York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 26 July 2017**

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

Time	Meeting	Location	Attendees
10.45 – 13.15	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and members of the public**
13.15 – 13.45	Lunch		
13.45 – 15.15	Board of Directors meeting held in private	Boardroom, York Hospital	Board of Directors

The values of the Trust are:

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

…with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 26 July 2017**

At: **10.45am**

In: **Boardroom, York Hospital**

A G E N D A

No	Time	Item	Lead	Paper	Page
General					
1.	10.45 – 10.55	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • Mike Proctor • Philip Ashton • Beverley Geary	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7
4.		**Minutes of the Board of Directors meeting held on 28 June 2017** To review and approve the minutes of the meeting held on 28 June 2017.	Chair	B	13
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		
6.	10.55 – 11.10	**Patient Story** To receive a presentation on Takeover Challenge.	Clinical Director for Paediatrics AHP Senior Manager Young people from Westfield Primary Community School	Verbal	

No	Time	Item	Lead	Paper	Page
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
7.	11.10 – 11.25	**Chief Executive Report** To receive an update on matters relating to general management in the Trust including an STP update. To include a report on York Human Rights Pledge.	Chief Executive	C	27
8.	11.25 – 11.45	**Finance and Performance issues** To receive the minutes and be advised by the Chair of the Committee of any specific issues to be raised.	Chair of the Committee	D	35
		Associated key papers for information: • Finance Report • Efficiency Report • Performance Report		D1 D2 D3	45 65 71
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
9.	11.45 – 12.05	**Quality and Safety Performance issues** To receive the minutes and be advised by the Chair of the Committee of any specific issues to be raised.	Chair of the Committee	E	93
		Associated key papers for information: • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing • Quarterly Director of Infection Prevention and Control Report • Quarterly Patient Experience Report • Quarterly Mortality Report • Maternity 6 Month Update		E1 E2 E3 E4 E5 E6 E7 E8	107 143 151 165 175 183 201 213

No	Time	Item	Lead	Paper	Page
Our Facilities and Environment ambitions: We must continually strive to ensure that our environment is fit for our future					
10.	12.05 – 12.25	**Environment & Estates Committee** To receive the minutes and be advised by the Chair of the Committee of any specific issues to be raised.	Chair of the Committee	F	231
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
11.	12.25 – 12.45	**Workforce and Organisational Development Committee Issues** To receive the minutes and be advised by the Chair of the Committee of any specific issues to be raised.	Chair of the Committee	G	245
		Associated key papers for information: • Workforce Metrics and Update Report • Equality & Diversity Annual Report and Objectives		G1 G2	253 263
12.	12.45 – 13.15	**Hull York Medical School Annual Report** To receive a presentation from the Dean of the Hull York Medical School on their Annual Report.	HYMS Dean	Verbal	
Any Other Business					
13.	13.15	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 23 August 2017 in the Boardroom at York Hospital.			
14.		**Any Other Business** To consider any other matters of business. • **Board Assurance Reflection** • **Reflection on the meeting**			

Items for decision in the private meeting:

- Maxillofacial Business Case
- York Community Stadium Strategic Investment Discussion
- Assurance Framework and Corporate Risk Register

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

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

Blank page

Additions: No changes

Changes: No changes

Deletions: No changes

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Mr Philip Ashton (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust **Member of the Board of Directors—**William Temple Academy Trust **Member of the Board of Directors**—York Diocesan Board of Finance Ltd.	Nil	Nil
Ms Libby Raper (Non-Executive Director)	**Director—**Yellowmead Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Governor** —Leeds City College **Chairman and Director - ** Leeds College of Music **Member—**The University of Leeds Court **Trustee**—York Music Hub	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
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	**Member—**Great Exhibition of the North (2018) Board	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member** –Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil

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
Michael Keaney (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese (Non-Executive Director)	**Non-Executive Director**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Limited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee**—Graham Burrough Charitable Trust **Member**—Audit Committee, Joseph Rowntree Foundation	**Member of Council**—University of York	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representative	Nil

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
Mr Mike Proctor (Deputy Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor (Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott (Director of Out of Hospital Care)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Sue Rushbrook (Director of Systems & Networks)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding (Director of Estates and Facilities)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is Director of Strategy and Planning at HEY NHS FT	Spouse is a Director at HEY NHS FT and Trustee of St Leonards Hospice

Blank page

B

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public at York Hospital on 31 May 2017.

Present: **Non-executive Directors**

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

Executive Directors

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

Corporate Directors

Mr B Golding	Director of Estates and Facilities
Mrs S Rushbrook	Director of Systems and Networks
Mrs W Scott	Director of Out of Hospital Care

In Attendance:

Mrs L Provins	Foundation Trust Secretary
Mrs H Hey	Deputising for Mrs Geary
Ms L Smith	Freedom to Speak Up/Safer Working Guardian

Observers:

Ann Bolland – Public Governor - Selby
Margaret Jackson – Public Governor - York
Lesley Pratt – Healthwatch – York
Michael Reakes – Public Governor – York
Sheila Miller – Public Governor – Ryedale & East Yorkshire
Hannah Coffey - GSTT
Mick Lee – Staff Governor – York

Becky Case – Vale of York CCG
Gerry Richardson – Stakeholder Governor – University of York
Mandy Exley - FFE

Ms Symington welcomed everyone to the meeting.

Ms Symington stated that the Year-End Board had taken place yesterday and she commended the huge amount of work which had gone into the production of the Annual Report and Accounts.

Ms Symington stated that a series of walkrounds would take place following the Board and was a part of the new Board Calendar which had started in April.

17/048 Apologies for absence

Apologies were received from Mrs Geary, Chief Nurse.

17/049 Declarations of interest

No further declarations of interest were raised.

17/050 Minutes of the meeting held on the 29 March 2017

The minutes of the meeting held on the 29 March 2017 were approved as a correct record subject to the following amendments:

Minute numbering needed to be revised.

Page 25 – **Minute No 17/045** para 3 should read that staff can respond within two to four hours. Delete 'can provide 2 to 4 hours of care'.

17/051 Matters arising from the minutes

No further matters arising were discussed.

17/052 Patient Story

Mr Crowley read out a patient letter which he felt set the tone for the organisation and with the core purpose of providing the best possible patient experience. He highlighted that there are over 8,500 people in the organisation and all work to deliver healthcare both directly and indirectly.

17/053 Chief Executive Report

Mr Crowley stated that he was very conscious of the environment the Trust was currently working in, which was currently the harshest it had ever been, with falling resources, growing demand coupled with greater patient expectations and was all compounded by the difficulties the Trust faced in recruiting some staff. He also noted the performance

regime and regulation which was both intrusive and demanding. Mr Crowley stated that it was a difficult job to make sense of all the competing priorities and that he felt the need to promote the values of the organisation and how everyone related to each other.

Mr Crowley stated he had decided to introduce what he was calling a “common purpose” to our trust: A simple strategic document, available to all staff, which focuses on our day to day activities in the care of our patients and being guided by the values of the trust and our personal behavioural framework. A reiteration of our common purpose and the values therein have the unconditional backing of himself and the senior team.

Mr Crowley stated that at a national level, finance was now the most important priority and that he and Mr Bertram had been to a meeting where the focus was on the finances of our community. He had been left in no doubt that elements will have to be sacrificed to manage finances in the short term and will require some difficult decisions to be made.

Mr Crowley stated that this was the time to build on messages from the Board and the ‘Our Shared Commitment’ document, in order to ensure the right behaviours in our trust, during these difficult times where our patients must remain our priority. He stated that he had asked senior teams to establish their core priorities, centred around the needs of the acute patient.

Mr Crowley stated that the organisation was now 5 years post-merger and this was a key point to set out the next steps in the evolution for the organisation, for the next 5 years. He stressed it was time to look at services and develop a core purpose. This would be cascading through the organisation informing everyone that they share and contribute to a common purpose.

Mrs McAleese asked what the role of the Non-executive Directors would be? Mr Crowley stated it was about the Board pulling together and how it functioned in order to help make sense of the chaos. Ms Symington stated that it was about adding another layer to the key ambitions and values of the organisation.

Mr Crowley went on to highlight the recent cyber-attack which had been both organisational and international. He stated that it was inevitable that there were a number of risks in the system. Mr Crowley stated that the Trust had been vulnerable at the time of the attack time and that it was now providing information to the criminal investigators.

Mr Crowley stressed that for him the real story was about how the organisation had continued to function and provide services and that the organisation had shown a significant level and depth of common purpose. He had been overwhelmed by the immediate response of staff and the organisation’s ability to form a plan which enabled it to respond quicker than other organisations, especially as many organisations had still been dealing with the aftermath for much longer. He highlighted the emails of appreciation he had been copied into and that there had been a sense of common purpose and a spirit which articulated this common purpose.

Ms Symington reassured the public and governors present that the Board had arranged to have a session on resilience in light of the cyber-attack and recent terror attacks. She stressed it was important that the organisation learn from the experience and ensure that that learning and planning stayed at a pace above that being used by attackers.

Mrs Rushbrook stated that from her point of view the week of the attack had been the worst in her 40 year career, but it had also made her proud of the NHS due to the fantastic way everyone had pulled together. She commended her team and other staff in how the attack had been dealt with and highlighted that unfortunately, the Trust had just been in the process of rolling out patches at the time of the attack. Mrs Rushbrook stated that many services had been taken down, but that it was the decision to proactively shut programmes down and segment the network, which had saved the organisation. In fact, the Trust had taken decisions to do things immediately, which were then advised by NHS Digital some 5 or so hours later. Mrs Rushbrook stated that out of the 6000 PCs in the Trust, 1840 had been affected.

Prof Willcocks commended the outward communication strategy that had been put in place and stated that it was reassuring to see the Chief Executive giving interviews and the messages to staff coming into work on the Monday. She stated it was clear there were no easy answers.

Mrs McAleese added her thanks to staff for the response to the attack, but highlighted that lessons needed to be learnt from it.

Mr Crowley outlined his thoughts about the attack together with the national response and that the focus on the inadequacies of the NHS had been unfair. He had felt the need to provide a level of openness and reassurance.

Mr Crowley stated that the clinical strategy time out had been held with the participation of the CCGs and he stated it was refreshing to see the ambitions being articulated.

Mr Crowley also highlighted that confirmation has been received that the cystic fibrosis collaboration had begun with Hull and that the Trust are to take the lead: this is excellent recognition of the work of Dr Becky Thomas and her MDT.

17/54 IT Strategy

Mrs Rushbrook provided an overview of the Strategy to the Board. She noted that the previous Strategy had covered the 5 years from 2012 to 2017 which was the post-merger period and the main focus had been to align York, Scarborough and the community networks and back office functions. Mrs Rushbrook stated that this work had been done within existing resources.

Mrs Rushbrook highlighted that with the challenges facing the NHS, it should be recognised that systems and networks could take up most of the capital programme, but had to work within the constraints of £1.5m allocation. She stated that the Trust already had a very solid infrastructure which would continue to be exploited together with

exploiting opportunities as they arise both clinically and in terms of technology. The strategy stated some of the elements being looked at including virtual patient consultation and that guest access to the internet would be introduced shortly. Mrs Rushbrook also noted the internet of things which was receiving attention in the media and that this would bring in developments that could not as yet be contemplated. She stressed that the Trust needed to be agile enough to respond, but that technology was not the whole end point and that the Trust needed to be able to facilitate transformation.

Mrs Rushbrook highlighted the recent cyber-attack and that the Trust needed enhanced security. The Trust had signed up to work with CISCO who was investing in a £1bn digital alliance in Britain and would help the Trust to examine processes to help improve and learn lessons so that this could be shared with others.

In relation to the cyber-attack, Mrs Rushbrook advised that there was some user education required so that staff understood what 'odd' looks like as she was clear that the Trust would receive repeated attack threats in the most likely form of bogus emails.

Ms Raper raised a presentation issue and asked whether a section on patient experience should be included which drew together the elements already stated in the strategy as it provided a strong message?

She also asked whether alignments and facilitation of other Trust strategies could be included as well as a work plan so that actions could be monitored?
Mrs Rushbrook stated that she had prepared the document to align more with the continuous stream of FOI requests which are received, but that it could be arranged differently. She also noted that the Strategy was aligned to the vision and values of the organisation; however, it would be difficult to reference other strategies as they are all written at different times.

Ms Raper stated that the discussions at the Quality and Safety Committee was around how all the work from different areas linked together to ensure the same direction of travel.

Mrs Adams wished to pick up the point about the key measurables from the Strategy and how those could be monitored to ensure the right priorities are being progressed? Mrs Rushbrook stated that it would be difficult to do an action plan that covered 5 years, but did state it would be more possible to do one covering the next 12 to 18 months due to the fast changing world of technology.

Action: Mrs Rushbrook to provide an Action Plan to cover 12 to 18 months of the IT Strategy.

Mr Golding asked Mrs Rushbrook what more capital would mean for IT if it was available and she responded that it would only make things happen quicker. She stressed that a large proportion of the money is absorbed by end user devices.

Mr Keaney asked how many people were employed by the Trust in IT support and Mrs Rushbrook stated that there were about 60 in the team and there had been no increase in the resource before or since the acquisition of Scarborough. She was exploring enhanced training for the team so that the Trust could provide some of its own analytical work.

Mr Crowley stated that he liked the digestible manner of the Strategy but that it would be useful to describe how it is prioritised. He picked up on the alignment of strategies and stated that for him timing was not important but that there was a common purpose involved and he reminded everyone that IT was an enabler to patient safety.

Ms Symington stated that the IT Strategy should be assigned to one of the Board Committees for monitoring.

Mrs Rushbrook left the meeting.

17/055 Quality & Safety Performance Issues

Mrs Adams welcomed Mrs Hey who had come to deputise for Mrs Geary. She noted that the Committee had discussed IT in relation to the element of the Board Assurance Framework around embracing new technology and stated that the provision of the IT Strategy would further inform those discussions. Mrs Adams stated that a number of reports had been discussed including the Complaints Annual Report, which she asked Mrs Hey to update the Board on.

Mrs Hey stated that complaints were the cornerstone of the Patient Experience Strategy. She provided an overview of the report including details of the numbers of complaints which went the Ombudsmen. Recent work had focused on developing the management of complaints in the directorates and new process was working well with the support of the Patient Experience Team. This transfer of responsibility to the directorate had meant that time was being freed up in the Patient Experience Team enabling them to respond to patients in a timely way and also allowed them to focus on producing monthly trend reports.

Mrs Hey stated that Internal Audit had given the complaints process significant assurance, however, the learning lessons element has received less assurance and work was being progressed to address this. She noted that the Patient Experience Steering Group would receive the action plan in July. Mrs Hey noted a gradual increase in complaints about privacy and dignity and stated that this was being looked at to see if any trends were evident. Training had been provided to 60 staff in respect of complaint letter writing and further training provision may be required. Mrs Adams stated that it was really important work and should be celebrated; however, she stressed the need to continually learn lessons.

Mrs Adams wanted to highlight the work done on volunteering and asked Mrs Hey if she would update the Board on this. Mrs Hey stated that much of the recent work had been

about improving recruitment and governance. There had also been work on developing some exciting roles including those in dementia and end of life care.

Mrs Hey stated that the Trust is part of HelpForce so will be attending an event to learn from the 4 pilot sites.

Prof Willcocks stated that the charity had provided funds for the complaints training.

Mrs Adams stated that the work on volunteering had come along way and she recorded her thanks to the team.

Mrs Adams noted concerns around the levels of junior doctors which she noted had also been picked up by the Workforce and Organisational Development Committee. Mr Taylor stated that Health Education England is responsible for the recruitment of core medical trainees and the Trust's current allocation in the first round is 17% against a national average of 41%, which means that Scarborough has received 0 out of 10 and York has received 4 out of 13. Mr Taylor stated that there is likely to be a 20% uplift to this in recruitment rounds 2 and 3, however, this trend has been developing over a number of years and is due to the inflexible nature of medical training and a change in the culture of young doctors. The board expressed their deep concern at this information.

Mr Sweet asked if junior doctors were allowed to express a preference and Mr Taylor stated that the system did not favour Trusts like York as juniors preferred to stay within large metropolitan areas. Mr Proctor stated that he was having discussions with HEE about the 50% funding that they put in and whether there are other ways to fill the gaps to ensure the funding is protected.

Mrs Adams asked if this was about the Trust being creative with non-doctor roles. Mr Proctor also noted that there is over allocation in the south and they are pushing for the non-allocated funding in the north to be transferred. Mr Taylor stated that a number of actions are being put in place including advertising, collaboration with the Royal Colleges around overseas posts, approaching the Hull, York Medical School, extending existing contracts and developing the clinical fellow role. Mr Taylor also noted that medical school places are being expanded by 1500 across the country and new flexible post graduate training is being put in place by the GMC, but this will not be until 2020.

Mrs Hey advised the Board that there had been an MRSA bacteraemia confirmed last Thursday. She noted that it had been a complicated sample and had been sent to London for analysis. However, the Trust had opened already opened a post infection review and were awaiting the report.

Mrs Adams stated that the Committee had noted some trends in relation to pressures ulcers and insulin errors in the community and further analysis and assurance had been requested. She also stated that there had been a significant increase in the number of claims which more information had been requested on. Mrs Adams final point was that the Sign Up to Safety Campaign seemed to be losing momentum nationally, but it had

been agreed that these principles would become part of the refreshed Patient Safety Strategy.

17/056 Patient Safety Walkrounds

Ms Symington stated that part of the new Board calendar included the integration of patient safety walkrounds into the board agenda twice a year. Following the walkrounds, the Board will share what they have seen together, overlaying their practical experience with the strategic concerns of the board. The first walkround will take place today.

17/057 Workforce and Organisational Development Issues

Ms Raper stated that she had taken over as Chair of the Workforce and Organisational Development Committee and took the opportunity to thank Prof Willcocks for her work as Chair and taking the Committee through a number of iterations to its current format as a Board Committee. Ms Raper stated that she would be working closely with Mrs Provins to ensure alignment of groups and reporting requirements to the Board. Ms Raper welcomed Mrs McAleese to the Committee.

Ms Raper stated that Mr Golding was due to bring the Apprenticeship Strategy to the June meeting, but had just presented his quarterly update which had given the Committee significant assurance. She also noted that the Recruitment and Retention Strategy was coming to the Board in June so presumed it would come to the Committee first.

Ms Raper stated that information had been received on the immigration skills charge which would mean the Trust had to pay £1,000 for every non-EU person per year coming to work at the Trust. Mr Crowley estimated that this would cost the Trust about £50k per year.

Ms Raper mentioned appraisals and that the Chair and Chief Executives Department figures had provided some cause for concern. However, this was due to the recording of the appraisals as there were some glitches in the system. Mr Crowley highlighted problems accessing the system and stated that a lot of the appraisals had been carried out and it was just about the recording element. He also confirmed that this department should lead by example. In fact this department is fully up-to-date.

Ms Raper stated that the previous discussion on junior doctors had been useful and provided some assurance. She noted the rejuvenation of the advertising and the close work with the tourist boards.

The Staff Survey Action Plan had been discussed and there was some cross over concern noted in relation to the reporting of incidents which was below average and was of concern in light of a CQC inspection this year. Mr Crowley stated that there were 3 main issues in relation to the staff survey. He advised the board that the survey represents a historic moment in time, and is based on the perceptions as well as the

experiences of our staff. He also noted that some of this will be discussed at the Corporate Risk Committee which takes place tomorrow.

Mrs Adams stated that the more focused approach with things like behavioural champions was encouraging.

Mr Keaney stated that he was aware of a promotional film made by Scarborough Council which would be useful in terms of recruitment. Mr Crowley stated that he will ensure this is pursued.

Ms Raper also noted the additional HR risk which had been discussed regarding the difficulty filling trainee medical posts.

17/58 Freedom to Speak Up/Safer Working Guardian Report

Ms Smith joined the Board and presented her reports as the Trust's Freedom to Speak Up and Safer Working Guardian. Ms Smith stated that in relation to freedom to speak up, the main thing to report was that the National Guardian Office would commence case reviews in June. Her word of caution was around workload due to staff, including those leaving employment within the last two years, would be able to refer their case for a review. She stated that CQC would also be able to ask for reviews.

Ms Smith stated that the Trust was held in high regard nationally and seen as an exemplar of good practice. Ms Smith stated that she continued to promote the role and she noted that there was also a role for her in trying to assist with the improvement of the staff survey findings. She stated that she would have a stand at the imminent Patient Safety Conference and had been asked to speak at the national Deputy Chief Nurse Conference. She would also be taking over the management of the Fairness Champions with a view to promoting this work more. Ms Smith stated that she has been involved in discussions around how to provide feedback to staff reporting incidents.

Ms Smith highlighted that when the CQC next inspect the Trust, they will expect to interview her and would be pleased to see the regular reports going to the Board.

Ms Smith provided an overview of the numbers in the report and expressed concern about the lack of reporting in the community despite arranging a number of drop in sessions. A positive was the reporting from junior doctors who were viewed as a hard to reach group, but this was probably due to the combination of her two roles. Ms Smith noted the highest percentage of themes was around attitudes and behaviours, but she was pleased to note that there had been no immediate patient safety concerns. As a result of the work being done by Ms Smith, she noted that HR will be reviewing their grievance and disciplinary procedures and she highlighted that the OD team were assisting with a whole directorate approach in some instances.

Prof Willcocks thanked Ms Smith for her report and stated that the Trust was hungry for more benchmarking trends.

Mrs McAleese stated that it was good to see Ms Smith was settling in and asked if there was anything further she needed from the Board or that they should be concerned about. Ms Smith stated she met regularly with Ms Symington and Mr Crowley so was able to communicate trends and themes as they arose.

In respect of the Safer Working Guardian part of the role, Ms Smith stated that the CQC will also want to interview her at the time of any future inspection. She stated that the Royal Colleges have reported that juniors doctors are a difficult to reach group so in this respect she felt that the Trust was ahead of the pack as the attendance at the Junior Doctor Forum was going well especially as they now have protected time to attend. Ms Smith stated that a junior doctors survey has been done in relation to how it feels to be a junior doctor in the Trust and she will include the findings from this in her next report. She noted that the Trust had not received any fines, which was a very positive message. Ms Smith provided the Board with an overview of the figures contained in the report and noted that the challenge remains one of culture.

Mrs Adams commended Ms Smith on her fair and balanced report.

Ms Symington thanked Ms Smith for her very information report to the Board.

17/059 Finance and Performance Issues

Mr Keaney stated that this was the first month of the new financial year and the Committee had felt more relaxed and had taken the opportunity to look at objectives and targets. However, he stressed that the Committee had one priority at the forefront of discussions which was always patient safety. Mr Keaney asked Mr Bertram to update the Board in respect of the effect of the emergency care standard on the control total and he also highlighted that this would be the ninth year that the Trust were required to make cost improvement savings, with this year's target being over £22m. Mr Keaney stated that he was very much of the opinion that turbulent times were imminent. Mr Keaney also asked Mrs Walters to update the Board on the operational challenges and difficulties, but he also noted the big improvement which had been seen at Scarborough.

Mrs Walters stated that the operational report had been included in the pack and that April had started off positively with a score of 92.9% for the emergency care standard. She noted that this was as a result of actions being implemented and coming together and noted the success of the streaming model in the emergency department. Mrs Walters stated that April had seen a significant reduction in bed occupancy which had helped to maintain flow and there had been a specific focus on non-admitted breaches. There had also been a reduction in ambulance handover delays. However, May was proving problematical and there had been a number of bed closures due to infection, and bed occupancy had increased again.

Mrs Walters stated that staff continued to work extremely hard to get back on track and the common purpose was a significant focus. Work continued to ensure that there were sufficient discharges and the opening hours of the assessment units were being looked at.

Mrs Walters stated that the cancer 14 day fast track target had been affected by consultant shortages and plans continued to be put in place to support GPs around dermatology referrals as many referrals were still non cancers. The Trust had failed three out of the seven cancer targets and there were significant shortages in diagnostic capacity, but plans were being put in place to address this.

Mrs Walters stated that the incomplete target was at 89% which had been impacted by the Easter holidays and there were concerns around General Surgery, Urology and Maxillofacial, with plans being put in place to address the shortfalls.

Mr Bertram highlighted the key financial messages which were that the Trust had posted a £2.7m deficit against a planned £4.4m deficit which was a very positive position. Cash was broadly in line with the plan and the CIP programme was underway and performing well. Agency spend was back at reasonable levels following the spikes in February and March and the opening position for the year was reasonably good.

Mr Bertram stated that there were concerns as the Commissioners could not afford the current levels of activity and this will inevitably compromise payment. Mr Bertram stated that the capped expenditure process was in discussion, but was delayed due to election purdah. He stressed the issues with affordability in the system, but also that the Trust had accepted their control total of a £9m deficit. However, if the STP funding was achieved in respect of both finance and the emergency care standard, this gave the Trust the opportunity to gain a further £12m which would result in a £3m surplus.

Mr Bertram stated that both Commissioners have yet to agree their financial plans with NHSE and there were discussions going forward on what that would mean for the Trust and any actions required. He stressed that these were currently just discussions and further progress would be reported throughout the year on the difficulties facing the health community and any difficult decisions required.

Mrs Adams asked if the impact of the work on referrals was being seen. Mr Bertram stated that OPD referrals had come down as a result of Commissioners putting mechanisms in place towards the end of last year, however, they were starting to come back up.

Prof Willcocks stated that the York Press had noted the threat to the funding of some groups like Age UK, CBS and the Blind and Partially Sighted Society which would have a knock on effect to the support that they provided in the community. Currently, no contracts had been extended beyond the 1 July 2017. Mr Bertram stated that unintended consequences of some of the developments would require further discussion at some point.

Mr Keaney stated that he could not help but feel that it would be a very challenging year and he was concerned as he felt all the challenges were as yet unclear.

17/060 Environment & Estates Committee

Mr Sweet commended the minutes of the last meeting which were comprehensive. He highlighted the theme of sustainable development and that a preferred bidder had been identified for the sustainability work and this would be announced at a later date as the 'cooling off' period was currently underway. He also noted that all business cases now have a section on sustainable development.

Mr Sweet stated that at the last meeting the departmental risk register had been consolidated and the Committee had received the new Health and Safety Strategy which was being recommended to the Board for approval. The Committee had approved the local Heat Wave Plan and the revised Health and Safety Policy which had been made more user friendly. The Board approved the Health and Safety Strategy.

Mr Sweet drew the Board's attention to the Premises Assurance Model (PAM) annual compliance report which had been done and he noted that the introduction of PAM had been a real success and that this year's submission had seen a significant increase in the level of compliance. He noted that there were still some red rated items, but this provided the Trust with the areas to focus on.

The Committee had received the Carter dashboard and Mr Sweet advised the Board of the collaborative nature of work being done with Hull and North Lincolnshire and Goole to identify areas where joint efficiencies can be progressed.

Mrs Adams advised the Board of the work being done to raise the standards of the medical staff accommodation at Scarborough which would make the Trust more attractive to potential staff. Mr Golding stated that the Trust was working to outsource the provision of medical staff accommodation.

17/061 Business case: 2015-16/40 – Replacement Imaging Equipment For Cardiology And Vascular Labs – York

Mr Bertram apologised for the late submission of the business case, but stated that it was a matter of some considerable urgency. The business case was around the capital replacement of the two vascular labs on the York site. He stressed that this case had nothing to do with the business case approved earlier in the year around expansion. He stated that the labs were in use all day every day and the frequency of breakdown had reached a level which had become peri-operative and was therefore of real concern. The business case suggested straightforward replacement of the equipment, which totalled £1.4m so required Board approval. Mr Bertram stated that the replacement was fully provided for as part of the Capital Programme and he strongly recommended the Board approve the case.

Mr Keaney asked about the decommissioning and mobile costs and Mr Bertram confirmed that these were all included. Mrs Adams asked if this was bringing forward an element of the other case and Mr Bertram stated that this case was a standalone case and simply about the need to replace equipment. Ms Raper asked why the decision had been taken to go with option 4 as opposed to option 5. Mr Bertram stated that option 5

raised operational concerns and that the cath lab at Scarborough was unable to support the recovery. He stated that delaying this until the opening of the additional labs had taken place, but the equipment had reached a critical level of breakdown which needed addressing. The Board approved the business case.

17/062 Any other Business

Nursing & Midwifery Strategy - Mrs Hey highlighted that the Nursing and Midwifery Strategy was currently in draft and would be launched in October.

Patient Safety Conference - Mrs Adams reminded everyone that the Patient Safety Conference would take place on the 9 June 2017.

Board Assurance Framework – Ms Symington directed everyone to the Board Assurance Framework overview on page 35 to reflect on whether the greatest risks to the organisation had been covered in the meeting. She noted the risk regarding technology at 1.6 and stated that this would be further discussed by the Quality and Safety Committee at their next meeting. Ms Symington highlighted that the Trust would need to be more creative in planning with ambition as financial funding was in short supply.

Reflections on the Meeting – Ms Symington asked for reflections on the meeting which would now be a standing agenda item. Prof Willcocks stated that the meeting had been collegiate, comprehensive and with a common purpose. Mrs Adams stated that it was nice to have the occasional guest speaker. Mr Sweet expressed concern that the Environment and Estates contribution had been shortened and requested more time at the next meeting. Ms Symington stressed that this was a unitary board and asked for more participation from the Executive Team.

No further business was discussed.

17/063 Date and Time of next meeting

The next public meeting of the Board will be held on Wednesday 26 July 2017 in the Boardroom at York Hospital.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
17/025	Provision of a paper on isolation facilities	Mr Golding	May 2017 Sept 2017

17/027	Recruitment Strategy to be provided to the Board – going to workforce	Mr Crowley	May 2017 – to WOD June 2017
17/012	Parity of other staff groups with junior doctors in relation to exception reporting criteria (20 mins) to be added to the work programme.	Mrs Provins	tbc
16/158	ED and Community Developments	Mrs Walters Mrs Scott	June 2017- paper received
16/140	Mr Taylor to provide antibiotic monitoring in his next report	Mr Taylor	April 2017 – May Report
16/112	The Board to receive the refreshed Equality and Diversity objectives	Mr Golding	Changed - July Public Board & WOD
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Taylor	April 2017 – recruitment & retention strategy June
16/057 Communications Strategy Update	Present a further update on the Communications Strategy at the November Board meeting	Mrs Brown	April 2017 – CE Report May 2017
17/54	Mrs Rushbrook to provide an Action Plan to cover 12 to 18 months of the IT Strategy.	Mrs Rushbrook	August 2017

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.

Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Chief Executive's Report

1. Chief Executive's Overview

As we move into the second quarter of this financial year it is important to take stock and set the context for the remainder of the year. When we approved our plans for this year it was clear to us all that we faced a number of risks and that we must collectively ensure that we remain responsive to an environment that is at best changeable. From a finance and performance perspective the capped expenditure process has already challenged our own assumptions and both the demands and the expectations being placed on us.

You will hear later in the agenda about a deterioration in our finances and that our performance remains challenged. This is the reality we are working with and whilst it is a typical scenario for organisations such as ours it is one we must take seriously and address responsibly. I will shortly be announcing a resumption of additional controls on our spending that must be reduced overall whilst protecting the delivery of our clinical services. It is for that reason that I have already implemented a freeze on non-clinical recruitment that in itself is not without risk.

I believe we must continue to focus solely on doing the right things for the right reasons and wherever possible ensure we get the balance right between short term need and long term gain, particularly with regard to investment in our staff, equipment and infrastructure.

Our clinical, operational and financial performance will be reported on later in the agenda. I offer you the following as examples of how we continue to promote a genuine sense of partnership, development and community responsibility, despite the difficulties we face, that I hope and intend provide a demonstration of how we as an organisation seek to live up to our values at all times.

Service partnerships and collaborations

Since last month South Tees Hospital NHS Foundation Trust's breast radiology service at the Friarage Hospital in Northallerton is being provided by the Friarage Radiology team under the governance of York Trust's breast unit.

The service will support one-stop diagnostic clinics for patients in North Yorkshire.

Both Trusts are looking forward to a rewarding and successful collaboration to provide excellent services to the patients of Northallerton.

Clinical summit

Our second inaugural summit, hosted jointly with Vale of York CCG and Tess, Esk and wear Valleys NHS Foundation Trust, took place this month.

Jim Mackey, Chief Executive of NHS Improvement, attended the event and was the first

keynote speaker. We were privileged to have him appear at this event, and for primary and secondary care clinicians to hear him talk about the current regulatory environment and to have the opportunity to ask questions.

There is a desire amongst those who attended to continue to build the relationships between our organisations, and clinicians value to opportunity to do this. We will seek to continue to offer such events, which have become part of a series of events that our Trust offers, not only to our staff but also to others outside the organisation.

Positive feedback for ophthalmology training

I was pleased to learn that for the fourth consecutive year our ophthalmology department scored highest in the 'overall satisfaction score' amongst all the Hospitals in our region in the National Training Survey.

Training and education are important elements of what we do and have the ability to have a positive impact on recruitment and retention. My thanks go to all involved for their continued hard work in support of our trainees.

York as a human rights city

Earlier this year the Lord Mayor of York signed a declaration making York the UK's first Human Rights City, placing it with more than 30 other cities across Europe, the US and Canada.

York as a Human Rights City includes representatives from the City of Sanctuary movement, York Citizens Advice, Explore York, York CVS, North Yorkshire Police, International Service, City of York Council, Friends of the Human Rights Defenders and the Centre for Applied Human Rights at the University of York.

The approach seeks to use human rights to address local, everyday priorities. Following surveys and discussions with people that live in York, five priority areas were identified:

- Education
- Housing
- Health
- An adequate standard of living
- Equality and non-discrimination

To achieve these goals, the group behind York as a Human Rights City asked for support from organisations and employers across the city and we have provided the following pledge for the York Human Rights City website:

'York Teaching Hospital NHS Foundation Trust supports York as the UK's first Human Rights City. We believe in dignity, respect and fairness for all and that human rights matter in York. The initiative complements our overall objective to deliver safe effective healthcare to our community and to support each other by working in partnership and responding to local needs, respecting differences and building on similarities and empowering people to be involved in decisions about how we provide care'

The visions and values required to enable York to succeed as a Human Rights City fit neatly with our ultimate objective to deliver safe, effective healthcare to our community and

supporting each other by:-

- Working in partnership and responding to local needs;
- Respecting differences and building on similarities;
- Empowering people to be involved in decisions about how we provide care;
- Encouraging others to behave respectfully in line with our values.

As an organisation with a strong and deeply embedded set of core values which is already active in promoting and supporting equality, diversity and fairness in the local area through membership of equality and diversity groups and being a member of York Human Rights City steering group, supporting this initiative is an appropriate step to take.

You can find out more at: www.yorkhumanrights.org

Institute update

Work is progressing to establish an Institute, with each of the five workstreams (innovation, improvement, learning and development, research, and philanthropy and overseas development) is scoping what they will need to become established as a functional part of the Institute.

A shadow Institute Management Board has been established to oversee the formation of the Institute, and will meet for the first time this month. The proposed governance structure will be discussed and agreed at this meeting.

Work is also ongoing to develop a visual identity for the Institute, along with the development of an online portal, with a view to formally launching in the Autumn.

First mobile chemotherapy unit in Yorkshire launched

Earlier this month I had the pleasure of officially launching our new mobile chemotherapy unit alongside Professor Steve Leveson, chair of York Against Cancer.

The unit is the first in Yorkshire, and was made possible through an extremely generous donation from York Against Cancer.

The £700,000 unit gives patients from outlying areas, who would otherwise travel to the trust's main hospitals in York or Scarborough, the chance to be treated closer to home. It will also ensure capacity at the main hospitals for longer or more complex procedures.

The unit will call at Malton, Selby, Scarborough and Bridlington and wholly supports the aims we set out at the time of the merger five years ago to provide care as close to patients' homes as possible.

BAF at a glance

The Board Assurance Framework (BAF) summary document, which has been approved by the executive directors, is attached to this report, and can used for reference throughout the meeting to ensure that any identified risk is being addressed at the subcommittees of the Board and at the Board meeting itself.

2. Recommendation
The Board is asked to note the report.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley, Chief Executive
Date	July 2017

York Teaching Hospital NHS
NHS Foundation Trust

Board Assurance Framework – At a glance.
Our Board Assurance Framework is structured round our 4 key ambitions. The BAF identifies the strategic risks to the achievement of our ambitions.

Quality and Safety - Our patients must trust us to deliver safe and effective healthcare.		**Workforce -** The quality of our services is wholly dependant on our teams of staff	
1 We fail to improve patient safety, the quality of our patient experience and patient outcomes	Green	1 We fail to ensure that our organisation continues to develop and is an excellent place to work	Amber
2 We fail to listen to patients and staff, act on their feedback, and share with them the changes we make.	Amber	2 We fail to creatively attract the right people to work in our trust, in the right places, at the right time	Amber
3 We fail to innovate in our approach to providing the best possible care, sympathetic to different communities and their needs.	Amber	3 We fail to retain our staff	Green
4 We fail to separate the acute and elective care of our patients	Amber	4 We fail to care for the wellbeing of our staff	Green
5 We fail to reform and improve emergency care	Red	5 We fail to provide first class learning and development opportunities, enabling our staff to maximise their potential	Amber
6 We fail to embrace existing and emerging technology to develop services for patients	Green	6 We fail to develop learning, creating new knowledge through research and share this widely	Amber
Environment and Estates - We must continually strive to ensure that our environment is fit for our future		**Finance and Performance -** Our sustainable future depends on providing the highest standards of care within our resources	
1 We fail to work as part of our overall community to provide the very best health outcomes, in the most appropriate setting	Amber	1 We fail to work to and maintain financial stability alongside our partners, building alliances to benefit our patients	Amber
2 We fail to respect the privacy and dignity of all of our patients	Green	2 We fail to provide the very best value for money, time and effort	Green
3 We fail to positively manage our impact on the wider environment and keep our own environment clean and tidy	Green	3 We fail to exceed all national standards	Red
4 We fail to develop our facilities and premises to improve our services and patient care	Green	4 We fail to plan with ambition to create a sustainable future.	Green

Blank page

D

York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee – 18th July 2017 – Boardroom, York Hospital

Attendance: Mike Keaney (Chairman), Mike Sweet, Lynda Provins, Lynette Smith, Andy Bertram, Juliet Walters, Steve Reed, Jonathan Hodgson, Joanne Best.

Apologies: Gordon Cooney Steven Kitching, Graham Lamb, Sue Rushbrook

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 18 April 2017**		The minutes of the meeting held on 20th June 2017 were agreed as an accurate record.		
2.	**Matters arising**		MS asked AB if there was any further update on the 'next steps' following receipt of the North West Academic Health Science Network report. AB stated that at this time there was no further update or action. MS also enquired if perhaps work was now being duplicated with the metrics for the Acute Medical Model and the ECS, JW replied that the metrics ran in parallel to the ECS and therefore there was no duplication of work. SReed delivered an overview of the Mobile Working in Out of Hospital Care report which had been previously circulated. He stated that there is a national requirement to move toward mobile health workers using mobile technology. This will increase contact time with patients, reduce data duplication while moving towards paperless environments. This will also support the reduction in referrals and avoid admissions by ensuring that the community teams can respond in a timely manner. SReed stated that in 2014 a bid was submitted to the National	The Committee were assured about the current progress of work, but asked for an updated position in November.	

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		Nurse Technology Fund to support the purchase of mobile equipment for the community nursing teams. Although this bid was not successful this created local momentum to review how the national project could apply locally. For this project to be successful it is key that all teams have access to mobile devices. The mobile devises purchased have produced some problems as the most basic package was purchased which means the devise will only update when linked to the network. This should mean updates will happen within roughly 6 hours. There are some exceptions where the devises will be continually linked to allow live time updates. E.g. Child Health and overnight care. Cost does not allow this access for all staff. JW suggested that front line staff should have access to the better spec equipment, to which the committee agreed, it was noted that after the trial if higher spec was required it would be a case of new software being purchased and loaded onto existing equipment. SReed stated that there is an expected efficiency of 1.6% of their workforce budget, but hopes that this project will deliver even more in the future. The pilot has been rolled out to 150 staff and included laptops and smart phones allowing remote access, with an expectation of 30 more full spec items being rolled out in the next 3 – 4 weeks. The full Selby team were given access last week. MS raised concerns that as staff will no longer have to return to the office to update records / discuss cases, will it affect staff socialisation. SReed stated that staff will still have contact via phones which will allow the use of skype. Next Steps – SReed stated that the process would be monitored and move towards real time updates, also development of new care pathways, hopefully creating CIPs.		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			There is an expectation that a Business Case would be submitted by the end of 2017, but that the project would need to prove its success prior to submission of the Business Case. It was also noted that with a large number of IT equipment out in the community there could be a number of issues requiring access to the help desk. This will be monitored during the pilot. MK enquired how Patient experience would be measured to which SR replied that this would be picked up by case studies. With regard to patient responses regarding having IT equipment used in their homes, it is generally accepted that this is the norm these days. MK suggested that this would require significant investment. AB suggested that it could create a saving but care would be needed as to whether this saving would be for the CCG or the Trust. Concern was expresses about a number of staff that work beyond their contracted hours and hopefully this project will help to restore their work life balance and support retention of staff in future. This will need to be evidenced for any claim of funds from the CCG. MS stated that it would be nice to prove whether this project supported a reduction in hospital admissions. SReed stated that he will deliver an updated report to the Board in November which will also come to this committee.		
3	**Priorities: Sustainability & Transformation**		LS stated that the Trust achieved the STF trajectory for Q1, which was 90.5% with the Trust achieving 90.89%. She stated that this was credit to the work that staff across the Trust. The	The Committee were assured by the performance report,	JW to update the Board on the current position.

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
Funding issues		performance for June 17 represents a 4% improvement on June 16. STF guidance was published at the beginning of July with a revised weighting for access targets in Q1-3. For Q1 the national milestones were met respectively. The trajectory to achieve the STF funding in Q4 means the Trust must achieve 95% in March 2018. LS stated that she will confirm whether this will be cumulative or not for Q2. June saw an increase in ambulance handovers over 15 minutes, but the handovers at 30 minutes had decreased. It had been noted that there was a slight change in this after the cyber-attack, but there is now a push to ensure robust reporting. LS stated that June saw an increase of 8.9% in non-elective admissions at Scarborough and 9.8% in York. MK enquired about bed occupancy at midnight in relation to increased admissions. LS stated that this may relate to the assessment units and short stay which has resulted in a decrease in the bed pressures for June. LS stated that in relation to flow the focus continues on timely patient transfers throughout the hospital, with timely moves reducing long waits of over 8 hours. The main aim is getting the patient to the right place. JW explained to the Board that a presentation had been given to the Scarborough Hospital Board in relation to SAFER working and how this supports 'flow'. Key areas of focus for recovery include clinical site management out of hours. MK stated that it was pleasing what had been achieved in Q1. LS stated that July was still a high risk due to workforce	but noted the challenges going forward.	

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		challenges. MK stated he believed that 80% of the issues are staff related and questioned if the discussion at las month's Board meeting about the possible closure of some beds had come to fruition. It was confirmed that this has not happened, but it may need to be considered as a short term measure pending recruitment of new staff in October. MK stated that it does not look promising moving forward, LS suggested that the main focus needs to be on staffing and discharges, especially patients whose discharge has been delayed. LS told the committee that the Trust met 5 out of 7 of the Cancer targets for May 2017. This meant that performance was less than expected. LS informed the committee that the Trust is reviewing the service model for Dermatology. The 25 62 day breaches were across all areas. New pathways should improve this over time with the national expectation that by September 2017 the 62 day 1st treatment will be met. LS stated that the RTT performance for June is 89.14% which is marginally below the expected position and it is thought that is due to demand and prioritising bookings. JW stated that the Out Patient efficiency project is expected to improve the position around demand, improving partial booking and the DNA ratio, although there are still some areas that offer concern. The assumption is that it will be back on track for July/August.		

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		MK enquired about the appointments of the new consultants in plastics, to which AB stated that they had been appointed but were yet to start. MK asked if these problems are addressed would this bring us up to required levels, LS stated that if all these elements work this should bring the Trust back up to target. In relation to diagnostics the Dexa scanner is now back in full working order, but sleep studies are causing an issue. The recovery plan has allowed purchase of additional equipment to support this backlog and weekly meetings to review the position have been reinstated. It was noted that although Q1 performance was achieved, it will be challenging moving forwards and it was agreed to bring this to the Boards attention.		
CQUIN		CQUIN - LS gave a brief update. She stated that most of the work for Q1 was around audit work, establishing projects and work streams so the risk was manageable. In relation to flu, we cannot start until vaccine is released nationally and the length of time to provide the vaccine has been increased to include January and February. Mk enquired if it would be possible to look at how much flu cost the Trust in relation to sickness and the use of bank staff. It was agreed that this would be difficult to record as flu is not always medically confirmed when staff are off ill. There was a suggestion that if the costs could be highlighted when advertising the vaccine it may support staff taking up the vaccination.		

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		In relation to improving services for people with mental health needs who present to A & E, LS stated that discussions were on going about the patients involved and how the Trust could achieve this target.		
Finance		Finance - AB gave an overview of the Trusts financial position, stating that the Trust had not achieved the required position to receive the STP funding for Q1 in relation to finance which meant the Trust also did not receive the performance funding despite achieving this element. The Trust had a shortfall of £2.7m and therefore did not receive the Q1 sustainability funding of £1.8m, this gave an adverse variation to plan of £4.7m. AB is working on a financial recovery plan and this will be discussed at the Board next week. AB stated that Corporate Directors have already had a discussion about this at their timeout day. AB stated that the pay spend level is high at £2m ahead of plan and with this in mind Finance Managers will be undertaking a review to identify all sources of pressure points. This work will inform the financial recovery plan. The committee discussed agency and bank staff and the high level of patient specialing that is being currently used. JW suggested that some patients do require 1-1 nursing but it is whether it is cheaper to substantially recruit if the demand continues to be high. A discussion continued with regards to the management of vacancies in directorates and how they are related to CIPs. AB stated that he will be discussing the Trusts financial position with NHSI, he suggested that the Trust doesn't change its plan at this time with the intention of reviewing the situation once	The Committee expressed concern about the current financial position.	AB will update the Board on financial recovery plans

DRAFT

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		July figures are in. The clear intention at this stage to seek recovery of the position where this is safe to do so. MK enquired whether there is any deadline for changes to the plan, AB told the committee that NHSI only allows changes to the plan quarterly, with the last change allowed at Q3. AB stressed that the Trust has not been in this position previously. MK mentioned the drugs overspend, and AB confirmed this was due to the Trust providing more high cost drugs excluded from tariff and charged for separately. AB stated that this was cost neutral in terms of I&E impact as there was a directly corresponding over recovery of income. MK and AB continued with a discussion as to how the recovery plan could support the Trusts financial position and what would be expected to be covered. This will be confirmed once the recovery plan has been agreed by the Trust Board. Mk asked what the timescale would be for the recovery plan to be introduced, AB stated that actions have already started and hopefully an impact will be seen in the July figures. AB reported that the cash position is healthy for this time of year. AB stated that a variety of cash scenarios have been modelled ranging from the delivery of current plans through to a worst case scenario where expenditure continues to exceed funding. AB explained that NHSE have asked what the impact would be if the CCGs moved to paying the contract in 12ths, not in 10ths which is currently happening. AB suggested that this would cause an immediate problem for the Trust. This information is currently being shared with the CCGs and with NHSE. AB		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			stressed that NHSE are not seeking to take action at this stage but simply want to understand the impact of the change. The cash models show that if the Trust continues to fail to achieve its sustainability funding there will be a significant variance in plan and the Trust will run out of cash by February 2018. AB stated that if this was the case he may have to approach the treasury for a loan but this would be at approximately 3% interest rates. CIP - WP stated that there has been a slow start throughout April and May with the position at the end of June being £2.5m behind the position at the end of June 2016, but that the Board should bear in mind that the Target for 2017/18 is £3.6m lower than 16/17. WP also stated that the Trust is £1.6m behind delivery of the plan submitted to NHSI but that £3.3m has been delivered by the end of June. WP told the committee that key risks are around also having to help deliver the CCGs QIPP schemes. The slow year start has prompted the Chief Exec to write to all Clinical Directors, Directorate Managers and Finance managers raising concerns around the lack of delivery and the planning gap. Directorate Managers are now working with the improvement team on this. AB stated that CIP delivery is picked up at a number of regular meetings including the performance management meetings.	The Committee will keep a watching brief on the CIP delivery and planning position.	
4..	**Internal Audit Plan 2017-18**		JH gave an overview of the previously submitted internal audit plan for 17/18, the audit focus and role of internal audit in the Trust and how they support Trust plans. The committee were very supportive of the work done by		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			internal audit to support development of processes within the Trust. Mk thanked JH for attending.		
5.	**Terms of Reference**		MS suggested that 2:1 should read as follows: 'The Committee ensures that the Board of Directors receives assurance about the Trust's financial 'operational' performance. MS raised concern about the timely delivery of papers and following a discussion it was agreed that this was due to the timing of the Board and information availability so unfortunately could not be addressed.		
	Risk Register and BAF		AB and JW stated that the risk registers are continually being reviewed. LP asked the committee whether the BAF risk 'we fail to work to and maintain financial stability alongside our partners, building alliances to benefit our patients' should still be amber. The committee discussed the risk and agreed that due to the amount of work being done with partners etc the risk should still be rated at amber.		
9.	**Any other business**		In view of the current financial situation it was agreed that there would now be an August meeting.		
10.			Date of next meeting will be 22nd August 2017 in the Board Room, York Hospital at 9.30am.		

Finance & Performance Committee – Action Log – July 2017

No.	Month	Action	Responsible Officer	Due date	Completed

No current actions.

DRAFT

D1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 30 June 2017.

At the end of June the Trust is reporting an Income and Expenditure (I&E) deficit of £9.8m against a planned deficit of £5.1m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance & Performance Committee
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Richard Parker, Assistant Director – Financial Management
Date of paper	July 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Finance & Performance Committee Meeting 18 July 2017
Briefing Note for the Board of Directors Meeting 26 July 2017

Subject: June 2017 (Quarter 1) Financial Position

From: Andrew Bertram, Finance Director

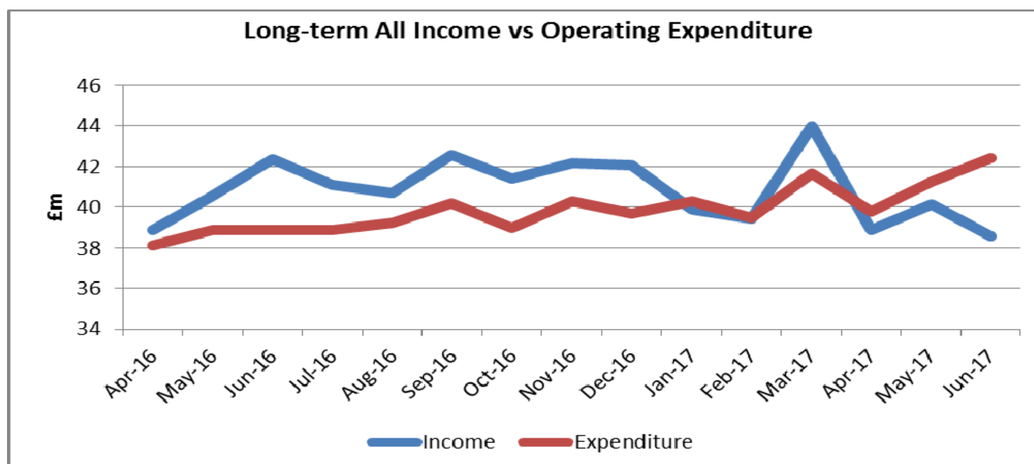
Summary Reported Position for June 2017

It is disappointing to report that for Q1 we have missed our control total and have, therefore, not secured our sustainability funding.

The profile of our current plan assumed a year-to-date deficit of £5.1m and we are currently reporting a £9.8m deficit, therefore an adverse variance to plan of £4.7m. The significant components of the variance are a shortfall against our control total of £2.7m and the removal of the full quarter's sustainability funding of £1.8m. The balance relates to low value technical items excluded by NHSI.

This is a very worrying position but has occurred early enough in the financial year for corrective action to be considered and taken where possible and where appropriate. At the time of writing this report Corporate Directors are preparing a financial recovery plan that will become the focus of attention over the coming months. It is possible to recover the Q1 sustainability funding in subsequent quarters should year-to-date financial control total performance be brought back on track. This must now become a clear focus of the Board.

The chart below looks at our long term income and operational expenditure (above the EBITDA line) trend. The chart shows income above operational expenditure for Q1, Q2 and Q3 of 2016/17 and shows the difficulty we encountered in Q4 last year with poor performance in months 10 and 11 and some degree of recovery in month 12. During Q1 of 2017/18 operational expenditure is shown as routinely exceeding income. This position was expected in the early months of the year with a deficit plan but the early indications are that the trend lines are diverging at an unplanned rate. July performance will be crucial to confirm the level and intensity of any corrective action necessary.



Operational expenditure peaked in May at £41.2m, representing a significant increase on April at £39.9m. Worryingly June expenditure was higher still at £42.4m. Of note is the 2016/17 monthly average was £39.5m.

The Q1 CIP position shows £5.2m removed from budget in full year terms against the £22.8m target. There is still a material gap of £5.8m against the planning requirement but of note this has reduced this month. This will need to be carefully monitored as we progress through the financial year. The relentless nature of the efficiency programme delivery requirements does mean that even though progress is comparable to last year the Q1 income and expenditure account is impacted by a profile shortfall of £1.6m. Clearly, if ultimately the Trust's CIP is delivered by the end of the financial year then the in-year adverse variance impact is eventually removed.

Income Analysis

Overall, income is showing as ahead of plan. This comprises clinical income running £2.4m ahead of plan but after consideration of other income and the lost sustainability funding this position is reduced to an over recovery of £1.1m.

It is still early days in the financial year to be fully confident in the reported income position. We have April activity now fully coded and costed but are working on estimates for May and June. Of note this year is that the charging currency has moved to HRG4+ which brings a new degree of forecasting risk as we do not have any significant coded data yet from which to assess any price impact from the new currency. I do not believe we should assume income may increase as a result of future coding clarity as there is as much risk income levels could be lower when eventually coded and costed. We believe we are reporting a fair position.

Expenditure Analysis

Pay costs are causing the most significant pressure on the Trust's financial position. At the end of Q1 the reported adverse variance stands at £2m.

In relation to total agency expenditure we have seen significant pressure continue into June, with the monthly spend at £1.9m against a £1.4m plan. The analysis shows that overall the Trust has spent year-to-date £5.0m against a £4.3m target (15% overspend). The analysis shows that the pressure has come in the main from consultant medical staff, although June also saw a pressure emerge in nursing agency staff. This is an area where continued efforts to negotiate rates downwards continues alongside continued recruitment efforts to reduce the need for locums and agency staff.

Clearly not all the pay overspend can be attributed to agency staff. A significant piece of work has been launched with the Finance Managers to identify all sources of pay pressure; this will confirm 1:1 care pressure, pressure from unplanned escalation capacity and a number of pressure points in the system where pay pressure has emerged from simply maintaining services. This work will help to inform the financial recovery plan.

Drugs spend has remained higher than plan but this pressure relates almost exclusively to pass through high costs drugs outside of normal tariff arrangements. In this instance the Trust recharges the full additional cost direct to commissioners and therefore this pressure is directly compensated by an over recovery of income.

Clinical supplies and services and other costs are both broadly running to plan and there are no issues I would wish to bring to the Board's attention.

Of note in Q1 are restructuring costs of £0.4m. These relate exclusively to the planned redundancies from the NLAG team associated with the Trust winning the regional cytology contract.

I&E Forecasting

It is important that the Board consider whether our current financial position impacts on our current year-end forecast outturn (plan) position. It is clear that the June position has introduced heightened risk to the delivery of our plan.

NHSI have a very structured approach to forecasting. Should the Board wish to vary its forecast from plan then a formal submission is required. This should be discussed in advance with the regional NHSI team. The submission should include; the key drivers for the deterioration in forecast, an analysis of causes, confirmation that commissioners have been informed and opportunities for support explored, confirmation that the Trust's key clinical decision making body is aware and are signed up to recovery actions (including working capital actions and capital programme spend reductions) and a formal signed declaration is required to confirm that the Board have agreed the revision to forecast and have agreed corrective action.

The revision can only be made at quarterly reporting intervals.

My recommendation to the Board is that we open discussions immediately with the regional NHSI team regarding the newly emerging risk to our forecast position but that, at this stage, we do not make a formal submission of a revised forecast. We have work to do to understand the detail, to assess the July spend position to be clear on the extent of corrective action needed, to prepare our recovery plan and to assess a new forecast position (if relevant) and the extent to which a recovery plan can correct that revised forecast.

Cash Forecasting

The Board report confirms a continued healthy cash position at this stage in the financial year. We implemented some time ago enhanced cash reporting through to the Board and established a weekly cash committee.

We have now commenced a piece of work to model various cash scenarios ranging from the delivery of the current plan through to a worst case scenario where expenditure continues to exceed income, our control total is missed and we are not eligible for receipt of any sustainability funding. This work will be presented to the Board as part of the financial recovery plan. This scenario planning will form a key part of the Board's financial management oversight strategy through this financial year.

Old year Contract Settlements

At the time of writing this report there are no updates to provide on the trading position with the old year contracts for those commissioners where it was not possible to agree an early outturn position. Discussions continue as the coding information continues to follow the national reconciliation timetable. National freeze data supports the position reported by the Trust and the negotiation has now moved to managing the outstanding CCG queries.

Finance Performance Report

July 2017

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

Finance Report
Chapter Index

Chapter	Sub-Section
Finance	Finance Chapter Index
	Summary Income and Expenditure Position
	Contract Performance
	Agency
	Expenditure Analysis
	Cash Flow Management
	Debtor Analysis
	Capital Programme
	Efficiency Programme
	Carter
	SLR

Summary Income and Expenditure Position
Month 3 - The Period 1st April 2017 to 30th June 2017

York Teaching Hospital NHS Foundation Trust

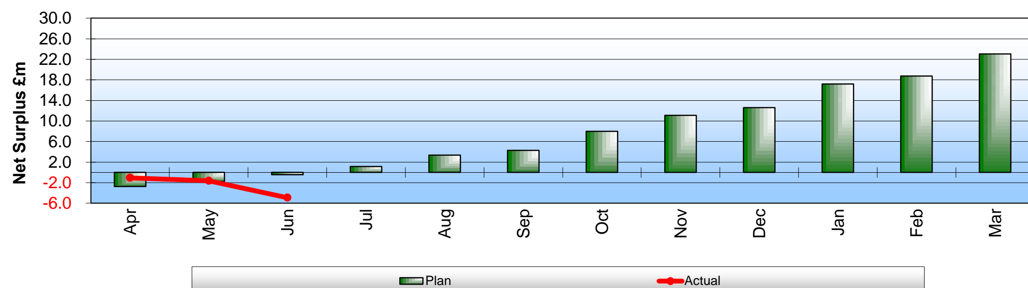
Summary Position:

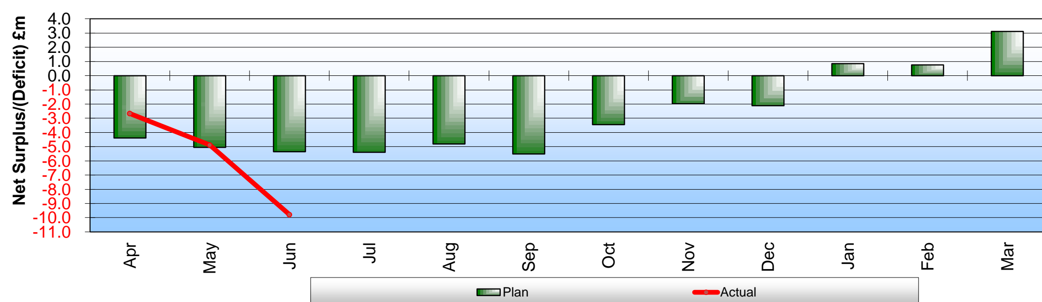
* The Trust is reporting an I&E deficit of £9.8m, placing it £4.7m behind the operational plan.

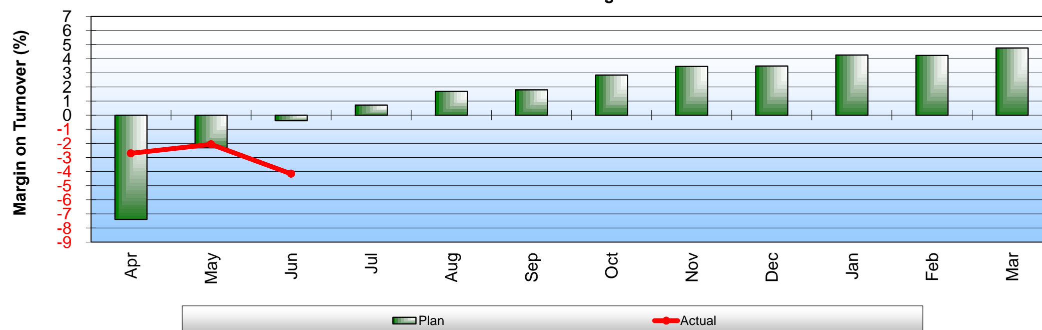
* Income is £1.0m ahead of plan, with clinical income being £2.4m ahead of plan and non-clinical income being £1.3m behind plan.

* Operational expenditure is ahead of plan by £5.8m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£4.9m (-4.15%) compared to plan of -£0.2m (-0.19%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	24,319	5,866	5,946	80	24,319	0
Planned same day (Day cases)	35,292	8,508	9,963	1,455	35,292	0
Non-Elective Income	103,578	25,443	27,824	2,381	103,578	0
Outpatients	57,987	13,979	14,172	193	57,987	0
A&E	15,122	3,716	4,054	338	15,122	0
Community	29,974	7,816	8,003	187	29,974	0
Other	161,764	39,266	37,021	-2,245	161,764	0
	428,036	**104,594**	**106,983**	**2,389**	**428,036**	**0**
Non-NHS Clinical Income						
Private Patient Income	956	239	172	-67	956	0
Other Non-protected Clinical Income	1,510	378	449	71	1,510	0
	2,466	**616**	**621**	**4**	**2,466**	**0**
Other Income						
Education & Training	12,946	3,237	3,360	123	12,946	0
Research & Development	3,356	839	862	23	3,356	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	156	156	0	623	0
Other Income	22,523	5,583	5,883	301	22,523	0
Sparsity Funding	2,600	650	650	0	2,600	0
STF	11,832	1,775	0	-1,775	11,832	0
	53,881	**12,239**	**10,910**	**-1,328**	**53,881**	**0**
Total Income	**484,383**	**117,449**	**118,514**	**1,065**	**484,383**	**0**
Expenditure						
Pay costs	-328,949	-81,641	-83,681	-2,040	-328,949	0
Drug costs	-52,785	-13,291	-14,900	-1,609	-52,785	0
Clinical Supplies & Services	-47,684	-11,593	-11,601	-8	-47,684	0
Other costs (excluding Depreciation)	-49,598	-12,740	-12,877	-137	-49,598	0
Restructuring Costs	0	0	-372	-372	0	0
CIP	17,668	1,588	0	-1,588	17,668	0
Total Expenditure	**-461,348**	**-117,676**	**-123,431**	**-5,755**	**-461,348**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**23,035**	**-227**	**-4,917**	**-4,690**	**23,035**	**0**
Profit/ Loss on Asset Disposals	0	0	1	1	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-11,604	-2,901	-2,901	0	-11,604	0
Depreciation - donated/granted assets	-396	-99	-99	0	-396	0
Interest Receivable/ Payable	130	33	20	-13	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-528	-125	-93	31	-528	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-7,216	-1,804	-1,804	0	-7,216	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**3,121**	**-5,123**	**-9,794**	**-4,671**	**3,121**	**0**

Contract Performance

Month 3 - The Period 1st April 2017 to 30th June 2017

York Teaching Hospital NHS
NHS Foundation Trust

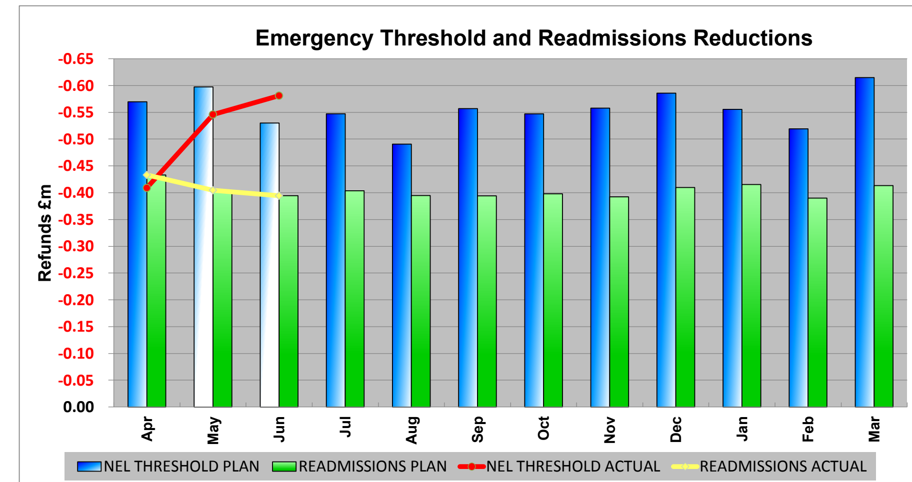
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	217,522	52,663	53,706	1,043
Scarborough & Ryedale CCG	81,522	20,164	20,442	278
East Riding CCG	41,841	10,322	10,406	84
Other Contracted CCGs	16,823	4,140	4,202	62
NHSE - Specialised Commissioning	40,804	10,005	10,322	317
NHSE - Public Health	15,289	3,755	3,444	-311
Local Authorities	4,581	1,151	1,136	-15
Total NHS Contract Clinical Income	**418,382**	**102,200**	**103,658**	**1,458**

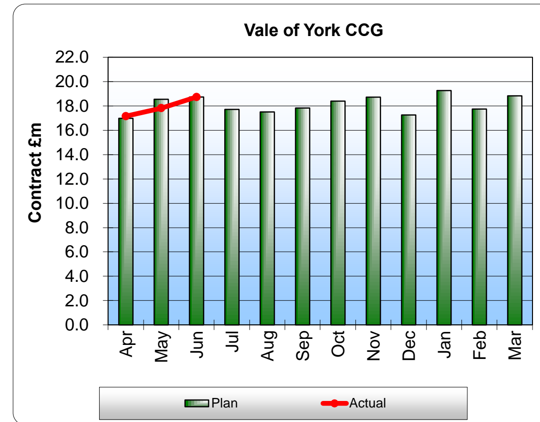
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	12,474	3,102	3,989	887
Risk Income	-2,820	-708	0	708
Total Other NHS Clinical Income	**9,654**	**2,394**	**3,989**	**1,595**

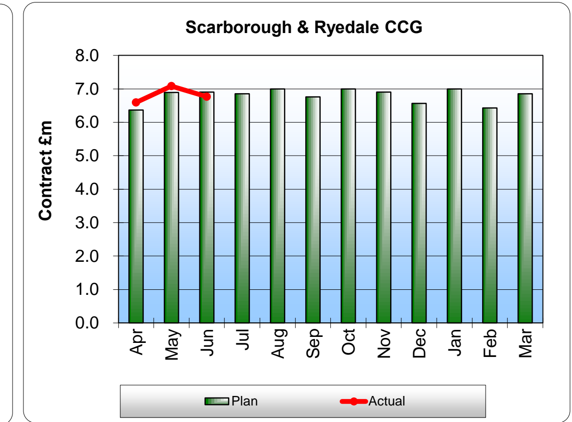
Sparsity funding income moved to other income non clinical	-664
Winter resilience monies in addition to contract	0

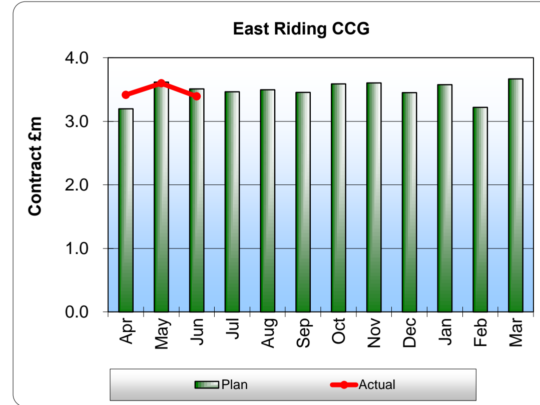
Total NHS Clinical Income	**428,036**	**104,594**	**106,983**	**2,389**

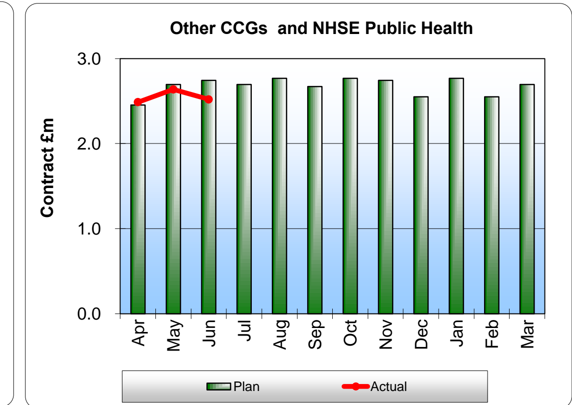
Activity data for June is partially coded (53.7%) and May data is 91.5% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

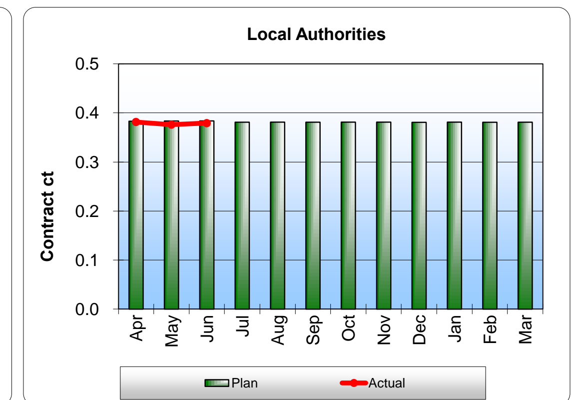












Agency Expenditure Analysis

Month 3 - The Period 1st April 2017 to 30th June 2017

York Teaching Hospital NHS
NHS Foundation Trust

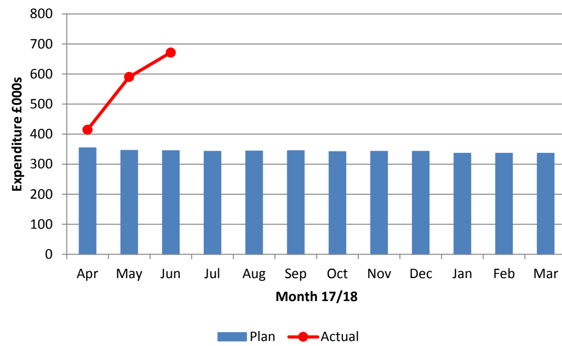
Key Messages:

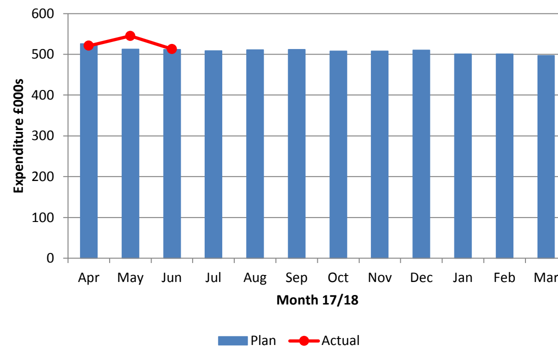
* Total agency spend year to date of £5m compared to an NHSI plan of £4.4m.

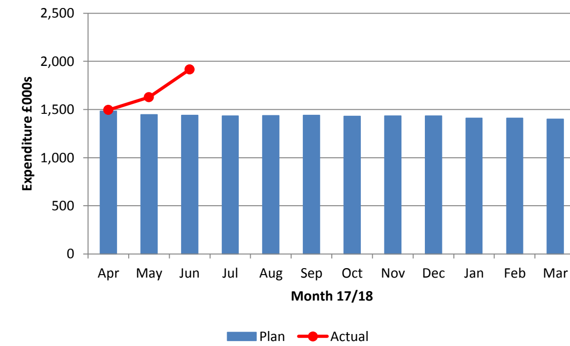
* Consultant Agency spend is ahead of plan by £0.6m.

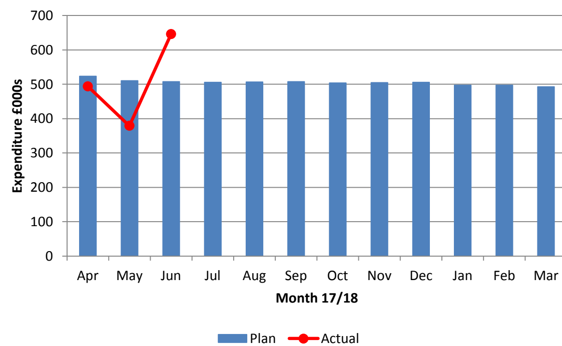
* Nursing Agency is behind plan by £0.02m.

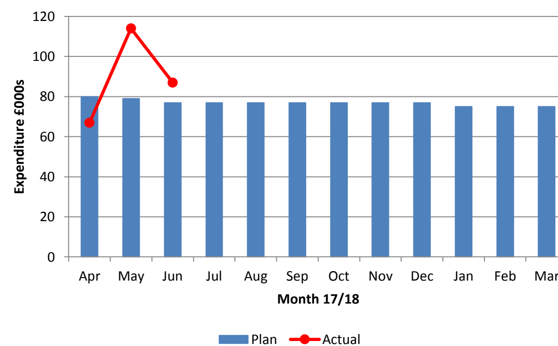
* The Trust is ahead of the Medical Locum Reduction target by £0.7m.

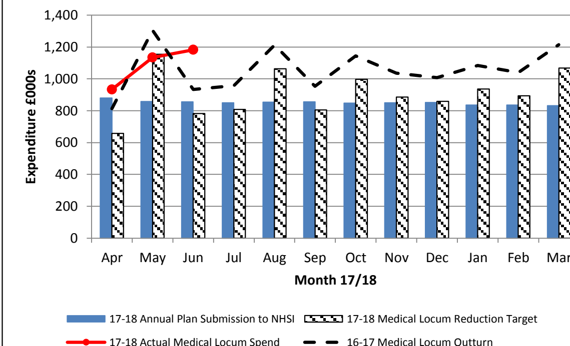












Expenditure Analysis

Month 3 - The Period 1st April 2017 to 30th June 2017

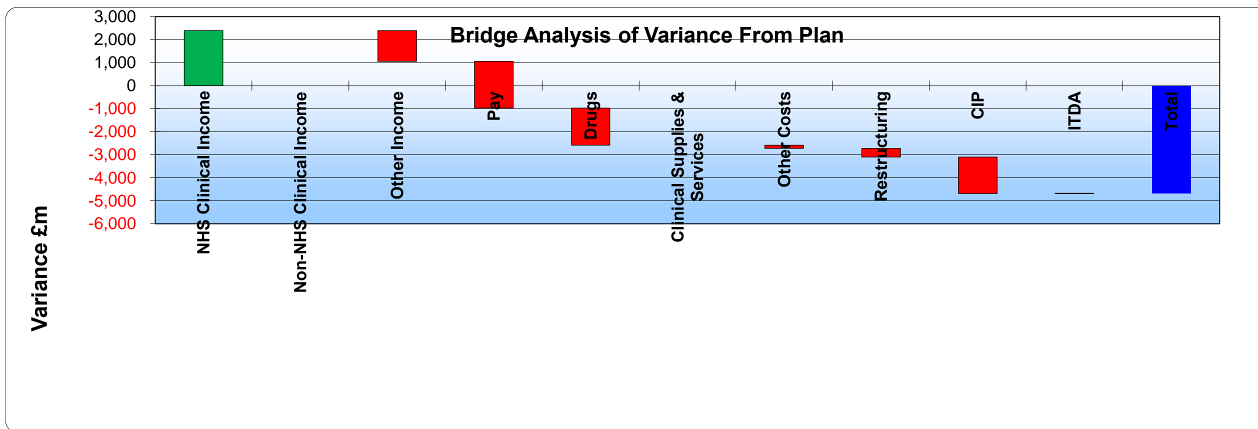
York Teaching Hospital NHS
NHS Foundation Trust

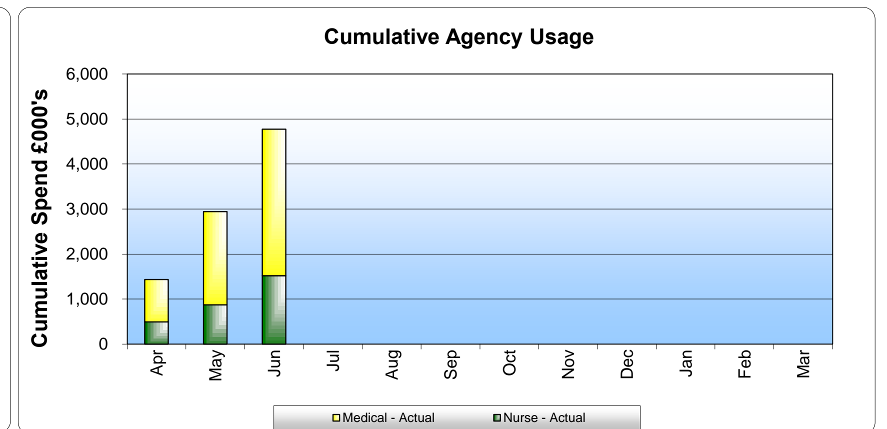
Key Messages:

There is an adverse expenditure variance of £5.8m at the end of June 2017. This comprises:

* Pay budgets are £2.4m ahead of plan.
* Drugs budgets are £1.6m ahead of plan, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £1.6m behind plan.
* Other budgets are £0.1m ahead of plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	60,277	15,000	12,825	0	349	0	1,674	14,848	152	0	
Medical and Dental	29,331	7,366	7,067	0	80	0	1,579	8,726	-1,359	0	
Nursing	95,750	24,231	20,184	123	117	2,344	1,520	24,288	-57	0	
Healthcare Scientists	11,408	2,845	2,424	59	38	5	64	2,589	255	0	
Scientific, Therapeutic and technical	16,109	4,059	3,915	31	0	12	49	4,008	51	0	
Allied Health Professionals	25,815	6,440	5,949	16	74	14	24	6,077	364	0	
HCAs and Support Staff	44,443	11,306	10,245	201	34	23	52	10,555	751	0	
Chairman and Non Executives	161	40	45	0	0	0	0	45	-5	0	
Exec Board and Senior managers	13,345	3,496	3,661	6	0	0	0	3,667	-171	0	
Admin & Clerical	37,637	9,328	8,708	74	29	36	80	8,927	400	0	
Agency Premium Provision	5,164	1,291	0	0	0	0	0	0	1,291	0	
Vacancy Factor	-11,683	-4,060	4	0	0	0	0	4	-4,063	0	
Apprenticeship Levy	1,192	298	319	0	0	0	0	319	-21	0	
TOTAL	**328,949**	**81,641**	**75,347**	**510**	**721**	**2,434**	**5,041**	**84,053**	**-2,412**	**0**	



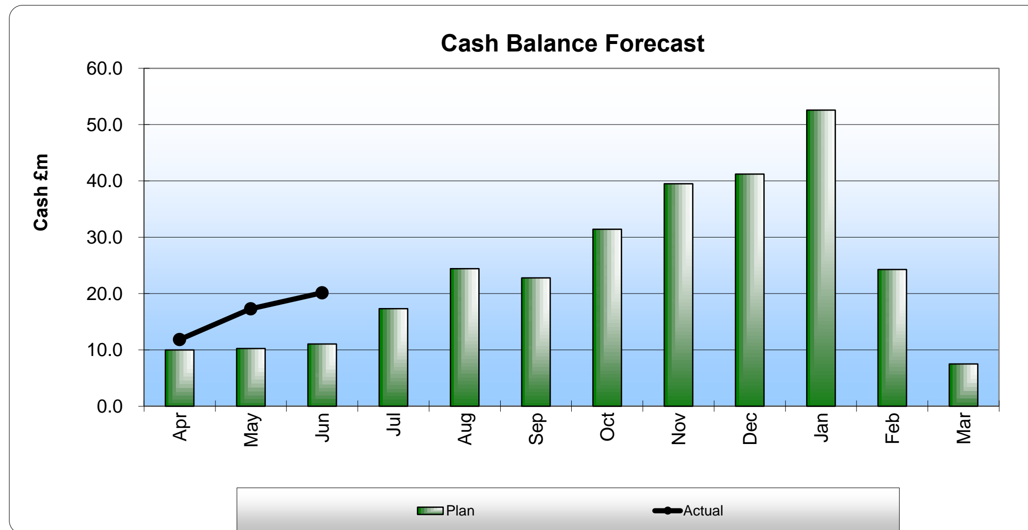


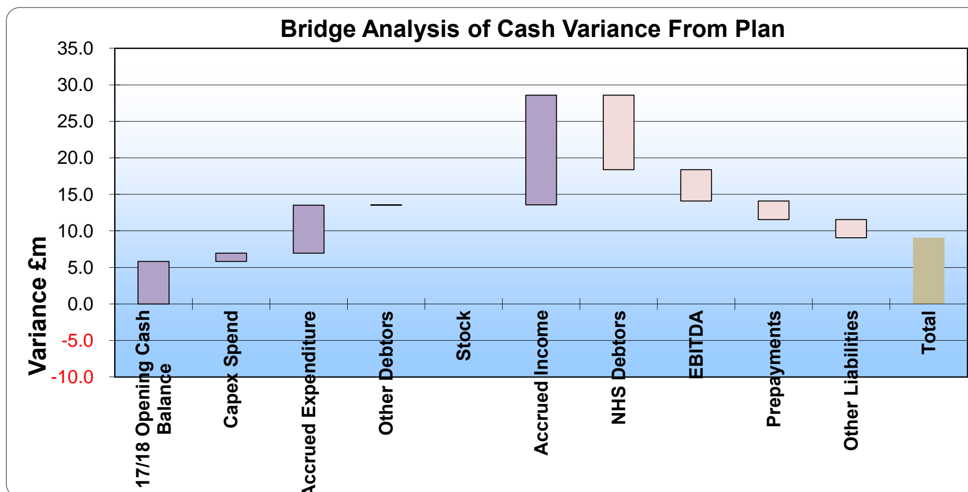
Cash Flow Management
Month 3 - The Period 1st April 2017 to 30th June 2017

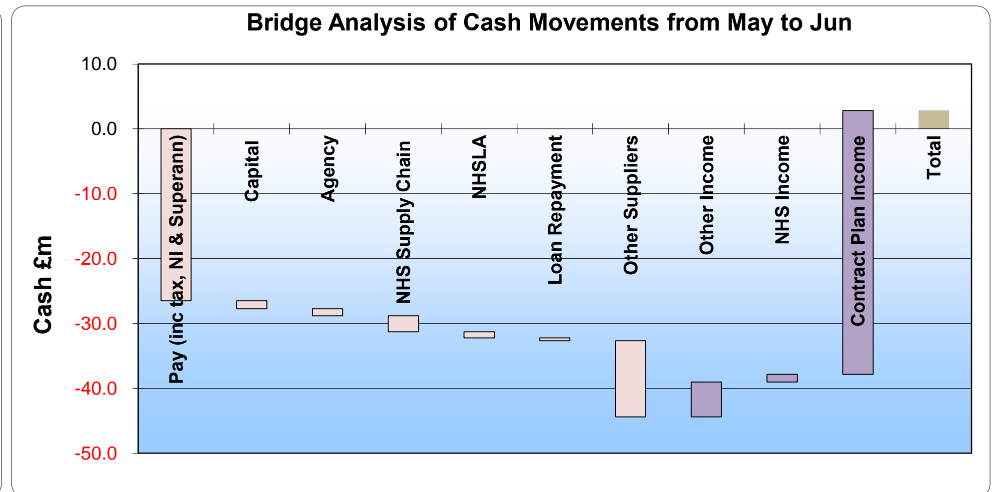
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of June was £20m, which is ahead of plan by £9m.
* The 17/18 opening cash balance was £5.8m favourable to the planned forecast outturn balance.
* The key factors influencing cash are:
- Positive impact due to capital expenditure slippage.
- Positive impact with accrued income levels lower than planned, however this is partly reflected in the debtor balance, which is higher than planned.
- Negative impact due to the I&E position.







Cash Flow Management

Month 3 - The Period 1st April 2017 to 30th June 2017

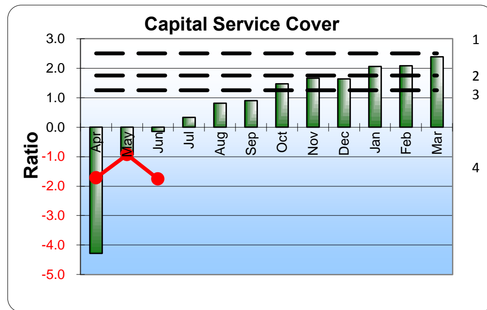
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

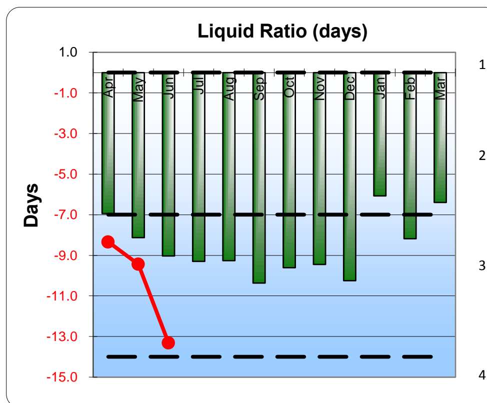
* The receivables balance at the end of June was £14m, which is above plan.
* The payables balance at the end of June was £9.3m, which is below plan. This is partly due to vacancies in the AP team. New starters are planned to start in July.
* The Use of Resources Rating is assessed as a score of 3 in June, and is reflective of the I&E position.

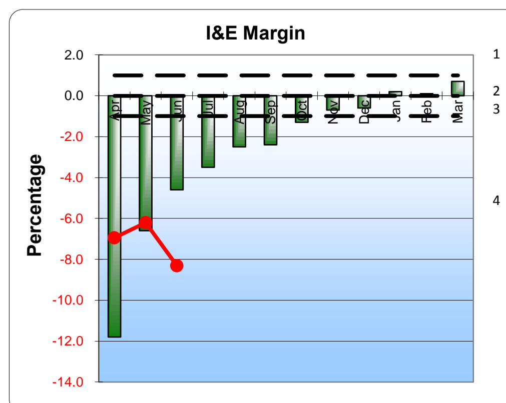
Significant Aged Debtors (+6mths)	
NHS Property Services	**£290K**
Depuy	**£143K**
Harrogate & District NHS Foundation Trust	**£131K**

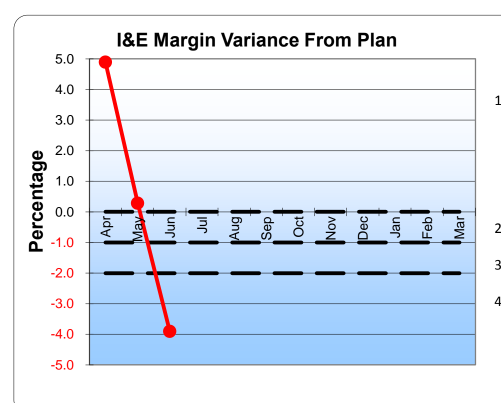
	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	7.07	1.00	0.79	0.49	9.34
Receivables	11.85	0.83	0.46	0.79	13.93

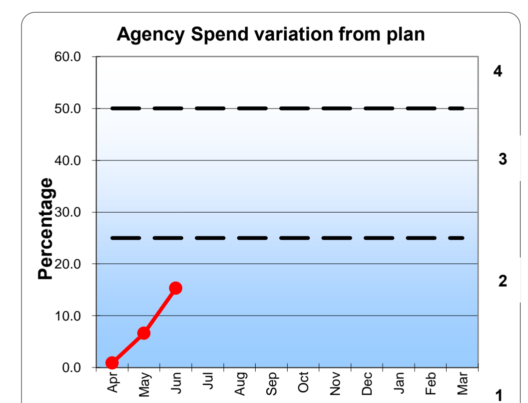


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	2	3	3	2
Capital Service Cover (20%)	2	4	4	2
I&E Margin (20%)	2	4	4	2
I&E Margin Variance From Plan (20%)	1	1	4	1
Agency variation from Plan (20%)	1	1	2	1
Overall Use of Resources Rating	**2**	**3**	**3**	**2**







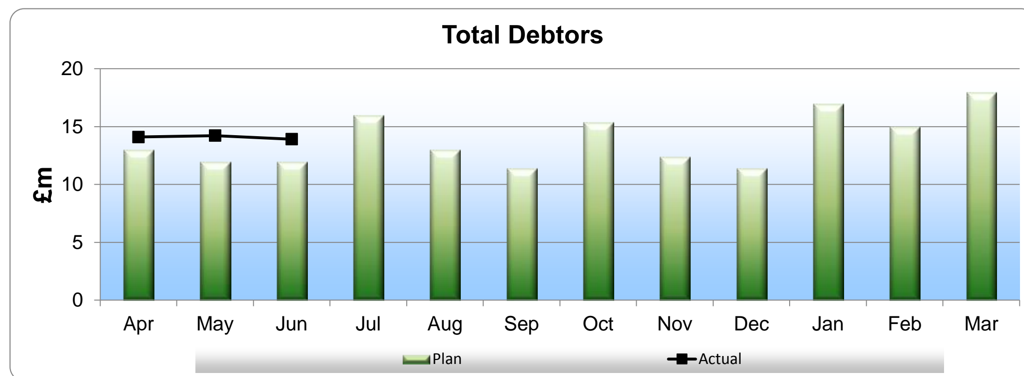


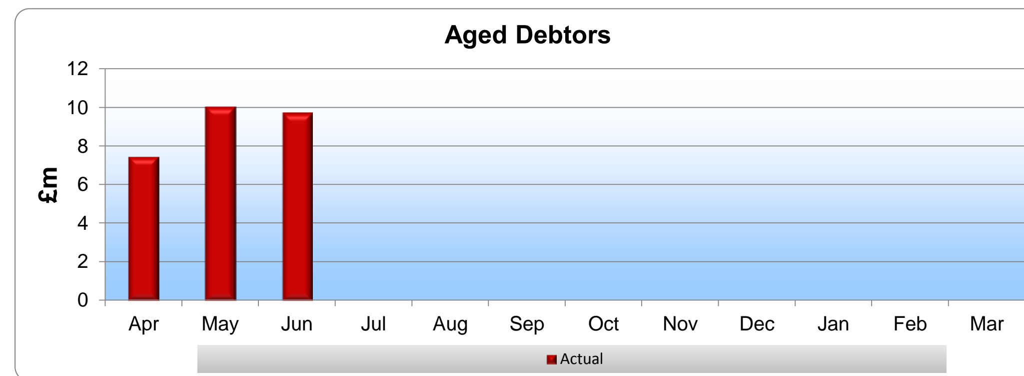
Debtor Analysis
Month 3 - The Period 1st April 2017 to 30th June 2017

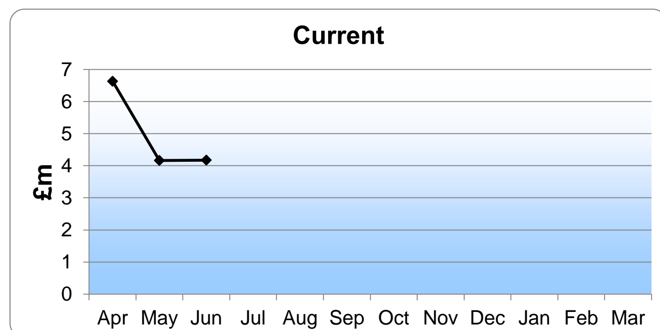
York Teaching Hospital NHS
NHS Foundation Trust

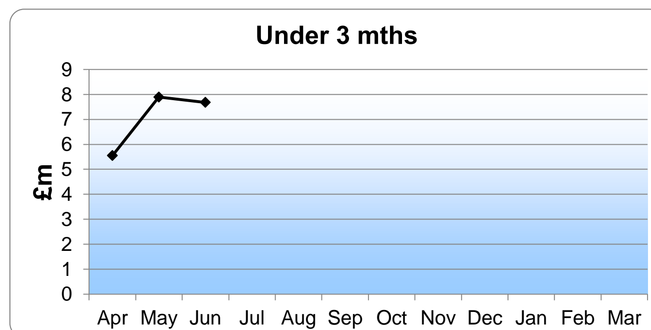
Key Messages:

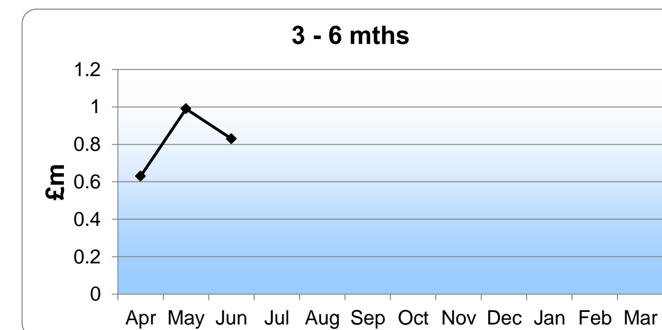
* At the end of June, the total debtor balance was £14m, with £4.2m relating to 'current' invoices not due.
* This is above plan but highlights work to raise invoices in a timely manner and reduce accrued income levels. These levels are reflected in a new accrued income graph below.
* Aged debt totalled £10m. This remains significantly influenced by delays in resolving a number of 16/17 Commissioner agreement invoices.
* Of these agreement invoices, 3 organisations total £4m; Vale of York CCG (£821k), Scarborough & Ryedale CCG (£2.6m) and NHS England (£540k).

