

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

on: **Wednesday 26th October 2016**

in: **St Catherine's Hospice, Throxenby Lane, Scarborough**

Time	Meeting	Location	Attendees
10.00am – 11.00am	Remuneration Committee	St Catherine's Hospice, Scarborough	Remuneration Committee Members
11.30am – 1.00pm	Board of Directors meeting held in private	St Catherine's Hospice, Scarborough	Board of Directors
1.00pm – 1.30pm	Lunch	St Catherine's Hospice, Scarborough	Board of Directors
1.30pm – 4.00pm	Board of Directors meeting held in public	St Catherine's Hospice, Scarborough	Board of Directors and members of the public

The values of the Trust are:

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

...with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

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

On: **Wednesday 26th October 2016**

At: **1.30pm – 4.00pm**

In: **St Catherine's Hospice, Throxenby Lane, Scarborough**

A G E N D A

No	Time	Item	Lead	Paper	Page
General					
1.	1.30 - 1.40	<p>Welcome from the Chairman</p> <p>The Chair will welcome observers to the Board meeting.</p>	Chair		
2.		<p>Apologies for Absence and Quorum</p> <ul style="list-style-type: none"> • Beverley Geary • Brian Golding 	Chair		
3.		<p>Declaration of Interests</p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	A	5
4.		<p>Minutes of the Board of Directors meeting held on 28 September 2016</p> <p>To review and approve the minutes of the meeting held on 28 September 2016.</p>	Chair	B	9
5.		<p>Matters arising from the minutes</p> <p>To discuss any matters arising from the minutes.</p>	Chair		
6.	1.40 – 1.55	<p>Patient Story</p> <p>To receive the details of a patient story</p>		Verbal	

No	Time	Item	Lead	Paper	Page
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
7.	1.55-2.15	Chief Executive Report To receive an update on matters relating to general management in the Trust including an STP update.	Chief Executive	C (to follow)	
8.	2.15-2.35	Quality and Safety Performance issues To be advised by the Chair of the Committee of any specific issues to be discussed. <ul style="list-style-type: none"> • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing 	Chair of the Committee	D D1 D2 D3 D4	21 35 71 77 91
9.	2.35-2.50	Director of Infection Prevention and Control (DIPC) Quarterly Report To receive for approval the quarterly report.	Director of Infection Prevention and Control	E	103
10.	2.50-3.10	Out of Hospital Care Update To receive an update on Out of Hospital Care developments and provision.	Director of Out of Hospital Care	E	111
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
11.	3.10 - 3.20	Workforce Metrics and Update Report To receive a report updating the Board on HR issues.	Chief Executive	G	121
3.20 - 3.30		Tea break			

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					
12.	3.30 – 3.50	Finance and Performance issues To receive the minutes from the meeting and associated key papers: <ul style="list-style-type: none"> • Finance Report • Efficiency Report • Performance Report 	Chair of the Committee	H H1 H2 H3	131 145 163 169
13.	3.50-4.05	Winter Plan To receive a report on winter planning.	Chief Operating Officer	Verbal	
14.	4.05-4.15	Purchasing Transformational Plan To receive and endorse the plan.	Finance Director	J	177
Our Facilities and Environment ambitions: We must continually strive to ensure that our environment is fit for our future					
15.	4.15-4.30	Environment & Estates Committee To receive the minutes from the meeting.	Chair of the Committee	J	209
Any Other Business					
16.	4.30	Next meeting of the Board of Directors The next Board of Directors meeting held in public will be on 30 November 2016 in the Boardroom, 2 nd Floor Admin Block, York Hospital			
17.		Any Other Business To consider any other matters of business.			

Items for decision in the private meeting:

- Board Assurance Framework and Risk Register
- MHPS Quarterly Report

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 1960.

Additions: No changes

Changes: No changes

Deletions: No changes

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

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet <i>(Non-Executive Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks <i>(Non-Executive Director)</i>	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 —OCA Y Chairman - City of York Fairness and Equalities Board Member –Without Walls Board	Director —London Metropolitan University Vice Chairman —Rose Bruford College of HE	Nil
Mr Patrick Crowley <i>(Chief Executive)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
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Juliet Walters <i>(Chief Operating Officer)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram <i>(Executive Director Director of Finance)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member of the NHS Elect Board as a member representative	Nil
Mr Mike Proctor <i>(Deputy Chief Executive)</i>	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 <i>(Chief Nurse)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor <i>Medical Director</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Lecture Theatre, Post-Graduate Medical Centre, 5th Floor Admin Block, York Hospital, York on 28 September 2016

Present: Non-executive Directors:

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

Executive Directors:

Mr P Crowley	Chief Executive
Mr A Bertram	Director of Finance
Mrs B Geary	Chief Nurse
Mr M Proctor	Deputy Chief Executive
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
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Observers:

Mrs A Bolland	Public Governor – Selby
Ms S Colisland	NLAG
Mr J Cooke	Public Governor – York
Mrs M Jackson	Public Governor – York
Ms Jo Mannion	Clinical Director – Paediatrics
Mr B Musgrove	Kier
Mrs S Miller	Public Governor – Ryedale
Ms L Pratt	Healthwatch York
Mr R Woodward	Finance Manager

The Chair welcomed the Governors to the meeting.

16/118 Apologies for absence

No apologies were received.

16/119 Declarations of interest

The Board noted the declarations of interest.

16/120 Minutes of the meeting held on the 27 July 2016

The minutes of the meeting held on the 27 July 2016 were approved as a true record of the meeting.

16/121 Matters arising from the minutes

HYMS – Ms Raper raised that since the HYMS presentation in July, a new chair from the GP sector had been appointed and that this was an opportunity to look at retention and further build relationships. Mr Proctor stated that he had not met the new Dean, but was involved in the interviews for the new clinical dean who will be part of Mr Taylor's Team. Mr Taylor stated that he had met the new Chair, Dr Una McCloud at the interviews for the new Director of Problem Based Learning.

16/122 Report from the Chief Executive

Mr Crowley stated that the STP briefing remains largely unchanged. The Trust is continuing to work collaboratively with partners and the next submission will be in October. He noted that Mr Proctor is leading on workforce, Mrs Scott is an integral part of the discussions on Out of Hospital Care and is writing the narrative for Vale of York. Mr Bertram is heavily involved in the financial modelling, Mrs Geary has been asked to be the Lead Chief Nurse and Mrs Walters is involved in acute services. Mr Crowley also stated that the Trust has agreed to take a lead in the Communication Strategy and Mrs Brown will be attending the first meeting this week, which will hopefully ensure there is a consistency of messages across the patch.

Mr Crowley highlighted that the public messages need careful consideration as the Trust has been recently involved in a couple of areas which have generated a lot of media interest; the re-provision of services at Archways and the CCGs move to have a lower threshold for hip and knee surgery. One of the pre-requisites for the STP is to ensure consultation at an early stage on areas requiring it.

In relation to the lowering of the threshold for hip and knee surgery by the CCG, Mr Crowley noted that the Vale of York were at the time of the communication in special measures which meant that they were under the direct control of NHSE. This direct control would have meant that NHSE would have been seen to be adopting a policy on hip and knee surgery, so this is why the decision was withdrawn.

Mr Crowley stated that National Planning guidance had been received and the Trust would be required to submit a 2 year plan by the 23 December 2016 which was complimentary to the STP submission and built on the clinical strategy work being progressed. Mr Crowley stated that he would bring an outline of the guidance to a future meeting.

Ms Symington stated that she had spoken at the York Older Peoples Assembly last week and there was concern expressed regarding the STP process and lack of consultation. Mrs Scott stated that the plan is still being developed and will be submitted at the end of October. Mr Crowley stated that there is a perception that this work has been done

behind closed doors and was hiding detail of closures. He stressed that the planning was around the art of the possible and that he was fairly confident that there would be no closures. He highlighted the 5 Emergency Departments in the patch and stated that due to the geography closures were not an option, but there may be some reclassification of provision.

Mr Proctor stated that the work was much more about avoiding building new things and looking at how services could be re-provided to make them fit with patient need.

Mr Crowley stated that currently the Junior Doctors strike had been postponed.

Mr Crowley highlighted the Single Oversight Framework had been received and would come into force in October 2016.

Mr Crowley stated that the bed reconfiguration at York continues to be implemented and currently there is a staff consultation running and that this process needs to maintain momentum as it interfaces with winter planning.

Mr Crowley confirmed the appointment of Lisa Smith, the Freedom to Speak Up Guardian and Safer Working Guardian and noted that she will come to the Board at a later date.

Mr Crowley also wished to put on record his thanks to Sue Holden, Director of HR and OD who will be leaving the Trust in October. He noted her fantastic service for many years in OD and latterly HR.

Mrs Adams asked where the Trust was likely to be placed in relation to the Single Oversight Framework grading. Mr Crowley stated that there are 4 ratings which are: maximum autonomy (segment 1), targeted support (segment 2), mandated support (segment 3), and special measures (segment 4). He stated that he felt segments 1 or 4 were unlikely and that the Trust is receiving support in relation to the 4 hour target, so he thought the Trust would be placed in either segment 2 or 3.

Mr Bertram highlighted the new finance metrics, which now put a score on how far away from the agency cap a Trust is. He noted that the Trust is running slightly ahead of the cap currently, but stressed that this was better than the position in the previous year.

Ms Raper welcomed the assurance that winter planning and bed reconfiguration were being linked, but she hoped that lessons were being learnt in respect of the recent work done on e-rostering to ensure effective and efficient deployment of staff.

Mr Sweet asked whether the Board would be receiving flu vaccinations at the meeting in October. Mrs Geary stated that the process will focus on front line staff in the first instance and this will be opened up to other staff in November. Mr Kearny noted that there was a CQUIN in relation to 75% of frontline staff receiving the vaccine and was linked to £750k. The Trust has taken a difference stance this year and will formerly invite staff to come for vaccination. Mr Taylor stated that there was a scare in relation to bird flu a couple of years ago when people were given two vaccines and there was no pandemic and in subsequent years take up has fallen off due to the adverse publicity.

16/123 Patient Story

Mrs Geary asked stated that the Patient Story would be about some of the 29 nominations for the Patient Experience Award which would be given at the Celebration of Achievement event in October.

Mrs Scott read out a letter from a Registrar who had worked on ward 15 and wished to nominate the staff.

Mr Golding read out a letter from the Security Management Specialist nominating the security officers at both Scarborough and York. Also read out as part of the nomination were letters from the Charge Nurse at York Emergency Department and a letter from mental health staff at Tees, Esk and Wear Valley.

Mrs Geary read out the final letter regarding Ambulatory Care at York which it was highlighted always receives excellent feedback from patients.

16/124 Quality Safety & Performance Issues

Mrs Adams stated that the Committee continues to develop and was pleased to note the formal action log being adopted to ensure actions are completed in a timely way. She stated that the Single Oversight Framework introduced a raft of quality measures that the Committee would need to focus on.

Mrs Adams asked Mr Taylor to comment on the timely review of acute patient on the Scarborough site. Mr Taylor stated that a time out meeting had been held with some of the physicians yesterday on the Scarborough site to discuss quality of services at Scarborough. Discussions included recruitment, improving senior clinical review and best utilisation of the resources available to ensure the improved flow of patients from admission to discharge. Mr Taylor was very encouraged by the meeting, but stressed it is the being of the work, but areas where quick changes can be made will be prioritised.

Mrs Adams asked Mr Taylor to comment on the work in Radiology at Scarborough especially as this had recently gone on his risk register. Mr Taylor stated that he had met with the Clinical Director for Radiology and changes were planned to commence in January next year following the retirement of one of the Radiologists from the on-call rota which would make it unsustainable. Scarborough would use the out of hours system currently used by York which handed over decision making from 11pm onwards to an external contractor. The time for handover would also change to 9pm. He noted that various plans were being discussed especially whether to fully integrate the rota between Scarborough and York. Mr Taylor also highlighted the difficulties in recruiting both Radiologists and Radiographers.

Mr Taylor provided an update on the Electronic Prescribing of Medicine and Administration (EPMA). He noted that this project was on-going and provided a timeline for the controlled rollout of the system in relation to discharges and discharge drugs a ward at a time. There will also be training to take into account. The system had undergone formal testing by First Databank and the application had passed with flying colours. Mrs Rushbrook stated that this was a big milestone for the development as First Databank could have stopped the rollout.

Mrs Adams asked if there was enough funds to keep staff in post who had been involved with the set up and trials. Mr Bertram stated that there were a large amount of staff who

have helped to provide really good project support and this will be kept under review and the Trust will continue to provide support where it is needed.

Mrs Adams stated that the Committee is keeping a close eye on the SI system and the levels of reporting.

Mrs Geary provided an update on the e-rostering system, highlighting that Becky Hoskins continues to lead a number of deep dive exercises. AMU and both Emergency Departments have been done and it is in effect lifting the fog and identifying why the Trust is unable to meet some of the KPIs. It has become clear that a number of historic set patterns of work are in place for various reasons and HR have been asked to review them all. The rostering for certain areas has also been taken over to understand why bank and agency staff are being used when staff actually owe the Trust hours. She noted that sometimes HR processes do not provide support and that in some cases Occupational Health need to understand that flexible working patterns can have a massive impact.

Mrs Geary stated that Health Education England has asked the Trust to be involved with an ethical exchange programme in Scarborough which would require the Trust to accommodate a cohort of 20 nurses from Hyderabad in India. The nurses would be with the Trust for 3 years and then take modern and innovative practices back to India.

Mrs Geary also highlighted that the Trust is holding another recruitment market place on the 13 October 2016, this time in Scarborough. Mrs Adams noted that there remains pockets of high vacancy levels that these initiatives will help to fill.

Mrs Geary highlighted that the number of moderate and significant harm falls has continued to reduce and that falls prevalence is below the national line. The Trust has set another target to further reduce by 10%. She stated that a number of initiatives and shared learning had been put in place and themes identified included equipment, Ward 37 and Oak Ward. In relation to pressure ulcers there had been a 15% reduction in levels 3 and 4. Root cause analysis had identified some inaccurate assessment of risk around equipment and pressure relieving devices.

Mrs Adams identified that the Committee will look at Duty of Candour which has recently been audited in the Trust. Currently, between 1 and 2 apologies a month were being made, which she felt was low and that there was a large penalty of £10k for each patient if Trusts were not adhering to the new legislation.

