 (+15%)

Cons to Cons referrals +305 (+1%)

Other referrals +5,441 (+14%)



The cash balances at the end of January totalled £25.7m, and is £5.1m behind plan. The position includes the £12m transitional income support for the whole year received in June.

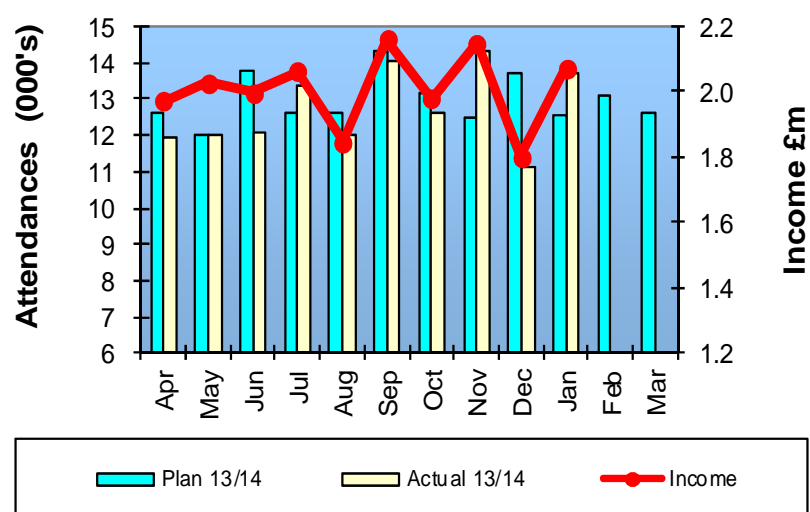
**Monitor Liquidity Ratio**

Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		43			

# YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

## Financial Report for the Period 1 April 2013 to 31 January 2014

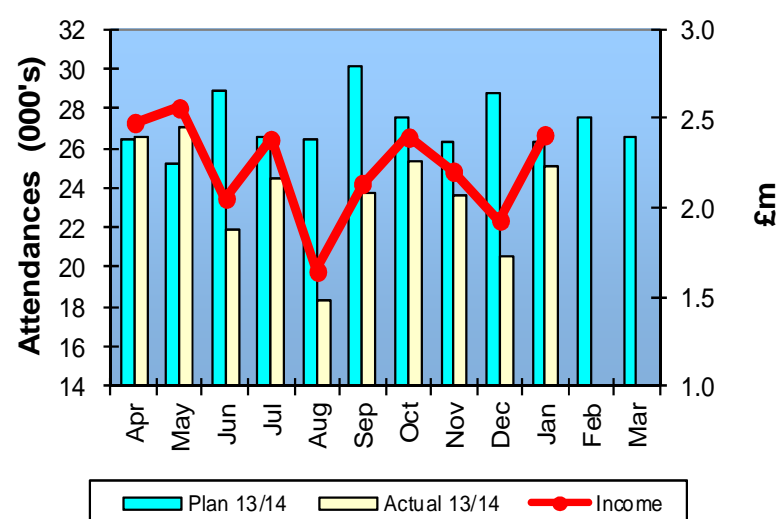
### Outpatient First Attendances



Annual Plan (Attendances) 155,566  
 Variance at end of January: -2,536 attendances (-2%).

Main variances: Ophthalmology -2,990 (-18%), ENT -828 (-11%), Gastroenterology -543 (-12%), Cardiology -2,862 (-23%)

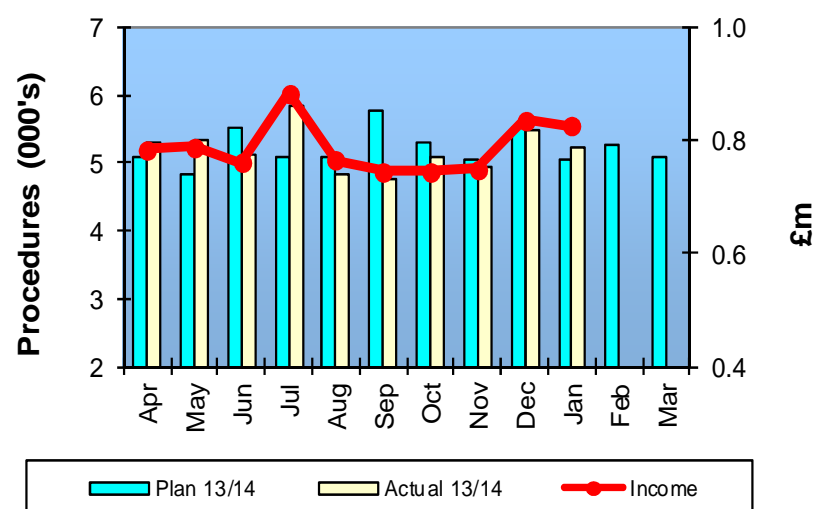
### Outpatient Follow Up Attendances



Annual Plan (Attendances) 326,649  
 Variance at end of January: -35,851 attendances (-13%).

Main variances: General Surgery -3,112 (-15%), Urology -2,307 (-22%), Ophthalmology -20,577 (-32%), Anaesthetics -3,507 (-51%), and Medical Oncology +6,307 (+53%)

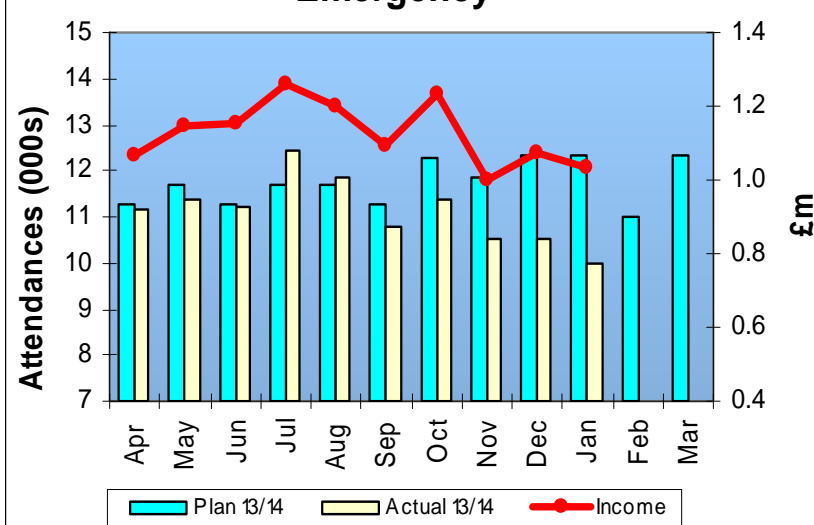
### Outpatient Procedures



Annual Plan (Procedures) 62,554  
 Variance at end of January: -325 procedures (-1%).

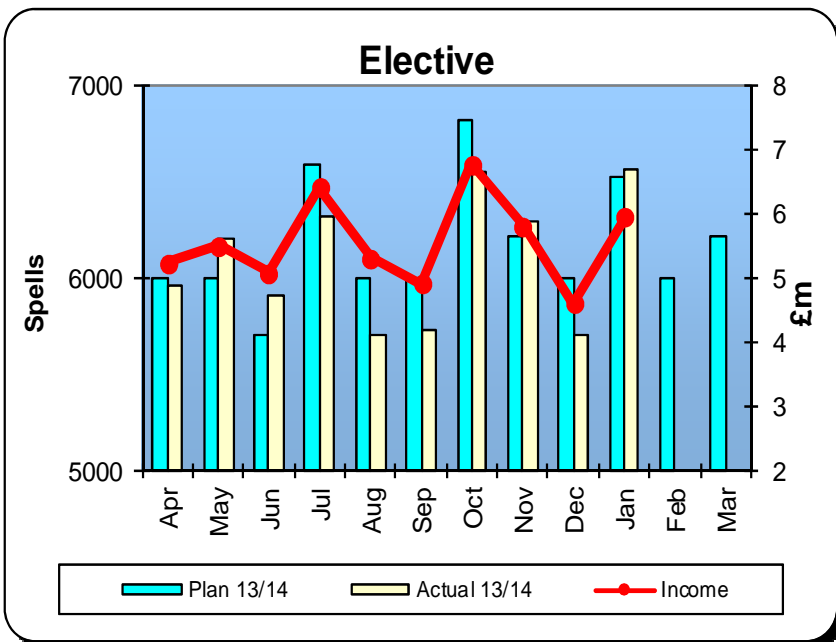
Main variances: ENT +848 (+12%), Orthodontics +1,781 (+30%), Trauma and Orthopaedics +194 (+102%), Cardiology -393 (-9%), and Gynaecology -1,254 (-27%).

### Emergency



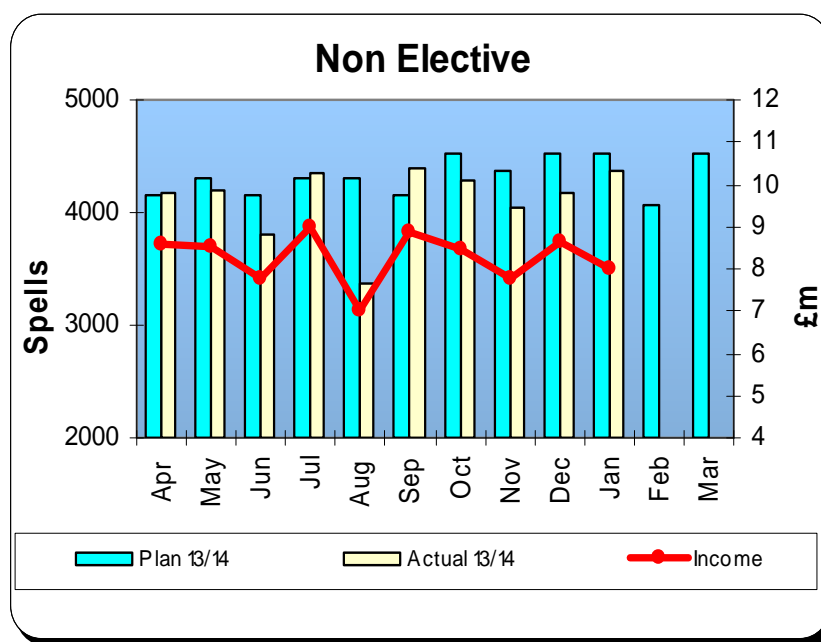
Annual Plan (Attendances) 140,970  
 Variance at end of January: -6,411 attendances (-5.0%).

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2013 to 31 January 2014**



Annual Plan (Spells) 74,033  
 Variance at end of January: -865 spells (-1.4%):  
 inpatient -424; daycase -441

Main variances: General surgery -656 (-7%),  
 Urology +402 (+4%), Gastroenterology -1,611 (-  
 15%), and Haematology +778 (+24%).



Annual Plan (Spells) 51,871  
 Variance at end of January: -2,038 spells (-5%).

Main variances: Cardiology +935 (+77%),  
 Thoracic Medicine +1,180 (+54%), and Trauma &  
 Orthopaedics +383 (+17%). Medical Oncology -76  
 (-35%) Paediatrics -641 (-10%)

**Contract Penalties**

Other Penalties	YTD Actual	Penalty £000	Comments
<u>52 week breaches</u>	21	105	£5k penalty per breach per month. 12 GenSur (York); 3 GenSur (Scar); 2 Ophthal (Scar); 2 Gynae (York). 1 Urology (York), 1 Urology (Scar).
<u>18 week breaches:</u>			Figures are estimates and awaiting confirmation.
- Admitted (90% target, weighting 37.5%)	n/a	124	GenSur £25k; Gynae £36k; Anaes £8k; Rheum. £3k, Urol. £8k. Haematology £4k, T&O £18k, Max Fac £10k.
- Non-admitted (95% target, weighting 12.5%)	n/a	128	Gen Sur £37k; Urology £26k Anaesthetics £10k, Gastro £22k, T&O £6k, Rheumatology £10k cardiology £3k.
- Incomplete pathways (92% target, w'ting 50%)	n/a	58	GenSur £21k; Gynae £6k; Urology £13k; T&O £11k; Ophthalmology £2k,
- Estimate included	n/a	27	An estimate for the month of January has been included.
<u>MRSA</u>	2	10	Penalty is the HRG income.
<u>EMSA/Trolley wait</u>	27	8	EMSA breaches in VIU (19 = £6k); Trolley wait (1 = £1k)
<u>A&amp;E Performance</u>	n/a	136	Faliure to admit, transfer or discharge patients within 4 hours of arrival. Target 95%, actual at quarter 3 93.2%. Target achieved in January. Penalty relates to 2% of cost in quarter 3.
		<b>596</b>	

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**Board of Directors – 26 February 2014**

**Human Resources Strategy Quarterly Performance Report 1  
October 2013 to 31 December 2013**

Action requested/recommendation

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

Summary

The attached document provides updated information for the period October to December 2013, relating to key Human Resources indicators including, sickness, recruitment & retention and workforce expenditure.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

It is anticipated that the 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	This report was only written for the Board of Directors.
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Risk	No risk
Resource implications	None
Owner	Peta Hayward, Director of Human Resources
Author	Siân Longhorne, Workforce Information Manager
Date of paper	February 2014
Version number	Version 1



**York Teaching Hospital NHS Foundation Trust**  
**Human Resources Strategy Performance Report**  
**Key Indicators Trust Summary**  
**Covering Period October - December 2013**