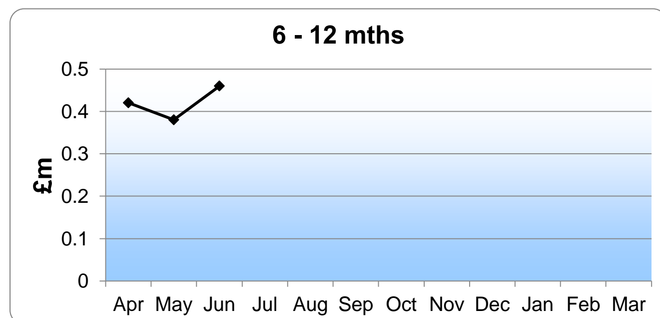


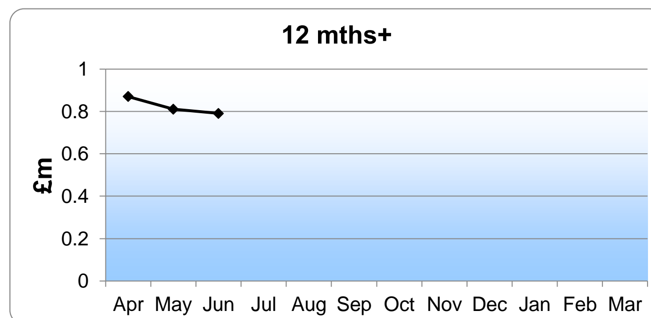


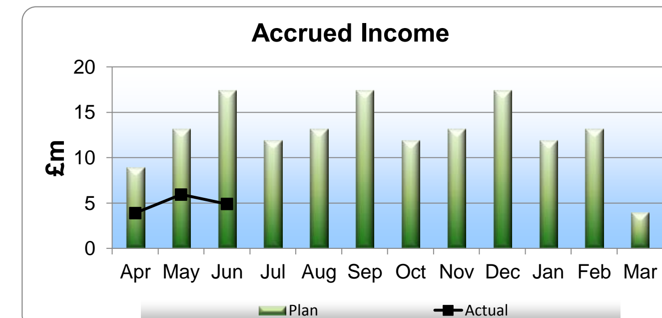












Capital Programme
Month 3 - The Period 1st April 2017 to 30th June 2017

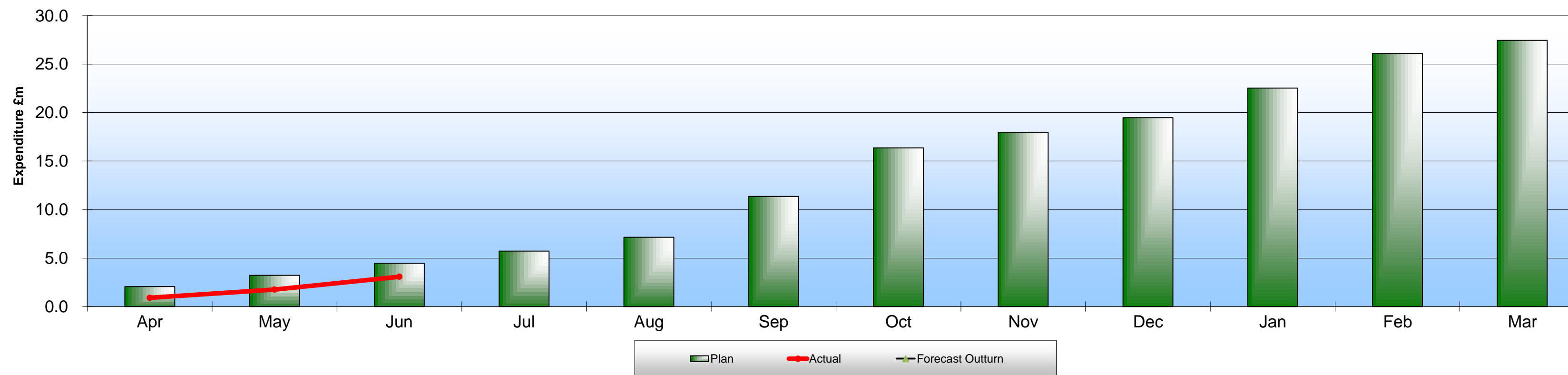
Key Messages:

* The Capital plan for 2017-18 totals £27.466m.

* Work on the Radiology department across both Scarborough and York totals £5.526m, this is to replace 2 x MRI's, the VIU and Cardiac Labs at York plus X-Ray rooms on both sites and includes enabling works for the 2nd CT Scanner at Scarborough.

* Work on the Endoscopy extension will commence with an expected spend of £5.5m and detailed designs for the VIU/ Cardiac extension will be developed at an expected cost of approx £1m.

* The Pathology reconfiguration across both sites is included in the plan at a cost of £3.662m.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
York Micro/ Histology integration	2411	0	2411	0	
SGH Pathology /Blood Sciences	1251	11	1251	0	
Theatre 10 to cardiac/vascular	1265	95	1265	0	
Radiology Replacement	5526	0	5526	0	
Radiology Lift Replacement SGH	799	37	799	0	
Fire Alarm System SGH	940	0	940	0	
Other Capital Schemes	985	457	985	0	
SGH Estates Backlog Maintenance	1300	143	1300	0	
York Estates Backlog Maintenance - York	1200	320	1200	0	
Cardiac/VIU Extention	1000	0	1000	0	
Medical Equipment	500	47	500	0	
IT Capital Programme	1500	195	1500	0	
Capital Programme Management	1450	296	1450	0	
SGH replacement of estates portakabins	1339	782	1339	0	
Endoscopy Development	5500	0	5500	0	
Contingency	500	0	500	0	
Estimated In year work in progress	0	694	0	0	
TOTAL CAPITAL PROGRAMME	**27466**	**3077**	**27466**	**0**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	10554	2195	10554	0	
Loan Funding b/fwd	4450	11	4450	0	
Loan Funding	6500	0	6500	0	
Charitable Funding	623	0	623	0	
Strategic Capital Funding	5339	871	5339	0	
TOTAL FUNDING	**27466**	**3077**	**27466**	**0**	

Efficiency Programme

Month 3 - The Period 1st April 2017 to 30th June 2017

York Teaching Hospital NHS
NHS Foundation Trust

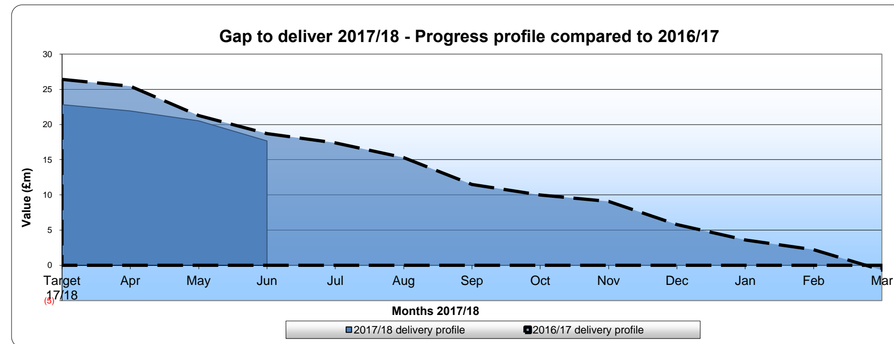
Key Messages:

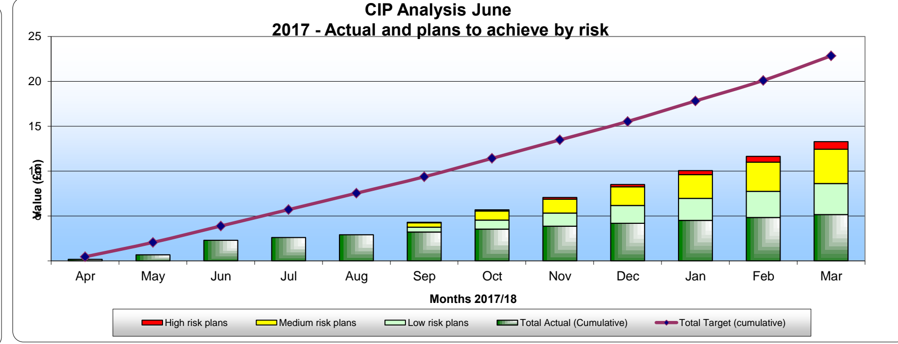
* Delivery - £5.2m has been delivered against the Trust annual target of £22.8m, giving a shortfall of (£17.7m).
* Part year NHSI variance - The part year NHSI variance is (£1.6m).
* In year planning - The 2017/18 planning gap is currently (£5.8m).
* Four year planning - The four year planning gap is (£14.1m).
* Recurrent delivery - Recurrent delivery is £3.3m in-year, which is 15% of the 2017/18 CIP target.

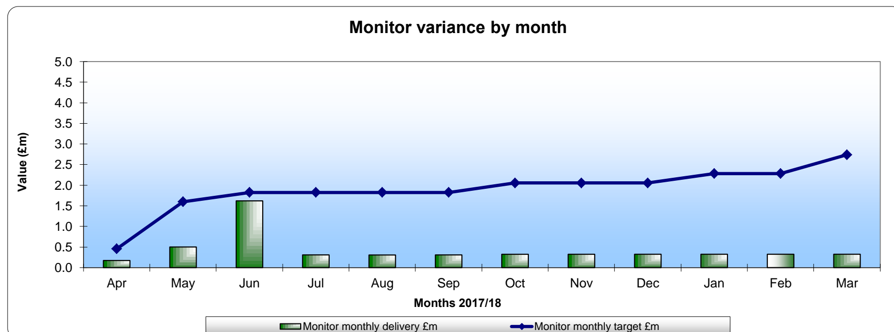
Executive Summary - June 2017	
	Total £m
TARGET	
In year target	22.8
DELIVERY	
In year delivery	5.2
In year delivery (shortfall)/Surplus	-17.7
Part year delivery (shortfall)/surplus - NHSI variance	-1.6
PLANNING	
In year planning surplus/(gap)	-5.8
FINANCIAL RISK SCORE	
Overall trust financial risk score	MEDIUM

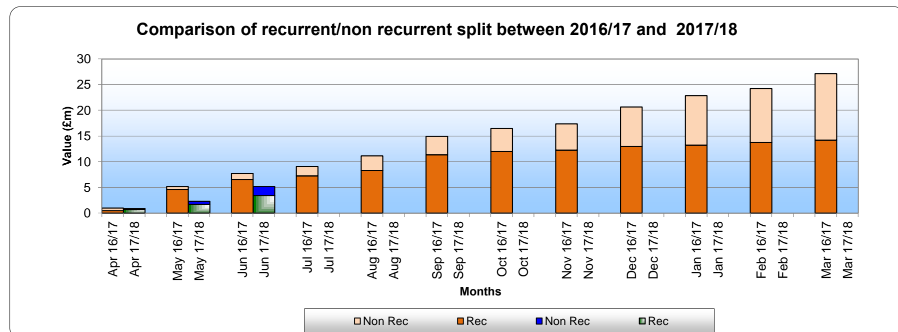
4 Year Efficiency Plan - June 2017					
Year	2017/18	2018/19	2019/20	2020/21	**Total**
	£m	£m	£m	£m	**£m**
Base Target	22.8	12.7	12.7	12.7	**61.0**
Plans	17.0	14.2	8.2	7.5	**46.9**
Variance	-5.8	1.4	-4.5	-5.2	**-14.1**
%	**75%**	**111%**	**65%**	**59%**	**77%**

Risk Ratings			
Financial			
Risk	May	June	Trend
High	21	14	↓
Medium	5	9	↑
Low	1	4	↑
Governance			
Risk	May	June	Trend
High	27	9	↓
Medium	0	13	↑
Low	0	5	↑







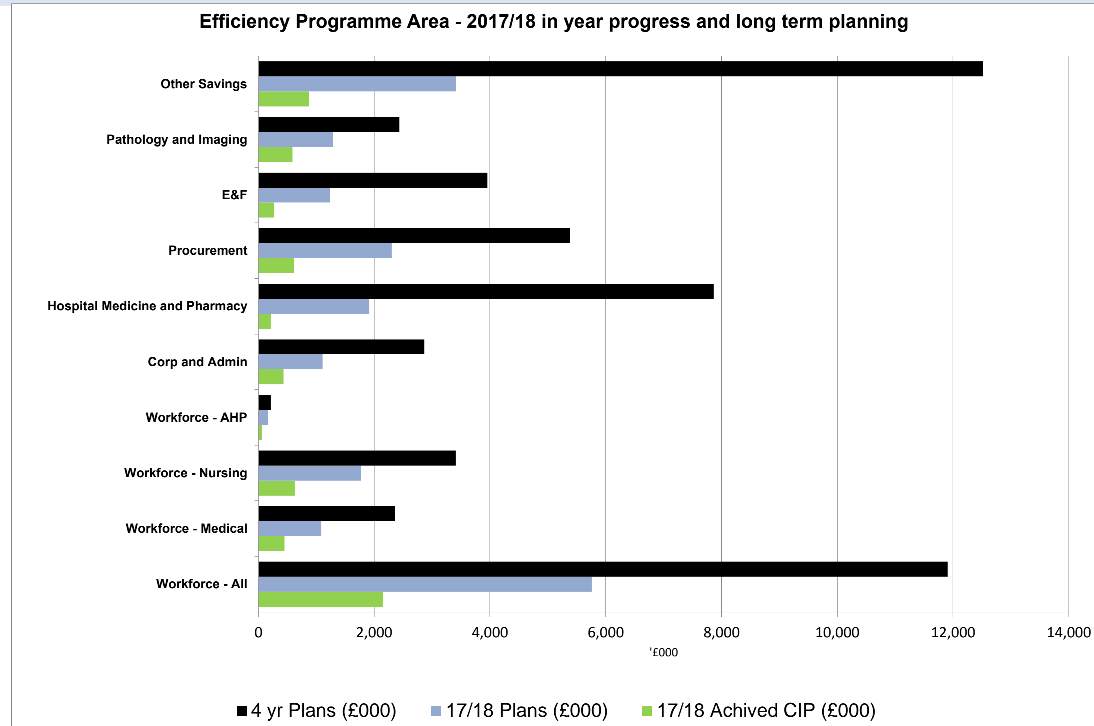


Key Messages:

The Carter Leads for each workstream provide an update on progress against the Carter Agenda to the Carter Steering Group.
The Model Hospital Benchmarking Tool has been updated with 2015/16 Reference Cost Data - this is being rolled out to Diretorates to identify areas of opportunity.
* Get It Right First Time (GIRFT) - Planned approach to be developed with Medical Director, Improvement Director, Clinical Leads for Surgical and Medical Disciplines and Corporate Efficiency Team.

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE JUNE 2017

Efficiency Programme Area	4 yr Plans (£000)	17/18 Plans (£000)	17/18 Achived CIP (£000)
Workforce - All	11,904	5,761	2,151
Workforce - Medical	2,363	1,085	453
Workforce - Nursing	3,411	1,772	626
Workforce - AHP	211	166	56
Corp and Admin	2,869	1,110	433
Hospital Medicine and Pharmacy	7,867	1,918	214
Procurement	5,385	2,301	619
E&F	3,954	1,238	271
Pathology and Imaging	2,435	1,294	591
Other Savings	12,514	3,416	877
TOTAL	46,928	17,038	5,156



WORKFORCE

1. Review ongoing with Nurse E-Rostering System being led by Senior Nursing Team, E-Roster Team, HR and the Efficiency Team. Work ongoing to identify efficiencies.

2. Expansion of eRostering to wider Trust is in the planning stages with forecast efficiencies of £1.4m over 5 year period after implementation.

HOSPITAL PHARMACY AND MEDICINE

1. Electronic Prescribing is being rolled out across the Trust and upon full implementation an efficiency will be realised.

2. The Pharmacy Department continue to work with the switch to Biosimilars with some efficiency being recognised by the Trust within the CIP Programme, however approximately £800K of savings is attached to CQUINs and does not contribute to the delivery of the Programme but it is recognised within the Model Hospital Pharmacy Dashboard.

3. Warehousing project in planning stages.

PROCUREMENT

1. Procurement Steering Group set up and monthly meetings are being held to drive the programme forward.

2. Workshop held with Procurement and a follow-up held in September with schemes being identified and updated on a monthly basis.

3. Procurement Purchasing Price Index (PPIB) Benchmarking Tool (comparison of pricing) - rolling out across Trust to secure opportunities within a 3-6 month window from July 17.

ESTATES AND FACILITIES

1. National Dashboard now live on Model Hospital and being reviewed.

2. Work ongoing to improve data collection for ERIC returns.

CORPORATE AND ADMIN

1. Corporate and Admin review outcome received; leads in areas to comply or explain variation and plans to be developed where appropriate.

PATHOLOGY AND IMAGING

1. Pathology data collection submitted and loaded on to Model Hospital. Directorate assessing and identifying areas of opportunity. The overall position is positive when compared to peers.

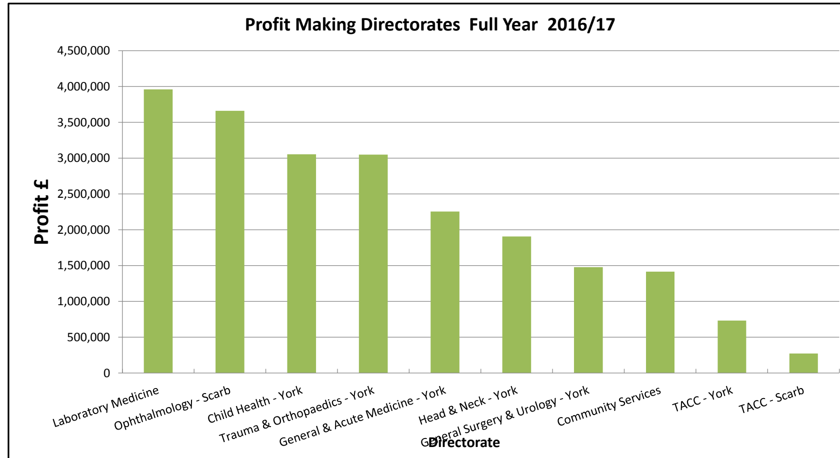
	2. Workshop planned for Pathology.

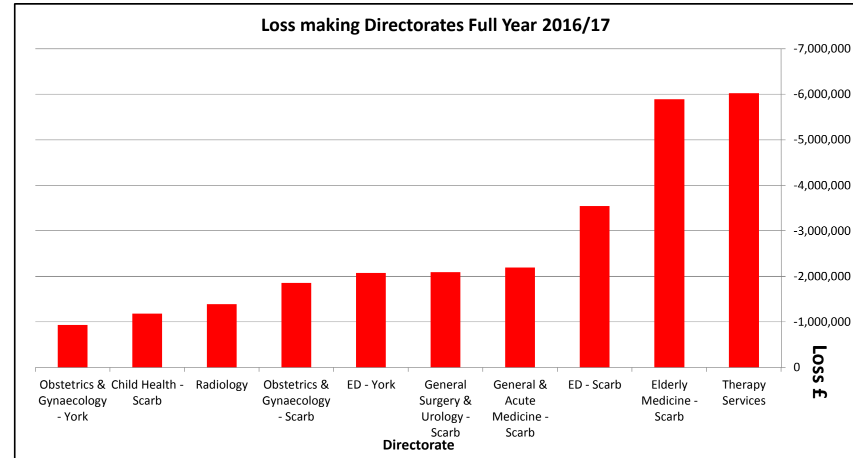
Service Line Reporting
Month 3 - The Period 1st April 2017 to 30th June 2017

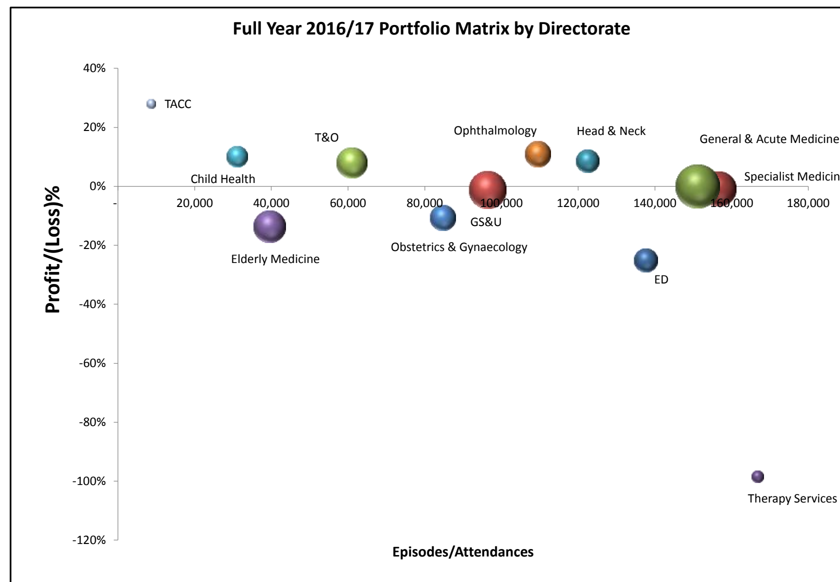
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on full year 2016/17
* It is expected that Q1 2017/18 data will be completed towards the end of September 2017
* Qlikview user guides are continued to be developed to help users log in and navigate round the system







DATA PERIOD	Full Year 2016/17
CURRENT WORK	* The Reference Costs submission to the DoH and NHSI is now the key focus for the team *Qlikview user guides have been published to help users log in and navigate round the system. More user guides covering different areas of Qlikview will be released over the coming months * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR PLICS system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR PLICS
FUTURE WORK	* Work on the Q1 2017/18 SLR PLICS data will commence once the Reference Cost return has been submitted * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.93m**

D2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Efficiency Programme Update – June 2017

Action requested/recommendation

The Board is asked to note the June 2017 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2017/18 target is £22.8m and delivery, as at June 2017 is £5.2m.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations

Progress of report Finance & Performance Committee

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

Briefing note for the Finance & Performance Committee Meeting 18 July 2017 and Board of Directors Meeting 26 July 2017

Subject: June 2017 - Efficiency and Carter update

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

Summary reported position for June 2017

Current position – highlights

Delivery - Delivery is £5.2m in June 2017 which is (23%) of the £22.8m annual target. This position compares to a delivery position of £7.7m in June 2016.

Part year delivery is £1.6m behind the profiled plan submitted to NHSI.

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

In year planning – At June 2017 CIP planning is £17.0m (75%) with a gap of £5.8m, the comparative position in June 2016 was a gap of £3.1m.

Four year planning – The four year planning gap is (£14.1m). The position in June 2016 was a gap of (£22.5m).

Recurrent vs. Non recurrent – Of the £5.2m delivery, £3.3m (64%) in-year has been delivered recurrently. Recurrent delivery is £3.2m behind the same position in June 2016.

Quality Impact Assessments (QIA) –

Of the 524 schemes that have been assessed 3 have been categorised as Extreme Risk and 4 as High Risk.

Risk Category	Risk Description	Qty
Extreme Risk	Demand Exceeding Capacity	3
High Risk	Demand Exceeding Capacity	2
High Risk	Increased Turnaround Times	2
TOTAL		7

Overview

The June 2017 position is £2.5m behind the position in June 2016, however, we should bear in mind that the Target for 17/18 Target is £3.6m lower than 16/17.

An action from the Carter Steering Group based on delivery in May 2017 prompted a letter from the Chief Executive to all Clinical Directors, Directorate Managers and Finance Managers raising concern around the lack of delivery and the planning gap. The table below summarises performance by Directorate at the end of May 2017.

YTD Directorate CIP Progress - May 2017

DIRECTORATE	Annual Target	YTD Budget	YTD Achieved	YTD Variance	% YTD Target Achieved	Planning Gap
	(£000)	(£000)	(£000)	(£000)	%	(£000)
SPECIALIST MEDICINE	2,818	254	17	-237	7%	1,346
TACC	2,662	240	32	-207	13%	1,238
GEN MED YORK	1,801	162	11	-151	7%	1,214
RADIOLOGY	1,863	168	24	-144	14%	887
GS&U	1,952	176	52	-124	29%	623
WOMENS HEALTH	1,654	149	25	-124	17%	472
AHP & PSYCHOLOGICAL MEDICINE	1,257	113	26	-87	23%	399
CHILD HEALTH	849	76	4	-72	5%	281
EMERGENCY MEDICINE	865	78	6	-72	8%	151
MEDICINE FOR THE ELDERLY	1,225	110	42	-69	38%	106
OPHTHALMOLOGY	826	74	17	-58	22%	35
GEN MED SCARBOROUGH	696	63	7	-56	11%	-7
COMMUNITY	438	39	1	-39	2%	-17
PHARMACY	431	39	8	-30	21%	-95
SEXUAL HEALTH	540	49	28	-21	57%	-169
HEAD AND NECK	717	64	55	-9	85%	-220
LAB MED	551	50	43	-6	87%	-231
ORTHOPAEDICS	682	61	58	-3	95%	-306
CORPORATE						
ESTATES AND FACILITIES	2,101	189	46	-143	24%	658
SNS	433	39	7	-32	19%	437
CHIEF NURSE TEAM DIRECTORATE	351	32	10	-22	32%	231
OPS MANAGEMENT YORK	171	15	0	-15	0%	221
FINANCE	465	42	28	-14	67%	110
CHAIRMAN & CHIEF EXECUTIVES OFFICE	56	5	0	-5	0%	104
MEDICAL GOVERNANCE	253	23	22	-1	96%	56
HR	256	23	28	5	120%	40
LOD&R	169	15	33	18	218%	37
TRUST SCORE	**22,792**	**2,347**	**630**	**-1,718**	**27%**	**7,599**

As a result, delivery for the month of June is £2.9m which is a marked improvement on the previous two months taking the total in year delivery to £5.29m with the planning gap closing by £1.8m from £7.6m to £5.8m.

Carter

- The Model Hospital Benchmarking Tool is being used to identify areas of opportunity within Directorates and this is being pushed out to Directorates.

- Get It Right First Time (GIRFT) – a planned approach is to be developed with the Medical Director, Improvement Director, Clinical Leads for Surgical and Medical Disciplines and the Corporate Efficiency Team (CET) to identify what opportunities exist.

- CET are quantifying the efficiency being generated from the Nurse E-Rostering System.

- Procurement Purchasing Price Index (PPIB) Benchmarking Tool is being rolled out across the Trust to secure opportunities within a 3-6 month window from July 17 onwards.

Risk

The key risks in the programme:

- Delivery of the Programme

- The in-year planning gap of £5.8m

- The 4 year planning gap of (£14.1m).

- Reducing the carry forward balance of non-recurrent delivery by 2019.

- QIPP schemes.

RISK SCORES - JUNE 2017 - APPENDIX 1

DIRECTORATE	Yr1 Target	4Yr Target	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target			Overall Financial Risk	Governance Risk
	(£000)	(£000)	%	Risk	%	Risk	%	Risk	%	Risk	Total Score		
GS&U	1,952	4,939	41%	HIGH	10%	HIGH	6%	HIGH	73%	HIGH	12	HIGH	MEDIUM
RADIOLOGY	1,863	3,417	38%	HIGH	10%	HIGH	9%	MEDIUM	23%	HIGH	11	HIGH	HIGH
SPECIALIST MEDICINE	2,818	6,975	49%	HIGH	12%	MEDIUM	7%	HIGH	33%	HIGH	11	HIGH	MEDIUM
WOMENS HEALTH	1,654	3,364	48%	HIGH	13%	MEDIUM	13%	MEDIUM	45%	HIGH	10	HIGH	MEDIUM
CHILD HEALTH	849	2,099	70%	HIGH	14%	MEDIUM	10%	MEDIUM	51%	HIGH	10	HIGH	LOW
GEN MED YORK	1,801	5,662	87%	HIGH	16%	MEDIUM	9%	MEDIUM	94%	HIGH	10	HIGH	MEDIUM
GEN MED SCARBOROUGH	696	1,839	127%	LOW	12%	HIGH	9%	MEDIUM	89%	HIGH	9	MEDIUM	HIGH
AHP & PSYCHOLOGICAL MEDICINE	1,257	3,439	50%	HIGH	17%	MEDIUM	17%	LOW	40%	HIGH	9	MEDIUM	LOW
EMERGENCY MEDICINE	865	2,555	43%	HIGH	20%	MEDIUM	20%	LOW	50%	HIGH	9	MEDIUM	HIGH
MEDICINE FOR THE ELDERLY	1,225	3,424	118%	LOW	22%	MEDIUM	4%	HIGH	56%	HIGH	9	MEDIUM	MEDIUM
TACC	2,662	6,751	99%	HIGH	22%	MEDIUM	18%	LOW	56%	HIGH	9	MEDIUM	MEDIUM
HEAD AND NECK	717	1,838	100%	MEDIUM	23%	LOW	0%	HIGH	99%	HIGH	9	MEDIUM	LOW
COMMUNITY	438	780	143%	LOW	5%	HIGH	5%	HIGH	142%	LOW	8	MEDIUM	MEDIUM
PHARMACY	431	1,027	56%	HIGH	29%	LOW	29%	LOW	86%	HIGH	8	MEDIUM	LOW
LAB MED	551	2,522	99%	HIGH	75%	LOW	75%	LOW	63%	HIGH	8	MEDIUM	HIGH
OPHTHALMOLOGY	826	2,758	135%	LOW	28%	LOW	3%	HIGH	104%	MEDIUM	7	MEDIUM	MEDIUM
SEXUAL HEALTH	540	1,021	107%	MEDIUM	36%	LOW	20%	LOW	104%	MEDIUM	6	LOW	MEDIUM
ORTHOPAEDICS	682	3,026	149%	LOW	82%	LOW	67%	LOW	111%	LOW	4	LOW	HIGH
CORPORATE													
MEDICAL GOVERNANCE	216	422	4%	HIGH	4%	HIGH	0%	HIGH	2%	HIGH	12	HIGH	HIGH
CHIEF NURSE TEAM DIRECTORATE	351	673	43%	HIGH	9%	HIGH	0%	HIGH	22%	HIGH	12	HIGH	LOW
HR	256	848	59%	HIGH	14%	MEDIUM	3%	HIGH	84%	HIGH	11	HIGH	MEDIUM
FINANCE	465	1,300	17%	HIGH	17%	MEDIUM	0%	HIGH	6%	HIGH	11	HIGH	MEDIUM
ESTATES AND FACILITIES	2,101	6,114	58%	HIGH	13%	MEDIUM	12%	MEDIUM	64%	HIGH	10	HIGH	MEDIUM
SNS	433	1,408	105%	MEDIUM	19%	MEDIUM	0%	HIGH	90%	HIGH	10	HIGH	HIGH
CHAIRMAN & CHIEF EXECUTIVES OFFICE	93	274	45%	HIGH	45%	LOW	0%	HIGH	15%	HIGH	10	HIGH	HIGH
OPS MANAGEMENT YORK	171	595	56%	HIGH	58%	LOW	0%	HIGH	24%	HIGH	10	HIGH	HIGH
LOD&R	169	527	101%	MEDIUM	40%	LOW	0%	HIGH	100%	MEDIUM	8	MEDIUM	MEDIUM
TRUST SCORE	**22,825**	**61,001**	**75%**	**HIGH**	**23%**	**LOW**	**15%**	**MEDIUM**	**77%**	**HIGH**	**9**	**MEDIUM**	**MEDIUM**

D3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Operational Performance Headlines

Action requested/recommendation

To note the paper and actions ongoing to improve the performance position.

Executive Summary

The performance position has improved against the Emergency Care Standard in June, achieving the STF trajectory for Q1. At 91.89% June 17 is a 4% improvement on June 16. The STF guidance was published in July, with a revised weighting for access targets in Q1-3, 15% is predicated on achieving planned ECS trajectories and 15% on meeting national milestones. For Q1 the national milestones were progress on primary care streaming.

Performance has improved for diagnostics in June, although remains marginally below trajectory. Cancer 62 days and Fast Track were under expected performance levels in May (reported one month in arrears), with challenges in meeting fast track demand across Skin and Colorectal. The RTT performance remains off trajectory for June.

Strategic Aims

1. Improve quality and safety ☒
2. Create a culture of continuous improvement ☒
3. Develop and enable strong partnerships ☐
4. Improve our facilities and protect the environment ☐

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations

Progress of report	Finance & Performance Committee
Risk	Risk to patient access standards. Risk to Sustainability and Transformation Funding.
Resource implications	The performance element of the Sustainability and Transformation Funding is dependent on meeting planned trajectories for ECS and primary care streaming. It requires assurance on Cancer waiting times, 18 weeks and diagnostics and Ambulance Handover times.
Owner	Juliet Walters, Chief Operating Officer
Author	Lynette Smith, Head of Operational Performance
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Operational Performance Headlines

1. Introduction and Background

The Trust performance recovery plan 'Return to Operational Standards' (RTOS) sets out the actions to support performance against the Emergency Care Standard, Referral to Treatment Times and Cancer waiting times, setting out the revised trajectories for performance recovery. The RTOS will be updated in July to incorporate learning from Q1, external reviews reported in Q1 and revised national guidance on High Impact Actions for Cancer 62 day performance and Delayed Transfers of Care.

The key metrics are detailed in the performance dashboard and this report provides the operational response to the performance position.

2. Performance Headlines: Unplanned Care

Performance against the Emergency Care Standard (ECS) improved, increasing from 88.03% in May to 91.89% in June. The Trust achieved the STF trajectory of 90% for Q1, with quarterly performance of 90.89%. This is a credit to the work of staff across the Trust to hold improvements in the performance position during June. The performance for June 17 represents an increase of more than 4% on June 2016.

Trust performance on ECS was marginally below the national position for May (Trust 88.08%, England, 89.7%). As reported previously, May was a challenging month for the Trust, with high bed occupancy and impact of the Cyber-attack on flow and discharge over the weekend of the incident.

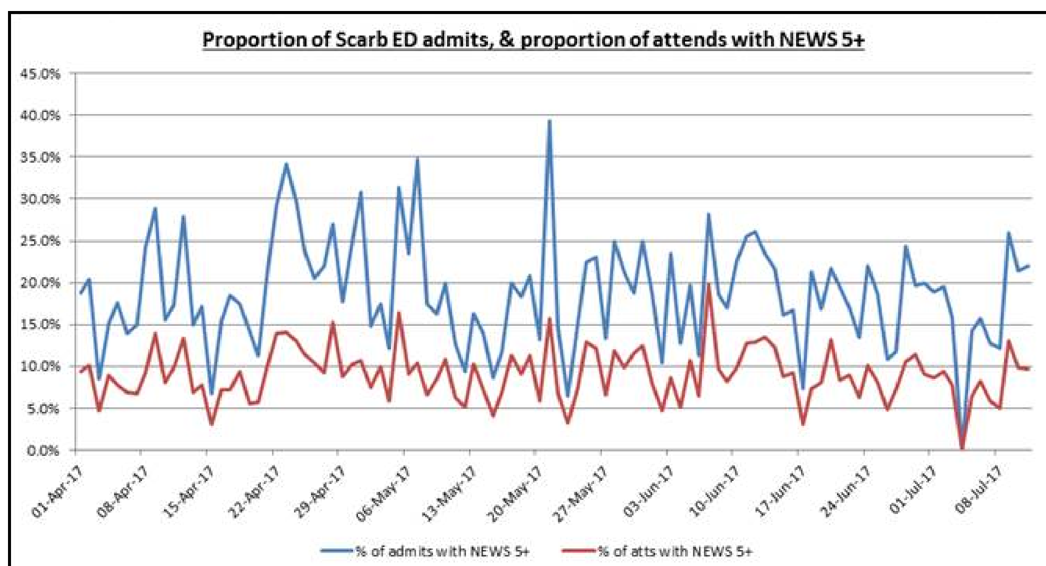
ED attendances were 2.99% down (-504) on May 17, however compared to June 2016 there was a 1.48% (+239) increase in overall attendance, which differs from previous months which had a comparative decrease in overall attendance in 2016. For June 17, compared with June 16, the overall increase comprised a 3.2% reduction in Type 1 performance and 9.1% increase in Type 3 performance, primarily as a result of the implementation of clinical navigation and streaming at the front door. The Primary Care Streaming national requirements have been incorporated into the STF guidance and compliance with the milestones now equates to 15% of the access target for Q1. A self-assessment and submission have been completed, and work is underway to improve administrative and recording processes for streaming at the York.

The implementation of the 4 hour protocol on both sites is monitored weekly. The pathway stages of 15mins to assessment and 60 to see a doctor have been maintained or improved in June. A visual poster to communicate performance against the key stages has been rolled out to staff. The EDs have implemented Nurse in Charge and Emergency Practitioner in Charge roles across both sites as part of the leadership of the ECS within ED. Work is ongoing to ensure these roles are fully embedded, which is likely to include input from Hull and East Yorks Hospital as these roles have been operational for some considerable time.

June saw an increase of 6% (+32) in ambulance handovers over 15 minutes compared with May, however the number waiting over 30 minutes decreased by 12% (-31), showing an

overall decrease in longer waits for handover compared with May. Scarborough Hospital experienced a higher proportion of longer waits, including 7 handovers over 2 hours. This was an improvement on May, however ambulance handover remains a challenge for the Trust. Remedial actions are ongoing through the Concordat including use of ambulance assessment and overflow spaces and the promotion of self-handover.

June has seen an increase in non-elective admissions at the Trust. Non-elective admissions have increased each month of the first quarter. For June this comprises increases at Scarborough Hospital during June of 8.6% (+121) compared to May 17, and 9.8% +136 compared to June 16. GP non-elective admissions are managed through the ED Acute Medical Model approach at Scarborough Hospital; this is reflected in the increase in ED admissions and corresponding decrease in GP non-elective admissions. Patient acuity, measure through NEWS remained consistent with previous months, with 18.6% patients admitted with a NEWS score of 5+ in June.

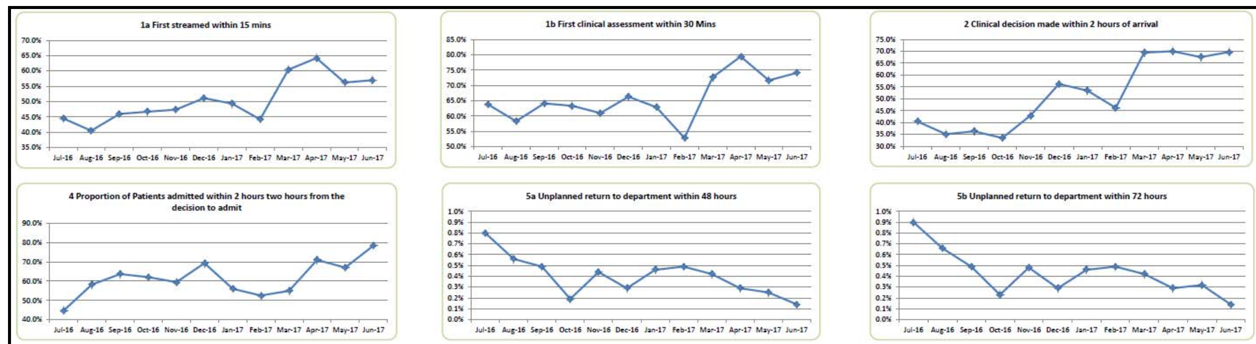


York Hospital saw a marginal decrease in non-elective admissions in June, with Trauma non-electives comparative to previous years and a marginal decrease in admissions through ED. The change in age threshold for the elderly pathway may contribute to the comparative increases in medicine and reduction in elderly non-elective admissions through March and Quarter 1.

The Trust has continued to implement the 'flow' element of the RTOS, supporting the timely transfer for patients around the hospital and reducing delays. There was a 58% (-221) reduction in the number of long waits (over 8 hours) in ED in June 17, compared to May 17 and no 12 hour trolley waits in June. Workforce challenges have at times affected the timeliness of transfer across the hospital, most notably on evenings. The review of 'flow' processes has been completed and the annual review of progress from the Task and Finish Group was reported to Executive. Work has been, and continues to be, focussed on evening and weekend clinical site management, review of the Acute floor at York site, Acute Medical Model at Scarborough and enhancing the role of Assessment on both sites. Winter planning has commenced in detail during June. Weekly monitoring against the 4 hour protocol continues, with enhanced monitoring for acute to downstream wards.

Bed Occupancy fluctuated through June, with a reduction in the number of closed beds due to infection compared with May. At the York site bed occupancy at midnight ranged from 94.78-84.04% and for Scarborough ranged from 99.62% - 81.02%, with 20 days under 90%.

Scarborough Hospital has continued to implement the Acute Medical Model (AMM) supported by a revised performance framework with metrics across 6 key areas; initial clinical assessment, clinical decision making, avoiding crowding, unplanned re-attendance, staff motivation and patient experience. In line with the reported improvement in performance for ECS, the metrics for AMM improved across all measures in June.



The focus remains on achieving improvements in 15 mins 1st Assessment and the development of Assessment capacity at the Scarborough site.

The roll out of the Common Purpose and implementation of SAFER principles has continued across both sites in June. Weekend discharge, delayed and stranded patients continue to be a key focus for the Trust. There were 902 acute bed days lost due to delayed patients in June, comparable to May's performance. Community bed delays improved from June, with a 4.8% reduction in reported delays compared with May. The Complex Discharge Group, under the A&E Delivery Board has established an integrated programme of work to address delays across the system.

3. Performance Headlines: Cancer

The Trust met 5 out of the 7 targets for May 2017. Performance was under expected levels for:

- 14 day Fast Track (86.2% - 174 breaches, of which 54% were diagnosed with no cancer)
- 62 day wait 1st Treatment GP (76.8% - 25 breaches)

Nationally the 14 day fast track target was achieved, compared to 86.2% for the Trust however the trust performed better than the national position on 14 day breast symptomatic (Trust 95%, England 90.5%). The 62 day treatment from GP was not met across England at 81%; this is above the Trust position of 76.8%.

The Trust has completed a self-assessment against the national High Impact Actions (HIA) to drive sustainable performance against the 62 day standard and developed an action plan to move implement the HIA across the Trust. To support accelerated improvement a limited amount of resource has been made available to the Cancer Alliance. Bids have been submitted in June, with final allocation to be confirmed. This has been targeted at implementing and embedding timed pathways for key tumour pathways. The review of Cancer governance and performance management has commenced with proposals under review for the end of July.

As previously reported, skin referrals comprise the majority of 14 day fast track breaches (66% of Fast Track breaches in May), with capacity issues at the East Coast. The majority of these were diagnosed as no cancer. Additional clinic capacity for the East Coast has been implemented in June. Polling ranges for skin continue to be a key concern and the

service has submitted a plan to the Commissioners with a recommendation that a new model is required to achieve sustainable performance. Colorectal referrals comprised a significant proportion of breaches (10.4%). Detailed analysis completed in June has shown an annual increase of referrals at the York site of 13.4% comparing 2015 to 2016, with increases on both sites following a change in guidance to primary care. The Trust is in discussion with the Commissioners to look at options for managing the demand. 24.8% of Fast Track breaches in June were due to patient choice.

There were 25 breaches attributable to the Trust in June against 62 day 1st treatment; these breaches were spread across 6 tumour sites, with the higher number of breaches (6 each) in Urology and Skin. The volume of the skin patients in June meant that skin 62 day target was met. The bids to support the prostate pathway were submitted to support performance improvements over the summer. A revised pathway for skin and ENT was presented to the Cancer Board, and recovery actions have been identified to support the Lung and Colorectal pathways.

Cancer sites achieving the target for May are Breast, Gynaecology and Skin.

4. Performance Headlines: Planned Care

RTT performance for June is 89.14%, which is a 0.42% reduction from May. This is below the planned recovery trajectory of 90.5%. Issues have been reported on RTT validation and intensive support from the tracking team has been implemented in key specialities during June. The admitted backlog has improved in June, reflecting the increase in theatre usage, sessions and reduction in cancellations due to bed shortages. There has been a 35.2% (+459) increase in the non-admitted backlog.

The Trust RTT position is marginally below the national average for May (Trust 89.6%, England 90.4%), however the gap has narrowed compared to April.

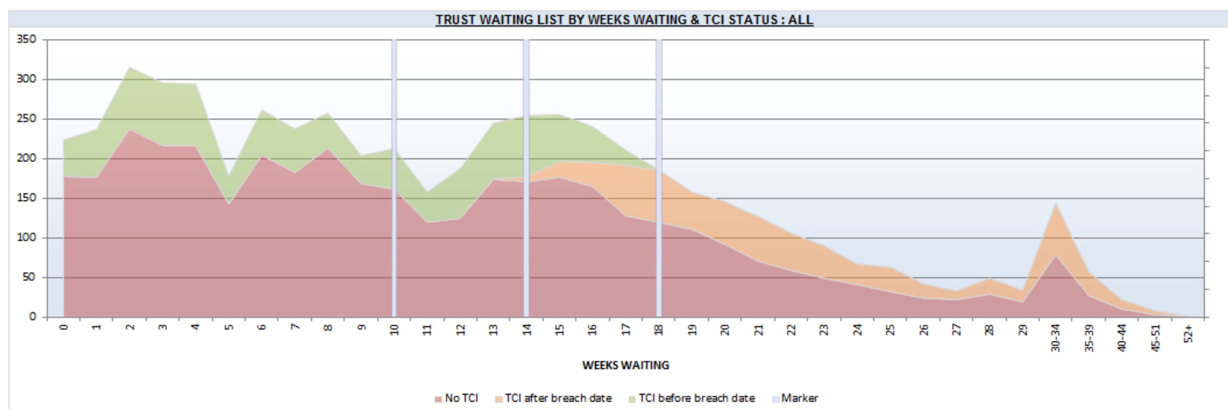
Outpatients' referrals continued the increase seen in May, with numbers comparable to the average of June across 2014-2016. Within this GP referrals have seen a second month of growth, up 9% (+730) on May, although the numbers remain 7.2% (-822) down on referrals from June 16. Outpatients DNA rate has increased to 7.2% as a trust, as a result of an increase to 8.8% DNA rate at Scarborough Hospital. Improving DNA rates are part of the Outpatient Utilisation scope.

Specialities with a non-admitted backlog of greater than 200 include General Surgery, Dermatology and Thoracic Medicine. General Surgery and Dermatology are experiencing high demand in comparison to available capacity in Cancer pathways and the alignment of resource to support urgent pathways is likely to impact on RTT non-admitted capacity. Rheumatology backlog has increased in June, in part due to returning to normal operating capacity at the end May and the balance of new patients to follow-ups.

Higher volume specialities with performance below the national standard or planned STF trajectory of 90.5% include General Surgery, ENT (marginal) Urology, MaxFax, Ophthalmology, Gastroenterology, Thoracic Medicine, Neurology, Gynaecology and Rheumatology. As reported previously, MaxFax is continuing to run additional ECPs and outsourcing to manage the backlog; however the risk remains high for long waits, with MaxFax comprising 35.6% of 40+ week waits. Urology service is refreshing demand and capacity planning with a recovery plan in development. Specific work to source additional capacity to meet demand is on-going in Gynaecology and Ophthalmology. The Trust has continued with recovery plan work and providing and sourcing additional capacity to

address the backlog.

The profile of patients with open clocks continues to have a peak waiting for more than 30 weeks.



There were 73 patients at the time of writing the report that were waiting over 40 weeks, which is comparable to the number reported in May. Maxfax and skin comprise the majority of these long waits (57.6%) with Thoracic Surgery and General Surgery also comprising over 10% each. The delay in sleep study diagnostics has also contributed to longer waits for patients. Patients are reviewed weekly through the PTL and prioritised through theatre planning.

There has been considerable work in June to model clinic utilisation to support the non-admitted pathways and to model changes to demand management and commissioning proposals on the RTT recovery trajectory. The Planned Care Task and Finish group reported annual progress to the Executive Board in June and set out the work plan incorporating outpatients transformation and utilisation, theatre productivity and pre-assessment work.

Theatre productivity increased during June, compared with May with a reduction in lost theatre sessions and an increase in number of sessions and utilisation of planned sessions. The Trust are engaged in theatre productivity benchmarking review, informing the task and finish group work to improve utilisation.

There has been a focus on overdue Follow Ups across the Trust, with an improvement in performance in June, the number of overdue Follow Ups remains high, however there has been an approximate 9.5% reduction compared to May.

5. Performance Headlines: Diagnostics

Performance against the diagnostic standard was improved from May, up from 98.14% to 98.83%, however did not meet the 99% standard for diagnostics within 6 weeks. This equates to 66 breaches from the 5637 tests carried out in June. The Trust performed in line with the national position in May (Trust 98.1%, England 98.1%).

The previously reported issues with the DEXA scanner have been resolved. Demand and capacity reviews are being conducted across key diagnostic areas to finalise the recovery and sustainability plan in July.

The high proportion of sleep studies not delivered within 6 weeks are a key focus for recovery, with additional clinic space and equipment purchased to increase capacity through July and August to address the backlog. A detailed plan with the service has been

developed and discussions with commissioners about recovery actions are on-going.

The diagnostic recovery meeting has been increased to weekly, with the performance recovery plan in development, targeted on diagnostic tests with the most significant breaches.

6. Conclusion

June has seen an improved month against the Emergency Care Standard and Diagnostics. The STF trajectory for ECS was met for Q1 and notably improved on June last year. Longer ambulance handover times were reduced and bed occupancy was improved. The position remains at a high risk for Q2 as workforce challenges continue.

Performance on RTT remains fragile with pressures in the non-admitted pathway, balancing demand across new patients, cancer pathways and follow up patients. Cancer performance has been challenging in June, with increased breaches against 62 day performance. 14 day Fast Track performance has remained relatively consistent to May reflecting the on-going pressures in Skin and Colorectal.

7. Recommendation

To note the paper and actions ongoing to improve the performance position.

8. References and further reading

June Performance Report

Author	**Lynette Smith, Head of Operational Performance**
Owner	**Juliet Walters, Chief Operating Officer**
Date	**July 2017 (Reporting June 2017)**

Public Performance Report

July 2017

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

Performance Report
Chapter Index

Chapter	Sub-Section
Performance	Trust Performance Index
	STF Trajectory
	Trust Unplanned Care - Emergency Care Standard
	Trust Unplanned Care - Adult Admissions
	Trust Length of Stay & Delayed Transfers of Care
	Trust Paediatric Admissions
	Trust Planned Care Outpatients
	Trust Planned Care - Elective Activity & Theatre Utilisation
	Diagnostics & 18 Weeks RTT Incomplete
	Cancer

Activity Summary: Trust

Operational Performance: Unplanned Care	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Emergency Care Attendances			17709	17385	16371	16491	14904	15414	14524	13560	15695	16099	16834	16330
Emergency Care Breaches			1303	1647	1486	2398	2711	2908	3168	2519	1680	1144	2018	1328
Emergency Care Standard Performance	95%	95%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	81.4%	89.3%	92.9%	88.0%	91.9%
ED Conversion Rate: Proportion of ED attendances subsequently admitted			34.0%	35.3%	35.7%	36.3%	36.7%	37.7%	39.2%	38.8%	38.9%	37.9%	37.0%	36.8%
ED Total number of patients waiting over 8 hours in the departments			147	269	175	479	666	720	1076	842	319	136	378	157
ED 12 hour trolley waits	0	0	0	0	0	4	3	11	45	6	9	0	3	0
ED: % of attendees assessed within 15 minutes of arrival			45.3%	66.3%	67.5%	65.7%	62.3%	60.7%	57.8%	61.3%	73.6%	79.4%	72.8%	73.0%
ED: % of attendees seen by doctor within 60 minutes of arrival			45.0%	48.1%	41.2%	36.0%	36.7%	36.0%	37.5%	41.9%	48.2%	51.8%	40.1%	43.3%
Ambulance Handovers waiting 15-29 minutes	0	0	337	412	381	385	413	475	473	448	430	211	272	335
Ambulance handovers waiting >30 minutes	0	0	186	205	168	245	302	287	330	289	183	68	164	150
Ambulance handovers waiting >60 minutes	0	0	125	181	119	184	250	275	379	303	67	35	92	75
Non Elective Admissions (excl Paediatrics & Maternity)			4286	4442	4401	4403	4084	4271	4216	3872	4574	4232	4403	4497
Non Elective Admissions - Paediatrics			637	504	608	755	819	767	745	659	791	674	663	608
Delayed Transfers of Care - Acute Hospitals			859	748	1120	857	1019	882	967	949	1089	875	908	902
Delayed Transfers of Care - Community Hospitals			305	320	378	470	326	396	244	401	488	442	313	298
Patients with LoS >= 7 Midnights (Elective & Non-Elective)			1038	1013	1006	1007	1016	1050	1175	981	1079	1001	1057	958
Ward Transfers - Non clinical transfers after 10pm	300 per Qtr	100	84	62	93	98	105	97	138	98	111	79	90	60
Emergency readmissions within 30 days			766	745	688	719	726	743	721	693	798	707	2 months behind	2 months behind

Operational Performance: Planned Care	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Outpatients: All Referral Types			17594	17489	18102	17600	17930	16011	17455	16415	18972	15660	17526	18116
Outpatients: GP Referrals			10192	9706	10388	9645	9879	8728	9259	9029	10707	8422	9190	9920
Outpatients: Consultant to Consultant Referrals			2044	2192	2258	2180	2259	2024	2318	2134	2302	1977	2193	2211
Outpatients: Other Referrals			5358	5591	5456	5775	5792	5259	5878	5252	5963	5261	6143	5985
Outpatients: 1st Attendances			11534	12348	12509	12319	13486	11025	12856	11296	13892	10352	12463	12763
Outpatients: Follow Up Attendances			25511	26171	26537	26241	28526	24376	27681	24908	29563	23150	27854	27939
Outpatients: 1st to FU Ratio			2.21	2.12	2.12	2.13	2.12	2.21	2.15	2.21	2.13	2.24	2.23	2.19
Outpatients: DNA rates			7.1%	7.1%	7.2%	6.8%	6.7%	6.8%	7.1%	6.8%	6.6%	6.8%	7.1%	7.2%
Outpatients: Cancelled Clinics with less than 14 days notice	180	180	172	137	222	218	240	145	185	175	222	151	163	147
Outpatients:Hospital Cancelled Outpatient Appointments for non-clinical reasons			838	757	909	828	818	682	883	877	912	906	891	942
Diagnostics: Patients waiting <6 weeks from referral to test	99%	99%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	99.0%	99.0%	97.2%	98.1%	98.6%
Elective Admissions			721	722	771	740	839	619	699	631	787	609	751	758
Day Case Admissions			5907	6019	5977	5973	6189	5507	6154	5822	6800	5436	6213	6357
Cancelled Operations within 48 hours - Bed shortages			7	12	3	48	101	71	191	117	53	4	57	10
Cancelled Operations within 48 hours - Non clinical reasons			129	96	115	120	180	121	246	169	122	46	154	57
Theatres: Utilisation of planned sessions			91.1%	91.5%	91.1%	88.1%	89.4%	86.5%	85.9%	85.7%	90.4%	90.5%	86.9%	89.3%
Theatres: number of sessions held			558	547	575	621	659	545	669	617	706	531	621	633
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)			96	79	108	85	80	65	30	55	65	70	84	71

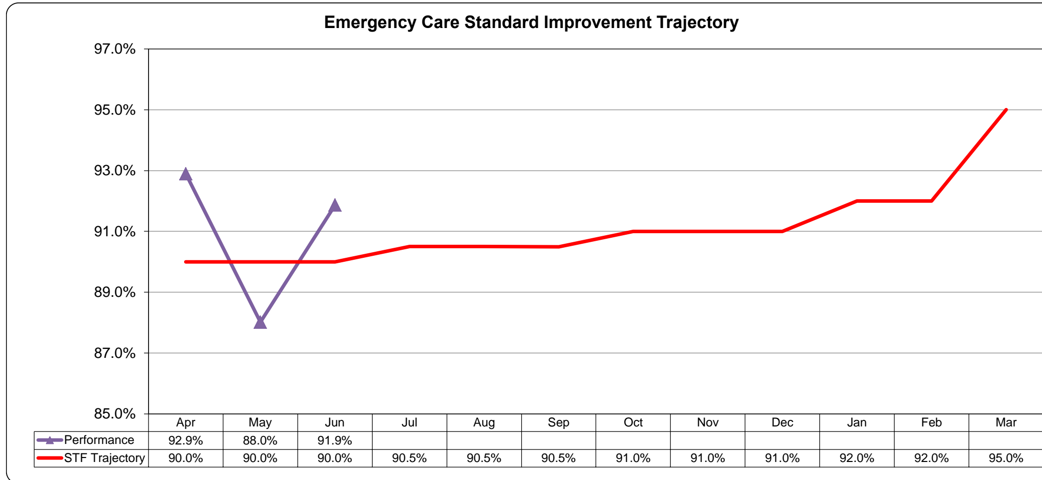
Activity Summary: Trust

18 Weeks Referral To Treatment	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Incomplete Pathways	92%	92%	92.0%	91.6%	90.8%	90.9%	90.0%	89.4%	89.0%	89.2%	89.5%	88.9%	89.6%	88.4%
Waits over 52 weeks for incomplete pathways	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Waits over 36 weeks for incomplete pathways	0	0	63	83	77	81	94	126	152	172	168	159	165	156
Number of patients on Admitted Backlog (18+ weeks)	-	-	1123	1192	1261	1165	1205	1312	1344	1296	1220	1426	1357	1331
Number of patients on Non Admitted Backlog (18+ weeks)	-	-	1068	1076	1315	1238	1340	1372	1441	1410	1427	1380	1302	1520

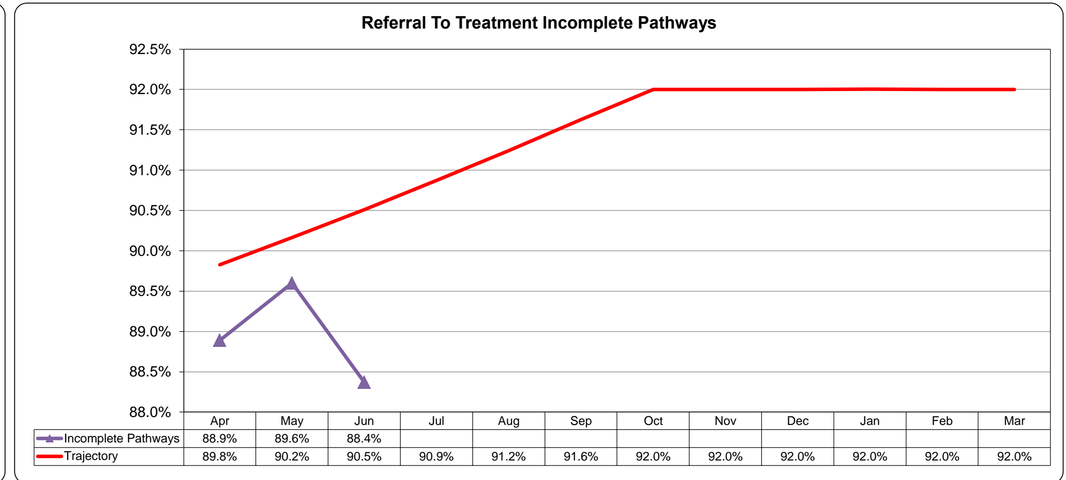
Cancer (one month behind due to national reporting timetable)	Target/ Threshold 2017/18	Quarterly target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Cancer 2 week (all cancers)	93%	93%	89.6%	88.7%	92.7%	86.2%	89.8%	94.0%	88.7%	93.9%	90.9%	86.4%	86.2%	1 month behind
Cancer 2 week (breast symptoms)	93%	93%	90.0%	94.0%	95.8%	97.6%	97.8%	96.0%	94.3%	94.7%	94.9%	88.0%	95.0%	1 month behind
Cancer 31 day wait from diagnosis to first treatment	96%	96%	99.2%	99.6%	98.0%	98.2%	97.1%	98.8%	96.7%	97.8%	96.1%	96.6%	96.6%	1 month behind
Cancer 31 day wait for second or subsequent treatment - surgery	94%	94%	100.0%	100.0%	92.7%	100.0%	83.3%	97.1%	95.0%	94.6%	97.5%	92.5%	94.1%	1 month behind
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	98%	100.0%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	1 month behind
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	85%	85.2%	88.8%	77.1%	77.8%	80.2%	84.8%	83.1%	78.0%	82.5%	85.2%	76.8%	1 month behind
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	90%	91.7%	93.2%	92.6%	94.9%	93.4%	89.8%	92.2%	83.3%	86.0%	91.7%	93.5%	1 month behind

Sustainability and Transformation Fund Trajectory (STF) and Performance Recovery Trajectories

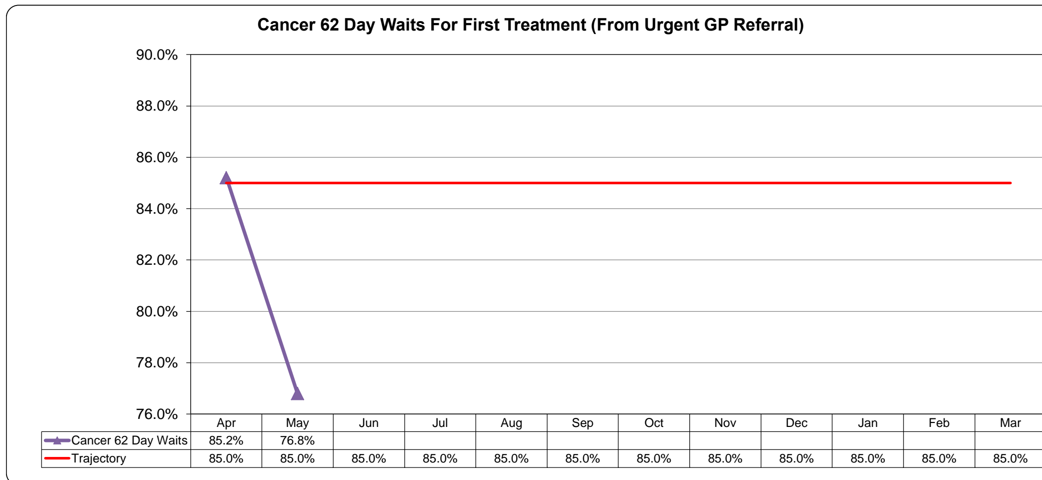
July 2017



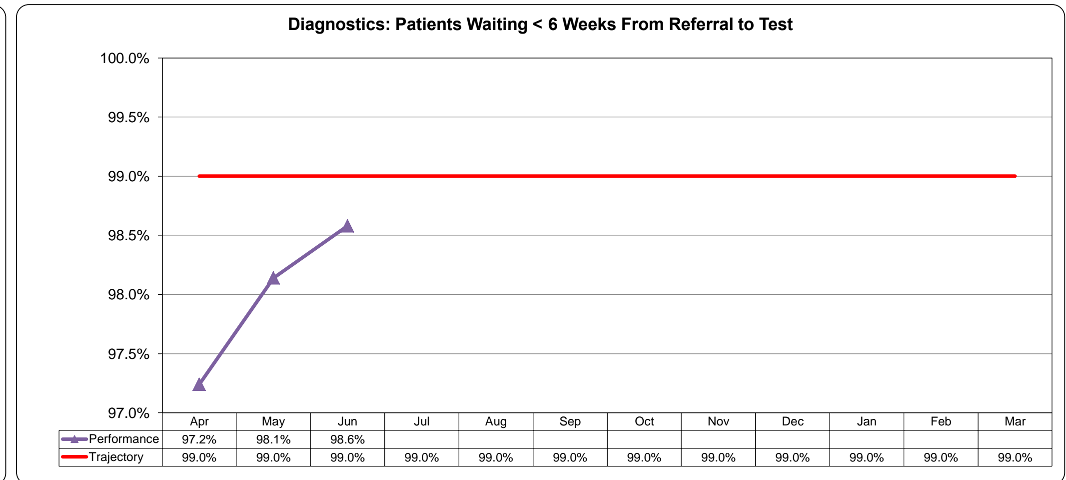
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance	92.9%	88.0%	91.9%									
STF Trajectory	90.0%	90.0%	90.0%	90.5%	90.5%	90.5%	91.0%	91.0%	91.0%	92.0%	92.0%	95.0%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Incomplete Pathways	88.9%	89.6%	88.4%									
Trajectory	89.8%	90.2%	90.5%	90.9%	91.2%	91.6%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%



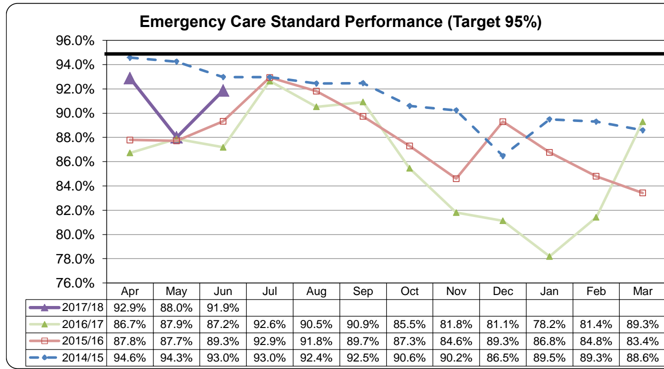
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cancer 62 Day Waits	85.2%	76.8%										
Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



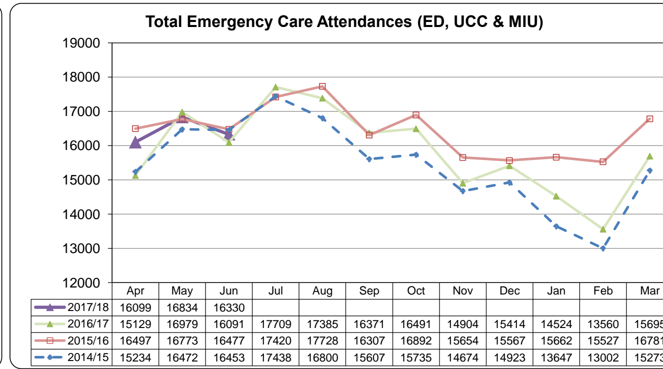
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance	97.2%	98.1%	98.6%									
Trajectory	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

Trust Unplanned Care
Emergency Care Standard

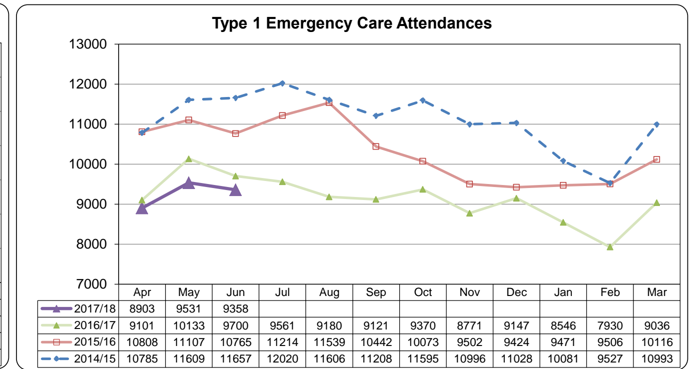
July 2017



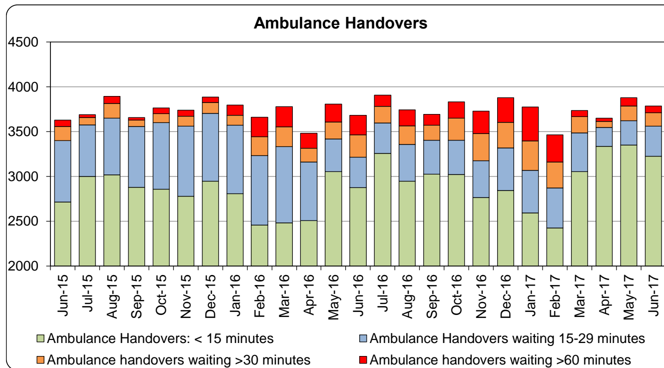
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	92.9%	88.0%	91.9%									
2016/17	86.7%	87.9%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	81.4%	89.3%
2015/16	87.8%	87.7%	89.3%	92.9%	91.8%	89.7%	87.3%	84.6%	89.3%	86.8%	84.8%	83.4%
2014/15	94.6%	94.3%	93.0%	93.0%	92.4%	92.5%	90.6%	90.2%	86.5%	89.5%	89.3%	88.6%

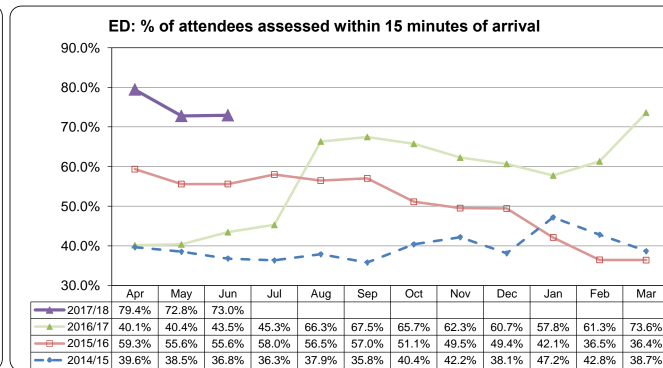


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	16099	16834	16330									
2016/17	15129	16979	16091	17709	17385	16371	16491	14904	15414	14524	13560	15695
2015/16	16497	16773	16477	17420	17728	16307	16892	15654	15567	15662	15527	16781
2014/15	15234	16472	16453	17438	16800	15607	15735	14674	14923	13647	13002	15273

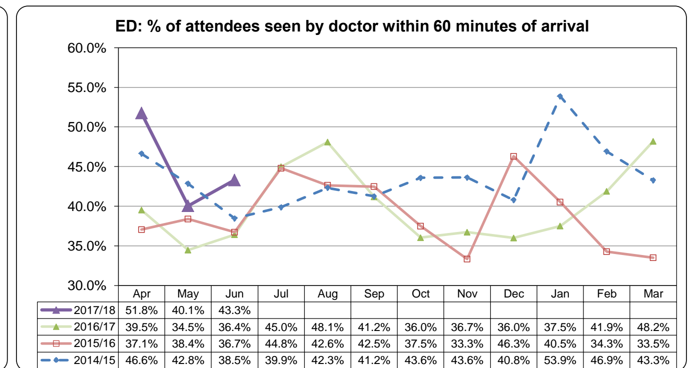


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8903	9531	9358									
2016/17	9101	10133	9700	9561	9180	9121	9370	8771	9147	8546	7930	9036
2015/16	10808	11107	10765	11214	11539	10442	10073	9502	9424	9471	9506	10116
2014/15	10785	11609	11657	12020	11606	11208	11595	10996	11028	10081	9527	10993

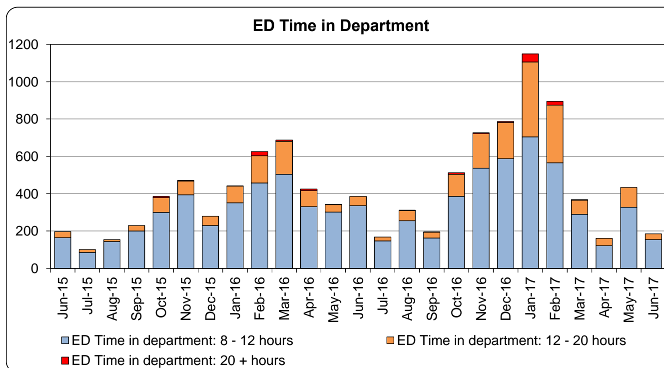


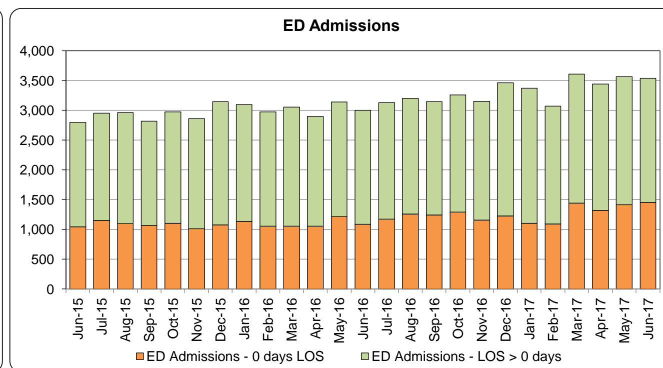


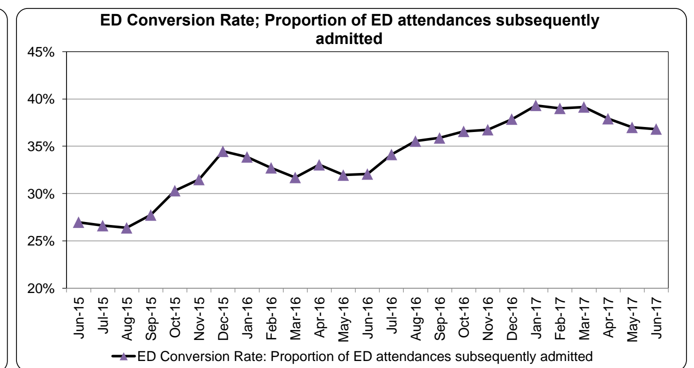
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	79.4%	72.8%	73.0%									
2016/17	40.1%	40.4%	43.5%	45.3%	66.3%	67.5%	65.7%	62.3%	60.7%	57.8%	61.3%	73.6%
2015/16	59.3%	55.6%	55.6%	58.0%	56.5%	57.0%	51.1%	49.5%	49.4%	42.1%	36.5%	36.4%
2014/15	39.6%	38.5%	36.8%	36.3%	37.9%	35.8%	40.4%	42.2%	38.1%	47.2%	42.8%	38.7%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	51.8%	40.1%	43.3%									
2016/17	39.5%	34.5%	36.4%	45.0%	48.1%	41.2%	36.0%	36.7%	36.0%	37.5%	41.9%	48.2%
2015/16	37.1%	38.4%	36.7%	44.8%	42.6%	42.5%	37.5%	33.3%	46.3%	40.5%	34.3%	33.5%
2014/15	46.6%	42.8%	38.5%	39.9%	42.3%	41.2%	43.6%	43.6%	40.8%	53.9%	46.9%	43.3%





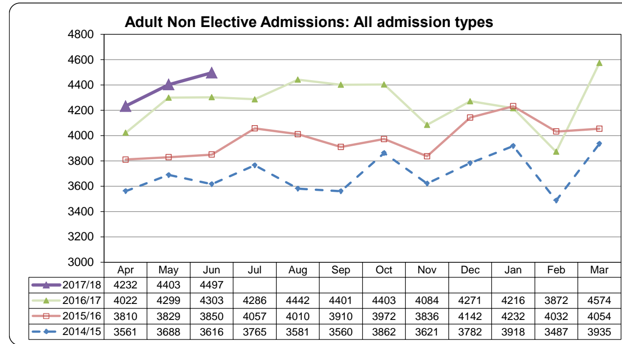


Our ultimate objective To be trusted to deliver safe, effective and sustainable healthcare within our communities.

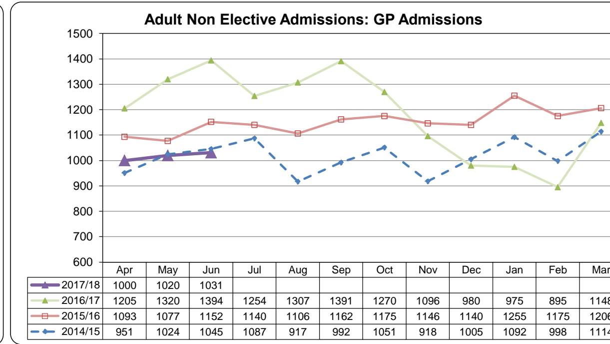
Please note: scales on graphs may be different.

Trust Unplanned Care
Adult Admissions

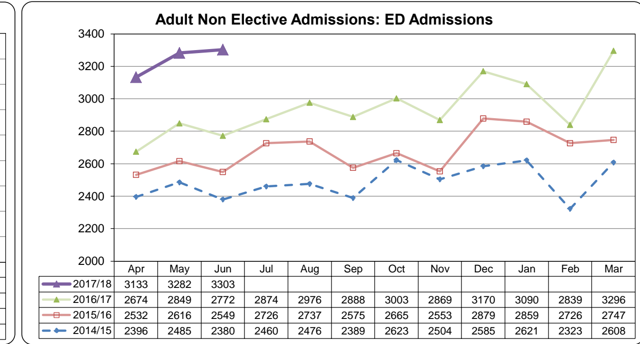
July 2017



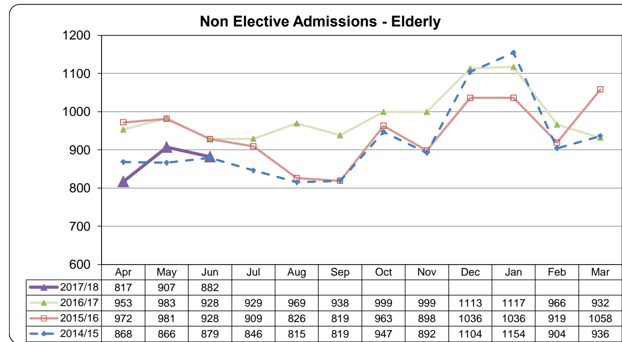
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	4232	4403	4497									
2016/17	4022	4299	4303	4286	4442	4401	4403	4084	4271	4216	3872	4574
2015/16	3810	3829	3850	4057	4010	3910	3972	3836	4142	4232	4032	4054
2014/15	3561	3688	3616	3765	3581	3560	3862	3621	3782	3918	3487	3935



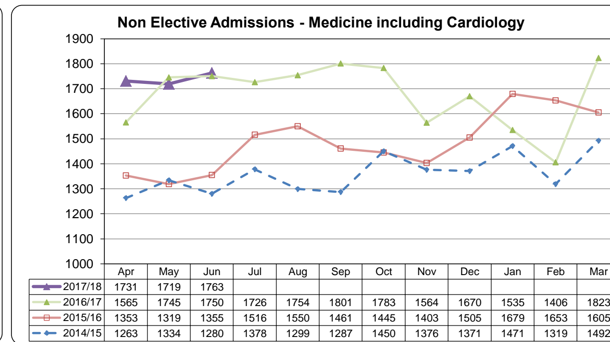
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1000	1020	1031									
2016/17	1205	1320	1394	1254	1307	1391	1270	1096	980	975	895	1148
2015/16	1093	1077	1152	1140	1106	1162	1175	1146	1140	1255	1175	1206
2014/15	951	1024	1045	1087	917	992	1051	918	1005	1092	998	1114



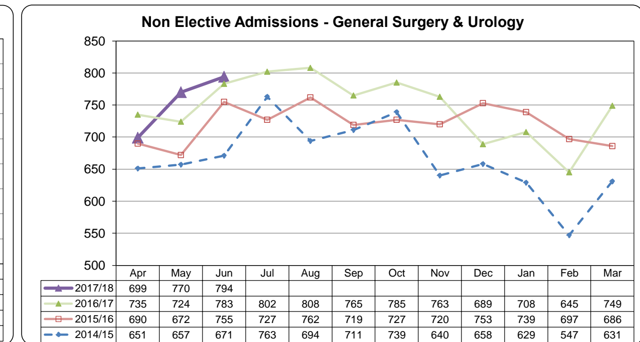
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	3133	3282	3303									
2016/17	2674	2849	2772	2874	2976	2888	3003	2869	3170	3090	2839	3296
2015/16	2532	2616	2549	2726	2737	2575	2665	2553	2879	2859	2726	2747
2014/15	2396	2485	2380	2460	2476	2389	2623	2504	2585	2621	2323	2608



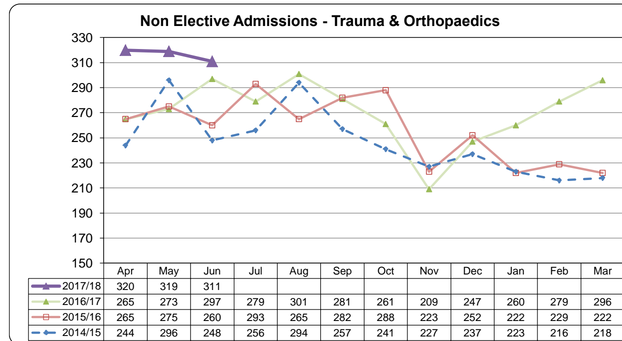
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	817	907	882									
2016/17	953	983	928	929	969	938	999	999	1113	1117	966	932
2015/16	972	981	928	909	826	819	963	898	1036	1036	919	1058
2014/15	868	866	879	846	815	819	947	892	1104	1154	904	936



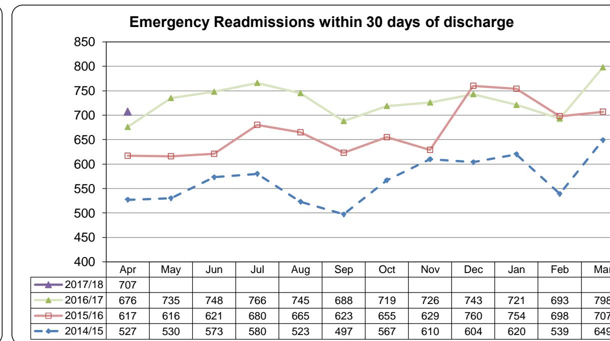
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1731	1719	1763									
2016/17	1565	1745	1750	1726	1754	1801	1783	1564	1670	1535	1406	1823
2015/16	1353	1319	1355	1516	1550	1461	1445	1403	1505	1679	1653	1605
2014/15	1263	1334	1280	1378	1299	1287	1450	1376	1371	1471	1319	1492



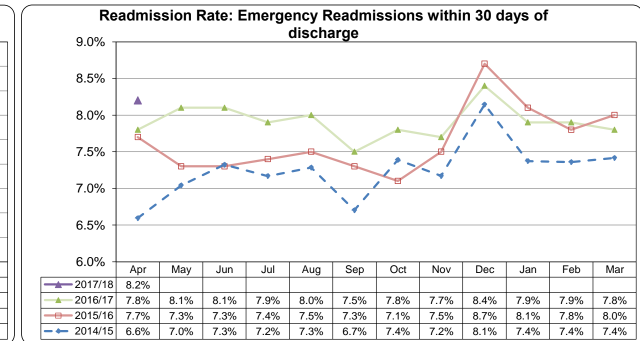
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	699	770	794									
2016/17	735	724	783	802	808	765	785	763	689	708	645	749
2015/16	690	672	755	727	762	719	727	720	753	739	697	686
2014/15	651	657	671	763	694	711	739	640	658	629	547	631



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	320	319	311									
2016/17	265	273	297	279	301	281	261	209	247	260	279	296
2015/16	265	275	260	293	265	282	288	223	252	222	229	222
2014/15	244	296	248	256	294	257	241	227	237	223	216	218



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	707											
2016/17	676	735	748	766	745	688	719	726	743	721	693	798
2015/16	617	616	621	680	665	623	655	629	760	754	698	707
2014/15	527	530	573	580	523	497	567	610	604	620	539	649

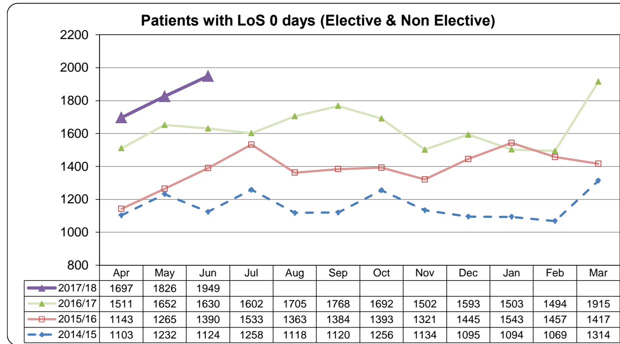


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8.2%											
2016/17	7.8%	8.1%	8.1%	7.9%	8.0%	7.5%	7.8%	7.7%	8.4%	7.9%	7.9%	7.8%
2015/16	7.7%	7.3%	7.3%	7.4%	7.5%	7.3%	7.1%	7.5%	8.7%	8.1%	7.8%	8.0%
2014/15	6.6%	7.0%	7.3%	7.2%	7.3%	6.7%	7.4%	7.2%	8.1%	7.4%	7.4%	7.4%

Please note: scales on graphs may be different.

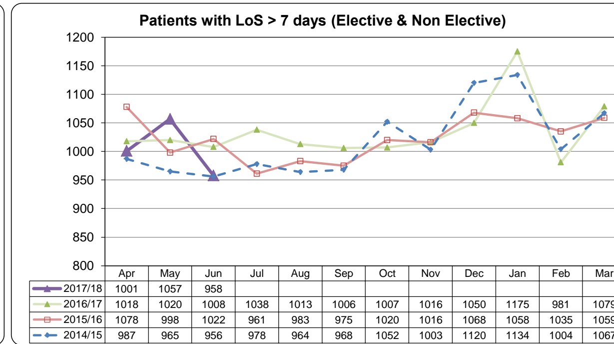
Trust Length of Stay & Delayed Transfers of Care (DTOC)

July 2017



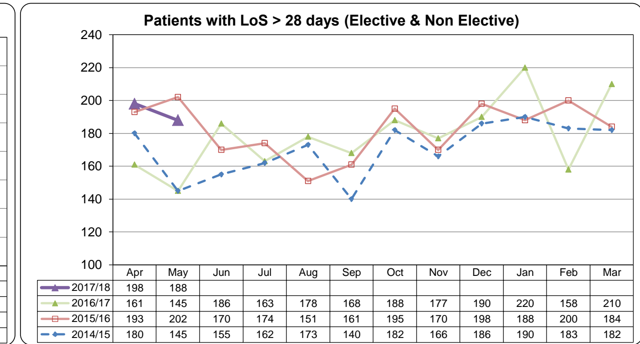
Patients with LoS 0 days (Elective & Non Elective)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1697	1826	1949									
2016/17	1511	1652	1630	1602	1705	1768	1692	1502	1593	1503	1494	1915
2015/16	1143	1265	1390	1533	1363	1384	1393	1321	1445	1543	1457	1417
2014/15	1103	1232	1124	1258	1118	1120	1256	1134	1095	1094	1069	1314



Patients with LoS > 7 days (Elective & Non Elective)

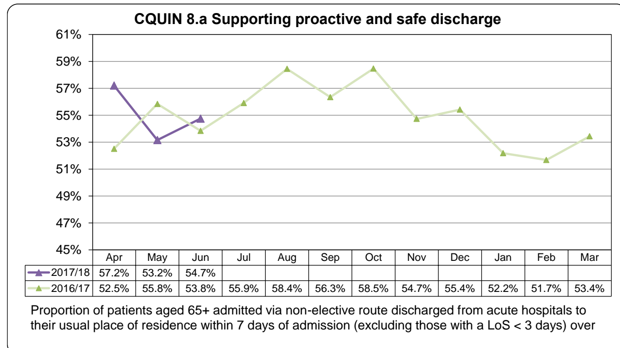
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1001	1057	958									
2016/17	1018	1020	1008	1038	1013	1006	1007	1016	1050	1175	981	1079
2015/16	1078	998	1022	961	983	975	1020	1016	1068	1058	1035	1059
2014/15	987	965	956	978	964	968	1052	1003	1120	1134	1004	1067



Patients with LoS > 28 days (Elective & Non Elective)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	198	188										
2016/17	161	145	186	163	178	168	188	177	190	220	158	210
2015/16	193	202	170	174	151	161	195	170	198	188	200	184
2014/15	180	145	155	162	173	140	182	166	186	190	183	182

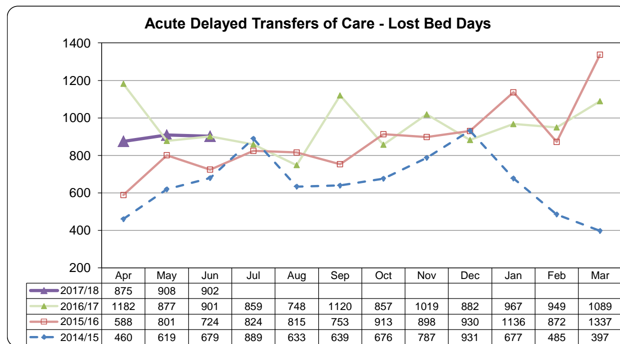
Updated one month in arrears



CQUIN 8.a Supporting proactive and safe discharge

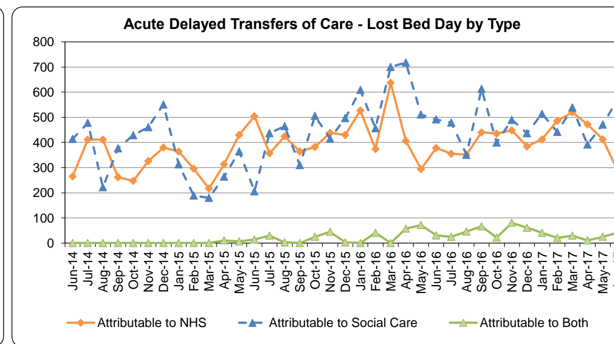
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	57.2%	53.2%	54.7%									
2016/17	52.5%	55.8%	53.8%	55.9%	58.4%	56.3%	58.5%	54.7%	55.4%	52.2%	51.7%	53.4%

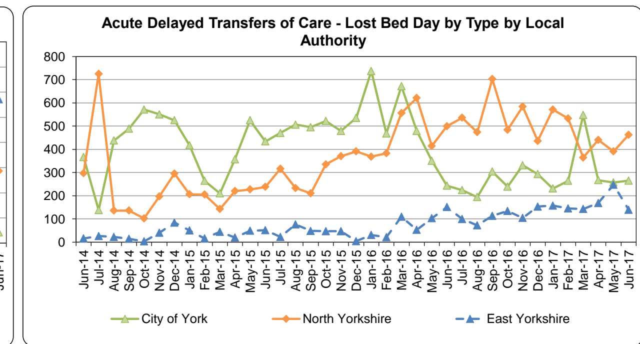
Proportion of patients aged 65+ admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission (excluding those with a LoS < 3 days) over



Acute Delayed Transfers of Care - Lost Bed Days

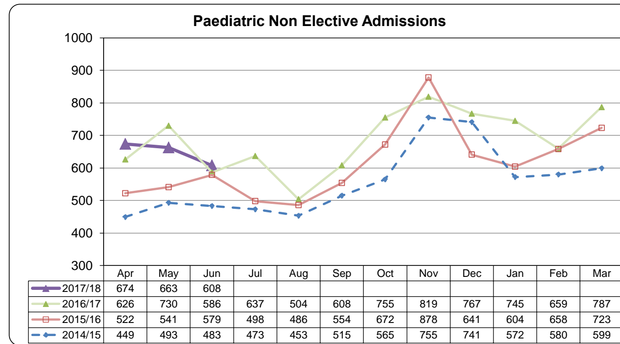
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	875	908	902									
2016/17	1182	877	901	859	748	1120	857	1019	882	967	949	1089
2015/16	588	801	724	824	815	753	913	898	930	1136	872	1337
2014/15	460	619	679	889	633	639	676	787	931	677	485	397



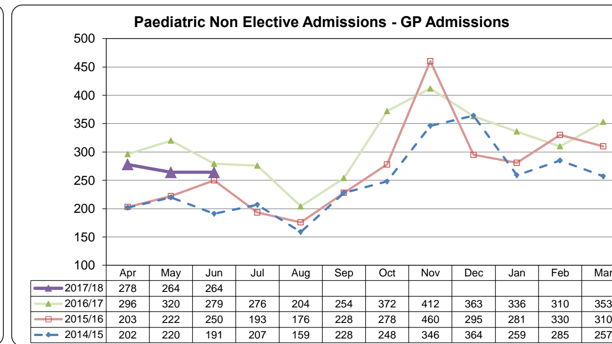


Paediatric Admissions

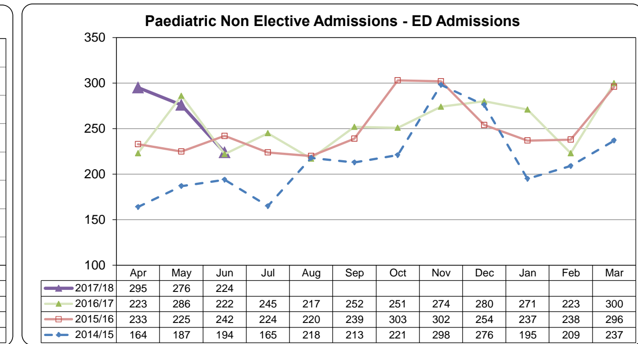
July 2017



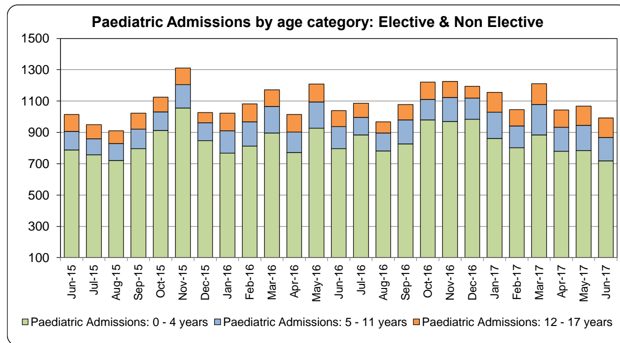
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	674	663	608									
2016/17	626	730	586	637	504	608	755	819	767	745	659	787
2015/16	522	541	579	498	486	554	672	878	641	604	658	723
2014/15	449	493	483	473	453	515	565	755	741	572	580	599

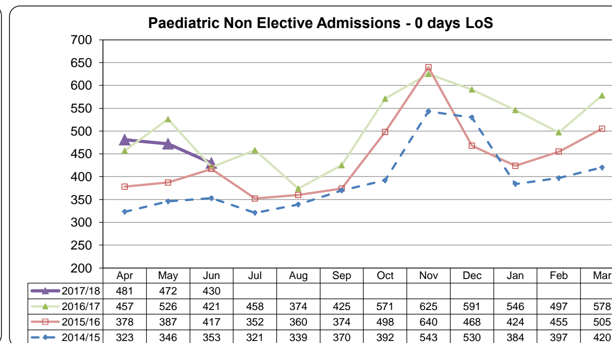


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	278	264	264									
2016/17	296	320	279	276	204	254	372	412	363	336	310	353
2015/16	203	222	250	193	176	228	278	460	295	281	330	310
2014/15	202	220	191	207	159	228	248	346	364	259	285	257

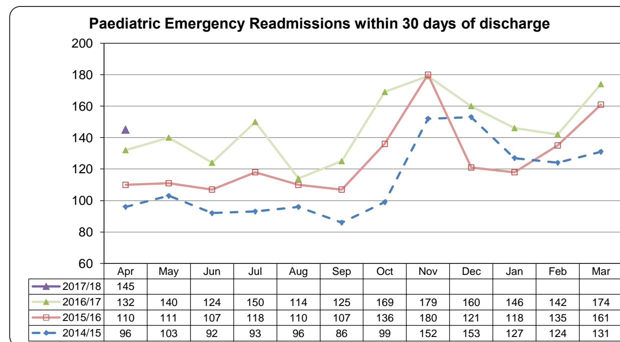


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	295	276	224									
2016/17	223	286	222	245	217	252	251	274	280	271	223	300
2015/16	233	225	242	224	220	239	303	302	254	237	238	296
2014/15	164	187	194	165	218	213	221	298	276	195	209	237

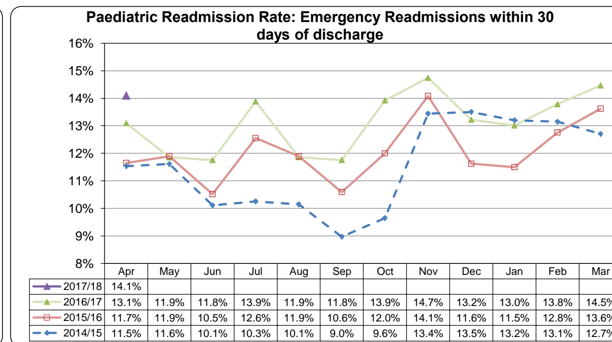




	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	481	472	430									
2016/17	457	526	421	458	374	425	571	625	591	546	497	578
2015/16	378	387	417	352	360	374	498	640	468	424	455	505
2014/15	323	346	353	321	339	370	392	543	530	384	397	420



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	145											
2016/17	132	140	124	150	114	125	169	179	160	146	142	174
2015/16	110	111	107	118	110	107	136	180	121	118	135	161
2014/15	96	103	92	93	96	86	99	152	153	127	124	131

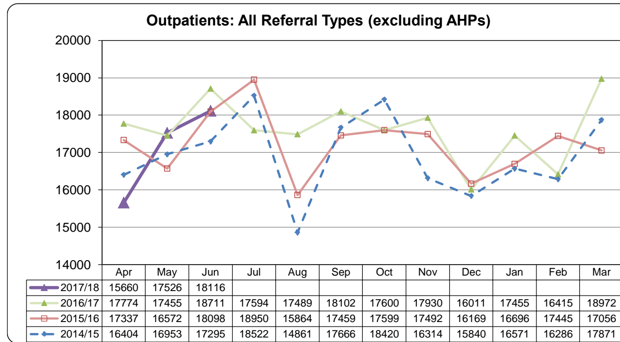


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	14.1%											
2016/17	13.1%	11.9%	11.8%	13.9%	11.9%	11.8%	13.9%	14.7%	13.2%	13.0%	13.8%	14.5%
2015/16	11.7%	11.9%	10.5%	12.6%	11.9%	10.6%	12.0%	14.1%	11.6%	11.5%	12.8%	13.6%
2014/15	11.5%	11.6%	10.1%	10.3%	10.1%	9.0%	9.6%	13.4%	13.5%	13.2%	13.1%	12.7%

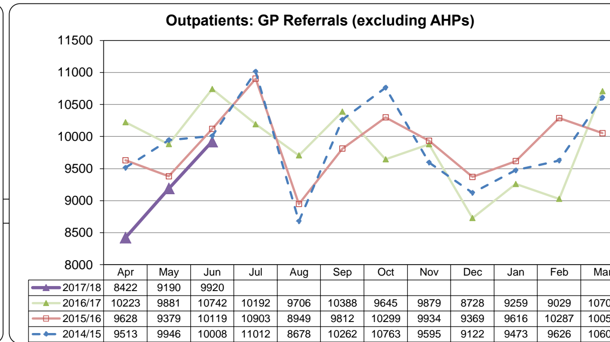
Please note: scales on graphs may be different.