Mrs Adams also highlighted that the Trust were revisiting the beverage service which had previously had the costs withdrawn.

Ms Symington thanked Mrs Adams for the comprehensive report from the Committee.

16/125 Arts Strategy

Ms Raper presented the Arts Strategy and stated that this is also received through the Workforce and Organisational Development Committee. She noted that the Arts Group includes representatives from HR, Estates, Trust Governors and clinical staff. She was also delighted to note that the Arts Team were fully staffed following a successfully appointed lead for the team. The need for the post went through vigorous challenge, but the appointment brings a vast network and experience to the position and will build and enhance external relationships. Ms Raper stated that the priorities have been refreshed

and delivery set out. She commended Mr Golding and the Estates Team for their engagement and facilitation of the projects.

The Board noted that the strategy was not about art as therapy, which is separate.

Ms Raper noted the financial challenges and stated that the merger of Scarborough brought with it HAFNEY which promotes this agenda on the East Coast and the two elements have not formerly joined as it is sometimes easier to use a twin approach.

Prof. Willcocks commended the strategy and the breadth of quality and engagement.

Mr Crowley stated that the strategy continues to be a priority.

The Board **approved** the strategy and asked to be kept advised of activities.

16/126 Workforce and Organisational Development Committee Minutes

Ms Symington stated that the Workforce and Organisational Development Committee has also discussed e-rostering and the work being conducted to unpick practices. There was some evidence that the establishment was not chronically short and that it was really helpful to have the Deputy Director of HR explain the custom and practices which had encroached on the system. The Committee were very interested in the piece of work and how things developed as this was central to patient care.

Mrs Geary stated that staff would always be of the opinion that there were not enough staff if asked even if fully established. The Trust was now looking at a very big piece of work around acuity of patients and this would require a cultural shift. This involved how sick patients were and if there was the right mix of staff available to care for them.

Mrs Rushbrook was pleased to note that when she had taken the Chair of NHSI onto AMU he had asked that question and a junior member of staff had responded that the ward was budgeted for staff, but the challenge was the vacancy factor. Mr Crowley stated that a change of narrative was needed and the e-rostering work was a fundamental part of this as the growth in the requirement for temporary staff was largely self-inflicted. He added that the amount of flexibility that had been created had been underestimated and that the principles had to be reinstated and firmly applied.

Prof. Willcocks stated that she was looking forward to a fuller discussion on apprenticeships and how the Trust could get the maximum out of the new system. Mr Proctor stated that this was actually broader than just the Trust and it was about how it was dealt with through the STP process as the growth of non-registered staff should not be at the expense of social care. He stated that a work stream was being set up with the Director of HR in Hull to look at this and the development of a career structure which was a big piece of work.

16/127 Workforce Metrics and Update Report

Mr Crowley noted that sickness absence and turnover rates were still relatively stable and the right side of regional averages. He noted that in relation to sickness absence rates two thirds of the number were in relation to long term sickness. Sickness absence management is currently being revised. The Trust turnover rate is the highest in the professional scientific and technical group of staff which reflects concerns raised at staff

surgeries that the Trust is good at recruiting and training lower bands, but is not good at retaining them. Progression across bands and the chance to progress will be explored.

Mr Crowley noted that the TRAC system in respect of automated recruitment package had been introduced and would provide greater visibility and accessibility.

Mr Crowley noted that work on the junior doctor contract was ongoing and that the Trust had recruited Lisa Smith to the position of Freedom to Speak up and Safer Working Guardian. The Trust is the only one to combine these roles which is receiving a lot of attention nationally.

Mr Crowley stated that the junior doctor strikes have been postponed. Mr Taylor stated that support for the strikes was draining away and that many junior doctors were unwilling to lose a significant amount of pay to participate. Prof. Willcocks noted that the junior doctor challenge to the imposed contract had been rejected.

Mr Crowley stated that work was being done to try to increase the return rate of the staff family and friends test. However, of those returned there had been an 80% positive return rate. He noted that prior to the merger rates at Scarborough had been lower than 30% and that it took time to genuinely restore confidence. Prof. Willcocks noted that HR were experimenting with new ways of getting staff to response.

16/128 Library and Knowledge Service Annual Report

Mr Proctor stated that this was a really positive report.

Ms Symington stated that she was impressed with the report and the way the information was laid out. She thanked Mr Proctor for the report.

It was noted that the library will be required to move back onto the York Hospital site when the lease at St. Johns expires. Mr Golding stated that the estates team were actively looking for space.

16/129 Finance and Performance Issues

Mr Keaney was pleased to note that despite the absence of a number of the usual attendees at the Committee there had been a good discussion with the deputies. He wished to bring 2 issues to the attention of the Board, which were key to the sustainability funding.

Mr Keaney stated that the Committee were assured by the Emergency Care Standard achievement, but highlighted the difference in achievement between Scarborough and York especially in light of the continued high bed occupancy rate at Scarborough. Mr Keaney was pleased with the news that the Trust was slightly ahead of the planned surplus, but there was still a risk around agency spend and ambulance hand overs. He also noted the massive amount of work in relation to Tap, Carter and the CIP programme and wished to know how the integration of these elements was proceeding.

Mrs Walters stated that the STP funding in relation to the ECS had been achieved, although the bed occupancy remained a significant challenge.. However, she stated that Scarborough's bed occupancy was 93% in August and it was imperative to align the bed provision, including transferring routine elective work to Bridlington.. She stated that

teams were working hard and the front door model was working effectively with the Clinical Navigator role providing a more effective management of patients. Root cause analysis work continues to be done following peak times, but the York site continues to rally on tough days.

In relation to Scarborough, there are a number of elements impacting on performance and that it is not just about the hospital. The acute medical model was being rolled out which involved the use of Advanced Clinical Practitioners, however, there had been a slow down experienced in the time to assessment and this may be due to the ACPs providing treatment as well as assessment.

Mrs Walters stated that there is a time out for the full team on the 17 October 2016 which will provide time to conduct a step by step RCA. She noted that Mr Taylor is looking at the rigor around ward rounds and time to review. She highlighted that the use of discharge status dates was critical on both sites to help the flow through the hospital. Mrs Walters noted that bed occupancy at Scarborough will remain an issue, but there were things which could be done in the short term. The time out the day before with the Scarborough physicians had been really positive and looked at both short term options and the medium to long term position with regard to recruitment.

Mrs Walters stated that with regard to out of hospital care, Mrs Scott was working with the Community Response Team to look at 3 key things in Scarborough; improving the community discharge liaison service, triaging all referrals into the out of hospital care service and redirecting 20% of patients into home based care with the aim of improving bed occupancy by pulling patients out into community beds. She stated that it was how the Trust integrated the community and hospital discharge liaison teams and then also create a team with the Local Authority which worked across the patch.

Mrs Walters stated that the Scarborough & Ryedale Community Response Team would provide cover to Scarborough and would hopefully be up and running in December to give the Trust a virtual bed capacity of 50 which would be a huge support. It was noted that the lack of investment by the CCG in intermediate care and community services remained a significant concern.

Mrs Scott stated that the virtual beds will provide the potential to manage patients over a 6 week period with up to 4 visits a day at home, which will keep the pressure off beds. This will also create capacity to step patients up and facilitate discharge which should provide a tangible impact.

Mrs Walters stated that the bed reconfiguration on the York site will establish an Acute Assessment Unit which will support patient flow and management and mean that patients can go straight from ED into the Unit. Unfortunately, there are constraints around the Scarborough site which necessitates the use of elective surgical wards over the winter.

Mrs Walters briefed the Board on the issues with the 18 week incomplete pathway which had been escalated to the risk register given the significant increase in backlog. Routine elective activity was stepped down as part of the winter plan last year and the remobilisation had not happened due to staffing and constraints on the use of agency staff. The staffing in theatres and the reduction of theatres lists had also had an impact. Further analysis was being done and a recovery plan put in place to reduce the overall position.

Mr Proctor noted that there is a higher proportion of majors to minors at Scarborough and the clinical mix is richer and not the same as the York mix of patients.

Mr Bertram was pleased to report that the finance position has stayed the right side of the planned position with a £1.8m surplus against a planned surplus of £700k. Nationally 160 Trusts were in the same position, with another 39 on target and 39 Trust which had failed to deliver and therefore would receive no STP funding.

In relation to cash performance the Trust had caught up the position following the receipt of 2 big payments.

Mr Bertram stated that the Trust had spent £8m on agency in the first 5 months of the year, which was £1m over trajectory, however this was a marked improvement on last year. He noted that the Single Oversight Framework links performance against the agency cap and that under this system the Trust would drop a point for being within 25% of the cap, however those within 50% would mean being put in special measures. A number of consultant appointments have been made and once they start work in the Trust, there would be some reduction in the agency spend going forward.

Mr Bertram stated that the TAP programme is still going and being formerly integrated into the work of the Carter Executive Steering Group, which is also looking at the use of the Corporate Improvement Team. He stated that an up to date report would be taken to the Finance and Performance Committee.

It was noted that a winter plan report would be brought to the Board in October.

Action: Mrs Walters to bring the Winter Plan to the Board in October.

Mrs Adams asked about the issues with the critical care, sepsis and antimicrobial prescribing CQUINs and it was noted that the Trust is doing significantly better than others in the STP footprint.

Mr Golding updated the Board on the recent purchase of Tanpit Lodge the satellite renal dialysis unit and that the sale of Groves Chapel had been completed

16/130 Business Case – 2014/15-56 Replacement of general x-ray equipment

Mr Bertram stated that this was a really straight forward business case, which he strongly recommended for approval. The replacement of equipment for radiology was part of the Board approved Capital Programme and a loan has been put in place with the FT finance facility. This also forms part of the radiology master plan at Scarborough. The case is seeking approval for £1.5m investment for the York and Scarborough sites and includes renewing old equipment and some enabling works. There are no revenue costs other than the capital financing costs. Mr Golding noted that the enabling works at Scarborough include work required for the new CT scanner.

Mr Sweet was pleased to see that the sustainability section had been added to the proforma.

The Board **approved** the replacement of general x-ray equipment business case.

16/131 Patient-Led Assessments of the Care Environment Results 2016

Ms Symington stated that it was really important for the Trust to maintain these standards and she was pleased with the positive outcome and thought that the presentation was helpful and interesting.

Mr Golding highlighted that this was an annual self-inspection, which used patient representatives. He noted the support from the Governors and Healthwatch to assist with the inspections. Mr Golding stated that in general the results were above the national average, but did highlight food at Scarborough which fell below. However, this area has not had the benefit of the new system of cook chill which has been introduced at Bridlington, but there are plans to roll it out to Scarborough next year. Mr Golding stated that a number of action plans have been produced as a result, which departments are working towards.

Mr Sweet expressed some concern with the privacy and dignity levels in the report. Mr Golding responded that a lot was due to the estate and there was also a level of subjectivity on the day of assessment. Mr Golding highlighted the new Lilac Ward at York which scored highly, but said that other areas of the Trust would have to be part of the long term Estates Strategy.

Ms Raper echoed the concern around privacy and dignity and also noted that there was some variation to the vertical axis of the graphs which made reading it more complex.

The Board welcomed the report and were pleased to note that volunteers who assist in the assessment receive a thank you letter and feedback meeting.

16/132 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on Wednesday 26 October 2016 at St Catherine's Hospice, Throxenby Lane, Scarborough

16/133 Any Other Business

Botox Service - Mr Crowley stated that the Board had received the following question from Ana Richards around the future of the botox service at Scarborough.

It has now been a year since the Botox Clinic at Scarborough ceased and left the high number of patients using the service, without an alternative, causing much distress, pain and discomfort.

This cannot be a satisfactory situation for those affected and for the statutory bodies responsible for service provision, I understood that the merger with York Teaching Hospital was not to create any inequality of service provision, which is clearly not the case with the Botox Clinic that was based at Scarborough. What plans do the Trust and local CCG have to resolve this dilemma for local patients who rely on Botox to alleviate their spasticity and when will this happen? I have asked similar questions during the year of both the Trust and CCG and the responses I have received I feel are not taken seriously and sadly still nothing has changed to address this legitimate concern.

Mr Crowley responded that unfortunately, the Botox service had to be suspended at Scarborough due to the retirement of a Consultant. In light of this retirement, the

opportunity to review the service was taken and work is underway with Scarborough & Ryedale CCG to review options for the provision of this service in the future.

A new Stroke Consultant was recruited in late Spring who is involved in the discussions. It is envisaged that confirmation of future arrangements will be made within the next couple of months.

Board Assurance Framework - Ms Symington drew everyone's attention to the Board Assurance Framework and highlighted the red areas which corresponded with the discussions at Board and still reflected the greatest risks to the Trust.

Ms Symington asked members of the Board to contact her with any feedback from the discussion with Ed Smith, the Chair of NHSI. She felt that the Trust had given a good account of itself and that it was important to take these opportunities.

Ms Symington stated that the second Shadow Board would take place on the 29 September 2016 and this involved the NED team and the second layer of managers down in the organisation. The agenda would be slightly different as it would contain items from both the public and private Boards. It was seen as a development opportunity and also a chance to debate items such as the Bridlington Business Case.

Ms Symington reminded the Board that the next meeting will be held in Scarborough.

Action list from the minutes of the 28 September 2016

Minute number	Action	Responsible office	Due date
16/129	Winter Plan to be brought to the Board	Mrs Walters	October 2016

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date
16/112	The Board to receive the refreshed Equality and Diversity objectives	Mr Golding	When available
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 Crowley	When available
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available

16/057 Communications Strategy Update	Present a further update on the Communications strategy at the November Board meeting.	Mrs Brown	November 2016
16/048 Environment and Estates Committee	Programme in a session on health and safety into the Board day	Mrs Provins	To plan

Board of Directors – 26 October 2016

Quality and Safety Committee Minutes – 18 September 2016

Action requested/recommendation

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

Executive Summary

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

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month

- Nurse Staffing
- Infection Prevention
- Serious Incident Reports

Clinical Effectiveness items for this month

- EPMA Update

. Patient Experience items for this month

- Patient Experience Quarter 2 Report

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

1. To highlight the successful Recruitment Market Place.
2. MRSA position discussion
3. To highlight the links between the deteriorating patient and sepsis CQUINs and the actions being taken.
4. To note the plans to work through the SI backlog.

The issues with the recruitment of renal dialysis staff.