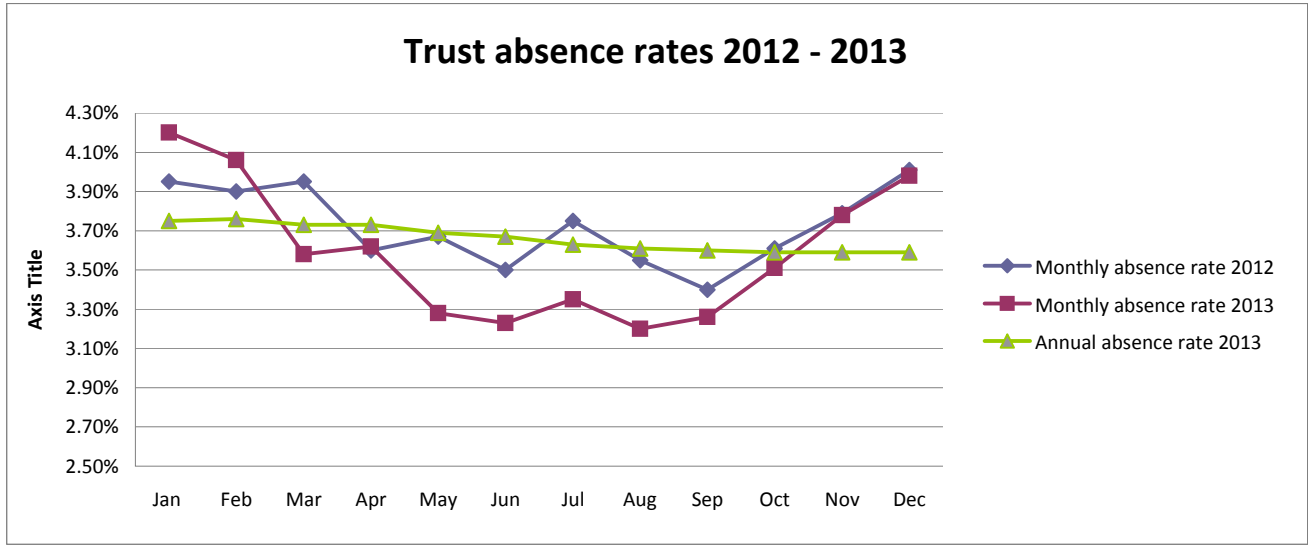
Key Indicator	This quarter (Oct - Dec 13)			Previous quarter (Jul - Sep 13)			Last year (Oct - Dec 12)			Regional Average	Up/down/no significant change	Status R/A/G
	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*	Most recently published data covers the quarter Jul - Sep 13. The average absence for acute trusts in the Yorkshire & Humber region for this period was 3.95% and this trust was ranked second of acute trusts.	No significant change	G
<b>Sickness</b>	3.76%	3.59%	124	3.28%	3.60%	99	3.71%	3.72%	82			
<b>Comments:</b> The annual absence rate has reduced over the course of the calendar year from 3.75% in January to 3.59% in December. The Trust's absence rates continue to compare very favourably with other similar organisations in the region.												
<b>Active Vacancies (FTE) Defined as vacancies approved by VC group</b>	Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		The NHS Information Centre no longer publishes these figures	No significant change	R
	139.31	1.93%		139.30	1.96%		116.59	1.64%				
<b>Vacancies within budgeted establishment (Finance data)</b>	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	No regional figures available	No significant change	R
	7593.81	7090.68	-6.63%	7519.09	6981.31	-7.15%	7440.66	6997.31	-5.96%			
<b>Comments:</b> Vacancy rates remains a difficult metric to calculate accurately due to the differences between the information held in financial systems (e.g. budgets & establishment) and in the ESR HR & payroll system (e.g. staff in post). Staff in post figures have increased by more than 100 FTE in the last quarter, of which almost 57 FTE were registered nurses and almost 34 FTE were additional clinical services (band 2-4 support roles). Staff in post numbers are expected to continue to increase over the next few months as staff who have recently been recruited as a result of the establishment review will start in post.												
<b>Maternity Leave</b>	FTE on Maternity Leave at end of quarter		As % of staff in post	FTE on Maternity Leave at end of quarter		As % of staff in post	FTE on Maternity Leave at end of quarter		As % of staff in post	No regional figures available	No significant change	A
	167.03		2.36%	153.90		2.21%	150.39		2.15%			
<b>Comments:</b> Maternity leave rates continue to be fairly consistent. Any operational challenges created by higher than average maternity leave in particular areas continue to be managed through the Workforce PIM & vacancy control processes & there are now more formal agreements in place about backfill for maternity leave in areas with especially high numbers.												
<b>Turnover (FTE)</b>	10.14%			10.24%			10.11%			12.5% (Yorkshire & the Humber regional average)	No significant change	G
<b>Comments:</b> Turnover rates have not changed significantly for the organisation since the acquisition of Scarborough.												
<b>Appraisal activity</b>	76.00%			83.92%			79.59%			National average for acute trusts in 2012 staff survey was 84%	Down	A
<b>Comments:</b>												
<b>Temporary workforce spend</b>	Spend			Spend			Spend			No benchmarking figures currently available	No significant change	R
	<b>NHSP Spend</b>	£504,077.00		£492,016.00		£552,346.00						
	<b>Bank</b>	£462,057.00		£442,010.00		£341,483.00						
	<b>Agency inc. external medical locums</b>	£1,625,718.00		£1,811,449.00		£2,485,143.00						
	<b>Overtime Spend</b>	£311,351.00		£301,982.00		£356,696.00						
	<b>Total temporary workforce spend</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>					
	£2,903,203	4.01%	£3,047,457	4.21%	£3,735,668	5.24%						

**Temp** **Comments:** Temporary workforce spend is slightly lower in this quarter than last quarter. The biggest proportion of temporary spend (56%) is on agency staffing. Further analysis will be undertaken over the next few months to determine if the expected reductions in temporary workforce spend as a result of the establishment review have been realised.

**Compromise agreements**

In the period from October - December 2013, the Trust has dealt with one COT3 submissions. The Trust has agreed no settlement agreements in this quarter.

\*LTS = staff on long term sickness absence classed as 29 days or more



**Board of Directors – 26 February 2014**

**Workforce Strategy Committee – 11 December 2013**

Action requested/recommendation

The Board are asked to receive this information.

Summary

This report provides an update on the key areas discussed and the actions agreed at the above committee meeting.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

It is anticipated that the 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      New report

Risk                      No risk

Resource implications	Resources implication detailed in the report
Owner	Professor D Willcocks, Non-Executive Director (Chair of the Workforce Strategy Committee)
Author	Zinnia Ritz, HR Manager (Corporate)
Date of paper	February, 2014
Version number	Version 1

<b>Board of Directors – 26 February 2014</b>	
<b>Workforce Strategy Committee – 11 December 2013</b>	
<b>1. Introduction and background</b>	
<p>The members of the Workforce Strategy Committee met on the 11 December 2013 and discussed the following areas:</p> <ul style="list-style-type: none"> <li>- HR Directors Overview</li> <li>- Director of Learning and Research Overview</li> <li>- Update on Nursing Establishment Review</li> <li>- HR Performance Report</li> <li>- Living Wage</li> <li>- Future agenda items for 2014</li> </ul>	
<b>2. Actions</b>	
<p>The actions arising from the committee were:</p> <ul style="list-style-type: none"> <li>- Nomination of the Matron on the Acute Medical Unit for a Star Award in recognition of the improvements they've undertaken through centralised rostering</li> <li>- To review the correlation between vacancies and temporary workforce spend</li> <li>- Ensure links are made between the nursing establishment review and the Corporate Efficiency team/ temporary workforce plan</li> <li>- A paper on the Living Wage to be tabled at the Board of Directors in December 2013 supporting the principle of adopting this. The principle of linking this to probationary periods to be explored further.</li> </ul>	
<b>3. Recommendation</b>	
The Board are asked to receive this information.	
<b>Author</b>	<b>Zinnia Ritz, HR Manager (Corporate)</b>
<b>Owner</b>	<b>Professor D Willcocks, Non Executive Director (Chair of the Workforce Strategy Committee)</b>
<b>Date</b>	<b>February, 2014</b>

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## Board of Directors – 26 February 2014

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

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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

Owner	Alan Rose, Chairman
Author	Alan Rose, Chairman
Date of paper	February 2014
Version number	Version 1



**Board of Directors – 26 February 2014**

**Chairman's Items**

**1. Strategy and Context**

We are meeting as a Board this month with the Vale of York Clinical Commissioning Group (VoYCCG) Board. The topics include the Better Care Fund, the five year strategic planning outlook and vision of the CCG -- which we are asked to align with -- and a number of other topics of mutual interest. Improved integration is being discussed in a variety of forms. The CCG is currently seeking public opinions on the Community Healthcare Services in its area (currently provided by this Trust) and the out-of-hours services (currently provided by Harrogate & District FT). This is the pre-cursor to new commissioning plans, which may well include formal market tendering of parts/all of these services. The current discussion of potential "community hubs" should be viewed in this context. It is interesting that this week we heard about commissioners in Bath being given the go-ahead to competitively tender their Community Services contract for a seven year period! Clearly, purchasers and providers in that area both see the benefit of contract security in terms of commitment, investment and continuity of relationships. In the York GP community, this month has brought further federation of practices as the major groupings continue to consolidate. This changes the balance of "power" in the primary care sector locally and should help facilitate a gradual move towards "seven day care" and the development of bolder models of local healthcare provision.

The Hambleton, Richmondshire & Whitby CCG has formally published (in consultation with us) their announcement to terminate its contract with YTH for Whitby Community Services to be firmed-up over the next couple of years. We will be careful to manage this planned disengagement (in all or part) with utmost care. As this proceeds, we will naturally keep an interest in the Whitby area, as some patients will no doubt continue to choose referral to Scarborough or Bridlington hospital and some will continue to use the acute facilities in Scarborough.

The Channel Four "Dispatches" programme, featuring "24 hours in the life of York Hospital Emergency Department", has been broadcast. The general view seems to be that it showed a fair depiction of activity there and that the target and fine "issues" were reasonably well described and debated by those involved. The editorial line showed a leaning towards the dangers of mechanically-administered fines and how these were not always "helpful" to the development of effective and sustainable patient care. This is a perspective we would broadly agree with, although we accept that targets themselves can focus attention and stimulate innovation and improvement. The risk of enabling access for the programme was probably worth it!

**2. Governance & Governors**

Monitor has the Trust on a "Green" governance rating at the moment (letter dated 30/1/14), but will be reviewing in the next period our ED (recovery) plans, C.Diff. (reduction) plans and medium-term Cost Improvement Plans. All these are in place.

In the City of York, the Health & Wellbeing Board, Health Overview & Scrutiny Committee and the local HealthWatch are planning a joint session to rationalise their areas of focus. We are supportive of this effort.

A number of Directors are engaged in a Review of aspects of our governance at the Trust – which will ensure we are continuing to evolve this as the integration of York and Scarborough proceeds. We expect this to alter the way in which a small number of our committees and “boards” work, to whom they are accountable, etc.. The timing of this is intended to parallel a clarification of the portfolios of each Director and the associated risk, assurance and Board reporting processes that support the functioning of these.

I am delighted to report that one of our publicly-elected York Governors, Margaret Jackson, has been elected by the Governing body to be the Lead Governor w.e.f. 1/4/14. We congratulate Margaret and look forward to working with her. We will be thanking our existing Lead Governor, Helen Mackman, in March, at completion of her four years in the role. As reported last month, we are planning to refresh the role of Staff Governor and will include details of this in our March “Staff Matters” publication to all Staff. The next Council of Governors meeting held in public will be on 12<sup>th</sup> March in York (see Trust website for details).

**3. Recommendation**

The Board of Directors is asked to note the report.

<b>Author</b>	<b>Alan Rose, Chairman</b>
<b>Owner</b>	<b>Alan Rose, Chairman</b>
<b>Date</b>	<b>February 2014</b>

**Board of Directors – 26 February 2014**

**Chief Executive Report**

Action requested/recommendation

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

Summary

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

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report      Report developed for the Board of Directors

Risk      No specific risks have been identified in this document.

Resource implications	The paper does not identify resources implication
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	February 2014
Version number	Version 1

## Board of Directors – 26 February 2013

### Chief Executive Report

#### Introduction

We begin the year with a predictable increase in demand on both our major sites but I am pleased to report that in general we have coped well. This is largely as a result of our planned investment in staff and services to cope with this demand internally, primarily through the resilience plan, but also to some degree through the additional winter funding that CCGs have invested in a number of schemes to alleviate demand on the hospital and facilitate discharge. Clearly we will have to evaluate the impact of each of the schemes in the coming months as to their individual impact but there is no doubt in my mind that the “system” in and around the main hospitals has benefited overall from this investment.

January and the early weeks of February have been notable in terms of the growing benefits of the integration on two counts in my mind.

Firstly, we have engineered rapid progress in the development of Bridlington as an elective centre for the East Coast (and potentially York and Selby). You will recall that the separation of planned care and acute capacity is a key priority and the Bridlington site offers the opportunity to do this by exploring its spare bed capacity and in turn relieving the pressure for beds that are in short supply on the Scarborough site. We have committed to the leasing of a modular operating theatre, taking us to 3 theatres, and this will allow us to transfer in large part elective orthopaedics away from the main site in Scarborough. This will begin in earnest in late April and early May. Staff have been consulted, their options made and I am pleased to report that staffing the unit is no longer a short term risk to the project.

Secondly, the Scarborough Hospital has experienced a significant outbreak of Norovirus that in previous years would have crippled both its elective and acute capacity. We have been able to successfully divert patients to York with a flexibility that simply would not have been possible previously. I have thanked the CEO of the ambulance service for the marvellous support his team provided to us during this period and I want to also thank the respective Directors of Operations, Mandy McGale and Liz Booth, for their management of this.

Both these examples can serve us well in the coming months as we build up the communication of the benefits and challenges still to face of the integration and simply surviving in the NHS over the coming months.

In terms of performance we are achieving the ED target overall which is key. The reasons for this are many but a combination of additional investment and resolute management have been major contributors and we are increasingly confident of achieving the target for this quarter. However, a major concern is that the winter funding was by definition non-recurrent and we have flagged this with commissioners as a risk to sustaining performance going forward.

We continue to have concerns about the growing waiting list backlog that is real evidence of an underlying imbalance between the demands placed on us for elective care and our capacity. However, we cannot allow this to compromise the care of our longest waiters and

as such I have briefed the Chair that we have been in discussion with Monitor and our commissioners about a plan to “fail” the 18 weeks target in March. This has been agreed in principle and I will of course brief you more fully at Board. Importantly, and in this context, together with Scarborough CCG we have invited in the 18 weeks intensive support team to consider both our planning and management of 18 weeks and the role commissioners play in this.

By the time we meet a number of us will have participated in the Board to Board meeting with VOYCCG and I look forward to considering the outcome of this further with the whole Board in due course.