Trust Planned Care
Outpatients

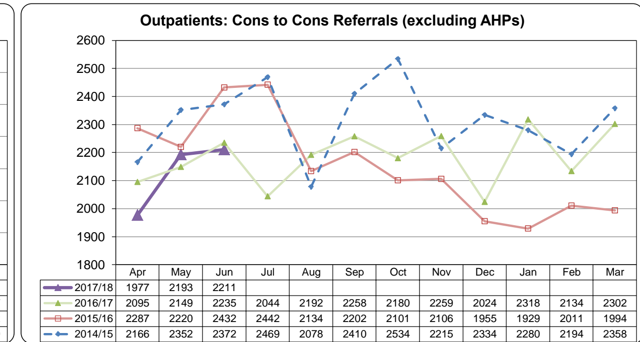
July 2017



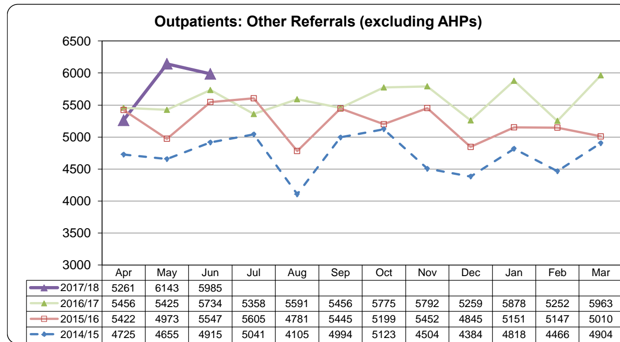
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	15660	17526	18116									
2016/17	17774	17455	18711	17594	17489	18102	17600	17930	16011	17455	16415	18972
2015/16	17337	16572	18098	18950	15864	17459	17599	17492	16169	16696	17445	17056
2014/15	16404	16953	17295	18522	14861	17666	18420	16314	15840	16571	16286	17871



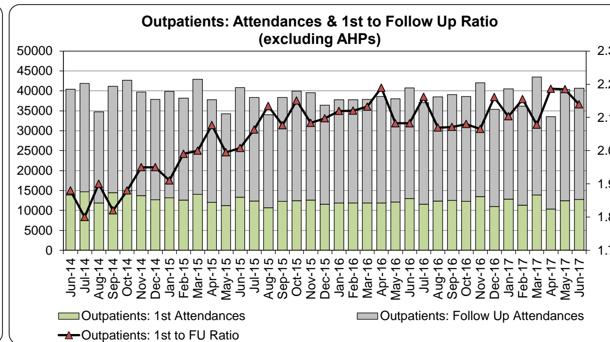
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8422	9190	9920									
2016/17	10223	9881	10742	10192	9706	10388	9645	9879	8728	9259	9029	10707
2015/16	9628	9379	10119	10903	8949	9812	10299	9934	9369	9616	10287	10052
2014/15	9513	9946	10008	11012	8678	10262	10763	9595	9122	9473	9626	10609

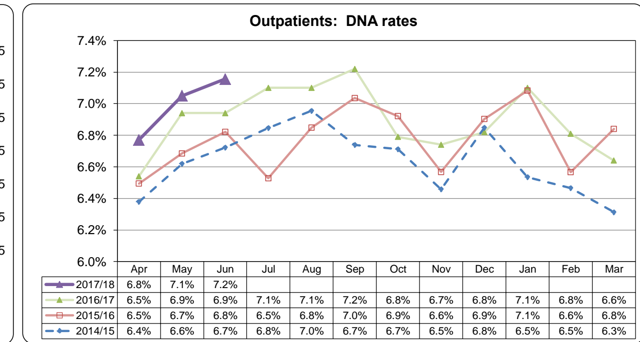


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1977	2193	2211									
2016/17	2095	2149	2235	2044	2192	2258	2180	2259	2024	2318	2134	2302
2015/16	2287	2220	2432	2442	2134	2202	2101	2106	1955	1929	2011	1994
2014/15	2166	2352	2372	2469	2078	2410	2534	2215	2334	2280	2194	2358

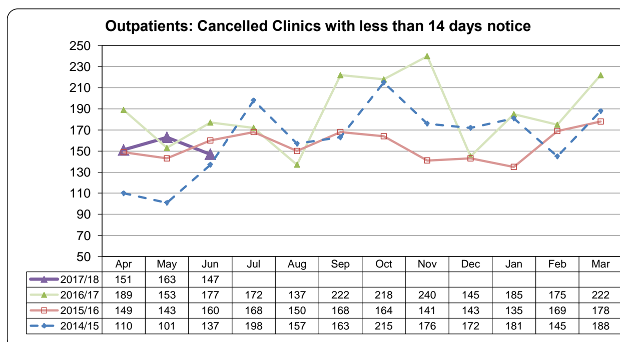


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5261	6143	5985									
2016/17	5456	5425	5734	5358	5591	5456	5775	5792	5259	5878	5252	5963
2015/16	5422	4973	5547	5605	4781	5445	5199	5452	4845	5151	5147	5010
2014/15	4725	4655	4915	5041	4105	4994	5123	4504	4384	4818	4466	4904

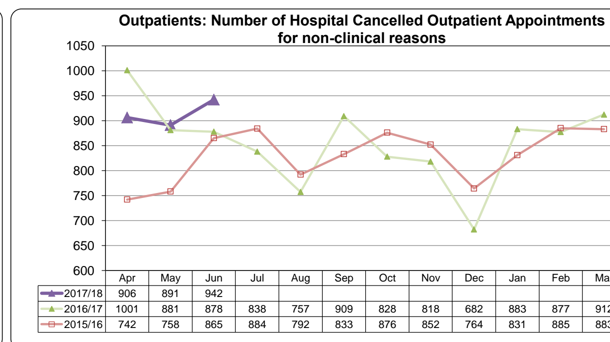




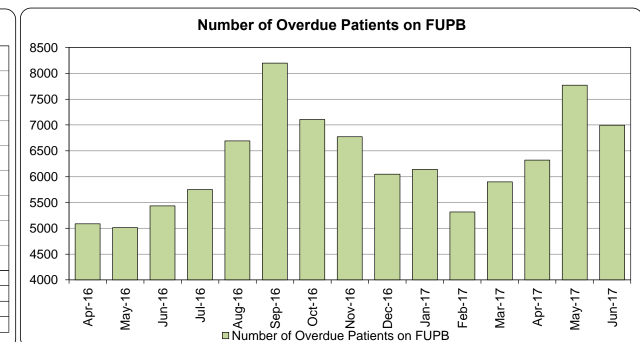
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	6.8%	7.1%	7.2%									
2016/17	6.5%	6.9%	6.9%	7.1%	7.1%	7.2%	6.8%	6.7%	6.8%	7.1%	6.8%	6.6%
2015/16	6.5%	6.7%	6.8%	6.5%	6.8%	7.0%	6.9%	6.6%	6.9%	7.1%	6.6%	6.8%
2014/15	6.4%	6.6%	6.7%	6.8%	7.0%	6.7%	6.7%	6.5%	6.8%	6.5%	6.5%	6.3%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	151	163	147									
2016/17	189	153	177	172	137	222	218	240	145	185	175	222
2015/16	149	143	160	168	150	168	164	141	143	135	169	178
2014/15	110	101	137	198	157	163	215	176	172	181	145	188

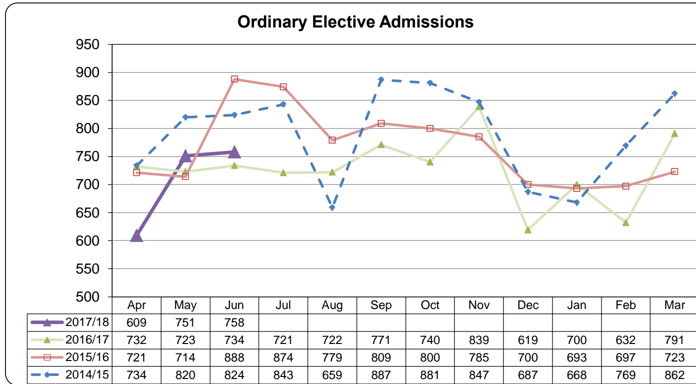


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	906	891	942									
2016/17	1001	881	878	838	757	909	828	818	682	883	877	912
2015/16	742	758	865	884	792	833	876	852	764	831	885	883

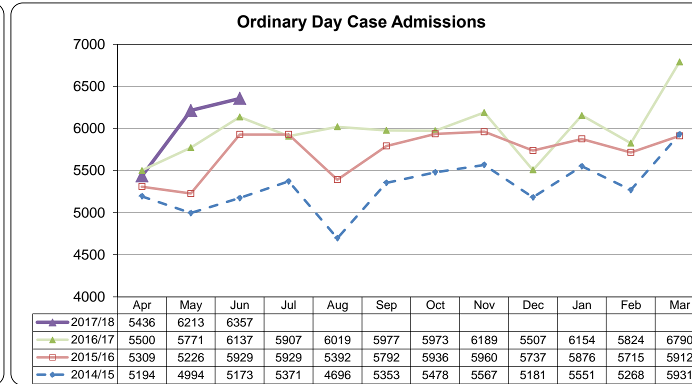


Trust Planned Care
Elective Activity & Theatre Utilisation

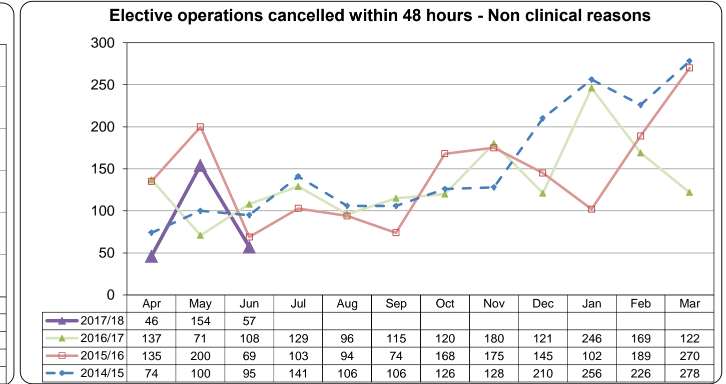
July 2017



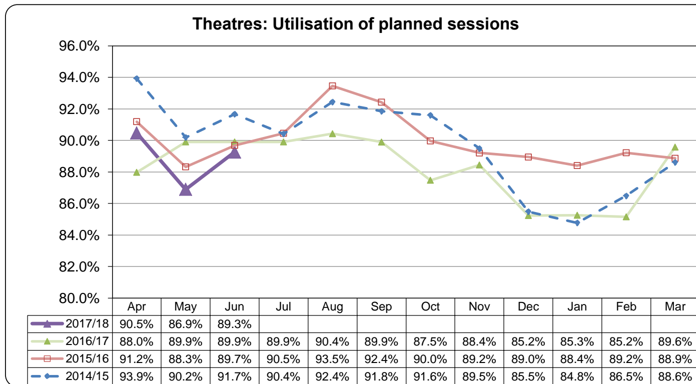
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	609	751	758									
2016/17	732	723	734	721	722	771	740	839	619	700	632	791
2015/16	721	714	888	874	779	809	800	785	700	693	697	723
2014/15	734	820	824	843	659	887	881	847	687	668	769	862



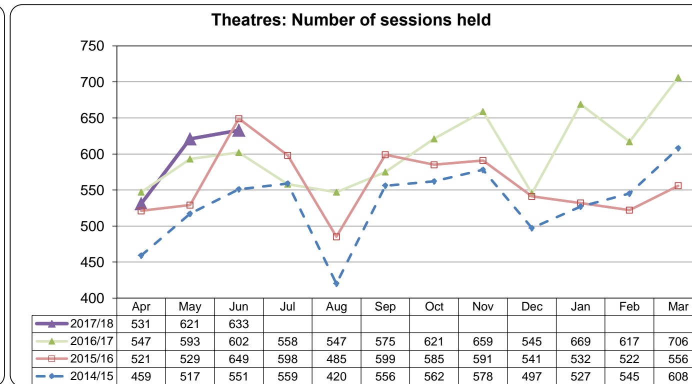
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5436	6213	6357									
2016/17	5500	5771	6137	5907	6019	5977	5973	6189	5507	6154	5824	6790
2015/16	5309	5226	5929	5929	5392	5792	5936	5960	5737	5876	5715	5912
2014/15	5194	4994	5173	5371	4696	5353	5478	5567	5181	5551	5268	5931



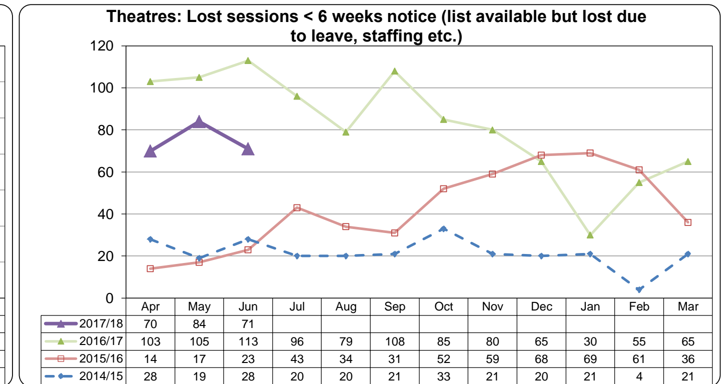
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	46	154	57									
2016/17	137	71	108	129	96	115	120	180	121	246	169	122
2015/16	135	200	69	103	94	74	168	175	145	102	189	270
2014/15	74	100	95	141	106	106	126	128	210	256	226	278



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	90.5%	86.9%	89.3%									
2016/17	88.0%	89.9%	89.9%	89.9%	90.4%	89.9%	87.5%	88.4%	85.2%	85.3%	85.2%	89.6%
2015/16	91.2%	88.3%	89.7%	90.5%	93.5%	92.4%	90.0%	89.2%	89.0%	88.4%	89.2%	88.9%
2014/15	93.9%	90.2%	91.7%	90.4%	92.4%	91.8%	91.6%	89.5%	85.5%	84.8%	86.5%	88.6%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	531	621	633									
2016/17	547	593	602	558	547	575	621	659	545	669	617	706
2015/16	521	529	649	598	485	599	585	591	541	532	522	556
2014/15	459	517	551	559	420	556	562	578	497	527	545	608



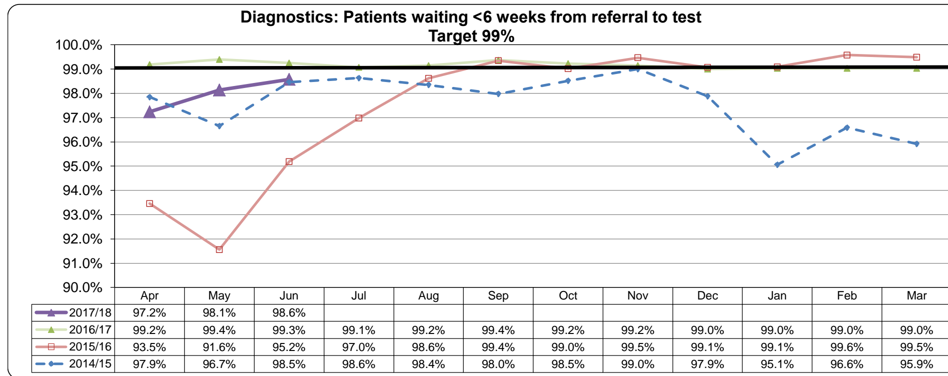
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	70	84	71									
2016/17	103	105	113	96	79	108	85	80	65	30	55	65
2015/16	14	17	23	43	34	31	52	59	68	69	61	36
2014/15	28	19	28	20	20	21	33	21	20	21	4	21

All cancellations are within 6 weeks of the planned procedure date. Cancellations exclude lists added in error and those that have been rescheduled.

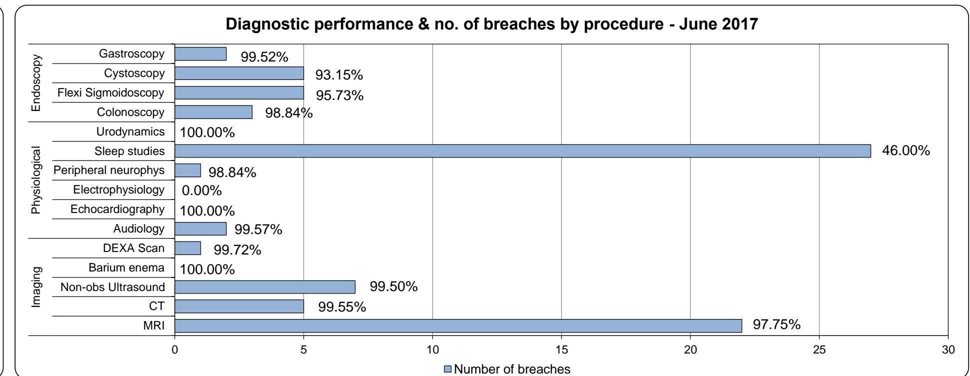
Diagnostics & Referral To Treatment

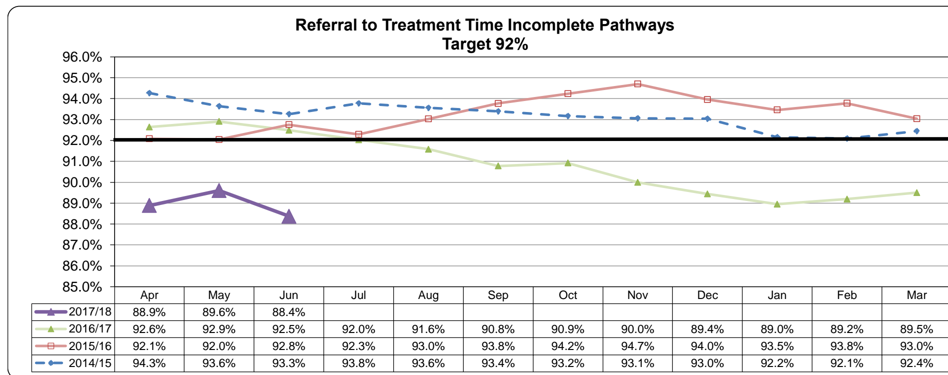
July 2017

The Trust is monitored at aggregate level against the Diagnostic & Referral to Treatment Incomplete Targets.

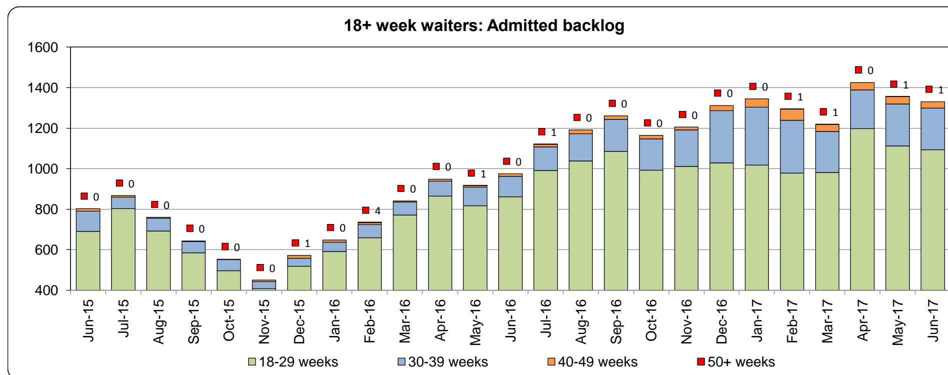


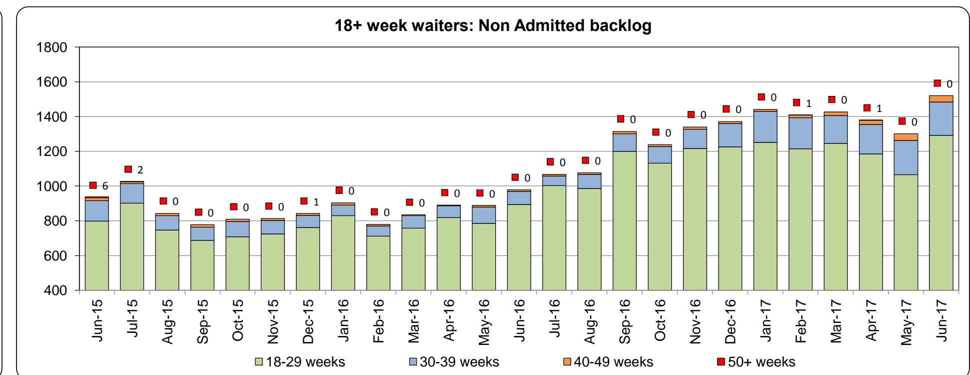
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	97.2%	98.1%	98.6%									
2016/17	99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	99.0%	99.0%
2015/16	93.5%	91.6%	95.2%	97.0%	98.6%	99.4%	99.0%	99.5%	99.1%	99.1%	99.6%	99.5%
2014/15	97.9%	96.7%	98.5%	98.6%	98.4%	98.0%	98.5%	99.0%	97.9%	95.1%	96.6%	95.9%





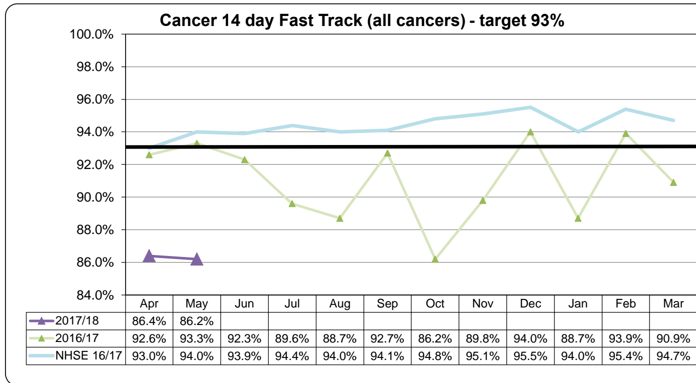
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.9%	89.6%	88.4%									
2016/17	92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	90.0%	89.4%	89.0%	89.2%	89.5%
2015/16	92.1%	92.0%	92.8%	92.3%	93.0%	93.8%	94.2%	94.7%	94.0%	93.5%	93.8%	93.0%
2014/15	94.3%	93.6%	93.3%	93.8%	93.6%	93.4%	93.2%	93.1%	93.0%	92.2%	92.1%	92.4%

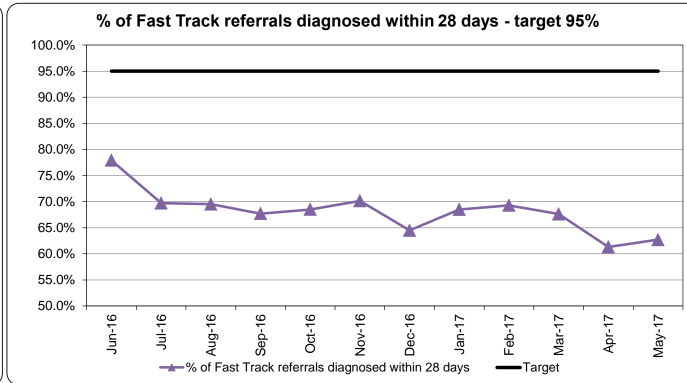


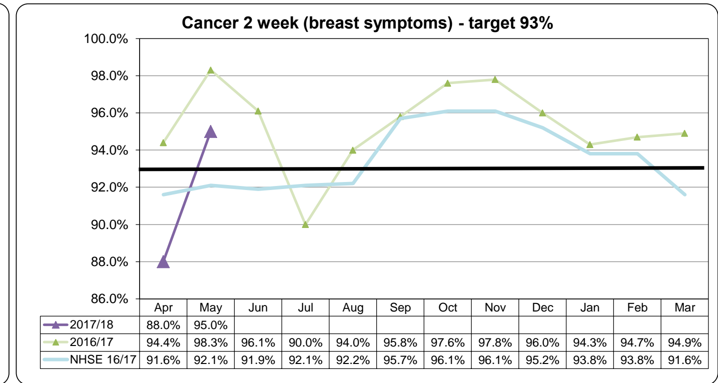


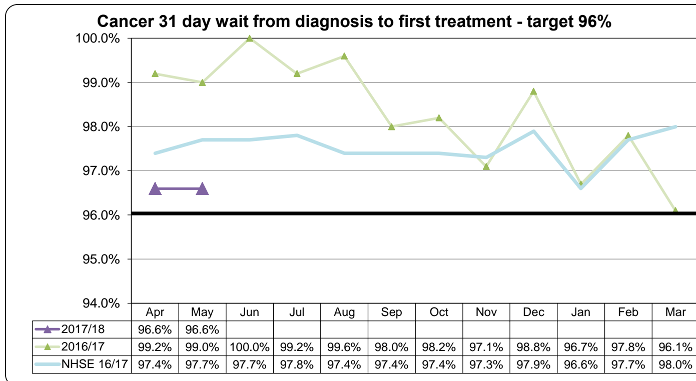
Trust Cancer

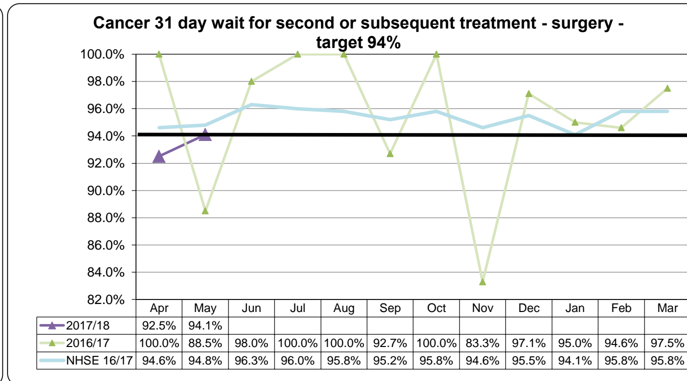
July 2017

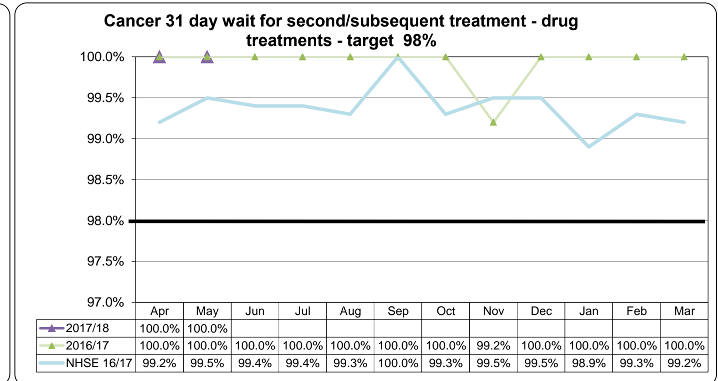


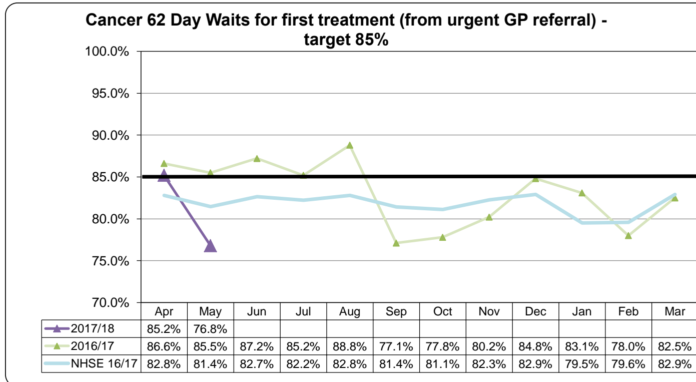


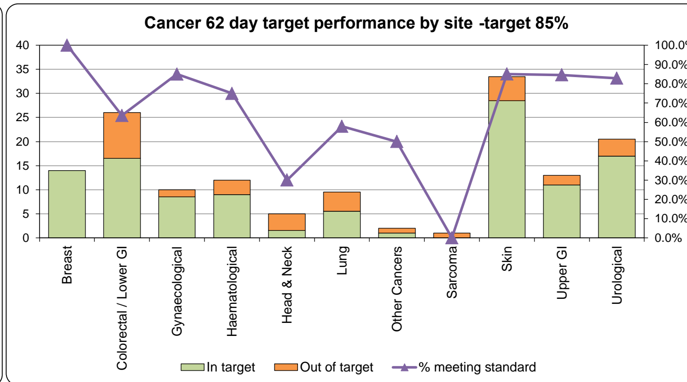


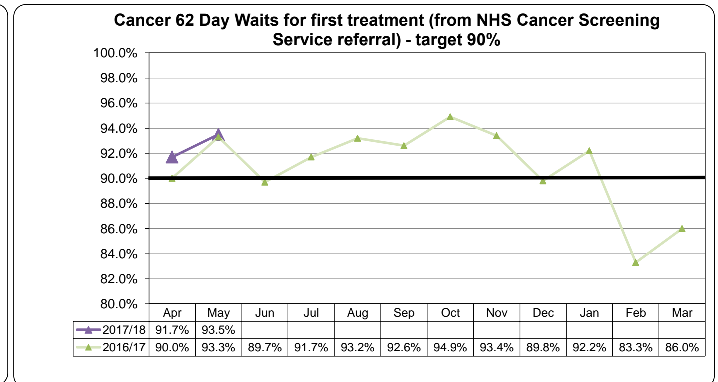












Blank page

E

York Teaching Hospital NHS Foundation Trust

Board of Directors – 26 July 2017

Quality & Safety Committee Meeting Minutes – 18 July 2017

Action requested/recommendation

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

Executive Summary

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

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month

- Nurse Staffing
- Quarterly DIPC Report - Infection Prevention and Control
- Serious Incidents and Never Events
- Maternity 6 month update report

Clinical Effectiveness items for this month

- Quarterly Mortality Report
- Clinical Effectiveness Group Minutes

Patient Experience items for this month

- Quarterly Patient Experience Report

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

1. JT to update on progress with 24/7 delivery incl. job plans SGH
2. HH to highlight nurse staffing position
3. HH to pick patient experience challenges on F&F and complaints.
4. WS to discuss CQC DTOC review
5. LP to feedback BAF review outcome – item 1.6

DRAFT

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

Implications for equality and diversity

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

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

Reference to CQC regulations

References to CQC outcomes.

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

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

DRAFT

Quality & Safety Committee – 18 June 2017 Boardroom, York Hospital at 1.30pm

Attendance: Jennie Adams, Libby Raper, Mike Sweet, James Taylor, Diane Palmer, Lynda Provins, Becky Hoskins, Liz Ross, Wendy Scott and Liz Jackson

Apologies: Philip Ashton, Beverley Geary,

	Agenda Item	Comments	Assurance	Attention to Board
	Last meeting notes dated 20 June 2017	The notes from the meeting held on the 20 June were approved as a true and accurate record. The Committee welcomed Wendy Scott who had been invited to present on the Out of Hospital Care Report and Becky Hoskins and Liz Ross who were in attendance to present the Chief Nurse Report and the Maternity 6 month update report. Mike Sweet attended the committee as a guest NED.		
	Matters Arising – Action Log CRR Ref: MD2 CRR Ref: MD2	Item 8 – JT advised the Committee that Mike Proctor has been supporting the General and Acute Medicine Rota review in Scarborough Hospital and the changes will be implemented on the 1st September. The new rota will be a significant improvement and will enable Consultants to be available until 8pm in the week and between 8am – 12noon and 4pm to 7pm on a weekend. While the review has been taking place some of the work force has been lost, due to unrelated reasons, but as recruitment takes place the rota will be enhanced. Item 36 – LP explained that Health Care Governance are currently focussing their departmental resource on a CQC information request and the Patient Consent Audit report is not yet complete. Item 40 – JT advised that the situation around the lack of training middle grades in Acute Medicine continues to improve. The HR team have been pro-active in recruiting and liaising with the Deanery. JT explained that the move to an enhanced seven day service is high on the list of priorities. Having one Registrar on the on call rota out of hours will be placed on the Medical Directors Risk Register and conversations are taking place with the Directorate Manager and Clinical Director to identify additional resources.	The Committee took assurance from the modernisation of practice and hope to see the time to senior review figures improve.	JT to share news on GM rota at SGH and Junior Dr numbers for August

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		Action: JT to add to Risk Register The Committee thanked DP for sharing the Community Nevermore publication with the Non-Executives. DP advised that this is now a monthly publication alternating between community and acute and is happy to regularly share this with non-executive colleagues. The Committee queried the litigations analysis that was reviewed at the June meeting as further assurance was required and noted the significant recent settlements and additional on-going costs presented in the integrated dashboard. LP confirmed that these were historic claims and JT added that the quantum of the claim correlates with the care required and not simply the initial incident. The Committee showed some concern about the potential impact on Trust insurance premiums and learning from these historic cases. They also noted that similar cases at other hospitals had been picked up by the media.		
	Out of Hospital Care Quarterly Report	WS took the Committee through the highlights of the Out of Hospital Quarterly report. In June NHS England and NHS Improvement introduced a delay in transfers of care trajectory. Baseline data was taken from March and a trajectory put in place to take the Trust down to the national figure. The 'Better Care Fund' was put in place to support this but many local authorities have not delivered on the changes required. The CQC have identified the Trust as one of twelve DTOC outliers that will be visited, this is a new regime and further guidance is expected. The interface between acute and community care is being reviewed and some of the issues are attributable to the social care provision by local authorities. There are issues in York with care home and long term provision. A national dashboard shows the Trust is one of the worse in the country for discharging at weekends. WS explained that a stranded patient review is taking place which will be good evidence for the CQC. The review will identify any gaps in understanding and any difficulties in accessing care packages and engagement will take place with the local authority and TEWV. Work will be undertaken with the Residential and Care homes as they are often unable to accommodate	The Committee took assurance from the strong evidence of work in the report and highlighted the combination of issues which includes internal delays.	WS to bring the CQC Review of delayed transfers of care To the attention

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		complex needs – particularly around dementia. The review is a positive step and will highlight issues with the local authorities and commissioners and will demonstrate the good work that has already taken place. The team are looking at how to manage complex flow and discharges together and will review where we are with the 'safer' programme so that a common approach is taken across all sites. The Committee queried if there was any data and evidence to demonstrate the 'well-led' framework and if the team was developing a Trust Partner Engagement Strategy. WS explained that Health and Social Care integration was part of the Community portfolio and there is a lot of engagement work with GP colleagues. WS advised that a community beds audit, including all community hospitals, has taken place. It was identified that many of the patients did not require an inpatient level of care but did require something more than being at home. This has been shared with the GPs and Elderly Physicians that attend the community hospitals and a meeting has taken place with Scarborough and Ryedale CCG and Vale of York CCG, who have agreed that there are a significant number of patients admitted when they should be managed at home. A case for change will be developed in the next 6 months. The Committee highlighted the focussed work undertaken with the Community Response teams and found the data very encouraging. WS explained that North Ryedale now has a service and the Scarborough and Ryedale Team are now coving a larger area of Scarborough, however, the contract is only until April and funding is being sought from September. A quarterly report goes to board and will highlight the delay in transfer of care. A paper will come to the Committee next month. The Committee asked if the Community and Allied Health Professionals Risk Register could be included in the report.		of the Board
	Risk Register for the Medical Director and Chief Nurse	The Committee noted that there had been no change in the Risk Registers since the June meeting and that the risk regarding Medical Registrars from August will be added to the Medical Directors risk register.		

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		Further discussion is needed around evidence that can be provided to give assurance for all of the Medical Directors Risks – picking up an observation from the June committee meeting. Some of these risks evolved from the CQC visit and JT explained that numerous improvements have been made and used the ICU as an example of action undertaken although this area remains short of beds for the size of the population. Other MD risks may be covered by WOD committee around medical staffing. **Action: JT and DP to reflect on any additional assurance available around MD risks.**		
	Patient Safety			
	Nurse Staffing CRR Ref: CN2, CN11, CN12, CN13 & MD9	Nurse staffing remains an issue, areas of concern on the York site are AMU, AMB and Ward 34, who are running very high vacancy rates and are being targeted for specific recruitment activities. The Trust nurse turnover is at the lower end of the national average and the headcount continues to increase due to new service demands. Agency work is being standardised for continuity and the Associate Practitioner work continues. Rotational posts are being developed across the organisation and work with universities continues, including using an 'on-boarding' technique to engage with students. A sub-group has been established to address agency risks including operational components and governance. Training and development for internal bank staff is being developed. E-rostering – 27 deep dives have taken place and these continue in areas until assurance is obtained. Any issues are raised through PAMs and dashboards are reviewed by Matrons and Assistant Directors of Nursing. E-rostering is a continuous project that can be used to demonstrate learning and financial savings and there is a move to have all areas on the system. BH was unable to update on the possibility of reducing capacity on the		HH to update Board

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		Scarborough site, as discussed at the June meeting. A business case has been approved for the 'safe care' module and discussions are taking place with a software company. This is a visual tool that can be used to redeploy nursing staff. The software will be loaded on to tablets so the Assistant Directors of Nursing and Matrons have access to a timely and consistent analysis of staffing. The tool will not be able to identify the experience of the staff involved but the user will have this knowledge.		
	Quarterly DIPC Report - Infection Prevention and Control CCR Ref: CN7 & CN8	There have been nine cases of Clostridium Difficile in quarter one, which is a slight increase from last year but remains below the quarterly threshold of 12. 13 instances of MSSA have been identified which remains the same as this period last year. There has been one instance of MRSA which was identified in May and attributed to cannula care. Further training has been undertaken with the ward staff in this area. ANTT compliance has improved. There have been no further surgical site infections at Bridlington and the action plan is owned at Directorate level. A proactive HPV is taking place on the York site as a decant ward is available. The Committee complimented the team on the deep clean of high risk areas of SGH in spite of the lack of decant facilities. In other areas, alternatives, such as UV lighting, are being looked in to. The Committee queried the deterioration in the antimicrobial prescribing audit presented at the June meeting. JT confirmed that Clinical Directors are regularly emailed about results and they are also discussed at Executive Board.	The Committee were assured by the Directorate ownership in Bridlington.	
	Serious Incidents and Never Events CRR Ref: MD8	The Committee reviewed the five SI's that were detailed in the Medical Directors report and questioned the delay between the incident occurring and the completed reports coming to the committee. DP explained that these tie in with the SIs going to Exec Board and if Clinical Directors are unable to attend the report will be delayed until the next meeting, this leads to a delay for them		

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		appearing in the Medical Directors report. JT and DP confirmed that the Directorate will have already been dealing with any actions and recommendations from the investigations. Adrian Evans continues his review of the process and further training is taking place in September. Individuals are in need of support when learning to undertake Serious Incident Investigations and the CQC have produced some guidance for investigators.		
	Maternity 6 month update report	LR took the Committee through the 6 month maternity update. Work continues to halve still birth rates with the Trust being one of the pilot sites. Awareness has increased and still births have been halved in the last two years, with the Trust now having the lowest rates in the region. A national tool for reviewing still births will be released next year. The Embrace Report has highlighted that the Trust is an outlier and in the top decile for neonatal deaths. An action plan is being established between Maternity and Paediatrics. Yorkshire and Humber have signed off a review process for incidents which will involve patients to a far greater degree than is currently the case. The Maternity safety plan will include the national neonatal and still birth work. Focussed work continues with Scarborough CCG to reduce smoking in pregnancy. Further training for midwives will take place and will include CO^2 monitoring. Humber Coast and Vale are working towards an action plan with all the Leads of Midwifery. The Clinical Network for Yorkshire and Humber will now be used as a forum to discuss and share learning from SIs. A dashboard will be established so benchmarking can take place. York Labour Ward midwife on-call has now been established and will be reviewed after one year; a report will be submitted in September. York Labour Ward is short staffed for midwives but a different way of working is being looked in to, a birth rate and acuity tool is being used which is starting to show some improvement. Staffing is balanced in Scarborough Hospital with the unit requiring current staffing levels to be safe. A senior midwife on-call has been implemented offering advice to both staff and women.	The Committee were assured by the focussed work to reduce still birth rates across the region and looks forward to receiving further assurance around recent Sis and actions arising from Every Baby Counts Report by RCOG.	JA/HH to highlight progress on stillbirth rates and assuranc e pending on recent SI cluster

DRAFT

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		Staff experience feedback has been received and the department has worked with Occupational Health and the Trust's Freedom to Speak Up Guardian to create an action plan. The department culture is changing and improving. The department has seen an increase in serious incidents (SIs) in the last three months with seven being reported. However; not all Trusts report neonatal and intra-partum deaths as SIs. Four of the SIs have not raised any initial concerns, three will have recommendations put in place and all will receive a peer review from other Trusts. The Committee understands that a special report on these recent incidents will be produced and has requested to have sight of this when it is completed for additional assurance around this high risk/ high profile area. The Each Baby Counts programme has advised that all individuals involved in CTG monitoring should have refresher training every 12 months. The department are trying to capture and record this through the LearningHub. The Committee agreed that they would like to see detail on individual cases and DP confirmed that all Maternity SI's will go through the same process as others and will appear in the Medical Directors report. LR advised that incidents such as those involving Hypoxic Ischemic Encephalopathy (HIE) are not reported as internal SIs unless agreed at the case note review, they are however reported to Each Baby Counts and organisations must demonstrate that improvements are being made. LR explained that there has been an increase in historic complaints that may not have had an in depth de-brief at the time, this may be due to increased media attention in this area. **Action: BG to share outcome of review into recent Sis. LR to include detail on Sis in bi-annual report**.		
	Clinical Effectiveness			
	Quarterly Mortality	The Committee noted the slight decrease in the return of mortality proformas		

	Agenda Item	Comments	Assurance	Attention to Board
	Report	which had previously been above 90%.JT attributed the fall to the high activity seen in this quarter of the year. Good themes and learning are being identified and the report includes the new structured judgement reviews which are starting to be undertaken (7 this quarter). JT advised that Peter Wanklyn is ~~a~~ very focussed and knowledgeable in this area and that trained individuals are starting to undertake more of the reviews. JT took the Committee through the new process explaining that all deaths should reviewed on a weekly basis. Consultants review their own deaths, some of which will be put forward for a structured review and a proportion of these may be deemed as avoidable deaths. NHSI have advised that 3-4% of deaths should be avoidable. JT highlighted that no additional resources have been allocated to undertake these reviews, which can take in excess of two hours.		
	Clinical Effectiveness Group Minutes	The Committee noted that the Clinical Effectiveness minutes were from April, which was before Glenn Miller had a team in place these will now regularly feature on the agenda. The Group appears to be struggling to get a response regarding NICE compliance and audit recommendations – the new Clinical Governance roles for clinicians should help to improve this position. This is a work in progress that the committee will monitor with interest.		
	Patient Experience			
	Quarterly Patient Experience Report	The Committee noted that the inpatient survey was discussed in detail at the June meeting and queried if patients were getting the opportunity to feedback as the Family and Friends numbers are deteriorating and the Trust is below the national average. BH explained that both Emergency Departments have been struggling to get responses, an action plan has been put in place in York but there is no obvious reason for the drop in responses at Scarborough. Work is taking place with all directorates to raise the response rate and technology, such as texting, is being looked in to. The Committee highlighted the focussed information now available on		HH to highlight - including F&F challenge and Complaints work around reducing

DRAFT

	Agenda Item	Comments	Assurance	Attention to Board
		complaints and noted the thematic approach taken; however, concerns were raised around late responses. BH explained that this may be due to the process now being owned by the directorates. A task and finish group has been established to monitor any actions and these are escalated to the chief nurse team. The Committee noted that main themes remain as; privacy and dignity, noise at night and signage. DP added that signage has also been raised at Patient Safety Group and this has been escalated to Brian Golding. The new roles in volunteering are making progress. BH highlighted that the media launch for the new mobile chemotherapy unit is imminent and shared with the Committee the success of the 'children in charge' day. **Action: The Committee asked Mike Sweet as Chair of the E&E committee to feedback complaints themes around signage in SGH outpatients and York Ambulatory Care areas to the E&E team.**		delays
	Additional Items			
	Terms of Reference	The Committee noted the inclusion of the amended terms of reference and were pleased with the progress. LP advised that groups and sub groups continue to be identified and the structure and work programme will continue to change. The Committee agreed that triangulation with other Committees was essential, and LP confirmed that there will be appropriate cross over with WOD as the work is starting to come together.		
	Board Assurance Framework	The Committee revisited item 1.6 of the Board Assurance Framework and recommended that it be changed to amber rather than green. The Systems and Network Services Strategy was tabled at Board in May and the Committee agreed that it needed to include more actions and prioritisation. JT advised the Committee that he will arrange to meet with Sue regarding clinical input into the strategy and DP highlighted that there is both a Patient Safety risk and a patient experience issue with CPD not being updated and patients not having access to WiFi. The Committee requested an update on EPMA and JT advised that training is		LP to take recommendation to Board

	Agenda Item	Comments	Assurance	Attention to Board
		taking place on the wards and the system is planned to go live in September. **Action: LP to take recommendation to Board**		
	August Meeting	The Committee agreed that the August meeting will not include any papers and will last no longer than an hour so that further discussion around the Trust financial position can take place.		
	Next meeting of the Quality and Safety Committee: 22 August 2017, 1.30pm – 3.30pm, Boardroom, York Hospital			

DRAFT

Quality & Safety Committee – Action Plan – July 2017

No.	Month	Action	Responsible Officer	Due date	Completed
8	Jun 2016	Outcome of discussions with CD for Medicine and action plan (Re: Scarborough Physicians time out 27.09.16)	Medical Director	Nov 16 Jan 17 Monthly updates	
36	Mar 2017	Foundation Trust Secretary to liaise with Deputy Director of Healthcare Governance for the Patient Consent Audit report	Foundation Trust Secretary	May 2017 June 2017 July 2017 August 2017	
37	Mar 2017	The Committee requested an update e on the actions around the Radiology Risk	Medical Director	Sept 2017	
40	May 2017	Lack of training middle grades in Acute Medicine	Medical Director	Aug 2017	
41	June 2017	To invite Out of Hospital Care Team	Foundation Trust Secretary	July 2017	Completed
42	June 2017	Foundation Trust Secretary to liaise with chairs of the Patient Safety Group and Clinical Effectiveness Group minutes to highlight items for escalation to Committee	Foundation Trust Secretary	Sept 2017	
43	July 2017	JT and DP to reflect on any additional assurance available around MD risks	Medical Director and Deputy Director for Patient Safety	August 2017	
44	July 2017	BG to share outcome of review into recent maternity SIs. LR to include detail in bi annual maternity report.	Chief Nurse and Foundation Trust Secretary	August 2017	
45	July 2017	Mike Sweet as Chair of the E&E committee to feedback complaints themes around signage in SGH outpatients and York Ambulatory Care areas to the E&E team. JA to feedback.	Chair	August 2017	

DRAFT

Blank page

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

York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety and Quality Performance Report

July 2017

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

Patient Safety & Quality Performance Report
Chapter Index

Chapter	Sub-Section
Quality & Safety	Quality & Safety Chapter Index
	Quality & Safety Index
	Quality & Safety Summary
	Litigation
	Patient Experience
	Care of the deteriorating patient
	Measures of harm
	Never Events
	Drug Administration
	Safety Thermometer
	Mortality
	Patient Safety Walkrounds
	Maternity Dashboards
	Community Hospitals Summary
	Quality and Safety Miscellaneous

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Litigation - Clinical Claims Settled	-	-	5	9	5	1	8	2	2	3	5	1	10	7
Complaints	-	-	30	50	44	36	37	33	43	32	38	34	47	36

Care of the Deteriorating Patient	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
12 hour Post Take - York	85%	85%	84%	84%	82%	82%	85%	87%	84%	85%	81%	82%	81%	82%
12 hour Post Take - Scarborough	80%	80%	58%	52%	52%	53%	61%	60%	69%	62%	67%	60%	54%	68%
14 hour Post Take - York	82%	Q1 82% Q2 82% Q3 85% Q4 90%	91%	92%	89%	89%	91%	93%	89%	91%	89%	90%	91%	91%
14 hour Post Take - Scarborough	52%	Q1 52% Q2 60% Q3 70% Q4 80%	68%	60%	61%	66%	72%	70%	80%	72%	75%	72%	63%	79%
Acute Admissions seen within 4 hours	80%	80%	87%	80%	74%	77%	81%	88%	87%	92%	87%	85%	83%	86%
NEWS within 1 hour of prescribed time	90%	90%	87.7%	87.8%	88.1%	87.8%	87.9%	87.1%	86.5%	87.1%	87.9%	89.4%	87.2%	89.2%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	93%	93%	88%	88%	88%	88%	88%	85%	87%	89%	87%	87%	86%	86%

Measures of Harm	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Serious Incidents	-	-	15	17	12	9	18	14	28	18	10	9	20	19
Incidents Reported	-	-	1252	1259	1064	1169	1203	1224	1401	1259	1374	1232	1187	1204
Incidents Awaiting Sign Off	-	-	686	763	813	752	670	768	963	1059	1129	828	698	746
Patient Falls	-	-	225	218	194	226	212	260	271	216	222	225	228	228
Pressure Ulcers - Newly Developed	-	-	56	65	93	121	125	114	140	111	139	133	136	113
Pressure Ulcers - Transferred into our care	-	-	149	109	63	64	65	70	94	64	87	74	64	79
Degree of harm: serious or death	-	-	8	10	8	8	5	5	9	8	8	9	1	8
Degree of harm: medication related	-	-	144	145	115	139	149	153	162	172	173	150	127	152
VTE risk assessments	95%	95%	98.6%	98.3%	98.5%	98.7%	98.3%	98.3%	98.3%	98.4%	98.6%	98.5%	97.9%	98.3%
Never Events	0	0	1	1	0	0	0	0	0	0	0	0	1	0

Drug Administration	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Insulin Errors	-	-	9	10	10	13	9	8	8	4	6	12	11	10
Omitted Critical Medicines	-	-	8	15	17	15	17	18	18	16	13	9	6	16
Prescribing Errors	-	-	37	43	33	30	28	26	51	33	35	28	31	32
Preparation and Dispensing Errors	-	-	11	14	9	22	34	18	12	15	13	21	16	26
Administrating and Supply Errors	-	-	64	57	42	60	48	63	56	86	75	65	47	54

Safety Thermometer	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
% Harm Free Care - York	-	-	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%	96.3%	97.0%	96.3%	95.5%	96.9%
% Harm Free Care - Scarborough	-	-	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%	92.6%	92.7%	91.9%	92.8%	94.9%
% Harm Free Care - Community	-	-	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%	91.7%	94.4%	87.5%	95.7%	96.4%
% Harm Free Care - District Nurses	-	-	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%	95.1%	95.7%	94.5%	94.9%	97.9%

Mortality Information	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16
Summary Hospital Level Mortality Indicator (SHMI)	100	100	102	103	101	101	99	99	99	100	99	98	97

Infection Prevention	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Clostridium Difficile - meeting the C.Diff objective			3	2	1	3	2	8	10	5	5	2	2	5
CDIFF Cumulative Threshold	48 (year)	48 (year)	11	14	17	22	27	35	40	45	48	4	8	12
Clostridium Difficile -meeting the C.Diff objective - cumulative			10	12	13	16	18	26	36	41	46	2	4	9
MRSA - meeting the MRSA objective	0	0	0	2	0	2	0	1	0	0	0	0	1	0
MSSA	30	2	2	5	0	8	4	5	5	5	5	3	3	7
MSSA - cumulative			15	20	20	28	32	37	42	47	52	3	6	13
ECOLI			8	14	10	4	5	5	9	8	5	6	8	9
ECOLI - cumulative			25	39	49	53	58	63	72	80	85	6	14	23
MRSA Screening - Elective	95%	95%	89.9%	83.7%	85.0%	89.8%	86.3%	84.7%	87.7%	88.5%	87.9%	90.1%	84.7%	88.3%
MRSA Screening - Non Elective	95%	95%	86.6%	86.7%	86.4%	86.0%	85.9%	84.8%	86.0%	86.6%	87.4%	87.4%	84.3%	85.4%

Stroke (one month behind due to coding)	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Proportion of patients spending >90% on their time on stroke unit	80%	80%	82.9%	88.3%	93.6%	90.6%	87.1%	89.5%	90.5%	89.7%	83.7%	85.4%	89.4%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	79.0%	73.7%	73.9%	92.6%	64.7%	90.5%	95.2%	n/a	n/a	87.5%	83.3%	1 month behind
Scanned within 1 hour of arrival	50%	50%	60.0%	54.2%	63.6%	75.0%	68.0%	79.0%	60.0%	55.6%	69.2%	52.6%	43.8%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	92.9%	93.5%	92.5%	96.5%	96.3%	93.6%	91.9%	94.0%	89.9%	87.9%	89.2%	1 month behind
Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	1 month behind

AMTS	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
AMTS Screening	90.0%	90.0%	92.5%	85.4%	86.5%	91.2%	87.8%	87.8%	90.1%	88.3%	88.9%	86.7%	79.3%	85.1%

Patient Experience
(Patient Experience Team)

Friend and Family Test (FFT) Latest Results – May 2017

The Trust continues to achieve well above the 90% Trust target and above national averages for Friends and Family Test satisfaction scores for inpatients and maternity. The Emergency Department satisfaction score for May was 85% compared to a national average of 87%. Narrative comments show that the most frequent source of dissatisfaction is waiting times.

Friends and Family Test inpatient and ED response rates for the Trust have dropped. This is linked to low ED response rates at both sites and low response rates for a number of wards at Scarborough Hospital. The Patient Experience Team continue to work with the Assistant Directors of Nursing and Matrons for these areas to promote improvement.

Complaints

Timeliness of complaint responses: current figures show that the caseload of open complaints remains relatively steady, but the number of complaints over 33 days has risen significantly. Escalation reports are provided to the Chief Nurse Team to support each directorate's performance assurance meeting.

Measures of Harm

No Never Events were declared in June 2017.

19 Serious Incidents were declared; 9 at York, 5 at Scarborough, 1 at Bridlington and 4 in Community.
11 of the SIs were attributed to 'Clinical Incidents', none were attributed to 'Slips, Trips and Falls', and 8 were attributed to Pressure Ulcers.

Infection Prevention

The Trust reported no cases of MRSA in June. This remains a zero tolerance measure in 2017/18.

In June 2017 the Trust reported 5 cases of CDIFF; 4 at Scarborough and 1 in York. The yearly threshold for 2017/18 remains at 48, monthly allocation allows for 4 cases.

7 cases of MSSA were reported in June. 4 cases were reported at York and 3 at Scarborough.

9 cases of ECOLI were reported in June. 4 cases were reported at York, 3 at Scarborough and 2 in Community.

Quality and Safety - Miscellaneous

Stroke (reported 1 month behind due to coding)
In May the Trust achieved target for the proportion of patients spending > 90% of their time on a stroke unit and the High Risk TIA target. The Trust failed to achieve target for the proportion of urgent scans within 1 hour and patients scanned within 24 hours.

Cancelled Operations
57 operations were cancelled within 48 hours of the TCI date in June. This is a significant increase from June 2016 when only 3 operations were cancelled.

Cancelled Clinics/Outpatient Appointments
147 clinics were cancelled with less than 14 days notice; this is a 16.9% decrease on June 2016. 942 outpatient hospital appointments were cancelled for non clinical reasons which was a 7.3% increase on June 2016.

Ward Transfers between 10pm and 6am
60 ward transfers between 10pm and 6am were reported in June 2017 (Scarborough - 18, York - 42). This figure is lower than June 2016 when the Trust reported 81 transfers; a decrease of 25.9%.

AMTS
The Trust failed to achieve the 90% target for AMTS screening in June, performance was 85.1%. The Trust has failed to achieve the target in 9 months of the last 12.

Care of the Deteriorating Patient

Targets were achieved across both sites for the proportion of Medicine and Elderly patients receiving a senior review within 14 hours in June. York achieved 91% against the 82% target for Q1 and Scarborough achieved 79% against the 52% target for Q1.

89.2% of patients had their NEWS scores completed within 1 hour in June against the Trust's internal target of 90%. Scarborough continue to consistently achieve target with performance of 93.2% in June, York achieved 86.8%.

86% of Elective patients had their Expected Date of Discharge recorded within 24 hours of admission across the Trust in June. The target of 93% was therefore not achieved.

Drug Administration

10 insulin errors were reported in June, including 2 for York and 8 for Scarborough.

32 prescribing errors were reported across the Trust in June, 68.8% were attributed to York.

The number of dispensing errors at York have seen a continued improvement since the spike in October and November 2016, however numbers remain up in comparison to April - September 2016. Scarborough and Community figures are comparable with previous months.

Mortality

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

155 inpatient deaths were reported across the Trust in June; 90 were reported at York and 52 were reported at Scarborough.

14 deaths in ED were reported in June; 7 at York and 7 at Scarborough.

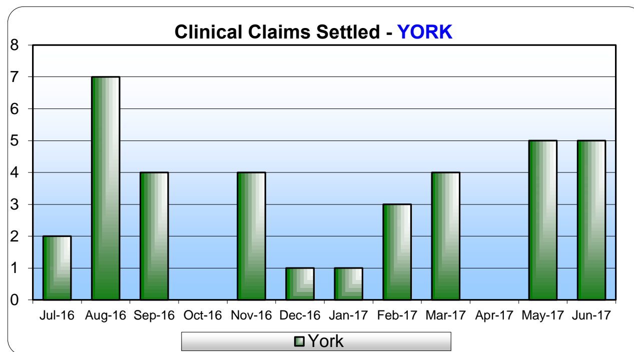
CQUINS update (Operations Team)

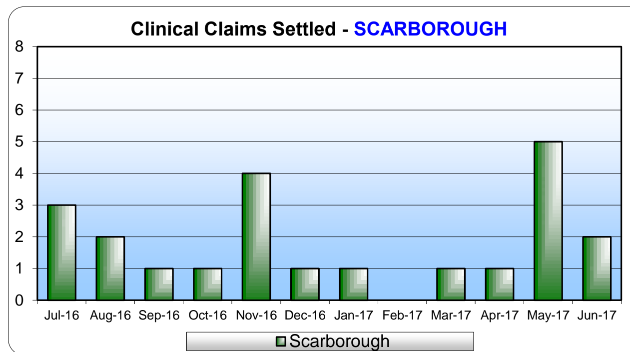
The Trust is currently collating evidence reports to show compliance against 2017/18 Q1 CQUINs, it is envisaged that all CQUINs will be achieved for Q1 bar Timely identification & treatment of patients with sepsis in emergency departments and acute inpatient settings which it is believed will attract partial payment.

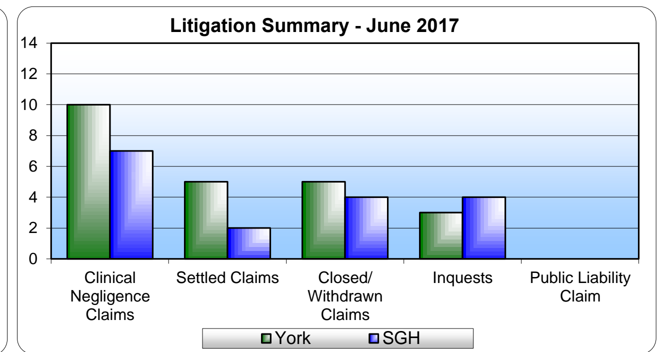
York Teaching Hospital NHS
NHS Foundation Trust

Litigation

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







Patient Experience

PALS Contacts
There were 280 PALS contacts in June.

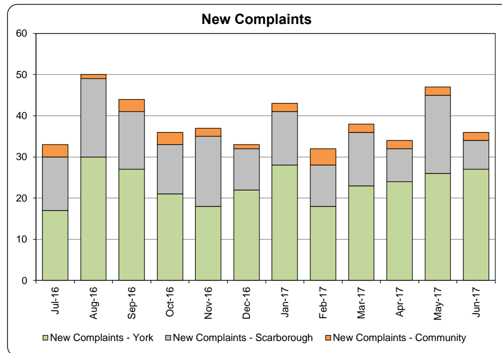
Complaints
There were 36 complaints in June; 27 were attributed to York, 7 to Scarborough and 2 to Community.

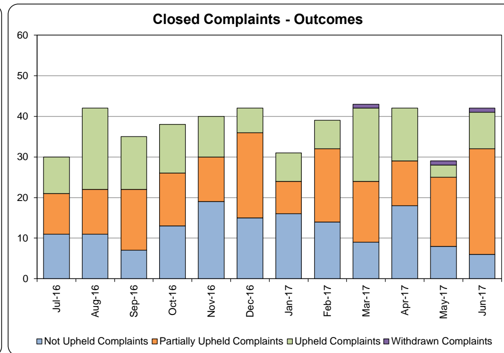
New Ombudsman Cases
There was 1 New Ombudsman Case in June; attributed to Scarborough.

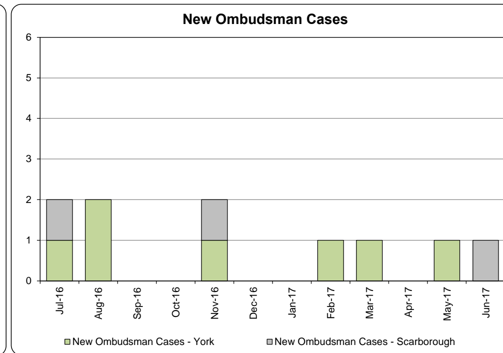
Compliments
914 compliments were received in June 2017, the highest number received since January 2017 (673). Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included.

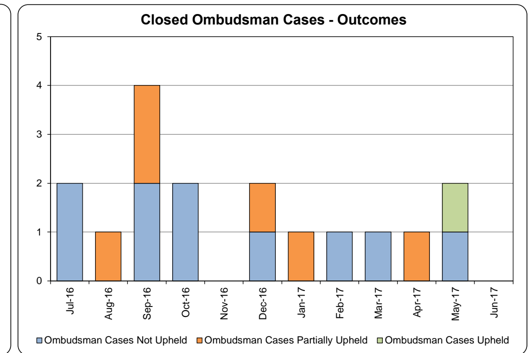
Patient Experience

Jul-17



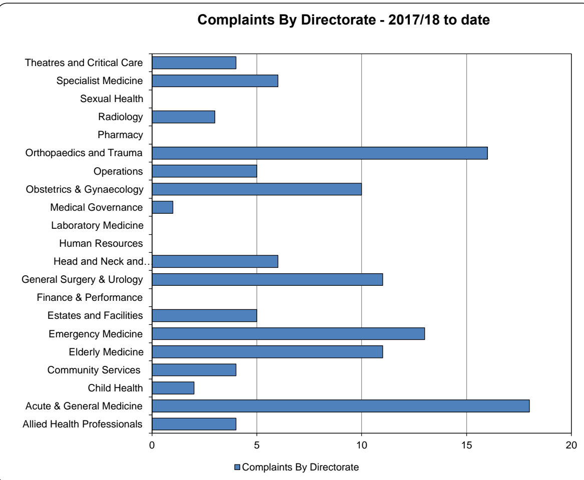






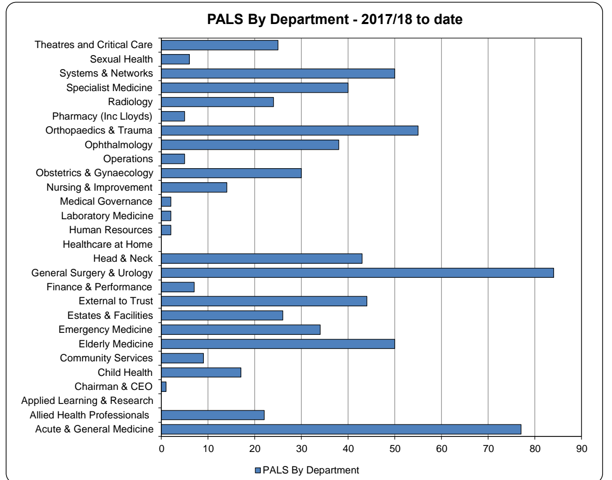
Complaints By Subject	Jun-17	YTD
Access to treatment or drugs	0	1
Admissions, Discharge and Transfer Arrangements	4	20
All aspects of Clinical Treatment	21	81
Appointments, Delay/Cancellation	8	18
Commissioning	0	0
Comms/info to patients (written and oral)	17	34
Complaints Handling	0	0
Consent	1	2
End of Life Care	0	0
Facilities	1	8
Mortuary	0	0
Others	0	0
Patient Care	18	43
Patient Concerns	0	2
Prescribing	2	10
Privacy and Dignity	1	7
Restraint	0	1
Staff Numbers	0	1
Transport	0	0
Trust Admin/Policies/Procedures	1	7
Values and Behaviours (Staff)	12	32
Waiting times	0	1
TOTAL	**86**	**268**

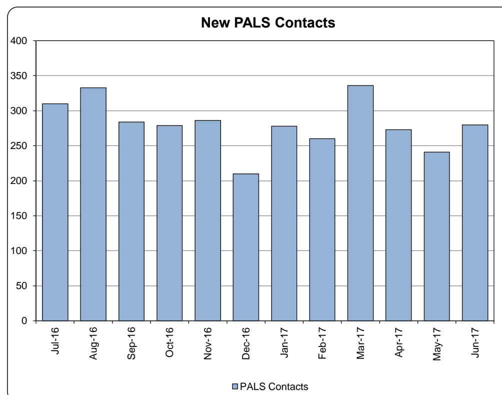
Due to new reporting the number of complaints/PALs contacts by subject is greater than the total number of complaints because each subject within the complaint can be identified as opposed to just the one deemed to be the 'primary'.

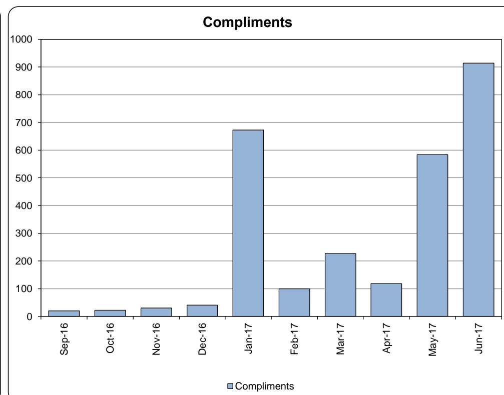


PALS By Subject	Jun-17	YTD
Access to Treatment or Drugs	15	33
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	10	41
Appointments	55	165
Clinical Treatment	18	61
Commissioning	0	2
Communication	87	205
Consent	0	1
End of Life Care	1	2
Facilities	4	21
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	0	0
Patient Care	9	32
Patient Concerns	9	35
Prescribing	5	15
Privacy, Dignity & Respect	3	10
Staff Numbers	0	0
Transport	2	5
Trust Admin/Policies/Procedures Inc. pt. record management	13	34
Values and Behaviours (Staff)	34	87
Waiting Times	15	**45**
Total	**280**	**794**

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

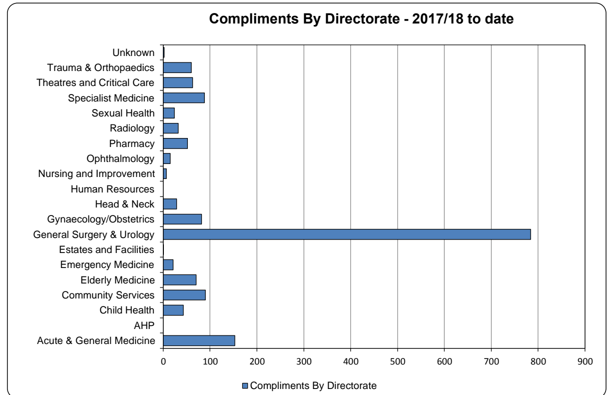






Compliments By Directorate	Jun-17	YTD
Acute & General Medicine	107	153
AHP	0	0
Child Health	43	43
Community Services	41	90
Elderly Medicine	50	70
Emergency Medicine	5	21
Estates and Facilities	1	1
General Surgery & Urology	469	784
Gynaecology/Obstetrics	14	82
Head & Neck	7	29
Human Resources	0	0
Nursing and Improvement	5	7
Ophthalmology	1	15
Pharmacy	39	52
Radiology	28	32
Sexual Health	0	24
Specialist Medicine	37	88
Theatres and Critical Care	55	63
Trauma & Orthopaedics	12	60
Unknown	0	2
Total	**914**	**1616**

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



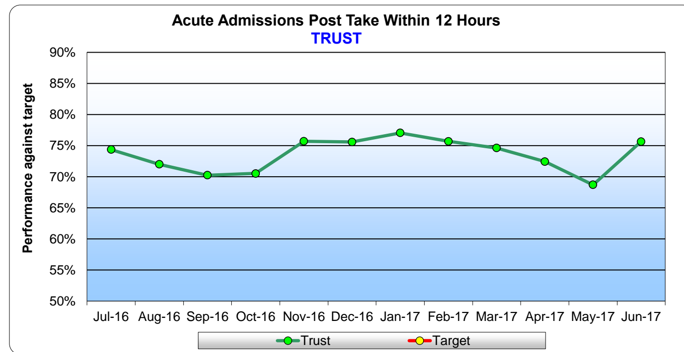
Our ultimate objective To be trusted to deliver safe, effective and sustainable healthcare within our communities.

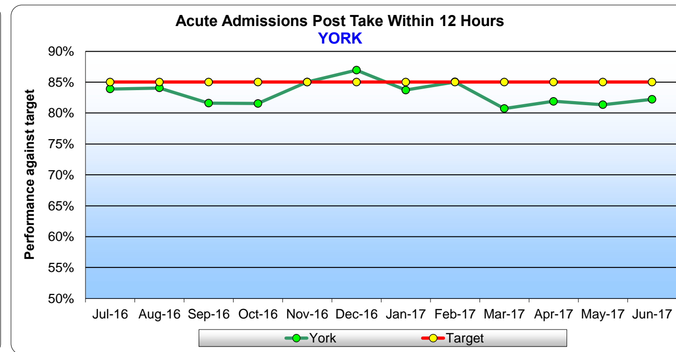
Please note: scales on graphs may be different.

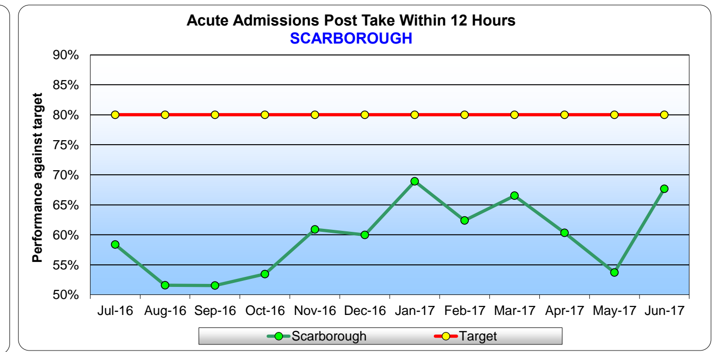
York Teaching Hospital NHS
NHS Foundation Trust

Quality and Safety: Care of the Deteriorating Patient

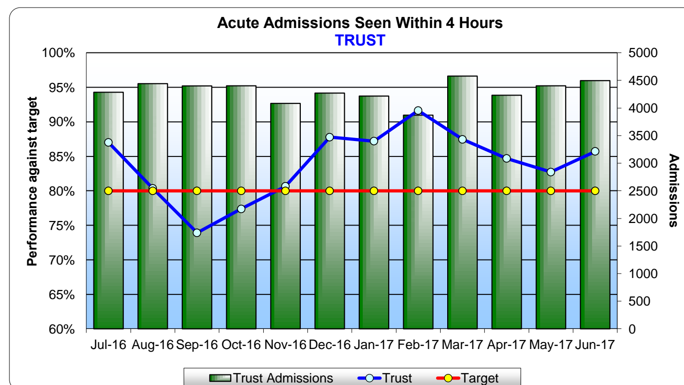
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	60%	54%	58%	66%	60%	54%	68%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	87%	83%	84%	83%	82%	81%	82%

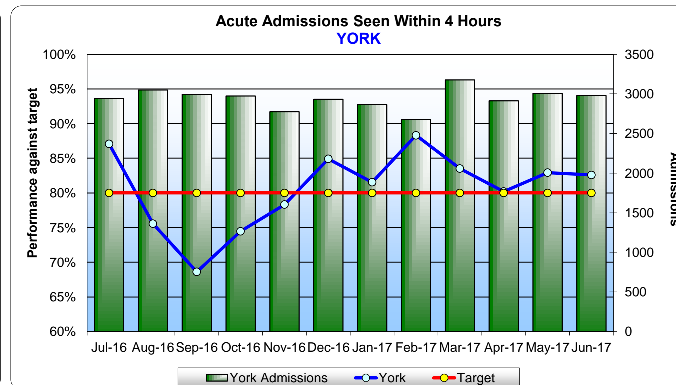


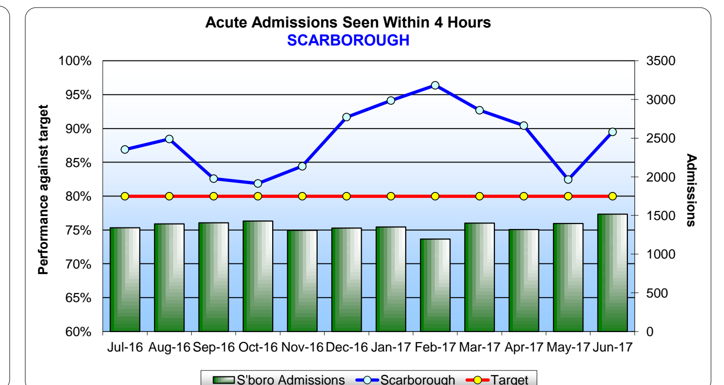




Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	83.8%	80.4%	81.7%	88.7%	84.7%	82.7%	85.7%



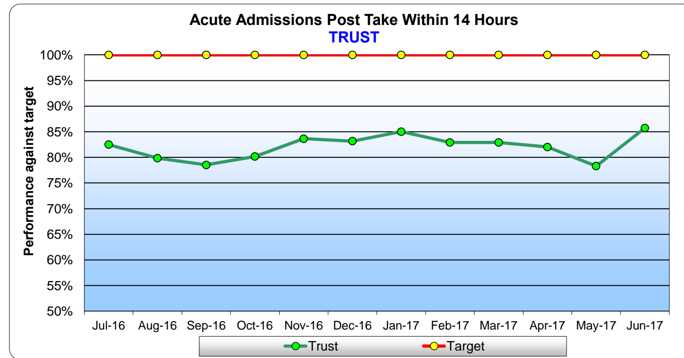


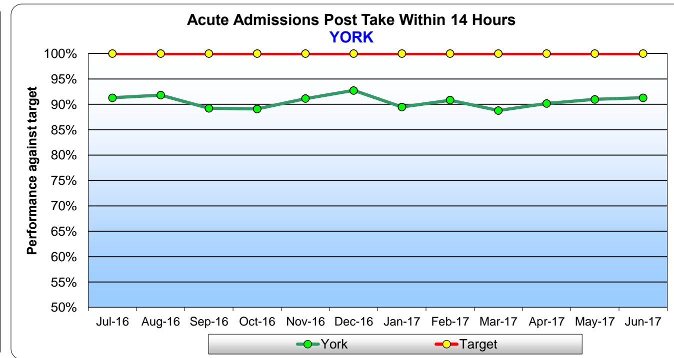


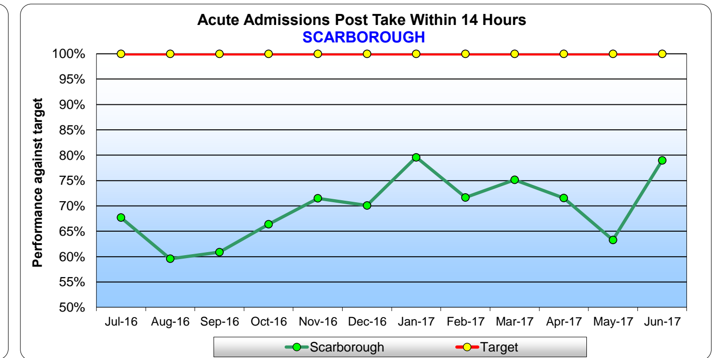
York Teaching Hospital NHS Foundation Trust

Quality and Safety: Care of the Deteriorating Patient

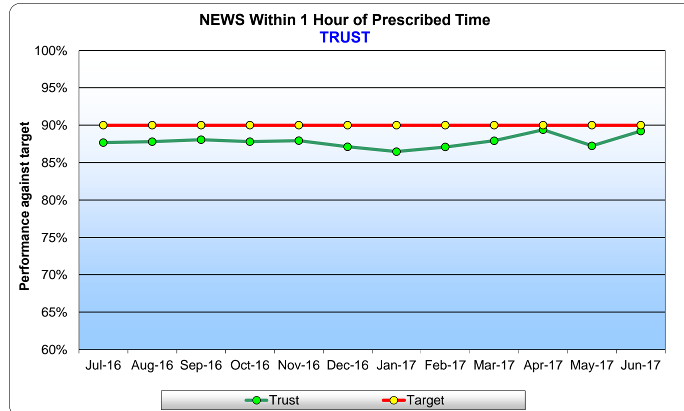
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI		83.9%	80.3%	82.2%	83.6%	82.0%	78.3%	85.7%

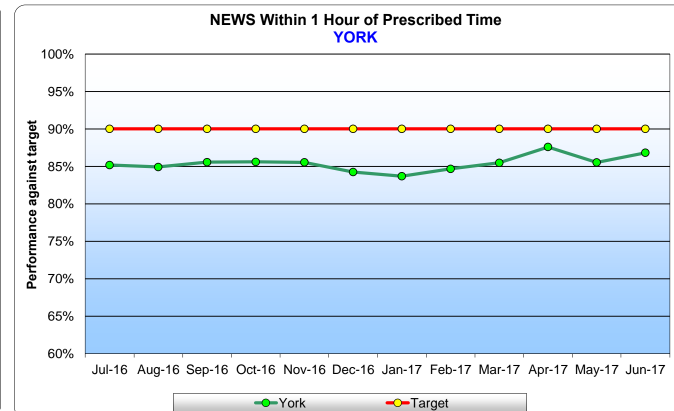


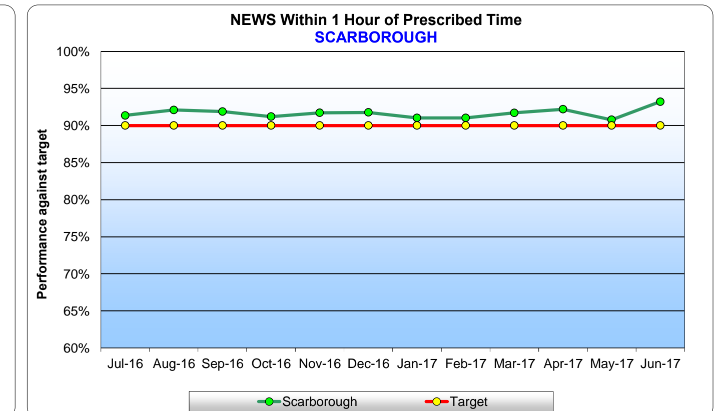




Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
NEWS within 1 hour of prescribed time	None - Monitoring Only		87.3%	87.9%	87.6%	87.2%	89.4%	87.2%	89.2%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 19 SIs reported in June; York 9, Scarborough 5, Bridlington 1 & Community 4.
Clinical Incidents: 11; York 6, Scarborough 4, Bridlington 1
Slips Trips & Falls: None reported for June
Pressure Ulcers: 8; Community 4, York 3, Scarborough 1.

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During June there were 106 reports of patients falling at York Hospital, 93 patients at Scarborough and 29 patients within the Community Services (228 in total).

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during June was 1,204; 647 incidents were reported on the York site, 423 on the Scarborough site and 134 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 746 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During June 55 pressure ulcers were reported to have developed on patients since admission to York Hospital, 30 pressure ulcers were reported to have developed on patients since admission to Scarborough and 28 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

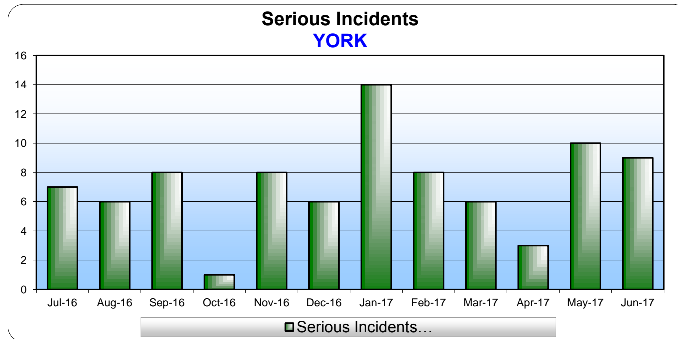
Degree of Harm: Serious/Severe or Death (source: Datix)
During June 8 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

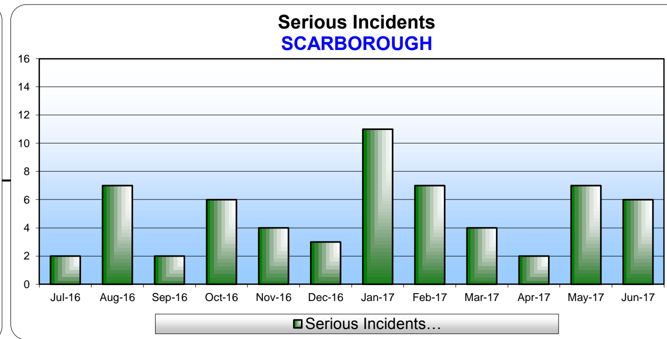
Medication Related Issues (source: Datix)
During June there were a total of 152 medication related incidents reported although this figure may change following validation.

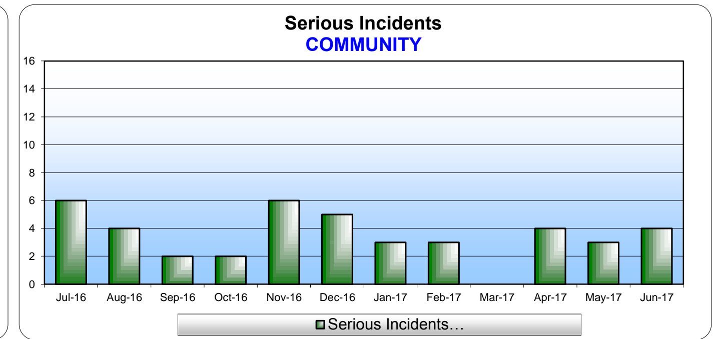
Never Events – No Never Events were declared during June.

Measures of Harm

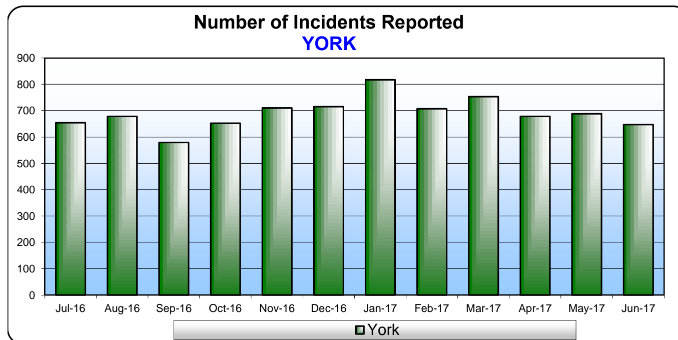
Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Serious Incidents source: Risk and Legal	York	7	6	8	1	8	6	14	8	6	3	10	9
	Scarborough	2	7	2	6	4	3	11	7	4	2	7	6
	Community	6	4	2	2	6	5	3	3	0	4	3	4
Serious Incidents Delogged source: Risk and Legal (Trust)		0	0	0	0	0	0	0	0	0	0	0	0

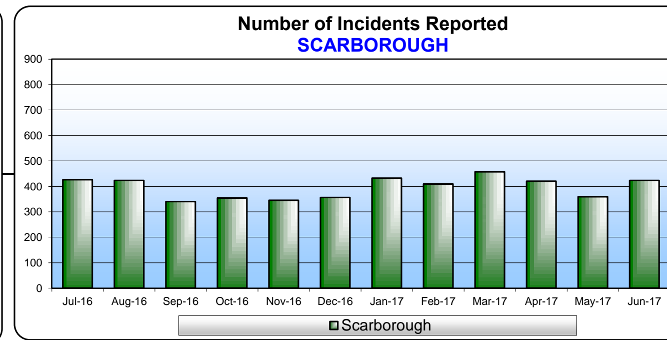


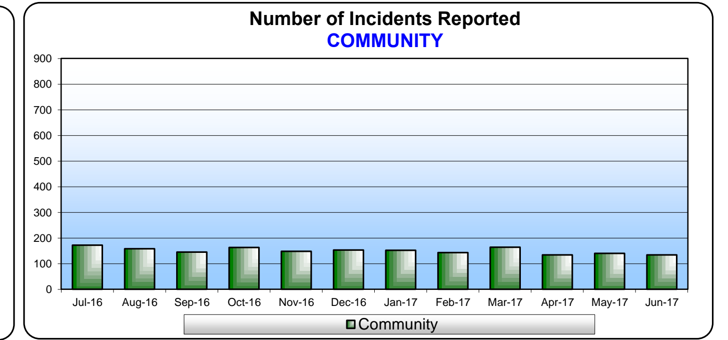




Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Number of Incidents Reported source: Risk and Legal	York	654	678	579	652	710	715	817	707	753	678	688	647
	Scarborough	426	423	340	354	345	356	432	409	457	420	359	423
	Community	172	158	145	163	148	153	152	143	164	134	140	134
Number of Incidents Awaiting sign off at Directorate level		686	763	813	752	670	768	963	1059	1129	828	698	746

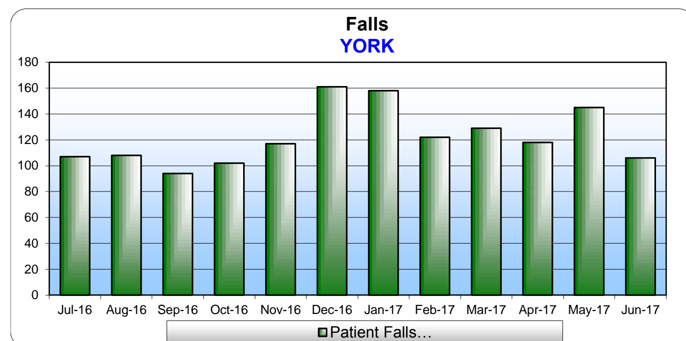


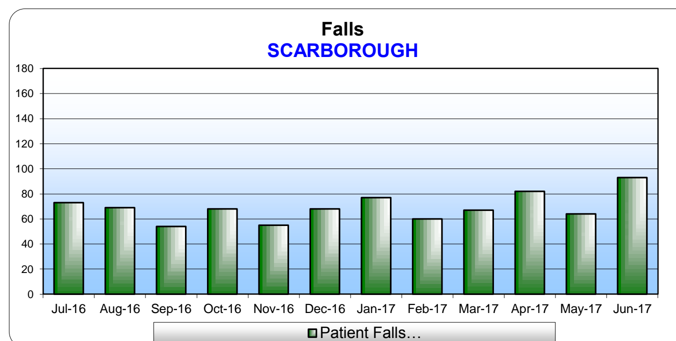


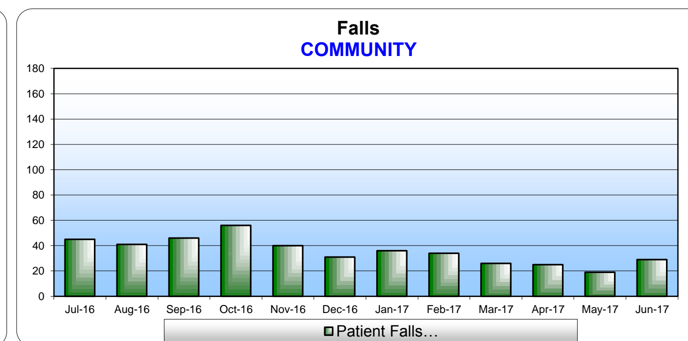


Measures of Harm

Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Patient Falls source: DATIX	York	107	108	94	102	117	161	158	122	129	118	145	106
	Scarborough	73	69	54	68	55	68	77	60	67	82	64	93
	Community	45	41	46	56	40	31	36	34	26	25	19	29

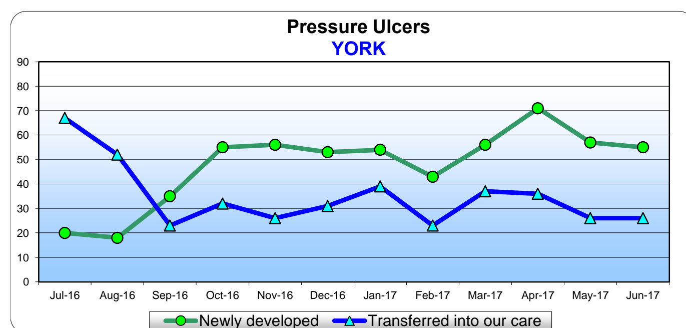


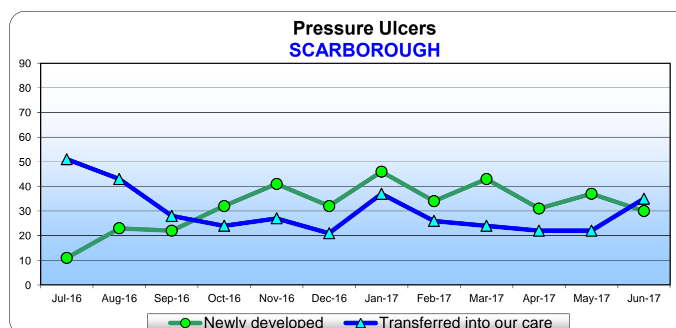


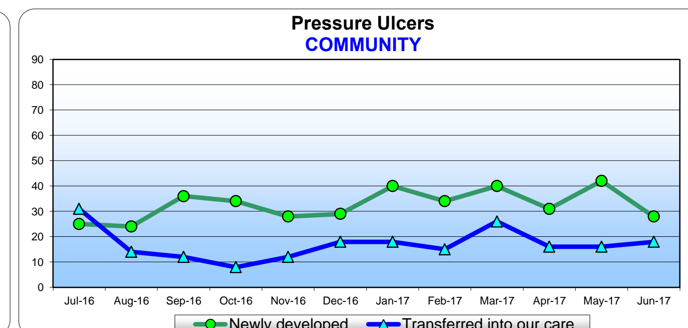


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.
Increases in December and January reflect the increase in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

Indicator			Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Pressure Ulcers source: DATIX	York	Newly developed	20	18	35	55	56	53	54	43	56	71	57	55
		Transferred into our care	67	52	23	32	26	31	39	23	37	36	26	26
	Scarborough	Newly developed	11	23	22	32	41	32	46	34	43	31	37	30
		Transferred into our care	51	43	28	24	27	21	37	26	24	22	22	35
	Community	Newly developed	25	24	36	34	28	29	40	34	40	31	42	28
		Transferred into our care	31	14	12	8	12	18	18	15	26	16	16	18



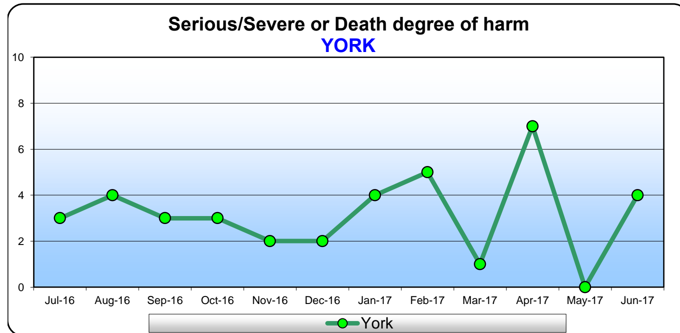


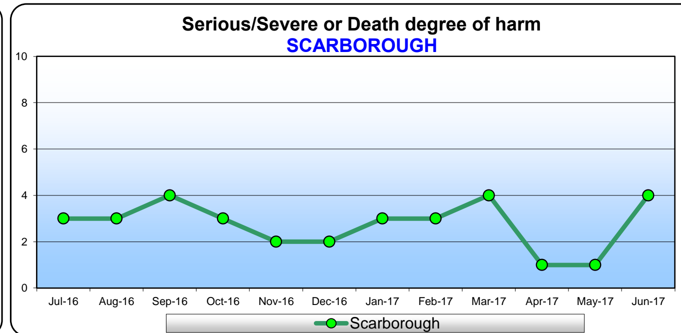


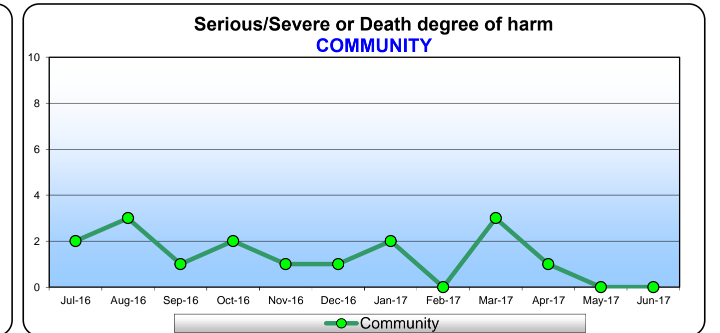
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Degree of harm: serious/severe or death source: Datix	York	3	4	3	3	2	2	4	5	1	7	0	4
	Scarborough	3	3	4	3	2	2	3	3	4	1	1	4
	Community	2	3	1	2	1	1	2	0	3	1	0	0

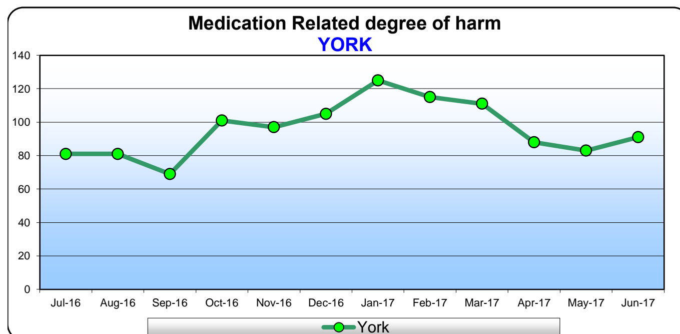


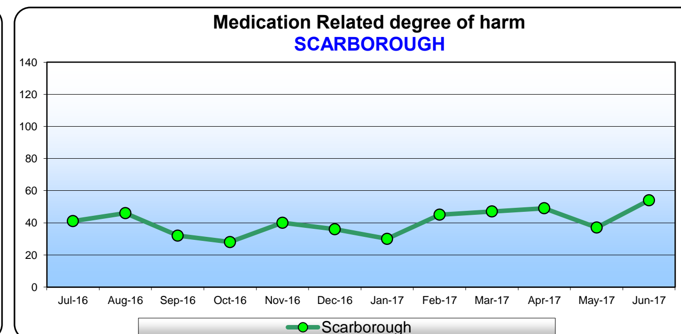


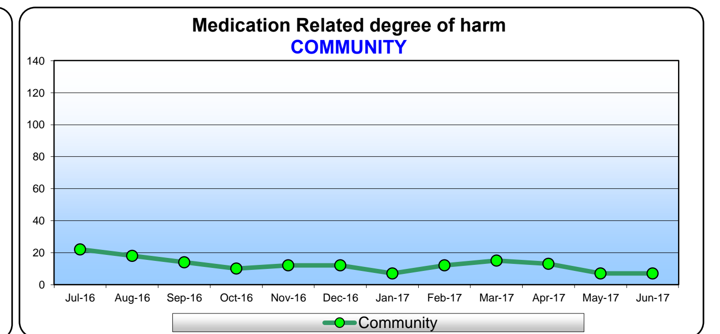


Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Degree of harm: Medication Related Issues source: Datix	York	81	81	69	101	97	105	125	115	111	88	83	91
	Scarborough	41	46	32	28	40	36	30	45	47	49	37	54
	Community	22	18	14	10	12	12	7	12	15	13	7	7

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

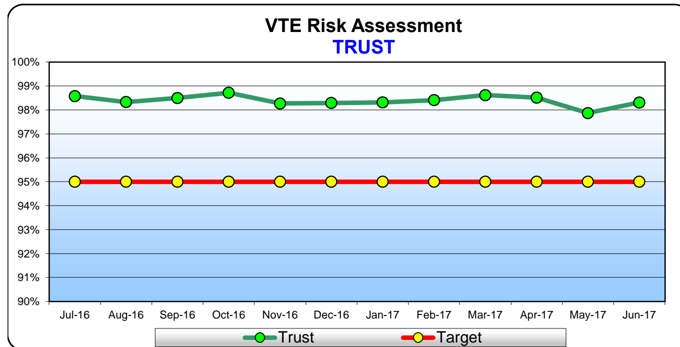


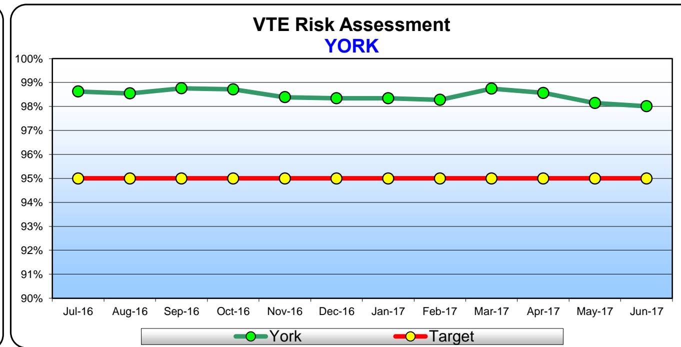


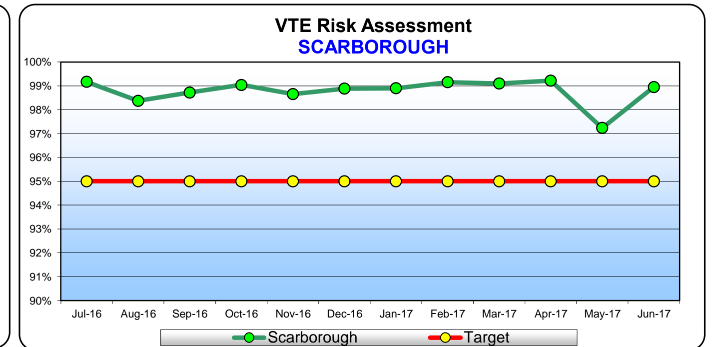


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Trust	95%	98.7%	98.5%	98.4%	98.5%	98.5%	97.9%	98.3%
		York	95%	98.9%	98.7%	98.5%	98.5%	98.6%	98.2%	98.0%
		Scarborough	95%	98.9%	98.8%	98.9%	99.1%	99.2%	97.2%	98.9%







York Teaching Hospital NHS
NHS Foundation Trust

Never Events

Indicator	Consequence of Breach	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
SURGICAL									
Wrong site surgery	As below	>0	2	1	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	1	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	1	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	0	0	0	0	0	0
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>0	0	0	0	0	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Entrapment in bedrails		>0	0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0	0
Severe scalding of Service Users		>0	0	0	0	0	0	0	0
MATERNITY									
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0	0

Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during June indicated 2.42% for York and 2.26% for Scarborough.