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	Risks have been discussed as part of the committee meeting.
Resource implications	Resources implication detailed in the report.
Owner	Libby Raper, Non-Executive Director
Author	Lynda Provins, Foundation Trust Secretary
Date of paper	October 2016
Version number	Version 2

Quality & Safety Committee – 20 September 2016 Ward 35 Seminar Room, 3rd Floor, Junction 8, York Hospital

Attendance: Libby Raper (Chair), Philip Ashton, Diane Palmer, Helen Hey, Donald Richardson, Lynda Provins

Apologies: Jennie Adams, Beverley Geary, Jim Taylor

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 20 September 2016	The agenda covered the	The minutes of the meeting held on the 20 September 2016 were agreed.		
2.	Matters arising	following AFW and CRR items AFW CN & MD CRR CN 2, 6, 7, & 8 MD 1 - 4	The following matters arising were discussed and the action log updated. Item 1 – Radiology Risk – Board Walkround being arranged. Item 2 – Duty of Candour Internal Audit Report – DP has responded to the draft, final report being awaited. Item 3 – Invite Glenn Miller – move to January 2017 Item 5 – Invite CHKS – move to January 2017 Item 6 – DP noted that the Clinical Effectiveness Committee is being reviewed which should incorporate this action. Item 8 – Time Out at Scarborough – request sight of the action plan. Item 14 – Critical Care Action Plan Review – move to January 2017		
3	Risk Register for the Medical Director and Chief Nurse		Chief Nurse Risks CN2 – HH stated that recruitment is on track and that the 2 recent preceptorship sessions had seen all the new attendees turn up. HH stated that there was concern going into the winter period about opening any further escalation areas due to staffing issues. Off framework agency staffing had needed to	The Committee were assured with the continued focus on staff and noted the risk in relation to	

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>be used last year to staff these areas.</p> <p>CN6 – HH stated that education and training are on-going.</p> <p>CN7 – HH stated that the Trust remains below trajectory on C. Dif, but MRSA cases are up to 4 with a further case recently identified. Lengthy discussions have been held at the Quality and Safety Group and there is a mixed picture in respect of benchmarking locally. The Trusts with a score of 0 are being approached to enable sharing of ideas. No particular themes for the MRSA cases have been identified to date.</p> <p>In relation to Norovirus, HH expressed concern that the person that led the outbreak work for the commissioners was moving post and that consequently this may cause a loss of momentum.</p> <p>Medical Director Risks</p> <p>MD1 – DR stated that EPMA was currently going live on wards 33, 36 and 39 around take home drugs. Pharmacy and Junior Doctors had received training on Monday and trainers were being provided on the wards for the next couple of days. He stressed that this was a pilot to highlight any issues which can be rectified. The allergy work also came on line two weeks ago and a number of fixes to the system have been programmed in. PA noted that it would be interesting to see how this works on the ward. DR stated that this is just take home drugs currently, but hopefully when it goes live for in-patients, staff will be familiar with the processes and the focus can then be on nursing administration.</p> <p>HH stated that some of the nurse trainers for EPMA had found</p>	<p>escalation areas.</p> <p>The Committee were pleased to note the EPMA progress.</p>	<p>BG to update the Board on MRSA figures</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>new posts as they had been contracted to the end of March 2017, so roll out had been changed to happen over three months and other staff would need to be co-opted in as necessary. LR stated that broadly speaking it was better not to implement the whole system overnight as a roll out programme allowed the system to be reengineered as things are identified.</p> <p>MD2 - Medical staffing continues to be a pressure especially for Scarborough. There are posts being appointed to and cross site cover is being provided in critical care, radiology and respiratory.</p> <p>MD3 – DR stated that waste disposal units have been placed at the exits on wards and the doctor’s messes. There are also reminders given for the new doctors in. LR stated that it would be useful to review any reports coming in to see if this had worked. DP was asked to check the comment about an information governance awareness week to be held in November 2017.</p> <p>Action: DP to check on whether the date was correct for the Information Governance awareness week</p> <p>MD4 – DR stated that there are training links between the work on the deteriorating patient and sepsis. The policy is being reinforced as juniors do struggle with some of the expectations especially around escalation when a more senior doctor should be called.</p> <p>DR explained the issues with the CQUINs, one of which required a reduction in the use of antibiotics and another to do with sepsis which required fast use of a broad spectrum antibiotic if certain criteria were met. Next year the 2 CQUINs</p>	<p>The Committee were assured by the focus and work being carried out on sepsis</p>	<p>JT to raise links between deteriorating patient and sepsis CQUINs at Board</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>are being brought together.</p> <p>Month on month ED are making improvements in the screening of patients for sepsis, but this can be hampered by staff changes and patient flow. Although the Trust is not hitting the CQUIN, there are on-going discussions with the CCG to get recognition of the month on month improvements.</p> <p>It was recognised that nationally Trusts are struggling, but the flow needs to be right to ensure patients are seen by a doctor in 15 minutes to allow all the screening to be done and antibiotics given in 60 minutes to achieve the target. An algorithm is in place and the Trust has developed a screening tool which is linked to the electronic system. It was confirmed that triage is happening and things are getting quicker and DR stated that the NEWS score is being used to escalate patients.</p> <p>This has been in place for 18 months, but the second part which is about inpatients and recognising that deterioration may be due to sepsis has been in place for 6 months. DP stated that achievement of this is variable and a study day has been put in place to raise awareness, but she noted that it takes time to bring about change. PA stated that anything that shaves minutes off the treatment has to be seen as good for the patients. DP will circulate the information regarding the study day.</p> <p>Action: DP to circulate information about the Sepsis Awareness Day</p> <p>The Committee discussed ED vacancies, ACP recruitment and the new model of care in ED.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>DR noted that the CCG have funded the staffing for the critical care bed, but it takes 5.6 nurses for one bed so this requires recruitment.</p> <p>DR also highlighted that the Trust has issues with renal dialysis capacity as there is an issue recruiting staff, which means that the unit is not fully utilised. DR stated that it is a specialised job and new staff require 6 months of training. LR stated that this needed to be flagged to the Board and Workforce and Organisational Development Committee.</p> <p>Action: WF & OD Committee need to be made aware of the issue with recruitment of renal dialysis staff</p>		<p>JT to raise issues with recruitment of renal dialysis staff at Board</p>
4.	Chief Nurse Report		<p>Bed Remodelling – HH stated that all staff have been provided with their first or second choice of location and letters informing them will be generated this afternoon. PA asked about the go-live date. HH stated that staff require notice for a change in terms and conditions. It had been decided to give all staff the same notice and staff were being asked in the letter to agree to bring the start date forward to mid-December.</p> <p>Recruitment Marketplace - LR had received feedback that this had gone really well. HH noted that there had been approximately 500 people attend and 20 registered nurses had been recruited along with domestics and porters. LP stated that the feedback from Governors had been really good and a number of new members had also been recruited. HH stated that she would find out whether any new volunteers had been recruited.</p> <p>Action: HH to find out whether any volunteers were recruited at the recruitment marketplace.</p> <p>Fit Testing – HH explained that fit testing related to the masks required if there was a flu outbreak. Staff need to be trained to</p>	<p>The Committee were assured regarding the successful recruitment marketplace.</p>	<p>BG to highlight the Recruitment Marketplace at Board.</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>ensure that masks are properly fitted and provide protection. Staff will be trained through October and November.</p> <p>Nurse Rostering – PA stated that the Committee continue to be fascinated by the nurse rostering project and asked about the wards already using rostering at Scarborough and whether assurance could be given that old variations will be revised. HH noted that central rostering had previously been in place at Scarborough, but that it had not worked and this move was to introduce e-rostering on one ward at a time to promote better ownership. The first ward will be evaluated after 4 to 6 weeks. She stated that the system does not resolve ward leadership and it is about application of the policy. This introduction will strip back the flexible working and start afresh. Previously sisters and ward managers have tried to work flexibly because of the worry of losing staff.</p> <p>Night Owl Initiative – LR thought this was excellent and asked for an update in order to see any evidence of improvement. HH stated that the National Inpatient Survey will be out in May so it may be opportune to provide an update at that point.</p> <p>Action: Night Owl Initiative update following receipt of the National Inpatient Survey.</p> <p>Nurse Staffing including care hours per patient – HH raised no concerns regarding staffing levels. She did highlight the Bridlington figures, but this had been due to the ward being shut at night. HH noted that no national information had been received as yet, but the data continues to be submitted for care hours per patient per day.</p> <p>LR asked about vacancies in stroke wards and HH stated that this was not flagging as an issue, but she would look at the figures and report back to the Committee.</p>	<p>The Committee continue to focus on Nurse rostering and ensuring changes are implemented</p>	

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>Action: HH to report back on stroke ward vacancies.</p> <p>Patient Experience Quarter 2 Report – HH noted that there had been an increase in the figures for orthopaedics, which related to ward 28. She noted that an action plan has been drafted and that the CD for Orthopaedics had been really engaged in the work.</p> <p>Friends and Family Test – LR was concerned that there are minimal response rates in some areas on which to base actions and she asked whether information was triangulated. HH stated that this was all about triangulation of information and there were on-going discussions about using other mechanisms which would provide real time patient feedback.</p> <p>Patient Experience Volunteers – HH noted that this is a new concept being trialled. It is about having volunteers as listening ears to enable them to report patient experience back to the Patient Experience Team. LR stated that this required close monitoring, but that the Committee would be interested in any findings.</p> <p>Action: Patient Experience Volunteer findings to be reported back to the Committee</p> <p>John’s Campaign – The committee noted the positive actions to date but queried the level of visible deliverables from the patient/carer perspective. HH stated that open visiting times have been agreed and a campaign to launch this will be worked up with the Head of Communications. She highlighted that sisters/ward managers will need to have the competence and confidence to manage this, but that ultimately it is at their discretion. Opening will be 11am to 8pm on all sites.</p> <p>Quarterly DIPC Report – HH stated that a number of things have been touched on already. The IPC team will be devoting a large proportion of their next meeting to discuss the increase</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>in MRSA cases. She noted that post infection reviews were getting better and delivery was now timelier with all of the 2015-16 reviews having been completed, however, there was still a lack of medical engagement on some occasions and this had been escalated to the Chief Nurse and Medical Director.</p> <p>HH stated that there had been no closures currently due to Norovirus, but if any occur there was a need to ensure all agencies get involved.</p>		
5.	Medical Directors Report		<p>DP noted the shorter report and highlighted the following:</p> <ul style="list-style-type: none"> • SIs have not been included – a bundle of SIs for information is being pulled together and also individual SIs are being identified which warrant discussion. This is to tackle the backlog and these will be brought to the next meeting following submission to Executive Board. <p>Action: SI backlog to be brought to the next meeting.</p> <ul style="list-style-type: none"> • Latest SHMI data not included – there is a national problem with the benchmarking data. <p>PA supported the work on SIs as this will identify the ones which require urgency and promote timely lessons learnt.</p> <p>Continually Learn – LR highlighted that 2 out of hours walk rounds have taken place and more are being scheduled for next year. She stressed the need to get the dates out due to busy diaries.</p> <p>Influenza Campaign – HH stated that as of today 35% of staff had received the vaccination. The Committee noted that this would be a tough target to achieve. DR stated that the use of the canteen was brilliant, but not everyone gets down to the canteen. HH highlighted an ophthalmology nurse who had been trained to administer the vaccine in order that she could go back and vaccinate the rest of the department.</p>		JT to raise the SI plan to address the backlog at Board.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>Patient Safety Group – LR stated that this update was very helpful. PA asked about the Junior Doctor incident reporting project. DP stated that the paper reports had been trialled due to concerns with anonymity, but contact details had been provided on all the forms submitted, which suggested that anonymity was not the problem. Other comments have been that paper incident reports are easier to fill in, especially if staff cannot access a computer.</p> <p>PA stated that the Committee was interested in further feedback as data quality as well as feedback and learning was a really important issue. DP agreed to put further reference to this in next month's report.</p> <p>Action: DP to provide further information on the trial of paper incident forms in the next Medical Director's Report.</p>		
8.	Any other business		<p>Risk Register Roundup – The Committee were assured that the risks contained in the register had received significant focus during the meeting.</p> <p>Items for the Board:</p> <ul style="list-style-type: none"> Recruitment Marketplace MRSA position Sepsis and deteriorating patient – complications with connectivity and assurance of the actions being taken. SIs - plan to improve the process Recruitment of dialysis staff and knock on effect on ITU. 		
9.	Next Meeting		<p>The next meeting is arranged for 22 November 2016, 1.30pm to 3.30pm in the Neurosciences Resource Room.</p>		

Quality & Safety Committee – Action Log – October 2016

No.	Month	Action	Responsible Officer	Due date	Completed
1	Sept 2016	To provide an update on the options being looked at with regard to the new radiology risk – Discussion at Sept Board. Board walkround of Radiology being organised by LP	Foundation Trust Secretary	Nov 16	
2	Sept 2016	The Committee Requested feedback from the internal audit of Duty of Candour. DP has responded to the draft, final report being awaited.	Medical Director (Health Care Governance)	When the audit complete	
3	Sept 2016	To invite Glenn Miller, Clinical Effectiveness Chair	Foundation Trust Secretary	Nov 16 – moved to Jan 17	
4	Sept 2016	Committee to receive additional assurance from mortality review group	Deputy Director of Patient Safety	Dec 16	
5	Aug 2016	To invite a representative from CHKS to talk the Committee through the system	Deputy Director for Patient Safety	Nov 16– moved to Jan 17	
6	Aug 2016	To discuss with the Deputy Director of Healthcare Governance a simple system to flag concerns with National Audits - DP noted that the Clinical Effectiveness Committee is being reviewed which should incorporate this action.	Deputy Director for Patient Safety	Nov 16	
8	Jun 2016	Outcome of discussions with CD for Medicine and action plan (time out 27.09.16) – The Committee to request sight of the action plan	Foundation Trust Secretary	Nov 16	
14	Jul 2016	Review the Critical Care Action Plan at the end of the year	Medical Director	Dec 2016 – moved to Jan 17	
16	Jul 2016	Annual National Cardiac Arrest Audit with trends and benchmarks to be presented when published	Deputy Director for Patient Safety	Nov 2016	
17	Oct 2016	MD2 – Risk Register DP to check on whether the date was correct for the Information Governance awareness	Deputy Director for Patient Safety	Nov 2016	

		week			
18	Oct 2016	DP to circulate information about the Sepsis Awareness Day	Deputy Director for Patient Safety	Nov 2016	
19	Oct 2016	WF & OD Committee need to be made aware of the issue with recruitment of renal dialysis staff	Foundation Trust Secretary	Nov 2016	
20	Oct 2016	HH to find out whether any volunteers were recruited at the recruitment marketplace.	Deputy Chief Nurse	Nov 2016	
21	Oct 2016	Night Owl Initiative update following receipt of the National Inpatient Survey.	Deputy Chief Nurse	Following receipt of National Inpatient Survey – May 2017	
22	Oct 2016	HH to report back on stroke ward vacancies.	Deputy Chief Nurse	Nov 2016	
23	Oct 2016	Patient Experience Volunteer findings to be reported back to the Committee	Deputy Chief Nurse	March 2017	
24	Oct 2016	SI backlog to be brought to the next meeting.	Deputy Director for Patient Safety	Nov 2016	
25	Oct 2016	DP to provide further information on the trial of paper incident forms in the next Medical Director's Report.	Deputy Director for Patient Safety	Nov 2016	

Actions are removed following closure. These can be seen on previous sets of minutes.