### Operational Overview

January saw a typical post-Christmas increase in acute admissions and increased attendances in the Emergency department on both York and Scarborough sites. This was further compounded by increased Delayed Transfers of Care which impacted on bed capacity. Despite this due to a combination of additional resilience resource and winter pressure money schemes materialising the 4 hour target was achieved. The Directorates have worked in collaboration to proactively manage patient flow. Weekly conference calls continue with Monitor.

Non elective demand has also been high and for the majority of the month the Trust was on Amber Alert. Scarborough has experienced some cases of Norovirus and this has resulted in 2 wards being closed or partially closed during the month. The winter resilience plan has continued to operate as expected and escalation beds have been used appropriately in both York and Scarborough. The development of the Day Unit/Extended Stay Area (ESA) at Scarborough has helped to ensure that no elective activity was cancelled during the month. This development has been well received at Scarborough by patients and staff alike.

Work is continuing on the redesign of the patient flow to streamline patient pathways, so prevent unnecessary patient transfers and increasing the utilisation of non acute beds and reduce length of stay.

Work will also commence in April on the development of the resilience plan for 2014/15 with staff being de-briefed on the current plan.

### Online Parentcraft Classes

As you may have seen in the local media, York Hospital's maternity team have taken the step of making antenatal (parentcraft) classes available online. This was done in discussion with the MSLC and based on feedback from parents. Our midwives recognised that the world is changing, and with an ever-increasing range of options available for people to access information, have found that women are voting with their feet, with less than 30 per cent of pregnant women attending antenatal classes.

Furthermore, the needs of pregnant women who have specific and complex requirements were not always being met in the best way. The time saved on not delivering classes will release midwives to spend more time with these women and to giving one-to-one education to those who find it difficult to access services for whatever reason.

All pregnant women have access to one-to-one care from their midwife through their antenatal appointments, and the maternity department offers 24 hour support by telephone throughout pregnancy.

The Trust is wholly supportive of this approach and I am confident that the midwifery team continue to provide excellent care for pregnant women in our local area.

Hugh Bayley, MP for York Central, has publicly opposed this decision. He has met with the midwifery team and has raised a Ministerial question on the subject, which was responded to by Dr Dan Poulter (Parliamentary Under Secretary of State at the Department of Health) in the House of Commons in January this year. Mr Bayley requested a meeting with the Minister to discuss this matter and to request that he asks NICE to conduct a review of their guidance on antenatal care to determine whether antenatal classes should be allowed to be delivered in this way. The meeting took place on 25 February and was also attended by Mike Proctor and Chris Foster, (Matron for Midwifery). Mike will be pleased to brief you on this.

### Investment in Therapists

I am pleased to report that Corporate Directors recently approved a business case to improve the Therapy input to Scarborough and Bridlington hospitals. This case sees over £200k being injected into additional staffing on the hospital sites with quality and service benefits but also with a clear expectation around improvements in length of stay. This investment case follows in depth work by the Therapies Management Team to identify service shortfalls, gaps and opportunities for improvement. It is clear to me that such a significant investment in Therapies on our East Coast sites is long overdue and I have no hesitation in setting high expectations around delivery of the associated benefits under the leadership of the Directorate Management Team.

### Awards

I am pleased to be able to report to you that Dr Alison Corlett has been appointed as the new Post Graduate Director for Medical Education. I know the intention is that Alison working with the Deanery and Sue Holden will look at the development of a strategy for Post Grad Education and develop closer linkage to HYMS to ensure our doctors receive the best training experience possible.

I am also pleased to be able to report that Andrew Betts Assistant Head of Estates has been short listed for Estates Manager of the Year as part of the HefMa Awards 2014.

I would request the Board joins me in congratulating Alison and Andrew on their achievements.

I believe this evidences that the Trust continues to attract and maintain high calibre staff.

### Staff Survey

The results of the 2013 staff survey were released to Trusts in the middle of February and will be published and available to the public from 25th February. The results present 28 Key Findings based on responses to individual survey questions and compare results to those of other acute trusts and to the Trust's results in 2012.

The 5 areas where the Trust compares most favourably with other acute trusts are;

- % of staff working extra hours;
- % of staff witnessing potentially harmful errors, near misses or incidents;
- % of staff experiencing discrimination;
- % of staff believing that the Trust provides equal opportunities for career progression or promotion;

- % of staff experiencing harassment, bullying or abuse from other staff.

In addition, the area in which the Trust has improved in the past year is the % of staff receiving appraisals.

The areas where the Trust compares least favourably with other acute trusts are;

- % of staff receiving health & safety training;
- % of staff feeling satisfied with the quality of work and patient care they are able to deliver;
- % of staff having equality & diversity training;
- % of staff saying hand washing materials are always available;
- fairness & effectiveness of reporting procedures.

The score for the % of staff receiving health & safety training has deteriorated from last year, as has the score for the following findings; % of staff suffering work related stress; staff motivation at work; work pressure felt by staff.

The Trust is given an overall score for staff engagement calculated based on responses to questions that make up 3 of the Key Findings. The score is a scale summary score (1-5) with a score of 5 indicating staff that are highly engaged. The Trust's score of 3.66, whilst not significantly changed from the 2012 score, is worse than the average score for acute trusts (3.74).

### Annual Planning

The Board is aware that the Trust along with all other Trusts is in the process of developing the annual plan for submission to Monitor in March. Given this work I thought it would be an excellent opportunity to review were we are with our current annual plan. Attached to this report is a short update on progress against each of the objectives identified in the Clinical Strategy in the 2012/13 annual plan.

### Dispatches Programme

At the end of last year the Trust agreed to be involved in an episode of Channel 4's current affairs programme Dispatches. After careful consideration, and having had the opportunity to meet the production team and discuss what this would involve, we agreed that the programme presented an opportunity to explain to the public some of the more complex issues relating to the financial framework currently in operation in the NHS, in particular fines and penalties relating to the achievement of targets in emergency and acute care, and the impact this has on hospitals. The feedback on the whole, both within the organisation and outside, has been positive and there has been some debate locally about the issues raised. I believe that, with careful consideration of the risks, we should be open to opportunities such as this to help explain to the public what we do and the circumstances we are working within. I also recognise that having a film crew in the hospital can be a big ask and I want to place on record my appreciation for the manner in which our staff, particularly in the emergency department, dealt with the challenge. 'Putting patients first' was the message that shone through during the programme, and this was clear despite the obvious pressures facing the hospital at the time of the filming.

### Carbon Energy Fund project at Scarborough

A business case for a Carbon Energy Fund project at Scarborough and Bridlington was considered and approved in principle at the Capital Programme Board last month. This



project will allow the Trust to work with the CEF, as we did at York, and enable us to investigate the potential of combined heat and power and energy efficient lighting at both Scarborough and Bridlington. The same procedure and processes will be followed as in the York CEF project which is now in its implementation stage.

### **3. Recommendation**

The Board is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

<b>Author</b>	<b>Patrick Crowley, Chief Executive</b>
<b>Owner</b>	<b>Patrick Crowley Chief Executive</b>
<b>Date</b>	<b>February 2014</b>

Summary update of progress against the Annual Plan 2013/14

Title	Summary description	Update
Continuation and enhancement of integrated clinical team working across the York and Scarborough Hospital sites.	This involves single directorate clinical and management structures, standardised governance and clinical protocol arrangements, the sharing of expertise and capacity, developing access to sub-specialised services across the patch, redesigned service pathways generating improvements in care and economies of scale and streamlined recruitment processes to attract and retain skilled staff. The intention is to move to have fully integrated single directorate structures within the organisation by April 2014.	There has been significant progress in this area with fully integrated single Directorate structures implemented in several key areas (e.g. General Surgery, Trauma and Orthopaedics, Specialist Medicine. Theatres and Anaesthetics Work is continuing to look at implementing single Directorate structures across all areas within 2014/15.
<b>Review of the approach to managing acute care and the impact on internal capacity.</b>	<p>There is an acknowledgement that triage and assessment need to occur earlier in the patient pathway to ensure staff resources are deployed to best effect and patients are cared for in the most appropriate way .This will involve work with CCG colleagues in designing a single point of access for triage at a primary/neighbourhood care level and liaison with trust staff for potential new cases in addition to known groups of patients with multiple long term conditions and the frail elderly.</p> <p>In addition, work will continue internally on developing more focussed hospital acute assessment triage involving Acute Physicians, GP's operating out of the Emergency Departments and the continuation of integrated minor injury unit working that has involved the physical relocation of staff.</p>	<p>“Community hub” arrangements are being developed with both local CCG's to enable single points of access for triage at primary/neighbourhood care level and liaison with Trust staff for elderly and long term condition patient groups. The organisation is participating in pilot schemes with CCG colleagues</p> <p>Integrated minor injury unit working and GP's operating out of Emergency Care Departments has been progressed over the last year across the Organisation. The Acute Strategy has been developed involving an Organisational commitment to integrate acute physician responsibilities into the job plans of an extended cohort of Consultant staff in 2014/15.Plans have also been made to</p>

	<p>Also, Early Supported Discharge Schemes for long term condition patient groups (e.g. Stroke and COPD patients) involving specialist hospital/community teams that will enhance recovery through self-management in the community setting while freeing up acute bed capacity in the hospital setting will also be explored.</p>	<p>develop the future role of dedicated Acute Physician posts.</p> <p>The Early Supported Discharge Scheme for Stroke patients will become fully operational in April 2011</p>
<p>Review of internal bed configuration on the main Hospital sites and the approach to elective care</p>	<p>There is consensus that there is potential to transfer beds from surgery to create additional dedicated medical/elderly capacity. The remaining surgical bed base would be tightly managed and improvements in productivity and efficiency through increased usage of day surgical and extended stay beds and enhanced recovery beds on surgical wards will be pursued further. Possibilities of separating elective surgical capacity in dedicated units outside the main hospital sites (including Bridlington Hospital and potentially Clifton Park Treatment Centre as part of a future tendering exercise when the current contract expires) will also be explored further.</p>	<p>Detailed Project Plans will be worked up for implementation in 2013/14 and 2014/15.</p> <p>A detailed Project Plan for additional dedicated medical/elderly capacity and increased use of day surgery and extended stay beds has been developed and will be fully implemented following further review in 2014/15. A Project Plan for the utilisation of Bridlington Hospital for dedicated Orthopaedic elective capacity has been worked up and will be implemented in full in 2014/15.</p>
<p>Redefinition of role and purpose of Community services and hospitals</p>	<p>There is agreement that this element needs to be part of the core business of the organisation. Working with CCG colleagues the role of neighbourhood care teams requires to be developed for triage and assessment purposes (see above) and the management and usage of Community Hospital beds for step down requires review. The management of frail elderly patients with geriatrician input will be explored further.</p> <p>Detailed Project Plans are being worked up with the</p>	<p>Plans for the development of the Community hub concept involving integrated early triage and assessment on a pilot basis (see above) and the future management and usage of Community Hospital beds and facilities for step down purposes and ambulatory care involving Geriatrician and Social Services have been worked up.</p>

	CCG Care Collaborative meetings (see below) for implementation in 2013/14.	
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**Board of Directors – 26 February 2014**

**Impact and Implications of Tour de France 2014**

Action requested/recommendation

Trust Board members are asked to note and support the work of the Planning Group.

Summary

To provide an update on current Trust planning arrangements for the Tour de France 2014 Grande Départ.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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	Corporate Directors/ Executive Directors
Risk	Risk to continuity of service detailed.
Resource implications	Resources implication detailed in the report.
Owner	Sue Holden, Director of Corporate Development
Author	Derek Bartrop, Emergency Planning Adviser
Date of paper	February 2014

Version number

Version 1

<p><b>Board of Directors – 26 February 2014</b></p>
<p><b>Impact and Implications of Tour de France 2014</b></p>
<p><b>1. Introduction and background</b></p>
<p>Following receipt of information regarding the Tour de France 2014 Grande Départ coming to the Yorkshire Region in 2014, NHS Trusts likely to be affected were required to establish an organisational planning group, identify potential risks and put in place appropriate mitigation arrangements. Further information regarding the Tour de France 2014 Grande Départ is provided in the briefing sheet attached below.</p> <p>Corporate Directors received an initial report in November 2013 and regular reports thereafter regarding the likely impacts, implications and preparation requirements of the Tour de France 2014 Grande Départ as affecting the organisation (primarily the services in York Hospital and the surrounding area). This report was provided to Executive Board at its meeting on 19<sup>th</sup> February 2014.</p> <p>The Trust's Tour de France Planning Group has begun to meet regularly to receive briefings, share information and current understanding, and identify actions that Directorates and/or teams needs to consider or undertake. The Group has also received a short DVD presentation from North Yorkshire Police which puts the Grande Départ in context and provides some useful background information.</p> <p>The Tour de France Planning Group is working with the Emergency Services, City of York Council and NHS England to understand both the likely impacts and requirements of The Tour. The planning group now includes representation from key Trust Corporate and Operational Directorates, Yorkshire Ambulance Service and Leeds and York Partnership NHS Foundation Trust. Links have been established with the planning arrangements being put in place at Harrogate and District NHS Foundation Trust (the Emergency Planning Adviser is a standing member of this Group).</p>
<p><b>2. Identified Risks / Mitigation Arrangements</b></p>
<p>Directorates were asked to provide details of their identified risks and mitigation arrangements to the Tour de France Task and Finish Group to enable the development of a Trust wide coordinated approach. A Summary of the key risks and mitigations identified by this process is attached below.</p> <p><b>Key Issues</b></p> <p><b>a) Staff Access/ Cover</b></p> <p>The Trust has now received details of the Tour route and associated road closures. Roads across the City of York will begin closing from 5am on Sunday 6<sup>th</sup> July, meaning that vehicle access to the Hospital thereafter will only be via Wigginton Road. Whilst some roads will re-open from noon, others will remain closed until 5pm; all roads could be congested prior to closure and following re-opening due to the projected number of visitors. Consideration will need to be given to shift start times and advice to staff about travel to work arrangements. The need for operational On-call staff to be on or near site during this period (an assumed</p>

requirement) may need to be considered during rota planning.