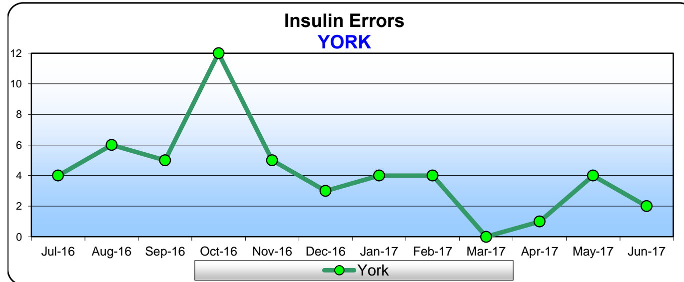
Prescribing Errors
There were 32 prescribing related errors in June; 22 from York, 9 from Scarborough and 1 from Community.

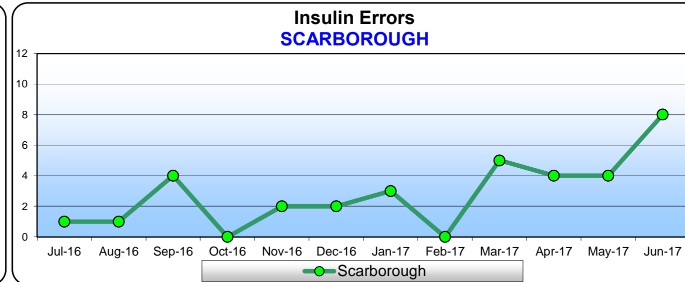
Preparation and Dispensing Errors
There were 26 preparation/dispensing errors in June; 16 from York, and 9 from Scarborough and 1 from Community.

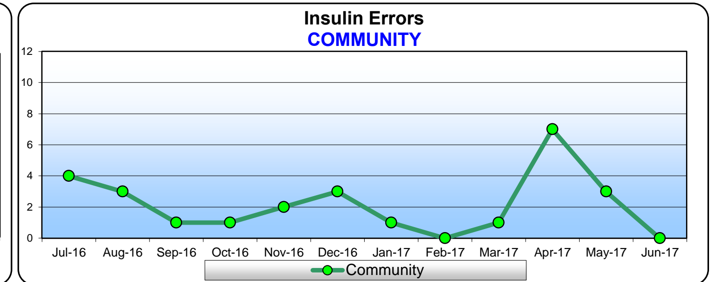
Administrating and Supply Errors
There were 54 administrating/supplying errors in June; 32 were from York, 17 from Scarborough and 5 from Community. Audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December .

Drug Administration

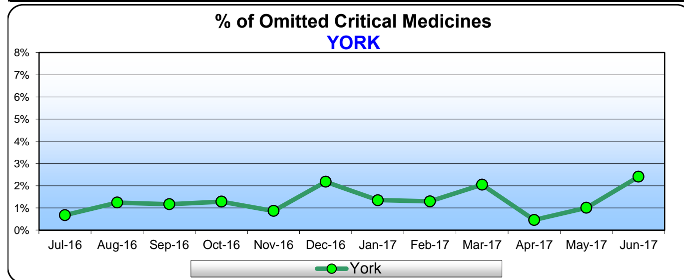
Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Insulin Errors source: Datix	York	4	6	5	12	5	3	4	4	0	1	4	2
	Scarborough	1	1	4	0	2	2	3	0	5	4	4	8
	Community	4	3	1	1	2	3	1	0	1	7	3	0

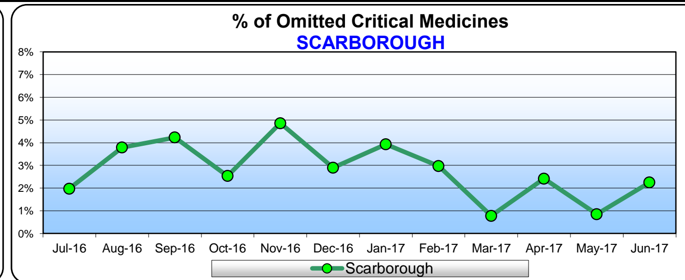


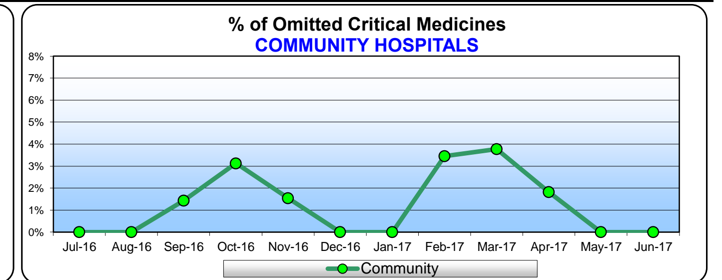




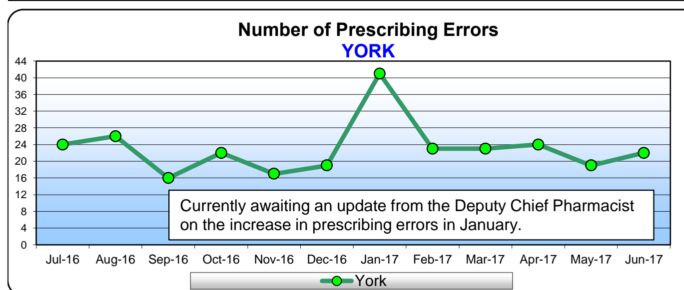
Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Number of Omitted Critical Medicines source: Datix	York	3	5	5	6	4	10	7	6	9	2	4	10
	Scarborough	5	10	11	7	12	8	11	8	2	6	2	6
	Community Hospitals	0	0	1	2	1	0	0	2	2	1	0	0

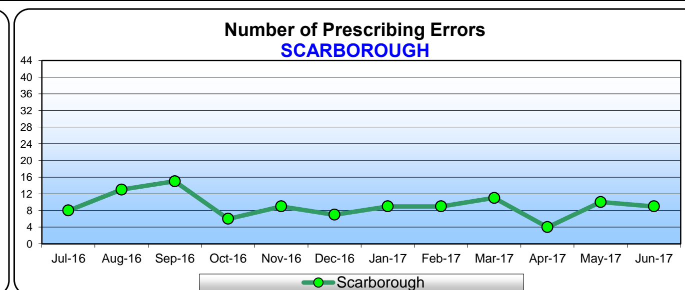


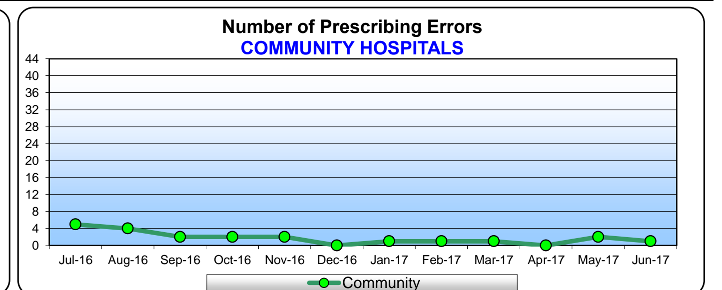




Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Number of Prescribing Errors source: Datix	York	24	26	16	22	17	19	41	23	23	24	19	22
	Scarborough	8	13	15	6	9	7	9	9	11	4	10	9
	Community Hospitals	5	4	2	2	2	0	1	1	1	0	2	1

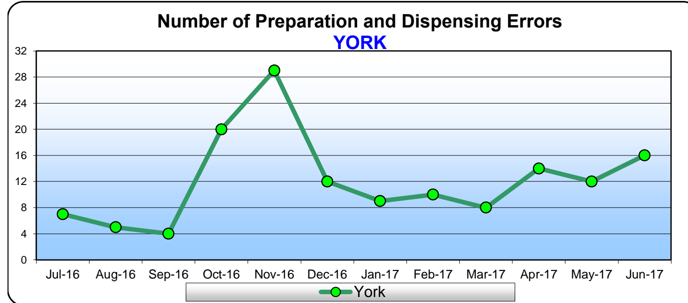


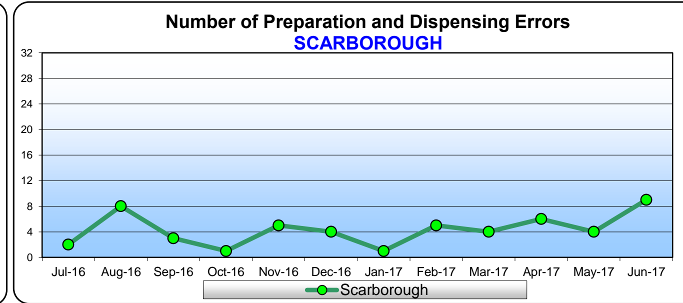


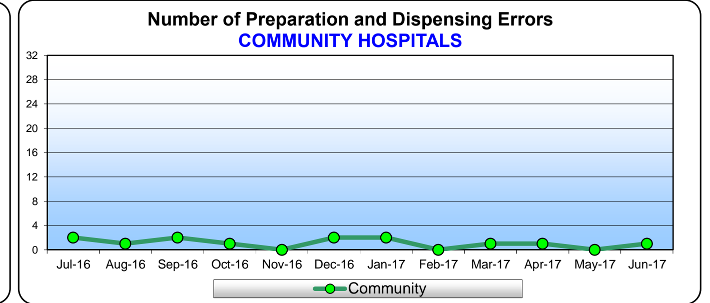


Drug Administration

Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Number of Preparation and Dispensing Errors source: Datix	York	7	5	4	20	29	12	9	10	8	14	12	16
	Scarborough	2	8	3	1	5	4	1	5	4	6	4	9
	Community Hospitals	2	1	2	1	0	2	2	0	1	1	0	1

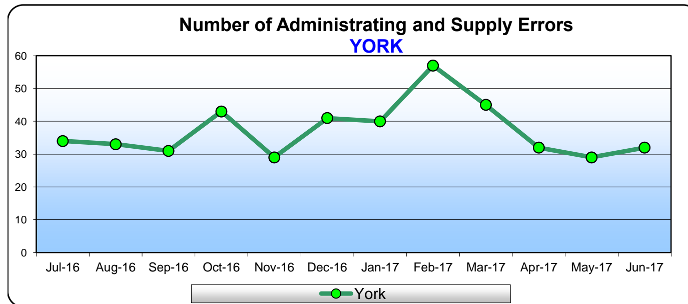


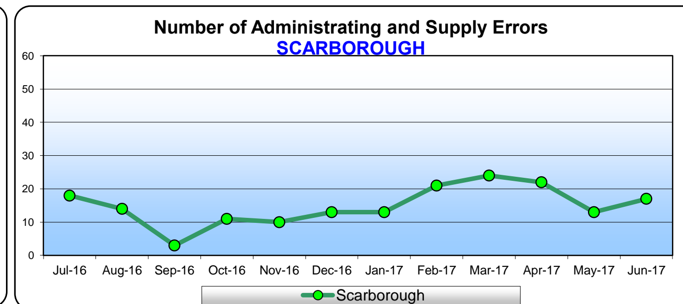


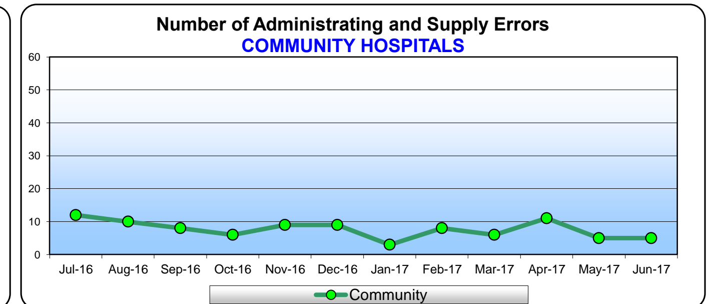


Note re increase in Dispensing Errors - Healthcare at Home have recently experienced a high turnover of staff which has contributed to the increase in errors as the service has mostly been delivered by locums. The vacancies are currently being recruited to and a new manager has been appointed. Trust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

Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Administrating and Supply Errors source: Datix	York	34	33	31	43	29	41	40	57	45	32	29	32
	Scarborough	18	14	3	11	10	13	13	21	24	22	13	17
	Community Hospitals	12	10	8	6	9	9	3	8	6	11	5	5







Note re increase in medication error reporting - audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December onwards.

Measures of Harm: Safety Thermometer

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

Harm Free Care

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

- York: 96.9%
- Scarborough: 94.9%
- Community Hospitals: 96.4%
- Community care: 97.9%

Harm from Catheter Associated Urinary Tract Infection

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

- York: 0.4%
- Scarborough: 2.7%
- Community Hospitals: 0.0%
- Community Care: 0.0%

VTE

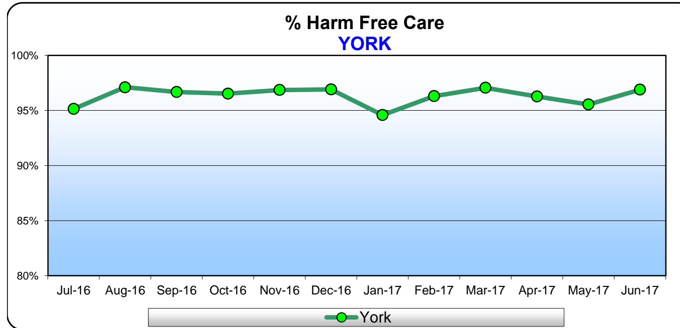
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

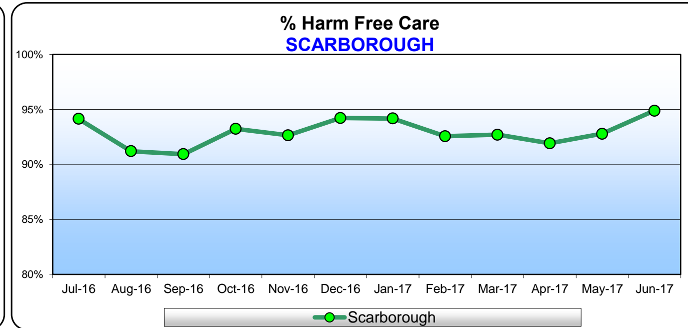
- York: 0.0%
- Scarborough: 0.0%
- Community Hospitals: 1.0%
- Community Care: 0.0%

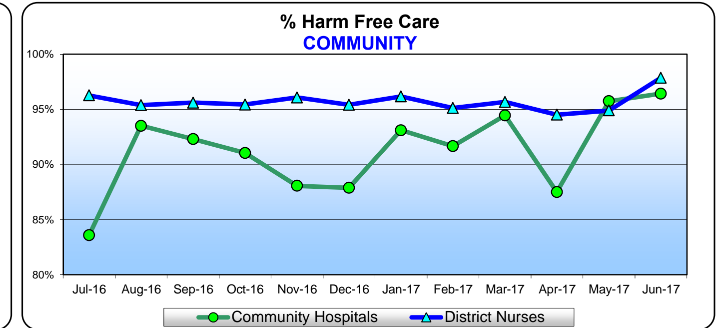
Safety Thermometer

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

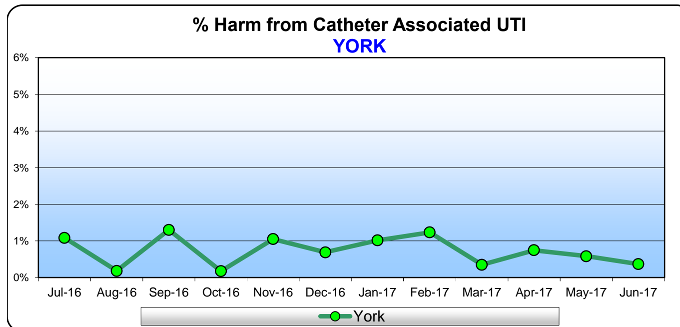
Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
% of Harm Free Care source: Safety Thermometer	York	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%	96.3%	97.0%	96.3%	95.5%	96.9%
	Scarborough	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%	92.6%	92.7%	91.9%	92.8%	94.9%
	Community Hospitals	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%	91.7%	94.4%	87.5%	95.7%	96.4%
	District Nurses	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%	95.1%	95.7%	94.5%	94.9%	97.9%

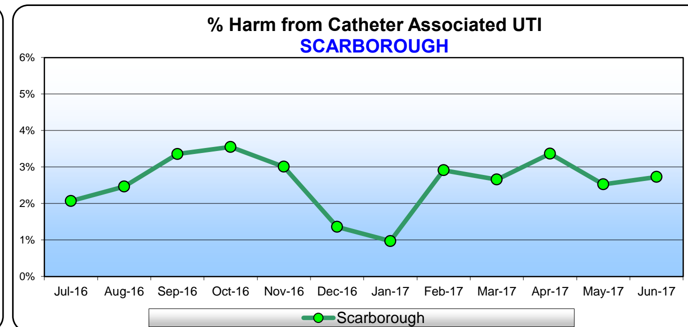


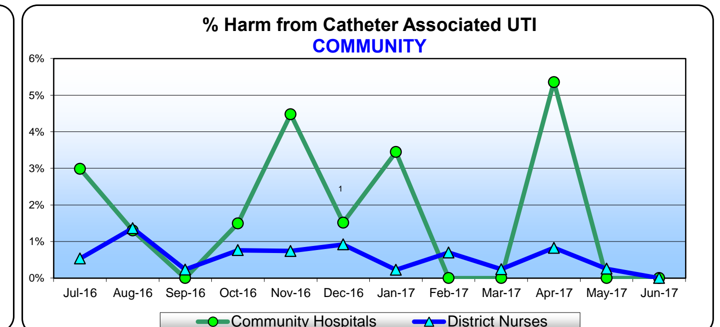




Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.1%	0.2%	1.3%	0.2%	1.1%	0.7%	1.0%	1.2%	0.3%	0.7%	0.6%	0.4%
	Scarborough	2.1%	2.5%	3.4%	3.5%	3.0%	1.4%	1.0%	2.9%	2.7%	3.4%	2.5%	2.7%
	Community Hospitals	3.0%	1.3%	0.0%	1.5%	4.5%	1.5%	3.4%	0.0%	0.0%	5.4%	0.0%	0.0%
	District Nurses	0.5%	1.4%	0.2%	0.8%	0.7%	0.9%	0.2%	0.7%	0.2%	0.8%	0.3%	0.0%





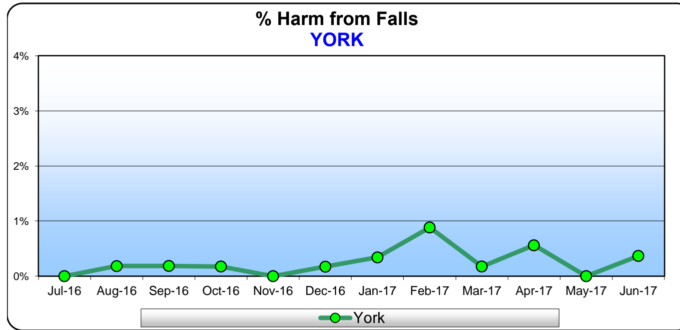


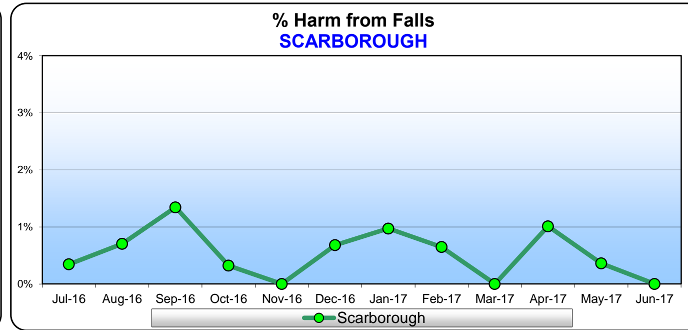
York Teaching Hospital NHS
NHS Foundation Trust

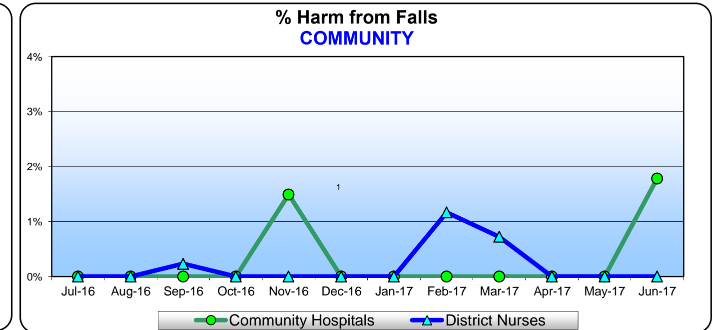
Safety Thermometer

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

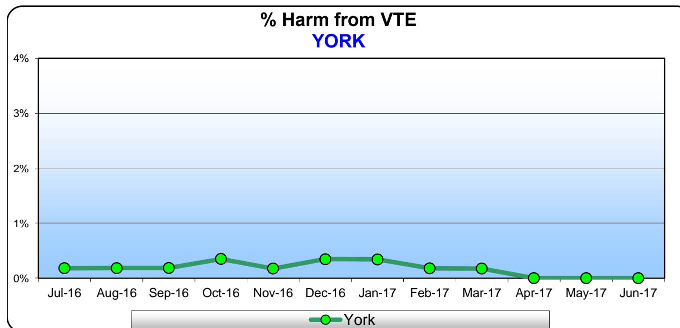
Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
% of Harm from Falls source: Safety Thermometer	York	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%	0.3%	0.9%	0.2%	0.6%	0.0%	0.4%
	Scarborough	0.3%	0.7%	1.3%	0.3%	0.0%	0.7%	1.0%	0.6%	0.0%	1.0%	0.4%	0.0%
	Community Hospitals	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%
	District Nurses	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	1.2%	0.7%	0.0%	0.0%	0.0%

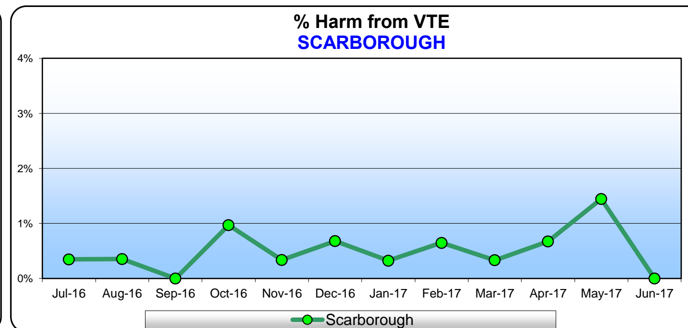


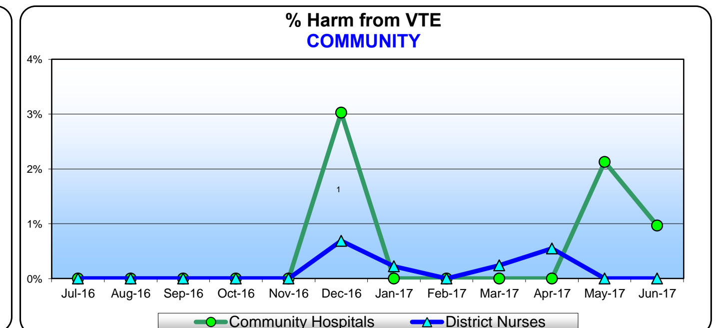




Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
% of VTE source: Safety Thermometer	York	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.0%	0.0%	0.0%
	Scarborough	0.3%	0.4%	0.0%	1.0%	0.3%	0.7%	0.3%	0.6%	0.3%	0.7%	1.4%	0.0%
	Community Hospitals	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%	2.1%	1.0%
	District Nurses	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.2%	0.0%	0.2%	0.5%	0.0%	0.0%



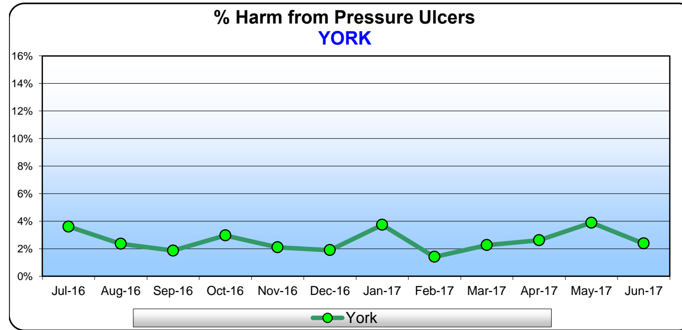


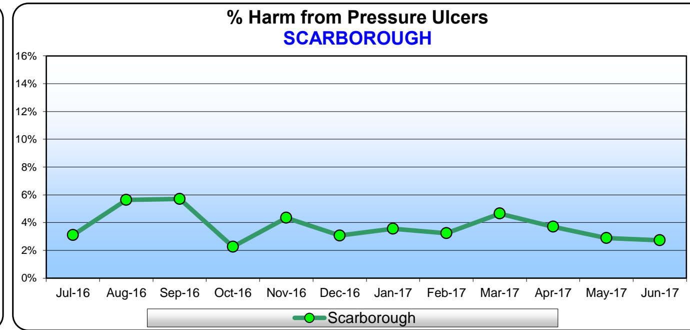


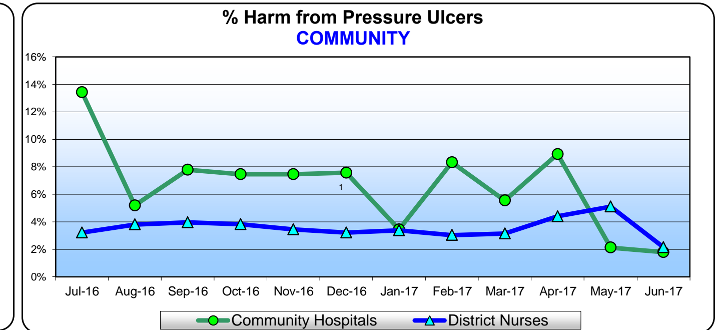
Safety Thermometer

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

Indicator		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
% of Pressure Ulcers source: Safety Thermometer	York	3.6%	2.4%	1.9%	3.0%	2.1%	1.9%	3.7%	1.4%	2.3%	2.6%	3.9%	2.4%
	Scarborough	3.1%	5.6%	5.7%	2.3%	4.3%	3.1%	3.6%	3.2%	4.7%	3.7%	2.9%	2.7%
	Community Hospitals	13.4%	5.2%	7.8%	7.5%	7.5%	7.6%	3.4%	8.3%	5.6%	8.9%	2.1%	1.8%
	District Nurses	3.2%	3.8%	4.0%	3.8%	3.4%	3.2%	3.4%	3.0%	3.1%	4.4%	5.1%	2.1%







Mortality

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

Definition

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

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

Analysis of Performance

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

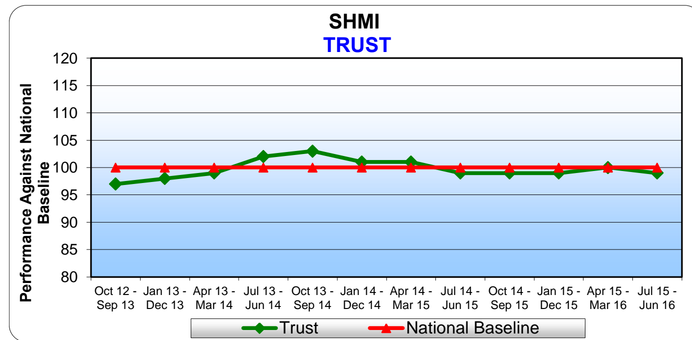
155 inpatient deaths were reported across the Trust in June. 90 deaths were reported at York Hospital, this compares favourably with June 2016 (10.9% decrease). 52 deaths were reported at Scarborough, an increase of 23.8% compared to June 2016; therefore the Trust total compared to June 2016 remains comparable. The Trust saw a total of 13 deaths across the Community sites in June 2017.

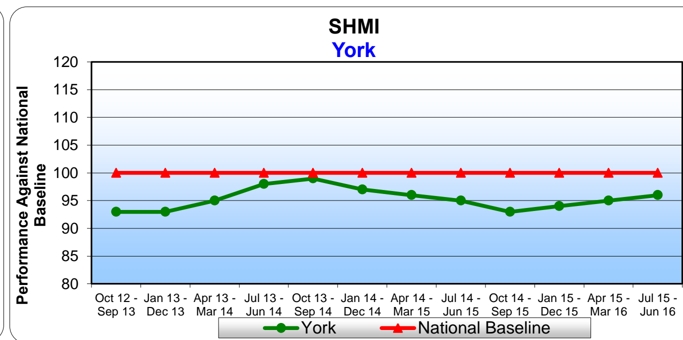
14 deaths in ED were reported in June; 7 at York and 7 at Scarborough. This is comparable with June 2016 (12 deaths in total; 6 at York and 6 at Scarborough).

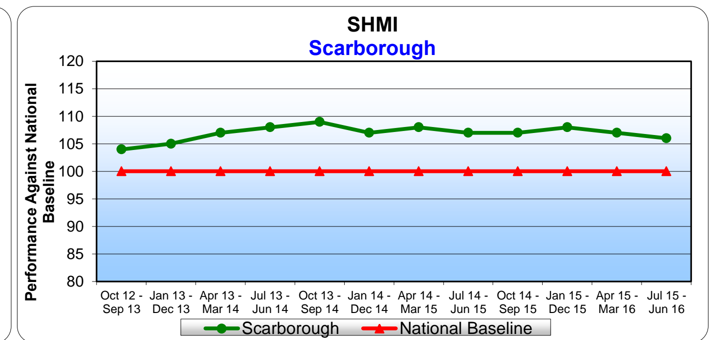
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

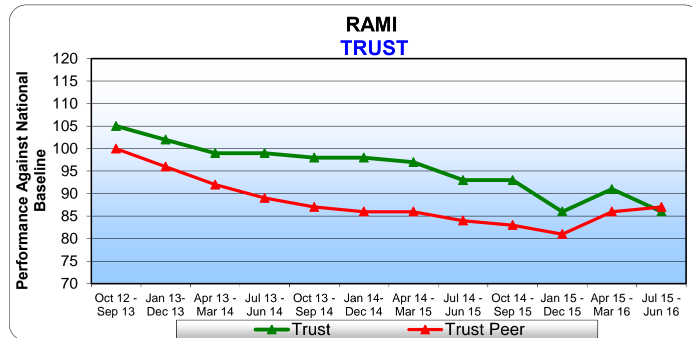
Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	101	101	99	99	99	100	99
Mortality – SHMI (YORK)	**Quarterly:** General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

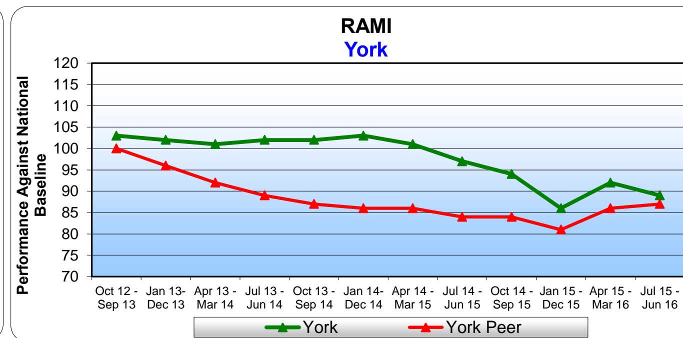


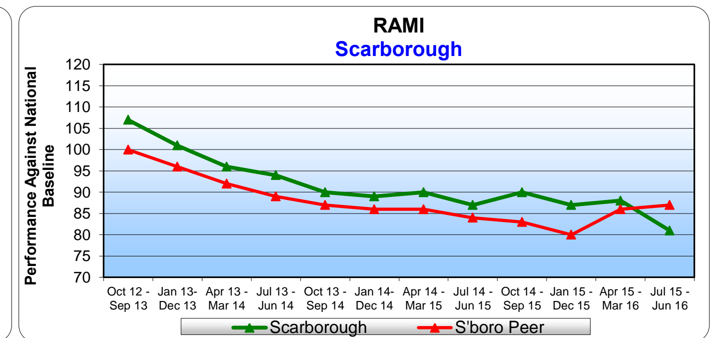




Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – RAMI (TRUST)	**none - monitoring only**	98	97	93	93	86	91	86
Mortality – RAMI (YORK)	**none - monitoring only**	103	101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



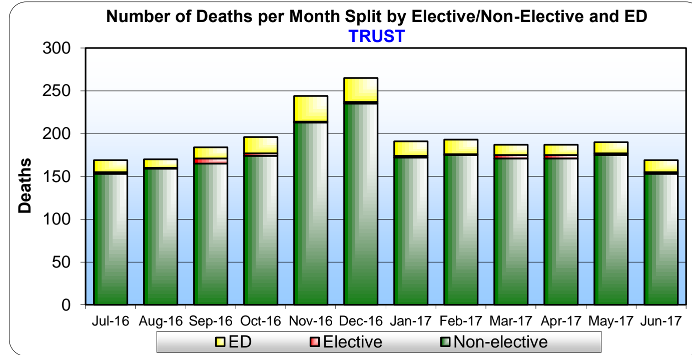


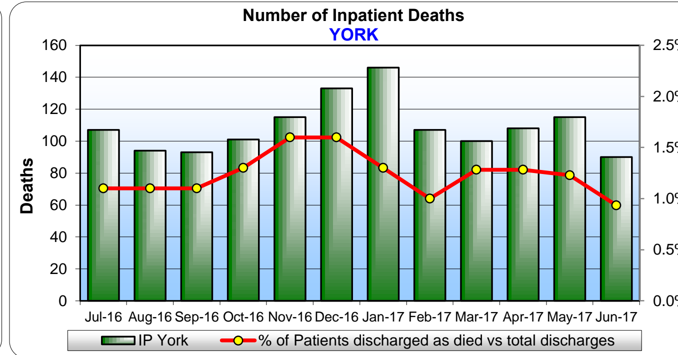


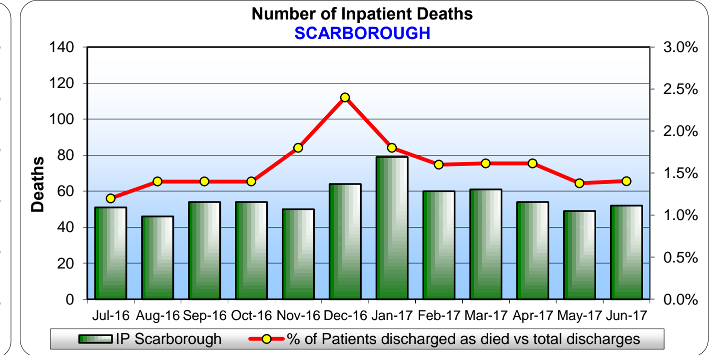
Mortality

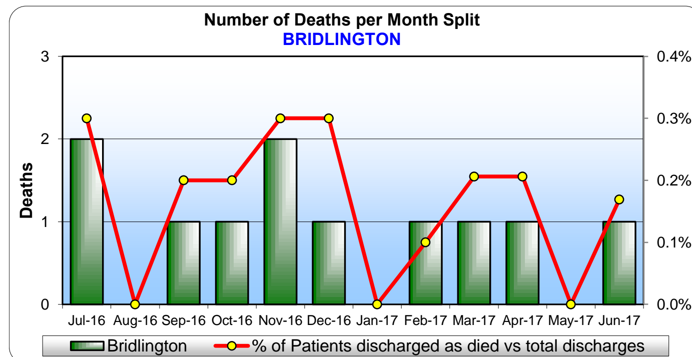
York Teaching Hospital NHS
NHS Foundation Trust

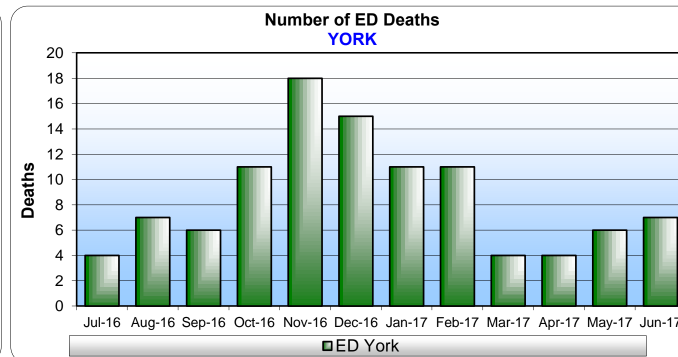
Indicator	Consequence of Breach (Monthly unless specified)	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Number of Inpatient Deaths	None - Monitoring Only	517	489	562	587	175	177	155
Number of ED Deaths	None - Monitoring Only	52	32	62	62	12	13	14

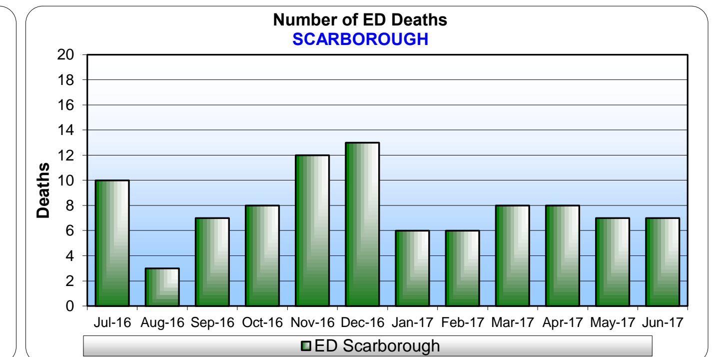


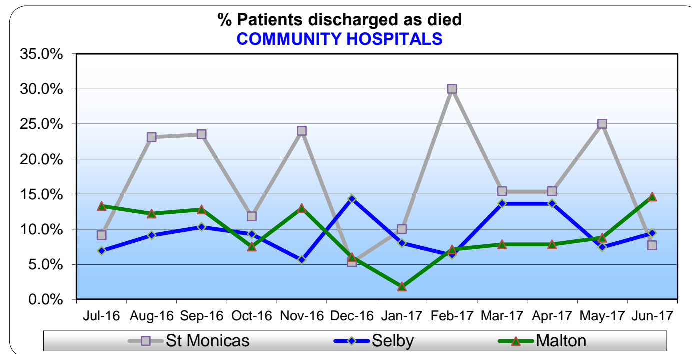


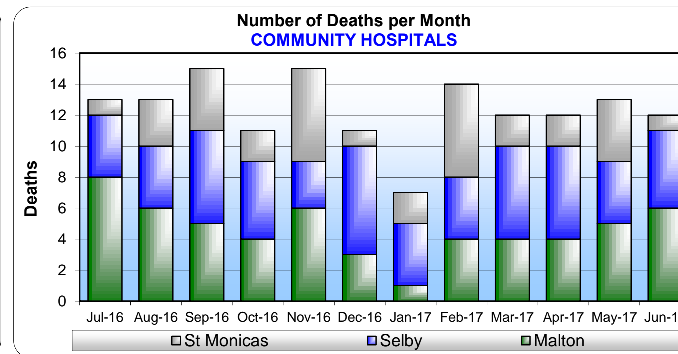












Month	Malton	Selby	St Monicas	Brid
Jul-16	8	4	1	2
Aug-16	6	4	3	0
Sep-16	5	6	4	1
Oct-16	4	5	2	1
Nov-16	6	3	6	2
Dec-16	3	7	1	1
Jan-17	1	4	2	0
Feb-17	4	4	6	1
Mar-17	4	6	2	1
Apr-17	4	6	2	1
May-17	5	4	4	0
Jun-17	6	5	1	1

York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety Walkrounds – June 2017

Date	Location	Participants	Actions & Recommendations
11/05/2017	Monkgate Health Centre	Bev Geary – Chief Nurse Ian Fairley - Clinical Director Jen Slaughter - Directorate Manager Chris Foster - Matron Tina Ramsey - Clinic Manager Jenny McAleese - Non-Executive Director	Recruitment and retention of HCAs has improved. The previous risks regarding IT are resolved due to the use of laptops and tethering devices. Some challenges still exist but the risk is mainly mitigated. However, the online registration for patients currently takes 20 minutes. **Action** – Escalate to SNS. The sample turnaround times, which historically included issues with transport and equipment, are now very good since KPIs were included in the new contract. Cleaning standards have improved hugely. Some environmental issues still exist including ventilation. The age of the estate is becoming increasingly difficult to manage and relocation must be considered. **Action** – Escalate to Estates and Facilities.
31/05/2017	Trust Board – York Hospital	Board of Directors	**Ward 39** Incidence of patient falls has reduced with enhanced supervision and a more stable nursing workforce. Reduced number of therapists on a weekend inhibits the ability to initiate all treatments promptly. Due to assaults on staff, many have recently received V&A recognition and breakaway training. The junior doctor from the mental health team is no longer a part of the ward team – the impact is currently unknown. **SCBU** The environment is old, but clean and tidy, although recent infection concerns. ICU facility is too small for 2 babies. **Action** – Need for refurbishment to be discussed by Environment and Estates Committee on 6th June. Staff have to be shared with paediatric wards at York and Scarborough. **Action** – Review risks with moving staff, particularly from York to Scarborough. **Ward 17** Nurse staffing was highlighted as a concern. **Action** – Needs full staffing review, which includes consideration of B4 roles. Ability to provide adequate care for patients with MH needs is a longstanding but increasing concern. **Action** – continue to raise the inadequate provision with commissioners. Speed of WIFI very slow. **Action** – Review with SNS. Assessment Unit closes at 10pm which has an impact on safety, flow and length of stay. **Action** – Develop business case for longer opening times. Electronic Board not bespoke for paediatrics. **Action** – Discuss solutions with SNS. **Ward 34** There is a 56% RN vacancy rate which inhibits the quality of care able to be provided and innovation/development. **Action** – Discuss with Chief Nurse Team. Floor is in poor state, but about to be re-furbished. NIV patients currently go to HDU which causes pressure on critical care beds. **Action** – Business case for NIV beds needs to be reviewed. **Ward 14** There is a shortage of HCA but safety is maintained by use of bank staff and HCAs from other wards. There is a shortage of thermometers. **Action** – Directorate to purchase equipment. The 6 bedded bays seem cramped and there is lack of space. **Ward 11** The Sister has designed a welcome postcard with ward details and visiting times – good initiative. There is restricted ability to get around beds due to equipment. **Ward 28** Patient discharge arrangements are not well planned in advance. **Action** – for Directorate to review. Staff expressed feeling of pressure. **Action** – Directorate to consider increasing support and training. There was an example of poor consent. **Action** – Directorate to review in line with Consent to Examination and Treatment Policy. **Ward 29** WiFi/laptops very slow. **Action** – Review with SNS. Enhanced recovery programme is working very well. **ED** The patient flow and bed capacity issues were having an impact on the ability of the dept to function. There had already been one patient waiting in excess of 12 hours for a bed. There was a member of staff not bare below the elbows. **Action** – During the walkround deviation from policy was highlighted and the situation was resolved. The nursing staff shortages result in ED nurses working additional shifts and extensive use of bank and agency nurses. **Action** – To highlight to Chief Nurse Team. When beds are available staff shortage means a delay in transferring patients to a ward. **Action** – Consider provision of transfer team. **Urgent Care Centre** The design of the area results in lack of privacy during triage and the triage process can lead to a queue of patients waiting for the first stage review. **Action** – Monitor triage approach and modify. Information on waiting times is not up to date. **Action** – Directorate to review provision of information. There is no separate area for children. **Action** – Directorate to review with Paeds and Estates. **AMB** Shortage of PCs results in delay of care. **Action** – Review with SNS. Shortage of nursing staff elsewhere results in staff being moved from AMB to AAU or HDU, which impacts on staff morale. Staff are good at reporting incidents but complain about lack of feedback. **Action** – Discuss at Patient Safety Group.

York Teaching Hospital NHS Foundation Trust

Patient Safety Walkrounds – June 2017

Date	Location	Participants	Actions & Recommendations
13/06/2017	Beech and Chestnut Ward	Ed Smith – Deputy Medical Director David Humphriss – Clinical Director Sharon Lewis – Directorate Manager Carol Halton – Matron Jennie Adams – Non-Executive Director	**Beech Ward** The RN establishment had been reduced to 3:3:3 with an increase in early shift HCA cover to 6. However the actual RN numbers on a late shift are usually only 2 due to vacancies, which is considered unsafe by the Matron and senior nurse. **Chestnut Ward** Cited challenges with nurse staffing which is 4 RNs but they usually run on 3. HCA numbers have not yet increased. **Action** – Escalate to Chief Nurse Team. Medical Staffing – A number of unfilled vacancies across the grades remain a concern and the August changeover may add to difficulties. Consultant job planning remains unresolved. Work around converting experienced locums into permanent staff has started to improve middle grade staffing but some HR issues need to be overcome. **Action** - Escalate to HR. Chestnut has benefited from the arrival of an excellent registrar who has provided more support for the junior members of the team. Equipment – Shortages of Dynamaps (Beech) and Pulse-oximeters (Chestnut) were highlighted. **Action**: Escalate to Finance Director/ medical equipment procurement. Both Beech and Cherry Ward staff have adopted the Safety Huddle as part of their daily routine which staff feel has helped to focus attention on the high risk patients and thereby improve safety. Chestnut has now introduced SAFER – a more wide reaching board round to encompass discharge bottlenecks and improve patient flow. Incident reporting is good although the time requirements of submitting the electronic form can be off putting. Doctors are a still less likely to report and feedback is felt to be patchy when reports are made. Some improvement in mental health team support due to allocated medical time on the ward providing assistance to patients not medically fit for discharge.
14/06/2017	Ward 34 and Sleep Service	Andrew Bertram – Finance Director Nigel Durham – Clinical Director Sharon Lewis – Directorate Manager Chris Morris – Matron Jenni Lee – Sister	**Ward 34** Nurse staffing needs review. **Action** – paper gone to Board of Directors. The ward needs refurbishment. **Action** – refurbishment will commence on 4/08/2017. The Full Capacity Protocol needs further review. **Action** – To discuss with Operations Team. **Sleep Service** Physical space needs to be reviewed. **Action** – Andy Bertram to speak to Brian Golding. Waiting times and staff workload needs reviewing. **Action** – Needs further exploration with Directorate Management Team.
21/06/2017	Ophthalmology Outpatients, Eye Ward, Day Unit & Theatre	Diane Palmer – Deputy Director Nicola Topping – Clinical Director Michael Bewell – Directorate Manager Katrina Swiers – Matron Kirsty Matthews – DDM Denise Davis – Sister Chris Goode and Samuel Wood -(junior doctors observing)	Report to follow
22/06/2017	Holly Ward Fracture Clinic	Brian Golding – Director Ken Mannan – Deputy Clinical Director Paul Rafferty – Directorate Manager Suzie King – Matron Sarah Clarke - Matron Sue Symington - Chair	Report to follow
27/06/2017	G2, G3 and Labour Ward	Wendy Scott – Director Nicola Dean – Clinical Director Lisa Shelbourn – Directorate Manager Chris Foster – Matron Liz Ross – Head of Midwifery Mike Sweet – Non–Executive Director Sarah Meggison – HCA (observer)	**Labour Ward** The main corridor floor is patched and has two different shades, highlighted as a risk 11/02/14. **Action** – This has not progressed since the last patient safety walk around, to be raised with Estates. Due to increase in number of high risk cases the acuity and dependency has increased. New pathway for managing elective CS introduced in February 2017. **Action** – To be reviewed July 2017. To provide additional support there is now an on-call midwife. **Action** – to be reviewed in September 2017. **Antenatal Clinic** Concerns with floor and call bell highlighted in last walkround are now resolved. **Ward G2** Women often feel faint due to lack of ventilation when using the showers. This has been highlighted previously. **Action** – To be raised with Estates. Since April 2017 declared 6 Sis, of which 4 are mandatory, however learning and themes are being reviewed for potential trends. The service was recently re-accredited as Baby Friendly by the UNICEF Designation Committee. Verbal feedback by the assessors in March was very good with staff demonstrating a high level of commitment and knowledge as well as a really positive culture towards effective infant feeding. In many of the standards scored 100% and many more above 90%. There is a requirement to undertake audits prospectively.

York Teaching Hospital NHS Foundation Trust

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	326	303	366	248	274							
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	86.2%	90.1%	91.8%	87.9%	84.3%							
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	5.8%	5.0%	4.1%	5.6%	4.0%							
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	94.70%	60.00%	86.70%	64.30%	72.70%							
		Births	No. of babies	CPD	≤295	296-309	≥310	269	244	264	244	267							
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	264	240	261	237	263							
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0							
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0							
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	5	3	3	0	0							
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0							
		SCBU at capacity (**new for May 2017**)	No of times	SCBU	0							0							
		SCBU at capacity of intensive cots	No. of times	SCBU	0	1	2 or more	9	15	7	2	2							
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	6	0	0							
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	29	29	28	28	29							
		1 to 1 care in Labour	CPD	CPD	≥100%		<100%	78.8%	81.3%	78.9%	71.7%	76.0%							
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	61.0%	78.0%	74.0%	63.0%	69.0%							
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	76	76	76	76	76							
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	10	10	10	10	10							
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	12	12	12	0	0							
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	56.7%	61.8%	62.6%	58.7%	61.9%							
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	17.4%	10.0%	11.9%	11.4%	9.9%							
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	26.5%	28.3%	25.7%	30.4%	28.1%							
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	2	0							
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	1	0	1							
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	11	18	4	21	11							
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	4	1	5	1							
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	2							
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	1	1							
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	2	0	0	0	1							
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	1							
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	74.2%	72.5%	73.6%	71.7%	77.6%							
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	11.4%	12.5%	14.6%	11.0%	9.1%							
		SI's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	2	2							
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	12	3	8	4							
		PPH > 1.5L as % of all women	% of births	CPD				1.5%	5.0%	0.8%	3.4%	1.5%							
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	0	3	6	2							
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.0%	2.8%	5.1%	1.2%	1.6%							
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	1	2							
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	5	0	2	3	3							

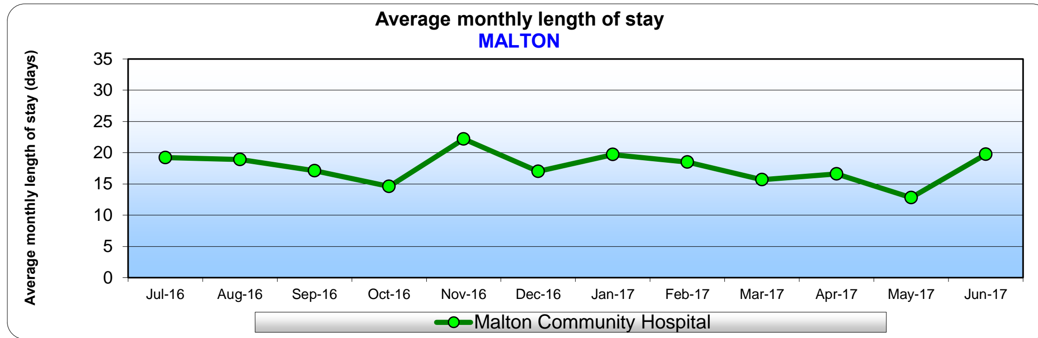
York Teaching Hospital NHS
NHS Foundation Trust

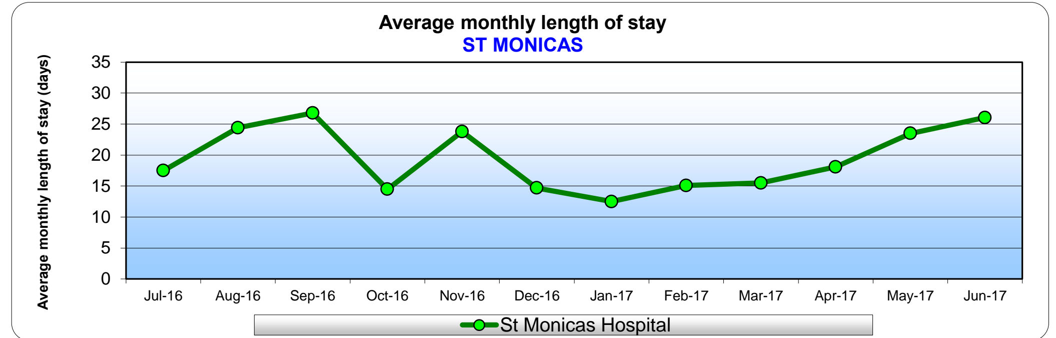
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	217	194	217	153	193							
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	93.1%	91.2%	91.2%	91.5%	87.6%							
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	5.1%	6.2%	4.6%	6.5%	8.3%							
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	73%	83%	100%	100%	88%							
		Births	No. of babies	CPD	≤170	171-189	≥190	124	138	128	112	120							
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	122	137	127	111	120							
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0							
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0							
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	0	0	0							
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0							
		SCBU at capacity (**new for May 2017**)	No of times	SCBU								1							
		SCBU at capacity of intensive care cots	No. of times	SCBU	0	1	2 or more	0	0	0	1	4							
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	3	0							
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	41.0	40.8	40.2	40.2	40.2							
		1 to 1 care in Labour	CPD	CPD	≥100%		<100%	88.5%	89.8%	89.8%	86.5%	80.8%							
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	80.6%	78.6%	85.5%	91.6%	88%							
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	40	40	40	40	40							
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	3	3	3	3	3							
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	12	12	12	0	0							
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	70.2%	72.5%	66.9%	64.9%	66.9%							
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	13.9%	6.6%	5.5%	14.4%	5.8%							
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	16.4%	21.2%	26.8%	19.8%	27.5%							
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0							
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	1	1	1	0							
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	3	4	4	7	2							
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	2	3	1	5							
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	0							
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	0	0							
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	0	1							
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0							
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	58.2%	58.4%	51.2%	56.8%	54.2%							
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	19%	18%	24%	23%	18%							
		SI's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	0	0							
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	3	3	5	5	1							
		PPH > 1.5L as % of all women	% of births	CPD				3	2	4	5	1							
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	1	2	1	0							
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.9%	2.8%	1.1%	1.1%	0.0%							
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	3	0	0	0	1							
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	2	2	0	0							

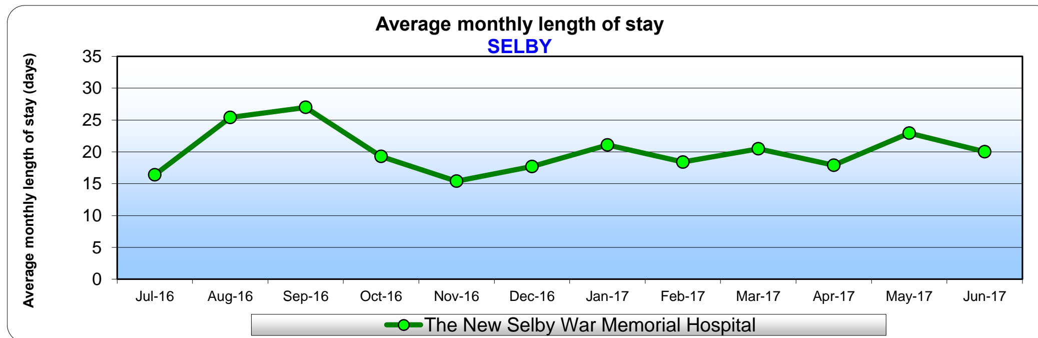
York Teaching Hospital NHS
NHS Foundation Trust

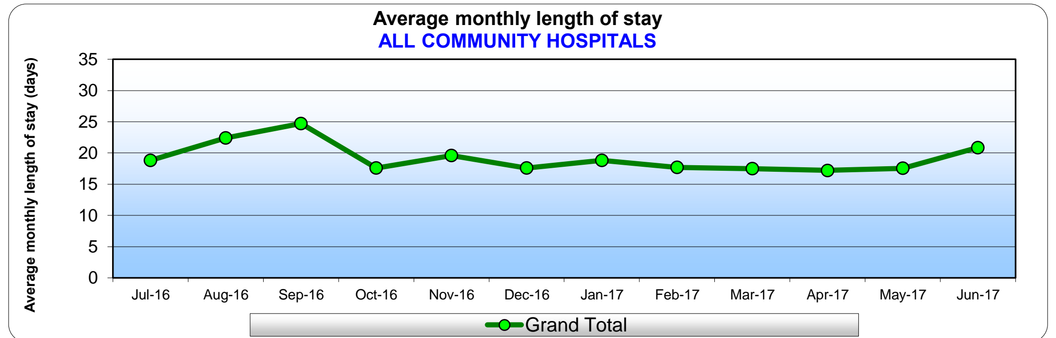
Community Hospitals

Indicator	Hospital	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Community Hospitals average length of stay (days) Excluding Daycases	**Malton Community Hospital**	18.8	18.5	18.6	17.9	16.6	12.8	19.8
	St Monicas Hospital	16.4	22.7	17.2	14.4	18.1	23.5	26.1
	The New Selby War Memorial Hospital	14.1	23.0	17.7	20.2	17.9	23.0	20.0
	Total	17.9	21.9	18.3	18.0	17.2	17.6	20.9



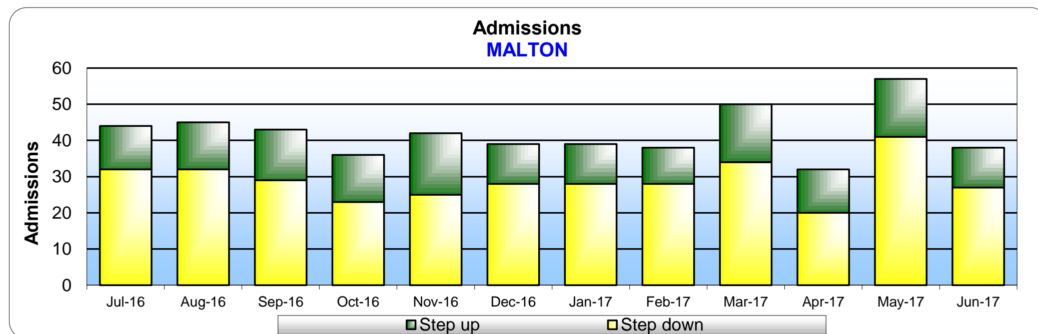


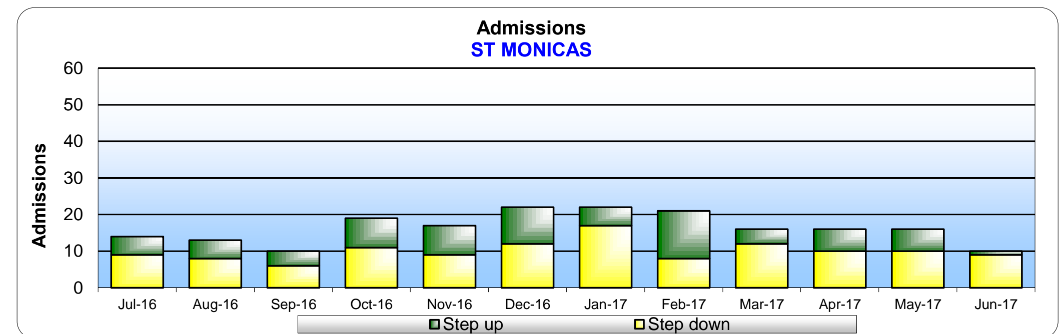


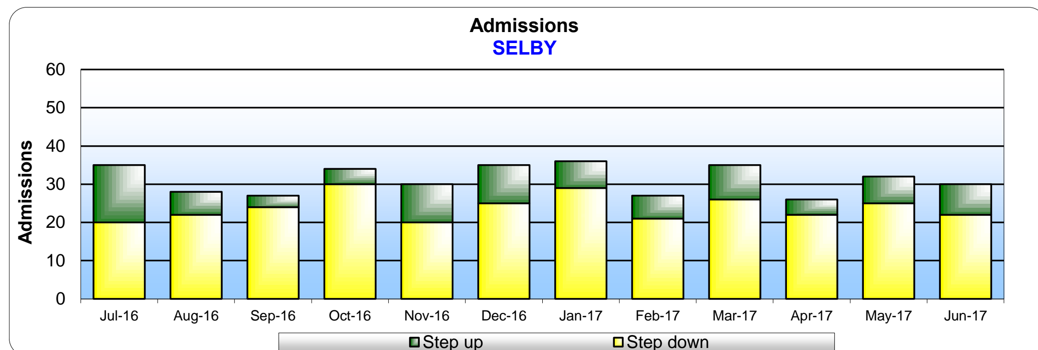


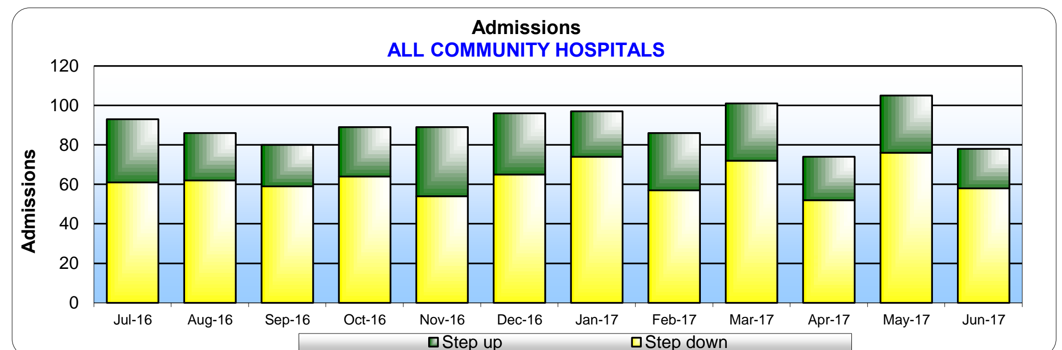
Community Hospitals

Indicator	Hospital		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Malton Community Hospital**	**Step up**	34	39	41	37	12	16	11
		Step down	84	93	76	90	20	41	27
	St Monicas Hospital	**Step up**	17	14	26	22	6	6	1
		Step down	37	23	32	37	10	10	9
	The New Selby War Memorial	**Step up**	22	24	24	22	4	7	8
		Step down	75	66	75	76	22	25	22
	Total	**Step up**	83	81	100	81	22	29	20
		Step down	267	246	234	203	52	76	58









Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr	May	Jun
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	13	2	2	18	0	2	2
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	0	5	0	0	0
% Compliance with WHO safer surgery checklist	No financial penalty	**100%**	100%	100%	100%	100%	100%	100%	100%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.9%	99.9%	99.6%	99.8%	99.7%	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	98.8%	98.8%	98.2%	98.2%	98.0%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	5.0%	5.8%	3.3%	3.9%	7.1%	n/a	n/a
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	94.9%	100.0%	100.0%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.8%	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**0**	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	**0**	CCG to audit for breaches						

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Complaints and PALS												
New complaints this month	30	50	44	36	37	33	43	32	38	34	47	36
Top 3 complaint subjects												
All aspects of Clinical Treatment	17	26	71	40	36	18	32	16	39	26	34	21
Communications/information to patients (written and oral)	10	26	72	19	17	12	16	2	16	6	11	17
Patient Care	14	18	26	13	36	10	35	17	23	15	10	18
Top 3 directorates receiving complaints												
Acute & General Medicine	6	7	6	3	5	4	8	4	7	8	7	3
Emergency Medicine	6	7	6	10	5	7	8	1	6	5	3	5
General Surgery & Urology	5	6	3	3	7	4	6	5	4	1	7	3
Number of Ombudsman complaint reviews (new)	2	2	0	0	2	0	0	1	1	0	1	1
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	1	0
Number of Ombudsman complaint reviews partly upheld	0	1	2	0	0	1	1	0	0	1	0	0
New PALS queries this month	310	333	284	279	286	210	278	260	336	273	241	280
Top 3 PALS subjects												
Communication issues	60	60	51	51	76	52	50	56	62	62	56	87
Any aspect of clinical care/treatment	24	34	28	23	20	22	24	28	30	26	17	18
Appointments	31	61	60	50	44	43	40	29	46	57	53	55
Serious Incidents												
Number of SI's reported	15	17	12	9	18	14	28	18	10	9	20	19
% SI's notified within 2 working days of SI being identified	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents*:												
-Verbal Apology Given												
-Written Apology Given *												
-Invitation to be involved in Investigation	2	3	3	1	9	3	2	2	5	0	2	4
-Given Final Report (If Requested)	3	2	1	2	0	1	2	1	2	0	1	1
Pressure Ulcers**												
Number of Category 2	31	36	63	77	81	74	91	67	95	90	80	70
Number of Category 3	2	3	3	4	6	6	4	6	3	7	12	7
Number of Category 4	1	1	0	1	1	1	0	0	2	2	1	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	28	39	57	85	99	85	99	74	99	102	92	86
Total number developed/deteriorated while in our care (care of the organisation) - community	28	26	36	36	26	29	41	37	39	31	44	27
Falls***												
Number of falls with moderate harm	3	2	2	0	0	2	4	0	3	5	2	1
Number of falls with severe harm	3	8	4	3	2	2	4	3	2	3	1	1
Number of falls resulting in death	0	0	0	1	0	1	0	0	0	0	0	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Safeguarding												
% of staff compliant with training (children)	86%	86%	86%	86%	86%	87%	87%	85%	85%	85%	85%	84%
% of staff compliant with training (adult)	85%	86%	86%	85%	86%	88%	87%	85%	86%	86%	86%	86%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	12	10	10	13	14	11	10	8	9	14	15	17
Number of Claims settled per Month	5	9	5	1	8	2	7	3	5	1	10	9
Amount paid out per month ****	£342,500	£989,450	£262,750	£35,000	£780,500	£250,000	£128,226	£75,000	£3,338,000	£1,200,000	£674,869	£6,382,000
Reasons for the payment	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* The Trust is currently developing its processes for recording Duty of Candour and reporting has been temporarily suspended until this has been implemented.

Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 & 4 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient.

**** one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages. One claim settled in March was settled for a £3,000,000 lump sum plus £59,000 per annum for life. Only the lump sum is reflected in the amount paid out. A claim was settled in June for £6m lump sum with annual payments for life which all totals approximately £14,999,999. Only the lump sum is reflected in the amount paid as the the remainder of the payment is approximate.

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Note the recent update on SHMI
- Consider anti-microbial prescribing audit results

Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no direct references to CQC outcomes, although most indicators in this report are monitored as part of CQC regulation compliance.

Progress of report Board of Director's

Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	Mr James Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Medical Director's Report

1. Introduction & background

In the report this month:

Clinical Effectiveness

- Note the recent update on SHMI

Patient Experience

- antimicrobial prescribing audit

2. Clinical Effectiveness

2.1 SHMI Update January to December 2016

This report updates the Trust on the current SHMI position by summarising data provided by NHS Digital.

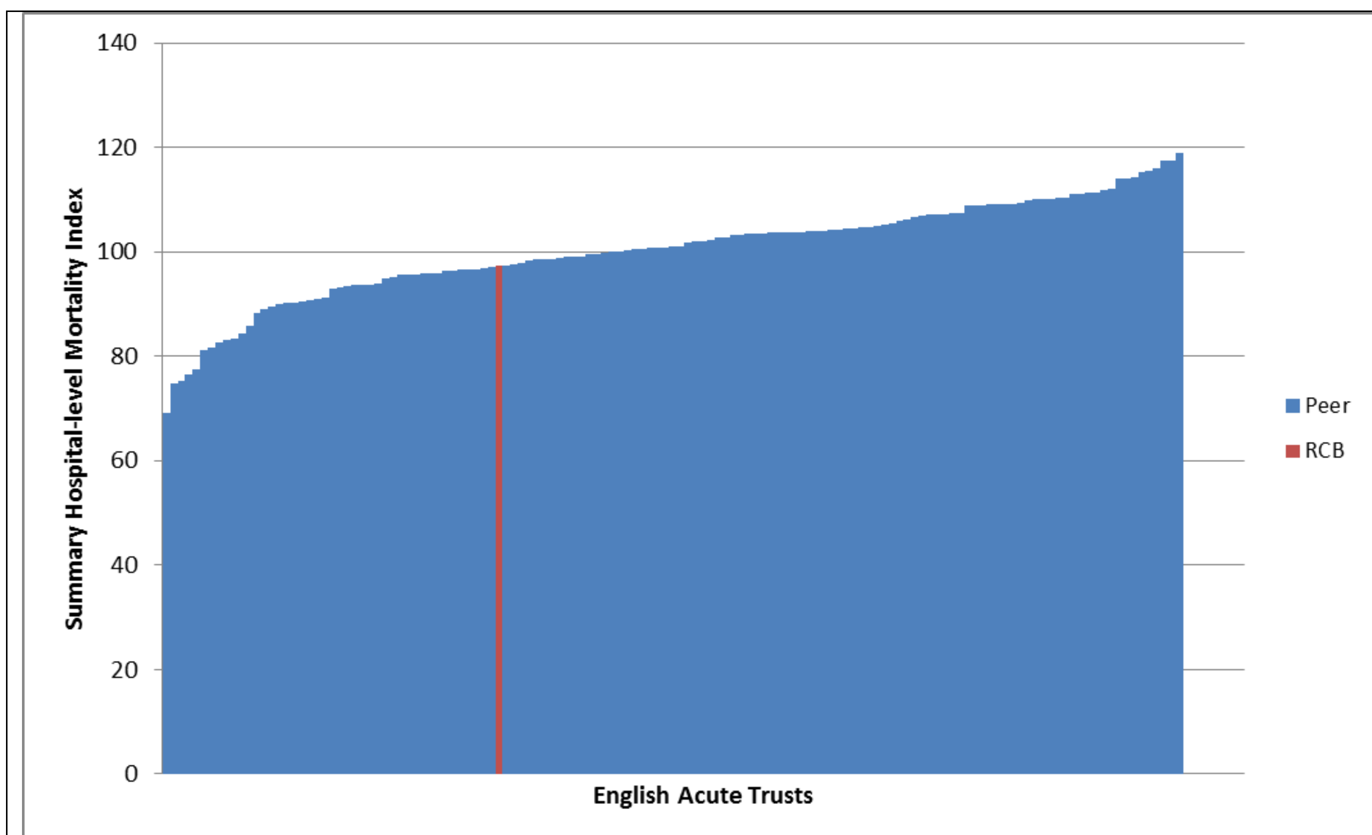
The Trust SHMI has reduced from 98.4 in the period ending September 2016 to 97.4. This means the Trust had 86.6 fewer deaths than expected based on the model calculations. The number of observed deaths at the Trust increased by 44 compared with the previously reported 12 month period and expected deaths increased by 78. Activity increased by 736 cases. The crude mortality rate based on this activity was 3.7% which was the same as the previous reporting period; the increase in expected deaths has contributed to the reduction in the SHMI position.

January to December 2016

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
86,547	3,240	3,327	97.4	-86.6

October 2015 to September 2016

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
85,811	3,196	3,249.6	98.4	-53.6

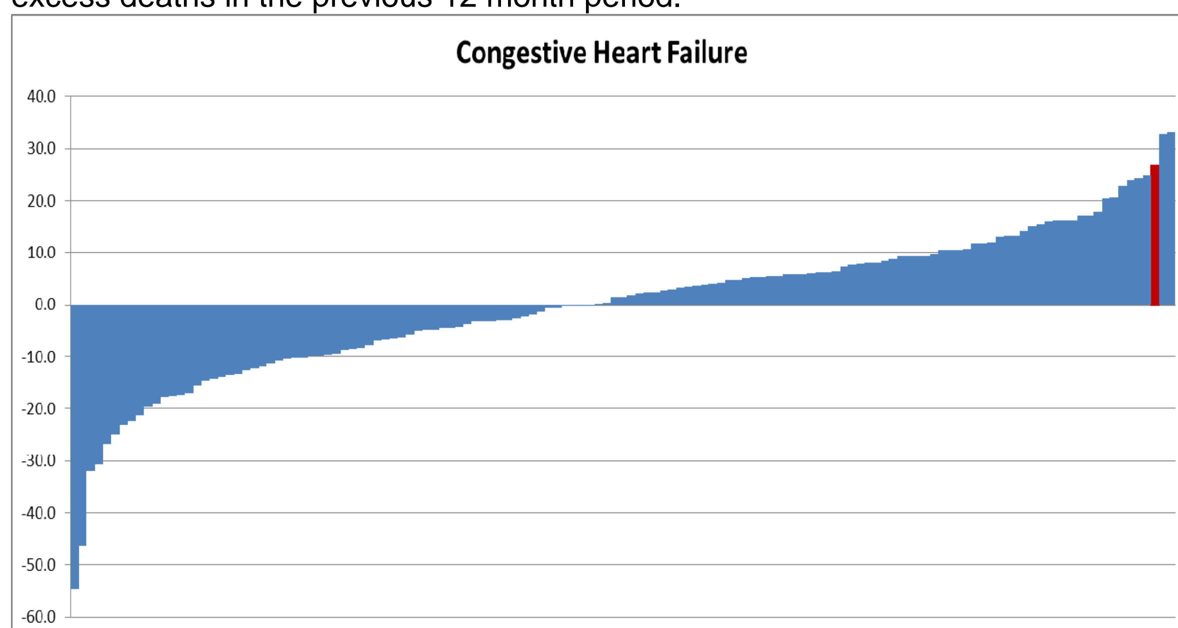


SHMI January to December 2016

There were three SHMI categories where the Trust had 10 deaths more than expected; the categories are the same as reported in the previous reporting period.
Congestive heart failure remains the group with the highest number of excess deaths.

Condition	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
Congestive heart failure nonhypertensive	833	150	123.2	121.7	26.8
Secondary malignancies	339	86	68.4	125.7	17.6
Cancer of prostate testis and male genital organs	114	29	16.5	175.8	12.5

The comparison of excess deaths across England for congestive heart failure is shown below; York has the third highest level of excess deaths, up from having the fifth highest level of excess deaths in the previous 12 month period.

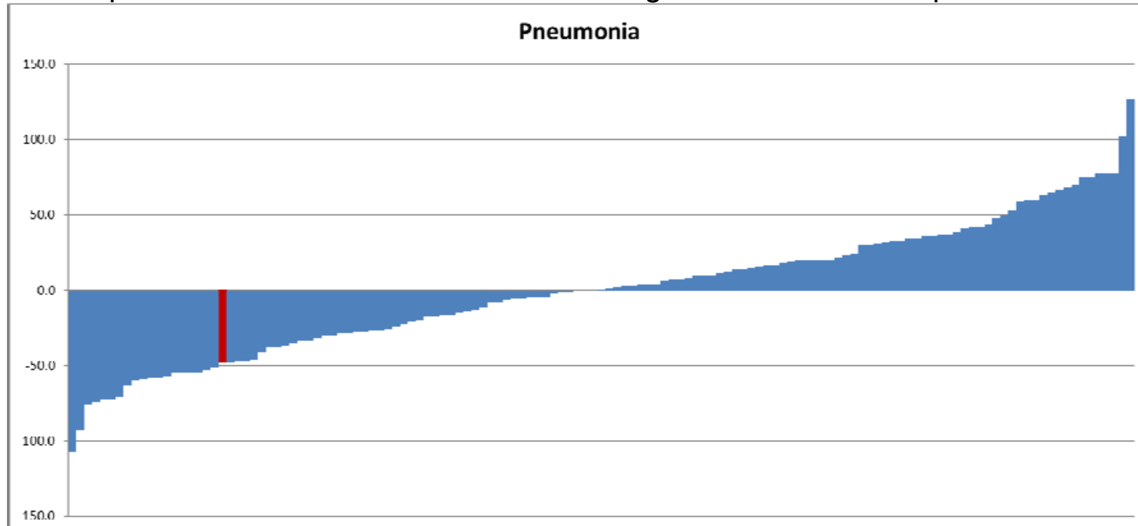


There were also groups with fewer deaths than expected, the three conditions with the fewest excess deaths are as listed in the table below, pneumonia remains the CCS group with the

largest negative variation between observed and expected deaths.

Condition	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
Pneumonia (except that caused by TB or STD)	2741	457	504.944	90.5051	-47.9
Fracture of neck of femur (hip)	824	57	71.3444	79.8941	-14.3
Gastrointestinal hemorrhage	737	41	52.4656	78.1464	-11.5

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

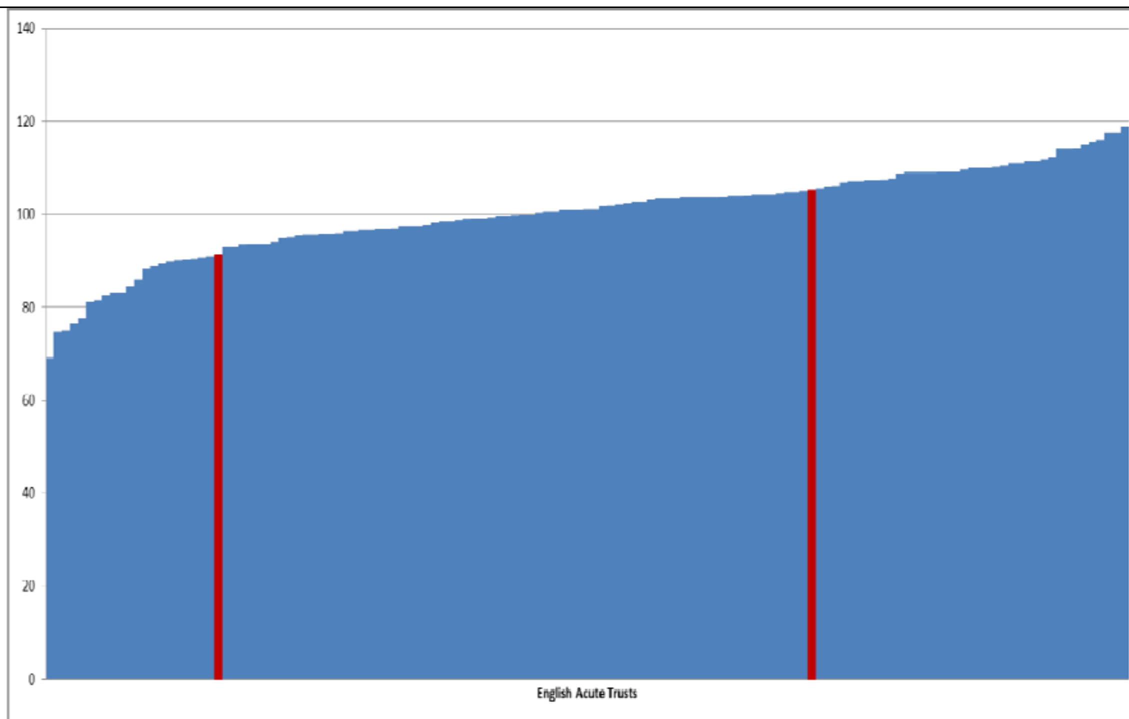


The position of the Yorkshire trusts is shown below and highlights the Trust's position relative to the other trusts for the reporting period.

Provider	SHMI
Harrogate and District Hospital	94.0
Airedale	96.6
York Teaching Hospitals	**97.4**
Bradford Teaching Hospital	97.5
Leeds Teaching Hospitals	97.9
Sheffield Teaching Hospitals	98.5
Mid Yorkshire Hospitals	98.9
Barnsley Hospital	99.2
Doncaster and Bassetlaw Hospitals	103.6
Calderdale and Huddersfield Hospitals	104.7
Hull and East Yorkshire Hospitals	107.2
Rotherham	110.1

Scarborough and York sites

Site	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
York	57,650	1,902	2,068.4	92.0	-166.4
Scarborough	25,836	1,156	1,105.0	104.6	51.0
Total	83,486	3,058	3,173.3	96.4	-115.3



SHMI position if reported by site

The table below shows the three CCS groups previously reported as having the highest levels of excess deaths, the data is shown by site.

Site	Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
York					
Congestive Heart Failure	540	88	77.1	114.1	10.9
Secondary Malignancy	206	41	39.3	104.5	1.7
Cancer of prostate, testis and male genital organs	54	7	5.7	122.1	1.3
Scarborough					
Congestive Heart Failure	257	57	40.0	142.5	17.0
Secondary Malignancy	118	34	25.6	132.8	8.4
Cancer of prostate, testis and male genital organs	43	15	7.8	192.5	7.2

3. Patient Experience

3.1 Antibiotic prescription audit results

indication on antibiotic prescription	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**No**
York Hospital	90%	91%	92%	90%	94%	96%					
Scarborough Hospital	76%	84%	86%	89%	83%	88%					
Trust average	84%	88%	89%	90%	90%	93%					

duration / course length on antibiotic prescription	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**No**
York Hospital	89%	87%	89%	84%	79%	82%					
Scarborough Hospital	85%	86%	90%	85%	81%	76%					
Trust average	87%	86%	90%	84%	80%	80%					

% of in-patients prescribed antibiotics	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**No**
York Hospital	28%	28%	25%	26%	26%	26%					
Scarborough Hospital	36%	33%	31%	29%	32%	29%					

Proportion of iv & oral antibiotics (Trust wide results)	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**No**
iv antibiotics	47.7%	49.3%	45.8%	45.8%	52.2%	54.7%					
oral antibiotics	52.3%	50.7%	54.2%	54.2%	47.8%	45.3%					

Evidence of clinical review within 72 hours of prescribing	Jan; Feb; Mar. target 90%		
CQUIN data determined from a random sample of 50 prescriptions Trust wide. Evidence looked for in medical notes / recorded on antibiotic prescription	88% 44/50	94% 47/50	98% 49/50

4. Recommendations

Board of Directors are requested to:

- Note the recent update on SHMI
- Consider anti-microbial prescribing audit results

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Mr James Taylor, Medical Director**
Date	**July 2017**

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Chief Nurse Report – Quality of Care

Action requested/recommendation

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

Executive Summary

The Chief Nurse report details progress against the priorities of the nursing and midwifery strategy and highlights risks to the delivery.

A new strategy has been developed and is in draft form. This will be approved by the Nursing Executive Committee and launched at the Nursing and Midwifery conference in October.

Details around safer staffing, IPC and patient experience are submitted to the committee in other papers. These together highlight the risks and provide assurance against the mitigation of those risks.

Whilst nurse staffing vacancies are currently a risk the committee are provided with the information around the many strategies to recruit, retain and develop new roles. In addition the CHPPD return illustrates the utilisation of Bank and agency staff to ensure safe staffing levels.

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

Implications for equality and diversity

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

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

Progress of report	Quality & Safety Committee
Risk	Any risks are identified in the report.
Resource implications	Resources implication detailed in the report.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Chief Nurse Report – Quality of Care

1. Background

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

The nursing and midwifery strategy has four main focus areas:

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

The new Nursing and Midwifery strategy has been developed following wide consultation with nursing and midwifery staff across the organisation and sets out high level objectives for the next 3 years. The strategy is currently in draft.
The strategy will be launched at the Nursing and Midwifery conference in October.

2. Patient Safety

2.1 Nursing & Midwifery Staffing

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

	Vacancies		Pending Starters		Pending Leavers		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	1.33	6.36	1.00	3.80	1.20	0.00	1.53	2.56
Community	8.74	4.49	2.40	2.80	1.00	0.00	7.34	1.69
Scarborough	65.14	9.47	16	12.8	6.8	1	55.94	-2.33
York	96.13	21.52	61.40	19.80	18.42	7.60	53.15	9.32
Total	**171.34**	**41.83**	**80.8**	**39.2**	**27.42**	**8.6**	**117.96**	**11.23**

It should be noted that due to changing demand and service improvement there been a number of business cases approved within the last six to nine months which Have resulted in an increased RN headcount and subsequent vacancy position.

Furthermore, since October 2016, 58.9% of nursing applications (n172) have been submitted from within our existing RN workforce,

York
14 wards on the York site are running with a vacancy position over 15%. The areas of most significant risk are AMU , AMB, the elderly Wards, Ward 32 and Ward 34

Of the 61.4fte positions that have been recruited to 50.20fte (81.7%) will begin their

employment between August and October 2017. Recruitment to outstanding vacancies is continuing every month.

In the coming months, trainee associate practitioners in ED, AMU & AMB will complete their training and will offset a number of RN vacancies. Further recruitment of these posts is scheduled.

Over-recruitment of care staff has taken place in some areas, providing additional support where there is difficulty recruiting to RN vacancies; this allows us to invest in Band 4 practitioner roles. These are currently in ED and AMU on the York site and will be in the nursing numbers in the coming weeks giving a positive effect on the vacancy factor. A further Cohort is planned for the autumn.

Scarborough

At the end of May areas deemed to be at risk due to vacancy factor include AMU, ICU and Maple Ward . Whilst advertisements are being placed every month for these vacancies, there continues to be a reduction in the number of applicants for positions. A recruitment fair was held on 3rd July where 4 candidates were considered appointable following interview and it is hoped that job offers will be made to these individuals shortly.

Of the 16 pending starters, 8 are newly qualified staff due to commence between August and October 2017.
Band 4 roles are being introduced in order to change the skill mix and improve flexibility of workforce and work continues with Coventry university to commence a Scarborough based RN programme early in the new year.

The Workforce Transformation team are continuing to work closely with clinical areas to review their workforce needs and seek to identify new ways or working.

2.2 Ward level quality & safety

The Ward accreditation tool was launched in November 2016 and the results are reported quarterly. There were 15 inspections completed in Q1 and these continue to identify areas of good practice and where improvements need to be made.

Themes from the Q1 inspections include use of patient feedback, variability in dementia scoring and some issues regarding nursing documentation. Ward level action plans have been developed but where there is a theme the Chief Nurse team will lead improvement work (for example nursing documentation workshops will commence later in the year and the dementia lead will help areas to identify Dementia Champions for all ward areas.
The tool and the process will be reviewed in October 2017.

The nursing dashboards continue to be populated on a monthly basis across all inpatients wards and are used through performance management meetings, as well as by the Chief Nurse Team in 1:1 catch ups with Assistant Directors of Nursing and Matrons.

We are continuing to develop the ward level dashboards as a means to identify trends and RAG assurances on key workforce metrics.

The Trust wide and site level dashboards are attached at appendix 1.

2.3 Infection Prevention Incidence

For Q1 the following incidence has been reported:

MRSA Bacteraemia -1 case

MSSA Bacteraemia 13 cases
Clostridium difficile infection (CDI) -9 cases

The quarterly report from the Director of Infection Prevention and Control is a separate paper and gives more detailed information to the Committee.

3. Effectiveness

3.1 Audit Report (Y1773) Reporting of Clinical Indicators (Quality Report)

In May 2017, the Trust's Audit department undertook an audit to provide assurance on the systems and processes in place to ensure that the Trust accurately records and reports clinical indicators as selected form the 2016/17 (Quality report).

The audit findings provided significant assurance against the three control objectives:

- Performance data reported in the A&E four hour target meets the six dimensions of data quality
- Performance data reported in the Quality Report for the RTT 18 week target for patients on incomplete pathways meets the six dimensions of data quality
- Performance data reported in the Quality Account for Dementia meets the six dimension of data quality.

Three areas of good practice were identified in the audit:

- Performance against key performance indicators are reported to the Board of Directors
- A data quality policy is in place
- Performance data for the A&E Four hour wait indicator and the dementia indicator meet the six dimensions of data quality.

One area for improvement was identified and this related to the delays in acting on clock stop dates when a patient received their first definitive treatment, or have been discharged. Significant delays in this process result in Trust performance against the 18 week target appearing worse than it actually is. Further work has been undertaken to understand these delays further and to ensure this is remedied.

4. Patient Experience

Helpforce

HelpForce is a new initiative founded by Sir Thomas Hughes-Hallett, Chair, Chelsea and Westminster Hospital. The aim of HelpForce is to support the major challenges that Trusts have, in partnership with the voluntary sector and local authorities, linking to central support from the HelpForce programme.

The Trust has been asked to be one of twelve pilot sites nationally that will develop a HelpForce initiative. The vision for HelpForce is that every local health setting in England will have a successful HelpForce project in place. That by working together with acute and primary care providers, the pressure on health and social care systems can be relieved

Representative from the organisation have recently hosted a visit to the York site to discuss our potential involvement. We have agreed to be part of twelve other NHS Trusts to take part in this initiative and will follow the progress and achievements of the first five pilot Trusts and look to be part of the second wave of Trusts, developing HelpForce projects at a local level in York. This gives us an opportunity to be part of a small community where innovations can be shared and lessons learned from the first pilot sites.

A paper detailing the Q1 performance and updates against the patient experience strategy is submitted to the committee separately.

5. Recommendation

The Committee is asked to note the Chief Nurse Report for July 2017.

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

APPENDIX 1

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	July	August	September	October	November	December	January	February	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				3	2	4	4	4	3	7	1	3	9	2	3
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				2	2	3	3	3	2	4	0	2	6	1	1
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	1	1	1	1	3	1	1	3	1	2
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				1	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				10	8	9	6	14	9	13	15	7	16	7	8
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	1	0	0	0	1	1	1	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			95.14%	97.71%	96.66%	96.52%	96.85%	96.90%	94.58%	96.30%	97.05%	96.27%	95.53%	96.88%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				6	1	7	1	7	4	6	4	2	4	3	2
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				3	5	5	6	4	10	7	6	9	2	4	10
	Drug Errors	Drug Errors (inpatient wards only)		Datix				54	72	62	95	90	106	121	112	106	82	80	91
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				80.33%	80.40%	77.31%	77.88%	77.79%	80.10%	78.78%	84.49%	85.70%	85.54%	84.17%	86.38%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	1	2	0	0	0	0	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				1	1	1	2	0	0	2	1	1	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				71.16	78.07	73.81	51.9	60.92	53.54	68.28	79.96	86	86.58	92.95	96.13
		Inpatient area vacancies - HCA	Number	CN Team				30.11	41.3	47.8	53.07	35.63	42.17	26.86	27.68	13.87	34.05	22.7*	21.52%
	Vacancy Rate	Inpatient area -RN	%	CN Team													17.89%	18.80%	19.86%
		Inpatient area- HCA	%	CN Team													10.96%	7.39%	6.97%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				3.74%	3.51%	3.46%	4.32%	4.69%	3.97%	4.24%	4.40%	4.25%	4.44%	4.27%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				3.09%	3.60%	3.28%	3.18%	3.04%	3.20%	3.46%	3.59%	3.63%	3.62%	3.27%	2.90%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			62.51%	61.67%	67.19%	67%	70.03%	70.53%	69.01%	65.28%	64.15%	61.46%	63.14%	63.31%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			71.58%	69.10%	75.29%	74.68%	77.72%	78.54%	74.09%	73.67%	71.96%	70.87%	68.83%	66.50%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			87.90%	85.30%	89.80%	91.00%	93.70%	92.40%	93.30%	93.80%	91.20%	91.0%	91.50%	90.8%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			96%	96.90%	106.10%	98%	98.30%	97.30%	99.50%	96.40%	94.90%	92.6%	96.35	96.3%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			105.10%	105%	96.20%	107.30%	110.30%	108.30%	104.80%	106.70%	108.40%	110.8%	109.90%	113.1%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			113.20%	112.20%	115.80%	114.80%	119.50%	113.70%	118.80%	118.60%	117.10%	119.6%	117.60%	116.5%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				5.1	5	4.1	4	3.7	3.8	3.7	3.8	3.8	3.8	3.7	3.7
		Healthcare Assistants		Safer Staffing Return				3.0	3	3.1	2.9	2.8	2.8	2.6	2.7	2.9	3.0	2.8	2.9
		Total		Safer Staffing Return				8.1	8.0	7.3	6.9	6.5	6.6	6.3	6.5	6.7	6.8	6.5	6.6
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				43.20%	39%	40.30%	39.40%	43.10%	40.80%	42.10%	43.50%	46.80%	46.40%	46.50%	47.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info				36.10%	37.40%	40.60%	43.30%	41.40%	39.60%	37.10%	39.10%	36.80%	33.80%	33.80%	33.60%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		4	0	0	0	1	0	1	0	0	0	0	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%			61.41%	57.78%	52.17%	53.74%	78.70%	73.48%	66.83%	62.11%	65.97%	61.52%	86.78%	92.15%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			81.76%	81.20%	79.34%	78.63%	58.65%	59.31%	77.57%	78.44%	78.53%	78%	79.43%	82.41%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48		4	3	2	0	2	1	6	5	4	2	0	2	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team			27	1	4	0	7	0	2	3	3	3	2	5	0
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			47	4	9	6	1	4	4	4	4	2	5	0	0

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	July	August	September	October	November	December	January	February	March	April	May	June
Risk Management (Trust wide)	**Serious Incidents**	SI's declared	Number	Datix - Healthcare Governance				4	6	4	1	8	6	14	8	6	3	10	9
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance				3	5	4	1	7	5	10	3	3	1	5	6
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience	**Friends and Family**	Inpatient Friends & Family Test	%Recommend	Signal				96.30%	95.75%	95.88%	95.88%	95.60%	95.62%	95.17%	96.16%	95.70%	95.30%	96.23%	
			%Not Recommend	Signal				0.90%	1.11%	1.26%	1.26%	1.43%	1.34%	1.18%	0.60%	1.25%	1.04%	1.15%	
		A&E Friends and Family Test	% Recommend	Signal				86.48%	88.04%	83.52%	83.52%	84.64%	84.32%	84.90%	81.84%	85.75%	85.40%	85.89%	
			% Not Recommend	Signal				8.16%	7.12%	9.74%	9.74%	10%	10.45%	9.38%	10.34%	7.48%	7.20%	7.18%	
		Maternity (Ante Natal)	% Recommend	Signal				98.18%	100%	100%	100%	98.70%	96.29%	93%	100%	94.34%	95.30%	96.85%	
			% Not Recommend	Signal				0	0%	0%	0%	0%	1.85%	0%	5	3.78%	0%	0%	
		Birth	% Recommend	Signal				100.00%	97.27%	100%	100%	96.93%	97.54%	99%	98.80%	94.45%	98.50%	100%	
			% Not Recommend	Signal				0%	0%	0%	0%	0.61%	0%	0%	1.20%	1.12%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				99.10%	97.89%	100%	100%	97.67%	100%	95%	94.74%	94.29%	96.60%	97.20%	
			% Not Recommend	Signal				0%	1.05%	0%	0%	0%	0%	0%	1.68%	3%	2.38%	2.77%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				17	15	21	19	13	17	26	15	20	11	15	15
		Staff Attitude	Number	PE Team				3	5	1	0	1	4	2	2	3	20	1	3
		Patient Care	Number	PE Team				2	2	0	2	3	1	5	5	3	0	3	6
		Privacy & Dignity	Number	PE Team													0	0	0
		Communication	Number	PE Team				2	1	2	4	0	3	2	0	1	0	2	0

Assistant Director Narrative - Emma George

Appraisals
The appraisal rate is 63.31 % for RN and 66.50% for unqualified staff , the ADNs are discussing these with Matron's to look at ward level data to determine plans to ensure appraisals are completed. As they are linked to an incremental pay rise this figure would be expected to be higher and it may be that when an appraisal is completed it is not logged onto the learning hub and further education is required to ensure they are captured on the database.