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Patient Safety and Quality Performance Report

October 2016

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 2016/17	Monthly Target/ Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Litigation - Clinical Claims Settled	-	-	5	10	4	5	1	2	3	6	2	5	9	5
Complaints	-	-	42	38	28	25	40	46	36	30	33	33	50	44

Care of the Deteriorating Patient	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
12 hour Post Take - York	85%	85%	86%	85%	84%	85%	85%	87%	90%	84%	87%	83%	85%	82%
12 hour Post Take - Scarborough	80%	80%	59%	56%	56%	55%	53%	64%	63%	60%	58%	58%	52%	52%
14 hour Post Take - Trust	100%	100%	83%	80%	82%	81%	80%	86%	85%	83%	84%	82%	80%	79%
Acute Admissions seen within 4 hours	80%	80%	85%	83%	77%	84%	85%	84%	87%	83%	81%	87%	81%	74%
NEWS within 1 hour of prescribed time	90%	90%	86.3%	87.1%	87.3%	87.2%	85.6%	85.2%	86.8%	87.6%	87.1%	87.7%	87.8%	88.1%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	Q1 91% Q2 91% Q3 93% Q4 93%	91%	88%	88%	90%	88%	93%	94%	89%	87%	86%	88%	88%	88%

Measures of Harm	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Serious Incidents	-	-	22	19	13	11	27	21	17	12	31	15	17	12
Incidents Reported	-	-	1279	1358	1269	1313	1370	1312	1281	1195	1226	1245	1211	1034
Incidents Awaiting Sign Off	-	-	839	889	1149	1344	1389	1348	987	780	724	686	763	813
Patient Falls	-	-	287	308	281	314	315	274	273	236	255	225	218	194
Pressure Ulcers - Newly Developed	-	-	62	82	58	61	69	86	68	73	62	56	68	96
Pressure Ulcers - Transferred into our care	-	-	119	147	159	145	132	126	125	117	123	150	109	61
Degree of harm: serious or death	-	-	9	12	5	8	7	7	7	4	11	9	12	8
Degree of harm: medication related	-	-	121	112	102	105	97	132	129	118	107	142	143	110
VTE risk assessments	95%	95%	97.2%	98.5%	97.9%	98.2%	98.4%	98.5%	98.6%	98.9%	98.7%	98.6%	98.3%	98.5%
Never Events	0	0	0	0	0	0	1	0	1	0	1	1	1	0

Drug Administration	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Insulin Errors	-	-	11	8	9	6	6	16	7	9	10	9	10	8
Omitted Critical Medicines	-	-	9	12	11	16	17	11	19	13	12	8	15	17
Prescribing Errors	-	-	29	21	23	21	24	27	26	28	25	33	41	29
Preparation and Dispensing Errors	-	-	14	10	9	17	10	10	15	13	13	13	13	12
Administrating and Supply Errors	-	-	56	51	50	45	39	68	60	57	46	64	56	40

Safety Thermometer	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
% Harm Free Care - York	-	-	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%
% Harm Free Care - Scarborough	-	-	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%
% Harm Free Care - Community	-	-	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%
% Harm Free Care - District Nurses	-	-	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%

Mortality Information	Target/Threshold 2016/17	Monthly Target/Threshold	Jul 12 - Jun 13	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
Summary Hospital Level Mortality Indicator (SHMI)	100	100	101	97	98	99	102	103	101	101	99	99	99	100

Infection Prevention	Target/Threshold 2016/17	Monthly Target/Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Clostridium Difficile - meeting the C.Diff objective	48 (year)	48 (year)	5	3	7	7	5	3	3	1	3	3	2	1
Clostridium Difficile -meeting the C.Diff objective - cumulative	48 (year)	48 (year)	40	43	50	57	62	65	3	4	7	10	12	13
MRSA - meeting the MRSA objective	0	0	0	0	0	1	1	0	1	0	1	0	2	0
MSSA	30 (year)	30 (year)	6	2	2	2	2	3	9	2	2	2	5	0
MSSA - cumulative	30 (year)	30 (year)	26	28	30	32	34	37	9	11	13	15	20	20
ECOLI			7	8	8	11	15	7	5	5	7	8	14	10
ECOLI - cumulative			47	55	63	74	89	96	5	10	17	25	39	49
MRSA Screening - Elective	95%	95%	82.3%	79.9%	89.9%	78.2%	69.2%	74.1%	82.9%	84.5%	85.8%	89.8%	83.3%	84.2%
MRSA Screening - Non Elective	95%	95%	71.5%	72.7%	79.7%	75.6%	73.9%	75.6%	82.2%	83.6%	84.2%	86.6%	86.5%	85.9%

Stroke (one month behind due to coding)	Target/Threshold 2016/17	Monthly Target/Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Proportion of patients spending >90% on their time on stroke unit	80%	80%	92.2%	89.0%	92.4%	88.2%	86.9%	82.4%	84.9%	92.1%	85.2%	82.9%	88.3%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	76.5%	76.9%	81.8%	87.5%	85.7%	100.0%	88.9%	100.0%	68.8%	79.0%	n/a	1 month behind
Scanned within 1 hour of arrival	50%	50%	44.4%	77.8%	75.0%	82.4%	70.0%	72.2%	73.3%	76.2%	50.0%	60.0%	54.2%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	96.7%	90.4%	97.1%	92.6%	95.4%	90.8%	93.4%	94.1%	93.2%	92.9%	93.5%	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 2016/17	Monthly Target/Threshold	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
AMTS Screening	90.0%	90.0%	96.2%	92.0%	88.6%	94.2%	90.1%	89.7%	92.1%	91.3%	90.4%	92.5%	85.4%	86.5%



Patient Experience	Measures of Harm	Infection Prevention	Quality and Safety - Miscellaneous
<p>284 PALs contacts were recorded across the Trust in September. There were 30 complaints at York and 14 at Scarborough in September; a total of 226 have been reported year to date.</p> <p>The Friends & Family Test (FFT) is no longer a CQUIN but forms part of the Trust's Commissioner contracts. The Trust achieved a 27.9% response rate to the Inpatient FFT in September. A total of 2,897 responses were received from Inpatients across the Trust. The 90% target for the % of respondents recommending the Trust was achieved across all sites.</p> <p>The Trust achieved a 16.6% response rate to the ED FFT in September (York: 17.4%, Scarborough 13.6%). The Trust is yet to achieve the 90% target for the % of respondents recommending the ED departments.</p> <p>The Trust saw a drop in responses to the Community FFT in September and achieved a 1% response rate. Despite this, the Trust has continued to consistently achieve the 90% target for the % of respondents recommending the Trust. Response rates to the Maternity FFT saw an improvement in September. Of note, the Postnatal wards achieved a 56.4% response rate and Labour saw an improvement to 46.1%.</p>	<p>No Never Events were declared in September. 2 were declared in Q2 under 'Wrong Site Surgery' and 'Wrong Route Administration'.</p> <p>12 Serious Incidents were declared in September (8 x York, 1 x Scarborough, 1x Bridlington & 2 x Community).</p> <p>4 of the SIs were attributed to 'clinical incident', 6 were attributed to 'slips, trips and falls' and 2 to pressure ulcers. A total of 104 SI's have been declared YTD.</p>	<p>0 cases of healthcare associated MRSA bacteraemia were identified during September. 4 have been declared YTD, 2 at York and 2 at Scarborough.</p> <p>1 case of Cdiff was identified in September, this takes the YTD total to 13. The yearly threshold for 2016/17 remains at 48 cases however monthly allocation allows for more cases during the winter months. The Trust is currently within threshold.</p> <p>0 MSSA cases were identified during September. A total of 20 cases have been identified YTD.</p> <p>10 cases of E-Coli were identified during September. A total of 49 cases have been identified YTD.</p>	<p>Stroke (reported 1 month behind due to coding) Targets achieved for 90% stay on a stroke ward, urgent scans within 1 hour and scans within 24 hours for August. Data currently unavailable for High Risk TIA patients seen within 24 hours.</p> <p>Cancelled Operations 3 operations were cancelled within 48 hours of the TCI due to lack of beds in September; this is within the monthly maximum of 65.</p> <p>Cancelled Clinics/Outpatient Appointments 222 clinics were cancelled with less than 14 days notice across the Trust in September; 147 at York and 75 at Scarborough. 909 outpatient appointments were cancelled for non clinical reasons; 502 at York and 407 at Scarborough.</p> <p>Ward Transfers between 10pm and 6am The number of inappropriate ward transfers saw an increase in September to 93 but remain within the monthly maximum threshold of 100. The Trust has consistently achieved this target YTD.</p> <p>AMTS The Trust failed to achieve the 90% target for AMTS screening for the second consecutive month. Performance was 86.5% in September, a slight improvement on August (85.4%).</p>
Care of the Deteriorating Patient	Drug Administration	Mortality	CQUINS update (Operations Team)
<p>The Trust achieved 70% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in September. Performance has deteriorated month on month since April 2016. Scarborough achieved 52% in September, York 82%.</p> <p>The Trust achieved 73.9% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. This is the first time the Trust has failed to achieve this target since December 2015.</p> <p>The Trust has an internal target of 90% of routine observations being undertaken within 1 hour of the prescribed time. The Trust has continually failed to achieve target throughout 2015/16 and achieved 88.1% in September.</p>	<p>There were 8 insulin errors reported in September; 3 at York, 4 at Scarborough and 1 Community. A total of 53 have been reported YTD.</p> <p>29 Prescribing errors were reported in September; 14 at York, 13 at Scarborough and 2 Community. A total of 182 have been declared YTD.</p>	<p>The latest SHMI report indicates the Trust to be in the 'as expected' range. The April 2015 - March 2016 SHMI saw a 1 point increase for the Trust and York, and a 1 point reduction for Scarborough. Trust - 100, York 95 and Scarborough 107.</p> <p>There were 160 Inpatient deaths across the Trust in September, including 93 at York and 54 at Scarborough.</p> <p>7 ED deaths were reported in September at York and 3 at Scarborough.</p>	<p>The Trust will receive payment for CQUINS in Q1 in line with predictions; full payment with the exception of Sepsis Screening in ED and Adult Critical Care Timely Discharge, both of which will receive partial payment. Targets for the two Sepsis CQUINS are being negotiated with the CCGs for future quarters, and work is on-going in Adult Critical Care to reduce delayed discharges where possible.</p>

Litigation

Indicator	Site	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Clinical Claims Settled	York	3	1	1	1	4	0	2	7	4
	Scarborough	2	0	1	2	2	2	3	2	1

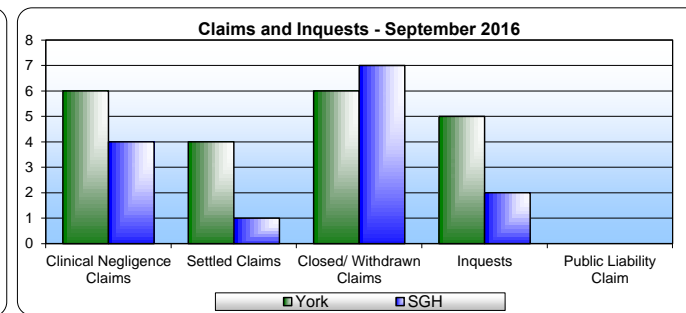
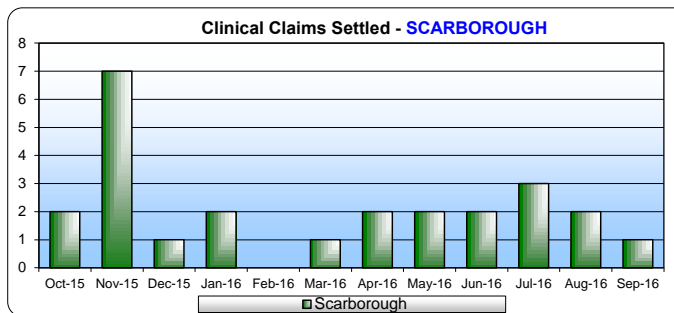
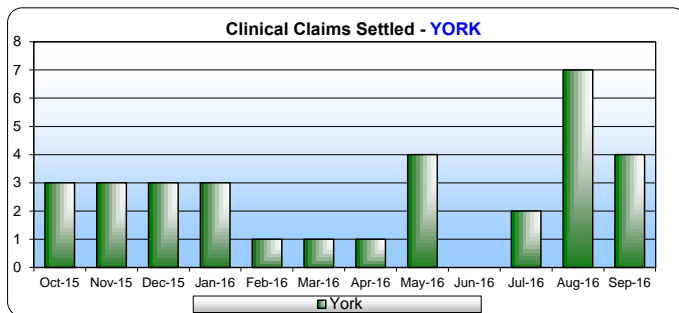
5 clinical claims were settled in September; 4 at York and 1 at Scarborough.

6 clinical negligence claims were received for York site and 4 were received for Scarborough. York had 6 withdrawn/closed claims and Scarborough had 7.

There were 7 Coroner's Inquests heard in September; 5 York & 2 Scarborough.