We are aware that other neighbouring NHS Trusts (e.g. Leeds/York Mental Health Trust, Harrogate Hospital and Leeds Teaching Hospitals) have suspended all new leave requests for the period of the Tour weekend and the days around it until risk assessments around likely numbers of people in the vicinity and associated health issues are completed and mitigation arrangements are understood. NHS England are modelling numbers and the potential impact on health services locally but no timescale has been set for when this information would be available.

Corporate Directors have recommended not to apply a “leave freeze” for staff groups within York Hospital and the surrounding Community Services. However, Clinical and Corporate Directorates will need to ensure that they have sufficient staff and an appropriate skill mix available to maintain service provision throughout the Tour risk period.

Corporate Directors have agreed

- planning should be on the basis that the weekend 5<sup>th</sup>/6<sup>th</sup> July is a declared major incident for the Trust.
- Silver/Gold Command and Control arrangements will be put in place for the Tour period
- all Directorates/Teams should ensure that they have sufficient staff and appropriate skills on site (recognizing the potential disruption arising from the large number of visitors).
- shift times for staff at York Hospital for Sunday 6<sup>th</sup> July should be amended to ensure staff are on site before the 5am road closures.
- (limited) on-site accommodation will be made available for on-call consultants and others identified as being required.
- volunteers are to be sought from staff who may wish to work on Sunday 6<sup>th</sup> July
- all Directorates/Teams should review their business continuity arrangements for the Tour risk period and contribute to the Trust’s Action Plan.

## **b) Services for Patients**

There will be a number of communities and properties isolated by road closures and potential travel disruption in and around the city and surrounding countryside and planning will need to ensure the maintenance of critical services to patients who live in these areas. The Community Services Management team will be developing an appropriate service and staffing plan in line with Hospital Management colleagues in the Operations Directorate who are considering the potential for rescheduling elective and outpatient activity and reviewing inpatient/Critical Care capacity on and around the first weekend in July. Patients who received planned services during the Tour period should be advised of amendments in service provision. Advice and information for patients’ visitors will be developed.

Yorkshire Ambulance Service have offered to site a static Minor Injuries Unit on the hospital site if need be on Sunday 6<sup>th</sup> July. The offer is being considered in the light of estimated numbers (see briefing below) and patient flow and staffing issues being taken into account. We will be liaising with Vale of York CCG regarding any support and assistance that primary care may be able to provide in the staffing of this Unit.

Further work is necessary to understand the likely impact, due to disruption to other hospitals and on the regions road network, on the transfer of patients during the Tour weekend and the likelihood of additional patients self-presenting or being re-directed to Trust hospitals, specifically other than York. Contact is being maintained with Yorkshire Ambulance Service and colleagues in Harrogate and Leeds involved with similar contingency planning to further understand this and assess the impact.



### **c) Command and Control Arrangements**

It is currently understood that there will be a requirement to establish command and control arrangement around the Tour period to ensure the exchange of information with NHS England's arrangements, the local authority and the emergency services. This will involve the on-call Director and Directorate Manager. Corporate Directors have agreed that Silver/Gold Command and Control arrangements will be put in place for the Tour period.

### **d) York Hospital / Bootham Park Hospital Security / Car Parking**

Meetings have taken place between Facilities Management and the Leeds/York Mental Health Trust about site security arrangements and the likely need to augment staffing numbers. Consideration is also being given to parking arrangements generally and for patient visitor parking over the period given the likely influx of visitors to the area. There will be a need to ensure that appropriate staff parking is preserved, although these may be subject to specific restrictions for the Tour period. Discussions are ongoing with both Yorkshire Ambulance Service and North Yorkshire Police regarding the preservation of the air-ambulance landing site. Both parking and security will be reviewed by the Planning Group.

### **e) Other Issues**

Corporate Directors will be discussing with the Vale of York CCG about the need for both Commissioners and primary care providers to be engaged more actively with the planning process and delivery of the response. Similarly discussions will be had with the NHS England Area Team regarding support for the concept of a dedicated North Yorkshire wide co-ordination group led by NHS England.

Further advice and guidance, outlining the detailed points above, will be provided to Clinical and Corporate Directors and Directorate Managers shortly.

## **3. Recommendations**

Trust Board members are asked to note and support the work of the Planning Group (the Executive Board have received and approved this briefing note at its meeting on 19<sup>th</sup> February).

Clinical and Corporate Directors should

- be planning on the basis that the weekend 5<sup>th</sup>/6<sup>th</sup> July is a declared major incident for the Trust.
- have arrangements in place to support Silver/Gold Command and Control arrangements put in place for the Tour period
- ensure that they have sufficient staff and appropriate skills on site (recognizing the potential disruption caused by the large number of visitors)
- amend shift times for staff at York Hospital for Sunday 6<sup>th</sup> July to ensure staff are on site before the 5am road closures.
- identify on-call consultants and others required on duty who will need on-site accommodation.

- identify staff volunteers who wish to work on Sunday 6<sup>th</sup> July
- review their business continuity arrangements for the Tour risk period and
- contribute to the Trust's Tour de France Action Plan.

#### 4. References and further reading

##### **Tour de France 2014 Grande Départ**

On Saturday 5 July 2014 the Tour de France cycle race begins in Leeds as part of the Yorkshire Grand Départ. Over two days the largest annual sporting event in the world will travel through Yorkshire. The Grand Départ will be preceded by a 100 day cultural festival.

NHS England has established a Yorkshire wide co-ordinating and planning group for the NHS organisations likely to be affected by the race. This group is likely to meet quarterly to receive reports, monitor progress and share best practice. Individual providers are encouraged to establish their own planning arrangements and to participate in any local planning groups as appropriate.

Below are details of NHS planning requirements, lists of potential risks and opportunities, and a number of facts and figures about the race.

##### **NHS Planning**

Each NHS organisation is required to

- established organisation specific planning arrangements
- participate in local planning arrangements as appropriate
- identify potential (strategic) risks that will require mitigation
- evaluate risks, using the risk matrix utilized within Community Risk Registers
- mitigate risks
- develop plans /action cards for identified risks
- forward details of risks to Yorkshire Ambulance Service for inclusion in Yorkshire wide planning and assurance arrangements
- provide assurance to the Local Health Resilience Partnership

##### **Potential risks**

Whilst full details of the route and timings are not currently available, initial risks for the Trust are likely to include the following<sup>1</sup>

- Challenges in accessing health service premises as a result of road closures (the roads affected may be closed for long periods of time affecting all health services (roads may be closed prior to 5/6<sup>th</sup> July)
- Impact on staff being able to get to/leave work
- Staffing availability due to inappropriate leave and/or absence management
- Impact on community based staff visiting patients
- Disruption to patients' visitors
- Inappropriate use of hospital car parking
- Increased scrutiny of healthcare facilities and services (global, national and local

media) with potential reputation management required

- Increased activity in urgent care services due to the number of spectators (*estimates of 1 million additional visitors per day*) requiring staffing, supplies, surge planning
- Increased calls to providers for health advice
- Increase risk rating for impact of heatwave/dehydration with additional visitors and prolonged exposure
- Impact of concurrent events or incidents
- Increase of potential number of people affected for other identified hazards and threats including increased public/media scrutiny
- Delay in emergency services accessing/arriving at hospital sites
- Ability of emergency services to maintain normal service levels
- Potential of large numbers of non-English language speakers requiring healthcare and advice
- Increase in A&E attendance before and after the event as a result of cycling promotion
- Increased capacity required to share information, participate in planning activities, prepare contingency plans
- Increased capacity required to communicate during the event
- Potential requirement to establish command and control arrangements during the event

## **Opportunities**

Initial opportunities for the Trust may include the following

- Promoting and embedding business continuity arrangements
- Promoting cycling/cycling to work
- Exercise and health promotion
- Raising the profile of the Trust to a national/international audience

## **Race Facts and Figures**

Tour de France Grande Départ commences in Yorkshire 5<sup>th</sup> and 6<sup>th</sup> July 2014. Based on experience from previous races the following projections can be utilised for planning.

Race will commence Saturday 5<sup>th</sup> July in Leeds late morning and arrive in Harrogate 3-4 hours later

Race will commence Sunday 6<sup>th</sup> July in York, travel to Harrogate and then on to Sheffield.

Approx 200 riders plus 600+ vehicles - convoy approx 7 -8 miles long

Projection of 2million spectators over two days plus local population

Roads closed for extended period before and after race preventing any movement of spectators - possibly up to 12 hours

Spectators spend average of 6 hours on roadside

No non race traffic allowed along or across route (note route dissects North Yorkshire)

High profile event; 350 media outlets, 2000 journalists, 9 helicopters; the last hour of every stage is broadcast live across western Europe

YAS aware of 70 other events taking place on same weekend

100 day Cultural Festival commences 17<sup>th</sup> March which includes 5 large events (100-150,000 people)

Tour de France provide medical cover for riders but NHS may need to support (eg Surgery/admissions)

5<sup>th</sup>/6<sup>th</sup> July is also Wimbledon Finals weekend, Silverstone Grand Prix, and European Football qualifiers.

<sup>1</sup> See Stage One and Stage two route maps <http://letour.yorkshire.com/the-route>

<b>Author</b>	<b>Derek Bartrop, Emergency Planning Adviser</b>
<b>Owner</b>	<b>Sue Holden, Director of Corporate Development</b>
<b>Date</b>	<b>February 2014</b>

Risk Register for : Tour De France 2014								
Organisation : York Teaching Hospital NHS Foundation Trust								
Risk No	Description of risk		Assessment		Controls/ contingencies in place	Work to be completed to mitigate risk		
			Impact	Probability		Description	Lead	Due by
1	Uncertainty about area wide co-ordination of planning and facilitation.	Failure to identify and address risks Failure to plan appropriately (under/over resourcing and reaction)	4/5	3/4		Continue to lobby NHS England to pro-actively lead co-ordination	LHRP Rep	Ongoing
2	Lack of pro-active engagement from CCG	Failure to identify and address risks Failure to plan appropriately (under/over resourcing and reaction)	5	3/4	Continue to work closely with VOYCCG in determining appropriate TdF planning	Maintain close links with GP OOHs	LHRP Rep Contract Management Board	Ongoing
3	Disruption to scheduled/elective services (in & out)	Disruption to attendance by patients - scheduled inpatients; outpatients	5	2	Review need to provide elective theatre list on Saturday 5 <sup>th</sup> July.	Consider scaling back / rescheduling services. Advise patients /visitors via leaflets, appointment letters, media etc	Directorate managers	April 2014
4	Challenges for staff in accessing health service premises	Impact on staff being able to get to/leave work	5	4	Verify staff ability to attend workplace as planned. Reminder to staff of possible disruption to travel plans	Keep staff aware of issue; On issue of staff rota, remind need to allow additional time/ alternatives to travel to/from work. Confirm mode of transport and distance to travel. Promote cycle to work if safe; Promote car sharing; Investigate staff park and ride; Consider accommodation on site for key skill requirements	Directorate managers	May 2014  31 May  31 May
5	Challenges for community based staff visiting patients due to road closures, restricted access, etc	Disruption/delays in service provision	5	4	Patients will be triaged in terms of urgency and response. Planned visits will be reviewed the previous week. Urgent visits will be triaged -appropriate clinical response will be mobilised. Plan where possible to increase number of staff available and base the staff at either side of route	Regular planning meetings with the Locality management team will highlight risks and identify key actions to mitigate against these risks	Directorate managers	Ongoing
6	Delay in emergency services accessing/arriving at hospital site; Ability of emergency services to maintain normal service levels; Delay in onward movement / evacuation of patients		5	4	Ensure Acute theatres/ critical Care staffed appropriately	Ensure Acute theatres/Critical Care staffed to capacity/skill mix.	Matrons / Anaesthetic Office	May 2014
7	Increase in A&E and urgent care services attendance before and after the event due to large number of visitors		5	2/3	Ensure Acute theatres/ critical Care staffed appropriately Ensure adequate staff numbers / skill mix	Ensure Acute theatres/Critical Care staffed to capacity	Matrons / Anaesthetic Office	May 2014 (6 weeks prior to event)

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**Board of Directors – 26 February 2014**

**Annual Fire Safety Report 2013**

Action requested/recommendation

Note the report.

Summary

The York Teaching Hospital NHS Foundation Trust annual fire report is presented at the end of each calendar year to the Board of Directors. The report is an update/overview in relation to fire safety issues throughout the Trust estate.

Highlights from this year's report:

- The Trust has had 8 fire service inspections, including Scarborough and Whitby hospitals, and received no improvement notices.
- There are no fire related risks on the corporate risk register. All known risks have management plans.
- Overall alarm activations are down on previous years.
- Annual staff training figures are considered adequate and up on last year

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

None

Sustainability assessment

None.

Reference to CQC outcomes

Outcome 10, safe and secure environment

Progress of report

Risk .

Resource implications

Owner Brian Golding, Director of Estates and Facilities

Author Mick Lee, Fire Safety Advisor, (York)  
Kevin Hudson, Fire Safety Advisor, (Scarborough)

Date of paper 07 February 2014

Version number Version 1.0



## TRUST ANNUAL FIRE SAFETY REPORT

PERIOD COVERED: 1<sup>st</sup> Jan to 31<sup>st</sup> Dec 2013



### REPORT AUTHOR(S):

M R LEE, GFireE – Trust Fire Safety Advisor (York)  
K HUDSON – Trust Fire Safety Advisor (Scarborough)

REPORT DATE: 7<sup>th</sup> February 2014

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## **ACKNOWLEDGEMENTS**

- Corporate Learning & Development
- North Yorkshire Fire & Rescue Services
- Estates & Facilities, York

## **INTRODUCTION**

The York Teaching Hospital NHS Foundation Trust annual fire report is presented at the end of each calendar year to the Trust Board.

The report is an update / overview in relation to fire safety issues throughout the Trust estate. Topics covered include training, fire alarm activations / unwanted fire signals etc.

The 2013 report will include data from Scarborough, Whitby, Malton, Selby and Bridlington hospital sites and some of the smaller satellite sites for which we have taken responsibility for from the NHS Property Services Ltd (formerly PCT).

## **FIRE SAFETY UPDATE**

During the course of the year (2013) the Trust has continued to meet it's obligations under the current legislation and has for the most part remained broadly compliant in those obligations.