Safer Staffing
Unqualified – Day – 113.1% / Night – 116.15 % - This figure reflects the current RN vacancies and plans to mitigate risk and backfill the RN gaps with a HCA following a risk assessment, this is evident in elderly care mainly. Also the requests for enhanced supervisions can inflate the HCA numbers on each shift

Vacancies
RN vacancies are currently at 92.95fte , there have been recruitment campaigns and there has been recruitment of 64.4fteRN, for September and October when the Newly Qualified nurses commence. The impact is measured daily with discussion with the Matron and ADN where agency staff are required and staff are deployed across the site to ensure wards are staffed safely. We have various workforce initiatives across the organisation in relation to recruitment and retention of staff .

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	July	August	September	October	November	December	January	February	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			1	1	2	4	4	3	3	0	5	3	2	1
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	1	0	0	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	3	3	2	3	0	0	2	2	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	1	0	1	1	1	0	0	4	1	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	1	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			7	9	15	7	18	15	13	10	3	5	6	11
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			1	1	2	0	0	1	0	1	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	**95%**		94.31%	95.07%	90.94%	93.23%	92.64%	94.22%	94.17%	92.56%	92.69%	91.92%	92.78%	94.88%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			17	15	10	11	7	4	10	9	8	10	7	8
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			5	10	11	7	12	8	11	8	2	6	2	6
	Drug Errors	Drug Errors (inpatient wards only)		Datix			23	44	25	27	33	34	26	40	40	41	34	51
	NEWS	Compliance with NEWs (inpatient wards only)		Signal			85.45%	85.21%	85.53%	84.78%	90.80%	90.60%	83.46%	83.47%	84.62%	86.48%	85.25%	87.30%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	2	1	0	0	1	0	0	1	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	2	1	1	1	1	2	0
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			50.71	49.63	43.01	37.86	42.06	40.46	47.84	52.61	57.54	58.46	62.92	65.14
		Inpatient area vacancies - HCA	Number	CN Team			10.14	13.06	17.8	16.7	10.03	6.84	8.98	3.68	0.88	7.16	8.06	9.47
	Vacancy Rate	Inpatient area -RN														22.19%	24.30%	25.16%
		Inpatient area - HCA														4.26%	4.76%	5.58%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			4.83%	4.75%	4.54%	4.72%	4.57%	4.92%	5.27%	4.42%	4.17%	3.98%	5.21%	
	Maternity Leave	Inpatient nursing / HCA	%	Workforce Info			2.39%	2.21%	1.92%	1.60%	2.10%	2.21%	2.77%	3.16%	3.24%	3.17	3.39%	3.05%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%		64.12%	63.42%	66.97%	63.91%	68.28%	70.13%	71.10%	72.85%	74.94%	74.79%	75.61%	76.8%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%		56.31%	57.24%	59.88%	69.90%	65.10%	81.73%	64.91%	69.81%	71.96%	75.79%	76.35%	82.3%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		82%	82.10%	86%	88.70%	90.40%	89.50%	86%	83.30%	81.40%	82.7%	83.90%	82.8%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		92.90%	94%	98.20%	95.10%	99.10%	96.30%	93.50%	91.10%	92.40%	88.1%	90.30%	82.8%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		100.20%	97.00%	93.40%	97.10%	102.40%	100.10%	98%	99.20%	103.50%	106.7%	102.60%	102.2%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		111%	108.10%	118.60%	110.10%	114.80%	109%	104.30%	102.80%	104.50%	105.5%	105.10%	106.7%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return			4.9	5.3	3.9	3.9	4	4.1	3.8	3.7	3.7	3.8	3.8	3.9
		Healthcare Assistants		Safer Staffing Return			2.7	2.7	2.8	2.7	2.8	2.8	2.6	2.7	2.7	2.9	2.9	3
		Total		Safer Staffing Return			7.6	8.0	6.6	6.6	6.8	6.9	6.4	6.4	6.4	6.7	6.7	6.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			58.80%	55.50%	59.90%	57.30%	59.20%	57%	66%	62.30%	61.30%	58.80%	58.70%	53.90%
	Agency Fill Rate	Fill Rate	%	Workforce Info			14.40%	19.30%	14.80%	18.20%	18.20%	16.40%	13.60%	14.70%	15.30%	17.70%	17.70%	16.70%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	**0**	**3**	0	2	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	**95%**		36.69%	43.26%	38.51%	42.37%	44.23%	42.98%	42.86%	40.20%	43.09%	30.58%	75.81%	65.69%
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**		88.99%	89.34%	88.08%	90.12%	82.52%	78.46%	87.50%	88.95%	90.73%	88.55%	92.36%	90.50%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	**48**	**16**	0	0	0	0	3	2	3	1	2	2	1	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	**<30**	**14**	1	2	0	1	1	0	1	4	2	1	3	0
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		**38**	4	4	2	2	1	1	5	1	3	0	0	0
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			1	3	1	6	4	1	10	7	4	1	3	5
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			1	3	0	2	4	3	7	5	3	0	3	4
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	July	August	September	October	November	December	January	February	March	April	May	June
		Metric	Measure	Data Source	Trajectory	Mar	July	August	September	October	November	December	January	February	March	April	May	June
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			97.56	98.96%	97.94%	97.40%	97.55%	97.51%	98.23%	97.40%	97.75%	98.04%	80.82%	
			%Not Recommend	Signal			0.98%	0.78%	0.74%	0.78%	0.53%	0.52%	0.18%	1.04%	0.75%	0.30%	5.48%	
		A&E Friends and Family Test	% Recommend	Signal			71.43%	75.52%	75.97%	78.20%	66.06%	84.62%	80.82%	79.31%	76.19%	85.23%	97.37%	
			% Not Recommend	Signal			21.14%	19.27%	17.53%	17.29%	17.43%	7.69%	10.96%	15.52%	13.10%	0%	0.72%	
		Maternity (Ante Natal)	% Recommend	Signal			95.45%	100%	97.44%	98.65%	99.17%	96%	96%	100%	97.00%	98.76%	100%	
			% Not Recommend	Signal			0%	0%	0%	0.00%	0.00%	0%	0%	0%	2.36%	0%	0%	
		Birth	% Recommend	Signal			96.55%	100%	97.96%	99.09%	98.54%	100%	92%	100%	100%	100%	100%	
			% Not Recommend	Signal			0%	0%	0%	0.00%	0.00%	0%	0%	0%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal			100%	100%	100%	97.80%	96.95%	100%	98%	100%	100%	100%	98.90%	
			% Not Recommend	Signal			0%	0%	0%	0.00%	0.00%	0%	1.96%	0%	0%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			5	12	8	10	14	17	10	9	8	9	11	5
		Staff Attitude	Number	PE Team			1	1	1	1	1	4	1	2	3	3	1	0
		Privacy & Dignity	Number	PE Team												0	0	0
		Patient Care	Number	PE Team			2	1	1	1	1	2	3	2	0	0	0	0
		Communication	Number	PE Team			2	0	3	1	1	3	0	0	1	1	1	0

Assistant Director Narrative - Sarah Clarke

Unqualified fill rates day 102.2% this is due to backfill of the RN vacancies and enhanced supervision
Unqualified fill rates night 106.7% this is due to backfill of the RN vacancies and enhanced supervision

MRSA Screening – Elective 65.69% and MRSA Screening - Non-Elective 90.50%. discussion held with matrons regarding the importance of screening patients within 24 hours of admission.

Appraisals Healthcare Assistants (Ward Areas) 82.3% registered Nurses (Ward Areas) 76.8%, discussion with matrons and plan in place to pick up all appraisals in July and August.

Nursing Dashboard - Bridlington

York Teaching Hospital NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm Total	July	August	September	October	November	December	January	February	March	April	May	June
	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				1	0	0	0	0	3	0	1	1	2	1	1
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	3	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				1	0	0	0	0	0	0	1	1	2	0	1
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	1	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	1	0	0	6	2	4
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			82.31%	81.82%	91.84%	92.11%	100%	87.50%	90.57%	88.46%	93.10%	78.57%	87.50%	87.23%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				1	1	1	1	7	4	0	1	0	1	2	1
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				0	3	0	0	1	0	4	0	1	0	4	0
	Drug Errors	Drug Errors (inpatient wards only)		Datix				2	0	0	1	2	1	4	4	1	7	1	3
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				92.96%	92.09%	92.88%	91.21%	91.80%	93%	90.77%	82.55%	83.20%	84.51%	82.59%	84.74%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	1	0	0	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	1
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				5	5	5	7	6.15	7.36	5.33	-0.33	0.44	0.6	1.4	1.33
		Inpatient area vacancies - HCA	Number	CN Team				2.44	0.7	4.84	5.6	4.19	6.5	8.43	7.63	7.83	7.03	7.03	6.36
	Vacancy Rate	Inpatient area -RN															1.49%	3.48%	3.30%
		Inpatient area - HCA															18.41%	18.41%	16.60%
	Sickness (In Patient Areas)	Sickness	%	Workforce Info				15.49%	13.40%	15.55%	12.58%	10.15%	8.61%	12.24%	13.02%	8.83%	9.92%	12.23%	
	Maternity Leave	inpatient nursing / HCA	%	Workforce Info				0.72%	0	1.43%	1.56%	2.69%	3.48%	3.46%	3.46%	3.46%	3.47%	3.53%	3.72
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			65.37%	66.92%	53.66%	57.16%	67.71%	76.19%	79.76%	77.68%	78.16%	78.16%	79.30%	72.87%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			60.67%	63.85%	52.78%	70.83%	81.73%	96.15%	95.83%	95.83%	93.75%	87.50%	86.93%	86.93%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			85.00%	89%	83.10%	97.90%	80.50%	78.60%	89.20%	85.20%	87.60%	80.1%	75%	74.4%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			87.50%	75.30%	92.10%	74.40%	63.60%	88.10%	76%	79.90%	76.10%	95.5%	71.70%	61.9%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			72.30%	87.20%	64.50%	84.90%	93.10%	88.10%	93.80%	84.30%	99.90%	74.5%	91.30%	85.6%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			159.70%	138.70%	191.70%	132.30%	201.70%	204.80%	164.50%	158.90%	140.30%	175.0%	146.80%	156.7%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				7.8	6.7	3.5	3.4	3.4	3.6	3.1	3	3.2	2.9	3.4	3.3
		Healthcare Assistants		Safer Staffing Return				4.1	3.7	3.9	3.7	3.9	4.1	3	2.9	3.2	3.1	3.6	3.6
		Total		Safer Staffing Return				11.9	10.4	7.5	7.1	7.3	7.7	6.2	5.6	6.5	6.1	7	6.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				78.40%	84.80%	85.50%	82.20%	84.20%	74.90%	74.20%	82.60%	81.50%	75.50%	75.60%	71.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info				1.80%	1.60%	0.60%	0.30%	1.70%	5.80%	9.40%	4.20%	3.30%	10%	10%	4.60%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			97.10%	100%	97.99%	99.34%	97.56%	97.66%	100.00%	67.89%	99.40%	100%	100%	95%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			99.28%	--	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	0	0	0	1	0	0	0	0	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	0	0	1	0	0	0	0	0	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	0	0	0	1	0	0	0	0	0	0	0	0
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance				0	0	1	0	0	0	1	0	0	1	4	1
	Critical Incidents	CI's reported	Number	Datix - healthcare governance				0	1	0	0	0	0	0	0	0	0	2	1
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0	1	0

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	July	August	September	October	November	December	January	February	March	April	May	June
		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	July	August	September	October	November	December	January	February	March	April	May	June
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.57%	98.32%	98.74%	98.74%	98.90%	99.73%	100%	98.60%	98.01%	98.14%	99.66%	
			%Not Recommend	Signal				0%	0%	0.32%	0.32%	0%	0%	0%	0%	0.00%	0%	0%	
		A&E Friends and Family Test	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Maternity (Ante Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Birth	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Maternity (Post Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
	Complaints	Complaints Total	Number	PE Team				0	1	1	0	2	0	2	0	1	0	1	0
		Staff Attitude	Number	PE Team				0	1	0	0	0	0	0	0	0	0	0	0
		Privacy & Dignity	Number	PE Team													0	0	0
		Patient Care	Number	PE Team				0	0	0	0	1	0	1	0	0	0	0	0
		Communication	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0

Assistant Director Narrative - Sarah Clarke

Unqualified Fill Rates - Night 156.7% this is due to backfill of the RN vacancies

Appraisals Healthcare Assistants (Ward Areas) 86.93% registered Nurses (Ward Areas) 72.87% discussion with matrons and plan in place to pick up all appraisals in July and August.

Nursing Dashboard - Trustwide

York Teaching Hospital NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	July	August	September	October	November	December	January	February	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				13	9	15	17	17	20	18	9	18	21	12	14
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				1	0	0	0	0	0	0	0	0	0	0	1
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				1	1	2	3	3	2	0	0	2	0	0	2
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				6	4	11	7	7	11	10	5	8	13	7	4
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				5	4	1	7	7	7	8	4	8	8	5	7
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	1	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				27	20	28	23	40	28	31	36	20	30	16	27
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				1	2	3	0	0	1	1	4	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	95%	Red		94.31%	95.07%	94.71%	95.15%	95.27%	95.33%	94.90%	94.45%	94.89%	93.87%	94.32%	96.36%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				17	17	15	19	34	18	26	17	11	21	29	15
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				8	18	17	15	19	20	23	17	17	9	11	17
	Drug Errors			Datix				89	135	101	133	138	152	159	168	163	141	121	152
	NEWS			Signal				87.70%	87.80%	88.10%	87.90%	87.90%	87%	86.30%	86.72%	87.90%	98.40%	87.20%	89.20%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				0	0	0	2	2	5	1	2	1	1	1	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				2	2	1	3	0	4	3	2	2	3	4	1
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN (month end)	Number	CN Team				142.28	149.99	141.91	105.5	117.26	109.42	125.88	138.05	149.79	152.05	162.81	171.34
		Inpatient area vacancies - HCA (month end)	Number	CN Team				47.56	62.63	80.38	75.65	59.37	59.86	47.56	42.78	26.97	51.99	41.37	41.83
	Vacancy Rate	Inpatient area -RN (month end)	%	CN Team													18.03%	18.78%	20.39%
		Inpatient area - HCA (month end)	%	CN Team													--	8.21%	7.29%
	Turnover	Registered Nurses & midwives	%	Workforce Info				10.62%	10.63%	10.70%	10.03%	9.77%	9.91%	9.65%	11.07%	9.03%	9.72%	9.59%	9.40%
		Healthcare Assistants	%	Workforce Info				10.36%	8.19%	9.84%	8.22%	8.31%	7.55%	7.40%	7.11%	8.12%	8.47%	8.36%	8.10%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				3.84%	3.73%	5.01%	4.40%	4.15%	4.52%	4.76%	4.43%	4.08%	4.13%	4.31%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.90%	2.78%	2.84%	2.65%	2.75%	2.89%	2.82%	2.79%	2.76%	2.79%	2.82%	2.68%
	Appraisals	Registered Nurses	%	Workforce Info		95%		68.64%	70.95%	70.99%	71.53%	73.33%	73.88%	71.16%	74.50%	73.22%	72.07%	74.27%	75.44%
		Healthcare Assistants	%	Workforce Info		95%		69.31%	72.11%	71.63%	71.27%	75.34%	77.45%	77.93%	78.49%	77.52%	76.03%	76.21%	74.85%
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		90.19%	90.30%	91.32%	94.04%	92.44%	91.67%	92.72%	91.11%	92.50%	92.4%	91.40%	89.90%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		89.05%	84.50%	97.01%	94.42%	94.38%	91.91%	93.91%	93.46%	92.80%	92.1%	93%	91.80%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		99.94%	98.90%	91.19%	99.23%	101.53%	99.77%	98.33%	99.86%	102.50%	100.5%	101.50%	101.40%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		118.64%	122.00%	117.34%	108.50%	121.58%	115.22%	114.98%	116.74%	118.60%	115.4%	114.70%	114.60%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				5.1	4.8	3.01	3.12	3	3.2	2.9	2.9	3	3.2	3	3.1
		Healthcare Assistants		Safer Staffing Return				3.1	3.1	2.9	3.01	3	3.1	2.7	2.8	3	3.1	2.9	3.1
		Total		Safer Staffing Return				8.2	7.9	5.91	6.14	6	6.3	5.6	5.6	6	6.3	5.9	6.2
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				78.33%	77.41%	79.86%	81.33%	83.19%	78.18%	80.36%	82.02%	82.16%	80.05%	79.20%	78.36%
		Bank Fill Rate RN	%	Workforce Info				46.74%	40.97%	47.60%	46.28%	51.94%	48.66%	50.10%	49.13%	49.63%	48.25%	49.57%	44.57%
		Bank Fill Rate HCA	%	Workforce Info				56.69%	56.79%	51.78%	51.35%	51.77%	49.97%	54.60%	56.25%	60.13%	57.80%	59.04%	62.16%
		Bank - RN Hours filled	Number of Hours	Workforce Info				15,273	14,845	15,194	15,047	15,949	14,515	17,553	17,082	19,627	16,607	17,220	16,107
		Bank - HCA Hours filled	Number of Hours	Workforce Info				16,829	17,562	16,872	16,282	17,649	16,815	17,437	18,178	20,780	19,675	20,141	19,575
		Agency Fill Rate RN	%	Workforce Info				26.47%	29.55%	30.82%	33.90%	31.24%	29.52%	28.31%	30.98%	28.54%	26.31%	26.39%	27.14%
		Agency Fill Rate HCA	%	Workforce Info				27.26%	28.71%	29.49%	31.16%	31.02%	30.13%	27.91%	27.92%	26.60%	27.80%	23.46%	23.53%
		Agency - RN Hours filled	Number of Hours	Workforce Info				8651	10,706	9,840	11,023	9,594	8,804	9,917	10,772	11,287	9,057	9,166	9,905
		Agency - HCA Hours filled	Number of Hours	Workforce Info				8,078	8,878	9,609	9,882	10,576	10,137	8,914	8,990	9,195	9,463	8,004	7,409

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	July	August	September	October	November	December	January	February	March	April	May	June
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	**75%**			84.23%	75.54%	69.78%	70.21%	84.35%	69.84%	59.72%	84.73%	89.05%	87.68%	88.39%	89.96%
		Mandatory Traiing		CLAD	**75%**			84.23%	78.94%	78.61%	79.24%	83.75%	77.79%	73.12%	85.11%	85.55%	89.78%	90.10%	88.42%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	**0**	Red	7.00	0	2	0	2	0	1	0	0	0	0	1	0
		MRSA Screening - Elective	Compliance %	Signal	**95%**	Red		62.52	63.89	58.77%	61.75%	82.48%	78.51%	71.77%	67.89%	69.36%	62.56%	85.98%	81.69%
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**	Red		84.19	83.88	82.29%	82.62%	65.89%	64.81%	81.11%	82.01%	82.62%	81.59%	84.12%	81.63%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team		Green	48.00	3	2	1	3	2	8	10	5	5	2	2	5
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		Red	55.00	2	5	0	8	4	5	5	6	4	3	3	7
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			91.00	6	14	10	4	5	5	9	8	5	6	8	9
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	**95%**	Amber		95%	93%	94%	94%	94%	93%	94%	95%	94%	94%	95%	93%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				15	17	12	9	18	14	28	18	10	9	20	19
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				6	5	4	3	11	7	17	10	6	1	11	11
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				1	1	0	0	0	0	0	0	0	0	1	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.52%	96.53%	96.70%	96.70%	96.21%	96.79%	96.51%	96.81%	96.40%	93.34%	94.96%	
			%Not Recommend	Signal				0.89%	0.93%	1.03%	1.03%	1.15%	0.97%	0.79%	0.60%	1.00%	0.72%	1.89%	
		A&E Friends and Family Test	% Recommend	Signal				83.84%	85.58%	82.76%	83.52%	81.61%	84.37%	84.25%	81.49%	84.18%	85.37%	85.13%	
			% Not Recommend	Signal				10.44%	9.51%	10.81%	9.74%	11.21%	10.02%	9.63%	11.06%	8.40%	7.65%	6.92%	
		Maternity (Ante Natal)	% Recommend	Signal				97..4%	100%	98.65%	98.65%	99.17%	96.12%	94.45%	100%	95.65%	97.58%	97.53%	
			% Not Recommend	Signal				0%	0%	0%	0%	0%	0%	1.82%	0%	2.90%	0%	0%	
		Labour & Birth	% Recommend	Signal				99.30%	97.89%	99.09%	99.09%	98.54%	98.34%	97.56%	99.19%	98.61%	98.97%	100%	
			% Not Recommend	Signal				0%	0%	0%	0%	0%	0%	0%	0.81%	0.00%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				99.26%	98.32%	97.80%	97.80%	96.95%	98.21%	99.11%	99.13%	96.03%	97.62%	98.94%	
			% Not Recommend	Signal				0%	0.84%	0%	0%	0%	0%	0%	0%	0.79%	2.38%	0%	
		Community Post Natal	% Recommend	Signal				98.81%	97.44%	100%	100%	98.18%	100%	97.17%	96.72%	98.15%	97.83%	98.72%	
			% Not Recommend	Signal				1.19%	1.71%	0%	0	0%	0%	0%	1.64%	0.93%	0%	1.28%	
	Complaints	Complaints Total	Number	PE Team				26	28	33	31	30	26	39	27	30	31	29	21
		Staff Attitude	Number	PE Team				4	1	2	1	2	4	3	5	6	5	4	4
		Privacy & Dignity	Number	PE Team													0	0	0
		Patient Care	Number	PE Team				4	7	1	3	5	2	9	8	4	0	3	6
		Communication	Number	PE Team				4	3	5	5	1	4	2	0	2	1	3	0

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

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

Executive Summary

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

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

	Vacancies		Pending Starters		Pending Leavers		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	1.33	6.36	1.00	3.80	1.20	0.00	1.53	2.56
Community	8.74	4.49	2.40	2.80	1.00	0.00	7.34	1.69
Scarborough	65.14	9.47	16	12.8	6.8	1	55.94	-2.33
York	96.13	21.52	61.40	19.80	18.42	7.60	53.15	9.32
Total	**171.34**	**41.83**	**80.8**	**39.2**	**27.42**	**8.6**	**117.96**	**11.23**

	RN Vacancy Rate	HCA Vacancy Rate
Bridlington	3.3%	16.6%
Community	15.38%	7.86%
Scarborough	25.16%	5.58%
York	19.86%	6.97%
TOTAL	**20.39%**	**7.29%**

The overall RN vacancy position for the adult inpatient areas stands at 20.39%, an increase of 1.19% on the position reported to June Board meeting with new June starters offsetting some leavers during the month. However the number of unfilled RN vacancies has increased by 8.53fte at the end of June. The unfilled vacancy position when pending starters and leavers is taken into account stands at 14.04% an increase of 1.04% of the end of May position.

Across the Trust, Registered Nurse Turnover for the period ending June 2017 was 9.81%; this turnover is lower than the national average of 12%.

It should be noted that due to changing demand and service improvement there been a number of business cases approved within the last six to nine months which Have resulted in an increased RN headcount and subsequent vacancy position.

Furthermore, since October 2016, 58.9% of nursing applications (n172) have been submitted from within our existing RN workforce

The main report provides exception reporting by site.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

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

Board of Directors – 26 July 2017

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

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

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

2. High level data by site

	Day		Night	
Site Name	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**
Bridlington and District Hospital	74.4%	85.6%	61.9%	156.7%
Malton Community Hospital	89.3%	109.0%	100.0%	100.0%
Scarborough General Hospital	82.8%	102.2%	89.7%	106.7%
Selby And District War Memorial Hospital	87.3%	108.0%	90.0%	123.3%
St Helens Rehabilitation Hospital	100.0%	98.0%	100.0%	100.0%
St Monicas Hospital	96.3%	98.1%	100.0%	113.3%
White Cross Rehabilitation Hospital	98.3%	97.3%	96.7%	100.0%
York Hospital	90.8%	113.1%	96.3%	116.5%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Bridlington and District Hospital	1217	3.3	3.6	6.9
Malton Community Hospital	707	2.4	3.4	5.7
Scarborough General Hospital	8323	3.9	3.0	6.9
Selby and District War Memorial Hospital	615	2.6	2.6	5.2
St Helen's Rehabilitation Hospital	541	2.9	2.6	5.5
St Monica's Hospital	262	3.5	4.3	7.8
White Cross Rehabilitation Hospital	643	2.4	2.2	4.6
York Hospital	16195	3.7	2.9	6.6

4. Exceptions

There were 7 wards where RN staffing during the day fell below 80% in June. These wards were Ann Wright, Chestnut, Holly, ITU in Scarborough due to vacancies and, in Bridlington, Waters due to reducing their RN numbers when possible and, Kent and Lloyd due to low bed occupancy.

There were 5 wards where RN planned staffing levels fell below 80% on night shifts. These wards were Cherry and ITU in Scarborough due to vacancies and Waters ward due to reducing RN staffing levels and Kent and Lloyd in Bridlington due to low bed occupancy; resulting in staff being redeployed to other wards.

A detailed exception breakdown is detailed below.

Enhanced Supervision

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

Community	Scarborough	York	
St Monica's	Ann Wright	AMU	AMB
	Chestnut	Ward 23	Ward 25
	Graham	Ward 26	Ward 28
	Holly	Ward 31	Ward 32
	Oak	Ward 33	Ward 35
	Stroke	Ward 36	Ward 37
		Ward 39	

Provision of Safe Ward Cover

The Matrons are responsible for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of hours and weekends, effective and safe plans are implemented. This does result in staff moving from their base wards on occasions, and where necessary, increased numbers of Care Staff to support the shortfall of registered nurses or increased Registered Nurses when the acuity of patients requires additional support. These wards during April were:

Bridlington	Community	Scarborough		York	
Johnson	Fitzwilliam	Ann Wright	Beech	AMU	ESA
Waters	Selby	CCU	Cherry (AMU)	Ward G1	ICU
		Chestnut	Graham	Ward 11	Ward 28
		Holly	ICU	Ward 34	
		Maple	Stroke		

Bed Occupancy

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

G2 at York has now commenced an elective caesarean service which increases care staff on three days per week, increasing the care staffing ratios. Work is being undertaken to build this into the planned staffing need for future reporting.

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

5. Vacancies by Site

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

	Vacancies		Pending Starters		Pending Leavers		Unfilled Vacancies	
	RN	**Care Staff**	**RN**	**Care Staff**	**RN**	**Care Staff**	**RN**	**Care Staff**
Bridlington	1.33	6.36	1.00	3.80	1.20	0.00	1.53	2.56
Community	8.74	4.49	2.40	2.80	1.00	0.00	7.34	1.69
Scarborough	65.14	9.47	16	12.8	6.8	1	55.94	-2.33
York	96.13	21.52	61.40	19.80	18.42	7.60	53.15	9.32
Total	**171.34**	**41.83**	**80.8**	**39.2**	**27.42**	**8.6**	**117.96**	**11.23**

	RN Vacancy Rate	HCA Vacancy Rate
Bridlington	3.3%	16.6%
Community	15.38%	7.86%
Scarborough	25.16%	5.58%
York	19.86%	6.97%
TOTAL	**20.39%**	**7.29%**

The overall RN vacancy position for the adult inpatient areas stands at 20.39%, an increase of 1.19% on the position reported to June Board meeting with new May starters offsetting

some leavers during the month. However the number of unfilled RN vacancies has increased by 8.53fte at the end of June. The unfilled vacancy position when pending starters and leavers is taken into account stands at 14.04% an increase of 1.04% of the end of May position.

The report continues to include details of pending leavers from the adult inpatient areas to provide greater clarity on the Trust's forecast unfilled vacancy position. These pending leavers are individuals who are currently working their notice periods to either leave the Trust entirely or instead, move from an inpatient area to a different clinical area or corporate role within the Trust. Whilst this does not affect the Trust's overall vacancy position, it does impact on the inpatient vacancy position.

Across the Trust, Registered Nurse Turnover for the period ending June 2017 was 9.81%; this turnover is lower than the national average of 12%.

It should be noted that due to changing demand and service improvement there been a number of business cases approved within the last six to nine months which Have resulted in an increased RN headcount and subsequent vacancy position.

Furthermore, since October 2016, 58.9% of nursing applications (n172) have been submitted from within our existing RN workforce,

Particular Areas of risk are:

Bridlington
Kent Ward continues to have a high RN vacancy position at 22.09% (3.22fte). This is an improvement of 6.85% on the reported position at the end of May. However, the ward continually operates with low bed occupancy and often closes at night. Therefore whilst the vacancy position appears high, the ward is operating safely based on activity.

Community
St Helens vacancy position of 27.56% (3.12fte) has remained unchanged since last month and White Cross Court has increased to by 5.3% to 22.2% (2.52fte) since last month. Active recruitment is taking place to fill these vacancies through targeted advertising.

Scarborough
Most wards at Scarborough are running at a vacancy position over 15% at the end of May. Particular areas of risk include AMU (26.25%), ICU (26.64%) and Maple Ward (25.58%). Whilst adverts are being placed every month for these vacancies, there continues to be a reduction in the number of applicants for positions. A recruitment fair was held on 3rd July where 4 candidates were considered appointable following interview and it is hoped that job offers will be made to these individuals shortly.

Of the 16 positions pending start to, 8 are newly qualified staff due to commence between August and October 2017. The Workforce Transformation team are continuing to work closely with clinical areas to review their workforce needs and seek to identify new ways or working.

Over-recruitment of care staff has taken place in some areas, providing additional support to where there is difficulty recruiting to RN vacancies, as well as appointments being made where staff are currently working their notice periods.

York
14 wards on the York site are running with a vacancy position over 15%. The areas of most significant risk are AMU with a vacancy rate of 33.41% (8.53fte), AMB 57.62% (14.71fte), All Elderly Wards with 28.28fte vacancies across these 7 wards, Ward 32 with 26.54% (4.77fte)

and Ward 34 at 43.83% (7.71fte). Of the 61.4fte positions that have been recruited to 50.20fte (81.7%) of these will be newly qualified staff commencing in post between August and October 2017. Recruitment to outstanding vacancies is continuing every month.

In the coming months, trainee associate practitioners in ED, AMU & AMB will complete their training and will offset a number of RN vacancies. Further recruitment of these posts is scheduled.

Over-recruitment of care staff has taken place in some areas, providing additional support where there is difficulty recruiting to RN vacancies, as well as appointments being made where staff are currently working their notice periods. A further HCA Open Day is taking place during June in anticipation of further assistant practitioner recruitment from September 2017.

6. Recommendation

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

7. References and further reading

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

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

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

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available

e that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

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

Comments

Hospital Site Details	Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
				Registered midwives/ nurses		Care Staff		Registered midwives/ nurses		Care Staff									
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1080	750	720	1020	660	660	660	693	69.4%	141.7%	100.0%	105.0%	526	2.7	3.3	5.9
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		900	885	900	825	660	649	330	330	98.3%	91.7%	98.3%	100.0%	431	3.6	2.7	6.2
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1080	1032	1800	1686	990	968	660	682	95.6%	93.7%	97.8%	103.3%	929	2.2	2.5	4.7
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	326 - ACUTE INTERNAL MEDICINE	300 - GENERAL MEDICINE	1800	1488	1440	1368	1650	1309	1320	1342	82.7%	95.0%	79.3%	101.7%	573	4.9	4.7	9.6
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1440	1062	1080	1188	660	660	660	847	73.8%	110.0%	100.0%	128.3%	811	2.1	2.5	4.6
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2250	1815	900	705	1320	1089	330	418	80.7%	78.3%	82.5%	126.7%	546	5.3	2.1	7.4
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1627.5	1417.5	465	420	682	660	341	319	87.1%	90.3%	96.8%	93.5%	229	9.1	3.2	12.3
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Graham	430 - GERIATRIC MEDICINE		900	798	720	948	660	660	660	682	88.7%	131.7%	100.0%	103.3%	532	2.7	3.1	5.8
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		720	720	360	360	660	660	330	330	100.0%	100.0%	100.0%	100.0%	357	3.9	1.9	5.8
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1080	810	900	1050	660	660	660	726	75.0%	116.7%	100.0%	110.0%	537	2.7	3.3	6.0
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE	100 - GENERAL SURGERY	3150	2340	450	570	2310	1837	0	0	74.3%	126.7%	79.5%	-	155	26.9	3.7	30.6
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY		1800	1470	1800	1627.5	990	814	990	902	81.7%	90.4%	82.2%	91.1%	721	3.2	3.5	6.7
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2250	1875	1125	1282.5	1320	1188	660	693	83.3%	114.0%	90.0%	105.0%	570	5.4	3.5	8.8
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1440	1182	1980	1944	990	957	990	1100	82.1%	98.2%	96.7%	111.1%	962	2.2	3.2	5.4
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	328-STROKE MEDICINE		1080	1056	720	708	990	869	330	451	97.8%	98.3%	87.8%	136.7%	444	4.3	2.6	6.9
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		900	852	1260	1230	660	627	330	341	94.7%	97.6%	95.0%	103.3%	748	2.0	2.1	4.1
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1125	847.5	900	750	660	286	0	286	75.3%	83.3%	43.3%	-	119	9.5	8.7	18.2
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		660	375	814	292.5	187	66	0	44	56.8%	35.9%	35.3%	-	17	25.9	19.8	45.7
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE	101 - UROLOGY	900	592.5	900	1042.5	660	363	330	363	65.8%	115.8%	55.0%	110.0%	333	2.9	4.2	7.1
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1464	1368	876	888	660	671	660	671	93.4%	101.4%	101.7%	101.7%	880	2.3	1.8	4.1
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1665	1404	1080	984	1080	946	660	638	84.3%	91.1%	87.6%	96.7%	729	3.2	2.2	5.4
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2475	2362.5	1125	1012.5	1320	1298	660	660	95.5%	90.0%	98.3%	100.0%	846	4.3	2.0	6.3
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1350	372	348	1023	1012	341	297	90.7%	93.5%	98.9%	87.1%	494	4.8	1.3	6.1
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1575	1545	1350	1860	660	660	990	1276	98.1%	137.8%	100.0%	128.9%	885	2.5	3.5	6.0
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1260	1158	1080	1308	660	660	990	1210	91.9%	121.1%	100.0%	122.2%	690	2.6	3.6	6.3
YORK HOSPITAL - RCB55	26	110 - TRAUMA & ORTHOPAEDICS		1575	1522.5	1350	1695	660	660	990	1265	96.7%	125.6%	100.0%	127.8%	869	2.5	3.4	5.9
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1440	1308	1117.5	1164	660	847	660	781	90.8%	104.2%	128.3%	118.3%	832	2.6	2.3	4.9
YORK HOSPITAL - RCB55	29	430 - GERIATRIC MEDICINE	103-BREAST SURGERY	1440	1224	720	696	660	649	660	583	85.0%	96.7%	98.3%	88.3%	493	3.8	2.6	6.4
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2025	1882.5	900	937.5	660	660	330	374	93.0%	104.2%	100.0%	113.3%	491	5.2	2.7	7.8

Hospital Site Details	Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
				Registered midwives/ nurses		Care Staff		Registered midwives/ nurses		Care Staff									
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY	361 - NEPHROLOGY	1476	1296	1080	1122	660	660	990	1023	87.8%	103.9%	100.0%	103.3%	821	2.4	2.6	5.0
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	301 - GASTROENTEROLOGY	1440	1248	1080	1212	660	660	990	1155	86.7%	112.2%	100.0%	116.7%	835	2.3	2.8	5.1
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE		1440	1152	1080	1044	660	671	990	968	80.0%	96.7%	101.7%	97.8%	871	2.1	2.3	4.4
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1260	1074	1080	1512	660	660	990	1254	85.2%	140.0%	100.0%	126.7%	858	2.0	3.2	5.2
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1065	1072.5	1860	3217.5	660	660	660	1595	100.7%	173.0%	100.0%	241.7%	600	2.9	8.0	10.9
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1260	1038	1080	1446	660	660	660	968	82.4%	133.9%	100.0%	146.7%	715	2.4	3.4	5.8
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	328-STROKE MEDICINE	430 - GERIATRIC MEDICINE	1440	1434	1260	1278	990	957	990	1100	99.6%	101.4%	96.7%	111.1%	633	3.8	3.8	7.5
YORK HOSPITAL - RCB55	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2250	1837.5	1800	1815	1320	1166	990	1023	81.7%	100.8%	88.3%	103.3%	734	4.1	3.9	8.0
YORK HOSPITAL - RCB55	Frailty Unit	326 - ACUTE INTERNAL MEDICINE	430 - GERIATRIC MEDICINE	2250	1890	1800	1717.5	1320	1078	990	1034	84.0%	95.4%	81.7%	104.4%	734	4.0	3.7	7.8
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1800	1680	330	270	1320	1155	0	11	93.3%	81.8%	87.5%	-	193	14.7	1.5	16.1
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY		990	967.5	465	630	374	374	0	22	97.7%	135.5%	100.0%	-	214	6.3	3.0	9.3
YORK HOSPITAL - RCB55	G1	120 - ENT	502 - GYNAECOLOGY	1440	1278	720	660	990	913	330	341	88.8%	91.7%	92.2%	103.3%	624	3.5	1.6	5.1
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1080	1014	540	552	660	627	330	319	93.9%	102.2%	95.0%	96.7%	543	3.0	1.6	4.6
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		720	714	360	348	660	660	0	0	99.2%	96.7%	100.0%	-	222	6.2	1.6	7.8
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5400	5062.5	450	502.5	3960	3762	330	286	93.8%	111.7%	95.0%	86.7%	389	22.7	2.0	24.7
MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1125	1005	1575	1717.5	660	660	660	660	89.3%	109.0%	100.0%	100.0%	707	2.4	3.4	5.7
SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1125	982.5	1125	1215	660	594	330	407	87.3%	108.0%	90.0%	123.3%	615	2.6	2.6	5.2
ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		900	900	1125	1102.5	660	660	330	330	100.0%	98.0%	100.0%	100.0%	541	2.9	2.6	5.5
ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		615	592.5	772.5	757.5	330	330	330	374	96.3%	98.1%	100.0%	113.3%	262	3.5	4.3	7.8
WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		900	885	1125	1095	660	638	330	330	98.3%	97.3%	96.7%	100.0%	643	2.4	2.2	4.6
	Total			72566	63615	49912	53124	43936	40590	27742	31504					28503			

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Director of Infection Prevention Quarterly Infection Prevention and Control Report Q1

Action requested/recommendation

The Board are asked to:

- Receive the Infection Prevention (IP) report for Q1.
- Acknowledge the risks highlighted and the actions/ interventions implemented to mitigate and reduce Healthcare Associated Infection (HCAI) incidence to improve patient safety, experience and outcome.

Summary

As required by legislative and regulatory requirements, the Trust continues to acknowledge its responsibility to provide safe and effective infection prevention practice with the aim of reducing harm from avoidable infection that occurs either as a direct result of intervention or from contact with the healthcare setting.

This report summarises performance against these requirements and aims to provide assurance of progress against interventions initiated to reduce the increased incidence of HCAI.

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

Implications for equality and diversity

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

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

Reference to CQC

Regulation 12 of the Fundamental Standard – Safe care and treatment: (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Progress of report	Quality and Safety Committee
Risk	Risk to patient safety and experience from healthcare associated infection through variation in compliance with Infection Prevention practice and policy requirements in addition to deterioration in environment and cleanliness standards.
Resource implications	Contractual fines when MRSA bacteraemia and *Clostridium difficile* incidence exceed trajectory and lapses in care identified.
Owner	Beverley Geary, Chief Nurse, Director of Infection Prevention and Control (DIPC)
Author	Vicki Parkin, Deputy DIPC
Date of paper	July 2017
Version number	Version 1

York Teaching Hospital NHS Foundation Trust

Board of Directors – 26 July 2017

Director of Infection Prevention Quarterly Infection Prevention and Control Report Q1

1. Introduction

As required by legislative and regulatory requirements, the Trust continues to acknowledge its responsibility to provide safe and effective infection prevention practice with the aim of reducing harm from avoidable infection that occurs either as a direct result of intervention or from contact with the healthcare setting.

This report summarises performance against these requirements and aims to provide assurance of progress against interventions initiated to reduce the increased incidence of HCAI

2. Incidence

Q1 saw a slight increase in the number of *Clostridium difficile* (CDI) infection compared to the same period 2016/17. However, the Trust has remained below target at 9 cases against the quarterly threshold of 12. There have been no cases to date with no lapses in care, largely due to environment risks on SGH site for which detailed action plans are in place, and antimicrobial prescribing for one case that is being investigated through the SI process.

The Trust target set by Public Health England (PHE) for CDI for 2017/18 remains at 48. PHE comment that data show that acute Trusts have probably reached an irreducible minimum leaving objectives unchanged for this year but collaboration with Commissioners must remain in identifying lapses in care.

MSSA bacteraemia incidence is at 13 cases, the same number for this period last year. This is above the locally agreed target with Commissioners of 30 for 2017/18. PIR of all cases shows that chronic wound infections and intravenous (IV) devices remain primary sources. Initiatives aimed at improving incidence include a multidisciplinary IV lines group that will develop and advise on best practice in relation to insertion and care of invasive devices to ensure compliance with evidence based standards, in particular Aseptic Non Touch Technique (ANTT) and blood culture collection. New equipment is being introduced with the aim of reducing contaminated blood culture specimens that have to be reported nationally as cases of infection that contribute towards the Trust performance target.

There has been one case of MRSA bacteraemia linked to cannula management the target for which remains at zero for 2017/18. The Infection Prevention Team have done further training with ward staff where the case occurred and have trained the Deputy Sister to teach and asses staff in ANTT all of whom are now trained. Recent audits of practice have shown significant improvement in ANTT compliance however, more work is required with Medical staff who are difficult to access.

3. Outbreaks
Beech Ward, Ward 33 and Chestnut Ward were closed due to Norovirus during April and May with an average closure of two weeks. An outbreak of Group A Streptococcal infection occurred in April on Anne Wright ward, this is currently being investigated through the SI process. Staff have been supported in ANTT training and delivery of a detailed environment action plan. New trust guidelines for Group A Strep. been developed and approved. No further cases have been reported.
4. Surgical Site Infection (SSI) at BDH
The final report from the external Peer Review held in February has been received by the Clinical Director. A detailed action plan has been developed by Directorate Leads who have now taken over responsibility for driving continuation of the improvement work under the leadership of a Consultant Orthopaedic surgeon. Infection prevention will continue to support the Directorate in the delivery of the actions identified a recommendation within the report. Assurance of compliance and improvement will be through the Trust Infection Prevention Steering Group (TIPSG). A further case of SSI occurred in total hip replacement surgery in April, PIR is being organised by Directorate leads. (The surgery was however, performed in Scarborough following an acute admission). Screening for Methicillin Sensitive Staphylococcus Aureus (MSSA) is to be initiated, this being the main causative organism together with formal surveillance of prosthetic hip and knee surgery across both acute sites from the 1st April using the Public Health England mechanism. The SSI rate for primary and revision hip replacements in Scarborough and Bridlington for this quarter is 0.6% which is an improvement on previously reported figures demonstrating potential impact of practice changes however, surveillance is not yet complete for the quarter as follow up continues for 30 days post operatively.
5. High Level Disinfection (HPV) and cleanliness
The proactive HPV programme has commenced in the high risk areas on the York site where periods of increased incidence of infection have occurred and the environment poses a significant risk. The programme has not only enabled high level disinfection but upgrade by Facilities staff to improve and mitigate environmental risk factors for infection transmission. A plan for a proactive programme of HPV has also been developed on the SGH with 2 high risks wards disinfected in July and 2 more to follow in August. This is a significant and very positive success achieved through multidisciplinary collaboration for which staff are to be congratulated. Alternative disinfection methods such as UV light technology are being evaluated for areas where HPV is difficult Environmental cleanliness standards have improved in ward areas with Domestic Supervisors working more closely with their teams to improve standards through enhanced supervision and use of UV torches that enable monitoring of cleaning efficacy in real time with the Domestic

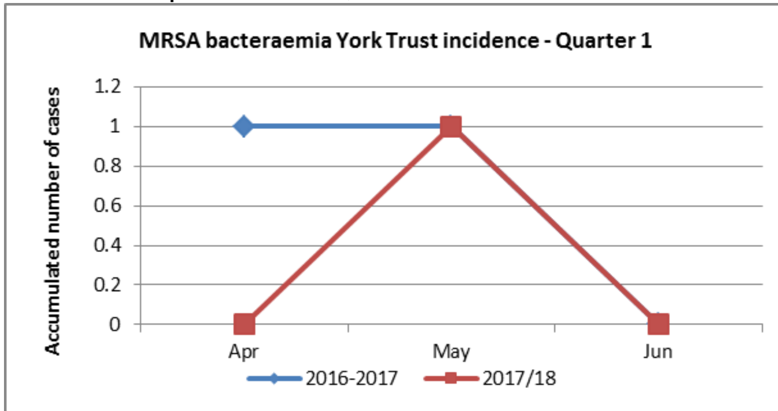
responsible for the area.

6. HCAI incidence and performance

Data below describes HCAI incidence in Q1.

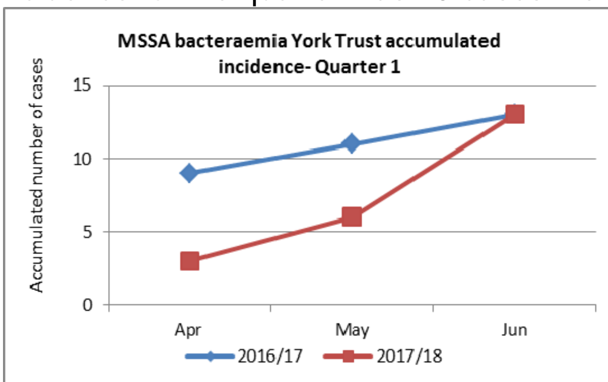
MRSA Bacteraemia:

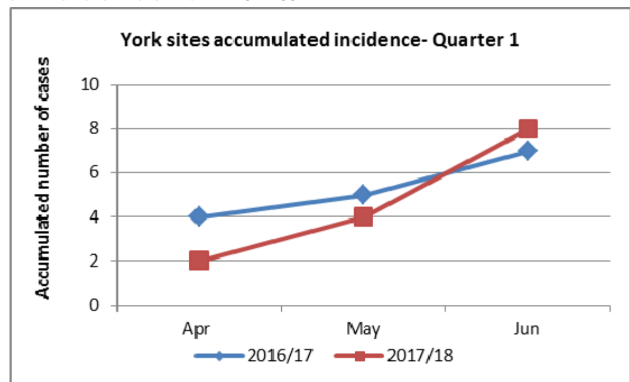
One case reported in Q1, cannula related case.

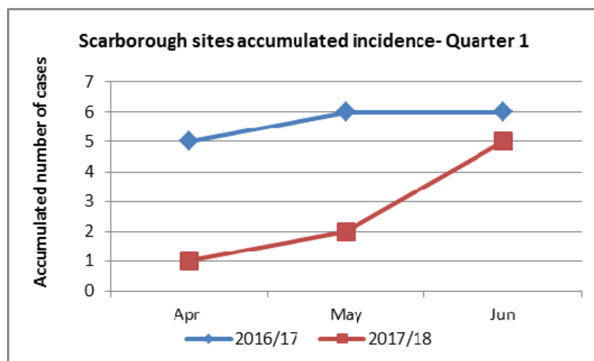


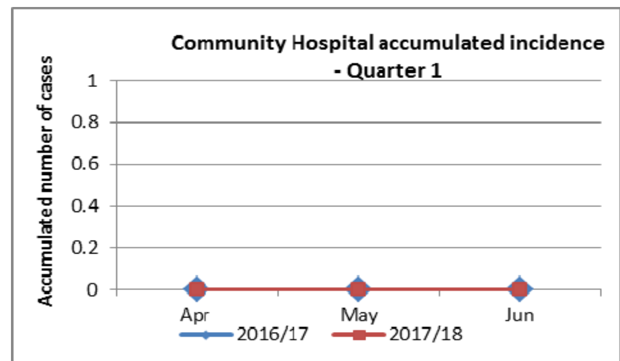
MSSA Bacteraemia:

Incidence for the quarter was 13 cases the same incidence for 2016/17.

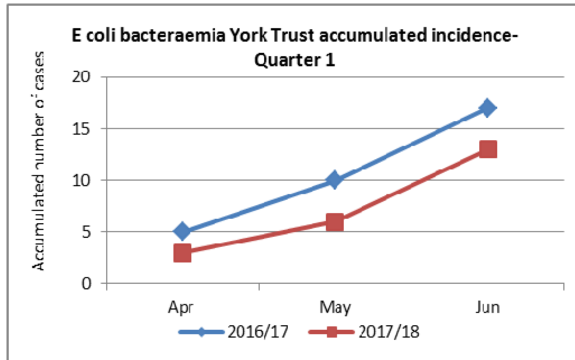


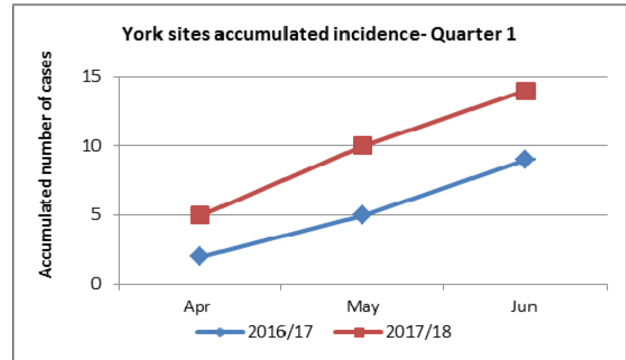


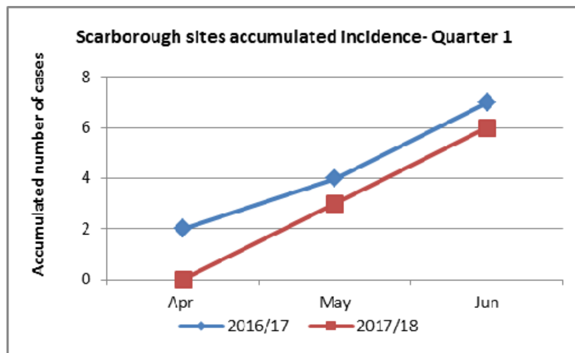


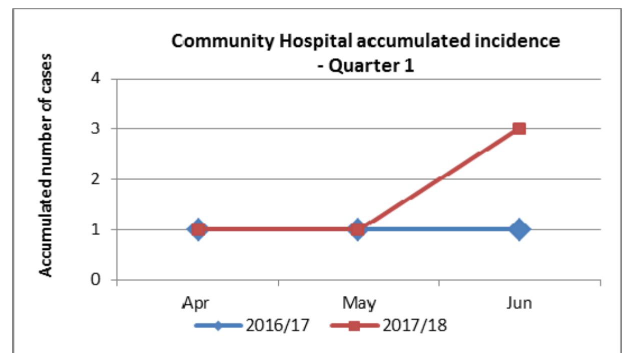


Escherichia Coli Bacteraemia:
Public Health England aim to reduce the incidence of preventable Gram-negative bloodstream infections (GNBSI) by 10% per year. The Trust has begun work with Commissioners to identify where improvements can be made beginning with review of cases to determine root cause.

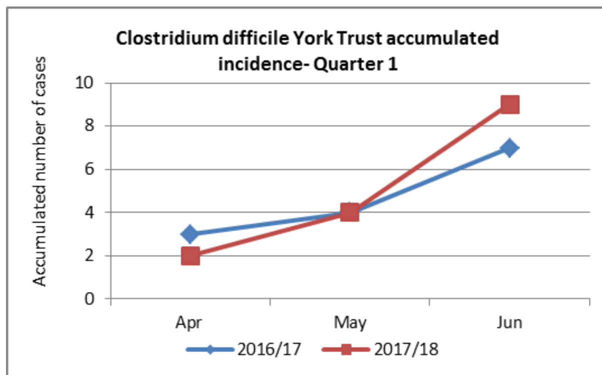


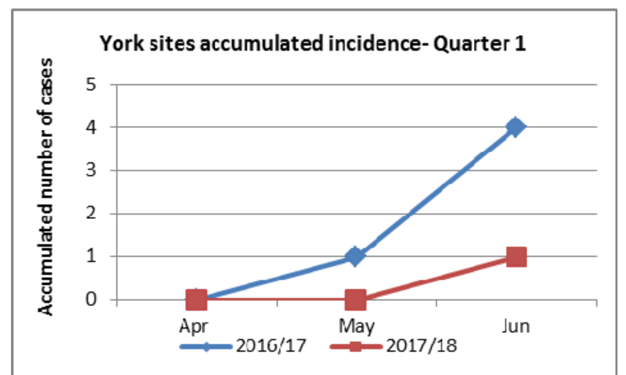


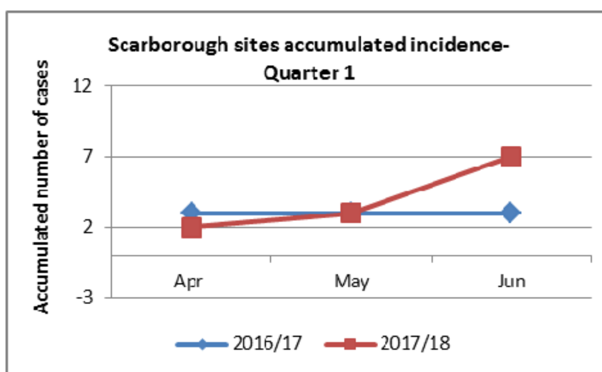


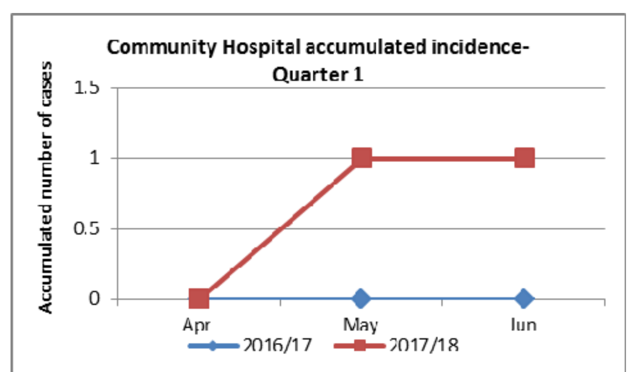


***Clostridium difficile* infection (CDI):**
Q1 incidence was 9 cases compared with 7 cases for the same period last year.



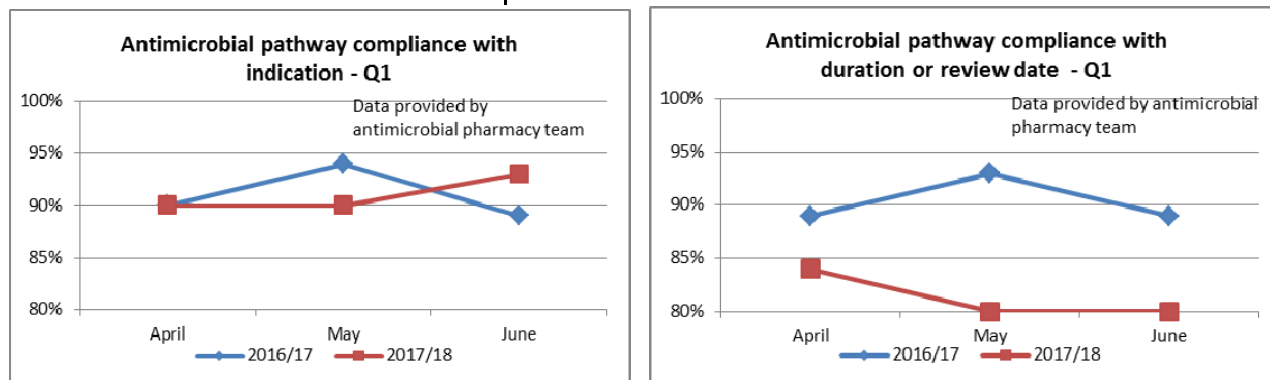






Antimicrobial Stewardship:

The Trust standard is that at least 85% of all antimicrobial prescriptions should have an indication and also a duration/course length specified on the prescription; in addition the national CQUIN requires a 1% reduction in antimicrobial use. To improve standards and compliance pharmacy leads are working with staff to focus attention on the CQUIN and what it`s requirements are in particular in ensuring course length and review dates are documented with referral to an antimicrobial pharmacist when not. Some improvement has been achieved with indication however more is required with duration.



7. Emergency Planning –Pandemic Influenza and Emerging Respiratory Virus sub group

The Pandemic Influenza and Emerging Respiratory Viruses guideline has been revised and is currently being shared with key stakeholders within the Trust before wider consultation with local partners in line with the national emergency planning core standard DD2.

Risks to compliance with the rest of the core standards are lack of an identified cohort ward to be enabled when side room and bay co-horting capacity is exhausted. This and any other issues are being managed through the sub group and a planned options appraisal exercise to determine appropriate locations; these were significant lessons learnt from the 2009 pandemic. In addition, it is best practice to hold an internal exercise or participate in one to test resilience and business continuity, the feasibility of this is being addressed through the Trust Emergency Planning Steering Group.

The IP nurses have fit tested over 300 in frontline staff to use FFP3 respirators and have procured loose fitting hoods to facilitate protection for those staff unable to use respirators.

8. Conclusion

Interventions to reduce HCAI incidence continue to be developed through learning and sharing from outcomes of PIR and outbreak investigation.

IP continue to work with clinical staff to improve practice through ward based educational initiatives in addition to the statutory and mandatory provision. Of particular benefit currently is engagement with staff during ward safety briefs and the sharing of case studies using cases of infection that have resulted in significant harm.

9. Recommendation

The Board are asked to:

- Receive the Infection Prevention (IP) report for Q1.

• Acknowledge the risks highlighted and the actions/ interventions implemented to mitigate and reduce Healthcare Associated Infection (HCAI) incidence to improve patient safety, experience and outcome.
10. References and further reading
Relevant Legislation and Guidance: • The Health and Social Care Act 2008:Code of Practice on the prevention and control of infections and related guidance, updated July 2015 • NICE Infection and Prevention Quality Standard 61 April 2014 • Epic 3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England 2014

Author	**Vicki Parkin, Deputy DIPC**
Owner	**Beverley Geary, Chief Nurse, DIPC**
Date	**July 2017**

E6

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Patient Experience Quarter 1 Report

Action requested/recommendation

The Board is requested to accept this report as assurance on the delivery of the Trust Patient Experience Strategy.

Summary

The Trust's Patient Experience Strategy was launched in September 2016. The strategy focuses on the five core principles of: listening; involving; reporting and responding; acting; and a culture of respect and responsibility.

A detailed implementation plan supports the strategy. This report gives an update on the Q1 Patient Experience activity and identifies priorities for the coming months.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcome 1 (respecting and involving people who use services) and Outcome 17

(complaints).

Progress of report	Patient Experience Steering Group and Quality & Safety Committee.
Risk	No Trust-level risks highlighted. Risks identified through individual complaints and patient feedback are captured and escalated through directorate risk management.
Resource implications	Resources implication detailed in the report.
Owner	Beverley Geary, Chief Nurse
Author	Hester Rowell, Lead for Patient Experience (Volunteering update from Kay Gamble, Deputy Lead for Patient Experience)
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Patient Experience Q1 Report

1. Introduction

The Trust's Patient Experience Strategy was launched in September 2015. The strategy focuses on the five core principles of: listening; involving; reporting and responding; acting; and a culture of respect and responsibility.

A detailed implementation plan supports the strategy. This report provides a summary of the progress against the implementation plan.

2. Listening

Ensuring that people using our services know how to give feedback if they wish to do so, and are confident that feedback (good or bad) is welcomed and acted upon, is the foundation of our Trust's ability to assess the quality of our patient experience, identify areas for improvement and monitor progress.

The results of the national inpatient survey 2016 told us (for patients who received care in July 2015) that:

- 14% of people (just under 3 in 20) were asked to give their views on the quality of care they received
- 21% of people (just over 1 in 5) saw, or were given, information about how to complain.

Since then, much work has been done to increase the visibility of PALS and our patient and visitor information. Developments this quarter were:

- Following stakeholder consultation and Patient Experience Steering Group sign off, the fully revised leaflet, *Your Experiences Matter: how to say thank you, make a comment, get an answer to a concern or make a formal complaint*, has been published. It is available on the Trust website, in patient information leaflet racks around our hospitals and given out by community services in patient information packs.

- The easy read version of the above leaflet (for people with learning disabilities or for whom text-light, picture supported documents are more accessible) is also available and visible in leaflet racks.

- The **patient and visitor information boards** have been printed and distributed to all matrons to be displayed in a suitable place on each of their wards (see photograph in appendix 1). The content, based on consultation with patients and visitors, includes: visitors code; infection prevention information; Trust values; Night Owl – our commitment to reducing noise and night; how to give feedback; and About Our Ward. The About Our Ward poster is different for each ward, but most posters include information about ward routines including mealtimes, ward round times and the ward's commitment to John's Campaign.

National Surveys
Work is underway on five national surveys. These give a high level picture of care in our Trust. They allow us to track patient satisfaction year-on-year; identify themes and trends through thematic analysis; and benchmark with other NHS organisations.

Survey	Status
Cancer 2016	We are expecting to receive the quantitative results on 21 July 2017, with the report of narrative comments to follow in August. The Lead Cancer Manager and Lead Cancer Nurse will be leading the analysis and distribution of the results and action planning process where best practice or areas for improvement are identified.
Children and Young People 2016	We expect to receive the official CQC benchmark report in October 2017, with an internal report of our Trust results ahead of this.
Emergency Department 2016	We have received our internal results report from our survey supplier. The Patient Experience Team completed the thematic analysis of the narrative comments and triangulation with other sources of patient experience feedback. This information was handed over to the Emergency Department matrons and directorate management to agree the key priorities for improvement and action plan. See section 3 of this report for more detail.
Inpatient 2016	The results of the 2016 survey were reported to the Quality & Safety Committee and Board of Directors in June 2017, including the key priorities for improvement and action plan.
Inpatient 2017	Patients eligible to receive the inpatient survey 2017 are those who receive care in July 2017. Posters are being displayed outside wards across the Trust advertising the survey and giving people the opportunity to opt out if they wish to do so. See section 4 of this report for more detail.
Maternity 2017	The survey work is underway for patients who gave birth in February 2017. Results are expected to be published in December 2017.

Friends and Family Test (FFT) Response Rates

The FFT question asks if people would recommend the services they have used and offers a range of responses from extremely likely to extremely unlikely. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor patient experiences. FFT feedback is collected continuously, making it an important mechanism for tracking satisfaction over time.

The latest FFT report is at appendix 2.

This shows that the Trust inpatient response rate has dropped to 19.27%, which is the lowest rate for 12 months. The York and Bridlington response rates are remaining generally steady at 26.4% and 54.7% respectively. The Scarborough response rate has dropped significantly from 26.7% in April to 15.4% in June. This has been escalated via Performance Assurance Meetings and to the Assistant Director of Nursing. The Lead for Patient Experience attended the June Professional Nurse Leaders Forum, where the importance of Friends and Family Test responses was reiterated.

The response rates for the Emergency Departments continue to decline and are at the lowest level, on both sites, for 12 months. Both matrons have confirmed that they are actively taking ownership of the Friends and Family Test in their departments. Feedback has been obtained from other trusts with consistently good response rates, which indicates that staff engagement in promoting the FFT is the key. The way the eligible patient population is calculated also being examined to understand whether patients streamed to urgent care are included – this is a particular issue for Scarborough where the urgent care centre is run by Yorkshire Doctors.

Increased use of text messaging for FFT is being explored, with Medical Elective Services and Endoscopy leading the way. These two inpatient areas have been chosen as they have historically had low response rates. This is being done in partnership with matrons and/or services leads to ensure it is appropriate for the patients using the service and that staff are engaged in the process.

Medical Elective Services will be going live with texting in July. The Endoscopy team are ready to go, once Systems and Network Services confirm that they have the correct coding set up to pull out this patient group.

Friends and Family Test in Community Services

To date, limited numbers of responses have been received by community teams. To increase the amount of patient feedback, the Community Services team piloted in May and June asking the Friends and Family question as part of a follow up telephone call. The calls are being made by a member of the administration team, following an agreed script. If patients have any questions or concerns, these can be directly passed to a member of nursing staff. The success of this approach is currently being evaluated.

Patient Experience of the Emergency Department

The Operational Performance Team requested that new patient experience information was captured as part of a new set of metrics for assessing ED performance. It was agreed that this would be incorporated into the Friends and Family Test data collection process. The two new questions are:

- Did you understand the decisions and/or recommendations that had been made by the staff?
- Did you understand what would happen next (if anything) in your care or treatment?

3. Reporting, Responding and Acting

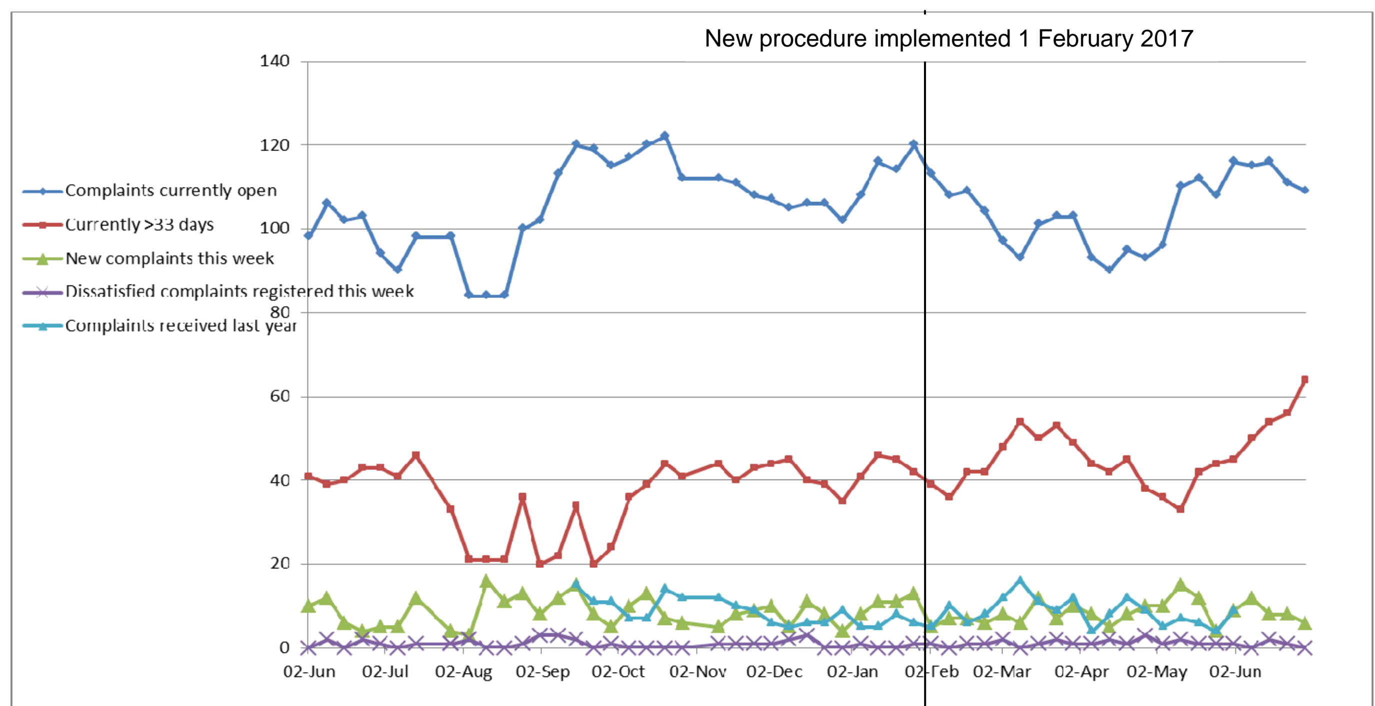
Developments to Patient Experience Reporting

The monthly ward/department-level FFT reports and Complaints, Compliments and PALS report continue to be sent to matrons, directorate managers and deputy directorate managers.

Responding to Complaints

The new Policy and Procedure on Concerns and Complaints was implemented from 1 February 2017.

Current figures show that the caseload of open complaints remains relatively steady, but the number of complaints over 33 days has risen significantly. Escalation reports are provided to the Chief Nurse Team to support each directorate's performance assurance meeting.



Responses within target timescale	Mar 17	Apr 17	May 17	June 17
Number of cases closed	43	30	30	45
Number of cases closed within 30 days	5	12	8	9
%	11.6%	40%	27%	20%

The complaints officers have regular meetings with each directorate. A key agenda item is to review progress with each open case, offer support if necessary and, if required, prompt the investigating officer to keep the complainant informed about progress.

Internal Audit – Management of Complaints and Concerns
Internal Audit reported the findings of their review of the Trust's complaints handling. They reported significant assurance on compliance with the NHS Complaint Regulations, which included the policies and procedures in place, and the arrangements for acknowledging, investigating and responding to complaints.

A finding of limited assurance was reported for learning from complaints, as evidence could not be systematically provided to demonstrate that the action plans from complaint investigations had been completed.

The following progress has been made against the required action plan:

Recommendation	Update
The 'Handling Complaints and Concerns' and the 'Investigation following Incidents, Complaints and Claims' policies and procedures should be updated, ratified and published as soon as possible.	Completed 31 January 2017
It should be mandatory for all new Investigating Officers to undertake the training package, prior to being asked to investigate a complaint.	Complaints investigation and response training is delivered via a blended approach. - 60 investigating officers representing all directorates received a one-day training course from a specialist external provider in 2015 and 2016. - Guidance documents for investigating complaints, requesting and giving statements and using the Datix system are available. These were all produced or updated in 2016 or 2017. - Team training sessions on complaints resolution will be provided by the patient experience team on request – in 2016 and 2017 these have been provided to five teams. - 1:1 training on the complaints process is offered by the complaints officers for every new deputy directorate manager and matron. An initial meeting with the patient experience team is usually part of a new member of staff's induction process and further training needs are identified via this route. This is currently delivered on an as-needed basis. It is not currently mandated. - Should responses submitted to the Chief Nurse Team for checking be found to be below the required standard, additional support will be offered.

Investigating Officers should be given sufficient protected time to undertake their investigations and provide a written report.	The new complaints policy and procedure puts ownership of the complaints process into each directorate. Deputy directorate managers report to their directorate manager and matrons report to their assistant director of nursing. This structure ensures that support and performance management match with line management arrangements.
The Terms of Reference for the Patient Experience Group should be updated to include current reporting lines.	Revised ToR presented to July 2017 Patient Experience Steering Group for discussion and approval.
The Patient Experience Team should implement a system to follow up documented actions arising from an investigation into a complaint.	A complaints audit process started in Q4 2016-17. A sample of 25 cases each quarter is drawn and compliance with the complaints process is assessed via an agreed audit tool. This includes follow up of actions.
Consideration should be given to updating the Terms of Reference for the Patient Experience Steering Group to include the monitoring of audits for completed action plans.	Revised ToR presented to July 2017 Patient Experience Steering Group for discussion and approval.

Themes and Trends from Complaints and Concerns

The Patient Experience Team is providing directorates the data which helps them keep track of their own cases. This should support them to:

- Deliver timely responses
- Identify themes and trends
- Record actions and learning to inform improvement through directorate governance systems.

Each directorate has a Datix dashboard which shows:

- Open complaints and PALS cases
- Numbers of cases received by month, ward/service and theme.

ED and Specialist Medicine are using their dashboard to pull out lessons learned to inform their directorate governance meetings.

Dashboards also show numbers, themes and trends re:

- End of life care
- Dementia care
- Professional standards.

Themes and trends at Trust-level are reported in the monthly Complaints, Compliments and PALS Report. There were 119 complaints and 500 PALS concerns received in Q1 which is in line with previous quarters. Themes and trends are:

- **Trauma and Orthopaedics**
  There are 8 complaints in June month for T&O, which is high compared to average for the directorate. There is no theme or particular location that they relate to. The directorate also received 17 concerns, of which 6 related to Ward 28, 3 related to Scarborough outpatients and 3 related to waiting lists. Ward 28 has a development plan in place, led by the matron and sister and supported by the Organisational Development and Improvement Learning (ODIL) team.

- **Patient Access Contact Centre**
  Systems and Networks had double the usual number of contacts in June. 14 contacts to

PALS were due to problems accessing the **Patient Access Contact Centre**. The Patient Access Team were experiencing staffing issues and a plan is in place to increase staffing, explain to patients that they may have to wait longer than we would like to answer calls, and to point people at the web-based services.

- **Ophthalmology**
  In June Ophthalmology had the highest number of contacts in the last 12 months. Within these, the theme (7 of 17) was waiting for an appointment or having an operation cancelled. 4 contacts were from people unable to get through to the department and 3 had questions about medication.

Satisfaction Scores, Themes and Trends from Friends and Family Feedback

	% Patients Satisfied April	% Patients Satisfied May	National Average % (April 17)
Inpatient	96.3	95.0	96
Emergency Department	85.4	85.1	87
Maternity	98.0	98.9	97

The Emergency Department receives the greatest number of comments of all areas in the Trust. The main themes are consistent with Q3 and Q4 2016-17:

- Appreciation of medical and nursing staff (particular comments re good treatment of children/young people)
- Dissatisfaction with waiting times and lack of information about the length of wait.

Other themes, again are consistent:

- Parents concerned about waiting with distressed children and feel they should receive priority attention
- Uncomfortable seating and bright lighting during periods of long waits
- Lack of privacy when explaining the nature of illness/injury at reception
- Attitude of staff at reception desk
- Access to food and drink – particularly healthy food.

These themes have been triangulated with the results of the 2016 Emergency Department survey to inform a single action plan. This is being presented to the July 2017 Patient Experience Steering Group.

For inpatients, top themes and directorate/service actions are shown below.

Ward/service	**Issue**	**Action**
Wards 16 and 22 (AMU)	Noise at night	Matrons continue to lead the Night Owl project. The Patient Experience Team have contacted both teams to prompt further awareness raising with staff and ensure sleep packs are available.
Ward 25	Staffing levels (three comments in May) and poor response to call bells (two comments in May)	Future reports will be monitored and learning from complaints and PALS triangulated to identify whether this is an ongoing issue.
Chemotherapy at Scarborough	Inadequacy of space/facilities	A business case for a mobile chemotherapy unit was previously approved and the service will soon be accessible to patients
Theatres/Extended Stay Area	In April and May there were two comments that it was	Monitor over coming months to identify if this is an emerging theme.

	embarrassing to be wheeled down the main corridor between theatre and Extended Stay Area	
Ambulatory Care	Lack of signage to the unit (this has also been identified via PALS). The name of the unit is not identified on Trust maps or wayfinders.	This has been flagged to the directorate and to estates.
Extended Stay Area	Uncomfortable trolleys - seven people commented that they found the trolleys uncomfortable and would have preferred a bed after their operation	Wendy Brown, Matron explains that all patients are nursed on trolleys in ESA as it is a 23 hour stay ward for routine planned admissions. Trolleys are designed for this purpose with a thicker mattress, which also helps with pressure relief. If patients are more infirm they will be admitted to an inpatient ward not ESA. If a patient's stay is extended a bed would be sought.

Quality Assuring PALS Responses
Part of the PALS review in 2016-17 was to introduce a standard operating procedure (SOP). This was particularly important at a time when new staff were joining the team to ensure consistency and support staff in their role. A document with standard formats and wordings for frequently asked questions has been produced - this is not intended to be used as a one-size fits all, but demonstrates and supports the expected standard. The team hold a monthly quality meeting with their team leader where they do an end-to-end peer review of a sample of cases to support learning and improvement. The SOP was reviewed in June 2017, six months after implementation. A new section on approval for responses has been added, confirming the established practice that responses are approved at a level proportionate to the issues raised or question asked.

Learning from Complaints - Audit
A retrospective audit of 25 cases closed in quarter one was undertaken to check compliance against the Trust complaints policy and best practice for case handling. This represents 23% (111) of the total cases closed for the period. The Datix files relating to these complaints were reviewed against the audit checklist enabling actions taken at the various stages of the complaint process to be checked.

To distinguish best practice from poor practice the threshold of good evidence of compliance with best practice was set at 90%. The overall score was 69% (partial compliance). The audit results confirm the findings of the recent Internal Audit of Complaints Management, that the Trust complaints process (compliance with NHS Complaint Regulations) is being delivered. The full report is on the agenda for the July 2017 Patient Experience Steering Group.

There was strong evidence that an apology was given where appropriate and the investigating officers achieved a high score for addressing the issues raised in the complaint and explaining specialist terminology.

Key areas for improvement (process):

- In the sample audited, the Trust responded to 28% (7) of complainants within the target timescale of 30 working days. The average response time was 54 working days.
- There was often no evidence that the investigating officer had maintained contact with the complainant during the investigation.
- Outcomes (upheld/partially upheld/not upheld) were recorded but not always correct.

As part of the audit, there was a greater focus on whether action plans have been completed. In order to drive improvements, the Patient Experience Team recommends that directorates prepare action plans, within a specified time frame, to address the failings they identify as part of their

investigation. The purpose of these plans is to help prevent failings happening again.

The Complaints Policy requires investigating officer to explain in their response:

- The specific actions that have been taken or are planned to prevent each of the failings happening again
- Who is responsible for each of the actions
- When the actions will be completed
- How completion will be evidenced.

28% (7) of the cases audited did not require any actions.

The relevant investigating officers were contacted about the remaining 72% (18) and asked to confirm that their outstanding actions had been completed and to describe their evidence. To date confirmation has been received for 12. Of the remaining 6 cases, 4 are for investigating officers who have been away from work and their evidence will be sought on their return. No evidence was provided for 2 cases.

Strengthening the process for following up actions is a continuing priority. The audit will be repeated every quarter and the results reported to Patient Experience Steering Group. The Patient Experience Team, under the guidance of the Steering Group, will be continuing to support directorates to capture learning and actions from complaints and provide assurance that actions have been completed. Directorates are being held to account for their timeliness of complaint response via the performance assurance meetings.

Outpatient Appointments at Scarborough

There continues to be feedback, particularly via PALS, relating to Scarborough outpatients. There are two outpatient areas: main outpatient reception, accessed via the main (South) entrance; and outpatient reception C, accessed via the North entrance. There is a lack of consistency between the signage and appointment letters, which is causing confusion for patients. Patients who wish to plan their arrangements in advance point out that there is no map of Scarborough Hospital showing the location of departments and parking areas. Patients with appointments at outpatient reception C, who arrive by car at the North entrance are finding that there is very limited parking if they are not blue badge holders. This means they have to find their way to the main visitors' car park on the other side of the site. The distance back to outpatient reception C is then an issue for some, less mobile, patients. Colleagues from the Estates and Patient Access teams are supporting changes to external signage and appointment letters. It is proposed that the Healthwatch Patient Reader Panels are asked to review the new information, in line with the Trust's patient information process.

4. Involving

Child In Charge Day – 22 June 2017

Young people from Westfield Primary Community School took over the running of York Hospital on Thursday 22 June, as part of the Children's Commissioner's Takeover Challenge.

The event gave young people the chance to 'takeover' parts of the hospital for the day. In doing so, they got to experience what it's like to be in a real work environment and take on important responsibilities. The children also had the opportunity to ask questions about how decisions are made and understand the affect these decisions can have on young patients.

The 30 young people from the school spent the day taking part in many activities, including an inspection of the Children's Ward in order to feedback how the trust can make the environment better for young patients. They also learnt about different therapy techniques which included lessons on sign language and anatomy, discovered more about healthier eating from the hospital dieticians and took a behind the scenes visit to A&E.

All the children received a hospital lunch, the same food that is served to children who are in hospital, and they were joined by the Trust's chief executive. During lunch they had free rein to ask Patrick questions.

The children taking part in the challenge were selected via a school application process. They had to explain why they should be chosen for the trip and what they hoped to benefit from it. Many expressed an interest in a nursing career, whilst others were wanted to come along so they could find out how to cure illnesses.

The children were asked for regular feedback during the day in order to capture their thoughts and ideas through creative sessions with the hospitals children and young people therapy team, the arts team and the Trust's patient experience lead.

Comments from two of the young people taking part were:

"My favourite thing was the lunch as the food and service were both amazing. I've also really enjoyed meeting the staff who have all been very lovely; and just being allowed to be in a hospital and see how departments work day-to-day."

"I've really enjoyed being allowed to talk to patients, doctors and nurses and finding out about hospital stays and jobs. I've also really enjoyed exploring the wards and finding out that more goes on in a hospital than you imagine."

All the feedback from the day is now being collated and will inform an action planning session with the Children's Therapies and Child Health teams. The most frequently occurring areas for improvement were:

- The facilities/environment for children in the emergency department
- The facilities in waiting/play areas for older children on Ward 17 and the Children's Development Centre
- Access to wifi (this was one of the most frequently mentioned areas for improvement).

5. Volunteering

Active volunteers	**388**
York and Selby	235
Bridlington, Scarborough and Malton	153
Applications in cohorts 1 and 2	**82**
Applicants offered a role	63
Applicants who have started in their role	21
Applicants in the recruitment process, for placement in July and August	42

Roles recruited to in this quarter are Bereavement Service (2) in both York and Scarborough, Chaplaincy (4), Dining Companions (11), Dementia Activity, Visitors (13), Outpatients (H&N and Radiology) (3). Main outpatients at York have received their first volunteer with plans to extend to more volunteers, Look Good Feel Better – Cancer Care (5) and Breast Feeding Peer Support.

The final Internal Audit report, *Management of Volunteers,* was issued May 2017 and provided 'Significant Assurance' for the service. The review identified positive action had been made towards implementing the agreed actions from the initial *improvement audit.* There were four areas identified for further improvement:

Support mechanisms for volunteers and their supervisors will be established	Whilst there are informal support mechanisms in place and guidance for supervisors issued to a supervisor when a new volunteer is placed, it has been agreed that a formal support mechanism for both volunteers and supervisors will be established and documented. The process of developing these support mechanisms started with a process mapping session on 19 June 2017 where supervisors and volunteers were invited to join the Volunteering Service for a mapping session facilitated by the Service Improvement Team.
Some role descriptions state that there is a requirement to handle patient loads and appropriate training is not provided.	Following the audit it has been agreed that role descriptions will be reviewed to ensure that handling patient loads is not included. The risk profile associated with the role descriptions will be amended to reflect this. This will be discussed with volunteers to ensure that they understand what is and isn't appropriate, ie pushing a wheelchair is not considered to be handling a patient load and is acceptable to continue.
Volunteers are required to refresh their mandatory training every three years.	This will be managed within the Volunteering Service with volunteers being asked to sign up to the Learning Hub in order to update training and access other training that will help them carry out their role. Discussion is taking place with the Learning Hub to create a dedicated volunteering area where volunteers can navigate directly to these courses.
There is not a robust system in place to manage volunteers leaving the Trust.	Whilst all Volunteers sign an Honorary Agreement which details what they should do if they leave the Trust, it has been agreed that a formal, robust system should be established to manage volunteers leaving the Trust. This was an area that was discussed at the process mapping session and will be implemented across the Service.

The Trust used National Volunteers' Week to say "thank you" to all its volunteers. It held two tea and cake sessions at Scarborough and York. Social media was used to focus on a number of volunteers and supervisors who took the opportunity to explain why they volunteer and the value they place on their volunteers respectively. Press releases were issued and Yorkshire Coast Radio carried out an interview with one of our young volunteers from The Duke of Kent ward in Scarborough. Volunteers from the Trust and The Friends of York Hospital also gave their time to be part of the National Volunteers' Week stand.

The week also gave an opportunity for volunteers to receive their new yellow volunteering lanyards which were funded by the Trust Charity.

Citizens' Advice Bureau York – Stroke and Head Injury Information Service
Citizens Advice York is an independent local charity that provides free, independent, confidential and impartial advice on issues including welfare benefits, debt, money advice, employment, housing and homelessness, immigration, consumer, relationship breakdown, community care and other legal matters.

Since 1 May, they have been funded to provide a service to people who have been affected by head injury and stroke and their families at York Hospital. The advice service is available to people

affected by head injury or stroke (discharged and current patients) and their families or carers. The service arrangements were approved through the Elderly Medicine Directorate and links with the acute stroke ward and stroke rehabilitation ward were established through the Stroke Specialist Nurse.

The adviser offers appointments at York Hospital on Wednesdays 11.00 -12.00 and Thursdays 14.00 -15.00. She also meets inpatients on the wards.

6. Culture of Respect and Responsibility

The Patient Experience Team continues to contribute to the Trust's training around managing complaints and concerns and improving communications with patients and visitors. This is, increasingly, linking with the Organisational Development and Improvement Learning (ODIL) Team's work.

Three sessions on communication with patients and families were delivered in May, in partnership with the Assistant Directors of Nursing, as part of the nursing preceptorship programme.

A CPD session on responding to concerns and complaints was delivered for staff registered with the General Dental Council to meet the requirements of their professional registration.

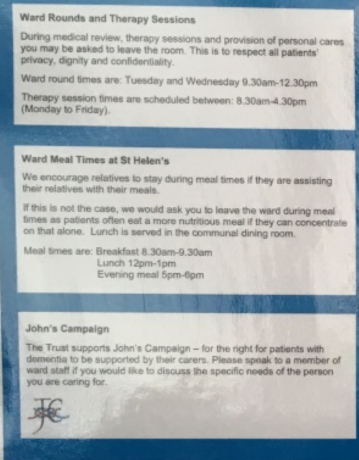
The Lead for Patient Experience is supporting the Matron and Sister for Ward 28 with their ward development plan. They have a weekly ½ hour learning session and the July sessions are focusing on aspects of patient experience.

7. Recommendations

The Board is requested to accept this report as assurance on the delivery of the Trust Patient Experience Strategy.