Litigation

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Clinical Claims Settled source: Risk and Legal	York	3	3	3	3	1	1	1	4	0	2	7	4
	Scarborough	2	7	1	2	0	1	2	2	2	3	2	1



Themes for Clinical Claims Settled 01 Jan 2012 to 09 Dec 2015

Incident type	York Number	Damages	Sboro Number	Damages
Anaesthetic error	1	£27,500	0	£0
Delay in treatment	2	£1,176,000	8	£4,886,655
Failure to act on CTG	1	£13,500	0	£0
Failure to adequately interpret radiology	7	£53,150	6	£76,463
Failure to diagnose/delay in diagnosis	2	£4,500	1	£45,000
Failure to investigate further	11	£1,198,619	11	£1,211,971
Failure to refer to other speciality	4	£2,047,500	0	£0
Failure to retain body part	1	£25,000	0	£0
Inadequate consent	2	£12,500	3	£79,000
Inadequate examination	4	£147,500	3	£149,847
Inadequate interpretation of cervical smear	1	£37,500	0	£0
Inadequate nursing care	6	£67,000	6	£35,500
Inadequate procedure	2	£10,130	2	£48,750
Inadequate surgery	9	£1,103,750	9	£593,066
Inappropriate discharge	1	£315,000	3	£18,000
Intraoperative burn	3	£25,000	1	£5,000
Lack of appropriate treatment	2	£45,672	6	£407,196
Lack of risk assessment/action in relation to fall	2	£24,250	0	£0
Lack of risk assessment/action in relation to pressure ulcer	1	£7,000	1	£50,000
Maintenance of equipment	1	£5,000	0	£0
Not known	0	£0	3	£60,000
Prescribing error	2	£22,500	0	£0
Lack of monitoring	1	£150,000	1	£80,000
Results not acted upon	6	£47,500	2	£352,000

Patient Experience

PALS Contacts

There were 284 PALS contacts in September.

Complaints

There were 44 complaints in September; 30 attributed to York and 14 attributed to Scarborough.

New Ombusman Cases

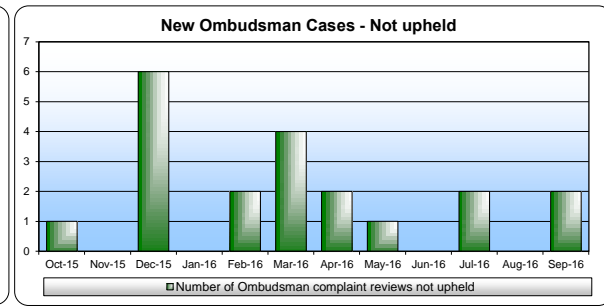
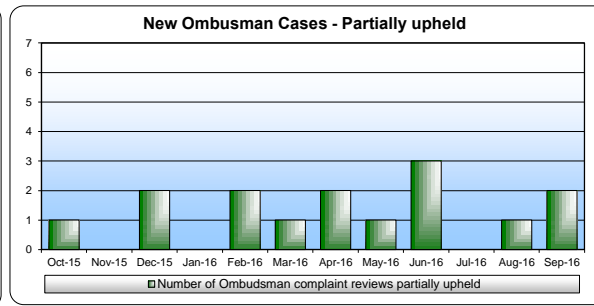
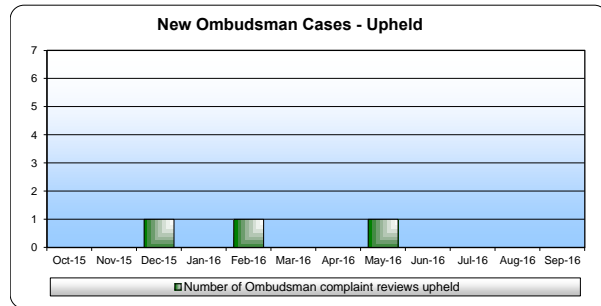
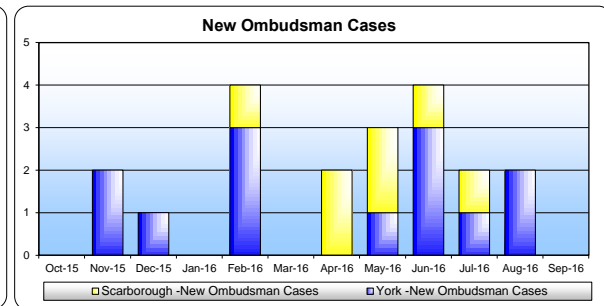
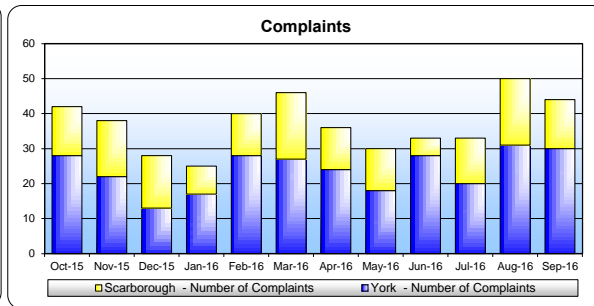
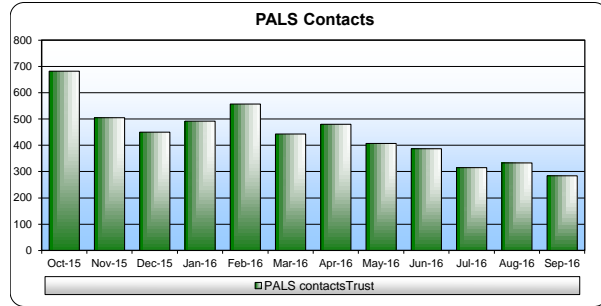
There were no New Ombusman Cases in September.

Compliments

27 compliments were received by the Chief Executive in September 2016. This is in addition to the the many cards and letters received directly by wards and departments.

Patient Experience

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
PALS contacts	Trust	682	505	450	492	557	443	480	407	387	315	333	284
Complaints	Trust	42	38	28	25	40	46	36	30	33	33	50	44
New Ombudsman Cases	Trust	0	2	1	0	4	0	2	3	4	2	2	0
New Ombudsman Cases - Upheld	Trust	0	0	1	0	1	0	0	1	0	0	0	0
New Ombudsman Cases - Partially upheld	Trust	1	0	2	0	2	1	2	1	3	0	1	2
New Ombudsman Cases - Not upheld	Trust	1	0	6	0	2	4	2	1	0	2	0	2



Compliments received by Chief Executive

Directorate	Q3 2015/16	Q4 2015/16	Q1 2015/16	Jul-16	Aug-16	Sep-16
Acute & General Medicine	10	5	14	4	10	3
AHP	2	1	2	0	5	1
Anaesthetics/Theatres & Critical Care	2	3	8	2	3	2
Child Health	0	0	1	2	1	1
Community Services	0	1	0	0	2	0
Elderly Medicine	2	7	15	4	6	5
Emergency Medicine	9	15	20	16	22	5
Estates and Facilities	0	0	3	0	1	0
General Surgery & Urology	7	14	15	9	6	4
Gynaecology/Obstetrics	1	3	6	9	1	0
Head & Neck	2	1	3	4	2	1
Human Resources	0	0	1	1	0	0
Nursing and Improvement	0	0	1	6	3	2
Ophthalmology	3	5	8	3	2	0
Radiology	0	0	6	0	0	1
Specialist Medicine	10	3	10	5	0	2
Trauma & Orthopaedics	4	5	9	5	6	0
Unknown/no directorate given	13	1	0	1	3	0
Total	65	64	122	71	73	27

Patient Experience

Complaints and PALs contacts breakdown - September 2016

Complaints by directorate/division (Datix)	All Sites
Allied Health Professionals	1
Acute & General Medicine	6
Child Health	3
Community Services	3
Elderly Medicine	2
Emergency Medicine	6
Estates and Facilities	0
General Surgery & Urology	3
Head and Neck and Ophthalmology	3
Laboratory Medicine	0
Obstetrics & Gynaecology	5
Operations	1
Orthopaedics and Trauma	5
Pharmacy	0
Radiology	3
Specialist Medicine	3
TACC	0
Other	0
TOTAL	44

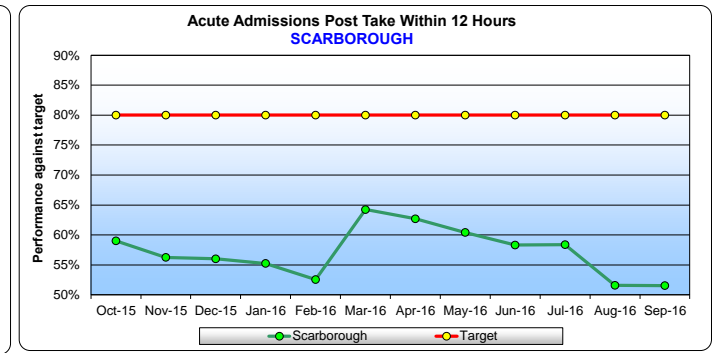
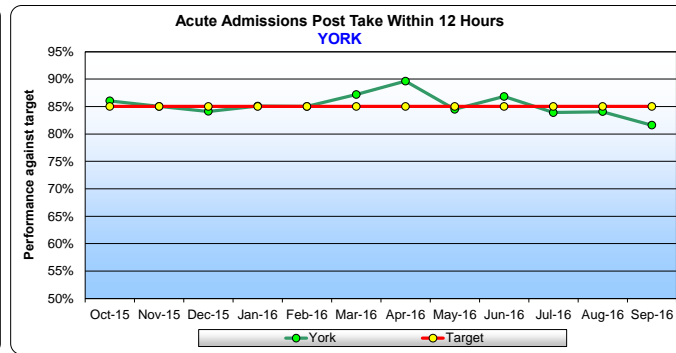
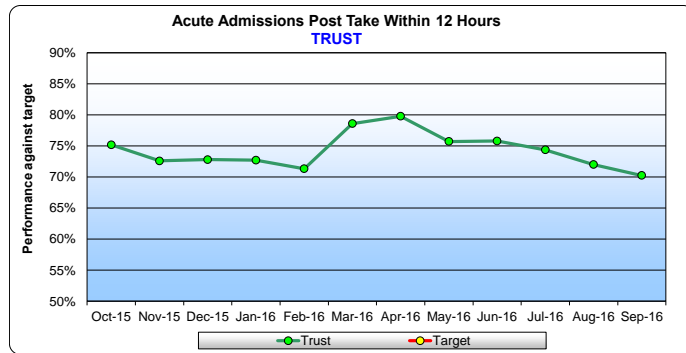
PALS Contacts by Subject	All Sites
Access to Treatment or Drugs	16
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	17
Appointments	60
Clinical Treatment	28
Commissioning	1
Communication	51
End of Life Care	1
Facilities	8
Integrated Care (including Delayed Discharge Due to Absence of a Care Package)	0
Patient Care	12
Patient Concerns	9
Prescribing	2
Privacy, Dignity & Respect	1
Staff Numbers	0
Transport	5
Trust Admin/Policies/Procedures Inc. pt. record management	47
Values and Behaviours (Staff)	18
Waiting Times	8
Total	284

Complaints by subject (Datix)	All Sites
Access to treatment or drugs	0
Admissions, Discharge and Transfer Arrangements	10
All aspects of Clinical Treatment	43
Appointments, Delay/Cancellation	3
Commissioning	0
Comms/info to patients (written and oral)	21
Complaints Handling	0
Consent	0
End of Life Care	0
Facilities	3
Mortuary	0
Others	0
Patient Care	14
Patient Concerns	1
Prescribing	3
Privacy and Dignity	3
Restraint	0
Staff Numbers	1
Transport	0
Trust Admin/Policies/Procedures	4
Values and Behaviours (Staff)	12
Waiting times	0
TOTAL	118

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'.

Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	57%	57%	60%	54%	58%	52%	52%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	85%	85%	87%	83%	84%	84%	82%

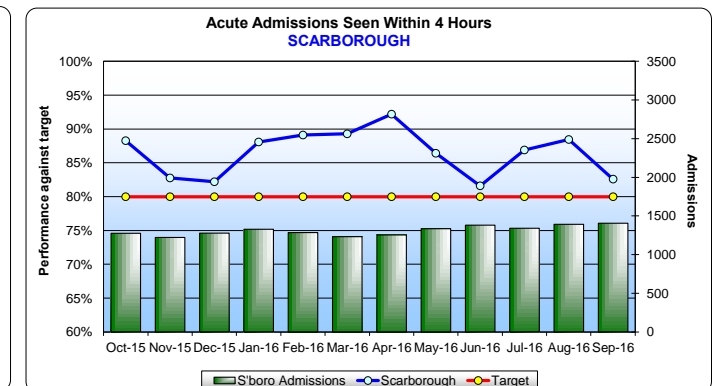
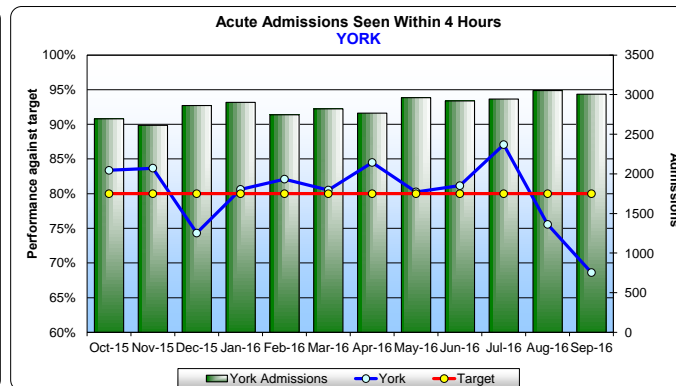
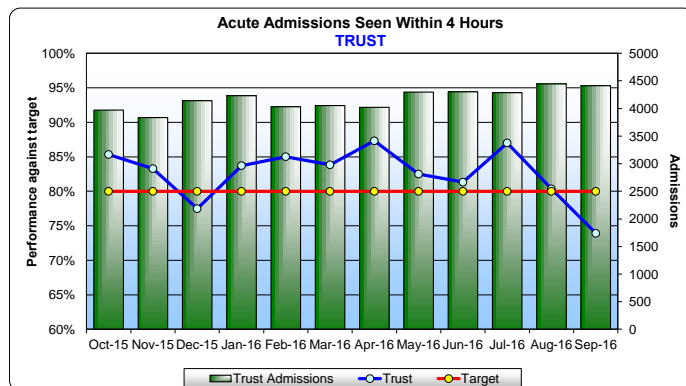


Care of the Deteriorating Patient:
All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)

Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI

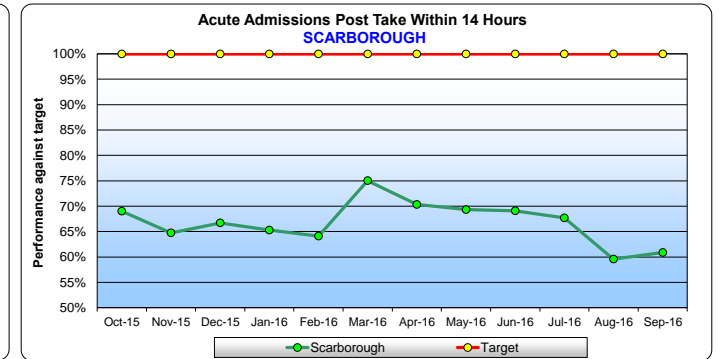
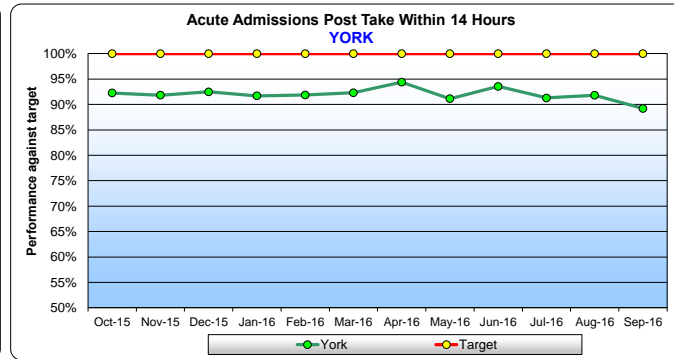
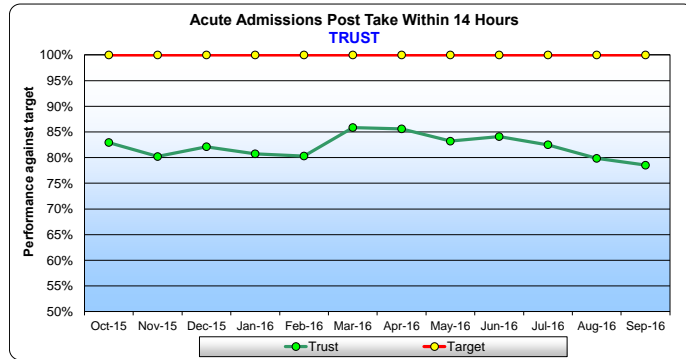
80% by site

82.0%	84.0%	83.7%	80.4%	87.0%	80.3%	73.9%
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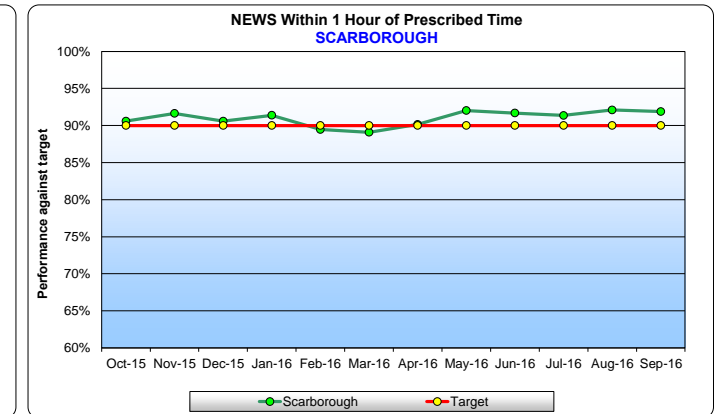
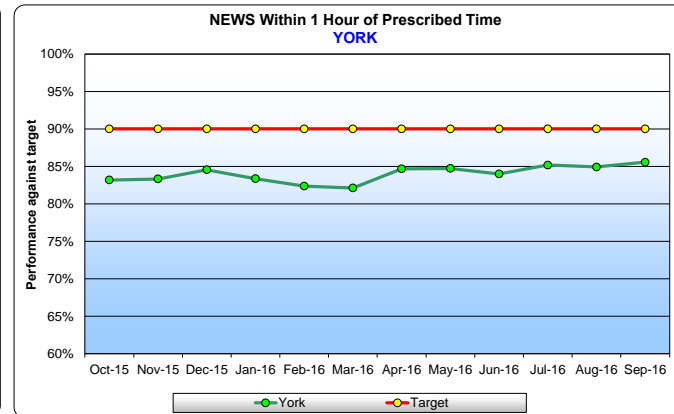
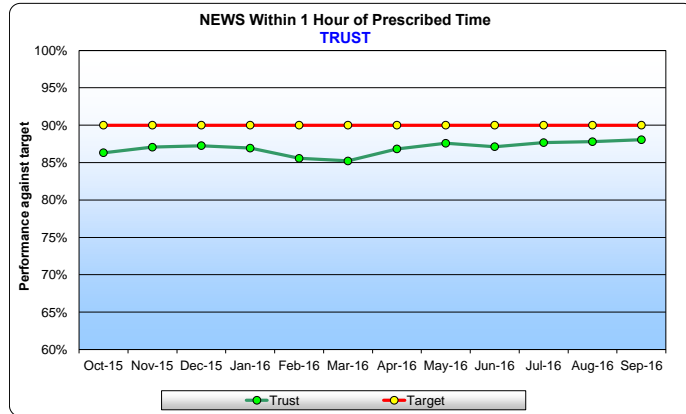


Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
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		81.8%	82.3%	83.9%	80.3%	82.5%	79.8%	78.5%



Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
NEWS within 1 hour of prescribed time	None - Monitoring Only		86.9%	85.9%	87.3%	87.9%	87.7%	87.8%	88.1%



Measures of Harm

Serious Incidents (SIs) declared (source: Datix)

There were 12 SIs reported in September; York 8, Scarborough 1, Bridlington 1 & Community 2.
Clinical Incidents: 4; all at York.
Slips Trips & Falls: 6; York 3, Scarborough 1, Bridlington 1 & Community 1.
Pressure Ulcers: 2; York 1 & Community 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 September there were 94 reports of patients falling at York Hospital, 54 patients at Scarborough and 46 patients within the Community Services (194 in total). For the same period last year there were a total of 323, however figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)

The total number of incidents reported in the Trust during September was 1,034; 561 incidents were reported on the York site, 335 on the Scarborough site and 138 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)

At the time of reporting there were 813 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)

During September 39 pressure ulcers were reported to have developed on patients since admission to York Hospital, 23 pressure ulcers were reported to have developed on patients since admission to Scarborough and 34 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 September 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.

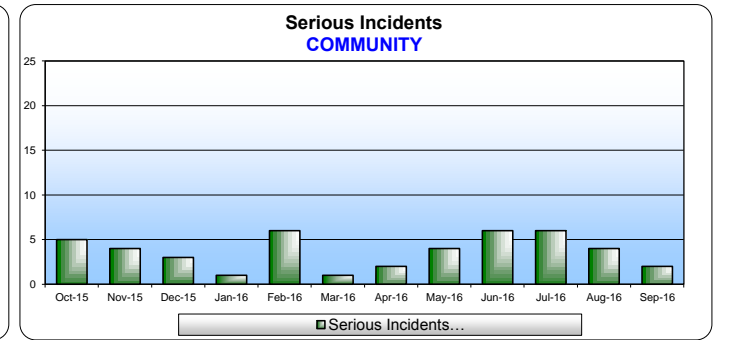
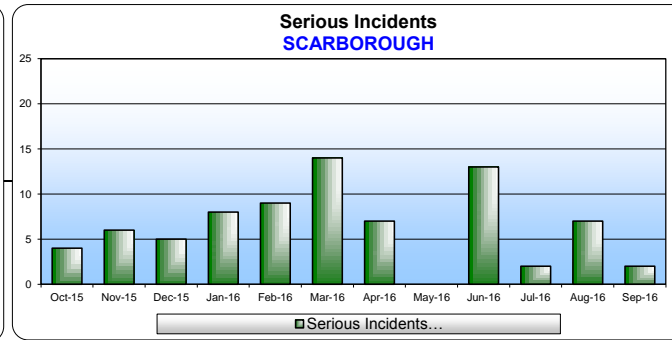
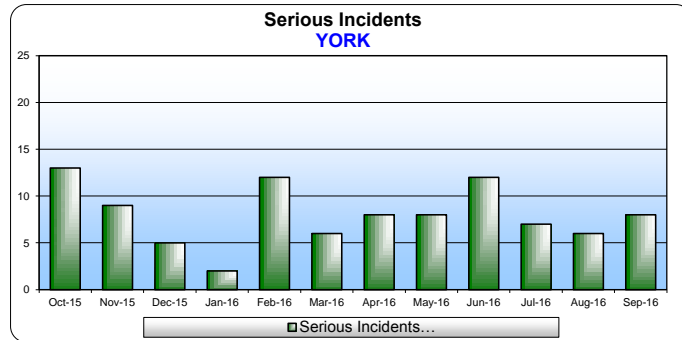
Medication Related Issues (source: Datix)

During September there was a total of 110 medication related incidents reported although this figure may change following validation.

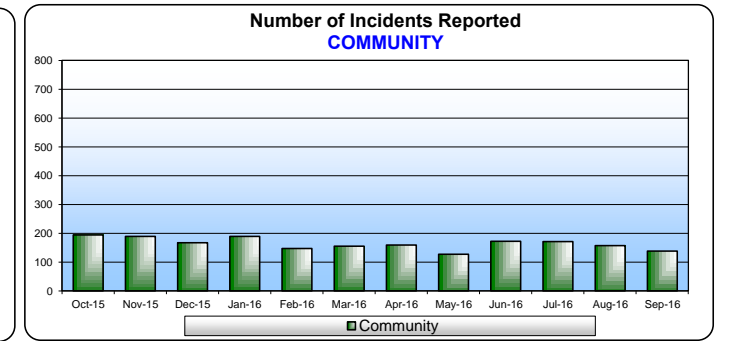
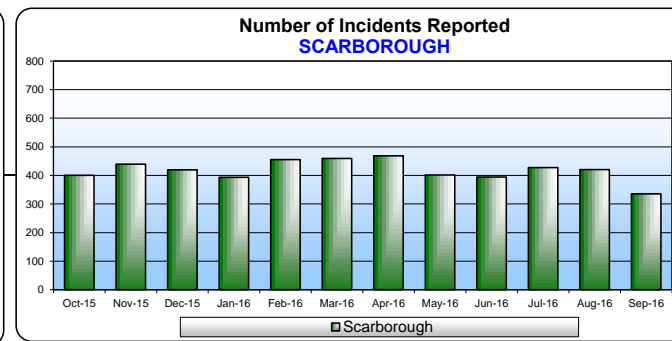
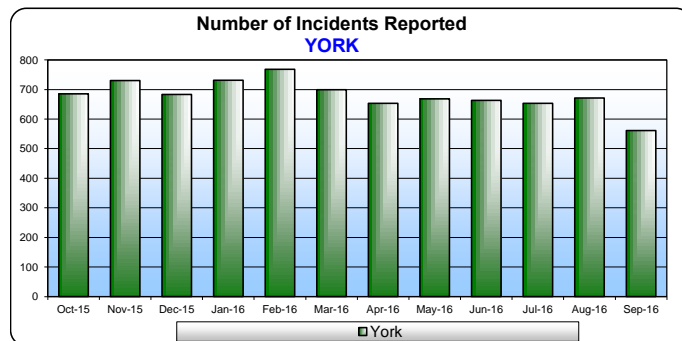
Never Events – No Never Events were declared during September. There have been 2 declared in Q2 2016/17.

Measures of Harm

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Serious Incidents source: Risk and Legal	York	13	9	5	2	12	6	8	8	12	7	6	8
	Scarborough	4	6	5	8	9	14	7	0	13	2	7	2
	Community	5	4	3	1	6	1	2	4	6	6	4	2
Serious Incidents Delogged source: Risk and Legal (Trust)		0	0	0	0	0	0	0	0	0	0	0	0

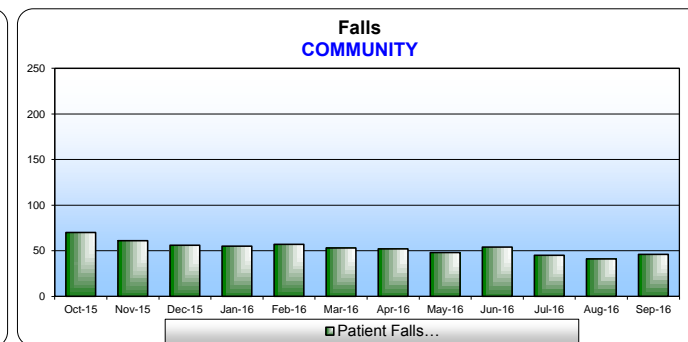
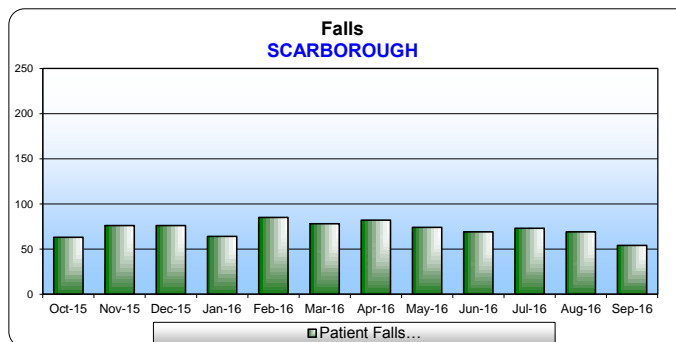
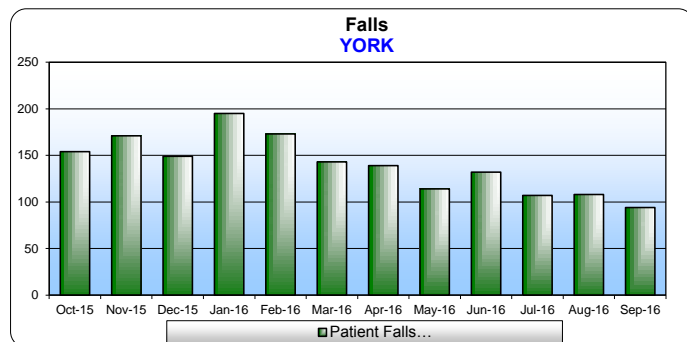


Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number of Incidents Reported source: Risk and Legal	York	685	730	683	731	768	699	653	668	663	653	671	561
	Scarborough	400	439	419	393	455	459	468	401	394	427	420	335
	Community	194	189	167	189	147	155	159	127	172	171	157	138
Number of Incidents Awaiting sign off at Directorate level		839	889	1149	1344	1389	1348	987	780	724	686	763	813



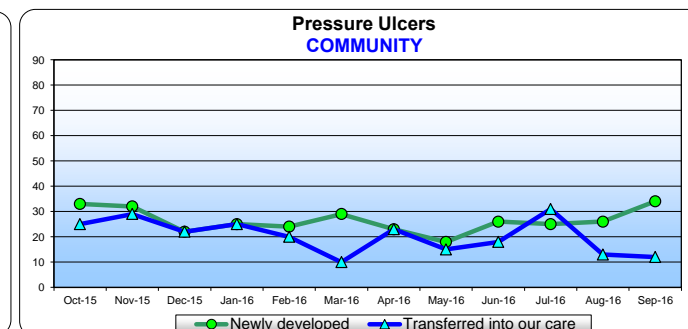
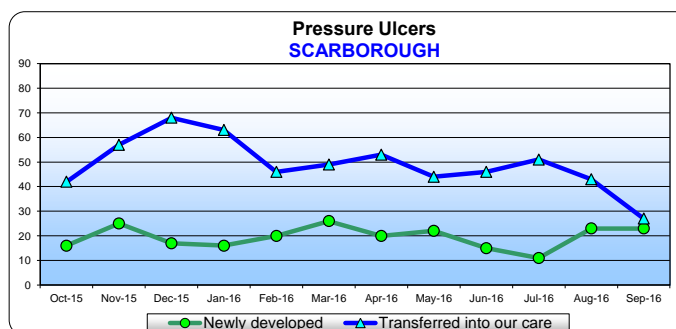
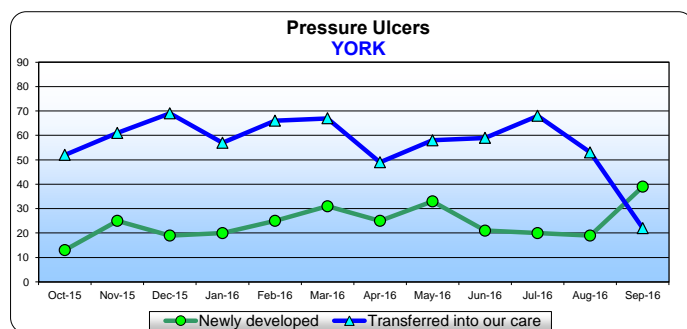
Measures of Harm

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Patient Falls source: DATIX	York	154	171	149	195	173	143	139	114	132	107	108	94
	Scarborough	63	76	76	64	85	78	82	74	69	73	69	54
	Community	70	61	56	55	57	53	52	48	54	45	41	46



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

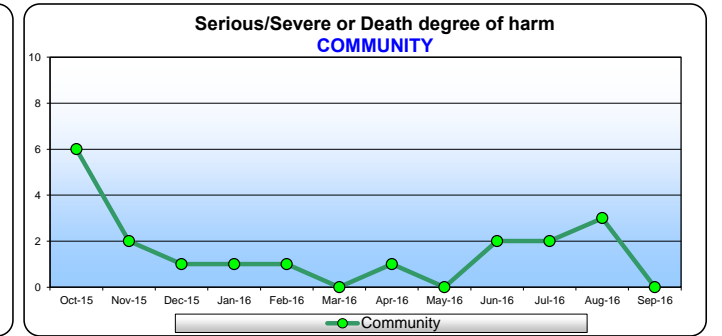
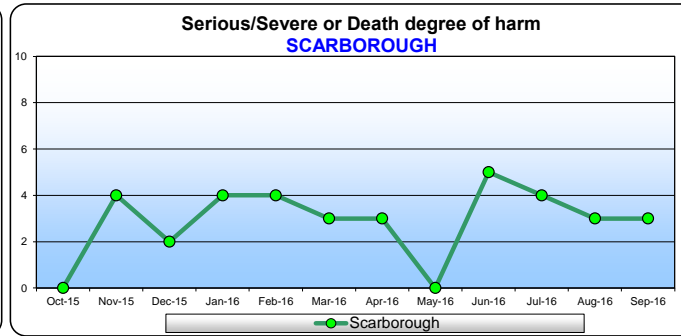
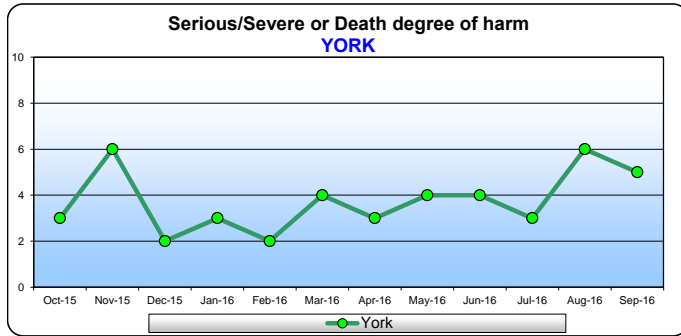
Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	
Pressure Ulcers source: DATIX	York	Newly developed	13	25	19	20	25	31	25	33	21	20	19	39
		Transferred into our care	52	61	69	57	66	67	49	58	59	68	53	22
	Scarborough	Newly developed	16	25	17	16	20	26	20	22	15	11	23	23
		Transferred into our care	42	57	68	63	46	49	53	44	46	51	43	27
	Community	Newly developed	33	32	22	25	24	29	23	18	26	25	26	34
		Transferred into our care	25	29	22	25	20	10	23	15	18	31	13	12



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

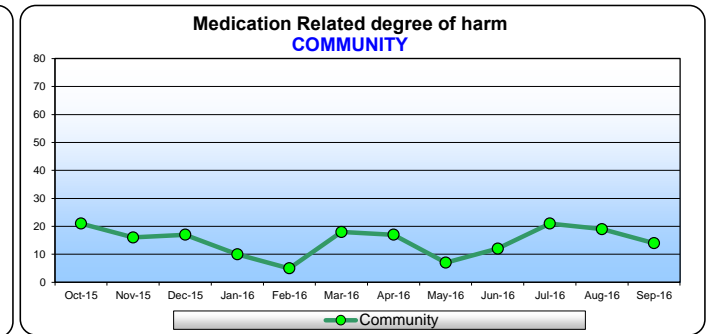
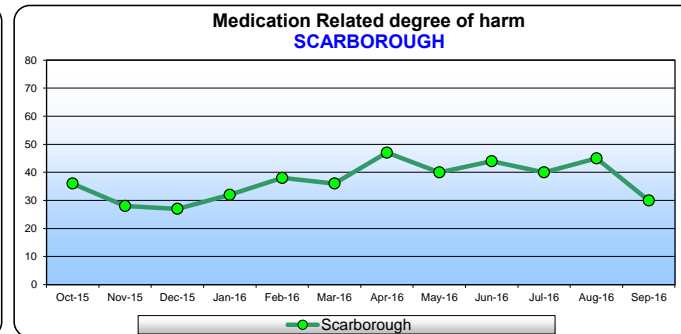
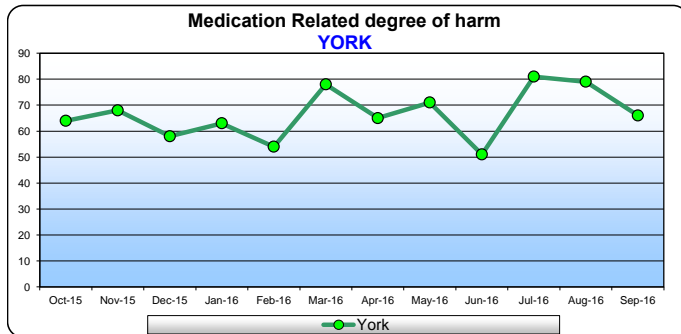
Measures of Harm

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Degree of harm: serious/severe or death source: Datix	York	3	6	2	3	2	4	3	4	4	3	6	5
	Scarborough	0	4	2	4	4	3	3	0	5	4	3	3
	Community	6	2	1	1	1	0	1	0	2	2	3	0



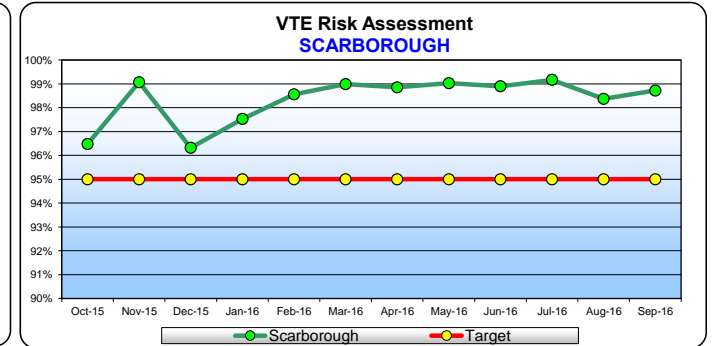
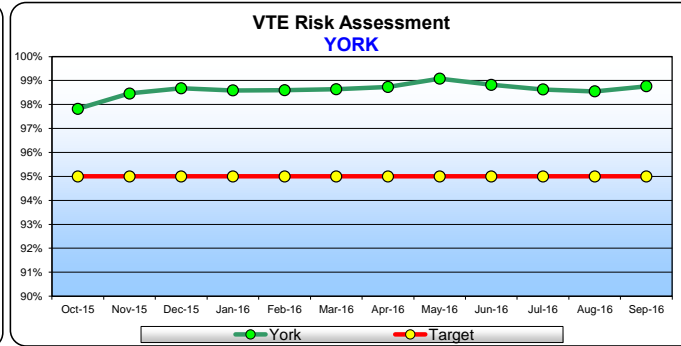
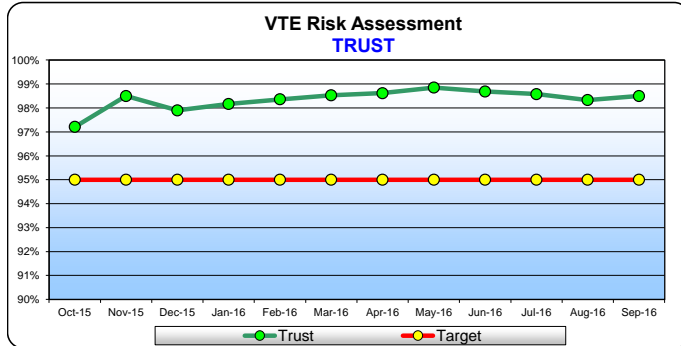
Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Degree of harm: Medication Related Issues source: Datix	York	64	68	58	63	54	78	65	71	51	81	79	66
	Scarborough	36	28	27	32	38	36	47	40	44	40	45	30
	Community	21	16	17	10	5	18	17	7	12	21	19	14

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	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	97.9%	98.4%	98.7%	98.5%	98.6%	98.3%	98.5%
		York	95%	98.3%	98.6%	98.9%	98.7%	98.6%	98.6%	98.8%
		Scarborough	95%	97.3%	98.3%	98.9%	98.8%	99.2%	98.4%	98.7%



Never Events

Indicator	Consequence of Breach	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
SURGICAL									
Wrong site surgery	As below	>0	0	0	2	1	0	1	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	0	0	1	1	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	1	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 September indicated 1.17% for York and 4.23% for Scarborough.

Prescribing Errors

There were 29 prescribing related errors in September; 14 from York, 13 from Scarborough and 2 from Community.

Preparation and Dispensing Errors

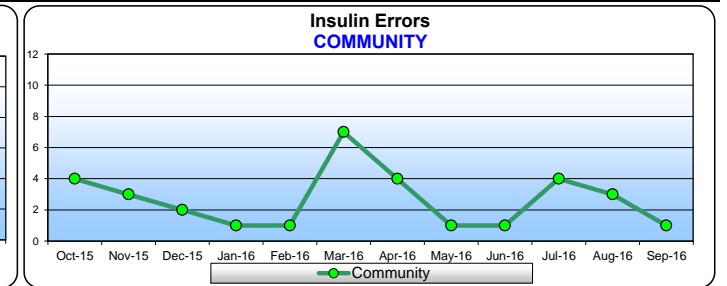
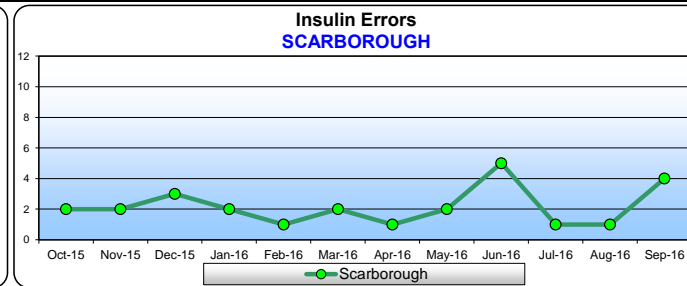
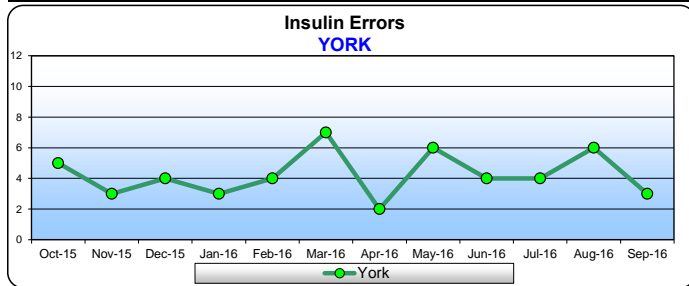
There were 12 preparation/dispensing errors in September; 9 from York, 1 from Scarborough and 2 from Community.