Some concerns that were raised in the previous fire report remain extant, specifically the difficulties surrounding the carrying out of a practical evacuation drills in some clinical areas such as the inpatient wards etc. This is not something that is peculiar to our site(s) but is a common problem shared by a number of like for like sites nationally. Following on from the compartmentation work already completed we continue with the upgrading of areas throughout the York site and during 2013 completed survey and remediation work within the Emergency Dept (York). Further work will continue in 2014 on areas yet to be agreed but likely to be either Lab/Med, or the Maternity areas. All work will be carried out by a third party accredited contractor which will ensure that the standard of work meets all current requirements and provides us with an acceptable level of auditable quality assurance.

The routine maintenance of installed fire systems such as emergency lighting and the fire alarm throughout the Trust estate continues to be undertaken by estates engineers, and approved/accredited contractors.

Portable extinguisher maintenance continues to be undertaken by externally approved contractors. Extinguishers on the Scarborough site were replaced in total during this reporting period.

During this reporting period there were a number of Fire Safety Audits carried out within the York & Scarborough areas by Officers from North York's Fire & Rescue:

<b>York</b>	<b>Scarborough</b>
<ul style="list-style-type: none"><li>• Social Club</li><li>• Clifton Park Clinic</li><li>• Centurion House</li><li>• Monkgate HC</li></ul>	<ul style="list-style-type: none"><li>• Bridlington Hospital (Full Site)</li><li>• Whitby Hospital (Full Site)</li><li>• HYMS Building, Scarborough</li><li>• Old Hospital Building, Scarborough</li></ul>

The York and Bridlington sites gained a satisfactory outcome and received positive feedback from the respective inspecting officers. There were some issues raised surrounding the Scarborough and Whitby sites which are currently being addressed/rectified and no further inspection has been deemed necessary, the works required have been completed on the sites both at Scarborough and Whitby and is very much work in progress. The

operational crews from Acomb and York Central stations continue to carry out familiarisation training as do fire crews from Scarborough Fire Station (Scarborough Hospital) and also crews from Bridlington Fire Station (Bridlington Hospital). These visits have been taking place throughout 2013.

The Fire Safety Advisor(s) continue to review all existing Fire Risk Assessments (FRA) producing agreed action plans where necessary to achieve compliance.

The Fire Safety Advisors continue to undertake the statutory/mandatory training obligations on behalf of the Trust, delivering annual refresher, induction and Fire Warden training, where applicable. In 2013 we saw an increase in the uptake of e-learning and fire warden training at the York site, so once again the trend has been for an increase in the uptake of fire safety training across the board by Trust personnel.

The Trust Fire Safety Advisor (York) continues to provide support to York University in delivering the annual lecture on hospital fire safety awareness to the new degree intake, of trainee nurses. The Trust's adviser at Scarborough also provides training as required to external bodies providing some income to the Trust.

There were a total of 25 fire alarm activations at the York site during this reporting period. This figure is pleasingly down on last year, and whilst it is still disappointing to see the number of toaster related incidents, they were also down on 2012. No alarm activation was as a result of a fire. *(Statistical data is attached to this report)*

York	Scarborough
<b>Total manpower figures:</b> York: 6,871 Scarborough: 2,925	<i>(Figures supplied by HR)</i>
York Staff trained in total during 2013: 4,327	<i>(up by 779 on 2012)</i>
Scarborough Staff trained during 2013: 1624	<i>(down 28 on 2012)</i>
The above figures include all forms of training such as e-learning, annual staff refresher, Fire Warden and induction carried out over all sites where applicable. <i>NB: Scarborough will be introducing Fire Warden Training in January 2014.</i>	

### **SCARBOROUGH FIRE ALARM ACTIVATIONS 2013**

<b>Location</b>	<b>Activations</b>	<b>Fire Brigade Attendance</b>
Scarborough Hospital	11	11
Bridlington Hospital	3	3
Springhill House	3	3
Heycliffe House	1	1
<b>TOTALS:</b>	<b>17</b>	<b>17</b>

## **CONCLUSION / RECOMMENDATIONS:**

### **YORK (Inc Malton, SWMH, St Monica's & Satellite sites)**

It has been another very encouraging year with regards to Trust Fire Safety. Staff continue to show a commendable pro-active approach to their fire safety awareness and individual responsibilities which has again been reflected in the training stats for the year (*Up by approx 22% on last year*). For the second consecutive year, senior clinical and non clinical staffs ie Directors, Consultants, and Directorate Managers have continued to set a fine example when it comes to attending the mandatory fire safety training periods.

Some of the alarm activations, I feel, could have been avoided, specifically the toaster and contractor related incidents, but for the most part, they were due to unforeseen circumstances such as steam leaks and system faults. We need to remain vigilant and to take every precaution in reducing the number of unwanted fire signals during the coming year, more especially during any periods of industrial action by the local authority fire and rescue services in their ongoing dispute with the central government. My target for 2013 was to try and reduce by at least half the number of fire alarm activations as a result of toasters, microwaves, contractors etc, in 2012 they accounted for 14 of the overall number of calls; during 2013 they accounted for 8 of the overall activations.

2013 held many new challenges in our overall Trust Fire Safety Strategy, not least was how we tackled the training of our community based staff and the additional landlord responsibilities of the buildings/properties we took on following the re-structuring of the PCT to NHS Property Services Ltd. A major concern and a priority for the coming year will be the required rectification work surrounding the fire alarm zoning and compartmentation issues at Malton hospital, issues which we inherited from NHS Property Services during this reporting period.

I would like to record my thanks to personnel from Estates & Facilities who are continually trying to stay on top of all fire related maintenance issues, ranging from the repair and maintenance of fire doors, emergency lighting, fire alarm and portable appliance testing etc. My thanks go also to personnel from the Corporate Learning and Development (CLaD) team for their continued support of my training needs and requirements throughout the year.

M R Lee GIFire  
Trust Fire Safety Advisor

## **CONCLUSION / RECOMMENDATIONS:**

### **SCARBOROUGH (Inc Bridlington, Whitby & Satellite sites)**

2013 has been another good year with regards to Trust Fire Safety. Staff continue to show a commendable pro-active approach to their fire safety awareness and individual responsibilities which has again been reflected in the training stats for the year. There has been a small down turn in the numbers attending training during 2013. There has been a reluctance on the part of some managers in attending the training sessions but the number of senior clinical staff attending continue to rise.

The number of fire alarm activation has fallen in 2013 in comparison with 2012. This is positive although we must still strive to drive these numbers down particularly as fire brigades have stated their intention to charge in certain instances for their attendance to these incidents.

The main new challenge in 2013 has been the acquisition of the Whitby Hospital site. This site has been neglected for a number of years in regard to its fire safety strategy.

- The fire doors across the site are in need of repair, as no joiner has been on site for many years.
- The main concern is the newly refurbished (by the PCT) fire alarm, the main problem is the lack of detection in the ward areas, and also the age of the wiring the company who carried out the works have connected new appliances to old cabling, this has caused many faults on the system, needing many call outs to engineers and subsequent cost to the Trust.
- The extra detection in the ward areas is to be addressed in the next few months as this and the problems with the doors have been flagged up by the local fire brigade in a recent audit.

As already stated by my colleague Mick Lee, I would also like to thank the facilities department at Scarborough and also the staff at CLAD for all their help and assistance in 2013.

K Hudson  
Fire Safety Advisor

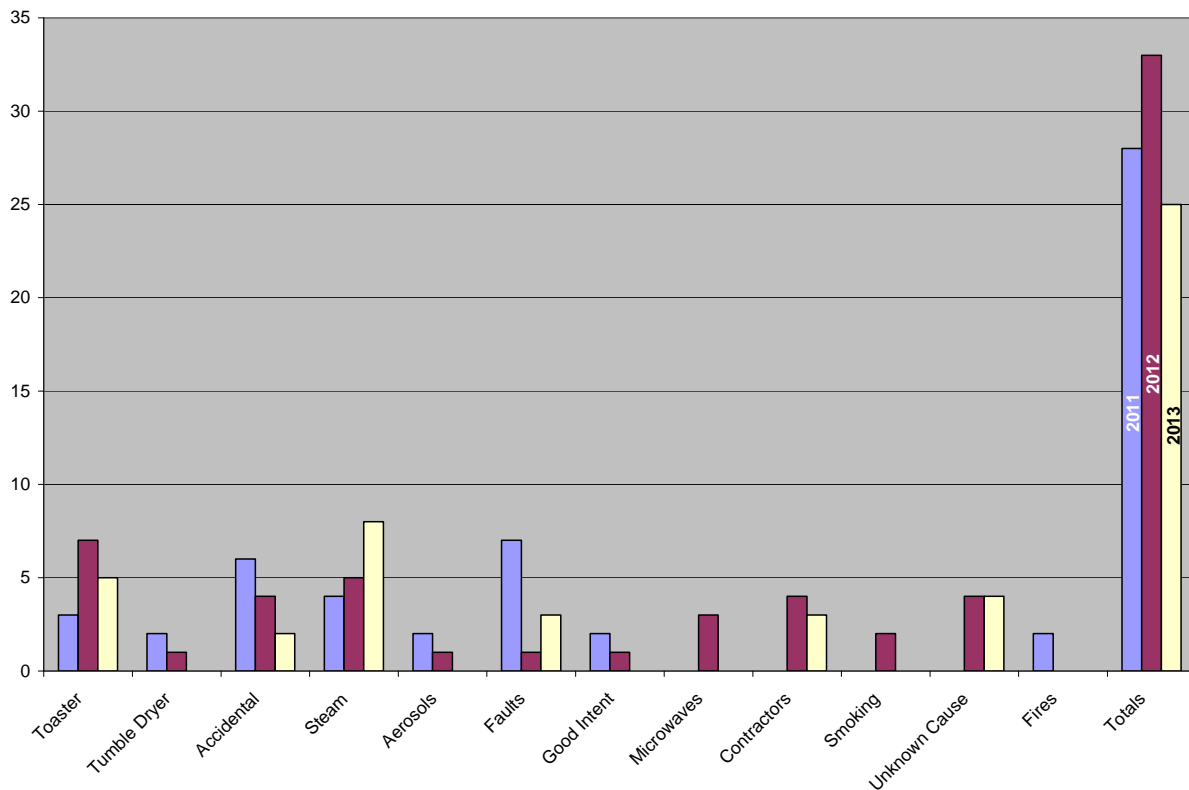


**ALARM ACTIVATIONS STATISTICS - YORK**

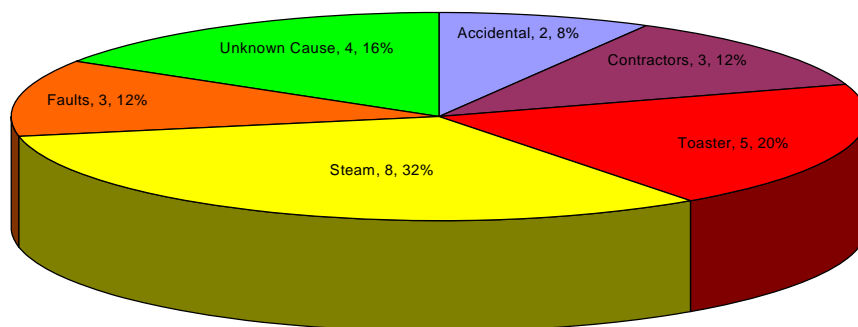
*The graphs on this page are applicable to the York site only.*

The alarm activation statistics for 2013 represent a 24% reduction in fire alarm activations over 2012 figures.