Author	**Hester Rowell, Lead for Patient Experience (Volunteering Update from Kay Gamble, Deputy Lead for Patient Experience)**
Owner	**Beverley Geary, Chief Nurse**
Date	**July 2017**

Appendix 1
Example of Patient and Visitor Information Board



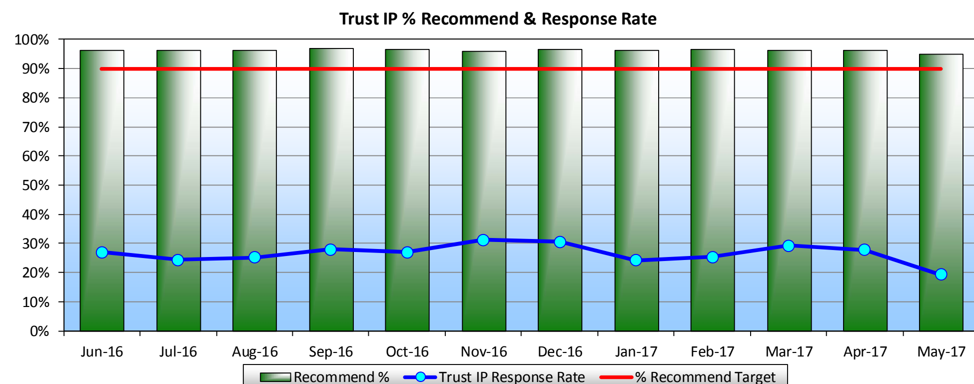
Appendix 2

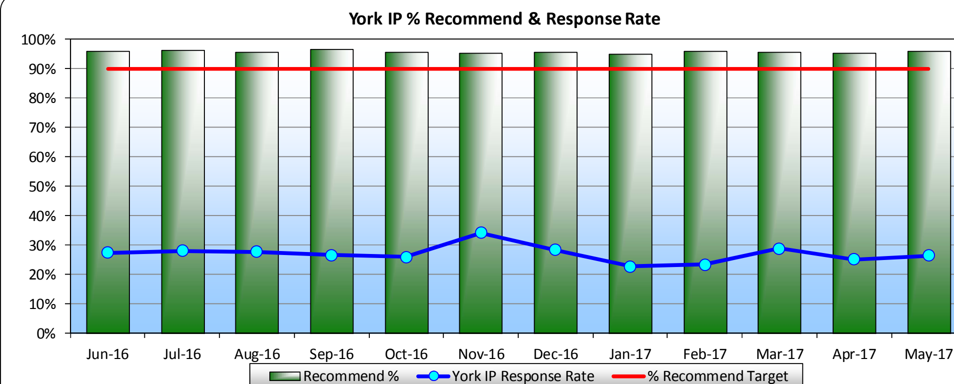
Friends & Family: Inpatients

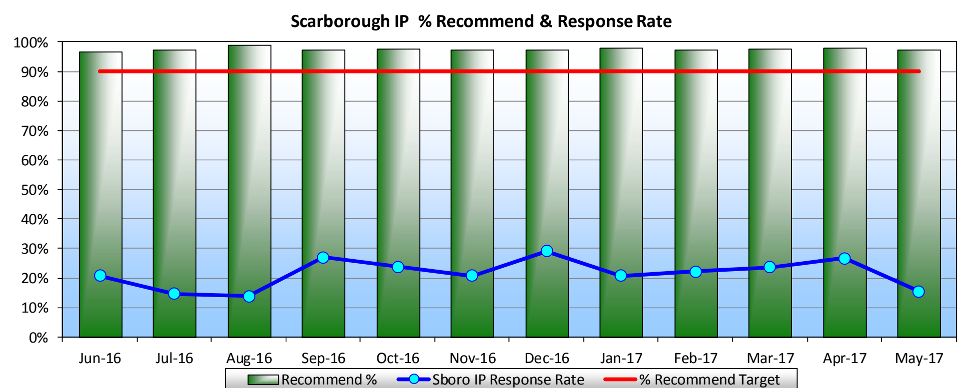
Includes daycase patients and patients <16 as at April 2015

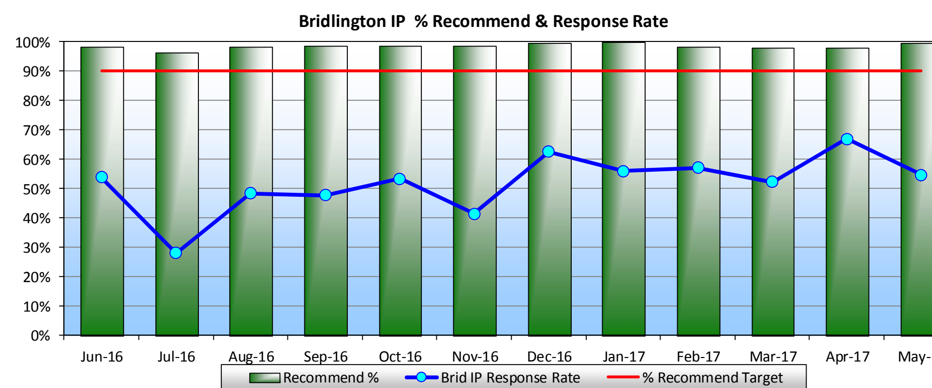
York Teaching Hospital NHS
NHS Foundation Trust

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
York IP Response Rate	27.48%	28.08%	27.78%	26.62%	25.92%	34.22%	28.33%	22.78%	23.45%	28.93%	25.19%	26.44%	27.53%	27.49%	29.54%	25.22%
Recommend %	96.06%	96.30%	95.75%	96.79%	95.88%	95.60%	95.92%	95.17%	96.16%	95.70%	95.30%	96.23%				
Not Recommend %	1.45%	0.90%	1.11%	0.71%	1.26%	1.43%	1.34%	1.18%	0.60%	1.25%	1.04%	1.15%				
Scarborough IP Response Rate	20.73%	14.65%	13.81%	26.96%	23.79%	20.67%	29.10%	20.73%	22.14%	23.56%	26.69%	15.42%	23.67%	18.53%	24.44%	22.16%
Recommend %	96.88%	97.56%	98.96%	97.40%	97.94%	97.55%	97.51%	98.23%	97.40%	97.75%	98.04%	97.37%				
Not Recommend %	0.66%	0.98%	0.78%	0.78%	0.74%	0.53%	0.52%	0.18%	1.04%	0.75%	0.30%	0.72%				
Brid IP Response Rate	53.82%	28.00%	48.38%	47.80%	53.37%	41.40%	62.54%	56.03%	57.19%	52.20%	67.01%	54.71%	50.49%	41.23%	51.99%	54.92%
Recommend %	98.31%	96.57%	98.32%	98.94%	98.74%	98.90%	99.73%	100.00%	98.60%	98.01%	98.14%	99.66%				
Not Recommend %	0.00%	0.57%	0.00%	0.71%	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Trust IP Response Rate	26.97%	24.40%	25.20%	27.92%	26.89%	31.14%	30.56%	24.19%	25.26%	29.17%	27.70%	19.27%	27.77%	25.85%	29.51%	26.32%
Recommend %	96.47%	96.52%	96.53%	97.16%	96.70%	96.21%	96.79%	96.51%	96.81%	96.40%	96.34%	94.96%				
Not Recommend %	1.13%	0.89%	0.93%	0.73%	1.03%	1.15%	0.97%	0.79%	0.60%	1.00%	0.72%	1.89%				





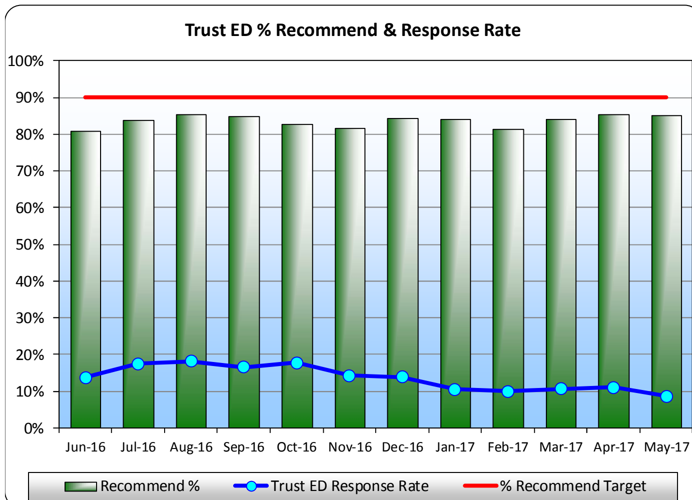


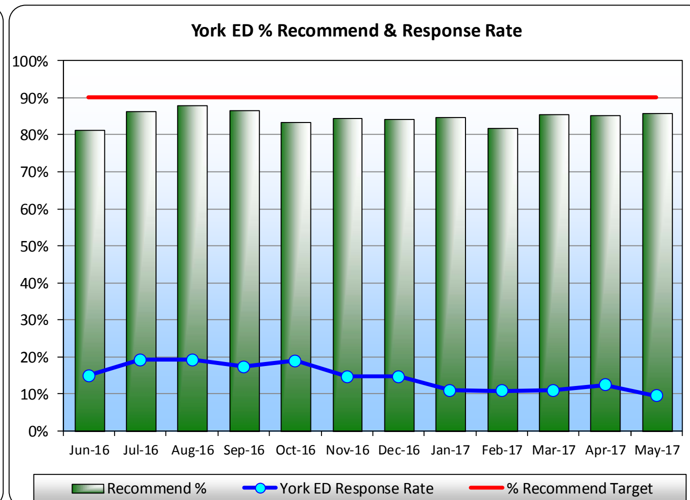


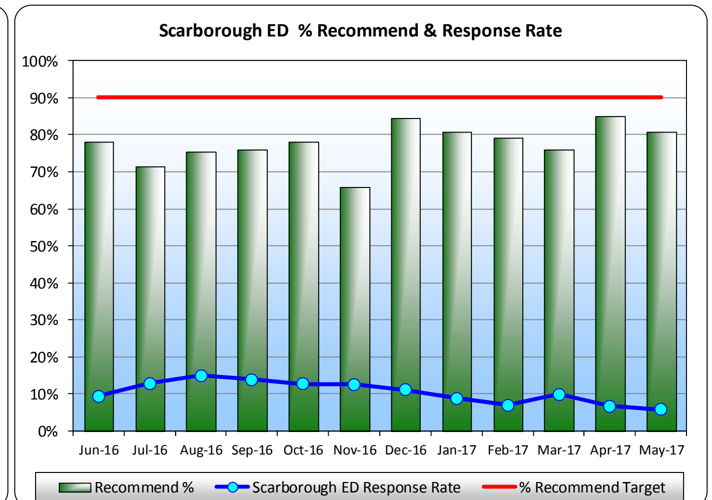
Friends & Family: ED

York Teaching Hospital NHS
NHS Foundation Trust

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
York ED Response Rate	14.87%	19.12%	**19.15%**	17.36%	18.95%	14.71%	14.62%	10.91%	10.85%	10.86%	12.45%	**9.47%**	15.88%	18.54%	16.19%	10.87%
Recommend %	81.44%	86.48%	88.04%	86.80%	83.52%	84.64%	84.32%	84.90%	81.84%	85.75%	85.40%	85.89%				
Not Recommend %	11.68%	8.16%	7.12%	7.76%	9.74%	10.00%	10.45%	9.38%	10.34%	7.48%	7.20%	7.18%				
Scarborough ED Response Rate	9.33%	12.73%	**14.98%**	13.85%	12.72%	12.54%	11.06%	8.84%	6.91%	9.92%	6.71%	**5.76%**	10.88%	13.82%	12.12%	8.56%
Recommend %	78.26%	71.43%	75.52%	75.97%	78.20%	66.06%	84.62%	80.82%	79.31%	76.19%	85.23%	80.82%				
Not Recommend %	13.91%	21.14%	19.27%	17.53%	17.29%	17.43%	7.69%	10.96%	15.52%	13.10%	10.23%	5.48%				
Trust ED Response Rate	13.68%	17.57%	**18.16%**	16.63%	17.71%	14.30%	13.91%	10.52%	10.05%	10.69%	11.03%	**8.64%**	14.81%	17.46%	15.40%	10.43%
Recommend %	80.97%	83.84%	85.58%	84.93%	82.76%	81.61%	84.37%	84.25%	81.49%	84.18%	85.37%	85.13%				
Not Recommend %	12.01%	10.44%	9.51%	9.45%	10.81%	11.21%	10.02%	9.63%	11.06%	8.40%	7.65%	6.92%				

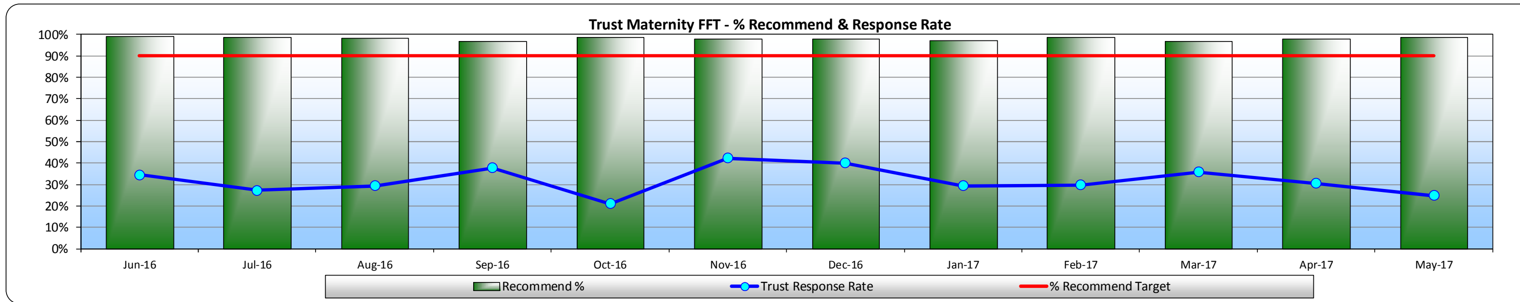




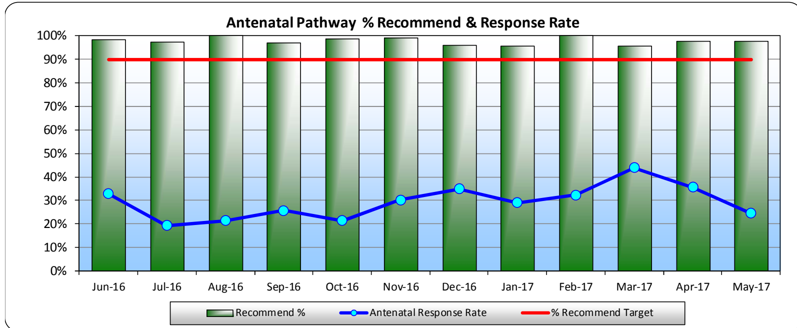


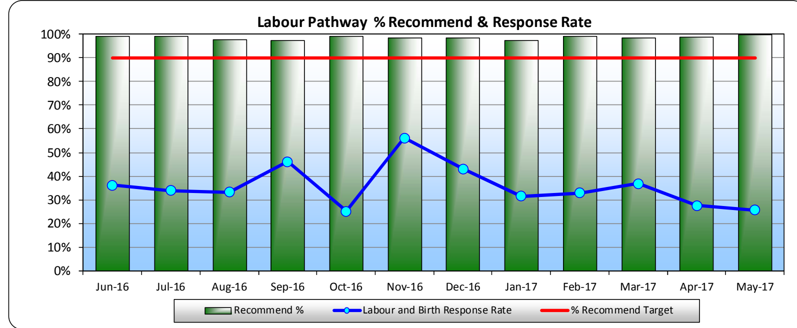
Friends & Family: Maternity

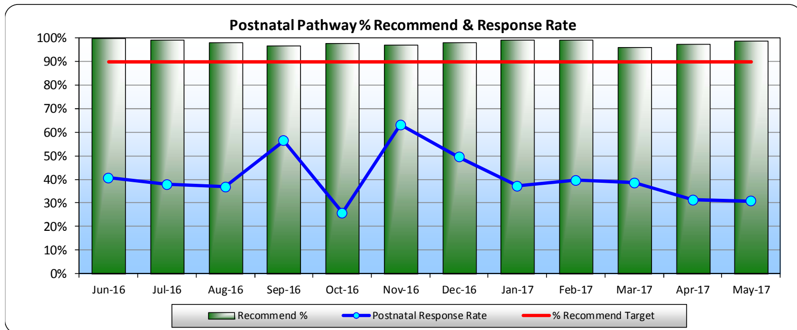
York Teaching Hospital NHS
NHS Foundation Trust

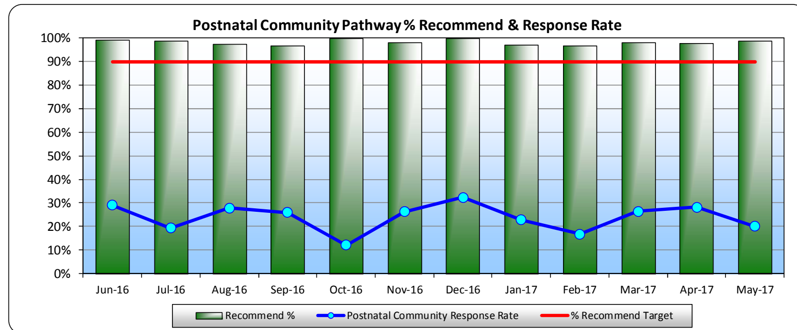


Measure (Trust level)	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Antenatal Response Rate	32.89%	19.30%	21.33%	25.81%	21.33%	30.17%	34.86%	29.02%	32.37%	43.95%	35.53%	24.47%	29.46%	22.05%	28.98%	34.65%
Recommend %	98.37%	97.40%	100.00%	96.88%	98.65%	99.17%	96.12%	95.45%	100.00%	95.65%	97.58%	97.53%				
Not Recommend %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.82%	0.00%	2.90%	0.00%	0.00%				
Labour and Birth Response Rate	36.23%	33.89%	33.26%	46.10%	25.17%	56.16%	43.10%	31.54%	32.80%	36.92%	27.56%	25.59%	30.20%	37.90%	40.59%	33.77%
Recommend %	99.33%	99.30%	97.89%	97.58%	99.09%	98.54%	98.34%	97.56%	99.19%	98.61%	98.97%	100.00%				
Not Recommend %	0.00%	0.00%	0.00%	1.45%	0.00%	0.00%	0.00%	0.00%	0.81%	0.00%	0.00%	0.00%				
Postnatal Response Rate	40.63%	37.92%	36.84%	56.42%	25.71%	63.14%	49.41%	37.21%	39.66%	38.53%	31.23%	30.72%	43.05%	43.69%	45.33%	38.45%
Recommend %	100.00%	99.26%	98.32%	96.83%	97.80%	96.95%	98.21%	99.11%	99.13%	96.03%	97.62%	98.94%				
Not Recommend %	0.00%	0.00%	0.84%	2.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.79%	2.38%	0.00%				
Postnatal Community Response Rate	29.05%	19.31%	27.73%	25.91%	12.13%	26.20%	32.34%	22.80%	16.67%	26.47%	28.13%	20.00%	26.31%	24.32%	23.05%	22.20%
Recommend %	99.12%	98.81%	97.44%	96.69%	100.00%	98.17%	100.00%	97.17%	96.72%	98.15%	97.83%	98.72%				
Not Recommend %	0.00%	1.19%	1.71%	1.65%	0.00%	0.00%	0.00%	0.00%	1.64%	0.93%	0.00%	1.28%				
Trust Response Rate	34.47%	27.23%	29.36%	37.77%	21.01%	42.30%	40.03%	29.38%	29.85%	35.86%	30.61%	24.89%	31.82%	31.48%	34.27%	31.67%
Recommend %	99.22%	98.86%	98.29%	97.06%	98.77%	98.10%	98.12%	97.34%	99.03%	97.09%	97.98%	98.86%				
Not Recommend %	0.00%	0.23%	0.64%	1.47%	0.00%	0.00%	0.00%	0.44%	0.49%	1.16%	0.50%	0.28%				









Blank page

E7

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Quarterly report (Q4 2016/17) of learning from mortality reviews and structured judgement case note reviews

Action requested/recommendation

This progress report has been developed in association with and approved by the Mortality Steering Group. The Board is asked to accept this report as assurance of significant progress with mortality reviews and learning from structured judgement case note reviews.

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

Implications for equality and diversity

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

Reference to CQC outcomes

This paper supports the overall principles of the CQC outcomes.

Progress of report	Quality and Safety Committee
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Jim Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	July 2017
Version number	Version 1

Trust Mortality Review Report

June 2017
Reporting period: Quarter 4 2016 - 2017

Contents

Mortality Review
Page

Number of Deaths 3

Cause of Death 4

Admission 5

Appropriate care / treatment 6

Failure to treat appropriately 7

Appendix A 8

Executive Summary

- Percentage of deaths for Q4 2016-2017 in relation to the total number of admissions during this period have remained the same as Q3 at1.4%.(Q4=1.4%, Q1= 1.3%, Q2=1.2%, Q3 = 1.4%) The number of admissions increased during Q4 compared to Q3 with a slight decrease in February.
- The most common cause of death identified by mortality reviews during Q4 remains as pneumonia, followed by heart failure, cancer and sepsis.
- Of the total number of deaths during Q4, 77% had a completed Mortality Review Proforma as opposed to 90% in Q3.
- 71 of the 455 Mortality Reviews completed (16%) were cases which were reported to HM Coroner.
- 7 Mortality Review reports (2%) indicated a disparity between the certified cause of death and that given after the review.
- Day of admission appears to have little impact on mortality in the acute hospitals, however there remains a significant difference in the Community Hospitals for Q4, showing most deaths occurring for patients admitted on a Friday.
- The percentage of patients noted to be on an inappropriate ward were 2.6% in January, 1.5% in February and 0.4% in March.

Number of Deaths

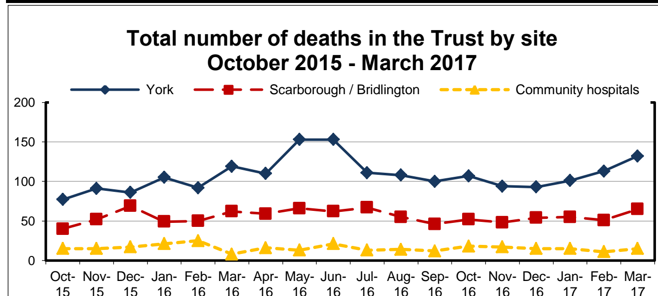
Total number of deaths by month, site and directorate (as provided from Signal) and Mortality Review Proformas received.

Total number of admissions, deaths and Mortality Reviews undertaken by site

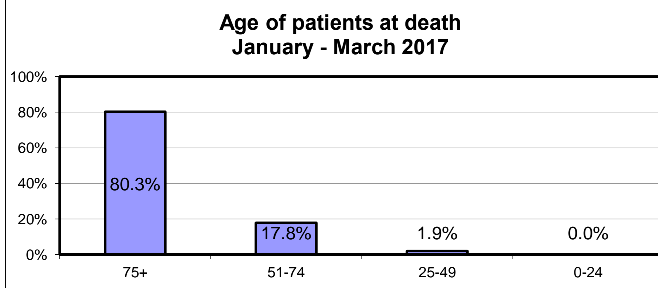
		Jan-17	Feb-17	Mar-17
York	Admissions	9072	8299	9828
	Deaths	150	105	99
	Mortality Reviews	132	98	73
Scarborough / Bridlington	Admissions	4143	3951	4457
	Deaths	84	60	62
	Mortality Reviews	65	33	24
Community Hospitals	Admissions	121	121	138
	Deaths	11	7	14
	Mortality Reviews	11	7	12
Trust Total	Admissions	13336	12371	14423
	Deaths	245	172	175
	Mortality Reviews	208	138	109
	% of Mortality Reviews	84.9%	80.2%	62.3%

77% of the total deaths from January - March 2017 had a mortality proforma completed.

Q4: 2015/16 - 490 proformas were completed during Q4 and 653 deaths (75%)
Q1: 2015/17 - 411 proformas were completed during Q1 and 525 deaths (78%)
Q2: 2016/17 - 372 proformas were completed during Q2 and 482 deaths (77%)
Q3: 2016/17 - 500 proformas were completed during Q3 and 558 deaths (90%)
Q4: 2016/17 - 455 proformas were completed during Q4 and 592 deaths (77%)



An increase in the number of deaths is noted at the York site during January - March 2017. Numbers of deaths at Scarborough and the Community Hospitals remain consistent.



The majority of deaths are inpatients aged over 75 years.

7 Mortality Reviews were received for patients under the age of 49 during Q4, a slight increase from 6 during Q3.

Total number of admissions, deaths and Mortality Reviews undertaken by speciality

		Jan-17	Feb-17	Mar-17
Elderly Medicine	Admission	1156	993	962
	Deaths	121	95	82
	Mortality Reviews	107	76	66
General Medicine	Admission	2432	2218	3019
	Deaths	81	50	60
	Mortality Reviews	63	34	24
Orthopaedics	Admission	738	731	823
	Deaths	7	4	2
	Mortality Reviews	3	2	0
Paediatrics	Admission	1155	1044	1208
	Deaths	0	0	0
	Mortality Reviews	0	0	0
Specialist Medicine	Admission	1406	1383	1699
	Deaths	6	7	3
	Mortality Reviews	3	5	0
Surgery	Admission	2927	2722	2953
	Deaths	17	9	12
	Mortality Reviews	14	9	7

Cause of Death

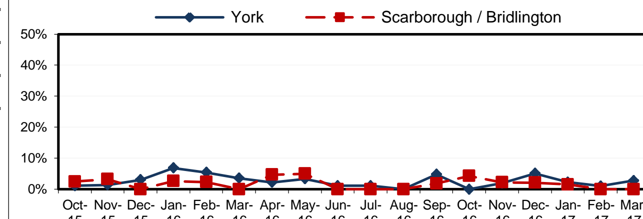
The tables and graphs below show the most common causes of death and data recorded on the Mortality Review Proforma.

10 most common causes of death as identified by Mortality Reviews				
	Jan-17	Feb-17	Mar-17	Total
Pneumonia	59	32	17	108
Heart Failure	25	25	24	74
Cancer	16	9	11	36
Sepsis	17	7	9	33
COPD /Asthma	8	6	5	19
Other Respiratory	8	3	2	13
Dementia /Alzheimer's	8	1	2	11
Old age	2	4	4	10
Stroke	4	4	1	9
GI	5	2	2	9
Total	152	93	77	322

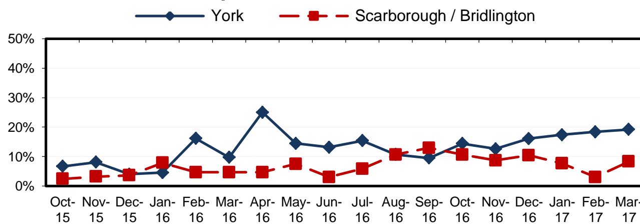
Pneumonia still remains the most common cause of death identified by the Mortality Reviews.

Heart failure remains a concern and has increased slightly from 61 deaths in Q3 to 74 during Q4. Work continues to review the coding in relation to this.

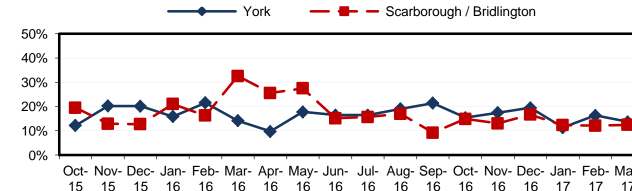
There remains a strong focus on Sepsis especially in relation to coding and this is reflected in the table. The number of deaths has decreased slightly from 42 deaths in Q3 to 33 during Q4.



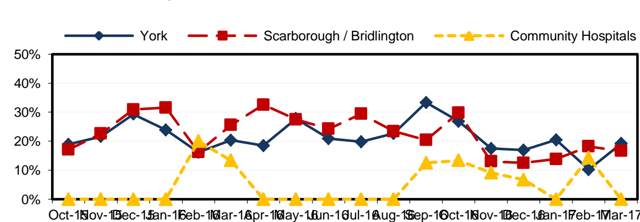
Of the 455 Mortality reviews received during Q4, 2% identified the cause of death to be different to that reported on the death certificate. Of the 2% identified, 86% of these deaths occurred at York Hospital and 14% at Scarborough Hospital.



Where there were pre-existing co-morbidities, these had not been captured on 14% of admissions during Q4 as opposed to 15% in Q3. York Hospital has shown an increase during Q4.

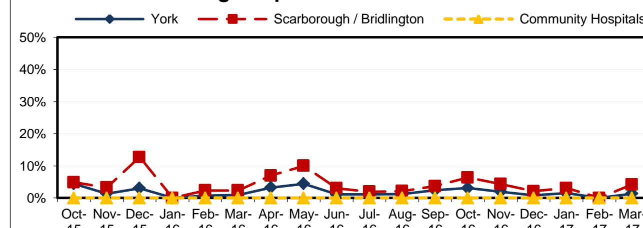


In 12% of cases, the diagnosis at the time of death is different to that on admission during Q4.



Primary reason for referral to coroner:

- Unknown cause of death
- Inconclusive cause of death
- Died within 24 hours of admission.

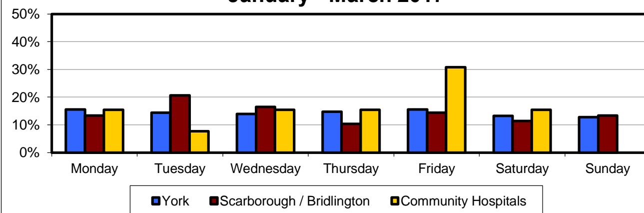


Primary reason for post mortem examination:

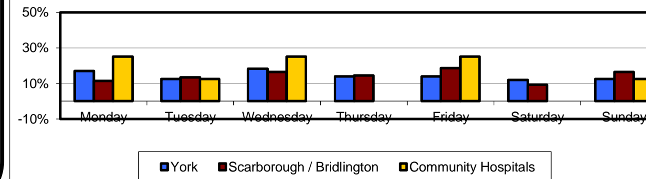
- Unknown cause of death
- Inconclusive cause of death.

Admission

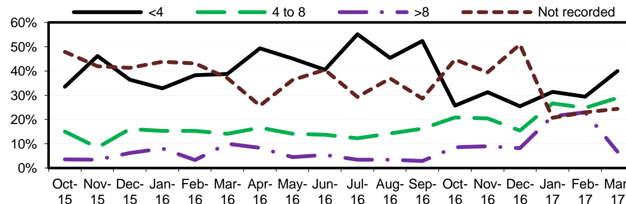
The charts below provide data in relation to day, admission route, time to initial clerking and senior review.



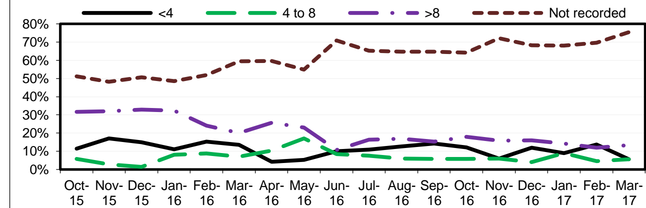
Community Hospitals indicate an increased percentage of deaths for patients admitted on a Friday. Scarborough and York Hospitals indicate consistency throughout the week.



Reports from Community Hospitals indicate during Q4, 25% of deaths occur on a Monday, Wednesday and Friday. Scarborough reports most deaths on a Wednesday, Friday and Sunday and York reports most deaths on a Wednesday.

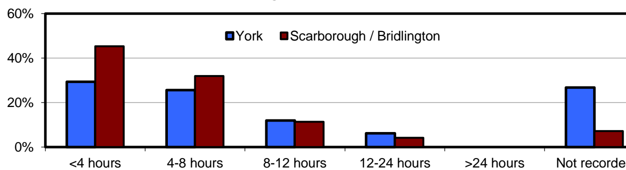


The time from admission to clerking was greater than eight hours for some patients and has shown an increase during Q4. The number of patients waiting over four hours to be clerked has increased to 20 - 25% compared to Q3, 10 - 15%. A large number of reports do not indicate this detail.

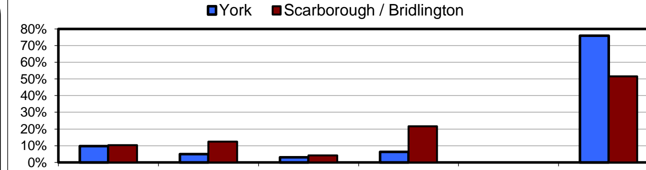


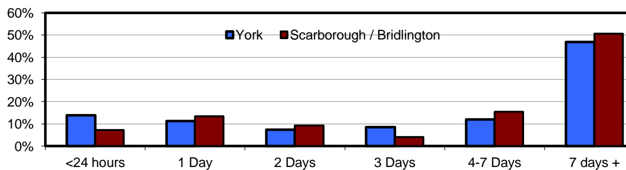
Q4 has shown a gradual increase in February for; time from admission to consultant review within eight hours although an increase in the number of cases where this is not recorded is noted. 11% of patients waited longer than eight hours from admission to consultant review.

From the Mortality Reviews, 16% of patients were seen within 12 hours of admission by a Consultant. However,54% of Mortality Reviews did not document the time from admission to consultant review.

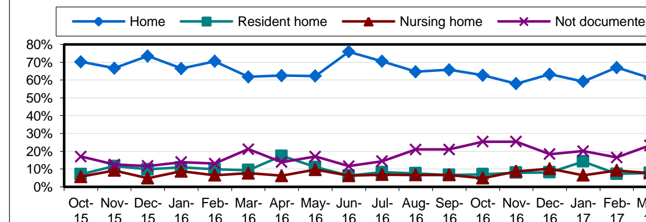


Of the 455 Mortality Reviews completed during Q4 from York and Scarborough, the time from admission to clerking was greater than four hours for 35% of patients. 17% of the reports did not record this information.





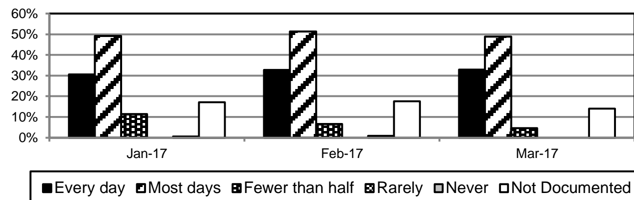
37% of admitted patients reviewed were inpatients for greater than seven days.
31% of patients were in up to four days and 10% were inpatients for between four and seven days.



50% of patients admitted to the Acute Trust came in from their own home during Q4.

Appropriate Care / Treatment

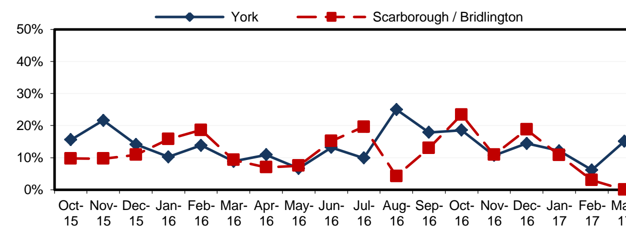
The charts below summarise consultant review frequency and end of life care.



0.4% of patients during Q4 did not have a consultant review.

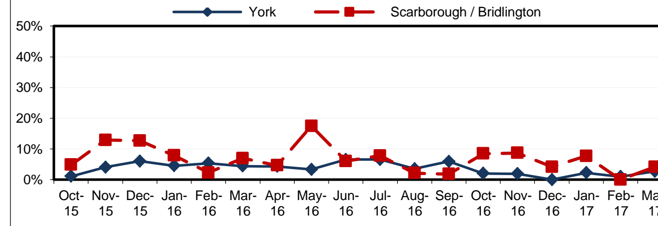
One patient died within 24 hours of admission.

25% of patients were seen every day, a further 40% of patients were seen most days.

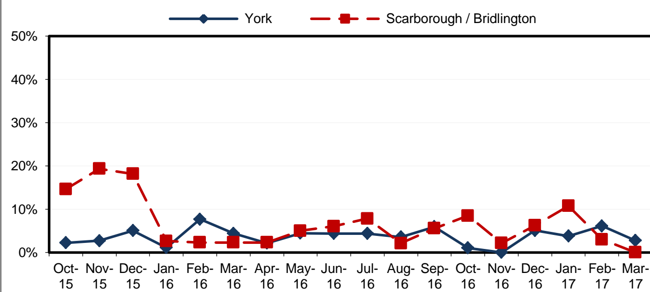


This demonstrates the percentage of patients transferred to a higher level of care unexpectedly due to change in condition. E.g. HDU,ICU,Theatre.

This has shown an increase at York with 15% of cases noted in March. A decrease at Scarborough is noted throughout



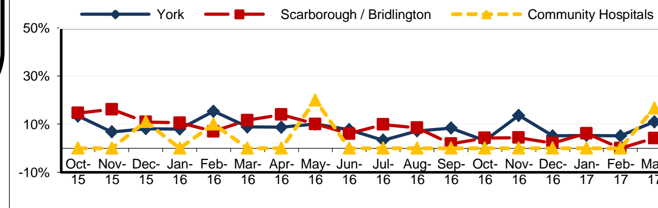
This data includes patients with a diagnosis which may require surgical opinion and therefore in some cases remain under the wrong speciality. There were six cases in York and six cases in Scarborough during Q4.



This data shows the percentage of patients on an inappropriate ward by diagnosis/speciality. E.g Medical patient being cared for on a Surgical ward and vice versa.

This has remained the same as Q3 during Q4 at 1.7% on the Scarborough site.

On the York site there is an increase from 1.5% in Q3 to 2.8% in Q4.

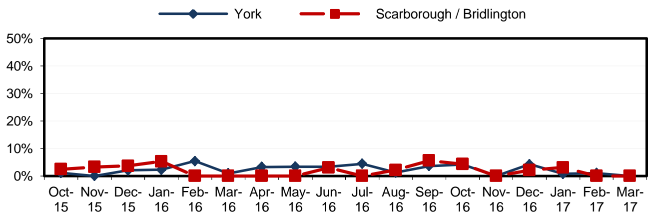


Primary reasons given for inappropriate place to die were:

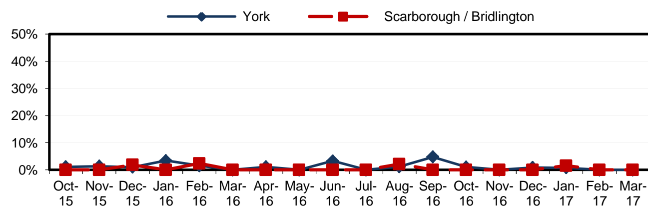
- Delayed discharge, awaiting care packages
- Lack of advanced care planning

Failure to treat Appropriately

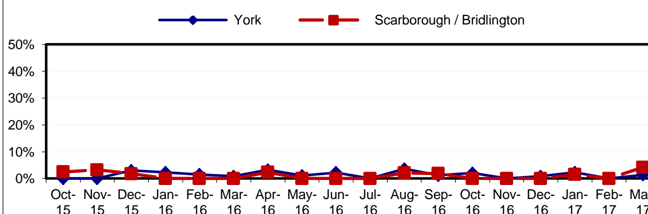
The graphs below summarise end of life decision making.



0.4% of cases have been identified at Scarborough and York Hospital during Q4. Work is on-going to improve the documentation of ceiling of care as part of the review of the admission proforma.

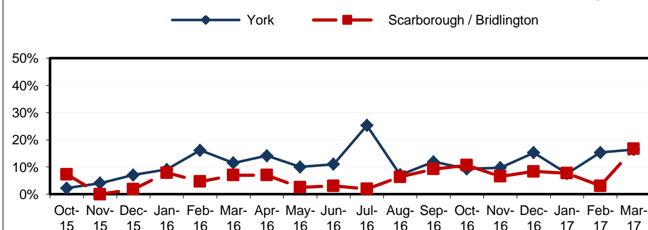


0.4% of cases reported failed to define a clear plan during Q4. one case at Scarborough and one case at York.

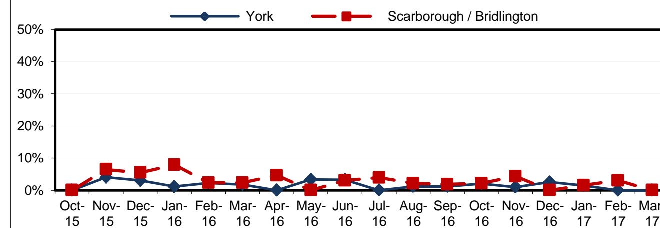


Mortality Reviews have identified that key treatment was not initiated promptly in 1.3% of the cases during Q4; Of the 1.3% of cases, 67% were identified at York and 33% at Scarborough.

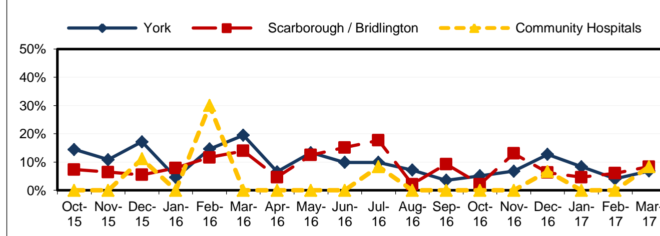
The reasons given for the delay in treatment for these cases were as follows:
- 1 x delay in medical review
- 1 x no escalation
- 1 x medicines management
- 3 x reason not given



No: of pts
Jan 17- 3% of patients
Feb 17 - 4% of patients
Mar 17 - 4% of patients
re-admission related to previous admission:
Jan 17 - 1% of patients
Feb 17 - 0.6% of patients
Mar 17 - 0.8% of patients



There were 0.4% of the cases reported at Scarborough and 0.4% of cases were reported at York during Q4. There are no details on the reviews to indicate why these were thought to be incorrect.

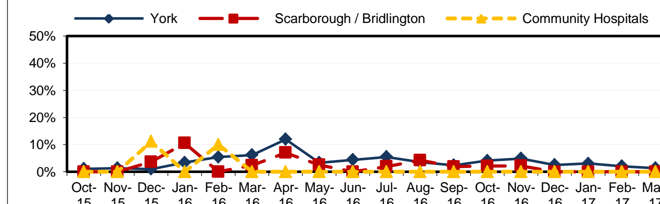


Hospital Acquired Infection:
28 patients were noted to have developed a HAI during Q4.

7% of patients were noted to have developed a HAI at York.

2% of patients were noted to have developed a HAI at Scarborough.

0.2% of patients was noted to have developed a HAI at Malton Hospital.



In most cases in the acute setting, Mortality Reviews have identified that communication was completed well. Poor communication was reported in seven reviews all during Q4.

Appendix A - Learning from in-depth casenote reviews

Structured judgement review

Structured judgement review can be used for a wide range of hospital based safety and quality reviews across services and specialities and not only for those cases where people die in hospital. The purpose of the review is to provide information from which teams or the organisation can learn. On completion of the mortality review proforma if the care overall is deemed to be poor or very poor, (score 1 or 2) or when harms have been identified, or if concerns have been raised about a case this would require a more in depth case note review. Other criteria also include, Learning disabilities, elective admissions those declared an SI and those requiring an inquest.
Judging the level of the avoidability of a death is a complex assessment that can be challenging to undertake. This is because the assessment goes beyond judging quality and safety of care by also taking account of such issues as co morbidities and estimated life expectancy. The judgement is framed by a six point scale (6 –no evidence of avoidability, to 1-definetly avoidable).

In Quarter 4, eight structured judgement reviews were undertaken. Onefrom medical, four from Elderly medicine and three from general medicine.

Overall Care Score	
1	Very poor care – may have led to severe harm(s) or even death
2	Poor care – may have caused moderate or minor harm(s) or led to patient / family distress
3	Adequate care
4	Good care
5	Excellent

Avoidability Score	
1	Definitely avoidable
2	Strong avoidabilty
3	Probably avoidable >50/50
4	Possibly avoidable <50/50
5	Slight evidence of avoidability
6	Definitely not avoidable

	Elderly				Medicine			Medical
Overall care score	3	3	2	3	4	3	2	4
Avoidability score	3	4	4	5	6	5	6	5

Appendix A

The phase of care structure provides a generalised framework for the review and also allows for comparisons among groups of cases at different stages of care.

Phase of care headings

- Admission and initial care-first 24 hours
- On-going care
- Care during a procedure
- Perioperative/procedure care
- End of life care (discharge care)
- Assessment of overall care

Main Issues Identified for those cases in Q4:

- Failure to escalate/act
- Management of baclofen withdrawal and restart
- Use of LMWH
- Delays in ED especially frail elderly, risk of harm and pressure damage
- Early involvement of LD nurse and Safeguarding team where appropriate
- Clear communication in relation to EoL care and use of the EoL care pathway
- Early escalation and monitoring of renal functions and use of input/output charts in patients with AKI
- Clear documentation in relation to escalation
- Early senior input
- A full set of observations to be taken prior to discharge
- Involvement of Consultant in sign off of DNACPR and death certification
- Poor ED assessment, referral CoC decisions made OOH, died before senior review
- Poor communication between medical and nursing staff on AMU

Good care points:

- Excellent FY1 assessment when NEWS score 8
- Appropriate escalation and handover
- Critical care and senior review ,involvement of family
- ACP assessments at WXC comprehensive
- Junior doctors management of the dying patient very good
- Prompt assessment investigation and treatment
- Good clerking and PTWR
- Initial treatment in ED/AMB prompt and appropriate with treatment for sepsis and prevention
- Early discussion with patient/family about DNACPR and appropriate decision making

Actions identified:

- Reliable systems in place to avoid pumps running out
- Minimise ED delays especially in vulnerable groups
- Use of EoL care pathway; active symptom control and withdraw/desist from futile interventions
- Use of AKI bundle
- Early senior input
- Document level of escalation early on
- Early escalation monitoring of renal functions
- ACP should be actively pursued especially in frail elderly patients who are likelt to be in the last year of life and in whom CPR/ICU is likely to be futile
- Ensure correct process for ED step up patients is followed

These actions are to be discussed at the directorate Clinical Governance meeting with an agreed lead and timescales. A quarterly outcome report will be received from each of the directorates with clear action plans and duty of candour where appropriate.

Appendix A

March 2017 6108710764

Overall care score: 2
Avoidability score: 4

The key issues from this case were:

- Decision making – 'NG tube inserted without appropriate consideration and assessment into appropriateness. NG pulled out possibly leading to aspiration and increased rate of deterioration.
- Failure to escalate timely
- Failure of communication between doctors and nurses on AMU
- Failure of communication between staff and the patients family
- Failure to datix

The Mortality Steering group agreed this case had a recurring theme which has been seen in other cases; failure of escalation, poor communication. Initially the incident was discussed at Quality & Safety and they asked to see a copy of the mortality review. When this was received from the Directorate it went back to Q&S on 30th May. The decision was taken at this meeting that it was not an SI and it was a no harm incident.

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Maternity services annual report

Action requested/recommendation

The Board is asked to accept this report as a six month update from Maternity services following the annual report in January 2017.

Summary

The Trust provides Maternity services to 5600 women a year. The attached is a six month update of work undertaken from January to June 2017.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

9,10,12,13,14,15,16,17,18

Progress of report	To be tabled at the Obstetrics and Gynaecology Clinical Governance 12/7/17

Risk	No risk
Resource implications	No resources implications
Owner	Beverley Geary, Chief Nurse
Author	Elizabeth Ross, Head of Midwifery Nicola Dean, Clinical Director
Date of paper	July 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

June 2017 Six month update following

Maternity services annual report January to December 2016

Owner	Beverley Geary, Chief Nurse
Author	Liz Ross, Head of Midwifery Nicola Dean, Clinical Director

Date of paper	July 2017
Version number	Version 1

Six month update June 2017
This report provides a six month update following the maternity annual report (January to December 2016). **Patient experience** Service user engagement increased in 2016 with a new group of recent service users forming called 'mums voices'. The group is meeting regularly and involved in service development and work towards recommendations in 'Better Births' the national review of Maternity services. The Maternity Facebook page 'York and Scarborough Bumps 2 Babies' has increased interest. The site is used to provide local and national information for women. Parent education (face to face) recommenced in January 2017 in response to feedback from women. Plans are in place to update online parent education with students from York St John University in autumn 2017. **Delivering high quality patient care** Work continues towards implementing the national stillbirth care bundles with an aim to reduce stillbirth. The 50% reduction seen in 2015 and 2016 has been maintained across both sites with York having the lowest rate across Yorkshire and the Humber region (information from the regional dashboard). Focus on reducing smoking in pregnancy at Scarborough site continues with the 'Baby Clear' project. Perinatal mental health remains high on the maternity agenda, as suicide remains a leading cause of maternal death in pregnancy and up to 12 months following birth. NHS England has set plans to provide more support for pregnant women and new mothers suffering mental illness. Perinatal mental health training for midwives commenced in January 2017. National funding has been received following a successful bid towards perinatal mental health workforce training and development. Work continues with the Yorkshire and Humber Clinical Network to benchmark against recommendations in the 2016 National Maternity review 'Better Births' report. A local action plan has been developed from the benchmarking. The newly formed Humber, Coast and Vale Local Maternity System (LMS) has regular planned meeting set to develop and submit plans to meet recommendations in the national maternity review by October 2017. In May 2017 Maternity services received notification of reaccreditation of UNICEF Baby Friendly Initiative standards following assessment in March 2017. Audits are to continue with reassessment due in 2020. **Measuring high quality patient care** The development of the regional maternity dashboard has enabled services in Yorkshire and the Humber to benchmark and share learning. A national maternity dashboard is planned following recommendations in the national maternity review. A reduction in third and fourth degree tears overall continues with work now focussed on

reducing perinatal trauma in assisted birth. NICE endorsed ‘Episcissors’ (to guide episiotomy to achieve the recommended angle to reduce tears) have been purchased following a successful business case. Reimbursement for using this equipment commenced in April 2017.

The number of women affected by major obstetric haemorrhage has also reduced, however work continues to reduce this further.

The Head of Midwifery and Directorate Manager have assessed the midwifery workforce against ‘Working with Birthrate plus’ RCM endorsed midwifery specific workforce tool, maternity support roles are to be considered as part of the 5 year workforce strategy.

An on call midwife rota was supported in response to an identified shortfall in staffing levels at periods of high activity and acuity on Labour Ward at York site. Increasing Maternity Support Workers in community is being worked towards to support the community midwives with their caseloads, which remain above recommended levels. Monitoring of NICE red flag events commenced in 2016, each case is reported on DATIX and reviewed at the weekly risk meeting.

Staff experience

In June 2016 the Head of Midwifery and RCM Health and Safety representative for the Royal College of Midwives (RCM) signed their commitment to the RCM ‘Caring for you charter’. They were pleased to have been shortlisted for an award at the RCM awards earlier this year; however they did not win the award.

Updates on actions taken following staff feedback are detailed in this report.

Supervision of Midwives was removed from statute on 30 March 2017. A senior midwife on call has commenced to maintain support and professional advice for midwives (taking place of the Supervisors of midwives rota). The new A-EQUIP model of supervision has been published by NHS England with training planned to commence later this year.

Midwifery workforce strategy

The Obstetrics and Gynaecology Directorate submitted a strategic 5 year workforce plan in February 2017.

The Midwifery workforce has been reviewed against the nationally recognised maternity workforce tool Birthrate plus.

Overall trust wide midwife staffing ratios are within national recommendations of 1 Midwife per 29.5 births for Hospital and Midwifery Led Units; however there is difference on each site with Scarborough having a higher ratio than York. This is due to Scarborough site being smaller which requires a minimum level of staff on duty.

Trust midwife ratio per births	York site	Scarborough site
1 Midwife : 29 births	1: 31 (Below recommendations)	1: 25 (Above recommendations)

Birthrate plus intrapartum acuity tool is completed every 4 hours on both Labour Wards, this evidences a shortfall in required staffing levels at York site in periods of high activity and high acuity. There are an increasing number of women now in high risk groups giving birth (this is a local and national picture) as women are pregnant with co-morbidities such as cardiac

disease (a leading cause of maternal death. MBRRACE report 2016), asthma and epilepsy, increasing age (over 40), obesity, smoking and substance misuse.

Midwife on call rota commenced in September 2016 to support staffing and safety on the Labour Ward at York site. A review of the impact of this will be carried out in September 2017. There is evidence of improved management and staffing of activity since the implementation of the on call midwife and new elective C/S pathway.

Maternity staffing NICE 'red flag' events are reported via DATIX and discussed at the weekly risk meetings.

There have been 13 NICE red flag incidents reported in the preceding 6 months.
10 from York site and 3 from Scarborough site;

5 x delay in suturing for >1 hour (2 from Scarborough, 3 from York)
4 x delay in artificial rupture of membranes
2 x delay in augmentation following spontaneous rupture of membranes
2 x delay in elective caesarean section (1 York and 1 Scarborough)

Each case was reviewed regarding appropriate management and decision at the time and impact on the women.

Aspirational roles the service are considering with a view to develop are:

- Consultant midwife (recommended Safer childbirth 2007)
- Perinatal mental health midwife (NICE recommendation)
- Public health midwife and substance misuse midwife (NICE)
- Multiple birth midwife (TAMBA and NICE recommendation)

Achievements;

- On call midwife for York Labour Ward
- Bereavement midwife post commenced in March 2017 (recommended by SANDS and RCM)

Medical staffing

The medical staff are managed by a Clinical Director, covering both sites with a deputy clinical director on each Hospital site.

Integration of senior medical staff is being progressed by sessions being undertaken by some consultants on the opposite site.

Both areas have resident consultants to cover some nights, to allow more senior decision making out of hours and less reliance on registrar grade doctors.

There has been an the increase in the number of less than fulltime trainees , having an impact on rotas and an overall reduction in experienced middle grade doctors placing more onerous work load on other senior members of staff.

Nationally, there are now fewer registrars which is recognised as causing challenges both nationally and regionally.

Risks and plans to mitigate risks

- Decrease in experienced middle grade.

Consultant midwives have been identified in the Maternity workforce strategy (recommendations from Safer Childbirth report)

- Fewer registrars leaving gaps in rota.

Medical agency is used frequently to fill the gaps; this is at a high cost to the Directorate.

Staff experience

Staff experience and involvement

Updates on actions taken following a staff listening exercise, staff surveys, staff FFT, individual and union representative feedback (staffing levels, health and wellbeing, staff behaviours and inflexibility of rosters were concerned raised by the staff);

- On call Midwife for Labour Ward at York in place
- Core staff on wards increased
- Preceptorship programme reviewed
- Rotation of staff reviewed and length of rotation increased
- Role of Maternity Support Worker reviewed re further development
- Band 4 roles explored, however not found to be required in Maternity.
- Elective caesarean section list commenced in February 2017, staffed separately with a view to move this to main theatre when possible
- New elective C/S pathway has reduced length of stay on Labour Ward
- Continued work to achieve actions plan following RCM 'Caring for you' charter
- Ward clerk recruitment, provision of cover for Labour Ward 24 hours
- Continued timely recruitment of staff when vacancies occur. Posts filled as required and not held for newly qualified midwives over summer.
- RCM workshops held on building a positive culture
- Encouraging and supporting staff to take breaks
- Occupational Health supported the trial of a staff 'mood board' on Labour Ward (to identify staff who needed extra support from colleagues during their shift)
- Occupational Health checks promoted with time supported to attend
- RCM supported reflexology sessions for RCM members
- RCM Facebook group to share articles and information.
- Promoted the role of the Trust Safer Working Guardian/Freedom to speak up
- Two senior midwives trained with ODIL in restorative practise to consider impact in maternity
- Positive feedback board introduced by RCM representatives

Further work planned;

- To promote and support 'Fairness champion' roles in Maternity in 2017
- To continue to provide senior midwife support until new model of supervision introduced
- To train previous Supervisors of Midwives to become Professional Midwife Advocates
- To take part in Trust staff stress risk assessment

Risk Management

Service reviews
An internal review of the service was undertaken on the York site and was completed in March 2016. A year on review of Scarborough site was completed in April 2016.

These reports detailed the service and risk management processes and were submitted to Trust Board in 2016.

Actions identified from the York report have been reviewed and updated in October 2016 at the executive Performance Assurance meeting.
Actions from the Scarborough site report were updated after 1 year and are currently being reviewed and updated again; this include actions taken from recommendations in the Kirkup report.

Maternity Dashboard

The Yorkshire and Humber regional Maternity dashboard has been reviewed with agreement reached to shared information regionally by named service. This is helpful to benchmark and identify areas of good practise to share learning. We await the development of a national dashboard following a recommendation in the National Maternity review 'Better Births' 2016.

Organisational dashboard;

The organisational dashboard reports from each site in order to identify site specific risks.

Red areas on the **York dashboard** from January to June 2017 are;
- York midwifery staffing level below national recommendations
- One to one care in labour and supernumerary status of the Labour Ward co-ordinator is lower than we would want (which is a reflection of staffing levels)
- Post partum haemorrhage of more than 1.5 litres is higher than preferred and reflected in the high provision of high dependency care on labour ward.
- Third and fourth degree tear rate improved in 2016, however the rate for assisted birth remains higher than regional average. Personal reflections of the cases undertaken, senior support for junior doctors is in place, specialist 'episcissors-60' endorsed by NICE and fulfil the RCOG green top guidelines have been purchased and are now in use to achieve the recommended degree angle cut for an episiotomy. Research has shown a 20 to 50% reduction in obstetric anal sphincter injuries (3rd and 4th degree tears) from the use of these scissors.

Scarborough dashboard red areas are;
- Anaesthetic consultant cover for Labour Ward is below national recommendations. A business case has been approved to increase from 3 to 5 dedicated sessions weekly. This has not yet been implemented due to on-going anaesthetic recruitment issues.
- Breast feeding initiation rate is lower and smoking at time of delivery rate remain much higher on Scarborough site than York site.

Update of plans made to mitigate the risks;
- An initial 6 month review of the midwife on call for York Labour Ward has been undertaken with a plan to carry out a full review of impact after 12 months (Sept 17)
- To develop skills of maternity support worker to support the midwives
- Increase the number of maternity support workers in community

- Review the separately staffed elective caesarean section list which commenced in February 2017 at York site (positive impact is evident on Labour Ward activity)
- Continue to work towards decreasing the number of PPH over 1.5 litres with proactive management, MDT case discussion and individual reflection on management of postpartum haemorrhage.
- Episcissors-60 have been purchased and are in use to reduce third and fourth degree tear rates. Money can be claimed back from the use of these instruments. Audit of use planned.
- review plans to increase consultant anaesthetist cover at Scarborough site
- continue with Baby Clear project and work towards UNICEF BFI new standards

DATIX reporting
Maternity service continues to have high DATIX reporting from staff, reflecting an open culture. Every DATIX is reviewed at a weekly MDT risk meeting including NICE staffing red flags, duty of candour and RCOG Each Baby Counts cases.

Themes from DATIX reporting from January to June 2017 are;

- Post-partum haemorrhage (PPH) over 1500mls:

    - Each case is reviewed at a weekly MDT risk meeting.
    - Individual staff reflection is undertaken of care provided for each case.
    - The obstetric haemorrhage guideline has been updated in line with the new RCOG guideline with the introduction of tranexamic acid use as an adjunct to uterotonics.

Plan

- To discuss the implementation of a ‘preventing PPH checklist’ sticker to raise awareness of women who would require prophylactic oxytocin infusion post-natally to reduce the risk of PPH.
- To re audit PPH cases following introduction of the above checklist.

- Unanticipated admission to SCBU:

    - Each case is reported on DATIX and reviewed at weekly MDT risk meetings.

    - Cases to be reported to RCOG Each Baby Counts or NHS Resolution (Term babies at high risk of brain damage) are investigated using a local report template and reviewed at a Multi-disciplinary meeting (Investigation review group)

- Readmission of mother:

    - All readmissions are discussed at the weekly risk meeting. There were no themes in the maternal readmissions.

- 3rd and 4th degree perineal tear:

    - Episcissors have been purchased to reduce 3 and 4 degree tears. There has been a decline in numbers of cases since April 2017

- The use of episcissors is being audited.
- Audit proformas for perineal tears continue to be used for each case.

Actions completed from 2016 DATIX reporting include;

- New aerials and coaxial cable installed following Issues with bleep system at Scarborough site
- Staffing shortfalls York Labour Ward
  - On call midwife for Labour Ward implemented
  - Timely recruitment of midwifery staff and agreement for substantive contracts for newly qualified.
  - Work undertaken with RCM, ODIL and Occupational Health to build a supportive culture in York Labour Ward.
  - Separate staffing and pathway for elective caesarean sections in place since February 2017 (with a view to moving to main theatre when possible) to reduce delays to elective C/S and activity on Labour ward

Serious incidents

Maternity have declared 6 serious incidents at York site since April 2017.

- 2 neonatal deaths where it is likely there are fetal abnormalities undiagnosed prior to birth (awaiting PM results).
- a neonatal death of an extreme premature baby
- an intrapartum stillbirth of a baby born following an antepartum haemorrhage

Each neonatal death and intrapartum stillbirth is investigated as a serious incident.

- a stillbirth diagnosed following care provided by a student midwife without adequate supervision from a midwife
- an unexpected poor outcome of a baby where there is a suspected delay in delivery. An external investigation of this incident has been requested by the directorate in the interests of being open and honest.

Reports are awaited on each case above.

Investigation of SIs in maternity have an investigator from the opposite site involved to provide an objective opinion on care provided.

All cases where there is unexpected poor outcome are discussed with case review at a weekly MDT risk meeting, at a monthly perinatal mortality meeting, reported to MBRRACE (confidential enquiry) and/or RCOG 'Each Baby Counts' and more recently NHS Resolution. All stillbirths are also reviewed using the perinatal institute SCOR electronic assessment to identify any themes.

NHS Resolution; From1 April 2017 we are to report all incidents likely to result in severe brain injury to NHS Resolution with investigation reports in line with the serious incident investigation framework. Mandatory reporting within 30 days of incident

Wider learning from serious incidents is planned by the Yorkshire and Humber clinical expert group to commence in 2017.

Clinical claims

A review of claims has been undertaken in June 2017. Themes from claims;

- Perineal/vaginal trauma
- Stillbirths
- Cerebral palsy/ brain injury

Plan: To discuss at O&G Clinical Governance Forum and develop action plan

Patient Experience and user involvement

Midwifery led care

The Midwifery Led Unit (MLU) closed on 31 March 2017. It had been open for 7 years and provided women with additional choice of place of birth, a low risk birth environment and promoted normal birth. The low numbers of women using the MLU meant that having a standalone facility is unaffordable in the current challenging financial circumstances.

Women can continue to choose midwifery led care provided in Scarborough on the Labour Ward or in the home.

Plan:

- Refurbishment to commence on Labour Ward to recreate a midwifery led environment.

MSLC

The Vale of York Maternity Services Liaison Committee (MSLC) is maintained and chaired by the CCG, working in partnership with local maternity providers.

Service user engagement increased in 2016 with a new group of recent service users forming called 'mums voices'. The group meet quarterly and have been involved in birth planning, postnatal care, continuity of carer (From the national maternity review recommendations 'Better Births') and a new obesity patient information leaflet. They are currently working on a perinatal mental health questionnaire; the aim of the questionnaire is to gain women's views on the development of perinatal mental health services. This work is part of the perinatal mental health subgroup of the Maternity network meeting.

The Maternity Facebook page 'York and Scarborough Bumps 2 Babies' has increased interest with service users viewing and liking the page. It has been used successfully to generate interest in the 'mums voices' group and has been used to increase awareness around safe sleeping, birth positions, support in labour and local infant feeding support groups. A 'meet the team' aspect has been introduced where a member of the maternity staff is photographed with a short biography, this has been well received. It is planned to promote the Perinatal Mental Health questionnaire on this site.

Parent education (face to face) recommenced in January 2017 in response to feedback from women. It is delivered in partnership with health visitors, three sessions run each month (two in York and one in Selby). Work has commenced on planning an update of online parent education, students from York St John University will film this as part of their media studies

project work in autumn 2017. ‘Mums voices’ are inputting into the planned content for this work.

Friends and Family Test

Quarter 4 FFT response rate was 29 – 35%. Maternity services have reduced from 3 cards to 2 by the introduction of a combined response card for antenatal, birth and postnatal hospital. This was in response to a Trust initiative to reduce the number of cards processed through Patient Perspective.

Responses remain high for extremely likely or likely to recommend the service with very positive comments.

Themes from more negative feedback in Q4 are;

- Lack of continuity of carer in community
- Staffing levels at York site impacting on quality of care received
- Access to parent education

An action plan has been developed to address the above themes;

- Community midwives are now in smaller teams of 6 (‘Better Births’ recommendation)
- On call midwives for Labour Ward in place to provide support in times of high activity and acuity.
- Recruitment and retention strategies; preceptorship packages, timely recruitment
- Recommenced face to face parent education classes in January 2017

Achievements:

- Good FFT feedback. Quarterly qualitative feedback report shared with staff and user representatives at the MSLC. Action plan developed from this.
- Improved engagement with service users
- Changes and developments to service made from service user feedback

Currently there is no MSLC at Scarborough site; however there are plans to explore opportunities to develop a user forum with Scarborough and Ryedale CCG.

Complaints

Recent complaints have been received following births from 1, 4 and 7 years ago regarding poor birth experience and poor outcomes of 2 babies. All complainants are offered a meeting to discuss individual care provided.

Plan; to explore the possibility of providing a ‘birth reflections’ clinic

Patient Safety

Saving Babies’ Lives. *A care bundle for reducing stillbirth*

In November 2015 the Secretary of State for Health announced a new ambition to reduce the rate of stillbirths by 50% in England by 2030, with a 20% reduction by 2020. ‘Saving babies’ Lives’ will help maternity services meet this aspiration.

York submit data to the RCOG (Royal College of Obstetricians and Gynaecologists) Each baby Counts project and MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits

and Confidential Enquiries) and became an early implementer/pilot site of the stillbirth care bundles.

Number of stillbirths

Stillbirth number/rates	York	Scarborough	Trust
2014/15	14 4.1:1000	8 4.9:1000	22 4.4:1000 births
2015	7 2.0:1000	4 2.5:1000	11 2.2:1000 births
2016	9 2.6:1000	4 2.5:1000	13 2.6:1000 births
2017 (6 months)	**4** 3.1:1000	**1** 1.6:1000	**5** 2.6:1000
Y&H Regional average			5:1000 births (Q3 2016/17)

All stillbirth cases are reviewed using a recognised tool from the perinatal institute for case review and discussed at the weekly risk meetings and monthly perinatal mortality meetings. Peer site MDT review is undertaken of all stillbirth cases.
Serious incident investigations are triggered for all stillbirths where the baby was alive at the onset of labour or if any concern is found regarding care provided (in line with regional practise)

There are four elements of care that are recognised as evidence-based and/or best practice which we have implemented and continue working on:

1. Reducing smoking in pregnancy

2. Risk assessment and surveillance for fetal growth restriction

3. Raising awareness of reduced fetal movement

4. Effective fetal monitoring during labour

Perinatal mental health

Suicide remains a leading cause of maternal death in pregnancy and up to 12 months following birth (Confidential Enquiry into Maternal Death 2016)

Maternity services have received £12,000 to deliver and support perinatal mental health training. Two PMH Champions have attended the two day NHS England training, provided by the Institute of Health Visiting, and are preparing to cascade the information to midwives, MSWs and Obstetricians. Three study days have been organised so far and will include a policy and national direction overview, information around mental ill health in the perinatal period and group exercises around having difficult conversations with women about their mental health.

Update; Perinatal mental health training has commenced from January 2017.

Improving safety through training

Maternity services received £80,000 from Health Education England to improve maternity

safety through training. The money is being used to develop;

- Emergency maternity MDT training (PROMPT)
- Managing childbirth emergencies in community settings
- Human factors training
- Neonatal Life Support training (NLS)

Supervision of Midwives

Supervision of Midwives was removed from statute on 30 March 2017. A senior midwife on call has commenced to maintain support and professional advice for midwives (taking the place of the Supervisors of midwives rota). The new A-EQUIP model of supervision has been published by NHS England with training planned to commence later this year.

Plan;

- To train previous Supervisors of Midwives to become Professional Midwife Advocates

The National Maternity review 'Better Births' 2016

The NHS England commissioned review – led by independent experts and chaired by Baroness Julia Cumberlege – sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

The framework highlights seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live to make care more personal and family friendly.

Update on actions taken;

- Benchmarking undertaken with the Yorkshire and Humber Clinical Network against recommendations
- Local action plan in place following benchmarking
- Commenced meeting with the Humber, Coast and Vale Local Maternity System (LMS) to develop a plan in the STP to implement recommendations from 'Better Births' (action plan to be submitted in October 2017)

Service development and achievements

Elective caesarean section pathway (commenced in February 2017)
The elective list runs 3 times a week and is staffed separately to the Labour Ward. The aim of this initiative is to reduce risk and delay in elective C/S for women.

Plan; To review the impact of the new pathway (July 2017)

Transitional care for babies on postnatal wards
A 6 month trial commenced on 30 May 2017 on both sites with the aim to keep mothers and babies together on the postnatal wards with support from SCBU nursing staff.

The initial provision of transitional care, within the trust, follows a model of step-down care from admission to the Special Care Baby Unit and is provided either on the postnatal ward or within the parent facility on SCBU.

Smoking in pregnancy
The risks of smoking during pregnancy are serious; from premature delivery to increased risk of miscarriage, small for gestational age babies, stillbirth and sudden infant death.

Reducing smoking in pregnancy remains a high priority for Maternity services.

Joint work with Scarborough and Ryedale CCG and Smoke free life North Yorkshire continues with a focus on Scarborough and Bridlington as rates are significantly higher than in the York area.

Smoking at time of delivery at Scarborough site is 19.8% and 10.7% York site.

The national ambition is to reduce smoking at time of delivery to 11%

In 2017 smoking cessation brief intervention training is being delivered to all Midwives as part of Mandatory training. CO monitoring continues to be carried out at booking and 36 weeks for all pregnant women and we have continued to develop IT data collection systems around smoking figures.

This work is part of the national Stillbirth reduction care bundles, The lead Midwives for this project have presented their work at a regional forum and received very positive feedback.

UNICEF Baby Friendly Initiative (BFI) Stage 3 assessment 22-23 March 2017

Maternity services have been re-accredited as Baby Friendly by the UNICEF Designation Committee in May 2017 following assessment in March 2017.

Verbal feedback by the assessors in March was very good with staff demonstrating a high level of commitment and knowledge as well as a really positive culture towards effective infant feeding. In many of the standards scored 100% and many more above 90%.

The assessors at the time informed us that although we had scored highly we did not achieve re-accreditation as some standards were borderline.

The UNICEF designated committee discussed the evidence provided and agreed that York Teaching Hospitals NHS Foundation Trust can be re-accredited as Baby Friendly now, upon condition that internal audits are carried out to address the requirements. An action plan will be submitted followed by audits in October 2017 and then annually.

Reassessment will be due in March 2020

Future plans to increase breast feeding rates and support for women long term;
- increase use of specialist appointments for advice and support
- Increase number of paediatric staff trained in breastfeeding management to support women whose babies are readmitted to paediatric services.
- Build on the foundation of knowledge the maternity staff have to support all women and their babies to promote close and loving relationships thus promoting optimal brain development.

Volunteer breastfeeding peer supporters continue supporting women in our community and in Hospital at Scarborough site.

Extending skills of medical, midwifery and support staff

Developing and extending skills of the maternity workforce to meet the needs of the service is on-going with recent achievements;

- A second midwife is currently training at Scarborough site to perform growth scans for babies suspected of being small for gestational age.
- Maternity support workers (MSW) have been trained to run antenatal education classes on infant feeding and parenting skills.
- MSWs have been trained to carry out Newborn blood spot tests this year in the community

Plan:
- To increase staff knowledge of perinatal mental health and equip staff with skills to recognise problems, refer to specialist services and provide care for women.
- To develop knowledge in recognition of 3 and 4th degree tears and update practical perineal suturing skills.

Celebrating our service

Royal College of Midwives 2017 awards. In June 2016 the Head of Midwifery and RCM Health and Safety representative for the Royal College of Midwives (RCM) signed their commitment to the RCM 'Caring for you charter'. They were pleased to have been shortlisted for an award at the RCM awards earlier this year; however they did not win the award.

Research

Maternity services continue to support research studies. Update for 2017;

PRiDE (which is focusing on micronutrients in Pregnancy as a risk factor for Diabetes and the effects on mother and baby) target was 150 and we recruited 151 women in to the study before end of June 2017, it is now in follow up.

VESPA (women attending EPAU and the effectiveness of the Early Pregnancy Unit)
The target has been exceeded with 105 women recruited to the study.

There are 5 studies open two of which are drug trials (awaiting site selection for a commercial drug study)

Open Studies:

- **C-Stich**, multi-centred randomised controlled trial of 900 women who are at risk of insufficient cervix and scheduled to be treated by cervical cerclage. The women are either randomised to a monofilament suture material compared with a braided suture.

- **GOT-IT Trial,** a multi-centred randomised controlled Drug trial involving GTN spray verses a placebo for the management of Retained Placenta. The study has been endorsed by NICE and the Cochrane Group as non-surgical options for Retained Products are limited, new and effective treatments would dramatically reduce the number of women requiring MROP in theatre, reduce the number of mums & babies who are separated following birth, reduce morbidity and increase satisfaction rates.

- **PITCHES,** is a multi-centred masked controlled randomised drug trial to evaluate Ursodeoxycholic acid verses a placebo in women with Obstetric Cholestasis in Pregnancy. The study will examine the effectiveness of the drug UDCA in reducing perinatal adverse outcomes.

- **PRE-EMPT,** is a multi-centred randomised drug trial which will evaluate the clinical effectiveness and cost effectiveness of long acting reversible contraceptives compared with the combined oral contraceptive pill in preventing the recurrence of endometriosis.

Since July 2016 the Maternity Research team have recruited 282 women to studies on reproductive health.

Achievement: Maternity are continuing to support a wide range of research projects in relation to Maternity services and neonates

Conclusion

Work continues to progress to improve maternity services and mitigate risk including;

- Continued reduction of stillbirths
- Work with the LMS on developing an action plan to achieve recommendations in 'Better Births'
- Further reduction of third and fourth degree tears
- midwife on call rota to support staffing for activity and acuity on the Labour Ward at York
- supporting research studies
- developing and extending skills of midwives and maternity support workers

Whilst we celebrate our achievements we recognise there are challenges and work continues to continually improve, meet regional and national priorities, respond to feedback and improve experiences of women and their families and deliver high quality, safe and effective services across sites.

References

Antenatal and postnatal mental health: clinical management and service guidance. NICE Dec 2014
https://www.nice.org.uk/guidance/cg192

Bereavement care report. SANDS 2010
https://www.uk-sands.org/sites/default/files/SANDS-BEREAVEMENT-CARE-REPORT-FINAL.pdf

Confidential Enquiry into Maternal Death 2016 (MBRRACE-UK report)
https://www.npeu.ox.ac.uk/mbrrace-uk/reports

Maternity Services and Multiple Births. A joint report by NCT and the Twins and Multiple Births Association. 2015
http://www.tamba.org.uk/document.doc?id=733

Multiple pregnancy: antenatal care for twin and triplet pregnancies. NICE 2011
https://www.nice.org.uk/guidance/cg129/chapter/1-Guidance#general-care

RCM implementing NICE safer staffing (2016)
https://www.rcm.org.uk/sites/default/files/RCM%20Guidance%20on%20Implementing%20NICE%20Safe%20Staffing_Digital_0.pdf

RCM Getting the midwifery workforce right (2016)
https://www.rcm.org.uk/sites/default/files/Getting%20the%20Midwifery%20Workforce%20Right%20A5%2024pp_2_1.pdf

Sands Position statement Bereavement Midwives. SANDS 2012
https://www.uk-sands.org/sites/default/files/SANDS-POSITION-STATEMENT-BEREAVEMENT-MIDWIVES-SEPT-2012.pdf

Safe midwifery staffing for maternity settings. NICE 2015
https://www.nice.org.uk/guidance/ng4/resources/safe-midwifery-staffing-for-maternity-settings-51040125637

Safer Childbirth. Minimum standards for the organisation and delivery of care in labour. 2007
https://www.rcog.org.uk/globalassets/documents/guidelines/wprsaferchildbirthreport2007.pdf

Saving Babies' Lives. *A care bundle stillbirth for reducing stillbirth. NHS England 2016*
https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf

Working with Birthrate plus. RCM
https://www.rcm.org.uk/sites/default/files/Birthrate%20Plus%20Report_1.pdf

F

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Environment & Estates Committee

Action requested/recommendation

The Board of Directors is asked to receive the minutes of the Environment & Estates Committee meeting held on 7 June 2017 noting the assurance taken from these discussions and the key items that have been highlighted for the attention of the Board.

Summary

The purpose of the Committee is to receive assurance and to provide challenge and scrutiny around environment and estates matters within the Director of Estates & Facilities areas of responsibility.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

CQC outcome regulation 15: premises and equipment.

Progress of report   Board of Directors

Risk	Any risks are identified in the minutes.
Resource implications	Any resource implications are identified in the minutes.
Owner	Michael Sweet, Chair – Environment & Estates Committee
Author	Brian Golding, Director of Estates & Facilities
Date of paper	July 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Environment & Estates Committee Meeting – 7.6.17

Committee: Michael Sweet (MS) (Chair), Jennie Adams (JA)

Attendees: Brian Golding (BG), Andrew Bennett (AB), David Biggins (DB), Lynda Provins (LP), Steve Reed (SR), Colin Weatherill (CW), Jacqueline Carter (JC)

	Agenda item	AFW /CRR	Paper	Comments
1.	**Welcome / Introductions**			MS welcomed Steve Reed, Head of Strategy, Out of Hospital Care (OOHC), to the meeting as an attendee. This follows a decision to raise Board awareness of OOHC matters through a quarterly report to the Board sub-committees. Steve will be invited to attend the committee on an occasional basis when that report includes items of interest / relevance to the EEC.
2.	**Apologies for absence**			Apologies for absence were received from Jane Money, Head of Sustainable Development.
3.	**Minutes of last meeting**			The minutes of the last meeting held on 11th April 2017 were agreed as a correct record.
	Matters Arising			**Charitable Rate Exemption –** GVA, the Trust's ratings advisers, has corresponded with AB since the last EEC meeting and he confirmed that a trial claim was now proceeding to the High Court to establish implementation of mandatory rate relief. AB said the intention was to bring a case against CoYC if the trial case is successful. BG said it would be important to understand the impact of this on the Council prior to proceeding in this process. This was noted. **Action: AB.** **Business Cases –** Sustainable Development element – in JM's absence BG reported that she has met with Paul Sudworth, Directorate Manager (DM), Laboratory Medicine, regarding a recently approved Laboratory Medicine Business Case (BC) to discuss the idea of having a checklist (linked to a spreadsheet) which could calculate approximate utility and carbon costs based on floor area, operating hours, main usage etc. to be taken into account when preparing a BC with the aim of producing a simple and consistent method of considering the various sustainability impacts and ensuring utility costs are included. Further work is needed to develop the spreadsheet and checklist. It was agreed that a draft document would be

DRAFT

presented to the next EEC. **Action: JM.**

H&S training – the BC for a new training position had been produced subject to adding some financial detail. The relevant job description (JD) is complete and has received its Agenda for Change pay banding. Approval of the BC and subsequent appointment to the role now needs to be progressed. **Action: CW.**

Security Policy – Janet Mason will contact MS to discuss the role of a nominated NED as required by the Policy.

Legislation – CW will arrange to meet with the Trust Chair to discuss what is required by way of further information to the BoD on H&S legislation awareness. **Action: CW.**

Estates Condition Survey (DRR EF01) – AB confirmed he is still scheduled to commission a planned condition survey at Scarborough Hospital (SGH) by September '17 which would focus on the physical condition that will inform future Capital Planning. **Action: AB.**

NHS Protect – CW explained to the Group that NHS Protect had been disbanded in March '17 which had resulted in no longer having to report data centrally.

He said a new authority had been created for Counter Fraud.

Locally he was still involved in the continuing regional regulatory groups (LSMS) and he was also seeking to continue with SIRs (an on-line reporting tool) although it is not required to be reported on nationally.

JA and MS were concerned to see gaps in the reporting process particularly in light of recent national events relating to counter terrorism. From a communications point of view CW assured the EEC he does receive relevant notifications along with the Emergency Planning teams and disseminates that information as appropriate.

Following discussion the EEC was keen to be assured of a robust reporting arrangement in place and asked for the BoD to be notified of this change. CW agreed to prepare a short paper on the current position and highlighting any gaps in the reporting process. **Action: CW.**

Heat wave Policy – MS confirmed the BoD had noted that the EEC had approved the Heat wave Policy at its last meeting.

DRAFT

				At this point BG referred to a recent BoD Leadership Walk round at York Hospital (YH) where it was noted that some areas did not have the appropriate equipment available to allow staff to routinely measure temperatures in the ward areas so as to be able to assess when to implement the Heat wave Policy locally. CW said this Policy is a different approach as to how it was managed previously in terms of equipment and communication and it is now the responsibility of the individual ward areas to implement. BG assured the EEC that the Policy is very much about preparedness but will also trigger a response as to when to take further measures but acknowledged that further work was required to ensure the process was understood. This was noted. **Action: BG/CW to discuss further.** **Datix Reporting** – following discussion at the last meeting concern was expressed that there was a sense of lack of feedback to staff on the outcome of incidents reported. LP confirmed to the EEC that Fiona Jamieson is considering introducing a new element to the process that would capture "action and feedback" better. The EEC noted this. **Action: LP.** **Space Audit** – information to be presented to EEC at its August meeting. **Action: AB.** **SDMP Action Plan** – Tender engagement exercise – subject to no tender objections being received before 7th June it was noted that WRM (Walker Resource Management) will be appointed as Consultants to undertake a baseline assessment to identify the extent of sustainability awareness throughout the Trust and prepare a report and BC with recommendations and cost effective actions to be implemented to achieve cost and carbon savings. This was noted.
	Smoke Free Policy			Following discussion at the last meeting the Smoke Free Policy that has been seen by Corporate Directors was presented to the EEC. BG explained the objective of the paper was being driven by Occupational Health & Wellbeing in the main but that the Estates & Facilities Directorate (E&F) has contributed from a security point of view. He said the underlying objective is to be a smoke free organisation by 2018 with the exception of retaining smoking shelters. National policy is that there should not be smoking shelters on a hospital site, but it is the view of Corporate Directors that it is preferable to have specified areas where smoking is permitted. The EEC supported the Policy recognising the intention to retain shelters whilst increasing support and education for staff. This was noted.
	Action Log			The Action Log was considered by the EEC and will be updated in line with the meeting discussion. This was noted.
4.	**Work Programme**			The Work Programme was considered by the EEC and will be updated in line with the meeting

DRAFT

				discussion. This was noted.
5.	**Board Assurance Framework**			Following discussion at a previous meeting LP has since reviewed the Board Assurance Framework (BAF) 4 key ambitions of the Trust that each sub-committee of the BoD assess themselves against. It was agreed at a previous meeting that the BAF document would be brought to each EEC as an aid in assessing whether any items required a revision of their RAG rating and escalation to the BoD. As a starting point, LP has asked the EEC to explore, by using the elements already in place, how the scoring mechanism is determined for privacy & dignity (the 2nd E&F ambition on the BAF schedule) as a way of measuring how we compare against the existing ratings. DB agreed to interrogate the PAM evidence for the EEC to judge whether it is sufficient to use as a scoring mechanism for BAF. JA agreed the PAM process is ahead in terms of being able to demonstrate best practice to other Committees. CW would be concerned if a separate risk scoring mechanism were to be created. It was agreed to discuss at the next meeting. In the meantime DB and LP would meet to discuss further. **Action: LP/DB.**
6.	**Directorate Risk Register**			The EEC reviewed the full Risk Register in line with agreed arrangements. The following items were noted: EF01 - Estates YH/SGH - Capital - Condition Survey - see matters arising. EF44 – Estates York – RRO plant at renal unit - this equipment will become obsolete in 2018. It was felt this was a risk that had not been fully realised and that over the fullness of time we will not be able to provide parts, which could impact on service delivery. This was noted. EF11 – Estates York – lack of UPS in key critical areas – an action plan was required from Paul Johnson, Estates Manager, to understand the work required to close any gaps. **Action: CW.** EF02 – Estates YH/SGH - York Fire Alarm – awaiting BoD BC approval in June/July. JA was surprised it had not been approved already; AB explained the process is that whilst the Capital Programme had been approved in principle, which included this provisional allocation, an individual BC was still required to be formally approved to allow this scheme to commence. AB assured the EEC that both YH and SGH have approved funding in this year's Capital

DRAFT

				Programme. This was noted. EF37 - equipment - oxygen cylinders - JA asked whether there was a requirement for beds to be fitted with racks to allow them to hold patient oxygen cylinders when required as this was a potential fire risk with no correct holders being available. DB explained that there was a general concern that the new generation of beds will not fit into the lifts when cylinder holders are incorporated. CW advised that a trial of new beds was to be undertaken to assess the problem and that there could be financial implications. The position was noted. MS thanked CW for this update. He was pleased to see the RR well populated and noted that following the introduction of Facilities Operational Group meetings more Facilities risks will emerge, therefore, broadening the RR. As an aid to future discussions, CW agreed to list the latest updates onto the end of the RR. **Action: CW.**
7.	**E&F Policy & Procedure programme**			The Policy & Procedure schedule was considered by the EEC. The following items were noted: Asbestos Management – DB assured the EEC there is an existing policy in place however, he acknowledged it required updating prior to the CQC visit. **Action: CW.** Cleaning policy – to be presented at the next EEC. **Action: DB.** Ventilation and air conditioning procedure – when available this would be presented to the EEC. **Action: DB.** The schedule will be updated in line with the meeting discussion.
8.	**Internal Audit Reports:** **Y1746 – Poole & Hire Car scheme follow up final report,** **Y1745 – H&S follow up final report,** **Y1762 – Medical Equipment Management final report.**			The EEC noted the following IA final reports. All received "significant assurance". • Y1746 – Pool & Hire Car scheme follow up final report, • Y1745 – H&S follow up final report, • Y1762 – Medical Equipment Management final report.

DRAFT

9.	**Property and Capital:** **Capital Programme prioritisation**			Following discussion at the last meeting AB presented a paper to the EEC which outlined the process taken for initiating a capital project and how capital programme priorities are agreed. This process has been introduced to provide the Capital Planning Team with a more structured approach and to minimise the challenge around the timing of PIDs and the setting of priorities. A change has been introduced to restrict project requests so as to fit in with clinical strategy development and the Trust's annual business cycle. For the benefit of the patient JA asked whether there was clinical expertise available in the decision making team? AB acknowledged this required to be revisited to ensure input is correct. JA asked when in the process is cost considered? AB explained the initial PID identifies any issues and whilst he and the team doesn't have an exact cost at this stage it allows them to provide the author with as much guidance and support as possible to help determine whether the project request was an Estates issue, Minor Works issue or indeed a full Capital Programme project from a cost implication point of view. MS asked whether the Trust would consider taking on more in-house project management work? BG explained that whilst we are developing in-house expertise it was important to get that balance right in terms of external and internal input. It was noted that by the next meeting it was hoped to be able to link this new approach to the Capital delivery process and follow that cycle through. At this point MS made reference to the SCBU project which he understood to be ranked third in the priority list. This followed a recent Leadership Walk round in that area where the matter had been raised. AB assured the EEC this was a high priority; he had met with the Directorate Manager (DM) and Deputy DM and provided assistance in terms of them being able to submit the right information. BG said that Leadership Walk rounds provided a good opportunity to promote this new process when we are approached about capital projects.
	Update on Carter metrics related to space planning /Estates Strategy			AB provided an update paper on the Trust's estate particularly around space occupancy and progress on the space auditing work that is being undertaken by Tony Burns. It was noted this information informs the Carter and ERIC data returns. In terms of the number of sites we are responsible for that has increased to 71 sites; 35 have clinical functions and 36 are non-clinical areas. The total occupied internal area of the Trust's estates is currently recorded as 173,611 sq. mtrs which is a decrease from the previously reported figure. The reasons for this is that the space auditing work is re-measuring the floor areas of the Trust's facilities and identifying reductions in the internal space that is occupied.

DRAFT

				It was noted this will impact negatively against the Carter metrics as it will be a detriment to the benchmarked performance of the cost of E&F services. Once the space auditing work is complete AB will have a true picture of the situation. The question was asked as to whether all Trusts are measuring in the same manner to ensure fair and consistent comparison. He explained the total cost of occupying the 71 sites is £46m which is less than it was a year ago but space is still ranked amongst the top sources of expenditure for the Trust. The Trust offsets some of this cost by generating income through leasing space. There is an on-going issue with Harrogate Trust over the non-payment of rent of £174k per annum but this is being pursued. The schedule in section 4 of the document shows the amount of under-utilised space in the Trust as 13.24%. E&F have a number of initiatives to reduce estate related costs but also to reduce the Trust's non clinical footprint and improve its space utilisation. AB thought it would be useful to share with the EEC the step by step Carter desired performance measures against those criteria. This was agreed; information to be brought to the next meeting. **Action: AB/DB.** In relation to this percentage MS asked for clarification as this did not match the information contained within the Carter quarterly report. AB acknowledged this and suggested it was because the Space Manager and other staff are undertaking the live audit and it is very much work in progress and again, at the same time we are having to make Carter returns every month and the data has the potential to fluctuate. BG stressed what is important is that we reach common ground at the end of the audit work. He said it would be important to use TB and the work he is undertaking as our reference point however, he acknowledged the information is subjective and TB's definition and Carter definition can be open to interpretation. This was noted. It was also noted the revised BC template and guidance documents now contain estate/space related criteria which will ensure that initiatives are not approved without there being a consideration of the space requirements. The contents of the paper were noted.

DRAFT

10.	**Health, Safety & Security:** **H&S/NCRG 24th May minutes**			The H&S/NCRG minutes of 24th May 2017 were received for comment and noting. Whilst nothing was highlighted to the EEC the Committee did note the following: Attendance at meetings was not consistent. A new section was required to highlight items for escalation to EEC. Item 6 – BG was pleased to note that the process in place for those Committees that report into the H&S/NCRG was working well. Point 7 - in relation to 2 recent HSE visits to the Trust CW informed the group he had heard nothing back from them at present in either case.
11.	**Premises Assurance Model (PAM):** **Quarterly report** **Premises Assurance Group (PAG) 3rd May Minutes**			DB presented the PAM quarterly report to the EEC which showed E&F current compliance against the PAM assurance framework. This position statement is the beginning of a new reporting cycle and as such there are no major issues to report. Population of the PAM Model by Operational Managers has improved and it was noted they are undertaking their own self assessments of compliance and action plans are produced to address any gaps and he will report back on that in October. DB is undertaking an audit of PAM to be assured that what is reported is accurate and that it was driving improvement; it would be DB's intention to report back on that at each meeting. The EEC noted the contents of the paper. The PAG Minutes of 3rd May 2017 were received for comment and noting. Whilst nothing was highlighted to the EEC the Committee noted the following: A front sheet was required to be completed. Item 9 – DB explained that asset management in the Trust was not consistent across the organisation which had been highlighted by Internal Audit. We are trying to create cost efficiencies and by aligning the process better we should realise savings. DB will keep the EEC updated on progress.

DRAFT

	PAG ToR			The PAG Terms of Reference were received for approval. The Committee noted the following: The membership of the PAG Group has reduced in size. A Governance structure is required to highlight delegated authority from the EEC. A line to be added around reporting non-compliance and risk into the EEC. Committee Annual Report required. Subject to the above changes the EEC approved the ToR.
12.	**Carter Report – E&F efficiencies:** **Quarterly report**			DB presented the quarterly report to the EEC on progress against the Carter recommendations which is submitted to the NHSi. The management pro forma that was recently introduced has highlighted the need to be more robust in our progress and to urgently address how any new CIP schemes will make a positive impact. Regarding existing CIP schemes we are still progressing these and their treatment plans on a monthly basis particularly focussing on completing the Laundry project which will see the disinfection process for reusable microfibre mops being centralised. JA was pleased to see progress; DB said there maybe opportunity to streamline laundry further through the STP work streams. This was noted. In relation to the dashboard this data is now embedded into our routine business and the E&F Directorate has mapped the effect of delivery of our CIP programme this year on our position within the NHS EF dashboard. JA asked if there was an up to date copy for 16/17; DB explained the current dashboard which is published is based on the ERIC return for 15/16; we are showing last year's information and said once the ERIC return figures for 2016/17 are collated there will be a change in the local metrics associated with the dashboard and these will include changes to our per square metre costs and changes in the ratios of clinical to non-clinical space based on the last 12 months business within the organisation. Item 9. of the minutes also makes reference to this topic. The EEC noted the recommendations in the report.

DRAFT

13.	**Sustainable Development:** **SDG Committee Annual Report**			The EEC received the Committee Annual Report for the Sustainable Development Group (SDG) for comment and approval. There were no items to highlight to the EEC however, SR reported that he had been asked to sit on the SDG in place of Kevin Wilson for the "models of care" section. This was noted. The EEC approved the Committee AR.
	SDMP + Action Plan			The EEC received the latest version of the Sustainable Development Management Plan (SDMP) for noting and approval. The 12 priority actions contained in the document are now more manageable and have an assigned lead officer who can update their progress against the action plan. The refresh of the SDMP included the following updates: The updated Trust ambitions A commentary on the carbon emissions reporting which have increased year on year since 2007, but in 2016/17 have shown a reduction, Page 13 of the documents shows the current proportion of the Trust's carbon footprint (with procurement currently at 50%, travel 25% and energy 24%). The percentage of procurement emissions has reduced since the last submission but this is actually due to a change in the template calculations which takes account of improved processes which are less carbon intensive for the goods and services we buy. This section also highlights the fact that the Trust's patients per annum have continued to rise and the carbon emissions per patient have actually decreased by 37.5% since 2007. This information is represented graphically on page 48 of the document. Page 50 of the document shows the progress against the GCC domains. MS was pleased to see some positive stories develop over the year including achieving the recycling waste target. JA noted there is going to be a Trust wide travel plan and asked whether this is an opportunity for the Trust to progress in this area from a sustainable development point of view. BG agreed to share the Travel Plan with the EEC. **Action: BG.** JA noted the GCC score has improved and shows we are ahead of some other organisations. The EEC approved the revised SDMP and the updated action plan contained within the SDMP.

DRAFT

	SDG ToR			The SDG ToR were received for approval in line with its review date. The Committee noted the following: Items to note: Section 1.1, the name of the EEC required to be corrected. A Governance structure was required to highlight delegated authority from the EEC. The AR is reported to BoD through this Committee. Subject to the above changes the EEC approved the ToR. **Action: BG to discuss with JM.**
14.	**Any Other Business**			**Items for progression to BoD:** • NHS Protect changes. • Endorsing no smoking policy but recognise the need for smoking shelters. • RR – progressing well, broadening the schedule out to include more Facilities. • SDG Committee Annual Report - to note approval. • ToR Premises Assurance Group approved – To note approval. • ToR Sustainable Development Group approved – To note approval. • Revised SDMP and Action Plans – to note approval of refreshed document. • SDMP – advise of carbon reduction per patient information. **Reflections on meeting:** • Agreed membership correct. • Reviewing effectively so good progress. • Preparation of papers to be addressed – to be received in timely manner, correct format, with front sheet. • It is an assurance meeting, noting actions. • Chaired well. • We discussed when and where actions were noted.
15.	**Date of next meeting**			Wednesday 16th August 2017. 10am. BR.YH.

DRAFT

DRAFT

G

York Teaching Hospital NHS
NHS Foundation Trust

Workforce & Organisational Development Committee (WFODC) – 20th June 2017 – YH HQ Boardroom

Attendance: Libby Raper (LR) (Chair), Dianne Willcocks (DW), Lynda Provins (LP), Polly McMeekin (PM), Brian Golding (BG), Mike Proctor (MP), Melanie Liley (ML), Mike Sweet (MS), Tracy Astley (mins) (TA)

Apologies: Jenny McAleese (JM)

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 20th June 2017**		The minutes were approved as a true record of the meeting and ratified.		
2.	**Matters arising and Action Log**		Action log ratified. <u>Helpforce</u> DW advised that the Patient Experience Steering Group had received a report from Helen Hey which included Helpforce and the committee could obtain a copy from Kay Gamble. The committee agreed for Helpforce to be overseen by the Quality & Safety Committee. <u>Research Strategy</u> To go to Board via the Executive Board.		
3.	**Risk Registers**		<u>Corporate Development Risk Register</u> DW commented that the risks highlight the issues with capacity of both space and people and the demands on them. <u>HR Risk Register</u> PM advised that with regard to medical training gaps she had added comments in the mitigation column but had not taken away or added any additional risks.		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
4	**Workforce Board Report**		PM gave succinct points from the report:- • Staff turnover reduced further to 10.2%. • Sickness had increased marginally. Analysis being undertaken regarding split of short term/long term sickness to determine actions. • A business case has been approved to obtain additional licenses for e-Rostering to extend usage beyond nursing and midwifery. The implementation of a new patient acuity module SafeCare from Allocate, which will allow acute wards at the Trust to manage their staffing requirements in real-time according to the volume, acuity and dependency of patients. This should further assist with temporary staffing demand. Specialling accounts for a significant number of requests. • The e-Rostering system will transfer from the server to cloud enabling tax savings. To fully utilise Safecare in real time tablets are required for the wards. • Nurse bank fill rates have marginally reduced corresponding with the removal of the winter incentive in May. • Recruitment is working closely with 81 student nurses with onboarding. A recent SGH recruitment day, mainly for Estates & Facilities, enabled the Trust to offer 4 nursing places on the day. • The Trust was issued with its first fine of £147 from the Safe Working Guardian with regard to an individual missing 75% of their breaks in a month. The funds will go into the pot and will be determined by members of the Junior Doctor Forum on how to spend it. ML stated that it was really interesting regarding the increase of one to one care, especially when out of hospital care is much better for the patient when they are ready to be discharged. If patients can be discharged who do not need to be hospitalised then this may have an impact on agency spend. In relation to demand for medical staffing, 95% of requests have been fulfilled, but this may have contributed to the culture of dependency. Upon questioning PM advised that the rate included all staff except those on fixed term contracts and doctors in training. DW stated that it might be useful to have a breakdown of why staff have left.	The Committee took assurance from the Nurse onboarding activity.	

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			LR asked for further detail around the Staff Friends & Family Test. PM replied that the Staff Friends & Family Test is a national test where the questions cannot be changed but can be added to. However, they do tailor particular questions for each directorate to maximize implementation of actions in line with the staff survey. LR asked for an update around the issue of bullying. BG replied that this has come from a number of complaints and grievances primarily from domestic staff on the York site. He has triangulated that with the reports the Freedom to Speak Up Guardian has been receiving. The Trust has met with Unite, who represent a number of staff in that area. In conjunction with Gail Dunning's team, Jane Gammage has carried out a stress audit to get a feel of what it is like to work in the directorate. From that a series of themes have been highlighted and training will be put together for supervisors. MP added that some of the pressure on the supervisors came from Infection Control. Therefore, Infection Control have been asked to help E&F in prioritising work. **Action:** PM to provide a breakdown of reasons for leavers.		LR to bring to the Board's attention the issue of bullying, particularly in E&F, and the work being done to manage this.
5	**Medical Workforce Report**		PM stated that there were two main items to report:- 1. 5 offers to Consultant Paediatricians have been made. 3 have accepted and two are considering further. 2. Junior Doctor Rotation - a number of measures have been taken to mitigate the adverse position following HEE's allocation of doctors. This is an improving position and changes daily. LR acknowledged that PM's team had taken a rather bold approach on this and enquired about the status of external partnerships. PM replied that they had maintained them, taken on board lessons learnt that they can take forward next year.	The Committee took assurance from the proactive approach to Junior Doctor recruitment.	The committee to highlight for the Board the innovative work being undertaken to enhance recruitment prospects.

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
6	**Annual Equity, Diversity & Human Rights Report 2016-17, including Equality Objectives**		PM advised that this was a comprehensive report and like last year she has tried to maintain the balance between achievements and further improvements that are required. PM summarised key achievements such as implementation of extended visiting hours in line with John's campaign. Work is ongoing to fully maximise benefits from the Accessible Information Standard which includes embracing technology. Further work is required to assist patients with disabilities specifically those with hearing/visual impairments. The Trust has made significant improvements. However, the limited access to the British Sign Language facility means the Trust should improve signage at reception areas. ML advised that the Trust's Children Services has a large comprehensive approach to this, which is not translated across into adult services and maybe they could help in this area. Following discussion regarding staff disclosure PM confirmed this is captured when someone commences employment and the work the Trust is undertaking to improve onboarding may assist in giving new starters confidence to make full disclosure in the future. DW stated that the Trust has now signed up to the Human Rights City pledge and suggested it be included in the report that the intention to sign up to the pledge was agreed in the previous financial year appreciating that this has now been implemented and will be incorporated in next year's report.		
7	**Band 1 Pay Review**		Paper was discussed and the committee warmly endorsed the approach.		
8	**Draft Apprenticeship Strategy**		The strategy outlines the six key areas that the Trust will be working on. DW suggested the Trust's approach to be more explicit with the apprenticeship levels, ie. Graduate apprenticeships, etc.		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			DW also enquired about apprenticeships within Out of Hospital Care. ML advised that it is within their Strategy Plans and something they are moving towards. The Apprenticeship Strategy will be taken to the Board once finalised.		
9	**Progress Report on Apprenticeships**		The Trust's objective is to achieve a minimum of 200 learners within a timeframe of 24 months. To date there are 53. LR commented that she liked the approach to the strategy, the guiding principles and the upfront links with other apprenticeships with the Trust.		
10	**WFODC TOR**		The committee confirmed that the quoracy remains unchanged. LP stated that the structure that feeds into the WFODC and the work programme will continually evolve. The terms of reference will go to Board in August. **Action**: LP to add ERG and the Apprenticeship Steering Group to the structure.		
11	**Review of Workforce & OD Strategy – Recruitment & Retention**		DW suggested a couple of additions to the objective “Developing our capability and capacity to deliver services seven days per week” to be more explicit in embracing new roles. ML suggested strengthening partnership working with other agencies including the voluntary sector.		
12	**ERG TOR v4**		Deferred until next meeting. Anne Devaney has been invited to speak on the subject.		

DRAFT

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
13	**BAF Action plans**		No. 3 “Failure to Retain our Staff” – the committee agreed this should remain amber due to pockets of staff with higher turnover.		
14	**Any Other Business**		• The committee agreed that the August meeting on the 22nd should go ahead with a shortened agenda. • The extraordinary WFODC meeting will be on the 4th September at 11:30am to discuss vacancy rates/data.		
15	**Items for Board**		• The committee to highlight for the Board the innovative work being undertaken to enhance recruitment prospects. • The Chair would like to bring to the Board’s attention the allegations of bullying, particularly in E&F, and the work being done to manage this.		
16	**Time and date of next meeting**		The next meeting is arranged for 22nd August 2017, 16:00 – 17:30, YH HQ Board Room.		

DRAFT

Action Log: Workforce & Organisational Development

Month	Action	Responsible Officer	Due date	Completed
March	Produce a Recruitment & Retention Strategy for SAS grades updated to the committee in six months' time.	PM	Sept meeting	
May	Ask Helen Hey to provide a report on Helpforce for July meeting and invite Kay Gamble to present it.	PM	July meeting	Report available from August onwards and can be extrapolated from the Chief Nurse Report to be sent to Board end of July.
May	Invite Glenn Miller to the October meeting to discuss job planning.	PM	October meeting	Glenn Miller to attend.
May	Give apprenticeship update on a quarterly basis including statistics.	BG	September meeting	
June	Send Education Review Group TOR to MP. Invite Anne Devaney to meeting.	PM	Aug meeting	*(Invite sent 19/7/17)*
June	Invite Gail Dunning to meeting to discuss staff development	PM	Aug meeting	*(Invite sent 19/7/17)*
June	Send the formalised Draft Research Strategy to the Committee to proof read it before going to Board.	LH	Immediately	**Update18/07/17**: LP advised that the strategy was due to go to Executive Board in August and then on to the

DRAFT

				Board.
June	Give an update on ACP.	PM	September meeting	
July	Look through the minutes for key headings to include in Annual Report and send to LP/LR/DW.	PM	Immediately	
July	Discuss Leadership Strategy at a future date.	MP	TBA	
July	Add ERG to the WFODC TOR structure	LP	Immediately	
July	Provide breakdown of reasons for leavers and send to WFODC	PM	Immediately	

DRAFT

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Workforce Report – July 2017

Action requested/recommendation

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

Summary

The attached document provides information up to June 2017, relating to key Human Resources indicators including; sickness and appraisals.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	Board of Directors
Risk	No risk
Resource implications	There are Human Resources implications identified throughout this report.

Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	July 2017
Version number	Version 1

Board of Directors – 26 July 2017

Workforce Report – July 2017

1. Introduction and background

This paper provides an overview of work being undertaken to address workforce challenges, and key workforce metrics (data up to June 2017). Of particular note:

- The monthly sickness absence rate in May was 4.31%, a small increase from 4.26% in April. This contributed to an increase in the Trust's cumulative annual absence rate which currently stands at 4.22%
- Turnover reduced from the previous month to 10.21% (based on headcount) and was much lower than in the same period of the previous year
- Demand for temporary medical staff equated to 78.27 FTE in June, with 96% of these shifts being filled via bank or agency. A number of new initiatives are detailed in the report which are designed to help reduce this demand
- Work to reduce temporary staffing costs through investment in Electronic Rostering software and involvement in NHS Employers' national Reducing Agency Spend Programme.

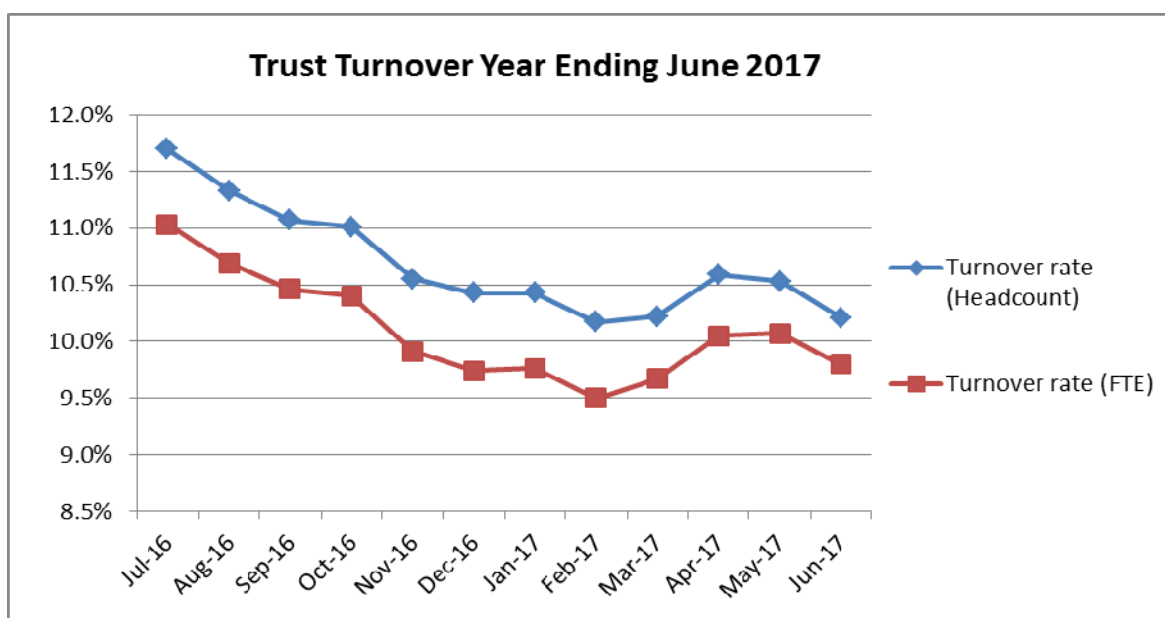
2. Workforce

2.1 Staff Turnover

The turnover rate in the year to the end of June 2017 reduced from the previous month's rate of 10.53% to 10.21% based on headcount and 10.07% to 9.80% based on full time equivalent leavers. The turnover rates in June 2017 were also lower than in the same month of the previous year (in June 2016 turnover was 11.72% and 11.04% based on headcount and FTE respectively).

The turnover in the year to the end of June 2017 represented 793 leavers from the organisation.

Graph 1 – Overall Turnover Rates



Source: Electronic Staff Record

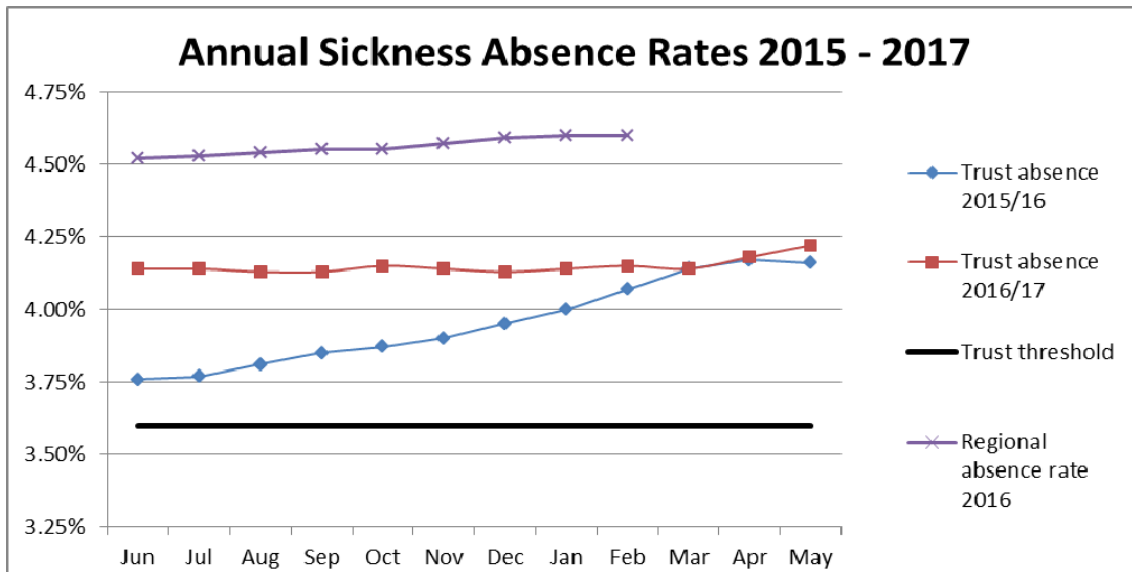
2.2 Sickness Absence

Sickness absence rates

The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. In May 2017 the cumulative annual absence rate was 4.22%.

The Trust absence rate however continues to compare favourably with sickness absence across the region. There is a delay in the publication of the regional data and currently only data up to February 2017 is available. In the year to February 2017, the regional annual absence rate was 4.60%.

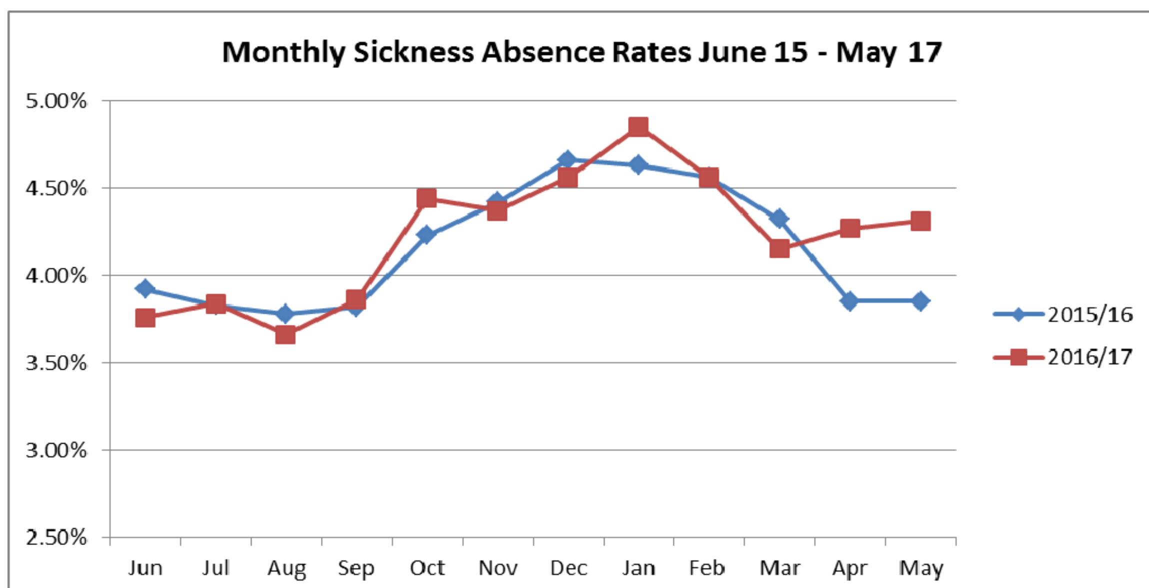
Graph 2 – Annual sickness absence rates



Source: Electronic Staff Record and NHS Digital

The graph below shows the monthly absence rates from June 2015 to May 2017. The monthly absence rate of 4.31% in May 2017 was a small increase from the previous month's absence rate of 4.27% and was higher than the absence rate in the same month the previous year (the absence rate in May 2016 was 3.85%).

Graph 3 – Monthly sickness absence rates



Source: Electronic Staff Record

Sickness absence reasons

The top three reasons for sickness absence in the year ending May 2017, based on both days lost

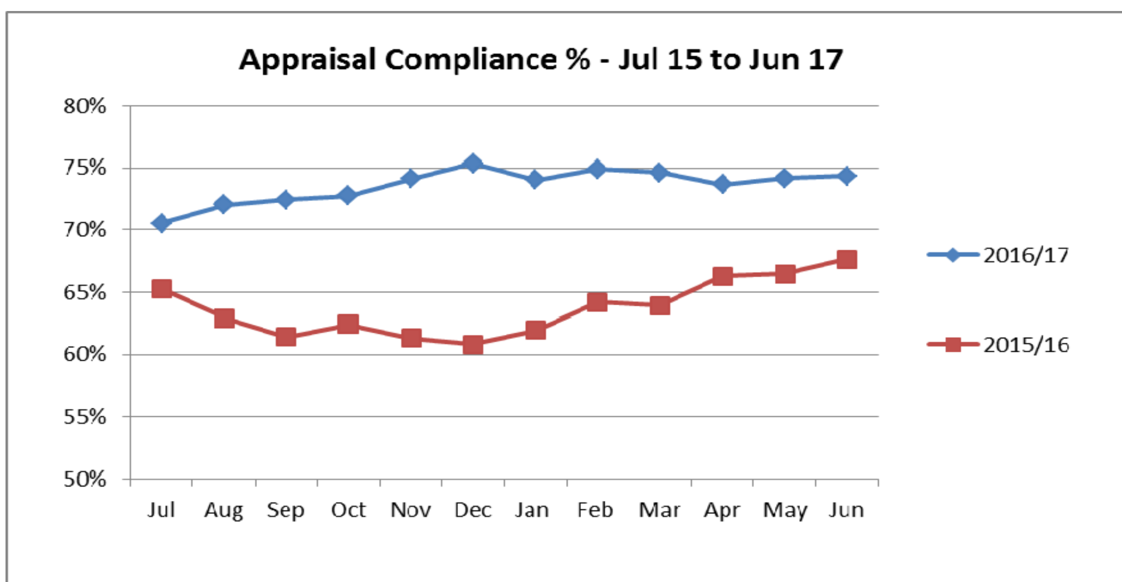
(as FTE) and number of episodes are shown in the table below:

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
MSK problems, inc. back problems – 19.82% of all absence days lost	Gastrointestinal – 20.60% of all absence episodes
Anxiety/stress/depression – 19.71% of all absence days lost	Cold, cough, flu – 18.45% of all absence episodes
Gastrointestinal – 10.33% of all absence days lost	MSK problems, inc. back problems – 11.32% of all absence episodes

2.3 Appraisals

The graph below shows appraisal completion compliance from July 2015 to June 2017.

Graph 4 – Appraisal Compliance %



Source: Learning Hub and Electronic Staff Record

The overall Trust appraisal activity in June 2017 stood at 74.34%, an increase from the previous month's rate of 74.17%. Analysis indicates that appraisals are being under-reported within the Trust across all staff groups and work continues to develop the familiarity with the appraisal reporting tools on the Learning Hub.

2.4 NHS Employers Network – Reducing Agency Spend Programme

The Trust has gained one of the 15 places available to be part of the NHS Employers' reducing agency spend programme. The programme aims to support organisations with efforts to reduce agency spend and is funded by the Department of Health.

The programme is designed to equip Trusts to set and agree their own aims and objectives focussing on reducing agency spend through the following areas:

- supporting line managers to implement greater flexibility in their employment practices;
- increase/improve/extend the utilisation of e-rostering in the organisation;
- reducing medical locum spend.

NHS Employers will provide one-to-one support and host webinars and events for the Trusts involved in the programme. They will also provide expert advice and examples from other Trusts to share good practice and support organisations in achieving their aims. The support will also offer organisations the time and space to explore and understand their agency reduction challenges and equip organisations with tools and techniques to help try and mitigate them.

We will report on this further as the Trust's plans evolve in line with the programme.

2.5 eRostering

A Business Case which aims to maximise the impact of electronic rostering on the Trust's temporary workforce spend was approved at the start of June 2017. The Business Case comprises two component projects: the extension of eRostering to all non-medical departments (medical rostering is being undertaken using a separate system); and implementation of a new patient acuity module - *SafeCare* - which will allow acute wards at the Trust to manage their staffing requirements in real-time according to the volume, acuity and dependency of patients.

The combination of these projects will improve rostering practices within the organisation, in line with recommendations made in the Carter Report and through guidance issued by the Department of Health. It is a key part of the Trust's Workforce Strategy and is expected to help mitigate some demand for temporary staffing through better utilisation of substantive staff.

In addition, the Trust currently hosts the eRostering system on our servers and this will transfer to the 'Cloud', managed by Allocate Software, in August.

2.6 Medical Staffing Update

In June, 78 Full Time Equivalent (FTE) medical locums were requested at the Trust across both York and Scarborough Hospital. In total, 95% of the shifts were filled (74 FTE). Approximately 33% of the shifts (26 FTE) were filled via Bank. The highest concentration of requests continues to be in Emergency Medicine and General Medicine, where the Trust is experiencing its most acute shortages.

In an effort to help manage the continuing high demand for temporary medical staff, the Trust has moved its medical agency procurement from the CCS framework to the CPP framework and extended its contract with HCL as our Master Vendor for a further two-years. These arrangements will help concentrate the Trust's locum supply with agencies who are accredited for vetting staff to NHS standards, and who have a proven track record for supplying our hospitals with high-calibre doctors. The Master Vendor arrangement can also help provide the Trust with market intelligence regarding locum bookings, and support the Trust in negotiations with suppliers. In parallel with these arrangements, the Trust will also be undertaking further recruitment for bank across all medical grades and specialties.

Work continues to improve the attraction of substantive medical vacancies with the Trust. New initiatives include:

- the launch of a campaign to recruit Trust Grade "Senior Foundation Doctors", posts targeted at individuals who have completed their training in Foundation Years 1 and 2, and want to gain experience 'out-of-programme' as part of their career exploration. This campaign has attracted 35 applications; and early indications are that six of these applicants will be called for interview.

- re-opening the Associate Specialist grade. Associate Specialists are senior hospital doctors, responsible to named Consultants, who support service delivery and improvement. The re-opening of the grade allows staff working as Specialty Doctors to explore the possibility of having their role re-graded in services where there is a need to increase the number of senior doctors. It also allows the Trust to replace any Associate Specialist who chooses to leave its employment, thereby supporting the Trust's medical recruitment and retention strategy.

- putting together a tender for the creation of a short film which will market the Trust and the communities it serves. The intention is to show York and the East Coast as great places to live and work and attract more candidates to hard-to-fill vacancies. It is an approach which has stimulated fresh interest in vacancies at neighbouring Trusts, and has positively impacted on application numbers and quality in organisations situated in more rural communities. In parallel to this, the Histopathology and Anaesthetic departments are working to produce their own short videos to provide a window into their services for prospective candidates for their Consultant vacancies.

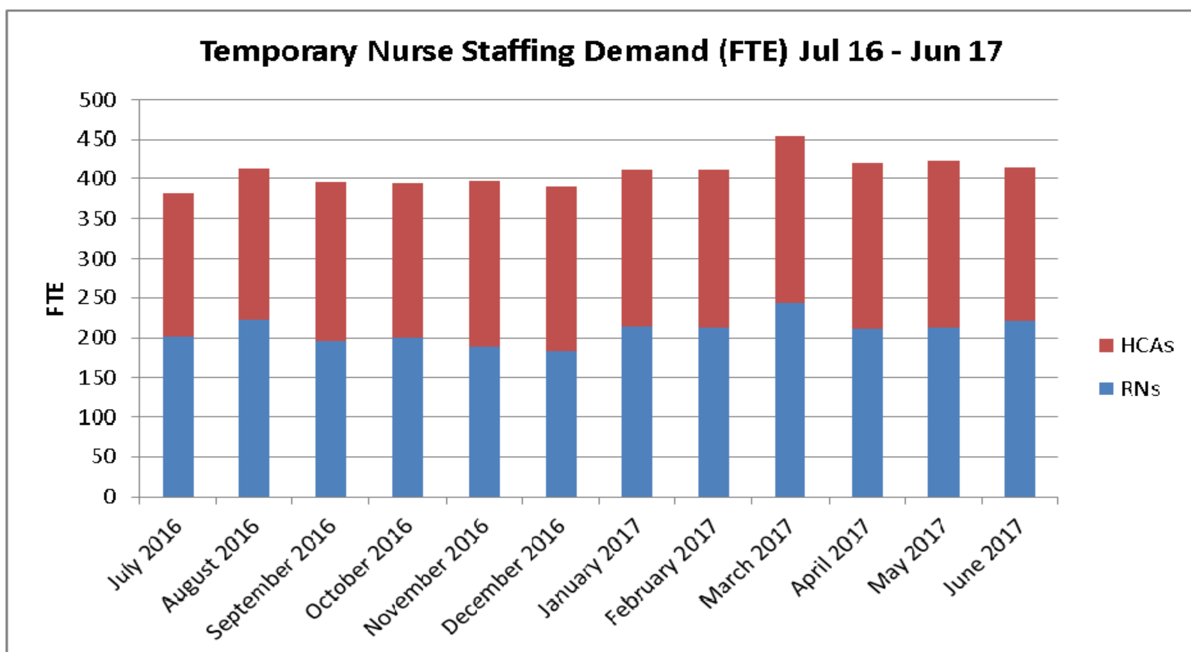
The Medical Staffing Team have also been undertaking recruitment campaigns for Trust Grade roles to cover anticipated gaps in our junior doctor establishment after August changeover. At the end of June, Medical Staffing have established cover for 90% or more of posts in York (all grades). Work continues in Scarborough to increase the level of cover in the STR, GPSTR and CT grades.

2.7 Temporary Nurse staffing

Demand for temporary nurse staffing (RNs and HCAs) in the last year has equated to around 409 FTE staff on average per month. Demand in June equated to 415.02 FTE - the lowest level of demand in the last four months but over 17% higher than demand in the same month of the previous year (demand in June 2016 was 353.30 FTE).

Whilst demand for RNs in June 2017 remained high still exceeding 200 FTE (RN demand was 221.77 FTE), HCA demand in contrast reduced to 193.25 FTE, the lowest level it has been since August 2016.

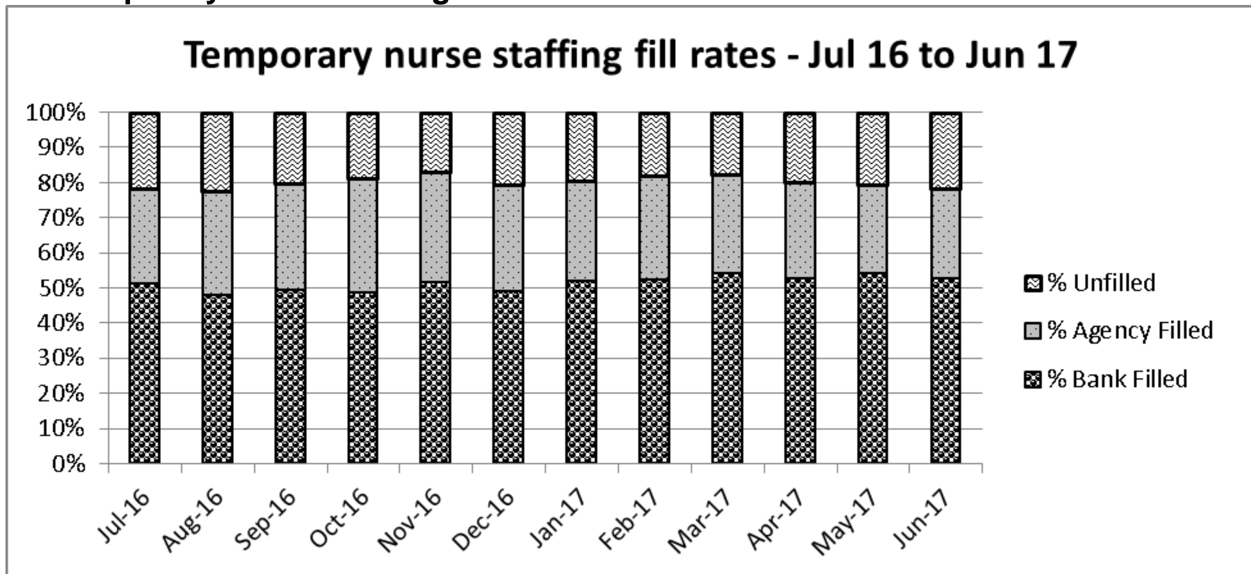
Graph 5 – Temporary Nurse Staffing Demand



Source: HealthRoster

Graph 6 below shows the proportion of all shifts requested that were either filled by bank, agency or were unfilled. Overall, bank fill rates made up 52.76% of all requests in June (a small reduction from the previous month's bank fill rate of 54.26%). Agency fill rates increased marginally from 24.94% in May to 25.60% in June. The small drop in the bank fill rates could be attributable to the cessation in offering bank winter incentive rates to Nurse Bank staff at the end of May.

Graph 6 –Temporary Nurse Staffing Fill Rates



Source: HealthRoster

The Nurse Bank team have been working for several months to move away from off framework supply for temporary staff. This has been largely achieved by encouraging off framework agencies to register with approved frameworks. A small number of providers have been unable or unwilling to register with frameworks, and their usage is now being phased out. Only one off-framework supplier for nursing continues to cover shifts at the Trust, amounting to 2-4 per week during June. This accounts for just 1% of nurse agency bookings at the Trust, and is a significant reduction from the position just two-months ago when approximately 13% of agency bookings were being made off-framework.

2.8 Recruitment

Scarborough Hospital hosted a recruitment event on 3 July in the Postgraduate Centre. The event once again provided teams with the opportunity to showcase their departments and attract people to difficult-to-fill vacancies. In total, 12 areas hosted a stand; these included the Chief Nurse Team, AMU, Holly Ward (Trauma & Orthopaedics), Emergency Department, Nurse Bank and Endoscopy. There were also a number of non-nursing exhibitions, including Facilities Management, HR Recruitment Team, Apprenticeships in the NHS, Coventry University, Hospital Governors and Specialist Medicine Administration Team.

Although the event was not as large as previous events, more than 100 people from the local community attended and were advised about different entry routes into the NHS, with continued strong interest in Health Care Assistant roles. In addition, four nurses (two experienced and two newly-qualified) were interviewed and offered appointment on the day of the event itself.

2.9 NHS Employers Streamlining Programme

The Trust is taking part in a regional initiative which is designed to streamline recruitment and on-boarding processes. Streamlining is a collaborative programme of acute, community and mental health NHS providers who work together to:

- identify and share best practices through networks of operational managers
- benchmark performance, identify opportunities and innovations to save money and improve quality
- agree minimum standards and operational practices to eliminate duplication and inefficiency
- lobby for national policy and system changes that will enable local practices to deliver better results for staff and patients.

In other regions, similar programs have been credited with achieving significant reductions in the level

of transactions involved in recruitment (including medical recruitment) and occupational health assessments. Work to develop the Trust's involvement will commence this month and run across the coming year.

2.10 Staff Friends and Family Test (SFFT)

The Staff Friends and Family Test (SFFT) is conducted three times a year with the Annual Staff Survey substituting the questionnaire in quarter three. In 2016/2017 random sampling of staff was used in the SFFT. In addition to the mandatory questions, the survey included a corporate question which focused on how to improve opportunities for reporting bullying and harassment. The information we have received back has helped to add to our picture from the Staff Survey about reporting procedures, and how staff do not perceive that action is regularly being taken in response to their reports. An overarching action plan to address this is currently being developed with Lisa Smith, Freedom to Speak Up Guardian.

In 2017/2018, we will be taking the opportunity to survey whole directorates in each quarter. To add to the value of the survey and the subsequent action plans, additional questions will be tailored specifically to individual directorates, with the questions being determined by directorate management teams. Directorates will also have the opportunity to build their survey to determine how their data is presented; for example by profession or site.

SFFT is one of the key indicators of staff engagement and employee relations both within directorates and across the Trust, and its use to inform action planning remains a key part of the Trust's Workforce Strategy.

2.11 Guardian of Safe Working (GSW) Update

In June, the Guardian issued a first fine to the Trust for a breach of the 2016 Junior Doctors' Terms and Conditions of Service on account of a doctor's experience in the Elderly Medicine Directorate. The doctor was unable to achieve more than 75% of their breaks over a four week reference period, which is a core requirement of the contract.

Fines are calculated at a rate of double the applicable hourly wage at the time each break was missed, resulting in a total fine of £147.18 on this occasion. Fines are payable to the Guardian (no proportion is paid to the trainee as breaks are already paid for); however, it is Junior Doctors who decide how the fine monies are utilised, with the decision being verified via the Trust's Junior Doctors Forum.

3. Conclusion

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

4. Recommendation

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

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

Blank page

G2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 26 July 2017

Annual Equality, Diversity & Human Rights Report – July 2017

Action requested/recommendation

The Board is asked to note the report.

Summary

The attached document is designed to demonstrate our compliance with the equality duty to publish information. Its aim is to be reader friendly with a clear structure and information to establish the current situation including progress, achievements since last year's report and identify where further work is required.

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

Implications for equality and diversity

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

Progress of report	Workforce & Organisational Development Committee
Risk	Any risks are highlighted in the report.
Resource implications	Any resource implications are highlighted in the report.
Owner	Polly McMeekin, Deputy Director of Workforce

Author	Margaret Millburn, Equality, Diversity and Inclusion Officer
Date of paper	July 2017
Version number	Version 1

York Teaching Hospital
NHS Foundation Trust

Annual Equality, Diversity and Human Rights Report

2016-2017

July 2017

Contents

	Contents	Page
	Introduction	3
Section 1	**Our Services**	
	1.1 Patient Activity	4
	1.2 Patient Information	8
	1.3 Patient Experience	10
Section 2	**Our Workforce**	
	2.1 Staff Profile	15
	2.2 Staff Learning and Development	22
	2.3 Recruitment	25
	2.4 Grievance, Disciplinary and Bullying & Harassment	29
	2.5 Staff Support Groups	33
Section 3	**Our Partnership Working**	35
Section 4	**Our Achievements**	38
Section 5	**Our Progress Against the Equality Objectives**	40
Section 6	**Our Challenges and Future Developments**	42
Section 7	**Appendices**	
	Appendix A Demographics for the Local Population	44
	Appendix B Trust Activity Statistics	48
	Appendix C Our Workforce	53
	Appendix D Recruitment	78
	Appendix E Grievance, Disciplinary and Bullying & Harrassment	84
Section 8	**How are we doing?**	86

Introduction

York Teaching Hospital NHS Foundation Trust is committed to delivering safe, effective, sustainable healthcare within our communities. Continuing to integrate equality, diversity and human rights into our day to day practice will enable inclusive delivery of services and the employment of a workforce that is representative of the communities we serve.

We will achieve this through our Trust Values:

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

http://www.yorkhospitals.nhs.uk/about_us/our_values/

We provide a comprehensive range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale, covering 3,400 square miles. Our annual turnover is over £400 million; we manage eight hospital sites, 1,100 beds (including day case beds) and have a workforce of over 8,500 staff working across our sites and in the community.

This report is designed to demonstrate our compliance with the equality duty to publish information. Its aim is to be reader friendly with a clear structure and information to establish the current situation including progress, achievements since last year's report and identify where further work is required.

1. Our Services

1.1 Patient Activity

There are both national and local access and performance targets that the Trust is measured against. This section of the report relates to patient activity which has been extracted from our patient records database. It should be noted that there are local issues which impact on activity figures such as the large number of visitors especially during the summer months, our student population and York Races which attract people from a wide catchment area.

The comparative equalities data used in this section is gathered from our three primary CCG catchments:

- NHS Vale of York CCG
- NHS Scarborough and Ryedale CCG
- NHS East Riding CCG

This is not directly comparable to the total cohort of patients at the Trust and is used to highlight overall themes. Demographics for the local population can be seen at **Appendix A.**

Report preparation

In preparing this section of the report we have chosen to look at:

- ✓ Inpatient Admissions (Day Case, Elective, Non Elective)
- ✓ Outpatient Attendance / DNAs (Did Not Attend)
- ✓ Emergency Department (ED) 4 hour wait to treatment/admission/transfer (Breach/ Non breach)

We have assessed these key national indicators against the following protected characteristics:

- ✓ Gender
- ✓ Age
- ✓ Ethnicity

A graphical and tabular breakdown of Trust Activity Statistics can be seen at **Appendix B**

A Summary of the Statistics

There has been very little change from 2015/16 to 2016/17 in terms of gender breakdown of activity, a slight shift of between 0.2% (outpatients) to 1.2% (elective inpatients) has been seen from Female to Male activity.

During 2016/17 there was a rise in the proportion of elective inpatients aged over 65 treated compared to 2015/16 with the proportion of patients admitted acutely aged 18-49 reducing. The Trust's Type 1 Emergency Departments seeing the proportion of patients attending aged 0-49 rising by 2.9% compared to 2015/16. There were no significant changes witnessed in the age differential for outpatients compared to 2015/16.

Emergency Care

Protected Characteristic - Gender

The gender split of attendances at Emergency Department overall is much less pronounced than inpatient and outpatient activity, with 50.9% female and 49.1% male. At Scarborough this split widens slightly with 52.4% female and 47.6% male. Non-elective inpatients are more likely to be female (comprising 61% of activity in 2016-17).

Protected Characteristic - Age

- Over 65s comprise 32% of all ED attendances in 2016-17; 21.7% were over 75. This is significantly higher in Scarborough 46% of all attendances over 65, 31% were over 75. This compares to 23.8% of the population being over 65 for Scarborough and Ryedale CCG and 29% for Bridlington. Over 65's comprise 29% of York ED attendances (over 65s are 19% of population for Vale of York CCG locality).
- The 18-49 age group had the highest proportion of attendances, 40.9%, in York. For Scarborough the highest proportion of attendances was the over 75's at 31%.
- Children (0-17) account for 14.5% of attendances at ED across the Trust, this varies significantly between 17.6% of all attendances at York and 8.4% of all attendances at Scarborough. While not directly comparable the 0-14 populations across our localities is not significantly different, at around 15%. The data shows that the proportion of patients taking longer than 4 hours to treatment or admission to hospital increases with age.

Protected Characteristic - Ethnicity

- 30% of patients' attending ED ethnicity is unknown and a further 3.1% not stated, making analysis less reliable against BME characteristics. 55% of attendances were recorded as identifying as 'White British' and

9.5% as ‘Any other White Background’. Whilst it is not possible to draw conclusions from the data due to the limited data, patients identifying as Asian and those as Chinese in the recorded data are proportionally lower than the overall local population.

Inpatients

Protected Characteristic - Gender

- Across the Trust women had a higher proportion of inpatient activity (56% of inpatients were female and 44% male). This is more pronounced for non-elective inpatients, rising to 61% for women. This pattern was seen across both York and Scarborough sites.

Protected Characteristic - Age

- 47% of inpatient activity was for patients over the age of 65, rising to 52% for Scarborough Hospital. This is compares to a range from 16% of population (York) and 29% of population (Bridlington) across our geography. For day case and ordinary electives, patients over 65 constitute 53% of our activity. This reduces to 40% for non-elective admissions. Children (0-17) comprise 7% of our inpatient activity, they represent only 2.5 – 3% of day case and ordinary elective work, but 12.8% of our non-elective inpatients. There are more children 0-17 elective inpatients at York site, and this is likely to correspond to the surgical options, such as paediatric oral surgery being performed only at York.

Protected Characteristic - Ethnicity

- 9.4% of our in patients’ ethnicity is unknown, with a further 4% not stated. The % unknown at York Hospital is significantly higher than Scarborough Hospital (11.2% and 5.5% respectively). White British people comprise 78.6% of patients with a recorded ethnicity, the next largest group were patients identifying as ‘Any Other White Background’. Patients identifying as Asian and those as Chinese are proportionally lower than the overall local population. Non-elective patients were less likely to have their ethnicity recorded than elective patients, particularly on the York site.

Outpatients

Protected Characteristic - Gender

- Women comprise 56% of outpatient activity, with men at 44%, consistent with our inpatient activity proportions. Men have a higher 'Did Not Attend' (DNA) rate than women across both 1st Outpatient appt and Follow Up appointments (14% overall men, 12% overall women), this includes AHP services. This is more pronounced in Follow Up appointments at the Scarborough locality, rising to 18%.

Protected Characteristic - Age

- Over 65s comprise 36% of outpatient activity, with children (0-17) comprising 12%, showing a more balanced pattern across age groups than in patient activity. The age group with the highest rate of DNAs are the 18-49 age range at 18% (including AHP appointments). The pattern is slightly different at Scarborough, with a more even distribution across the older and younger age ranges. The age group least likely to DNA at Scarborough is the 50-64 age group, at York is it the 65-74's.

Protected Characteristic - Ethnicity

- 26% patients attending outpatients have not stated their ethnicity, making analysis less reliable against BME characteristics. Of those who have a recorded ethnicity 'White British' comprised 66% of patients and 'Any other White Background' was the next largest at 5.9%. The DNA rate for different ethnic groups ranges from 12% to 29%. Improved data recording would enable further analysis for those groups recording high DNA rates and options to help improve attendance rates.

1.2 Patient Information

As a Trust we are committed to providing patient information in accessible formats and production of patient information for treatments and procedures is guided by Trust policy and a range of standards that applies to all patient information leaflets.

- ✓ A standard access statement is included on the back cover or as close to the cover as possible (for sponsored leaflets) which has a central point of contact for patients and relatives to request information in a different language or format. The languages relate to our top interpretation requests. We continue to introduce via the review and reprint process and can be seen in section 8 of this report.

- ✓ An A4 version has for information sent via letter format has been developed and introduced

On-going work

The Trust's Implementation of the Accessible Information Standard continues; this standard that applies to all NHS and adult social care organisations to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand.

The standard requires us to;

- Ask people if they have any information or communication needs and how to meet these
- Record those needs clearly and in a set way
- Highlight or flag the information gathered on the persons notes/files so it is clear.
- Share information collated with other providers of NHS and adult social care when they have permission to do so;
- Take steps to make sure people receive information which they can access, understand and receive communication support if they need it.

- ✓ The standard does not include interpretation and translation; in implementing the standard the Trust has taken the opportunity to include this it is an important part of communicating with our patients.

The number of contacts by language is consistent with last year, with British Sign Language (BSL), Polish, Mandarin and Turkish having the highest usage.

The Trust Website

The Trust's website can be viewed at www.york.nhs.uk and complies with WCAG/WAI web standards and guidelines, as required by the NHS and all other UK public sector organisations. The site includes "BrowseAloud" (a free screen reader service) text resizing, access keys and a translation tool for languages other than English. It is also compatible for people using mobile phones, tablets, and other devices to browse the internet.

✓ Patient leaflets are published on the website in PDF format.

1.3 Patient Experience

This section of the report aligns to the progress with delivering the five commitments of the Patient Experience Strategy 2015-18.

1.3.1 Listening

Listening to our patients, welcoming feedback and sharing the results from ward to board helps us improve the quality of the services that we provide.

This year we have made it easier for people to give their feedback; whether it be to say thank you, get an answer to a concern, make a comment or raise a formal complaint.

- ✓ We have created posters, now displayed at every ward entrance, which encourage people to give their feedback.
- ✓ We have moved our York Hospital PALS office to a clearly visible and well-signposted location on the main corridor. The new office has a meeting area where patients or families can speak to someone in privacy and comfort.
- ✓ New staff have joined the PALS team, meaning we have a regular presence at both York and Scarborough Hospitals.
- ✓ We have revised the information on our website about how to give feedback to make it clearer for people.
- ✓ We continue to promote the Friends and Family Test to ensure any patient receiving inpatient, outpatient, maternity or community care has an opportunity to rate their experience and comment on aspects which could be improved.
- ✓ We received the results of two national surveys:
  - National Inpatient Survey 2015
  - National Cancer Patient Experience Survey 2015

1.3.2 Responding

Responding to feedback in an open and timely manner and reporting on themes and trends so people can see what matters most to patients, celebrate success and identify what needs improving

- ✓ The Trust Policy and Procedure on Concerns and Complaints has been fully revised, taking into account feedback from staff and patients. The new patient-centred process focuses on delivering the outcome desired by the person concerned and achieving a timely, high-quality response which is proportionate to the issues raised.

- ✓ The Patient Experience Team now records enquiries, compliments, comments, concerns and complaints on the same information management system (Datix Web). This has enabled new, more detailed reporting of patient experience. The new reports make it easier to identify themes and trends which need to be addressed through directorate action plans or trust-wide action.

The top three themes linked to accessing our services being

- Availability of Blue Badge Parking in York – we monitor usage and our car parking staff help direct to nearest parking available when at capacity.
- Access to outpatient area C at North Entrance at Scarborough – a new map for to help finding your way around the site is being developed
- Availability and reliability of interpretation and translation services – we continue to work with our interpretation provider to improve access and are monitoring progress.

- ✓ Friends and Family Test results show that the Trust maintains consistently high levels of satisfaction; particularly for inpatient, maternity and community services. Satisfaction with the Emergency Department is lower, which narrative feedback shows is substantially linked to the challenges in delivering short waiting times (more detail on this is in the ‘Learning and Acting’ section).

- ✓ The most common reasons for people to contact **The Patient Advice and Liaison Service** PALS are to resolve misunderstandings or gaps in communication; get help with issues

regarding appointments or because they have unanswered questions about treatment plans. More emphasis has been put on acknowledging the many **compliments** that are received and encouraging teams to share and celebrate good practice.

- A new monthly feature in the Staff Matters magazine called *Tiny Noticeable Things* focuses on something small that has made a big difference to someone's experience of our service.

1.3.3 Learning - Learning from what patients tell us, identifying **actions** for improvement and monitoring their delivery

✓ This year there has been significant emphasis on ensuring that learning from complaints and concerns is used to agree clear actions for improvement with people responsible and timescales for completion. A sample of closed complaint cases is audited each month to assess whether the complaint has been handled correctly, whether actions have been completed and the findings are being shared with directorate colleagues to support improvement.

The National Inpatient Survey 2015 showed that the Trust had achieved improved levels of patient satisfaction since 2014. This was a particularly notable achievement in year where the Trust had been subject to performance and staffing pressures. A multi-disciplinary group of staff worked together to review the results of the survey, to agree the key areas for improvement with each supported by an action plan.

✓ Celebrating and recognising success
✓ Reducing noise at night – the Night Owl Initiative was launched in September 2016 which included ward pledges and sleep packs of eye masks and ear plugs being offered to patients struggling to sleep.
✓ Welcoming and encouraging feedback
✓ Empowering patients and carers – Following extensive consultation in November 2016 visiting times for all wards and hospitals became 11am – 8pm. This continues to support good communication between staff and families and our approach to making hospitals more dementia friendly.
✓ Improving patient experience of discharge.

The new visiting guidance makes it very clear that visitors are welcome, but there may also be times when it is not appropriate for patients to have visitors such as when receiving clinical care, rest times, or to preserve the privacy and dignity of other patients and these are subject to the discretion of nurse in charge.

1.3.4 Involving – Involving patients in decisions about their care and delivering a service that is responsive to their individual needs

- ✓ This year the Trust has signed up to John's Campaign which recognises the right of patients with dementia to have their carers with them throughout their stay in hospital. The Trust recognises the importance of working in partnership with carers, and respecting the knowledge and skills they bring. The change in visiting times was a significant development supporting John's Campaign and a new information leaflet for carers of people with dementia has been produced.

John's Campaign

For the right to stay with people with dementia in hospital

The Trust Volunteering Service

Volunteers from our local community fulfil a variety of roles with the purpose on enhancing patient experience. This year has seen a net increase in volunteers to the Trust from 279 at the start of the year to 377 at year end.

Notable achievements include:

- ✓ Moving all volunteer recruitment administration onto the Trust's recruitment system to improve accuracy, efficiency and performance monitoring.
- ✓ Launching a new volunteer induction day for new starters.
- ✓ Celebrating the contribution of our volunteers through events during National Volunteers' Week in June 2016 and well-attended Christmas dinners at York and Scarborough.
- ✓ Improving communications with volunteers through regular news updates and sharing of Staff Matters magazine.

Our volunteers make a valuable contribution to the Trust supporting frontline staff and releasing time to care. Roles include:

- Dementia activity volunteer – people with time to sit with patients with dementia to undertake activities which provide stimulation and companionship.
- Patient experience volunteer – people who will spend time on a ward listening to patients’ experiences and sharing the learning with the ward staff so they can take any steps to improve the experience of an individual or something that affects many patients.
- End of life volunteer – people who will sit with patients who are at the end of their lives in hospital. They are able to provide quiet companionship and also observe any changes or signs of distress and report these to patient’s nurse.
- Dining companions – who sit with patients during meal times and/or provide help to patients who need assistance to eat or drink.
- Volunteer visitors – who spend time with people who welcome the opportunity to talk to someone and/or those who might otherwise be lonely and isolated in hospital.
- Clinic liaison volunteers – who help with the smooth running of outpatient clinics by helping people to find the right rooms, complete any forms and keeping them informed about any delays.

1.3.5 Culture - Nurturing a **culture** of openness, respect and responsibility.

Sharing feedback from patient experience is an important way of embedding the Trusts values. Many professional and multi-disciplinary forums including Professional Nurse Leaders’ Forums, Patient Experience Steering Group, Fairness Forum, medical governance meetings and directorate/ward meetings share patient stories and complaints/concerns as a basis for learning and reflection.

2 Our Workforce

2.1 Staff profile

This year's report focuses on permanent and fixed term employees (i.e. excluding those on bank contracts). There is also a dedicated section which focuses on the key findings for our temporary workforce.

To follow good practice in data protection and ensure personal privacy, we have combined some categories so that there are at least 10 people in each category. This helps to protect the anonymity of staff. Below is an overview of the Trust's workforce, followed by a profile of those joining and leaving the organisation and findings within pay bands. Our salary bands start at band 1, being entry level and extend through to band 9 being the highest.

Report Preparation

The overall number of Trust staff increased from 8,503 on 31 March 2016 to 8,630 on 31 March 2017. This increase is primarily due to some services and their staff transferring into the organisation within the year as well as a more stabilised turnover of staff over the year.

The staff profile is based on a snapshot of all members of staff working for the York Teaching Hospital as at 31 March 2017. Data is also shown from 31 March 2016 to compare how the profile has changed.

The headline statistics below include the overall staff profile, joiners and leavers for the period 1st April 2016 to 31st March 2017.

Also included within this section is a breakdown of the profile by pay grade. The pay grade analysis includes Junior Doctors. Within this work we combined many of the categories together to protect the anonymity of individuals. The analysis is not an equal pay audit; it is not looking at equal pay for equal work but at distribution of staff across pay bands by gender.

1,181 individuals joined the Trust between 1 April 2016 and 31 March 2017, and 866 staff left the Trust during this same time period. The figures for 2016 -2017 do not include Junior Doctors as including this group would adversely reflect on the data and on the findings and conclusions which are then drawn.

The highest numbers of staff are in pay bands 2 and 5. This is because band 2 includes most of the administrators and healthcare assistants whilst band 5 is the entry grade for all nursing staff which is the largest staff group in the Trust.

A summary of the statistics

Protected Characteristic – Gender

- The gender breakdown remains relatively unchanged with women making up 79.2% of the Trust's workforce. The largest proportion of female staff is seen in Nursing and Midwifery roles (87.8% of this group are women, reflecting this being a sector which traditionally employs more women than men).

- Males made up 19.6% of new starters which is slightly lower than the 20.8% of all staff employed in the trust who are male.

- Proportionately the number of women leaving the organisation has increased compared to men. Men now account for 18.6% of leavers, a small decrease from the 19.9% of male leavers last year. 81.4% of all leavers are women which was an increase from 80.1% the previous year.

- The overall number of female staff is higher in each pay band apart from Medical and Dental grades where there were more men (476 males to 289 females) and this group also accounts for just over a quarter (26.5%) of all male staff. In contrast 4.2% of female staff are in Medical and Dental grades.

- In volume terms a higher number of women are in grades 8a+ than men (208 female staff compared to 80 male staff). This banding includes a variety of different roles including senior nursing roles (Matrons) which tends to attract a higher number of women. However, proportionately, men are more likely to be in band 8a+ roles (i.e. accounting for 4.5% of the male workforce) than women (representing 3.0% of the female workforce).

  (See appendix C Tables/Figures 1-4 pages 53 to 56)

Protected Characteristic - Ethnicity

- The proportion of staff who identify their ethnicity as being White is 89.8% compared with 90.6% the previous year. Of this, 81.2% declared as White UK.

- The overall percentage of BME staff is 7.1%. The largest BME group was Asian and Asian British, accounting for 3.9% of all staff.

- The percentage of new staff whose ethnicity was unknown rose to 7.8% (up from 6.4% in the previous year). The percentage of new starters who said they were from BME groups was 8.1% (compared to 7.1% of all staff).

- The percentage of staff leaving the Trust from a BME group decreased from 7.1% last year to 6.8%. This is slightly lower than the overall Trust percentage that BME staff account for (7.1%).

- The highest percentage of BME staff is seen for Medical and Dental pay scales (37.0%), equating to 227 people. Compared to this, only 6.6% of all White staff are in Medical and Dental pay scales, although this does equate to 509 people.

- BME staff make up a significant proportion of Medical and Dental staff, which has a major impact on the data and findings which can then be drawn from any analysis of staff within different pay scales. It can however be said that BME staff are less likely to be in band 8a+ roles (1.0% are in band 8a+ roles, with these pay bands accounting for 3.3% of all staff).

  (See appendix C Tables/Figures 5-8 pages 57 to 60)

Protected Characteristic - Sexual Orientation

- The percentage of staff where we do not know or the person does not want to disclose their sexual orientation continues to reduce (from 57.6% in 2016 to 52.3% in 2017). Although this figure still remains high there has been continued improvement in the capturing of this data and this figure has reduced fairly significantly from the 74.7% recorded four years ago.

- 78 staff disclosed as lesbian, gay or bisexual (0.9% of all staff, a slight increase from 0.8% last year). The percentage of heterosexual staff has increased from 41.6% to 46.8%; this increase will most likely be due to the improved means of capturing protected characteristic information via the ESR Self Service functionality.

- 17 new starters (1.4% of all starters) identified themselves as lesbian, gay or bisexual (higher than the figure of 0.9% seen for lesbian, gay and bisexual people in the overall trust's workforce). This percentage is slightly lower than last year (1.8% of all starters).

Please note: In respect of those leaving the Trust and our analysis by pay grade, due to following good practice in data protection and to ensure personal privacy we are unable to make any meaningful conclusions here. Lesbian, gay or bisexual staff account for a small proportion of staff, but also for 52.3% of staff their sexual orientation is still not known, or that staff prefer not to disclose this.

(See appendix C Tables/Figures 9-12 pages 61 to 63)

Protected Characteristic – Religion and Belief

- The number of staff disclosing their religion and/or belief continues to improve with now just under a quarter of our staff (23.7%) not wishing to disclose their religion/belief. Christians make up 33.2% of staff, up from 30.8% the previous year.

- The number of staff where their religion and/or belief is undefined reduced from 33.0% to 29.0%.

- 44.6% of the new staff joining the organisation stated that they were Christian. Initially it appears that this is notably higher than the equivalent percentage of Christians in the trust's overall workforce (33.2%). However if the 'unknowns' are excluded (which account for a high proportion of the trust's overall workforce), 43.4% were Christians[1].

- The proportion of new starters who practice other religions also saw a higher percentage than the equivalent in the trust's overall workforce (10.7% of new starters compared with 6.4% of the overall workforce).

- 33.1% of staff who left the Trust were from Christian religions / beliefs – in comparison they account for 33.2% of the overall workforce.

- A high proportion of staff from Non-Christian religions is seen in Medical and Dental roles (accounting for 18.3% of such staff – in contrast they account for 6.4% of the overall workforce). This links to why those from Non-Christian religions are less likely to be in either the below band 6 category or band 6 and above roles.

(See appendix C Tables/Figures 13-16 pages 64 to 67)

[1] More specifically this involves excluding the 2,499 staff where their religion and beliefs are unknown and then re-calculating the percentage who were Christians

Protected Characteristic - Age

- The most notable changes in our workforce age profile is in the percentage of staff in the 26-30 age group which increased from 10.9% in 2016 to 11.8%. In contrast, those in the 41-45 age group decreased from 12.9% to 12.2%.

- Similar to last year, new starters tend to be younger than that seen for the Trust's overall workforce. Individuals aged 25 and under made up 25.5% of all starters but only 8.0% of all staff.

- The 'leavers rates' is unsurprisingly high for both the age groups under 30. This is likely to be due to younger people generally moving around more to find a job that suits them.

- In previous years the 61+ age group has tended to also have the highest leavers rate (primarily due to retirement), but in the latest year, the 56-60 age group leavers rate has been higher. Staff aged over 56 made up 16.9% of the Trust's overall workforce but 31.7% of leavers.

- 19.8% of staff were under 30, yet this age group makes up 22.6% of staff leaving the Trust.

- Younger workers tend to be concentrated in the lower pay bands. This includes 37.8% of those aged under 25 being in the lowest two pay bands of staff (a decrease from 40.3% reported last year). Whilst a further 46.7% of those under 25 were in bands 3 to 5 roles, only 6.3% were band 6 or higher.

  (See appendix B Tables/Figures 17-20 pages 68 to 71)

Protected Characteristic - Disability

- Overall, the data held by the Trust shows 1.5% of staff as identifying themselves as disabled, which shows a low overall representation. The trend has continued with regard to increase in the number of staff who indicated that they have a disability (up from 110 in 2016 to 132 in 2017).

- The percentage of staff whose disability status is 'not known' has fallen from 49.9% to 43.8%, reflecting the trust's efforts to better capture and improve the quality of such information.

- This low percentage is not reflected in the annual staff survey (2016) where 19% of staff identified themselves as having a long-standing illness, health problem or disability.

- Of the 1,181 new starters, 33 people identified themselves as disabled. This equates to 2.8% of all starters, which is higher than the 1.5% of all trust staff.

- 2.1% of those leaving the Trust were disabled. The percentage of leavers whose disability status was unknown has increased slightly from 36.2% to 36.7%.

Pay Band - Please note: Due to confidentiality issues we are unable to make any meaningful conclusions here.

(See appendix C Tables/Figures 21-24 pages 72 to 75)

On-going work

The capture of protected characteristics information at all points of the employment cycle will remain a key priority for the Trust for the foreseeable future.

- ✓ As a Trust we recognise that we are committed to continually raising staff awareness and confidence in the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle identified issues.

- ✓ The emphasis remains is on accuracy and encouraging staff to report information which is reflected in a continued reduction in the proportion of 'do not knows'.

- ✓ As a Trust we continue to move towards enabling staff to directly access some of their basic payroll and HR data (self-service) and have recently began a roll out of electronic payslips. As a part of this roll out, we have continued to promote self-service to raise staff awareness of how to access and update their employment records using this mechanism.

- ✓ There is a rolling program of developments and enhancements planned for self-service which will continue to provide an improved user interface and improved functionality and, once enabled, there will be further and continued promotion to raise staff awareness.

- ✓ We have an on-going project to increase awareness of Equality and Diversity across the organisation with a focus on the protected characteristics to support Equality Assurance. This work will include a review and update of both our intranet and internet pages, with the overarching principle of making information more accessible.

Our Temporary Workforce Staff profile – A summary

The staff groups included in this section includes; Locum doctors, as well as those in a number of bank roles, e.g. Nurses; Midwives; Healthcare Assistants and those working in areas such as Radiology and Physiotherapy. It does not include agency workers.

As of March 2017 there was a total of 798 temporary staff on which the analysis is based. This figure has continued to increase over the last couple of years due to the Trust continuing to expand the internal nurse bank, reflecting the important role played by our temporary workforce.

Please note: Due to confidentiality issues it is only possible to report any meaningful information on gender, age and religion/beliefs. This data is also being compared to the overall workforce for the Trust. Key findings on our temporary staff are summarised below:

- The gender split of our temporary workforce is proportionately in line with the trust's overall gender split.
- More likely to see a higher percentage (compared to the Trust's overall workforce) who are 30 years old or younger. (28.9% of our temporary workforce are aged 30 or under compared to 19.8% of the Trust's overall workforce)
- Compared to the Trust's overall workforce, the Trust's temporary workforce is less likely to be aged between 31 and 60, but more likely to be aged 61 or older.
- More likely to be from Non-Christian religions and beliefs (5.9% compared to 2.2% of all staff). Equally, more likely to be Christian (44.7% compared to 33.2% of all staff).

(See Figures 25 - 27 in Appendix C on pages 76 to 77)

2.2 Staff Learning and Development

The Learning Hub

The Learning Hub is the organisations online learning platform, it is the central database for all corporate learning records/online learning provision and the catalogue of learning available via the system is increasing. Drawing data from the Electronic Staff Record (ESR) it enables accurate and current records contributing to improved compliance rates with statutory and mandatory.

The Learning Hub is routinely used by learners across the trust to self-enrol onto classroom learning and/or to undertake learning online. It is available to all staff via a single click from the home page of the Trust's intranet. It is complimented by a wide range of classroom delivery giving learner's a choice of learning provision. There is also a manual process in place for staff with access or 'use of computer' issues, this removes the need for learners to request learning via Learning Hub. Additional support is available when required.

Appraisals and Development Policy

- ✓ On 1 September 2016; as a Trust we introduced the ability for line managers to report appraisal activity directly on to the Learning Hub, which is our learning and development portal. This process has enabled greater real-time organisational reporting capacity, thus enabling proactive work with directorates and or individual managers who are regularly or periodically not reporting undertaking appraisals with members of staff.

- ✓ The implementation of the Trust's Pay Progression policy introduced in early 2016 has continued to provide accountability from members of staff by increasing their awareness of when their appraisal is due and sharing the accountability for ensuring that it takes place in a timely manner, with meaningful outcomes.

In last years' report, we reported the forthcoming introduction of a development policy for staff which would incorporate the appraisal policy. Following full and thorough consultation with our staff side representatives, a decision has subsequently been reached to keep a separate appraisal policy with a continued focus on a values based approach to managing and developing our staff.

Nursing Associate

- ✓ Introduced by Health Education England, in 2016, as a Trust we joined the 2nd tranche of a National Pilot to bridge the gap between the health and care support workers who have a care certificate and graduate registered nurses, through the introduction of a Nursing Associate Post.

- ✓ The post was advertised as a development opportunity for internal candidates only and provided the opportunity for individuals to undertake a funded 2 year foundation degree, on a day release basis whilst on placement within the Trust during which time they are supernumerary to ensure the best learning climate.

Two patient stories have been filmed which will be used to support training. The first two cohorts of dementia champions have been trained.

Apprenticeships

Significant internal consultation has taken place relating to the Apprenticeship Reforms prior to their introduction in April 2017; this identified apprenticeship opportunities including non-clinical and for the first time clinical opportunities. It is anticipated that the introduction will embed apprenticeships as a very real alternative to academic learning going forwards. For more detail please see section 2.3 on page…..

New E-Learning Developments

We are currently looking at developing an e-learning package for new starters which will enable people to access information about the Trust before starting.

Other areas under review are Equality and Diversity where a new national package should be available this summer, cultural awareness and the Access to Services Group identified a need for d/Deaf awareness training and we are looking to commission with local experts ensuring we include the accessible information standard and local processes.

Other learning opportunities

Not all learning is formal and recorded; lived experience / patient stories deliver a powerful message reflecting our values of listening and caring; with permission it is helpful to share experiences to build good practice. The stories are included at the start of Board of Director Meetings, Fairness Forums and other meetings across the organisation.

The Trust has a calendar of events with awareness days linked to national themes which support our work examples can be seen in section 4, our achievements.

Also this year we developed filmed resources that can be used in many ways including:

- ✓ Two patient stories which will be used for training dementia champions
- ✓ A presentation created by Jorvik Deaf Connections called “Access to NHS Services - The Deaf Perspective”

2.3 Recruitment

The Trust continues to emphasise the importance of a values-based (VBR) approach through its recruitment strategy. All recruitment campaigns which are centrally supported by the HR team utilise VBR methodology.

- ✓ The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers, and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process.

- ✓ Research has shown that values-based recruitment increases workforce diversity as it takes a much broader view, not only of applicants but of the attributes which make someone suitable to undertake a particular role.

The Trust's recruitment training promotes a values based approach and training provision has continued to evolve to increase focus around values based selection.

The Recruitment & Selection face to face training is continually under review, and is currently in the process of being updated to reinforce the importance of Equality & Diversity. The new programme will also highlight the existence of Access to Work, and the important of ensuring all reasonable adjustments have been made in order to accommodate and support applicants to the Trust, both at interview stage and when appointed.

Careers Events

- ✓ The Trust continues to increase its levels of attendance/provision of careers and recruitment-related events.

Events include those hosted by schools, colleges and universities in our community. We have recently recruited a Recruitment Officer with a specific interest in this area and we will raise our profile further in the coming year by attending as many events as possible.

A Recruitment & Careers Event was held in March 2017 which involved working collaboratively with Adult Social Care providers in our area. Representatives from City of York Council, Roche Healthcare, Joseph Rowntree Trust, Bluebird, HSG and the Autism Society attended the event. We offered tours of departments and on-the-day interviews, so people were able to leave with a job offer.

Job Centre Plus

- ✓ We have close working relationships with Job Centre Plus, and have been working with them specifically around campaigns to recruit domestic staff.

We have information sessions followed by interviews and offers of employment, all on one day. We have also adjusted our pre-employment checking processes for this group of employees to make our time to recruit from interview to start date more efficient.

Apprenticeships

- ✓ The trust continues to routinely recruit 20 non clinical apprentices and subsequent retention remains at 80-90%.

Significant internal consultation has taken place relating to the Apprenticeship Reforms prior to their introduction in April 2017. This consultation has identified a significant amount of apprenticeship opportunities including non-clinical and for the first time clinical opportunities. Levels of potential learning range from Level 2 to Level 6.

We will continue to recruit young people; however apprenticeships will be attached to other new roles, as well as being accessed by existing staff that are new into role, which will use the apprenticeship to broaden the skills that they require. It is anticipated that the introduction of this activity will embed apprenticeships as a very real alternative to academic learning going forwards.

Protected Characteristic – Gender

- Males made up 27.98% of the total applicants. 29.42% of these applicants were shortlisted. Females make up 72.01% of the total applicants, and 38.47% of those were shortlisted.

Protected Characteristic – Disability

- The Trust is a Disability Confident Employer which has two key themes; getting the right people and then keeping and developing them. 40.96% of applicants who stated they have a disability were shortlisted.

Protected Characteristic – Ethnicity

- The data shows that of a total of 19,560 applications made, 16,302 were white (83.34%) and 3,025 were BEM (15.46%) 1.19% were unknown ethnic origin. This reflects the data from 2016-17 when applicants who were white accounted for 83.11% of all applicants.

- The data shows the number of applicants who are white were the most successful group in getting shortlisted from their job applications when compared to all the other ethnic groups. This reflects the data from last year.

Protected Characteristic – Age

- Applicants under the age of 20 accounted for 2.06% of all applications. Applicants in their 20s made the highest number of applications with well over a third (collectively 35.78%) of the total number of applications.

Protected Characteristic - Religion and Belief

- 52.66% of all applications were received from applicants who declared they were Christian and consequently over half (54.35%) of the shortlisted applicants were also Christian. 11.9% of applicants did not disclose their religion and belief. 18.02% were other religions and 17.43 declared themselves to be atheists

Protected Characteristic - Sexual Orientation

- Over 90% of applicants declared themselves to be heterosexual. This is reflected in the shortlisting data, which shows that 91.31% of all applicants shortlisted had declared themselves to be heterosexual.

Please see appendix D for full data set

* NHS jobs data is percentage of overall applications shortlisted

TRAC jobs data is percentage of individual categories shortlisted

Staff Survey Responses

The annual staff survey asks staff whether they believe that the Trust provides equal opportunities for career progression or promotion. The number of positive responses places the organisation above average when compared to other NHS providers of similar type. Overall, the number of staff agreeing with this statement compared with the previous year's survey overall remains consistent.

In more detail based on the number of respondents to the survey which will vary from year to year; 86% of BME staff answered positively compared to 81% from the previous year with an average national percentage of 75% compared to a static year on year 90% reporting from white staff with an average of 88%

On-going work

- ✓ In October 2016 the Trust moved to using TRAC, a computer based system to track and manage our recruitment processes. This allows recruiting managers in the Trust to see at what stage their recruitment processes are at any point by logging into the TRAC system. Until a full year has passed we are extracting data partly from NHS jobs and partly from TRAC.

2.4 Grievance, Disciplinary and Bullying and Harassment

Bullying and Harassment

The percentage of staff in our 2016 Staff Survey who said they had experienced harassment, bullying or abuse from patients, relatives or the public within the past 12 months increased by 2% to 26% compared to our 2015 figures.

Additionally, the number of staff who had experienced harassment, bullying or abuse from staff in the past 12 months had also increased, to 24% compared to 22% in 2015.

With reference to specific protected characteristics, of the staff who declared themselves disabled in the staff survey, 34% said they had experienced bullying, harassment or abuse from patients/service users or their relatives and 35% said they had experienced bullying, harassment or absence from staff in the last 12 months.

Likewise, of the staff who declared themselves from black and minority ethnic backgrounds, 29% said they had experienced bullying, harassment or abuse from patients/service users or their relatives and 30% said they had experienced bullying, harassment or absence from staff in the last 12 months. This is slightly higher than for those staff who declared themselves from a white background (25% and 23% respectively).

Finally, men who responded generally appeared to have overall, slightly more positive experiences at work than women. Women reported higher scores than men in both the % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months and % experiencing harassment, bullying or abuse from staff (26% and 24% respectively for women compared to 21% and 23% for men).

The number of live bullying and harassment complaints between 1 April 2016 and 31 March 2017 was 7. However, due to the small numbers, it is not possible to give quality monitoring data. This does not correlate to the number of staff who reported that they experienced bullying and harassment within the Staff Survey.

There are a number of pieces of work on-going within the Trust to enable people to feel able to speak up about up about bullying and harassment and therefore anticipate we may see a correlation between making it a safer place to speak up and consequently an expectation that as a Trust we would see an increase in reporting, these include;

- ✓ We are implementing an action plan to support the findings of the 2016 staff survey

- ✓ The 2016 / 2017 staff friends and family survey asked staff to tell us how we could make it easier to report bullying and harassment and over the next few months we will be working corporately and with individual directorates to act on the responses obtained.

- ✓ Following recommendations from the Francis Report the Trusts Freedom to Speak Up (FTSU) Guardians commenced in post on 1st September 2016.

FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

Further to the initial launch of the role in the autumn, work has continued to raise the profile; visibility and accessibility of the FTSUG in the Trust; which includes regular staff video briefing and presence at corporate induction to ensure all new starters are aware of the role and how to raise concerns.

- ✓ **Fairness Champions**

  This project aims to support a campaign which focuses on the Trust values by promoting an open and transparent culture where staff feel safe and free to raise concerns in the interests of patient and staff safety through the recruitment and development of the Fairness Champion role. Fairness Champions can play a key part in tackling the issues highlighted in the staff survey. The ambition is to recruit a much wider, diverse range of staff from all grades/departments who colleagues can relate to across all sites and the recruitment campaign is being launched in the summer.

- ✓ **Internal Audit**

  Audit fieldwork is still on-going and feedback to date has indicated that the trust is compliant with the ‘Freedom to Speak Up’ principles.

- ✓ **Raising concerns / whistle-blowing policy**

  NHS England has set minimum standards for whistle-blowing / raising concerns and the expectation of the National Guardian is that these are incorporated into trusts own local policies. As a result, the trust policy has been updated to reflect these standards and is available on our staff intranet

- ✓ **Swartz Rounds**

  Schwartz Rounds (SR) will provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. The trust will go live with Swartz rounds in the Autumn of 2017.

Employment Tribunals

During this year no Employment Tribunal claims were received that included a bullying / harassment claim.

Grievances

Continuing the trend from the previous year, the majority of Grievance cases were raised by White British staff. The main reason behind this is most likely due to White British staff accounting for the largest percentage of staff within the Trust.

Investigations and Disciplinary Action

The data provided in the report reflects the methodology for the Workforce Race Equality Standard (WRES) indicator and is measured on staff entering into a formal disciplinary investigation during the reporting period from 1 April 2016 and 31 March 2017. (The WRES indicator will then use the current year's data and previous year's data to calculate a two year rolling average on which to base the relative likelihood of BME staff entering the formal disciplinary process compared to non BME staff) The vast majority of cases (approximately 86%) involved staff within the groups of White UK and White other groups.

- ✓ We are currently undertaking a full review of both the Trust Discipline and Grievance Policies and associated Procedures; the purpose of the review is to ensure the documents both support managers to respond promptly and proactively via and informal discussion where appropriate to do so, whilst ensuring the processes feel appropriately person centred. This review will include the development of an updated training package for investigating officers.

Following feedback from across the Trust to ensure efficiency and timeliness of process we have returned the responsibility of investigators being identified from within their own directorate wherever practicable to do so and where it is felt that objectivity can be maintained.

2.5 Staff Support Groups

Our staff support groups were established in 2014; a staff Lesbian, Gay, Bi-sexual and Trans (LGBT) Network and the Fairness Champions. Both groups are comprised of staff who have volunteered with the common aims to:

- Provide a safe environment to raise issues
- Give information, guidance and support to staff
- Contribute to staff development activities and awareness events
- Assist colleagues to assess impact of policy etc. to ensure inclusivity
- Signpost and support people to live the Trust values

Staff LGBT network – highlights include:

- ✓ June 2016 the Trust illuminated the roof of the hospital with rainbow lighting for visible support of York Pride and to the LGBT community; there was also an exhibition to follow up our image gathering initiative activity from February that year.
- ✓ February is LGBT history month and in 2017 members of the Network supported by the Equality, Diversity and Inclusion Officer organised a "Values Identity and Participation VIP event" which reflected network aims and Trust values. This included a display at York and Scarborough Hospital with information on the staff intra – net for maximum access. The event also linked to the city wide York LGBT History month festival and was promoted externally via the festival programme. We were pleased to receive very positive feedback from both staff and members of the community.
- ✓ November 2016 The Trust continues to be a corporate member of the York LGBT Forum and hosted their Annual General Meeting which included a promotion of our staff network.
- ✓ Positive feedback from a patient who recognised a rainbow lanyard in the pocket of a member of the network that enabled a conversation and enhanced their stay in our hospital.

Fairness Champions – highlights include:

- ✓ A survey was developed and completed by current champions to look at achievements, reflect on progress and consider how to move the role of Fairness Champions forward.
- ✓ The appointment of the new Freedom to Speak Up Guardian role (see section 2.4 Bullying and Harassment page) in the Trust gave the opportunity to work together. A project began in January 2017 to develop the Fairness Champion Role with the ambition to recruit a much more diverse group of from all grades, departments and Trust sites. Recruitment of volunteers is planned for summer 2017 with learning and development commencing in September 2017.
- ✓ The Fairness Champions took the opportunity of the NHS Equality, Diversity and Human Rights Week to address issues raised in the NHS staff survey around Bullying and Harassment. They asked three questions that can be seen in the screen saver below; visible on all Trust computers across the organisation to prompt conversation. This was supported by a mailshot to all wards and departments containing a list of where to find help and support available in the Trust and postcards about the role of the Fairness Champions and the LGBT staff network.

York Teaching Hospital NHS
NHS Foundation Trust

Fairness Champions

NHS Equality, Diversity & Human Rights Week
16th - 20th May 2016

How are you doing at work today?
How are your colleagues doing?
Do you know what help is available to you?

Personal
Fair
Diverse
CHAMPION

Share your thoughts with the Fairness Champions.
Come and meet us on Tuesday 17th May, 12 - 1pm at:
The Hub Ellerby's, York   Pat's Place, Scarborough

Send us your comments ideas or suggestions to fairnesschampions@york.nhs.uk

The events in York and Scarborough asked "What else can help you?" Responses included:

- "Fairness for all people – need to feel valued."
- "Knowing there is somebody there who will listen."
- "Knowing where to go and who to talk to in which situation."

3. Our Partnership Working

Working in partnership with other health and social care organisations and third sector organisations (including non-profit making organisations or associations, charities, community groups etc.) enables the Trust to understand how to affect change effectively making best use of resources available. This year our partnership work has included:

The Trust continues to work in partnership with our colleagues from Healthwatch York and Healthwatch North Yorkshire.

- ✓ We have received and responded to reports from Healthwatch York on *Access to Antenatal and Postnatal Care; Continuing Healthcare Assessment* and *Services in York for People with Dementia.*

- ✓ Healthwatch reader panels provide comments on the wording and format of every new patient information leaflet produced by the Trust.

"Healthwatch York have welcomed the opportunity to progress issues that been passed to them with the Trust Fairness Forum. In particular listening to a member of the public who is a wheelchair user and addressing the points they raised at one of the meetings.
Healthwatch York also welcomed the chance to share good practice by the Trust when attending a recent event concerning disabilities and equalities within the NHS."

Healthwatch York 2017

York Fairness and Equalities Board (FEB)

This board brings together private, public and voluntary sector representatives to work to create a fairer York. Working to the principles previously set out by the York Fairness Commission and aims to ensure that:

- ✓ York has good community relations and that people and groups get on well together;
- ✓ Equality of opportunity is increased and everyone can prosper and flourish;
- ✓ The city's workforce is reflective of our community.

- ✓ The Trust continues to be a corporate member of the York LGBT Forum and we were delighted to host the Forums Annual General Meeting for a second year at York Hospital in November 2016.

"The York LGBT Forum would like to thank the Trust for all its work this year advocating and helping to educate people about LGBT equality.

The Equality and Diversity Officers dedication to the LGBT Staff Network has been inspirational and the continuing commitment to promote equality in the Trust. We would like to recommend you to other Trusts as an example of how to work with LGBT people in the community and look forward to our continuing relationship"

YREN is an established charity in York who promote awareness of the needs of black and minority ethnic (BME) and other people in the York area. As a major employer in the area the Trust is proud to continue to work with a project coordinated by YREN – Comic Relief Empowered Voice Project 2015-2018. Project aims:

- Culturally diverse individuals recruited and trained to act as community representatives on local partnership to improve strategic decision-making
- An Equalities Network will be set up for staff and volunteers in mainstream organisations to improve knowledge and confidence in working with people from diverse groups
- Open forum meetings will be held for residents and their families, providing a safe environment in which people can voice their views and needs
- Improved communications – YREN's website will be developed and a new community newsletter produced, enabling a better information flow to and from diverse communities and organisations.

2016/2017 highlights included:

- ✓ Equality and Diversity training from Tees Esk and Wear Valley Trust
- ✓ Disability Equality Workshop at St John's University
- ✓ Stop Hate Crime presentation from Stop Hate UK
- ✓ Gypsy, Roma, Traveller and Show People: A guide to their History, Lifestyle and Culture

Access to Services Group

Group membership includes York Blind and Partially Sighted Society, Jorvik Deaf Connections and local councils with the aim of developing new shared materials for seamless services and training for staff. Work is on-going with wider engagement to follow once the work is drafted.

The group meets regularly and we are grateful for the time and support of our colleagues in health and social care and our service users.

Trade Unions / Staff Representatives

We continue to work in partnership with our trade unions and staff representatives in the on-going development of policies and procedures to ensure fairness and equality in our people management processes. We are also grateful for the practical support of resources for our staff support groups to promote awareness of issues such as bullying and harassment

4. Our Achievements

A snapshot of some of our achievements for the reporting period is provided below.

Mental Health Awareness

The Trust has a mental health working group which supports the Health and Wellbeing of our workforce; achievements include:

- ✓ We have published and promoted leaflets on the staff support services for psychological wellbeing and the 5 ways to wellbeing.
- ✓ We have continued to promote the mental health and wellbeing online toolkit for staff
- ✓ We have provided free access to Headspace App which allows staff to explore meditation which has been shown to help people stress less, focus more and even sleep better.
- ✓ We have Signposted to videos, online learning and guidance for anxiety, emotional resilience, sleep and talking about Mental Health
- ✓ The Trust continues to be a signatory to the Mindful Employer Charter.

Arts Team

The Arts Team has four key areas of work, artwork exhibitions, improving the environment, participation and music for wellbeing. 2016/2017 saw several educational exhibitions relating to Equality and Diversity including:

- ✓ June 2016 - Celebrating Our LGBT Community with Pride. Linking to the LGBT History month image gathering of February 2016 we displayed the images in a colourful exhibition that also promoted the work of our LGBT Staff Network. (See section 2.5 for further information)
- ✓ Late October/Early November 2016 – To celebrate Diwali a colourful display of Rangoli an Indian tradition in our 3-D exhibition space at York Hospital. The festival of Diwali extends over five days and celebrates the victory of good over evil, light over darkness and knowledge over ignorance, although the actual legends that go with the festival are different in different parts of India.

- ✓ December 3rd is International Day of Persons with Disabilities and to mark this annual event we held an exhibition of posters submitted to the Eleanor Worthington Prize which is awarded for work in visual arts on the theme of disability.
- ✓ Chinese New Year fell on 28th January 2017, with people celebrating the year of the cockerel. Members of the Cancer Care Centre's Creative Corner thoroughly enjoyed creating cockerels in celebration of Chinese New Year and created an eye catching display in eth 3-D space at York Hospital that explained the tradition.

Awareness events

- ✓ In October 2016, building on the success of 2015, a member of staff shared their lived experience of stammering to raise awareness and how everyone can help and support others.
- ✓ Working with the Holocaust Memorial Trust and City of York Council; in January 2017 for the first time the Trust marked the day with a display in main reception at York Hospital and prayers in Chapels across the organisation.
- ✓ In February 2017 it was LGBT history month (for further information please see section 2.5 about staff support Groups)
- ✓ York Pride **-** June 2016 saw the roof of York hospital illuminated with rainbow lights to support Pride; it is important that the Trust supports events in our area and received positive feedback from numerous people.

York Human Rights City

- ✓ In March 2017 the Trust Board signalled intent to sign up to the York City of Human Rights. A project founded by the Joseph Rowntree Charitable Trust, the Joseph Rowntree Foundation and the Economic and Social Research Council which aims to make York the UK's first Human Rights City.

5. Our Progress against the Equality Objectives

In 2016 our objectives were reviewed and updated and have been subject of significant and lengthy stakeholder consultation. As a Trust we determined as we could identify that there was still work to do against our published objectives that these should remain largely unchanged. These modified objectives are now subject to internal ratification and will be published on our website in due course.

Equality and Diversity is now embedded within the Workforce Strategy as we recognise the intrinsic link between staff experience and patient experience.

The chart below represents the work on our objectives current at the time of writing this report.

Objective		Progress
1	Improve data collection, analysis and monitoring of protected characteristics	• Continued awareness raising of the importance of recording protected characteristics • Patient Experience Team have an updated process to record concerns, complaints, comments and compliments records which enables greater data analysis and targeted action plans • Continued move towards a self-service model of electronic staff records (ESR) making it easier and more discreet for stff to update their own records
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	• Patient stories of experiences with the Trust included at Board Meetings and other staff forums. • Increased visibility of PAL's across sites and on the website • Continued promotion of Friends and Family Test. • Revised policy and procedure on concerns and complaints taking into account feedback from patients and staff enabling a more patient-centred focus • Sign up to John's campaign involved engagement with patients and their carers which is responsive to their individual needs.

Objective		Progress
3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	• Continued development of partnership work with local councils and Health and Well Being Boards • Representative member of the three Healthwatch in our area attends the Fairness Forum • Continued work with local provider /commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework. • Member of York Fairness and Equalities Board (FEB), York Equalities Network, York Human Rights City steering Group • Access to services group with York Blind and Partially Sighted Society and Jorvik Deaf Connections.
4	Continue the Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relations	• Equality Analysis reviewed and submitted to Fairness Forum for discussion prior to pilot and implementation, including name change to equality assurance to link to culture of organisation.

6 Our Challenges and Future Developments

We recognise that a number of the future challenges some of which are outlined below have significant external influences these will be reflected in our forward planning and detailed action plans for 2017/18 and beyond.

Disability Confident

The Trust previously held the two ticks (positive about employing disabled people scheme); superseded by the Disability Confident scheme in 2016, this new scheme builds on this best practice and has three levels.

As a previous two tick employer the Trust was migrated to the equivalent level (level 2 Disability Confident). We are currently undertaking a self-assessment against the standard which will be complete by October 2017.

- ✓ We aspire to become a level 3 Disability Confident Leader which has additional requirements; i.e. recognised by our peers, the local community and people who have a disability and will support other employers to become disability confident.

Workforce Disability Equality Standard

Following the implementation to the NHS Workforce Race Equality Standard, metrics are currently being developed for a Workforce Disability Standard though the timescale is not established. It is envisaged this will integrate and support our work with the Disability Confident.

Gender Pay Gap reporting

As a Trust we are preparing for the Gender Pay Gap reporting to be published by 31st March 2018. It is our intention whilst not mandatory to do so, to provide some background information to support the data sets we are required to publish under the guidelines. In addition, we aim to provide some Trust specific data. We will be working closely with our staff side representatives in the production of this data and supporting narrative.

Accessible Information Standard

The Accessible Information Standard which came in to Force from July 2016, remains firmly on the Trust agenda in respect of training, development and raising general awareness.

Staff are introduced to the Accessible Information Standard during corporate induction and we are working across individual directorates and with external stakeholder to review our progress following the implementation and to seek to continually improve access to our services.

Sustainability and Transformation Plans (STP's)

In 2014 the Five Year Forward View for the NHS set out a clear direction for the NHS, how it must change, and what it should look like in the future. The STP process provides the tools and mechanisms that allow health and social care organisations to make the vision a reality.

It requires organisations to work together where they may not previously have done so to identify the health issues of most relevance to their population and develop plans that offer long-term solutions. These solutions not only need to improve the health and wellbeing of the population, they also need to address the funding gaps that we face in the future. Our Trust is part of the Humber, Coast and Vale STP and our plan was published in November 2016.

Carter Review

In February 2016 Lord Carter published his review into productivity within hospitals across England to ensure the NHS gets the best value from its annual budget.

The report identified good practice in the NHS and elsewhere; based on data on successful organisations identified key elements in developing a successful organisation:

- Values based behavioural framework
- Patient – centred organisation
- Structural improvements, leadership strategy
- Operational management process
- Dashboards
- Individual performance management system
- Engagement
- Colleague opinion survey

7: Appendices

Appendix A Demographics for the local population by Protected Characteristic

This has been taken from the Office of National Statistics website https://www.nomisweb.co.uk/ 2011 Census data based on the seven constituencies and specific constituency wards as per the Trust constitution. Data for disability, gender reassignment, pregnancy and maternity and sexual orientation is not available from this source.

Demographics for the Local Population - Age

Age	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	Number	%	number	%	number	%	number	%	number	%	number	%
Age 0 to 4	3,185	4.7	867	5.0	7,393	4.8	4,274	5.1	4,875	5.8	1,043	4.2	10,960	5.4	32,597	5.1
Age 5 to 7	1,917	2.8	562	3.3	4,557	2.9	2,405	2.9	2,741	3.3	687	2.7	5,971	2.9	18,840	3.0
Age 8 to 9	1,228	1.8	398	2.3	2,873	1.8	1,553	1.9	1,818	2.2	426	1.7	3,770	1.8	12,066	1.9
Age 10 to 14	3,588	5.3	1,081	6.3	8,647	5.6	4,429	5.3	4,852	5.8	1,289	5.1	10,261	5.0	34,147	5.4
Age 15	825	1.2	224	1.3	1,954	1.3	981	1.2	1,028	1.2	304	1.2	2,202	1.1	7,518	1.2
Age 16 to 17	1,571	2.3	442	2.6	3,904	2.5	1,971	2.4	2,167	2.6	568	2.3	4,528	2.2	15,151	2.4
Age 18 to 19	1,465	2.1	366	2.1	3,241	2.1	2,211	2.6	1,812	2.2	505	2.0	8,095	4.0	17,695	2.8
Age 20 to 24	3,040	4.4	708	4.1	6,690	4.3	5,098	6.1	4,453	5.3	1,170	4.7	19,992	9.8	41,151	6.5
Age 25 to 29	2,973	4.4	651	3.8	6,597	4.2	4,262	5.1	4,346	5.2	1,105	4.4	14,355	7.0	34,289	5.4
Age 30 to 44	11,098	16.2	2,936	17.0	26,366	17.0	13,594	16.2	16,589	19.9	3,697	14.7	39,866	19.5	114,146	17.9
Age 45 to 59	14,158	20.7	4,092	23.7	33,591	21.6	17,242	20.6	18,761	22.5	5,939	23.7	37,948	18.5	131,731	20.7
Age 60 to 64	5,962	8.7	1,300	7.5	13,281	8.6	6,378	7.6	6,001	7.2	2,342	9.3	12,209	6.0	47,473	7.4
Age 65 to 74	9,567	14.0	2,003	11.6	19,818	12.8	10,111	12.1	7,702	9.2	3,200	12.8	17,572	8.6	69,973	11.0
Age 75 to 84	5,506	8.1	1,170	6.8	11,761	7.6	6,509	7.8	4,554	5.5	2,025	8.1	11,909	5.8	43,434	6.8
Age 85 to 89	1,491	2.2	300	1.7	3,066	2.0	1,741	2.1	1,147	1.4	518	2.1	3,282	1.6	11,545	1.8
Age 90 and over	758	1.1	148	0.9	1,561	1.0	940	1.1	603	0.7	276	1.1	1,694	0.8	5,980	0.9

Demographics for the Local Population - Gender

	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
Gender	**Number**	%	**Number**	%	**Number**	%	**Number**	%	**Number**	%	**Number**	%	**Number**	%	**Number**	%
All persons	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100.0	25,094	100.0	204,614	100.0	569,404	100.0
Males	33,051	48.4	8,403	48.7	42,880	49.3	40,343	48.2	40,947	49.1	12,227	48.7	99,555	48.7	277,406	48.7
Females	35,281	51.6	8,845	51.3	44,088	50.7	43,356	51.8	42,502	50.9	12,867	51.3	105,059	51.3	291,998	51.3

Demographics for the Local Population - Ethnic Group

Ethnic Group	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100	25,094	100.0	204,614	100.0	569,404	100.0
White: English/Welsh/Scottish/Northern Irish/British	66,513	97.3	16,741	97.1	83,682	96.2	79,232	94.7	79,686	95.5	24,393	97.2	184,635	90.2	534,882	93.9
White: Irish	194	0.3	60	0.3	382	0.4	232	0.3	326	0.4	69	0.3	1,131	0.6	2,394	0.4
White: Gypsy or Irish Traveller	49	0.1	11	0.1	95	0.1	30	0.0	158	0.2	7	0.0	300	0.1	650	0.1
White: Other White	736	1.1	234	1.4	1,468	1.7	1,851	2.2	1,907	2.3	290	1.2	6,922	3.4	13,408	2.4
Mixed/multiple ethnic groups: White and Black Caribbean	152	0.2	16	0.1	149	0.2	198	0.2	190	0.2	30	0.1	544	0.3	1,279	0.2
Mixed/multiple ethnic groups: White and Black African	44	0.1	22	0.1	83	0.1	95	0.1	50	0.1	14	0.1	312	0.2	620	0.1
Mixed/multiple ethnic groups: White and Asian	119	0.2	29	0.2	189	0.2	260	0.3	271	0.3	64	0.3	889	0.4	1,821	0.3
Mixed/multiple ethnic groups: Other Mixed	81	0.1	24	0.1	128	0.1	171	0.2	115	0.1	37	0.1	719	0.4	1,275	0.2
Asian/Asian British: Indian	96	0.1	21	0.1	94	0.1	370	0.4	175	0.2	13	0.1	1,540	0.8	2,309	0.4
Asian/Asian British: Pakistani	9	0.0	5	0.0	42	0.0	114	0.1	17	0	55	0.2	419	0.2	661	0.1
Asian/Asian British: Bangladeshi	4	0.0	2	0.0	29	0.0	96	0.1	2	0	13	0.1	370	0.2	516	0.1
Asian/Asian British: Chinese	97	0.1	18	0.1	158	0.2	247	0.3	170	0.2	40	0.2	2,623	1.3	3,353	0.6
Asian/Asian British: Other Asian	117	0.2	30	0.2	198	0.2	386	0.5	129	0.2	30	0.1	2,001	1.0	2,891	0.5
Black/African/Caribbean/Black British: African	42	0.1	19	0.1	112	0.1	165	0.2	170	0.2	11	0.0	912	0.4	1,431	0.3
Black/African/Caribbean/Black British: Caribbean	25	0.0	3	0.0	59	0.1	47	0.1	33	0	4	0.0	209	0.1	380	0.1
Black/African/Caribbean/Black British: Other Black	7	0.0	0	0.0	22	0.0	11	0.0	9	0	2	0.0	92	0.0	143	0.0
Other ethnic group: Arab	27	0.0	8	0.0	30	0.0	109	0.1	9	0	14	0.1	500	0.2	697	0.1
Other ethnic group: Any other ethnic group	20	0.0	5	0.0	48	0.1	85	0.1	32	0	8	0.0	496	0.2	694	0.1

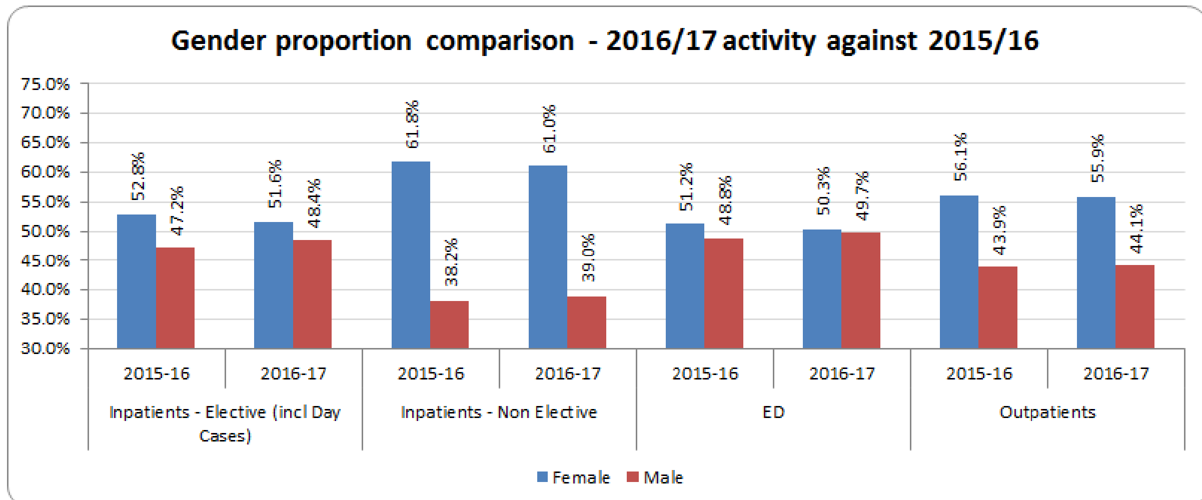
Demographics for the Local Population - Marital Status

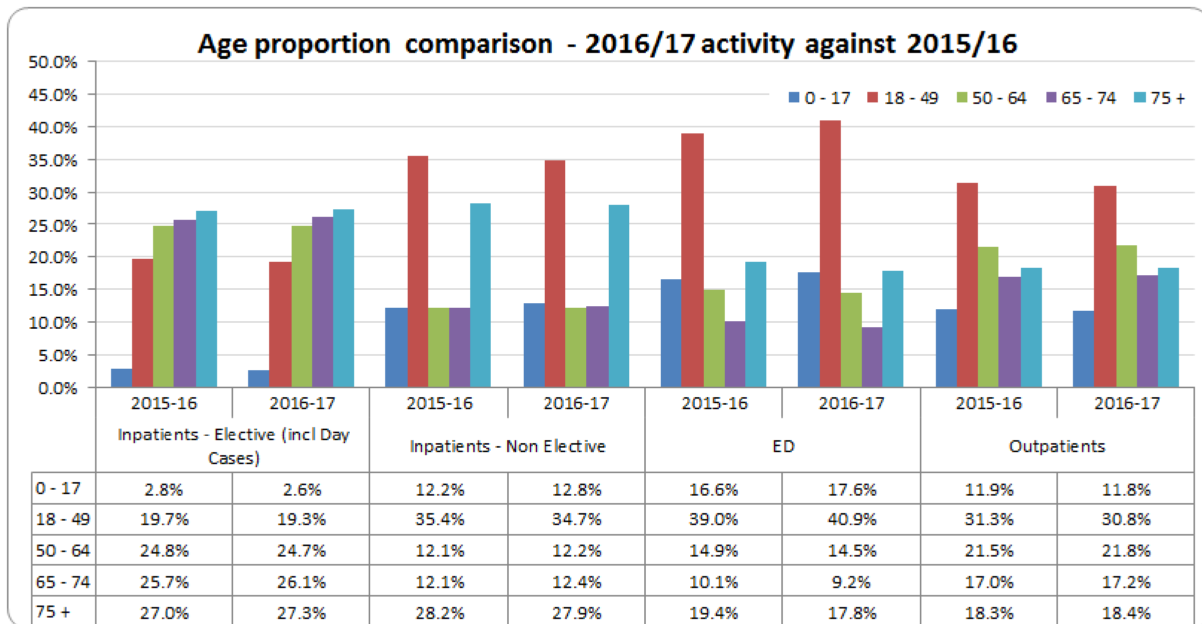
Marital Status	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents aged 16+	57,589	100.0	14,116	100.0	72,287	100.0	70,057	100.0	68,135	100	21,345	100	171,450	100.0	474,979	100.0
Single (never married or never registered a same-sex civil partnership)	14,766	25.6	3,269	23.2	18,082	25.0	20,558	29.3	18,088	26.5	5,569	26.1	65,584	38.3	145,916	30.7
Married	29,952	52.0	8,239	58.4	40,306	55.8	33,417	47.7	37,705	55.3	11,075	51.9	76,206	44.4	236,900	49.9
In a registered same-sex civil partnership	125	0.2	26	0.2	126	0.2	161	0.2	125	0.2	56	0.3	446	0.3	1,065	0.2
Separated (but still legally married or still legally in a same-sex civil partnership)	1,334	2.3	301	2.1	1,549	2.1	1,846	2.6	1,618	2.4	478	2.2	3,359	2.0	10,485	2.2
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	5,883	10.2	1,216	8.6	6,406	8.9	7,696	11.0	6,059	8.9	2,142	10	14,487	8.4	43,889	9.2
Widowed or surviving partner from a same-sex civil partnership	5,529	9.6	1,065	7.5	5,818	8.0	6,379	9.1	4,540	6.7	2,025	9.5	11,368	6.6	36,724	7.7

Demographics for the Local Population - Religion / Belief

	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All categories: Religion	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100.0	25,094	100.0	204,614	100.0	569,404	100.0
Christian	46,646	68.3	12,527	72.6	61,679	70.9	54,731	65.4	59,182	70.9	17,813	71.0	122,461	59.8	375,039	65.9
Buddhist	129	0.2	27	0.2	241	0.3	243	0.3	133	0.2	52	0.2	1,057	0.5	1,882	0.3
Hindu	37	0.1	10	0.1	58	0.1	156	0.2	87	0.1	11	0.0	988	0.5	1,347	0.2
Jewish	30	0.0	10	0.1	38	0.0	54	0.1	60	0.1	13	0.1	213	0.1	418	0.1
Muslim	94	0.1	23	0.1	216	0.2	476	0.6	95	0.1	75	0.3	2,100	1.0	3,079	0.5
Sikh	22	0.0	0	0.0	12	0.0	7	0.0	51	0.1	1	0.0	134	0.1	227	0.0
Other religion	219	0.3	50	0.3	294	0.3	292	0.3	206	0.2	110	0.4	755	0.4	1,926	0.3
No religion	16,047	23.5	3,360	19.5	18,098	20.8	21,519	25.7	18,070	21.7	5,146	20.5	61,070	29.8	143,310	25.2
Religion not stated	5,108	7.5	1,241	7.2	6,332	7.3	6,221	7.4	5,565	6.7	1,873	7.5	15,836	7.7	42,176	7.4

Appendix B Trust Activity Statistics



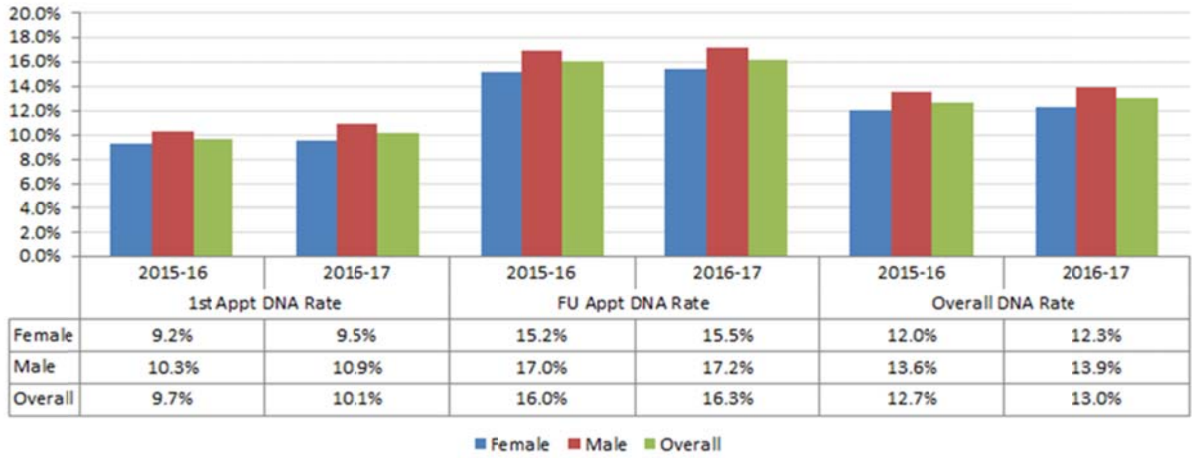


	Inpatients - Elective (incl Day Cases)		Inpatients - Non Elective		ED		Outpatients	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
0 - 17	2.8%	2.6%	12.2%	12.8%	16.6%	17.6%	11.9%	11.8%
18 - 49	19.7%	19.3%	35.4%	34.7%	39.0%	40.9%	31.3%	30.8%
50 - 64	24.8%	24.7%	12.1%	12.2%	14.9%	14.5%	21.5%	21.8%
65 - 74	25.7%	26.1%	12.1%	12.4%	10.1%	9.2%	17.0%	17.2%
75 +	27.0%	27.3%	28.2%	27.9%	19.4%	17.8%	18.3%	18.4%

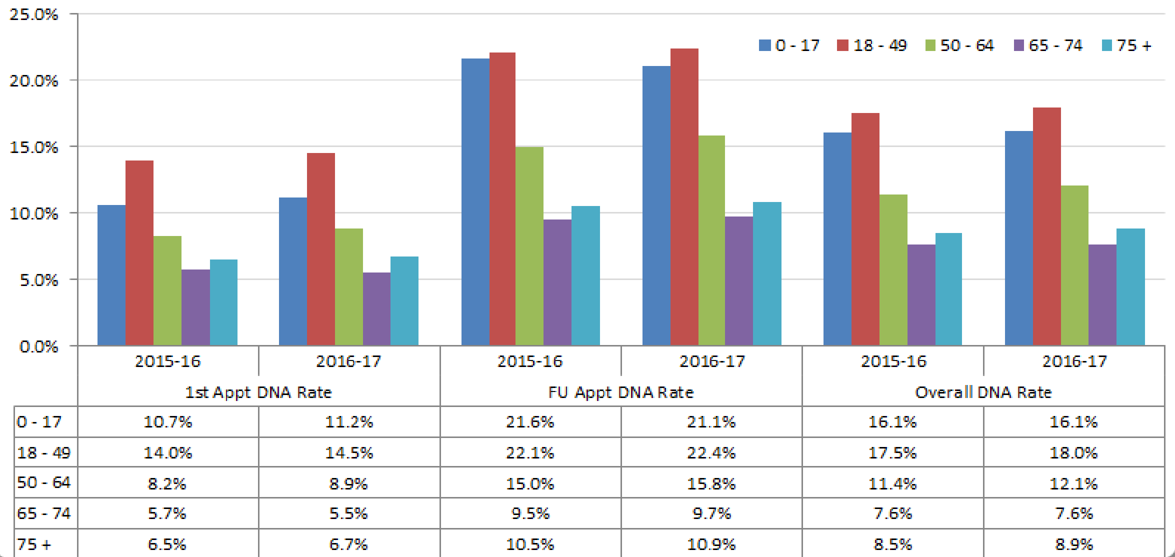
Activity and Proportion Breakdown by Patient Ethnicity

Ethnicity	Inpatients - Elective (incl Day Cases)		Inpatients - Non Elective		ED		Outpatients	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
African	74	63	59	73	69	64	242	241
Any other Asian background	83	89	133	153	113	113	468	458
Any other Black background	30	12	19	13	34	14	70	75
Any other White background	4805	5226	3674	4503	8383	7772	829	774
Any other ethnic group	136	130	133	144	220	175	375	398
Any other mixed background	52	49	93	102	140	140	21564	21671
Bangladeshi	43	47	32	55	75	70	233	274
British	66429	64558	54730	55145	78741	68083	249328	245058
Caribbean	13	15	11	9	26	23	99	85
Chinese	72	114	109	124	117	98	458	479
Indian	136	100	165	170	159	148	637	648
Irish	231	244	151	196	251	234	784	784
Not stated	2360	3608	1725	2577	5237	5071	86706	95639
Pakistani	40	41	75	65	85	93	237	221
Unknown	3270	5996	6092	8271	29081	26931	0	0
White and Asian	69	81	107	103	159	124	423	422
White and Black African	14	44	49	49	70	73	201	222
White and Black Caribbean	39	55	59	74	96	98	260	272
Total	**77896**	**80472**	**67416**	**71826**	**123056**	**109324**	**362914**	**367721**

Ethnicity	Inpatients - Elective (incl Day Cases)		Inpatients - Non Elective		ED		Outpatients	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
British	85.3%	80.2%	81.2%	76.8%	64.0%	62.3%	68.7%	66.6%
Any other White background	6.2%	6.5%	5.4%	6.3%	6.8%	7.1%	0.2%	0.2%
Unknown	4.2%	7.5%	9.0%	11.5%	23.6%	24.6%	0.0%	0.0%
Not stated	3.0%	4.5%	2.6%	3.6%	4.3%	4.6%	23.9%	26.0%
Irish	0.3%	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%
Any other ethnic group	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%
Indian	0.2%	0.1%	0.2%	0.2%	0.1%	0.1%	0.2%	0.2%
Any other Asian background	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
African	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Chinese	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
White and Asian	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Any other mixed background	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	5.9%	5.9%
Bangladeshi	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Pakistani	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
White and Black Caribbean	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Any other Black background	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
White and Black African	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Caribbean	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



	1st Appt DNA Rate 2015-16	1st Appt DNA Rate 2016-17	FU Appt DNA Rate 2015-16	FU Appt DNA Rate 2016-17	Overall DNA Rate 2015-16	Overall DNA Rate 2016-17
Female	9.2%	9.5%	15.2%	15.5%	12.0%	12.3%
Male	10.3%	10.9%	17.0%	17.2%	13.6%	13.9%
Overall	9.7%	10.1%	16.0%	16.3%	12.7%	13.0%



	1st Appt DNA Rate 2015-16	1st Appt DNA Rate 2016-17	FU Appt DNA Rate 2015-16	FU Appt DNA Rate 2016-17	Overall DNA Rate 2015-16	Overall DNA Rate 2016-17
0 - 17	10.7%	11.2%	21.6%	21.1%	16.1%	16.1%
18 - 49	14.0%	14.5%	22.1%	22.4%	17.5%	18.0%
50 - 64	8.2%	8.9%	15.0%	15.8%	11.4%	12.1%
65 - 74	5.7%	5.5%	9.5%	9.7%	7.6%	7.6%
75 +	6.5%	6.7%	10.5%	10.9%	8.5%	8.9%

Outpatient DNA Rates and Activity by Patient Ethnicity

Ethnicity	1st Appt DNA Rate		FU Appt DNA Rate		Overall DNA Rate	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
African	15.5%	15.5%	23.9%	24.1%	19.4%	19.5%
Any other Asian background	10.7%	10.0%	21.7%	13.8%	16.0%	11.8%
Any other Black background	14.7%	26.3%	25.0%	32.4%	20.0%	29.3%
Any other White background	16.8%	13.1%	23.0%	22.6%	19.8%	17.6%
Any other ethnic group	7.7%	11.4%	19.3%	22.9%	13.3%	17.6%
Any other mixed background	12.9%	13.4%	17.9%	17.8%	15.3%	15.4%
Bangladeshi	15.3%	21.6%	26.1%	28.9%	20.6%	25.2%
British	9.5%	10.0%	15.9%	16.3%	12.7%	13.1%
Caribbean	9.6%	6.8%	19.1%	22.0%	14.1%	14.1%
Chinese	8.2%	9.3%	14.0%	17.2%	10.9%	13.2%
Indian	11.8%	9.7%	22.5%	23.9%	17.3%	16.8%
Irish	9.9%	11.3%	15.8%	15.7%	12.6%	13.4%
Not stated	9.2%	9.5%	15.5%	15.3%	11.9%	12.0%
Pakistani	19.5%	17.4%	26.1%	28.6%	22.8%	23.1%
White and Asian	13.0%	14.3%	23.3%	19.2%	18.2%	16.6%
White and Black African	10.0%	19.4%	29.7%	32.5%	19.9%	26.1%
White and Black Caribbean	18.0%	16.9%	28.0%	24.3%	23.1%	20.6%

Ethnicity	1st Appts - Atts & DNAs		FU Appts - Atts & DNAs		Total Appts - Atts & DNAs	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
African	129	129	113	112	242	241
Any other Asian background	242	241	226	217	468	458
Any other Black background	34	38	36	37	70	75
Any other White background	434	411	395	363	829	774
Any other ethnic group	194	184	181	214	375	398
Any other mixed background	11442	11715	10122	9956	21564	21671
Bangladeshi	118	139	115	135	233	274
British	127853	124655	121475	120403	249328	245058
Caribbean	52	44	47	41	99	85
Chinese	243	247	215	232	458	479
Indian	313	321	324	327	637	648
Irish	423	408	361	376	784	784
Not stated	49186	54062	37520	41577	86706	95639
Pakistani	118	109	119	112	237	221
White and Asian	208	224	215	198	423	422
White and Black African	100	108	101	114	201	222
White and Black Caribbean	128	136	132	136	260	272

Emergency Department Number of Attendances and Emergency Care Standard (ECS)* by Gender, Age and Patient Ethnicity

Activity Breakdown		ED Type 1 Attendances		ECS Performance	
		2015-16	2016-17	2015-16	2016-17
Gender	Female	63045	55649	80.4%	76.0%
	Male	60006	53673	81.6%	77.2%
Age at attendance	0 - 17	20395	16290	93.8%	92.9%
	18 - 49	48030	40848	84.6%	82.6%
	50 - 64	18351	16521	79.1%	74.4%
	65 - 74	12419	11883	74.3%	67.6%
	75 +	23841	23767	67.8%	61.1%
Ethnicity	African	69	64	78.3%	78.1%
	Any other Asian background	113	113	82.3%	83.2%
	Any other Black background	34	14	85.3%	78.6%
	Any other White background	8383	7772	83.7%	81.2%
	Any other ethnic group	220	175	84.5%	82.9%
	Any other mixed background	140	140	90.7%	95.0%
	Bangladeshi	75	70	82.7%	77.1%
	British	78741	68083	78.2%	72.9%
	Caribbean	26	23	84.6%	78.3%
	Chinese	117	98	89.7%	88.8%
	Indian	159	148	84.3%	80.4%
	Irish	251	234	77.7%	71.8%
	Not stated	5237	5071	82.6%	74.1%
	Pakistani	85	93	83.5%	81.7%
	Unknown	29081	26931	87.4%	84.7%
	White and Asian	159	124	86.2%	85.5%
	White and Black African	70	73	90.0%	89.0%
	White and Black Caribbean	96	98	91.7%	85.7%

The Emergency Care Standard is to have seen, treated and admitted or discharged a patient within 4 hours of arrival in the Emergency Department. There are three 'types' of recorded A&E attendance:

Type 01 Emergency departments are a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients
Type 02 Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients
Type 03 Other type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor led or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP Practice or Out-Patient Clinic) is excluded even though it may treat a number of PATIENTS with minor illness or injury. Excludes NHS walk-in centres

Appendix C - Our Workforce

Figure 1: Staff Profile by gender, 2016-2017 and 2015-2016

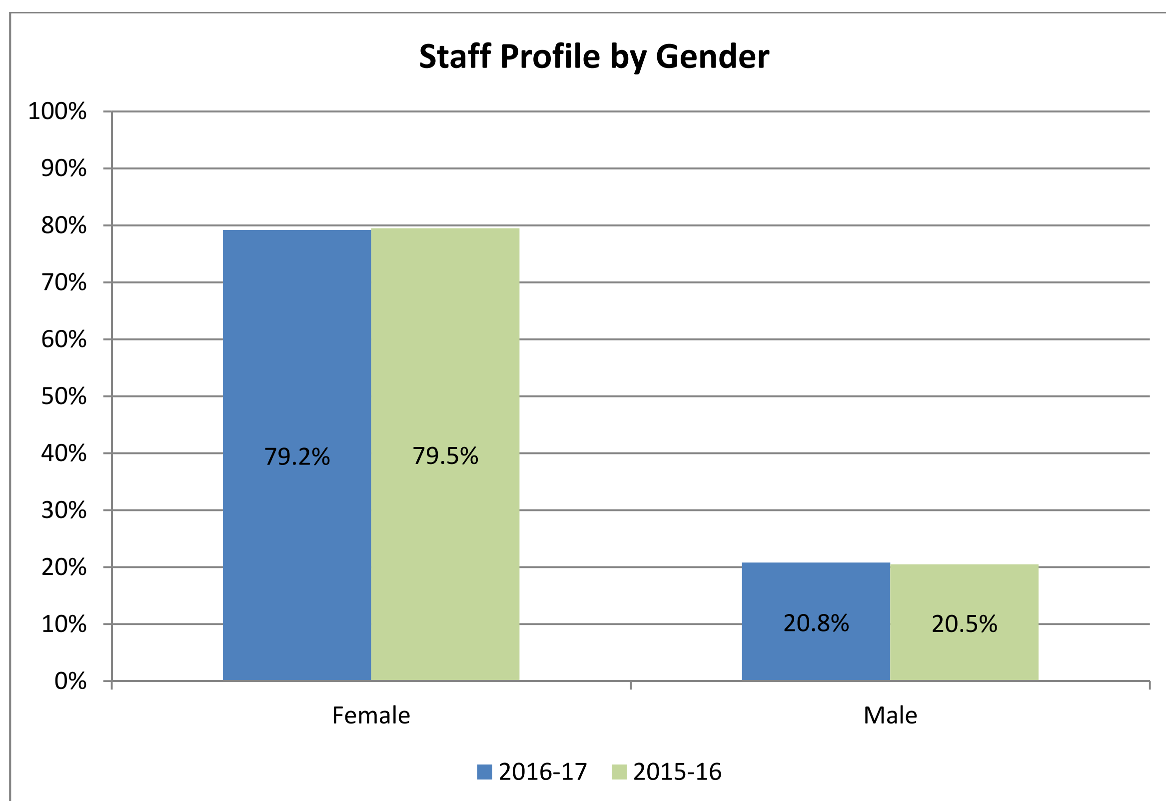


Table 1: York Teaching Hospitals Foundation Trust staff profile by gender, 2016-2017 and 2015-2016

Gender	*Number of staff March 2017*	*% total staff March 2017*	*Number of staff part time 2017*	*Number of staff full time 2017*	*Number of staff March 2016*	*% total staff March 2016*	*Number of staff part time 2016*	*Number of staff full time 2016*
Female	6,834	79.2	3,565	3,269	6,762	79.5	3,579	3,183
Male	1,796	20.8	340	1,456	1,741	20.5	329	1,412
Total	8,630		3,905	4,725	8,503		3,908	4,595

Figure 2: Staff joining the Trust by Gender, 2016-2017 and 2015-2016

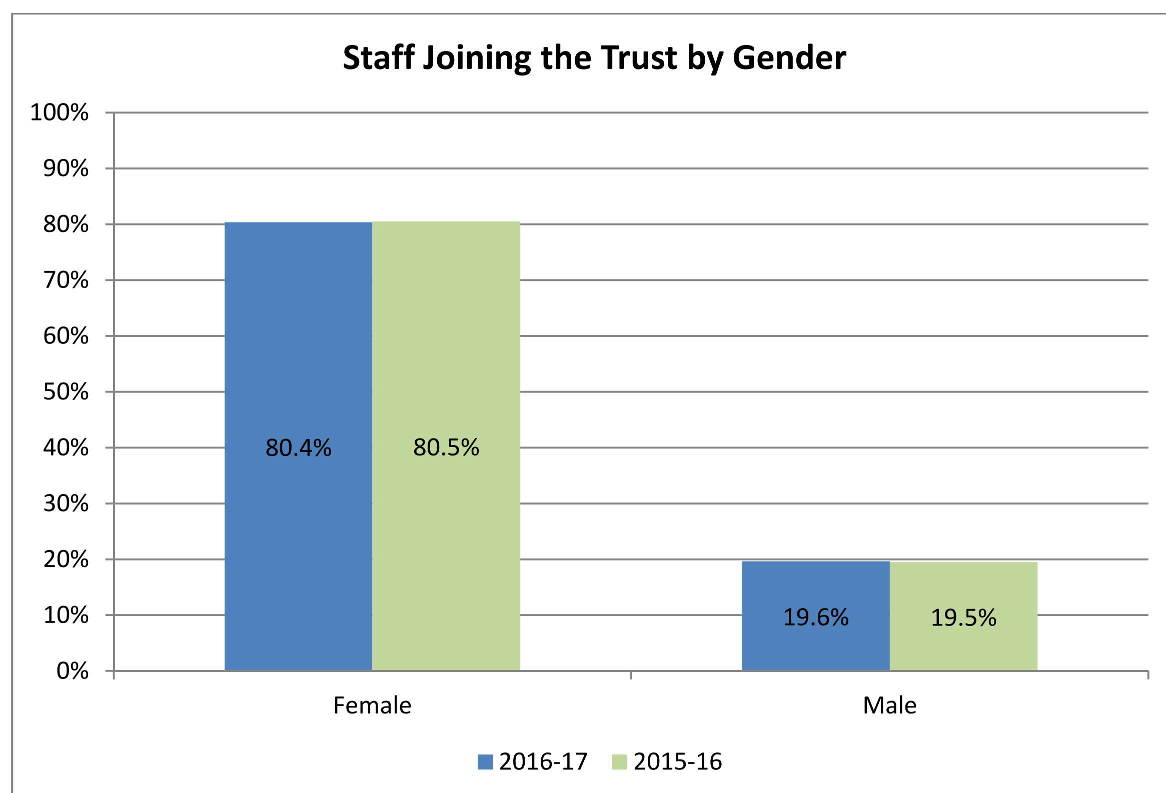


Table 2 - Staff joining York Teaching Hospitals Foundation Trust from 1 April 2016 to 31 March 2017 by gender

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2017	% new staff previous year
Gender				
Female	949	80.4	79.2	80.5
Male	232	19.6	20.8	19.5
Total	1,181			

Note – all data here excludes Rotational Doctors

Figure 3: Staff Leaving the Trust by Gender, 2016-2017 and 2015-2016

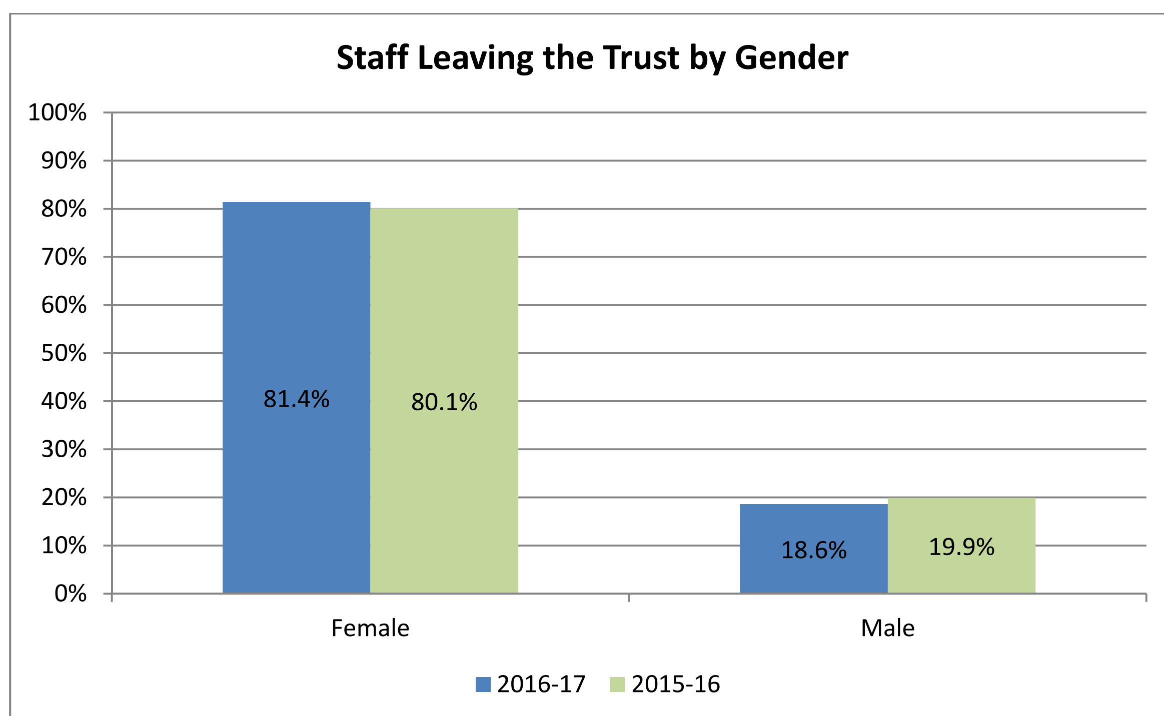


Table 3 - Staff leaving York Teaching Hospitals Foundation Trust 1 April 2016 to 31 March 2017 by gender

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Gender				
Female	705	81.4	79.2	80.1
Male	161	18.6	20.8	19.9
Total	866			

Table 4: Pay grade by gender, 2017

	Description of band	Pay Range (A4C Pay bands - 1 April 2016 to 31 Mar 2017)	Female	% Female staff in this pay band	Male	% male staff in this pay band	Total	% total staff in this pay band
Band 1	Cooks, Domestics Assistants	£15,251 - £15,516	462	6.8%	146	8.1%	608	7.0%
Band 2	Administrators, Healthcare Assistants	£15,251 - £17,978	1,565	22.9%	322	17.9%	1,887	21.9%
Band 3	Senior Admin posts, Community Healthcare Assistants	£16,800 - £19,655	754	11.0%	173	9.6%	927	10.7%
Band 4	Officers, Craftsperson, Medical Secretary	£19,217 - £22,458	448	6.6%	85	4.7%	533	6.2%
Band 5	Nurses, Advisors Physiotherapists,	£21,909 - £28,462	1,472	21.5%	205	11.4%	1,677	19.4%
Band 6	Managers, Sisters, Senior Roles	£26,302 - £35,225	1,135	16.6%	171	9.5%	1,306	15.1%
Band 7	Senior managers, Area Leads	£31,383 - £41,373	485	7.1%	118	6.6%	603	7.0%
Band 8a, b, c, d and 9	Directorate Managers, Area Leads	£40,028 - £99,437	208	3.0%	80	4.5%	288	3.3%
Medical and Dental	Consultants, Specialty Doctors, Clinical Assistants		289	4.2%	476	26.5%	765	8.9%
Personal Pay scale*	Apprentices, Non Exec Directors		16	0.2%	20	1.1%	36	0.4%
Total Staff			6,834	100.0%	1,796	100.0%	8,630	100.0%

- In all such analysis this group includes a small number of staff who are usually in other staff groups, e.g. Medical and Dental staff; Estates and Ancillary staff; Theatre Practitioners; Student Health Visitors, etc.

Figure 5: Staff Profile by ethnicity, 2015-2016 and 2016-2017

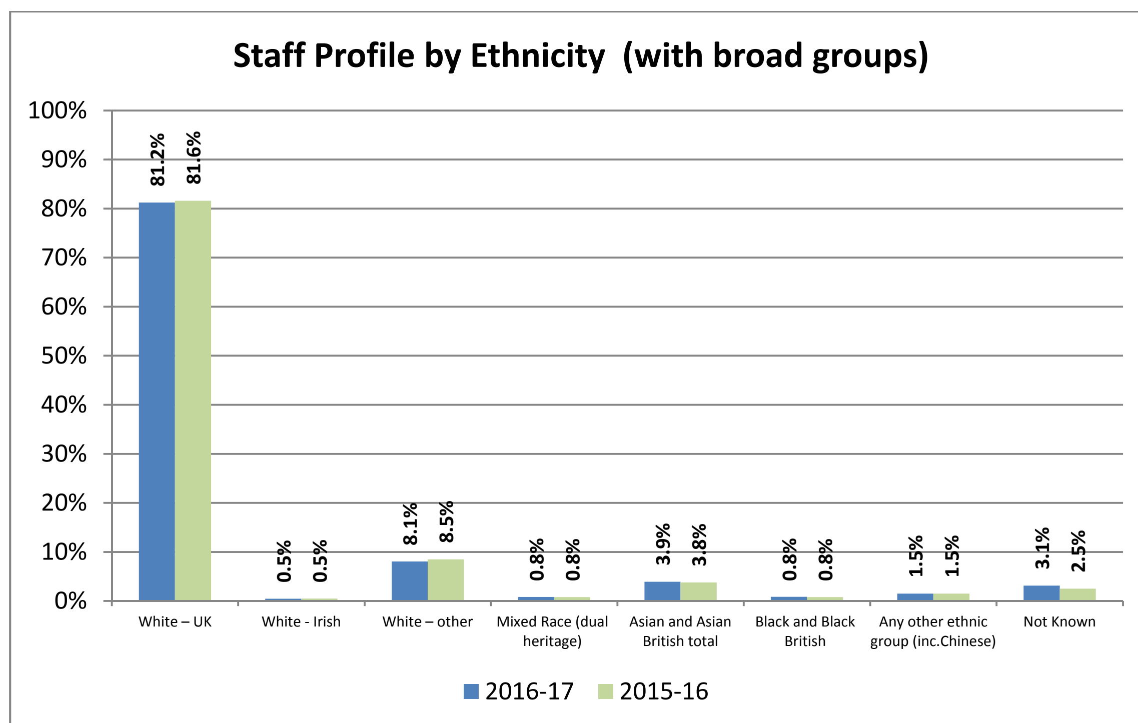


Table 5: York Teaching Hospitals Foundation Trust staff profile by ethnicity, 2015-2016 and 2016-2017

Ethnicity	Number of staff March 2017	% total staff March 2017	Number of staff part time 2017	Number of staff full time 2017	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016
White – UK	7,011	81.2	3,324	3,687	6,940	81.6	3,331	3,609
White – Irish	39	0.5	10	29	39	0.5	12	27
White – other	697	8.1	332	365	724	8.5	355	369
White total	7,747	89.8	3,666	4,081	7,703	90.6	3,698	4,005
Mixed Race (dual heritage) total	72	0.8	20	52	70	0.8	20	50
Asian and Asian British total	339	3.9	56	283	320	3.8	45	275
Black and Black British total	73	0.8	16	57	65	0.8	13	52
Any other ethnic group (Inc. Chinese)	129	1.5	26	103	130	1.5	24	106
BME total	613	7.1	118	495	585	6.9	102	483
Not Known	270	3.1	121	149	215	2.5	108	107
Total	8,630	100.0	3,905	4,725	8,503	100.0	3,908	4,595

Figure 6: Staff joining the Trust by Ethnicity, 2015-2016 and 2016-2017

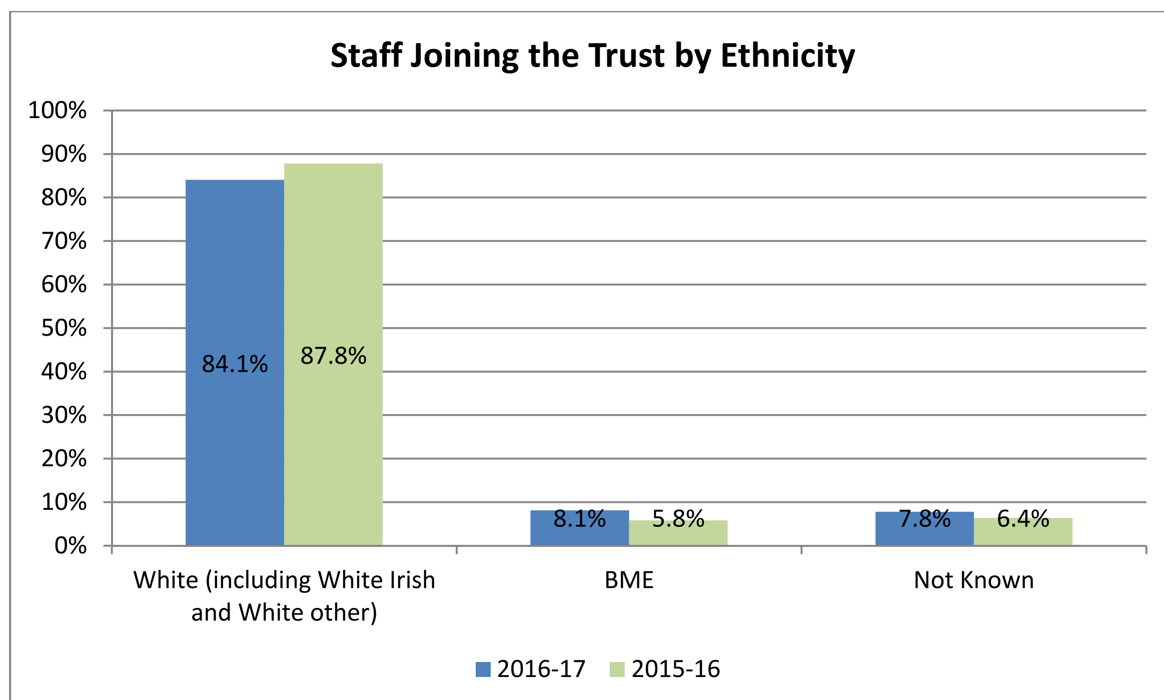


Table 6 - Staff joining the Trust from 1 April 2016 to 31 March 2017 by ethnicity

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2017	% new staff previous year
Ethnicity				
White (including White Irish and White other)	993	84.1	89.8	87.8
Black and minority ethnic people (Black, Asian, Mixed race and any other group)	96	8.1	7.1	5.8
Not Known	92	7.8	3.1	6.4
Total	1,181			

Figure 7: Staff Leaving the Trust by Ethnicity, 2015-2016 and 2016-2017

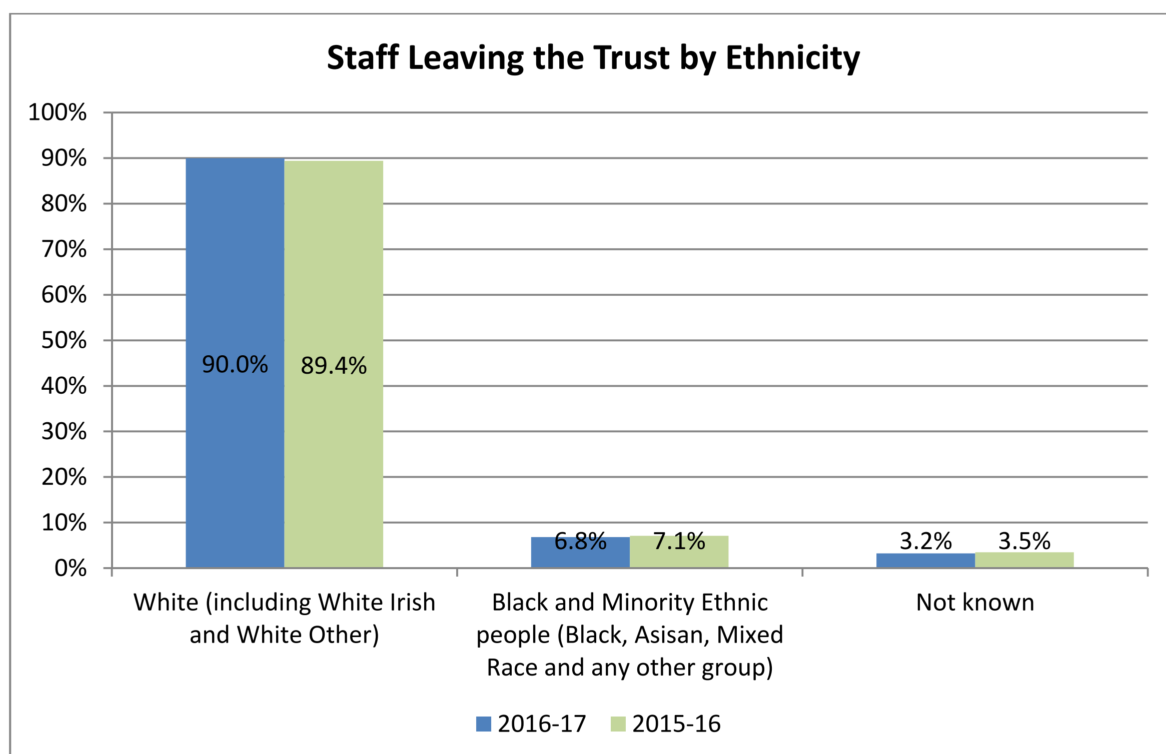


Table 7 - Staff leaving the Trust 1 April 2016 to 31 March 2017 by ethnicity

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Ethnicity				
White	779	90.0	89.8	89.4
Black and Minority ethnic people (Black, Asian, Mixed Race and any other group)	59	6.8	7.1	7.1
Not known	28	3.2	3.1	3.5
Total	866			

Table 8: Pay band by ethnicity, 2017

Pay band	White staff	% White staff	BME staff (e.g. mixed race, Asian and Black/Black British/Chinese)	% BME staff	Ethnicity not known	% ethnicity not known	Total staff	% total staff in this pay band
Band 1	573	7.4%	18	2.9%	17	6.3%	608	7.0%
Band 2	1,738	22.4%	76	12.4%	73	27.0%	1,887	21.9%
Band 3	884	11.4%	20	3.3%	23	8.5%	927	10.7%
Band 4	508	6.6%	12	2.0%	13	4.8%	533	6.2%
Band 5	1,429	18.4%	189	30.8%	59	21.9%	1,677	19.4%
Band 6	1,227	15.8%	43	7.0%	36	13.3%	1,306	15.1%
Band 7	573	7.4%	15	2.4%	15	5.6%	603	7.0%
Band 8a, b, c, d and 9	279	3.6%	<10	*	<10	*	288	3.3%
Medical and Dental	509	6.6%	227	37.0%	29	10.7%	765	8.9%
Personal Pay scale	27	0.3%	<10	*	<10	*	36	0.4%
Total Staff	7,747	100.0%	613		270		8,630	100.0%

Note - * signifies percentages cannot be shown due to confidentiality issues

Figure 9: Staff Profile by Sexual Orientation, 2015-2016 and 2016-2017

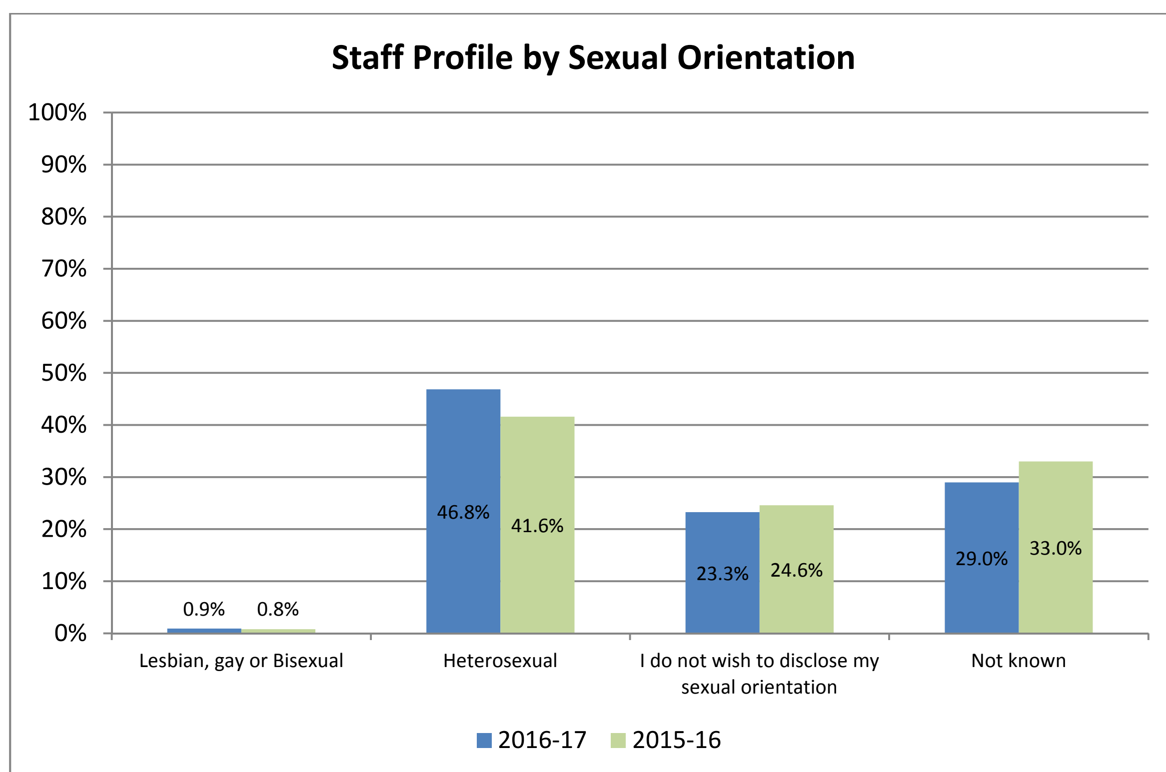


Table 9: York Teaching Hospitals Foundation Trust staff profile by sexual orientation, 2015-2016 and 2017-2017

Sexual Orientation	Number of staff March 2017	% total staff March 2017	Number of staff part time 2017	Number of staff full time 2017	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016
Lesbian, gay or Bisexual	78	0.9%	To protect anonymity of staff the part / full time analysis cannot be shown here		65	0.8%	To protect anonymity of staff the part / full time analysis cannot be shown here	
Heterosexual	4,042	46.8%			3,538	41.6%		
I do not wish to disclose my sexual orientation	2,009	23.3%			2,094	24.6%		
Not known	2,501	29.0%			2,806	33.0%		
Total	8,630				8,503			

Figure 10: Staff joining the Trust by Sexual Orientation, 2015-2016 and 2016-2017

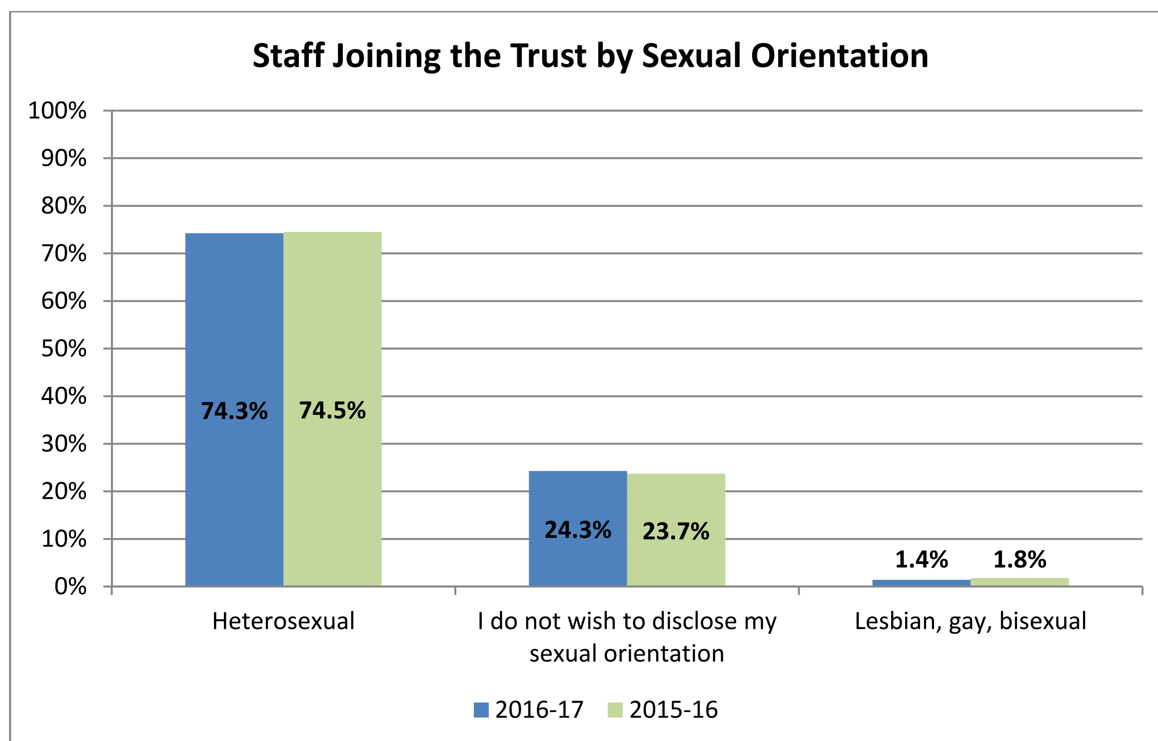


Table 10 - Staff joining the Trust from 1 April 2016 to 31 March 2017 by Sexual Orientation

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2017	% new staff previous year
Sexual orientation				
Lesbian, gay, bisexual	17	1.4	0.9	1.8
Heterosexual	877	74.3	46.8	74.5
I do not wish to disclose my sexual orientation	287	24.3	23.3	23.7
Not known	0	0	29.0	0
Total	1,181			

Figure 11 - Staff leaving the Trust 1 April 2016 to 31 March 2017 by Sexual Orientation

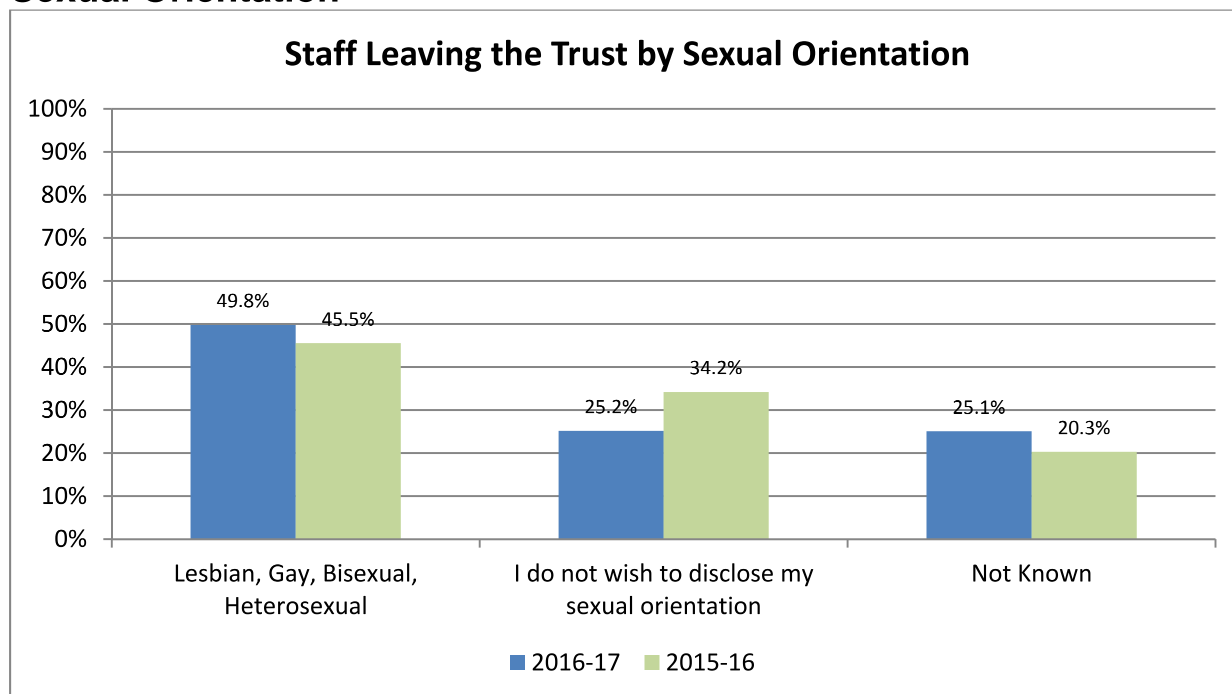


Table 11 - Staff leaving the Trust 1 April 2016 to 31 March 2017 by Sexual Orientation

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Sexual Orientation				
Lesbian, Gay, Bisexual, Heterosexual	431	49.8	47.7	45.5
I do not wish to disclose my sexual orientation	218	25.2	23.3	34.2
Not Known	217	25.1	29.0	20.3
Total	866			

Note - due to confidentiality issues we are unable to report findings for Lesbian, Gay, Bisexual staff as a specific group

Table 12: Pay band by sexual orientation, 2017

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Lesbian, Gay or Bisexual	58	1.0%	20	0.7%	78	0.9%
Heterosexual	2,708	48.1%	1,334	44.5%	4,042	46.8%
Not known/do not wish to disclose	2,866	50.9%	1,644	54.8%	4,510	52.3%
Total staff	5,632	100.0%	2,998	100.0%	8,630	100.0%

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Figure 13: Staff Profile by Religion and Belief, 2015-2016 and 2016-2017

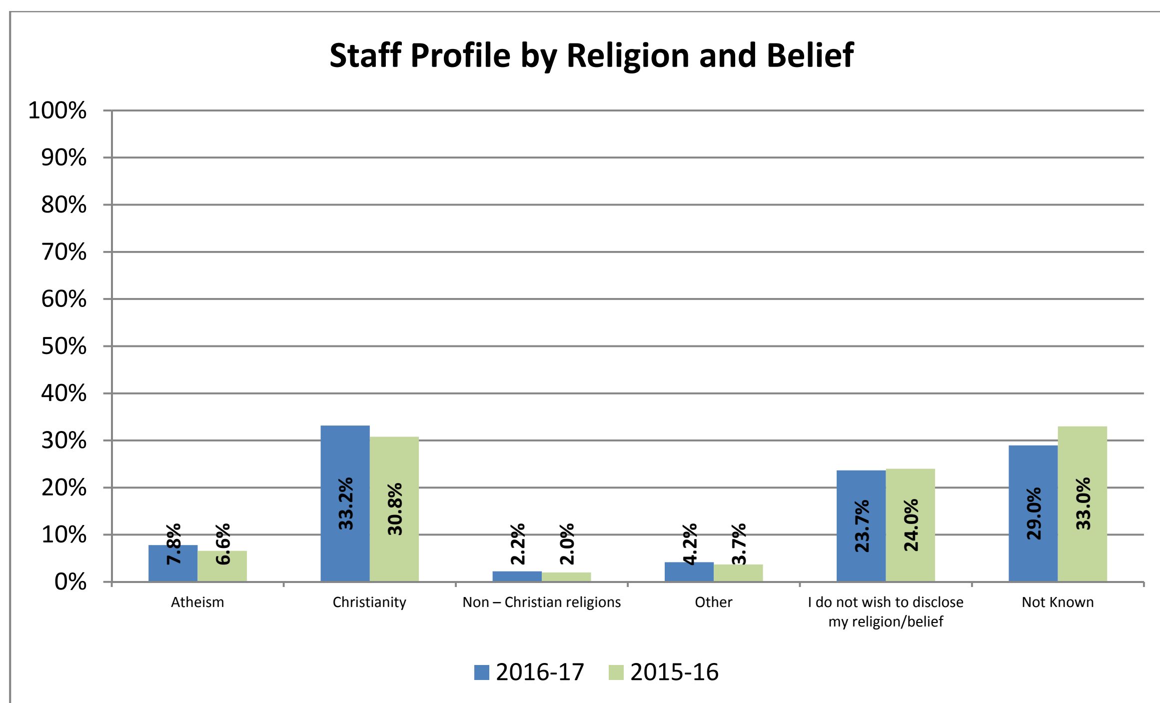


Table 13: York Teaching Hospitals Foundation Trust staff profile by Religion and Belief, 2015-2016 and 2016-2017

Religion and Belief	Number of staff March 2017	% total staff March 2017	Number of staff part time 2017	Number of staff full time 2017	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016
Atheism	675	7.8	199	476	558	6.6	156	402
Christianity	2,862	33.2	1,297	1,565	2,617	30.8	1,192	1,425
Non – Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	194	2.2	35	159	170	2.0	24	146
Other	359	4.2	137	222	313	3.7	126	187
I do not wish to disclose my religion/belief	2,041	23.7	1,017	1,024	2,040	24.0	1,059	981
Not Known	2,499	29.0	1,220	1,279	2,805	33.0	1,351	1,454
Total	8,630		3,905	4,725	8,503		3,908	4,595

Figure 14: Staff joining the Trust by Religion and Belief, 2015-2016 and 2016-2017

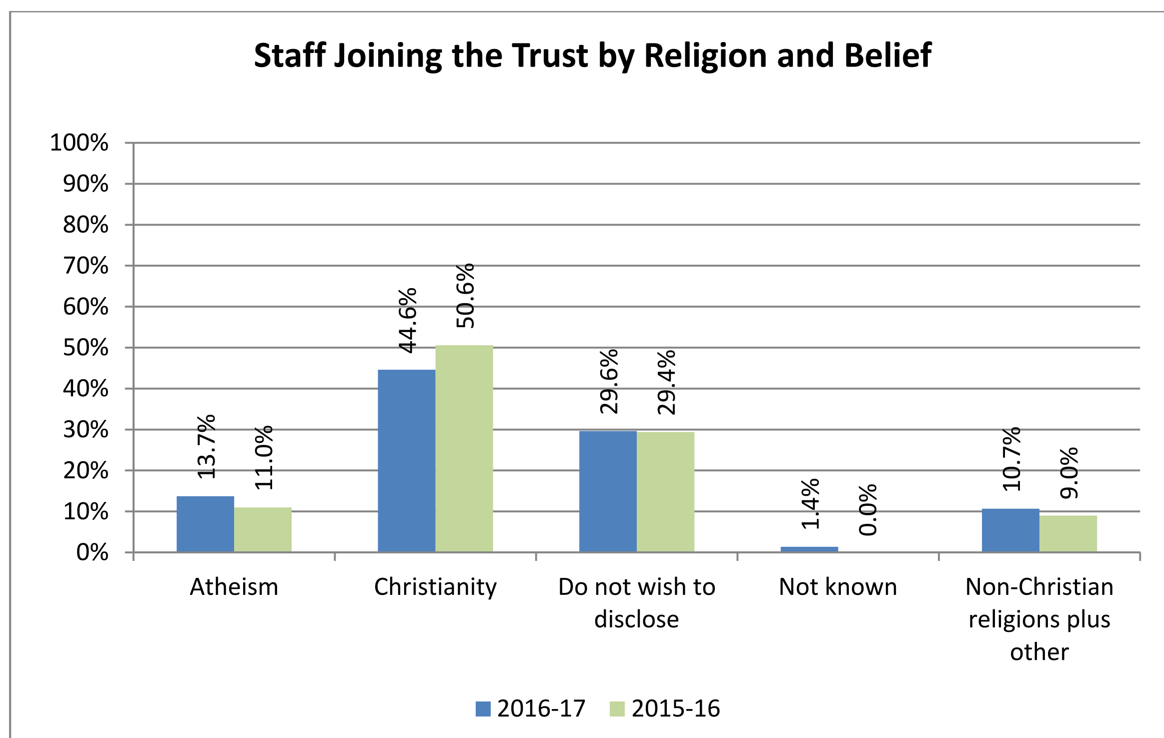


Table 14 - Staff joining the Trust from 1 April 2016 to 31 March 2017 by Religion and Belief

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2016	% new staff in previous year
Religion and belief				
Atheism	162	13.7	7.8	11.0
Christianity	527	44.6	33.2	50.6
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	126	10.7	6.4	9.0
Do not wish to disclose	350	29.6	23.7	29.4
Not known	16	1.4	29.0	0.0
Total	1,181			

Figure 15: Staff Leaving the Trust by Religion and Belief, 2015-2016 and 2016-2017

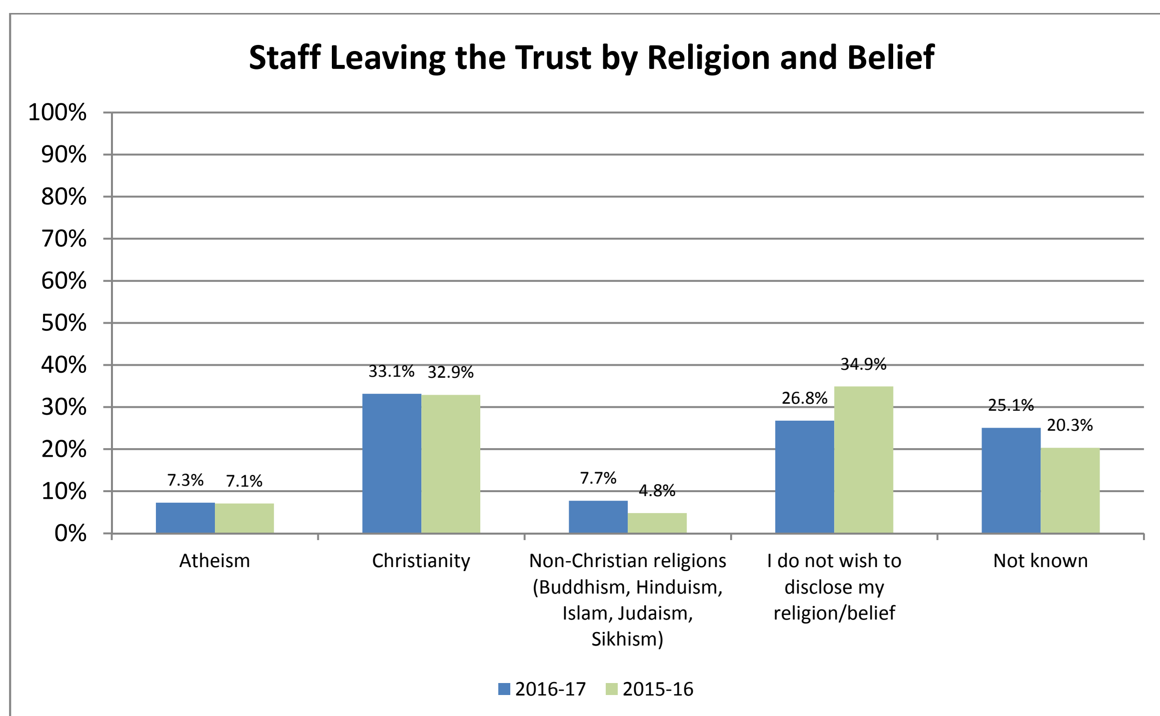


Table 15 - Staff leaving the Trust 1 April 2016 to 31 March 2017 by Religion and Belief

	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Religion and belief				
Atheism	63	7.3	7.8	7.1
Christianity	287	33.1	33.2	32.9
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	67	7.7	6.4	4.8
Do not wish to disclose	232	26.8	23.7	34.9
Not known	217	25.1	29.0	20.3
Total	866			

Table 16: Pay band by religion and belief, 2017

Religion	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above and personal pay scale	% of staff band 6 and above and personal pay scale	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade
Atheism	436	7.7%	160	7.2%	79	10.3%
Christianity	1,961	34.8%	695	31.1%	206	26.9%
Buddhism, Hinduism, Islam, Judaism, Sikhism	47	0.8%	22	1.0%	125	16.3%
Other	255	4.5%	89	4.0%	15	2.0%
Not known	1,527	27.1%	783	35.1%	189	24.7%
I do not wish to disclose my religion/belief	1,406	25.0%	484	21.7%	151	19.7%
Total staff	5,632	100.0 %	2,233	100.0%	765	100.0%

Figure 17: Staff Profile by Age, 2015-2016 and 2016-2017

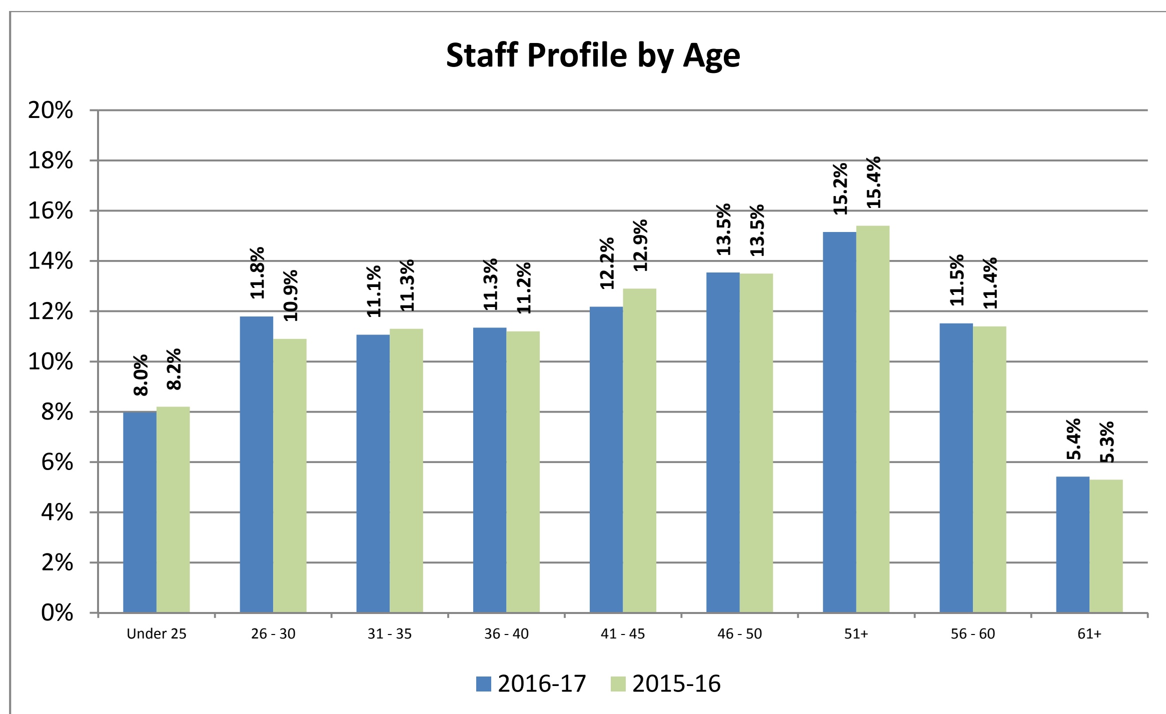


Table 17: York Teaching Hospitals Foundation Trust staff profile by age, 2015-2016 and 2016-2017

Age	Number of staff March 2017	% total staff March 2017	Number of staff part time 2017	Number of staff full time 2017	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016
Under 25	688	8.0	120	568	693	8.2	139	554
26-30	1,018	11.8	275	743	924	10.9	258	666
31-35	955	11.1	432	523	957	11.3	436	521
36-40	979	11.3	493	486	949	11.2	482	467
41-45	1,051	12.2	505	546	1,101	12.9	524	577
46-50	1,169	13.5	539	630	1,150	13.5	540	610
51-55	1,308	15.2	640	668	1,310	15.4	651	659
56-60	994	11.5	547	447	972	11.4	553	419
61+	468	5.4	354	114	447	5.3	325	122
Total	8,630		3,905	4,725	8,503		3,908	4,595

Figure 18: Staff joining the Trust by Age, 2015-2016 and 2016-2017

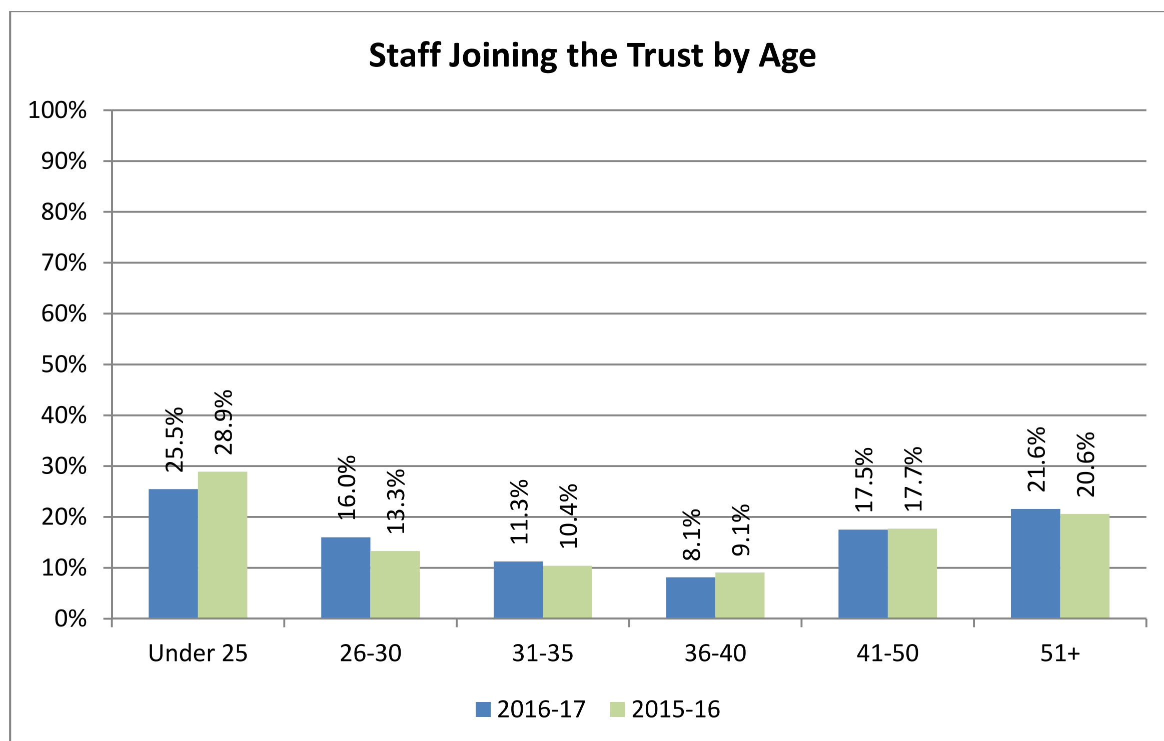


Table 18 - Staff joining the Trust from 1 April 2016 to 31 March 2017 by age

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2016	% new staff in previous year
Age Profile				
Under 25	301	25.5	8.0	28.9
26-30	189	16.0	11.8	13.3
31-35	133	11.3	11.1	10.4
36-40	96	8.1	11.3	9.1
41-50	207	17.5	25.7	17.7
51+	255	21.6	32.1	20.6
Total	1181			

Figure 19: Staff Leaving the Trust by Age, 2015-2016 and 2016-2017

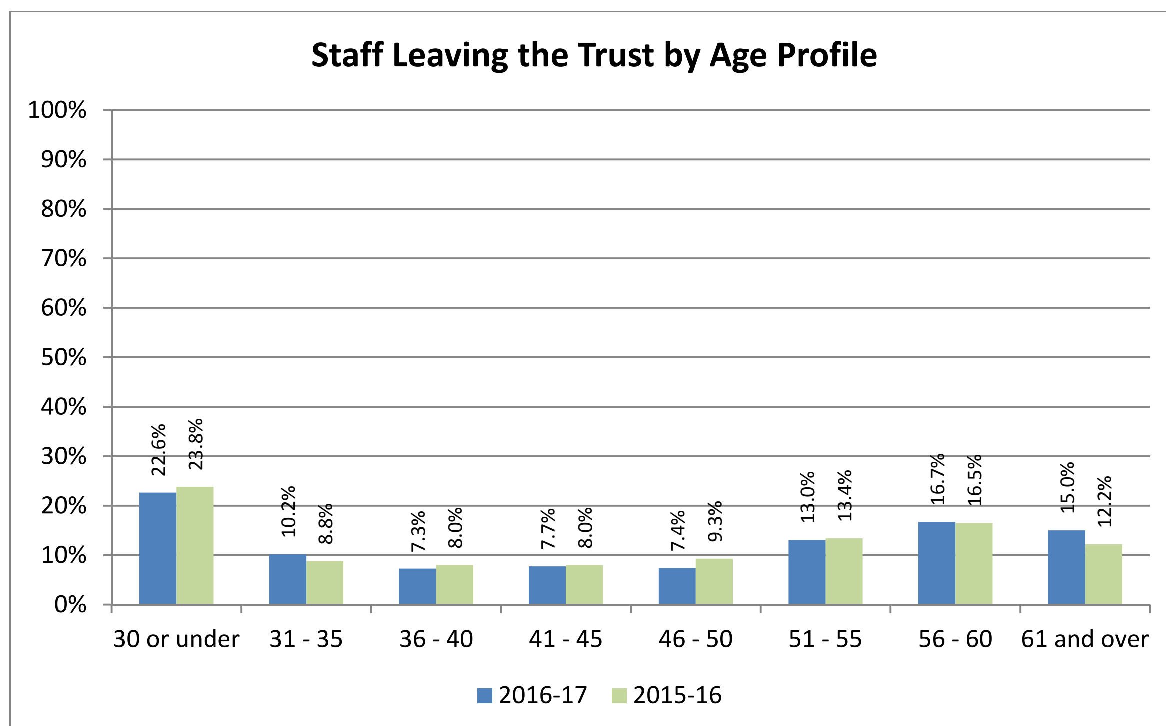


Table 19 - Staff leaving the Trust 1 April 2016 to 31 March 2017 by age

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in Previous year
Age				
Under 30	196	22.6	19.8	23.8
31-35	88	10.2	11.1	8.8
36-40	63	7.3	11.3	8.0
41-45	67	7.7	12.2	8.0
46-50	64	7.4	13.5	9.3
51-55	113	13.0	15.2	13.4
56-60	145	16.7	11.5	16.5
61 and over	130	15.0	5.4	12.2
Total	866			

Table 20: Pay band by age, 2017

<table>
<tr><th></th><th>Under 25 Years</th><th>% staff under 25 years</th><th>26 – 50 years</th><th>% staff 26-50 years</th><th>Over 50 years</th><th>% over 50 years</th><th>Total staff</th><th>% total staff in this pay band</th></tr>
<tr><td>Personal Salary</td><td>8</td><td>1.2%</td><td>18</td><td>0.3%</td><td>10</td><td>0.4%</td><td>36</td><td>0.4%</td></tr>
<tr><td>Medical and Dental</td><td>56</td><td>8.1%</td><td>532</td><td>10.3%</td><td>177</td><td>6.4%</td><td>765</td><td>8.9%</td></tr>
<tr><td>Band 1</td><td>27</td><td>3.9%</td><td>323</td><td>6.2%</td><td>258</td><td>9.3%</td><td>608</td><td>7.0%</td></tr>
<tr><td>Band 2</td><td>233</td><td>33.9%</td><td>989</td><td>19.1%</td><td>665</td><td>24.0%</td><td>1,887</td><td>21.9%</td></tr>
<tr><td>Band 3</td><td>74</td><td>10.8%</td><td>528</td><td>10.2%</td><td>325</td><td>11.7%</td><td>927</td><td>10.7%</td></tr>
<tr><td>Band 4</td><td>25</td><td>3.6%</td><td>289</td><td>5.6%</td><td>219</td><td>7.9%</td><td>533</td><td>6.2%</td></tr>
<tr><td>Band 5</td><td>222</td><td>32.3%</td><td>1,026</td><td>19.8%</td><td>429</td><td>15.5%</td><td>1,677</td><td>19.4%</td></tr>
<tr><td>Band 6</td><td rowspan="3">43</td><td rowspan="3">6.3%</td><td>902</td><td>17.4%</td><td>363</td><td>13.1%</td><td>1,306</td><td>15.1%</td></tr>
<tr><td>Band 7</td><td>388</td><td>7.5%</td><td>213</td><td>7.7%</td><td>603</td><td>7.0%</td></tr>
<tr><td>Band 8a+</td><td>177</td><td>3.4%</td><td>111</td><td>4.0%</td><td>288</td><td>3.3%</td></tr>
<tr><td>Total</td><td>688</td><td></td><td>5,172</td><td></td><td>2,770</td><td></td><td>8,630</td><td></td></tr>
</table>

Note - due to confidentiality only totals for band 6 and above and under 25 years can be shown

Figure 21: Staff Profile - Disability, 2015-2016 and 2016-2017

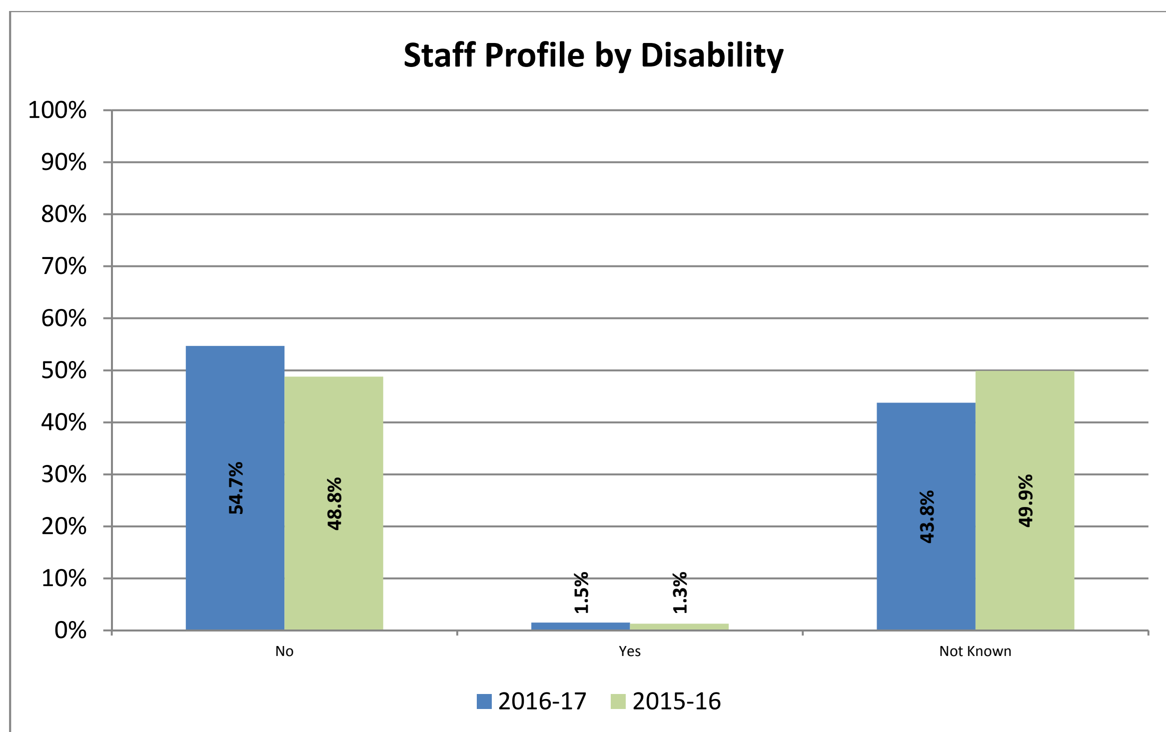


Table 21: York Teaching Hospitals Foundation Trust staff profile - disability status, 2015-2016 and 2016-2017

Disabled Person	Number of staff March 2017	% of staff March 2017	Number of staff part time 2017	Number of staff full time 2017	Number of staff March 2016	% of staff March 2016	Number of staff part time 2016	Number of staff full time 2016
No	4,720	54.7	1,977	2,743	4,148	48.8	1,758	2,390
Yes	132	1.5	54	78	110	1.3	49	61
Not Known	3,778	43.8	1,874	1,904	4,245	49.9	2,101	2,144
Total	8,630		3,905	4,725	8,503		3,908	4,595

Figure 22: Staff joining the Trust - Disability, 2015-2016 and 2016-2017

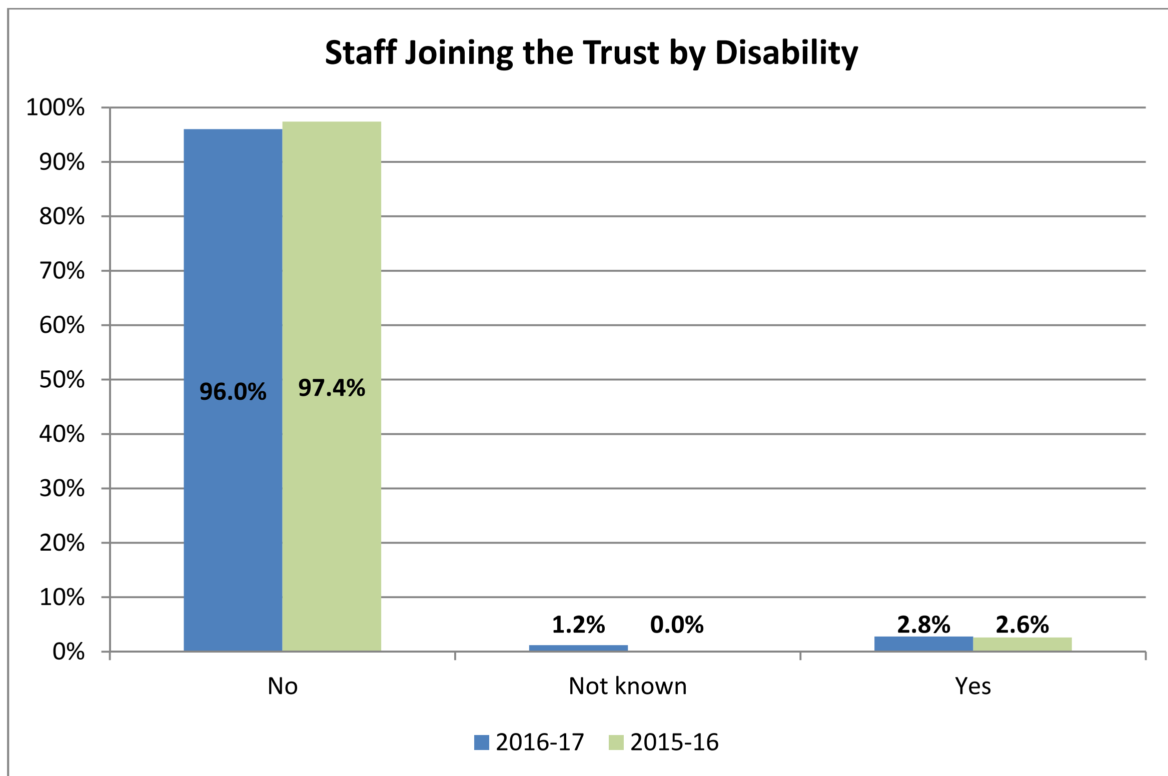


Table 22 - Staff joining the Trust from 1 April 2016 to 31 March 2017 - disability status

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2017	% new staff previous year
Disabled Person				
No	1,134	96.0	54.7	97.4
Yes	33	2.8	1.5	2.6
Not known	14	1.2	43.8	0
Total	1,181			

Figure 23: Staff Leaving the Trust - Disability, 2015-2016 and 2016-2017

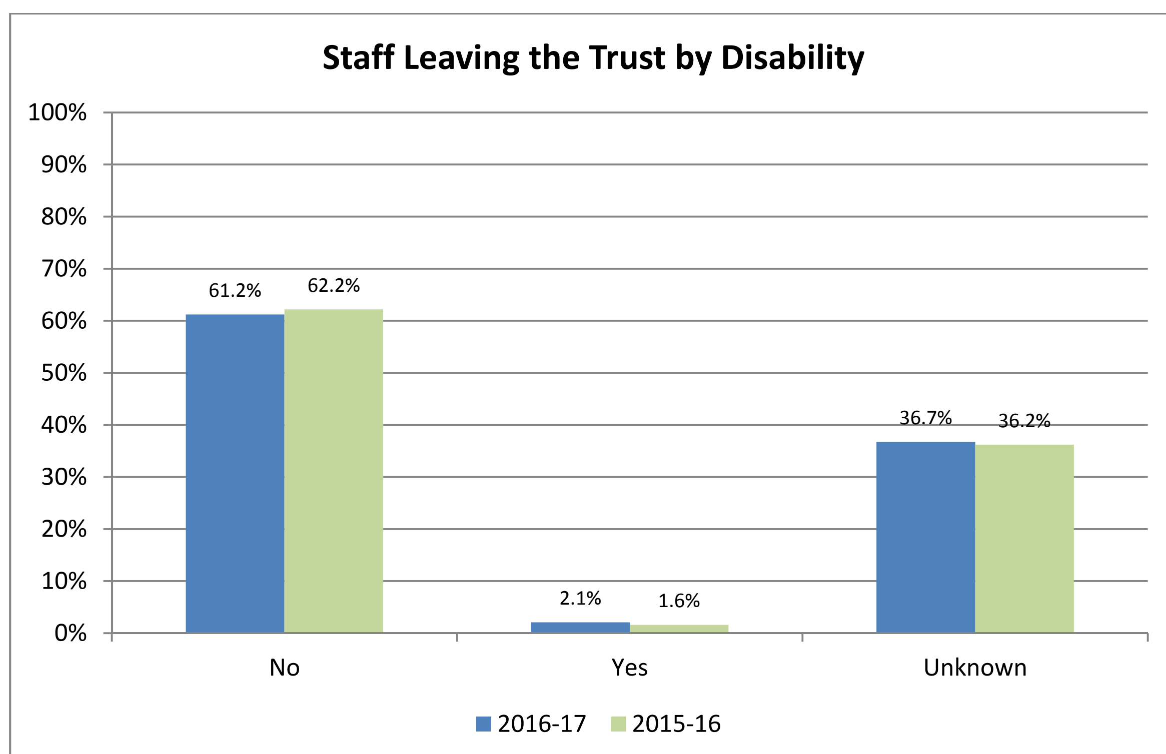


Table 23 - Staff leaving York Teaching Hospitals Foundation Trust (disability) 1 April 2016 to 31 March 2017

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Disabled person				
No	530	61.2	54.7	62.2
Yes	18	2.1	1.5	1.6
Not Known	318	36.7	43.8	36.2
Total	866			

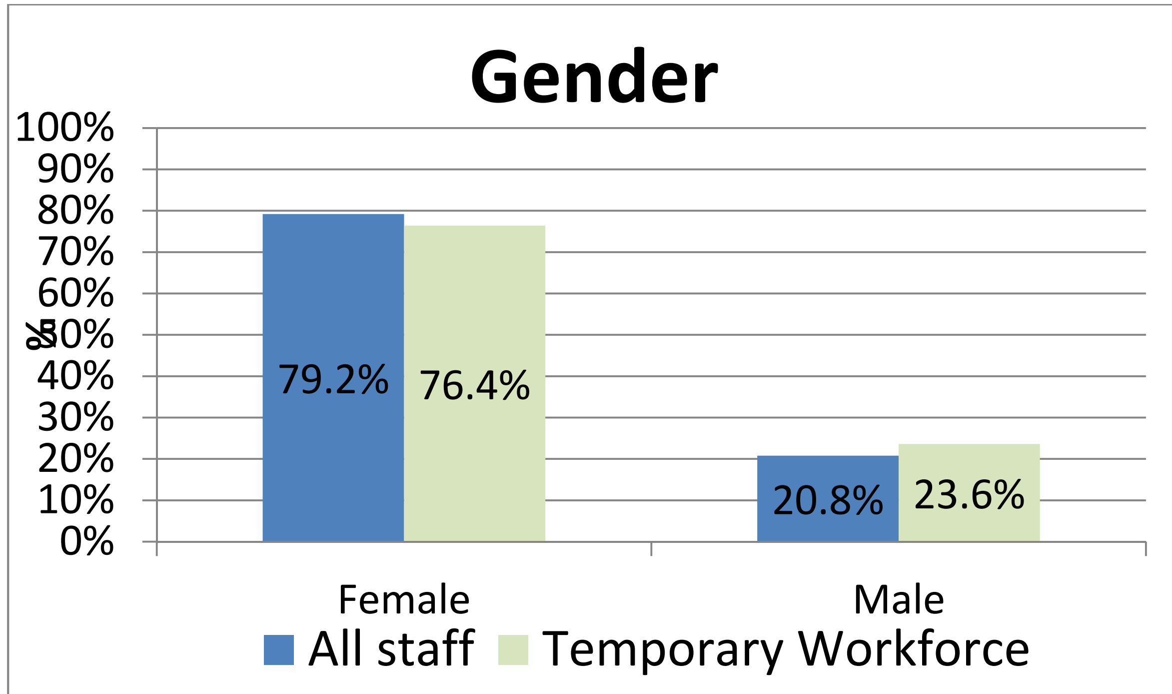
Table 24: Pay band by disability, 2017

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Non - Disabled Staff	3,196	56.7%	1,524	50.8%	4,720	54.7
Disabled staff	104	1.8%	28	0.9%	132	1.5
Not known	2,332	41.4%	1,446	48.2%	3,778	43.8
Total staff	5,632		2,998		8,630	

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Our Temporary Workforce Staff

Figure 25: Temporary Workforce Staff Profile by gender, 2017



Note – all the analysis is solely based on those where their 'main role in the organisation was recorded as bank or locum.

Figure 26: Temporary Workforce Staff Profile by age, 2017

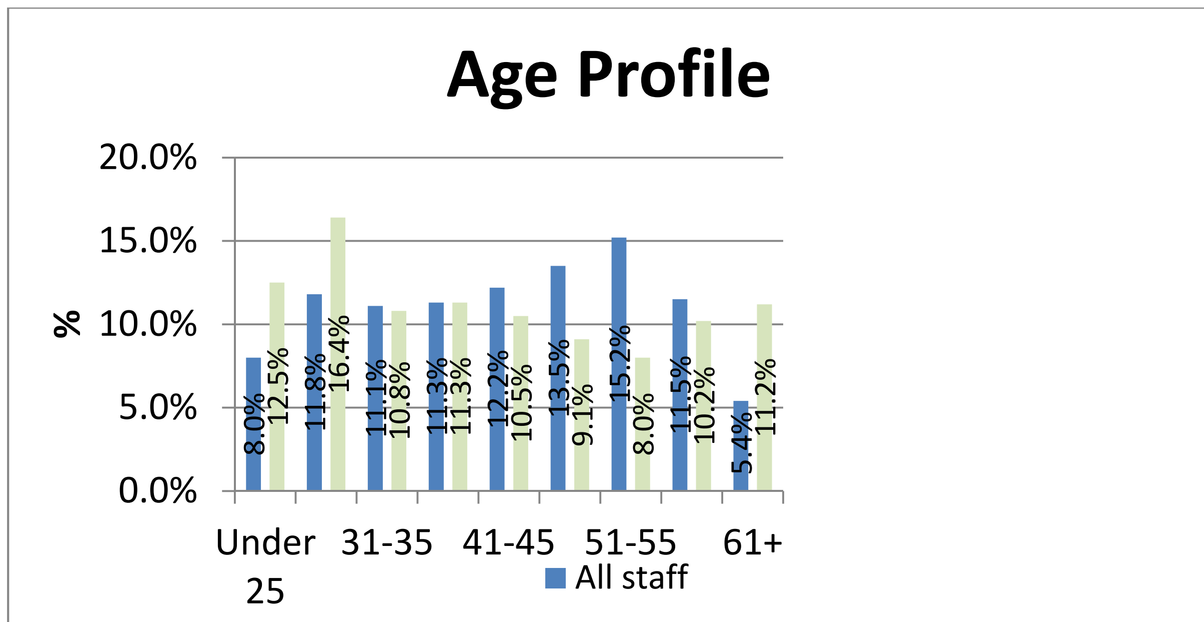
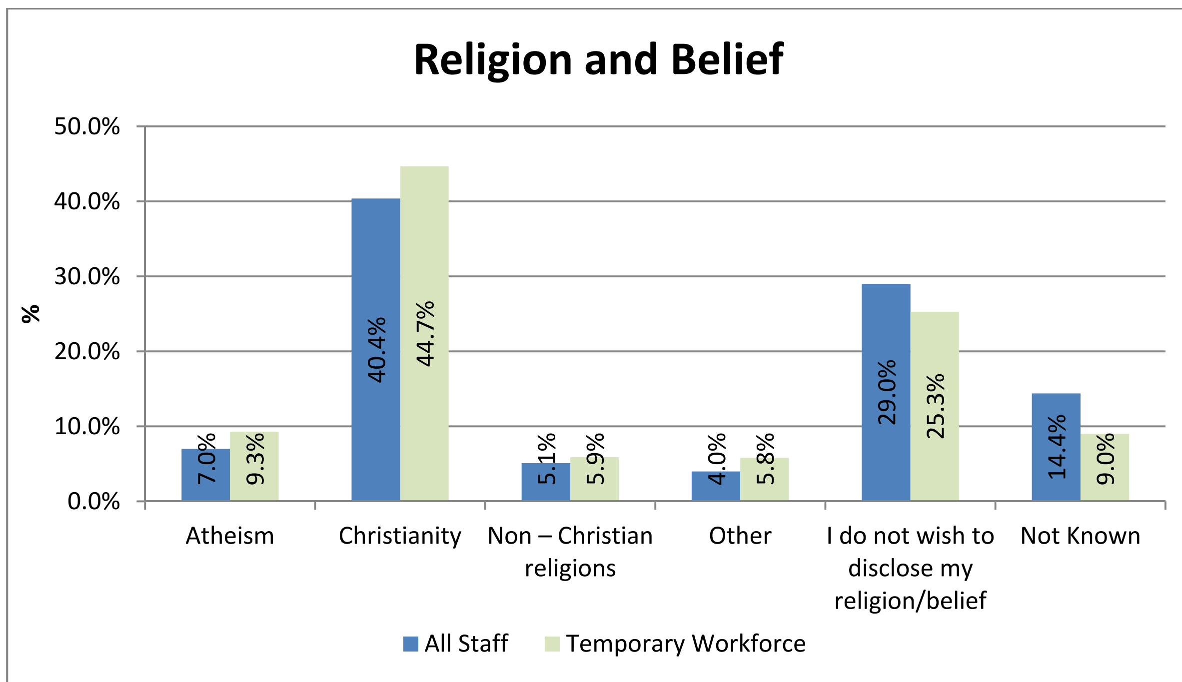


Figure 27: Temporary Workforce Staff Profile by Religion and Belief, 2017



Note – this data is influenced by the fact the levels of staff not wishing to disclose this and also 'Unknowns' are better for temporary workforce staff

Appendix D Recruitment

This has been a transitional year for the Trust, where we migrated from using NHS jobs to system called TRAC. Tables below are extracted from NHS Jobs from 1st April 2016 to 30th September 2016, and from TRAC from 1st October 2016 to 31st March 2017. Narrative given in the Protected Characteristics given in section 2.3 is using amalgamated data.

Table 1 Recruitment by gender 2016-2017

NHS Jobs

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
Male	3,382	984	24.5%	29.2%
Female	8,149	3,014	75.1%	70.4%
Undisclosed	40	16	0.4%	0.3%
Total	11,571	4,014	100.00%	100.00%

TRAC

Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
Male	2,090	626	29.95%	25.98%
Female	5,935	2,404	40.51%	73.77%
Undisclosed	20	10	52.63%	0.25%
Total	8,045	3,040	*See note in protected characteristics	100.00%

Table 2: Recruitment by disability, 2016-2017

NHS jobs

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
Yes	688	263	6.6%	5.9%
No	10,704	3,680	91.7%	92.5%
Undisclosed	179	71	1.8%	1.5%
Total	11,571	4,014	100.00%	100.00%

TRAC

Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
Yes	457	206	45.08%	5.68%
No	7,467	2,777	37.19%	92.82%
Undisclosed	121	57	78.27%	1.5%
Total	8,045	3,040	*See note in protected characteristics	100.00%

Table 3: Recruitment by ethnicity, 2016-2017

NHS jobs

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
WHITE - British	8,554	3,185	79.3%	73.0%
WHITE - Irish	59	22	0.5%	0.5%
WHITE - Any other white background	824	218	5.4%	7.1%
ASIAN or ASIAN BRITISH - Indian	476	119	3.0 %	4.1%
ASIAN or ASIAN BRITISH - Pakistani	362	83	2.1%	3.1%
ASIAN or ASIAN BRITISH - Bangladeshi	70	24	0.6%	0.6%
ASIAN or ASIAN BRITISH - Any other Asian background	230	56	1.40%	2.0%
MIXED - White & Black Caribbean	16	4	0.1%	0.10%
MIXED - White & Black African	36	10	0.2%	0.3%
MIXED - White & Asian	42	12	0.3%	0.4%
MIXED - any other mixed background	76	24	0.6%	0.7%
BLACK or BLACK BRITISH - Caribbean	42	16	0.4%	0.4%
BLACK or BLACK BRITISH - African	336	84	2.1%	2.9%
BLACK or BLACK BRITISH - Any other black background	26	4	0.1%	0.2%
OTHER ETHNIC GROUP - Chinese	52	19	0.5%	0.4%
OTHER ETHNIC GROUP - Any other ethnic group	187	61	1.5%	1.6%
Undisclosed	183	73	1.8%	1.6%
Total	11,571	4,014	100.00%	100.00%
TRAC				
Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
WHITE - British	6,279	2,517	40.09%	78.05%
WHITE - Irish	38	24	63.16%	0.47%
WHITE - Any other white background	548	168	30.65%	6.81%
ASIAN or ASIAN BRITISH - Indian	275	68	24.73 %	3.42%
ASIAN or ASIAN BRITISH - Pakistani	139	37	26.62%	1.73%
ASIAN or ASIAN BRITISH - Bangladeshi	42	17	40.48%	0.52%
ASIAN or ASIAN BRITISH - Any other Asian background	99	30	30.3%	1.23%
MIXED - White & Black Caribbean	14	6	42.86%	0.17%
MIXED - White & Black African	12	1	8.33%	0.15%

MIXED - White & Asian	41	11	26.83%	0.51%
MIXED - any other mixed background	45	13	28.89%	0.56%
BLACK or BLACK BRITISH - Caribbean	34	13	38.24%	0.42%
BLACK or BLACK BRITISH - African	220	45	20.45%	2.73%
BLACK or BLACK BRITISH - Any other black background	17	3	17.65%	0.21%
OTHER ETHNIC GROUP - Chinese	29	10	34.49%	0.36%
OTHER ETHNIC GROUP - Any other ethnic group	107	27	25.23%	1.33%
Undisclosed	106	50	47.17%	1.32%
Total	8,045	3,040	*See note in protected characteristics	100.00%

Table 4: Recruitment by age, 2016-2017

NHS jobs

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
Under 18	9	5	0.1%	0.1%
18 to 19	194	53	1.3%	1.7%
20 to 24	1,761	477	11.9%	15.2%
25 to 29	2,341	735	18.3%	20.2%
30 to 34	1,501	478	11.9%	13.0%
35 to 39	1,242	476	11.9%	10.7%
40 to 44	995	406	10.1%	8.6%
45 to 49	1,211	482	12.0%	10.5%
50 to 54	1,057	452	11.3%	9.1%
55 to 59	779	328	8.2%	6.7%
60 to 64	433	108	2.7%	3.7%
65 to 69	25	7	0.2%	0.2%
70 and over	13	2	0.0%	0.1%
Undisclosed	10	5	0.1%	0.1%
Total	11,571	4,014	100.00%	100.00%
TRAC				
Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
Under 20	202	44	21.78%	2.51%
20 to 24	1,484	430	28.98%	18.45%
25 to 29	1,432	537	37.5%	17.8%
30 to 34	1,055	375	35.55%	13.11%
35 to 39	747	320	42.84%	9.29%
40 to 44	729	314	43.07%	9.06%
45 to 49	763	349	45.74%	9.48%
50 to 54	851	395	46.42%	10.58%
55 to 59	440	187	42.5%	5.47%
60 to 64	317	77	24.29%	3.94%
65 +	18	8	44.44%	0.22%
Undisclosed	7	4	57.14%	0.9%
Total	8,045	3,040	*See note in protected characteristics	100.00%

Table 5: Recruitment by religion / belief, 2016-2017
NHS jobs

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
Atheism	1,916	652	16.2%	16.6%
Buddhism	76	28	0.7%	0.7%
Christianity	6,024	2169	54.0%	52.1%
Hinduism	268	72	1.8%	2.3%
Islam	719	183	4.6%	6.2%
Sikhism	23	5	0.1%	0.1%
Other (including Jainism and Judaism)	1,196	409	10.2%	10.3%
Undisclosed	1,349	496	12.4%	11.7%
Total	11,571	4,014	100.0%	100.0%

Table 5: Recruitment by religion / belief, 2016-2017
TRAC

Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
Atheism	1,503	602	40.05%	18.68%
Buddhism	37	14	37.84%	0.46%
Christianity	4,305	1,664	38.65%	53.51%
Hinduism	148	31	20.95%	1.84%
Islam	234	56	23.93%	2.91%
Sikhism	20	5	25%	0.25%
Other (including Jainism and Judaism)	814	279	34.44%	10.11%
Undisclosed	984	388	39%	12.24%
Total	8,045	3,039	*See note in protected characteristics	100.0%

Table 6: Recruitment by sexual orientation, 2016-2017

NHS JOBS

Category	Applied April 2016 to Sept 2016	Shortlisted April 2016 to Sept 2016	% applications shortlisted	% applications
Lesbian	84	31	0.50%	0.8%
Gay	118	36	1.00%	0.9%
Bisexual	130	30	1.20%	0.7%
Heterosexual	10,553	3676	90.90%	91.6%
Undisclosed	686	241	6.30%	6.0%
Total	11,571	4,014	100.00%	100.00%

TRAC

Category	Applied Oct 2016 to Mar 2017	Shortlisted Oct 2016 to Mar 2017	% applications shortlisted	% applications
Lesbian	39	20	51.28%	0.48%
Gay	65	26	40%	0.81%
Bisexual	108	25	23.15%	1.34%
Lesbian or Gay*	18	6	33.33	0.22%
Heterosexual	7,290	2,765	37.93%	90.62%
Undisclosed	525	198	36.01%	6.53%
Total	8,045	3,040	*See note in protected characteristics	100.00%

*** Additional category on TRAC**

Appendix E – Grievance, Disciplinary and Bullying & Harassment

Table 1: number of grievances by ethnic origin, 2015-2016 and 2016-2017

	Number of Grievances year ending 31 March 2017	Number of Grievances year ending 31 March 2016
White – UK	29	20
White – Irish	0	0
White (not UK or Irish – Includes White unspecified)	<10	<10
Mixed Race (dual heritage) total	0	0
Asian and Asian British total	0	0
Black and Black British total	0	0
Any other ethnic group (including Chinese)	0	0
Not Known	<10	0
Total	38	*

Note - * signifies that this figure cannot be shown due to confidentiality issues

Table 2: Disciplinary investigations by Ethnicity, 2015-2016 and 2016-2017

Ethnicity	Disciplinary Investigations Year ending 31 March 2017	Disciplinary Investigations Year ending 31 March 2016
White – UK	60	76
White – Irish	0	0
White (not UK or Irish – Includes White unspecified)	<10	<10
White total	*	*
Mixed Race (dual heritage) total	<10	<10
Asian and Asian British total	<10	<10
Black and Black British total	<10	0
Any other ethnic group (including Chinese)	<10	<10
BME total (e.g. mixed race, Asian and Asian British, Black and Black British, Chinese)	<10	<10
Not Known	<10	0
Total	70	87

Note - * signifies figures cannot be shown due to confidentiality issues

Table 3: Disciplinary investigations by Gender, 2015-2016 and 2016-2017

Gender	Disciplinary Investigations Year ending 31 March 2017	Disciplinary Investigations Year ending 31 March 2016
Female	47	54
Male	23	33
Total	70	87

Table 4: Disciplinary investigations by Disability, 2015-2016 and 2016-2017

Disabled	Disciplinary Investigations Year ending 31 March 2017	Disciplinary Investigations Year ending 31 March 2016
Yes	<10	<10
No	43	32
Not Declared	*	*
Undefined		
Total	70	87

Note - * signifies figures cannot be shown due to confidentiality issues

Table 5: Disciplinary investigations, sanctions and suspensions by Sexual Orientation, 2015-2016 and 2016-2017

Sexual Orientation	Disciplinary Investigations Year ending 31 March 2017	Disciplinary Investigations Year ending 31 March 2016
Heterosexual	33	29
I do not wish to disclose my sexual orientation	17	23
Undefined	20	35
Total	70	87

Table 6: Disciplinary investigations, sanctions and suspensions by Religion / Belief, 2015-2016 and 2016-2017

Religion and Belief	Disciplinary Investigations Year ending 31 March 2017	Disciplinary Investigations Year ending 31 March 2016
Atheism	<10	<10
Christianity	21	23
Hindu	0	<10
I do not wish to disclose my religion/belief	23	20
Undefined	18	35
Other	<10	<10
Total	70	87

8 How are we doing?

We are accountable to our staff, service users and members of the public.

Should you have any feedback or concerns about equality of access to services or in the workplace, please contact:

Margaret Milburn – Equality, Diversity and Inclusion Officer
Telephone: 01904 726633
Email: margaret.milburn@york.nhs.uk

Please telephone or email if you require this information in a different language or format

如果你要求本資訊是以不同的語言或版式提供，請致電或寫電郵

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

01904 725566

email: access@york.nhs.uk

Braille

Audio e.g. CD

Large print

Electronic

Equality Objectives 2016-2020

In compliance with the Equality Act 2010

Please note: this document should be read in conjunction with the Workforce Race Equality Standard (WRES) and the Annual Equality and Diversity Report, which can be found at www.yorkhospitals.nhs.uk

Developing our objectives

The original equality objectives were developed in March 2012 and have been reviewed annually; it is recognised that while progress has been made, the objectives set in 2012 remain relevant and therefore will remain largely unchanged for the period 2016 to 2020

In 2015, a decision was reached to incorporate Equality and Diversity within the Workforce directorate, which has lead to a refocus of the agenda to support achievement of the objectives.

Objective 1
Continue to improve data collection, analysis and monitoring for protected characteristics. This links to EDS goals 1, 2, 3 and 4

Objective 2
Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics. This links to EDS2 goals 1, 2, 3 and 4

Objective 3
Further develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone. This links to EDS2 goal 1and 2 and the Humber, Coast and Vale Sustainable Transformation Plan.

Objective 4
Continue with staff development programmes ensuring equality and diversity are embedded into all decision making processes. This links to EDS2 goal 4

Monitoring

Our objectives are monitored quarterly by the Trust Fairness Forum, with an annual progress report being submitted to the board of directors

DRAFT