**Alarm Activations York Hospital Site – Yearly Comparison**

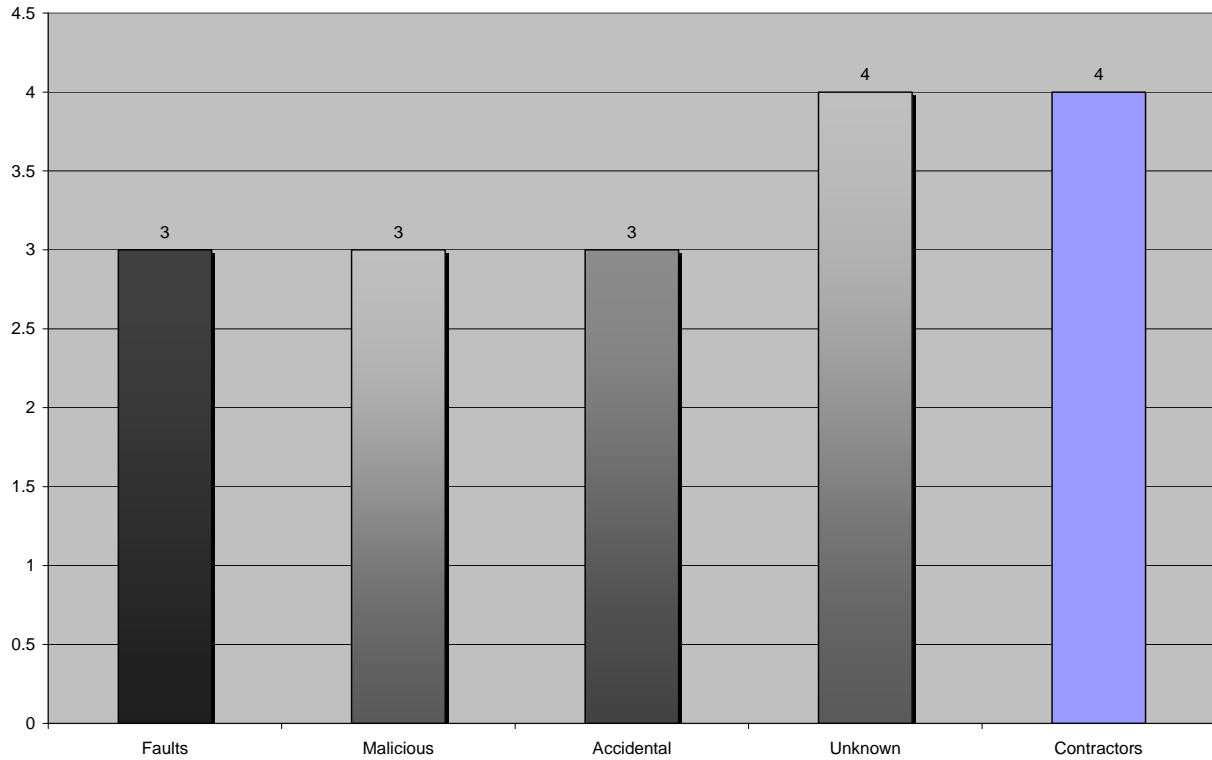


**Alarm Activations York Hospital 2013**

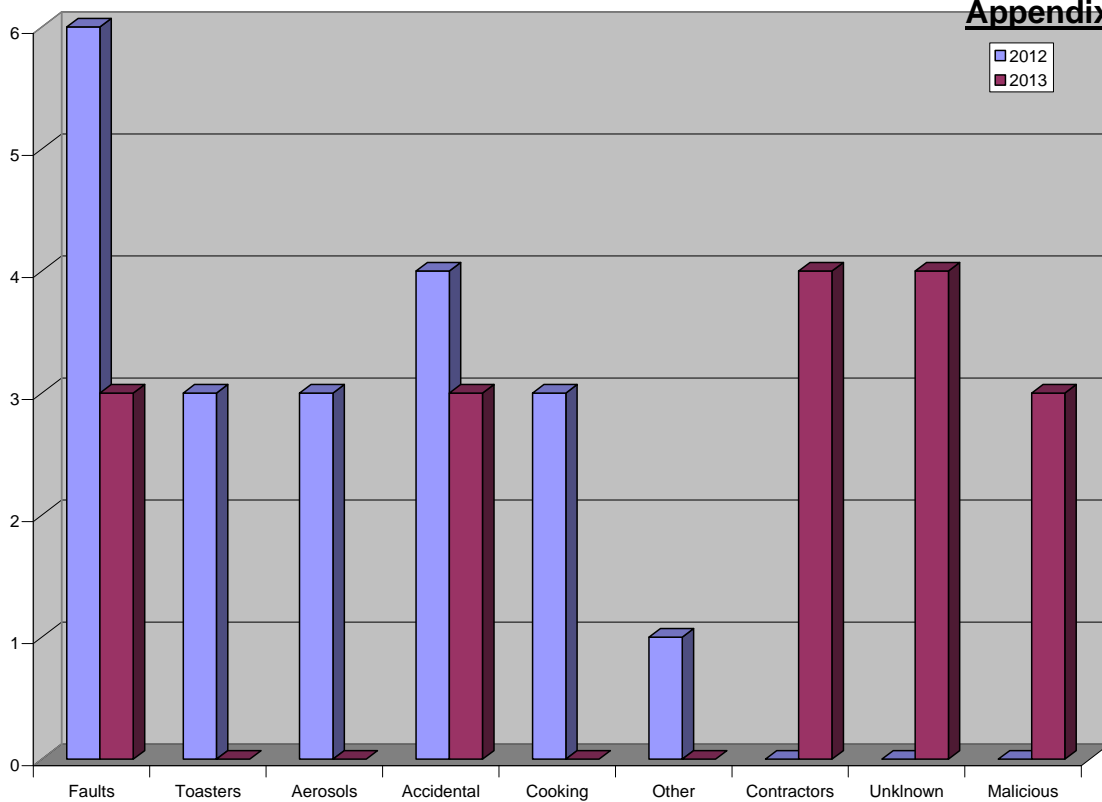


**ALARM ACTIVATIONS STATISTICS - SCARBOROUGH**

**Fire Alarm Activations – Scarborough Region**



**Alarm Comparisons 2012-2013: Scarborough**

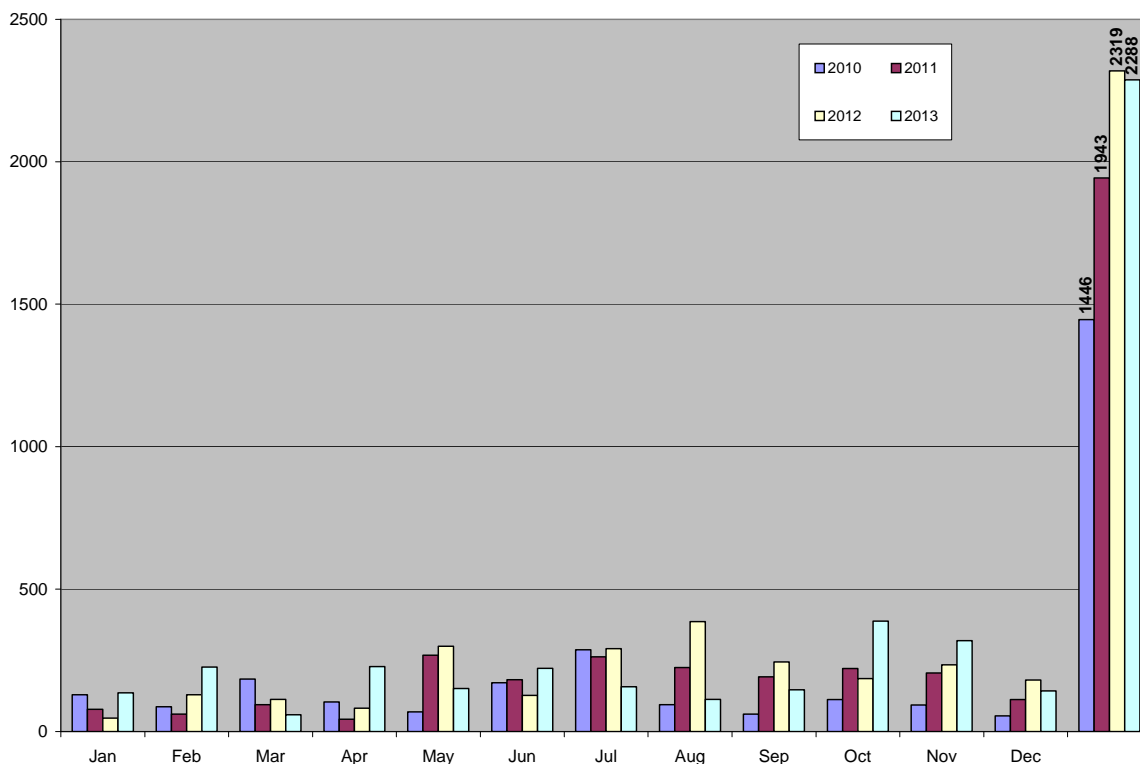


## TRAINING STATISTICS - YORK

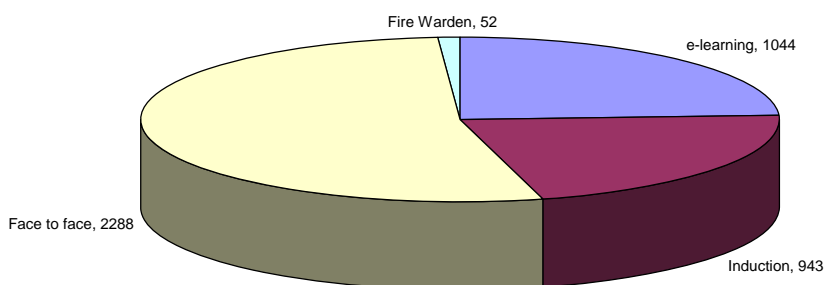
*The graphs on this page are applicable to the York site only.*

The training figures below show a slight drop overall in the number of staff who attended face to face training with the fire safety advisor, but when the e-learning, induction and Fire Warden figures for the same period which show an increase over 2012 are added, they represent an increase in the total number of staff who have received fire safety training at York during the 2013 reporting period. *(Approximately 63% of York based staff received fire training during 2013)*

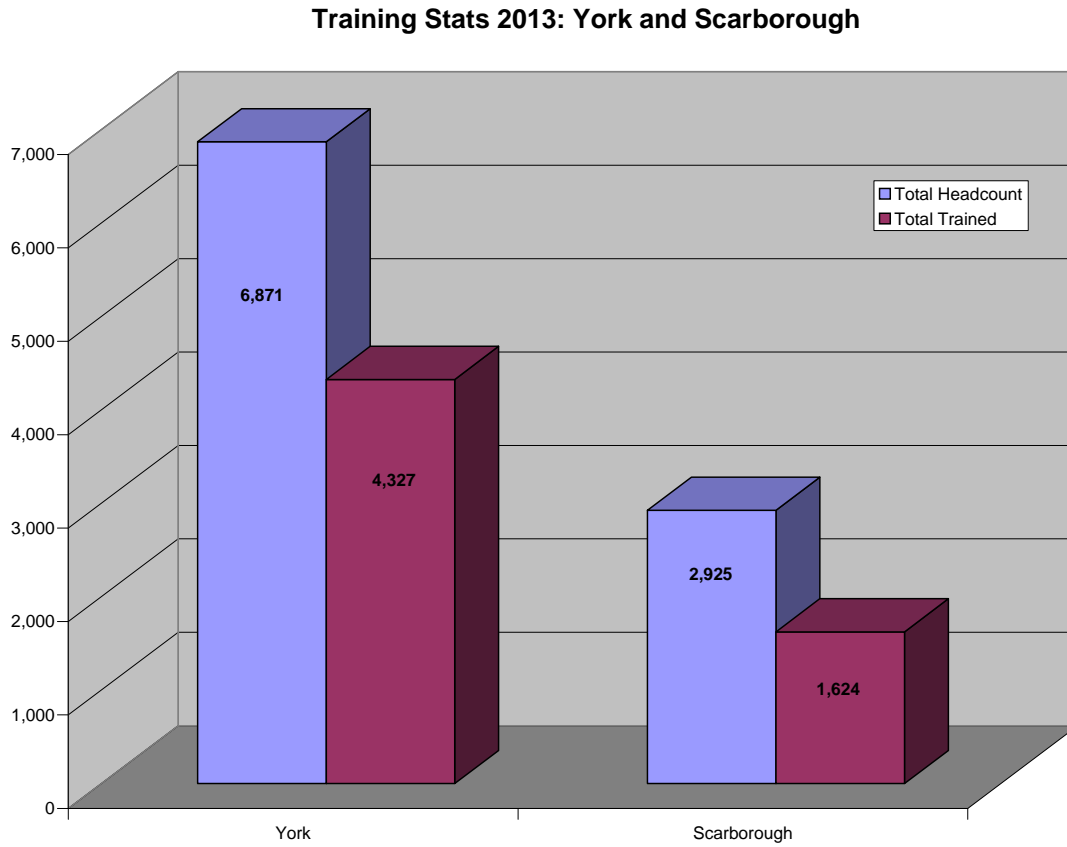
**4 Year Face to Face Training Comparison**



**Total Staff Trained at York 2013: 4327**



**TRAINING STATISTICS – YORK AND SCARBOROUGH**



**FIRE SAFETY MANAGEMENT TEAM**

**Director with responsibility for Trust Fire Safety  
York Foundation Trust**



**Brian Golding**  
Director of Estates and Facilities

**Fire Safety Management Team, York**



**Kingsley Needham**  
Health & Safety Manager /  
Fire Safety Manager



**Mick Lee**  
Trust Fire Safety advisor

**Fire Safety Management Team, Scarborough**

**Colin Weatherill**  
Health & Safety Manager /  
Fire Safety Manager

**Kevin Hudson**  
Trust Fire Safety advisor

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**Board of Directors – 26 February 2014**

**Business Case 2013-14/116: Procurement of a Picture Archiving Communication System (PACS) and Vendor Neutral Archive (VNA)**

Action requested/recommendation

Approve the Business Case.

Summary

The purpose of this Business Case is to fully integrate medical imaging across all Trust sites and Directorates utilising a single PACS and VNA system whilst providing a technology refresh.

Although Radiology is the primary user of medical imaging, this Business Case takes into consideration the requirements of other Directorates that also depend upon on imaging such as Cardiology, Pathology, Endoscopy, Ophthalmology and Obstetrics. This Business Case details the requirement to provide a single, integrated Trust-wide system. Currently the systems in place at York and Scarborough, and their associated satellite sites, differ. This has made it extremely difficult for the Radiology Directorate to fully integrate as the capability to access all patients' diagnostic images is a fundamental requirement in pathways particularly those related to reporting. The new system will unify all current image storage into a single archive, reducing duplication, image sharing and the risk to patients of repeat scans. It will allow all Trust sites to provide a more equitable service resulting in improved patient care and enhanced experience.

The provision of modern technology will enhance the clinicians' ability to use digital dictation software as voice recognition software will be integral to the system. This will improve workflow and will result in a reduction in the time taken from dictated to verified report.

**Strategic Aims**

**Please cross as appropriate**

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

## Implications for equality and diversity

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

It is anticipated that the 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	Corporate Directors Executive Board
Risk	Failure to approve this Business Case and not proceeding with the procurement of a new PACS will have a detrimental effect on the ability of the Organisation to provide diagnostic images resulting in risk to patient safety and service continuity. The key elements to consider are that; the Scarborough site has already committed to leave the National Programme for PACS on 30 <sup>th</sup> June 2014 and the York site is served by a PACS that is now the only one of its type in the country and may run into difficulties in the near future as a result.
Resource implications	Resources implication detailed in the report
Owner	Dr J Haselden
Author	Steven Mackell
Date of paper	February 2014
Version number	Version 1



**BUSINESS CASE SUMMARY**

**1. Business Case Number** 2013-14/116

**2. Business Case Title**

Procurement of a Picture Archiving Communication System (PACS) and Vendor Neutral Archive (VNA)

**3. Management Responsibilities & Key Contact Point**

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

<b>Business Case Owner:</b>	<b>James Haselden</b>
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<b>Business Case Author:</b>	<b>Steven Mackell</b>
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<b>Contact Number:</b>	<b>5563</b>
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**4. Issue(s) to be addressed by the Business Case**

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

The purpose of this Business Case is to fully integrate medical imaging across all Trust sites and Directorates utilising a single PACS and VNA system whilst providing a technology refresh.

Although Radiology is the primary user of medical imaging, this Business Case takes into consideration the requirements of other Directorates that also depend upon on imaging such as Cardiology, Pathology, Endoscopy, Ophthalmology and Obstetrics. This Business Case details the requirement to provide a single, integrated Trust-wide system.

Currently the systems in place at York and Scarborough, and their associated satellite sites, differ. This has made it extremely difficult for the Radiology Directorate to fully integrate as the capability to access all patients' diagnostic images is a fundamental requirement in pathways particularly those related to reporting.

The new system will unify all current image storage into a single archive, reducing duplication, image sharing and the risk to patients of repeat scans. It will allow all Trust sites to provide a more equitable service resulting in improved patient care and enhanced experience.

The provision of modern technology will enhance the clinicians' ability to use digital dictation software as voice recognition software will be integral to the system. This will improve workflow and will result in a reduction in the time taken from dictated to verified report.

The new system will enhance the efficiency of the service, not only through the provision of tailored voice recognition software, but also from the introduction of reporting worklist management functionality, which will prioritise the reporting workload of Radiologists. It also provides the capability to implement apportionment of workload providing the means to introduce an element of business intelligence into the field of Radiology reporting. The provision of reporting worklists will also improve patient safety by moving away from a paper driven reporting workflow. The current system provides the facility for home access. By incorporating worklists and voice recognition this home access will be enhanced. We wish to have the ability to report remotely in future, including from home, which will in turn allow increased flexibility in working patterns, will be attractive for future appointments and efficient for the department.

The update will improve overall technological resilience and ensure continuity of the service. Furthermore, this will ensure the Trust is well placed to meet future service demands and the more complex information governance needs of a larger organisation.

The approval of this Business Case will release Scarborough, and its associated satellite sites from the National Programme PACS solution as early as possible, that will remove the costs associated with this programme and ensure continuity of service during the changeover period.

## 5. Options Considered

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

<b>Description of Options Considered</b>
<b>Option 1:</b> Do nothing and continue to use different systems across the Trust
<b>Option 2:</b> To provide a PACS independent of VNA, voice recognition and Worklist software
<b>Option 3:</b> To provide a PACS and VNA independent of voice recognition and Worklist software
<b>Option 4:</b> To provide a PACS and VNA inclusive of voice recognition and Worklist software

## 6. The Preferred Option

### 6.1 Preferred Option

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

Option 4 is the preferred option by all stakeholders.

The approval of option 4 would ensure that the imaging provision at the Trust is suitable for a 21<sup>st</sup> century hospital environment.

By purchasing a system inclusive of all required additional technologies the Trust will benefit from a unified system with more effective and efficient functionality whilst ensuring that the software fully integrates within the framework of a single PACS solution across the Trust.

This option will allow the smoothest transition and the benefits of the new systems, such as enhanced efficiency and productivity, to be realised as early as possible.

The current systems make it extremely difficult to fully integrate imaging services within the Trust. This results in a risk to patients as previous images are not always available to the Radiologist and/or the clinician when multiple systems are used. What is more, the provision of different systems makes it difficult to ensure effective information governance within the Trust.

## 6.2 Other Options

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

The do nothing option would be catastrophic for the Trust as we are obligated to leave the National Programme for IT PACS solution on 30<sup>th</sup> June 2014. This would be especially so for the Scarborough site as the PACS system in operation currently is an NPfIT model and will cease to be supported from this date. For the York site the outcome is less catastrophic as the system in use is not part of NPfIT but, as it is an ageing system in need of a technology refresh, there would be questions over its suitability for purpose in the near future.

Options 2 and 3 are basically scaled down versions of the preferred option 4. These come with reduced capabilities and functionality and therefore do not support the same efficiency and effectiveness benefits as those gained when procuring the package in option 4. This is particularly the case for voice recognition and worklist management as the introduction of these results in significant improvements in productivity and workflow. The implementation of VNA as part of the scheme also provides benefits and future-proofing of the system as there are no ties to the Providers hence, no restrictions allowing future developments and initiatives e.g. partnership working with neighbouring Trusts.

## 7. Trust's Strategic Objectives

### 7.1 Alignment with the Trust's Strategic Objectives

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

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

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

<b>Strategic Objective</b>	<b>Aligned? Yes/No</b>	<b>If Yes, how is it Aligned?</b>
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	The move to a unified system, along with voice recognition and worklist management, will enhance the overall workflow resulting in improved quality and safety for patients utilising this service.  The improved productivity and efficiency provided by modern technology will also improve the Trust's ability to meet time-dependent guidelines.
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	Modern integrated technology will reduce unplanned downtime of the system. This, along with the enhanced capabilities of modern technology, will improve productivity within Radiology and ensure high quality performance is maintained into the future.
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 provision of a single, integrated PACS system will allow patients to access an equitable service at all of the Trust's sites, including community sites, providing continuity across the patch.  It will ensure that decisions about patients' diagnostics are more readily made with reference to their previous medical imaging history, this will result in delivering improved patient outcomes and certainly in line with local and national targets.
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	As outlined above, the move to a unified system with improved access to previous images, greater consistency and continuity and improved image sharing functionality will go a long way to ensure a safer environment for patients in particular. The benefits in relation to improved productivity and efficiency have been discussed previously and all go to ensuring best use of resources.

## 7.2 Business Intelligence Unit Review

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

<b>Date of Review</b>	17 <sup>th</sup> January 2014
<b>Comments by BIU</b>	<p>Has consideration been given to the compatibility of the system with Hull?</p> <p>Radiology response: Yes, consideration has been given to the matter of compatibility of the system with Hull as part of this robust NHS Supply Chain procurement process. The Hull system has been viewed at a reference site visit as part of the formal evaluation process and image sharing options have been explored.</p>

## 8. Benefit(s) of the Business Case

### 8.1 Benefit(s)

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

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

Description of Benefit	Metric	Quantity Before	Quantity After
<b>Quality &amp; Safety</b>			
Improved throughput in relation to time taken from scan performed to scan report verified.	CT scan to verified report mean time	Introduction of Voice Recognition for Radiology reporting will result in reduction in time from scan performed to report verified. Current metric is average in days according to Signal data.	Allowing for training and familiarisation of new equipment and processes expect to see a 5% improvement in turnaround times at 12 months rising to 10% after 24 months.
Improved information governance and outcomes for patients		Images currently exist in silos this results in lengthy image transfer processes. Therefore it is not	Unified PACS archive allows access to a patient's full imaging record reducing the reliance on image

		straightforward for a Radiologist or Clinician to access images when required.	transfer processes.
Reduced system downtime		Associated systems that are not fully integrated within the PACS software frequently experience communications errors resulting in system downtime.	Fully integrated functionality as part of the core PACS software is less likely to experience systemic errors.
Improved technological resilience		Outdated PACS software presents support issues for the Trust and carries developmental limitations. The current PACS at York is unique being the only system in use in the UK. At some time in the future technological support and system development from the Provider may prove problematical.	Modern PACS software is more resilient and suitable for future developments. System and upgrades supported by a robust service contract and SLA keeping the PACS at the leading edge of technology.
Improved continuity of service		The use of dissimilar PACS at different Trust sites means that patients do not receive continuity of service when they attend for Imaging procedures and examinations.	A unified PACS will result in improved continuity of service across the Trust. Utilising the same system, functionality and workflow for reporting of images will result in safer outcomes for patients.

*How will information be collected to demonstrate that the benefit has been achieved?*

**Access & Flow**

Greater integration within the Trust / facilitate 7-day working		Currently workflows related to Imaging reporting differ significantly between the two sites.	Unified PACS will address this resulting in more scope for Clinicians to work across sites and also to remote report from any location.
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*How will information be collected to demonstrate that the benefit has been achieved?*

**Finance & Efficiency**

Reduced system downtime		Associated technology, that is required in order to ensure improved functionality, that is not fully integrated within the PACS software frequently experience communications errors resulting in system downtime.	Fully integrated functionality as part of the core PACS software is less likely to experience systemic errors.
Enhanced productivity	Numbers of cases reported – cost per case/payments for additional reporting	Outdated PACS technology combined with substandard workflow and instances of unplanned downtime mean that reporting is not performed in the most efficient manner. Current spend £180K.	Reduced downtime and improved technology and functionality with voice recognition and worklist reporting will result in improved productivity particularly in Radiology reporting. Allowing for training and familiarisation of new equipment and processes expect to see a reduction in spend to £160K after 12 months, £150K at 18 months and £140K at 24 months (taking into consideration changes in workforce/workload)
Improved productivity and efficiency		Examinations only realistically reported at the base site where the images are acquired.	Examinations reported across sites or at the Radiologists home base.
Reduction in Medical Secretary establishment	Band 3 WTE post	7 Medical Secretary posts	6 Medical Secretary posts – value of saving - £19K recurrent.
Reduction in administrative time spent arranging transfer of scans between York,	Number of scans transferred	A total of 5,894 transactions were arranged by admin	Implementation of PACS will result in 0 transactions by this

Scarborough and Hull through Image Exchange Portal (IEP)	via IEP	staff through IEP last year.	method. Instead images will be viewed directly from unified PACS or by “query/retrieve technology allowing admin staff to redirect their resource to e.g. patient booking and admin tasks.
How will information be collected to demonstrate that the benefit has been achieved?			

## 8.2 Corporate Improvement Team Review

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

<b>Date of Review</b>	4 <sup>th</sup> February 2014
<b>Comments by CIT</b>	Discussed Business Case and Benefits section with Gordon Cooney. Advised on metrics in benefits where measurable. Agreement to participate in 3-month post-implementation review the purpose of which would be to agree actions to quantify and audit benefits realised from approval of Business Case.

## 9. Summary Project Plan

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

Description of Action	Timescale	By Who?
Discussions amongst Tom Skidmore (Project Lead), key players and stakeholders at various times throughout scheme	Jan 13 – end of project	Tom Skidmore, All
Discussions between Tom Skidmore and regional PACS “exit” Board to ensure robust planning for exit from National Programme	Jan 13 – end of project	Tom Skidmore, Regional PACS Exit Board
Inaugural committee meeting of the PACS Procurement Project Team and formation of Evaluation Committee	6 <sup>th</sup> June 2013	Tom Skidmore, PACS Procurement Project Team
Submission of NHS Supply Chain PACS Procurement documentation	21 <sup>st</sup> June 2013	Tom Skidmore
Formal notification to PACS Exit Board confirming date of exit from National	26 <sup>th</sup> June 2013	Tom Skidmore



Programme for Scarborough PACS on 30 <sup>th</sup> June 2014		
Receipt of bids and proposals from Suppliers through NHS Supply Chain followed by desktop shortlisting exercise	27 <sup>th</sup> September 2013	Tom Skidmore, Evaluation Committee
Formal evaluation process	Nov 13 – Jan 14	Tom Skidmore, Evaluation Committee, key Clinicians
Development of Business Case 2013-14/116	Nov 13 – Jan 13	Steven Mackell, Tom Skidmore
Passage through Corporate Directors, Executive and Trust Boards	Feb 14	Steven Mackell, Tom Skidmore
Suppliers invited to provide final proposal through NHS Supply Chain	Feb 14	Steven Mackell, Tom Skidmore, Evaluation Committee
Installation, testing and implementation of new PACS solution	March – 1 <sup>st</sup> June 2014	Tom Skidmore, Systems & Network Services, Radiology Directorate, other users

## 10. Risk Analysis:

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

Identified Risk	Proposed Mitigation
Images are lost during data migration to the new PACS	Images will remain on the legacy system and backed up. Robust checks will be in place to ensure all images have migrated onto the new system.
The PACS transition is longer than anticipated	The legacy PACS will remain enabled until the new system has been thoroughly checked and verified.
Unplanned PACS downtime	The department has business continuity procedures in place to cover periods of PACS downtime. This includes printing films if necessary.
Unplanned downtime of Digital Dictation software and Voice Recognition software.	The department has business continuity procedures in place to cover periods of system downtime.
Legacy modalities are not compliant with the new PACS.	By specifying DICOM compliance as part of the Output Based Specification it should be possible to connect all existing modalities to the new PACS.
Unable to integrate CPD with new PACS.	By specifying HL7 compliance and detailing CPD integration requirements as part of the Output Based Specification.
Substantial end user changes. Radiologists / Clinician not confident in use	By specifying training and support as part of the Output Based Specification a full

of system.

training plan will be devised to ensure end user competency.

### 11. Risk of Not Proceeding:

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

Failure to approve this Business Case and not proceeding with the procurement of a new PACS will have a detrimental effect on the ability of the Organisation to provide diagnostic images resulting in risk to patient safety and service continuity. The key elements to consider are that; the Scarborough site has already committed to leave the National Programme for PACS on 30<sup>th</sup> June 2014 and the York site is served by a PACS that is now the only one of its type in the country and may run into difficulties in the near future as a result.

Approval of the Business Case is also essential as not proceeding will result in an inability to provide an equitable service across the Trust for Diagnostics and will be detrimental to the full integration of the Radiology Directorate.

A technology refresh is required to align the Organisation with current national standards in Diagnostic Imaging. Failure to implement this change will result in failure of the Trust to deliver improvements in productivity and efficiency and not realise the benefits outlined in Section 8 above.

### 12. Consultant, and other Non-Training Grade Doctor Impact

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

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

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

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

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

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

## 12.2 Advisory Committee Review:

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

Date of Approval	
Comments by the Committee	

## 13. Stakeholder Consultation and Involvement:

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

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

Stakeholder	Details of consultation, support, etc.
<b>Mandatory Consultation</b>	
Business Intelligence Unit	Neil Wilson – 17 <sup>th</sup> January 2014 (see Section 7.2)
Corporate Improvement Team	Gordon Cooney – 4 <sup>th</sup> February 2014 (see Section 8.2)
Workforce Team	Natalie McMillan – 15 <sup>th</sup> January 2014
<b>Other Consultation</b>	
Service Users - Commissioners	In discussions which have already taken place there is already a depth of feeling in the Primary Care setting amongst the newly established CCG consortia that Radiological investigations must become more cost-effective e.g. Any Qualified Provider initiatives in Ultrasound and MRI Scanning. Recent referral patterns, discussions between GP's and Consultant Radiologists at recent GP Practice meetings and no indications otherwise would suggest that York Trust will continue to be the main provider of choice as long as access and reporting turnaround times are appropriate. The approval of this Business Case and the subsequent installation of a unified PACS across the patch will go a long way to help achieving these aims.
Service Users – Secondary Care	Discussions with main Service Users shows broad support for procurement of systems which will provide Clinicians with the appropriate tools in order to provide the highest quality diagnostics which will result in enhanced outcomes for patients. The approval of the

	<p>case will ensure the modernisation of the Organisation's imaging and reporting technology taking the department into the 21<sup>st</sup> Century with state-of-the-art PACS. Service Users will also benefit from the productivity and efficiency gains from the implementation of new technology through improvements on throughput.</p> <p>Many Radiology Service Users in the hospital setting make use of the PACS system and have hands on experience so have a vested interest in a technology refresh. This is evidenced by the attendance at the PACS evaluation sessions around the hospital by other Consultants.</p>
Radiology Clinical Director, Radiology Consultants, Reporting Radiographers, DM, PACS Manager	<p>Fully supportive of the Business Case for new unified PACS and the wider implications of service development as a result. Fully signed up to the change management and training and development that will ensue as a result of implementation.</p> <p>Key Radiology staff directly involved in all aspects of the evaluation process.</p>
Systems & Network Services, PACS Manager	<p>Initial call logged (558090), for Medical Equipment Requisition Committee meeting in July 2012, to raise awareness of scheme with a view to providing more detailed information once we have clarity from Suppliers with regard to imaging, voice recognition, post-processing and Thin Client technology, which are integral to the system.</p> <p>Sue Rushbrook and key S&amp;NS personnel have been involved from the start of the project through attendance at the inaugural PACS Procurement Project Team meeting on 6<sup>th</sup> June 2013 and as part of the key Evaluation Committee, involved with PACS Manager in writing the specification document and, during the month of December 2013 leading the technical evaluation of Supplier's products.</p> <p>The S&amp;NS technical team will also play the crucial role in installation and testing of systems at implementation. Working with Sue Rushbrook to identify funding currently in the budget to establish costs for Business Case.</p>
Capital Programme, Procurement	<p>Early involvement with submission of MERC form application for funding for PACS to Sheila Wilson and Medical Equipment Requisition Committee in July 2012. Re-affirmed through MERC at July 2013 meeting with agreement in principle as outcome. Sheila Wilson on the PACS Procurement Project Team and circulation. There have been a number of meetings out of committee to discuss the financial aspects of the funding for the case. Expectation that this would impact Capital Programme 2013/14. Secured capital funding support of £1.024m from NHS England Safer Hospitals, Safer Wards initiative fund in December 2013.</p>

	Involved with Ian Willis and Procurement in establishing contact with Suppliers through NHS Supply Chain. All ingoing and outgoing communication and procurement documents to Suppliers performed under due process through Procurement and NHS Supply Chain.
Corporate Team	Amongst members of the Corporate Team, with whom discussions have taken place, there has been general support in principle for the procurement of a new unified PACS system. In addition, amongst the Corporate Team, there is recognition of the need to unify the PACS in order to facilitate integration and improve productivity and effectiveness in Radiology resulting in enhanced outcomes for patients.

## 14. Sustainability

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

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

<b>Will this Business Case:</b>	<b>Yes/No</b>	<b>If Yes, Explain How</b>
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	Images will be easily accessible between all Trust sites removing the requirement to transport CD disc images and possibly staff.
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	Yes	By removing the mileage associated with CD disc image and potentially staff transport.
Reduce business miles?	Yes	As above.
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

## 15. Alliance Working

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

Increasingly the developing clinical alliance arrangements with Harrogate result in patient diagnostic and treatment pathways that involve York Trust. There are a number of areas within Radiology and other Specialties where this applies e.g. Vascular & Interventional Radiology, CT Scanning and other modalities. Harrogate Service Users and their patients would benefit from the same high quality imaging diagnostics that would be realised as a result of the technology refresh from a new PACS. In addition the sharing of images between the two hospitals is likely to be enhanced as a result of the implementation which would lead to a more effective workflow and better outcomes for

the patient.

The installation of a Vendor Neutral Archive (VNA) in York could offer the opportunity for Harrogate to store data direct to the VNA enhancing the sharing of images between the two hospitals. This would provide an altogether more efficient and effective system for the storage and transfer of all medical and radiological images and would enhance patient safety.

## 16. Integration

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

The primary purpose of this Business Case is to;

Provide a technology refresh in the way of a PACS solution especially to replace the "unique" system currently in use at York, ensure continuity of service at Scarborough as the PACS there exits the National Programme and enhance the integration model of the Radiology Directorate by unifying the PACS across the two main hospital sites and in the community setting.

The approval of this Business Case and the subsequent implementation of a new PACS for the integrated Organisation, with the benefits from unified storage of all medical and radiological images is crucial for the continuity and future development of services across the patch but particularly so for the Radiology Directorate.

This Business Case supports the Trust's objective in relation to integration with Scarborough, but more than this, is in fact a key development for the integration of the Radiology Departments across the patch. Its implementation will lead to a superior service in Medical Imaging for Service Users and hence patients. For Radiology and Diagnostics it will provide new opportunities in workflow e.g. worklist management, voice recognition and remote reporting all leading to a more effective service enabling the department to provide the highest quality Diagnostic Radiology service.

## 17. Impact on Community Services

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

York Teaching Hospital NHS Foundation Trust operates out of a number of Community settings, these include; Selby, Clifton, Malton, Bridlington, Whitby and Driffield. All of these sites utilise medical imaging through the PACS system in order to provide a service to patients. Currently different PACS systems operate at these locations meaning that, although transfer of images to other sites is possible, it is slightly cumbersome and not ideal. The implementation of a unified PACS will greatly improve workflows, transfer of images and in particular, for Radiology, the ability to report remotely from the main bases at York and Scarborough providing options that previously did not exist for staffing, particularly amongst the Consultant Radiologists. All of this collectively brings many benefits for patients around the quality and timeliness of diagnostic reporting.

## 18. Impact on the Ambulance Service:

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

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

## 19. Market Analysis:

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

## 20. Estimated Full Year Impact on Income & Expenditure:

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

	Baseline	Revised	Change
	£000	£000	£000
<b>Capital Expenditure</b>	0	1,550	1,550
<b>Income</b>	12,419	12,419	0
<b>Direct Operational Expenditure</b>	14,660	14,371	-289
<b>EBITDA</b>	-2,241	-1,952	289
<b>Other Expenditure</b>	0	195	195
<b>I&amp;E Surplus/ (Deficit)</b>	-2,241	-2,147	94
<b>Existing Provisions</b>	n/a	195	195
<b>Net I&amp;E Surplus/ (Deficit)</b>	-2,241	-1,952	289
<b>Contribution (%)</b>	-18.0%	-15.7%	#DIV/0!
<b>Non-recurring Expenditure</b>	n/a	389	389

## Supporting financial commentary:

The costs identified in the pro-forma relate to the procurement of a replacement Picture Archiving Communication Systems (PACS) across the Trust Site.

All costs identified are based on pre-tender estimates and represent the worst case scenario.

The capital costs are £1.55M.

Capital funding has been secured from NHS England (£1.024M) with the balance of £525K being provided by the Trust.

The current annual revenue cost of PACS is £607K with the proposed cost of this development reducing this to £399K; representing a saving of £208K per annum. The non-recurring revenue cost of £389K relate to contingency, qualitative and the upgrade of CRIS at Scarborough to CPD. This will cover extension of existing licenses and support to September 2014, migration of data and connectivity of existing equipment to new PACS. This is required to maintain continuity of service in the event of slippage in implementation.

Recurring revenue savings of £80K relate to Radiology; (£40K) for the reduction in additional reporting sessions; (£19K) reduction in 1.0wte Band 3 Admin post and (£21K) cessation of 3D Biotronics software.

Other costs relate to depreciation and rate of return (£195K).

There is no impact on income.

Profiling of expenditure assumes implementation date of July 2014.



## 21. Recommendation for Post Implementation Review

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

Reason(s) for the decision:

There are a number of qualitative and quantitative benefits to patients that arise as a result of the implementation of a new unified PACS referred to in Section 8 above. These include more efficient and effective ways of working which result in quicker throughput of Radiology reports, of productivity gains by the introduction of reporting worklist management and potentially a reduction in staff numbers required within the administrative function of the Radiology Directorate as a result of voice recognition.

## 22. Date:

February 2014

*GAL/22August2013*

## BUSINESS CASE FINANCIAL SUMMARY

<b>REFERENCE NUMBER:</b>	2013-14/116
<b>TITLE:</b>	Procurement of a Picture Archiving Communication System PACS and Vendor Neutral Archive (VNA)
<b>OWNER:</b>	James Haselden, Clinical Director, Radiology
<b>AUTHOR:</b>	Steven Mackell; Directorate Manager, Radiology

**Capital**

Expenditure	<b>Total</b>	<b>Planned Profile of Change</b>			
	£'000	2013/14 £'000	2014/15 £'000	2015/16 £'000	Later Years £'000
	1,550	400	1,150	0	0

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

Capital Costs associated with this development are based on pre-tender estimates and are £1.55M. Funding from NHS England for £1.024M has been secured under the Safer Hospitals, Safer Wards initiative with the balance of £526K being provided by the Trust.

**Revenue**

	<b>Total Change</b>				<b>Planned Profile of Change</b>			
	Current £'000	Revised £'000	Change		2013/14 £'000	2014/15 £'000	2015/16 £'000	Later Years £'000
			£'000	WTE				
<b>(a) Non-recurring</b>			<b>389</b>			<b>389</b>		
<b>(b) Recurring</b>								
<b>Income</b>								
NHS Clinical Income	11,901	11,901	0		0	0	0	0
Non-NHS Clinical Income	193	193	0		0	0	0	0
Other Income	325	325	0		0	0	0	0
<b>Total Income</b>	<b>12,419</b>	<b>12,419</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Expenditure</b>								
<b>Pay</b>								
Medical	4,600	4,560	-40			-20	-40	-40
Nursing	799	799	0					
Other (please list):								
Executive Board & Senior Managers	173	173	0					
Support Staff	8,475	8,456	-19			0	-19	-19
WLIs	57	57	0					
			0					
	<b>14,104</b>	<b>14,045</b>	<b>-59</b>	<b>0.00</b>	<b>0</b>	<b>-20</b>	<b>-59</b>	<b>-59</b>
<b>Non-Pay</b>								
Drugs	663	663	0					
Clinical Supplies & Services	1,946	1,737	-209			-105	-209	-209
General Supplies & Services	104	104	0					
Other (please list):								
Other Costs	-2,157	-2,178	-21			-11	-21	-21
			0					
			0					
	<b>556</b>	<b>326</b>	<b>-230</b>		<b>0</b>	<b>-115</b>	<b>-230</b>	<b>-230</b>
<b>Total Operational Expenditure</b>	<b>14,660</b>	<b>14,371</b>	<b>-289</b>		<b>0</b>	<b>-135</b>	<b>-289</b>	<b>-289</b>
<b>Impact on EBITDA</b>	<b>-2,241</b>	<b>-1,952</b>	<b>289</b>	<b>0.00</b>	<b>0</b>	<b>135</b>	<b>289</b>	<b>289</b>
Depreciation		174	174			87	174	174
Rate of Return		21	21			11	21	21
			0					
<b>Overall impact on I&amp;E</b>	<b>-2,241</b>	<b>-2,147</b>	<b>94</b>	<b>0.00</b>	<b>0</b>	<b>37</b>	<b>94</b>	<b>94</b>
<b>Less: Existing Provisions</b>	<b>n/a</b>	<b>195</b>	<b>195</b>			<b>98</b>	<b>195</b>	<b>195</b>
<b>Net impact on I&amp;E</b>	<b>-2,241</b>	<b>-1,952</b>	<b>289</b>		<b>0</b>	<b>135</b>	<b>289</b>	<b>289</b>

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

The non-recurring and recurring revenue costs are based on pre-tender estimates for the replacement of the PACS across the Trust and represent a worst case scenario. The current recurring revenue cost of PACS is £607K per annum with proposed costs of £399K per annum, presenting a saving of £208K per annum. The non recurring revenue costs of £389K relate to Trust Contingency costs, qualitative and upgrade of CRIS to CPD and are required to maintain continuity of service (extension of existing licences and support to Sept 14 for migration of data and connectivity of existing equipment to new PACS). Recurring revenue savings of £80K relate to Radiology; (£40K) reduction in additional reporting sessions; (£19K) reduction in 1.0wte Band 3 Admin post; (£21K) cessation of software contract due to migration to new PACS. Other costs relate to Depreciation and rate of return £195K). There is no impact on income. Profiling of expenditure assumes implementation date of July 2014.

	Owner	Finance Manager	Board of Directors Only	
			Director of Finance	
<b>Signed</b>		Wendy Pollard		
<b>Dated</b>		04.02.14		

**BUSINESS CASE - ACTIVITY & INCOME**

**Activity**

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2012/13	2013/14	2014/15	Later Years
<b>Elective (Spells)</b>			0				
<b>Non-Elective (Spells)</b>							
Long Stay			0				
Short Stay			0				
<b>Outpatient (Attendances)</b>							
First Attendances			0				
Follow-up Attendances			0				
<b>A&amp;E (Attendances)</b>			0				
<b>Other (Please List):</b>							
Best Practice Tarriff #NOF			0				
			0				

**Income**

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	Later Years £'000
<b>NHS Clinical Income</b>							
<b>Elective income</b>							
Tariff income			0				
Non-Tariff income			0				
<b>Non-Elective income</b>							
Tariff income			0				
Non-Tariff income			0				
<b>Outpatient</b>							
Tariff income			0				
Non-Tariff income			0				
<b>A&amp;E</b>							
Tariff income			0				
Non-Tariff income			0				
<b>Other</b>							
Tariff income	8,682	8,682	0				
Non-Tariff income	3,219	3,219	0				
	<b>11,901</b>	<b>11,901</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non NHS Clinical Income</b>							
Private patient income	193	193	0				
Other non-protected clinical income			0				
	<b>193</b>	<b>193</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other income</b>							
Research and Development			0				
Education and Training			0				
Other income	325	325	0				
	<b>325</b>	<b>325</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>