Administrating and Supply Errors

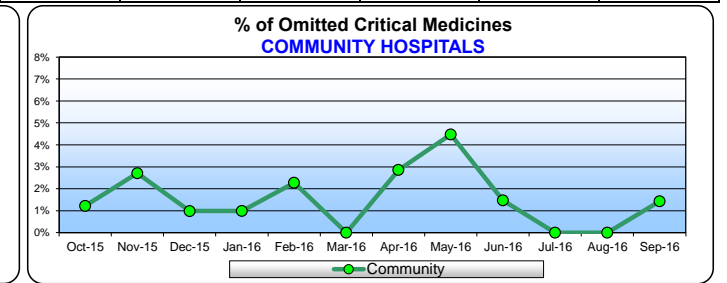
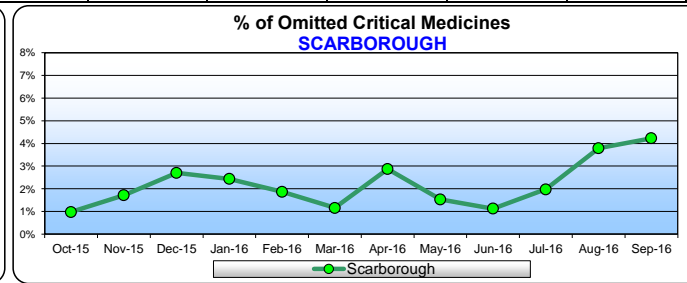
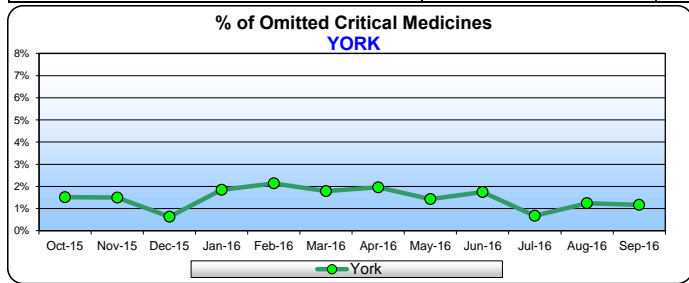
There were 40 administrating/supplying errors in September; 29 were from York, 4 from Scarborough and 7 from Community.

Drug Administration

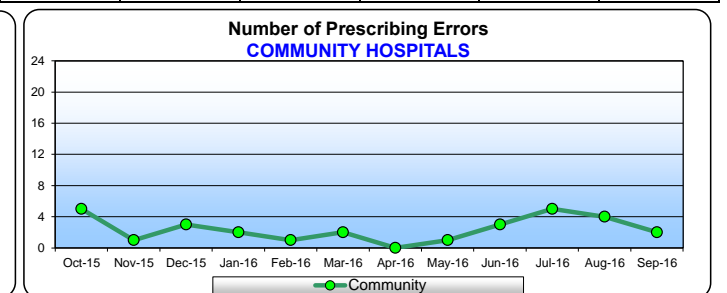
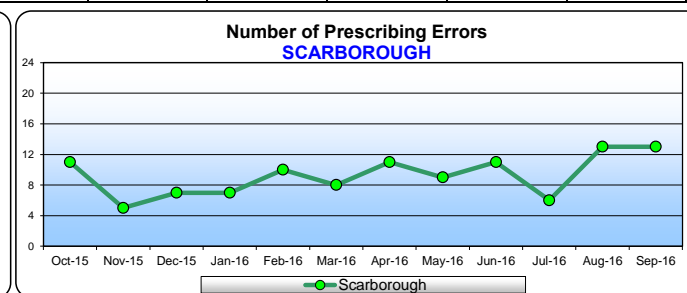
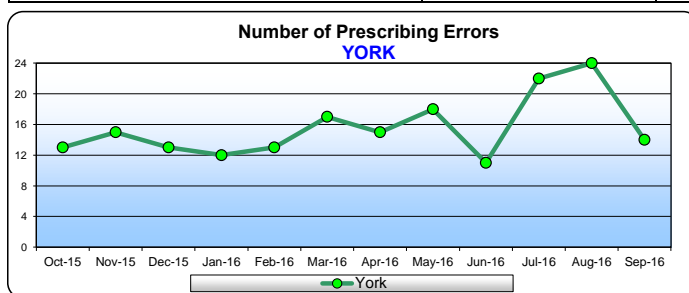
Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Insulin Errors source: Datix	York	5	3	4	3	4	7	2	6	4	4	6	3
	Scarborough	2	2	3	2	1	2	1	2	5	1	1	4
	Community	4	3	2	1	1	7	4	1	1	4	3	1



Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number of Omitted Critical Medicines source: Datix	York	6	6	3	9	10	8	9	6	8	3	5	5
	Scarborough	2	4	7	6	5	3	8	4	3	5	10	11
	Community Hospitals	1	2	1	1	2	0	2	3	1	0	0	1

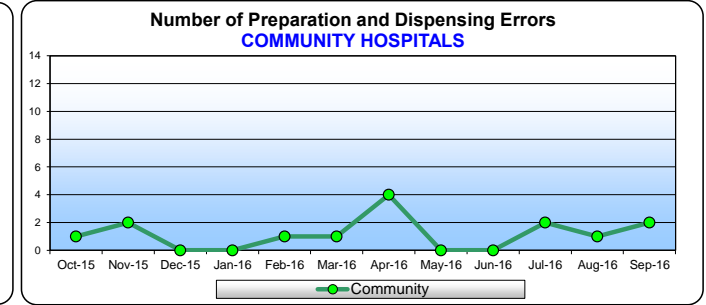
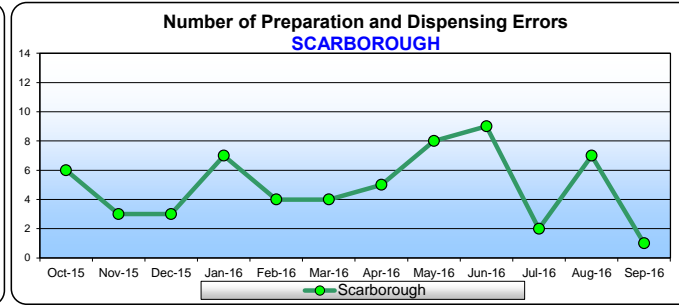
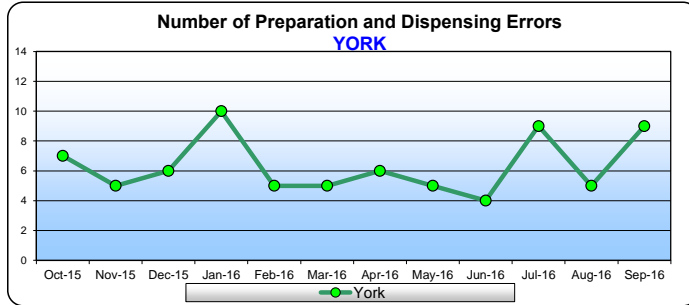


Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number of Prescribing Errors source: Datix	York	13	15	13	12	13	17	15	18	11	22	24	14
	Scarborough	11	5	7	7	10	8	11	9	11	6	13	13
	Community Hospitals	5	1	3	2	1	2	0	1	3	5	4	2

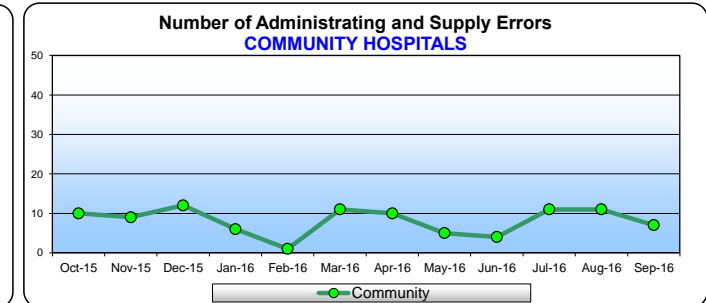
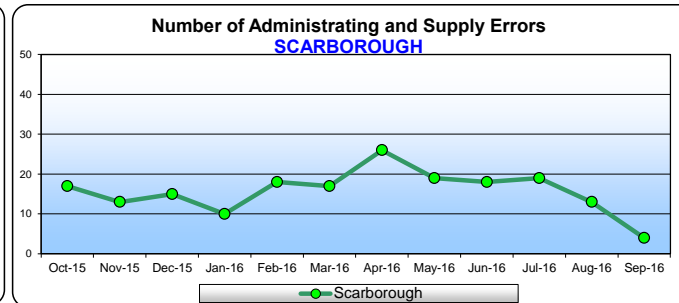
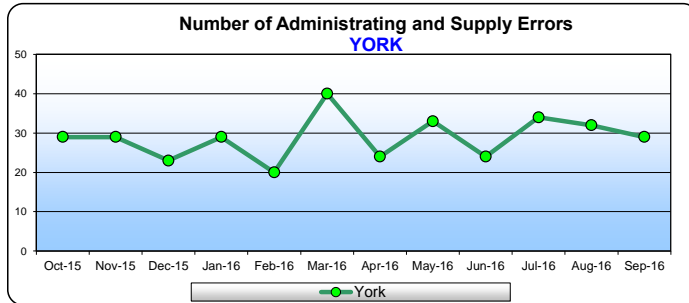


Drug Administration

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Number of Preparation and Dispensing Errors source: Datix	York	7	5	6	10	5	5	6	5	4	9	5	9
	Scarborough	6	3	3	7	4	4	5	8	9	2	7	1
	Community Hospitals	1	2	0	0	1	1	4	0	0	2	1	2



Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
Administering and Supply Errors source: Datix	York	29	29	23	29	20	40	24	33	24	34	32	29
	Scarborough	17	13	15	10	18	17	26	19	18	19	13	4
	Community Hospitals	10	9	12	6	1	11	10	5	4	11	11	7



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

- York: 96.7%
- Scarborough: 90.9%
- Community Hospitals: 92.3%
- Community care: 95.6%

Harm from Catheter Associated Urinary Tract Infection

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

- York: 1.3%
- Scarborough: 3.4%
- Community Hospitals: 0.0%
- Community Care: 0.2%

VTE

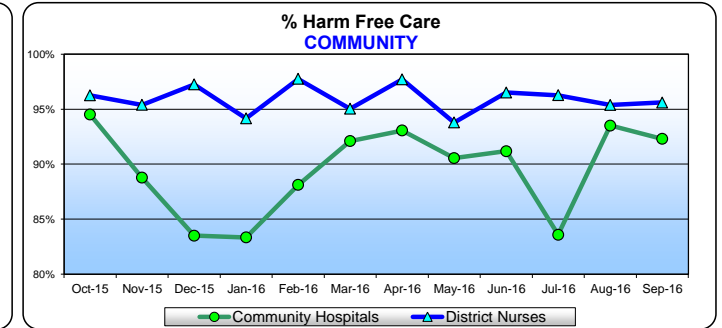
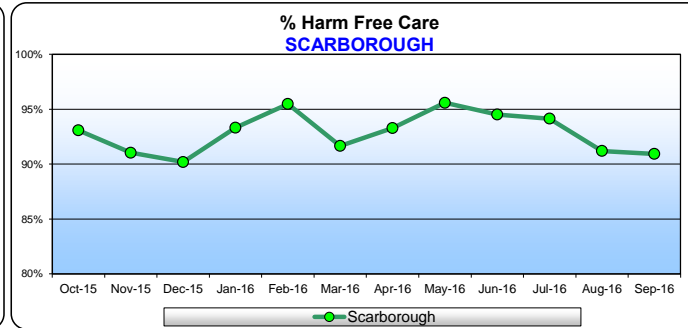
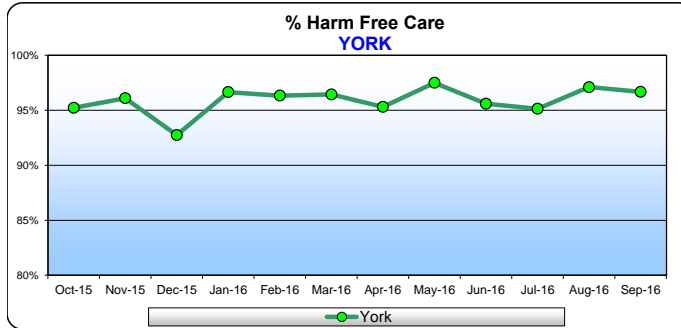
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

- York: 0.2%
- Scarborough: 0.0%
- Community Hospitals: 0.0%
- Community Care: 0.0%

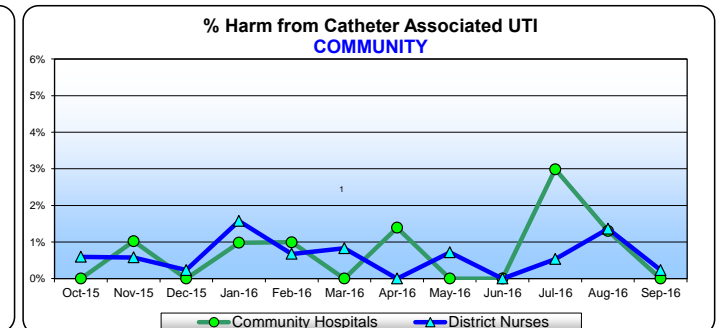
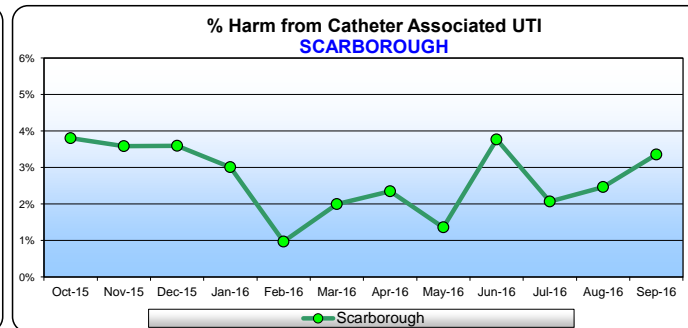
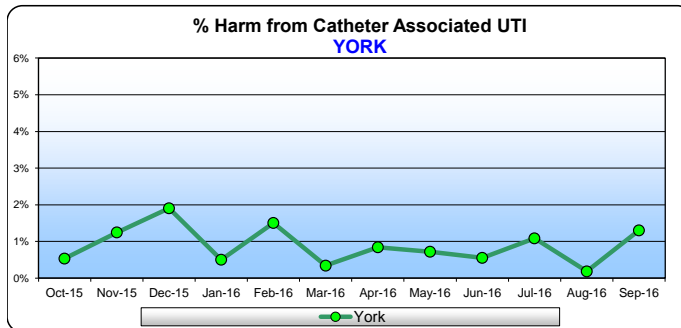
Safety Thermometer

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		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% of Harm Free Care source: Safety Thermometer	York	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%
	Scarborough	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%
	Community Hospitals	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%
	District Nurses	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%



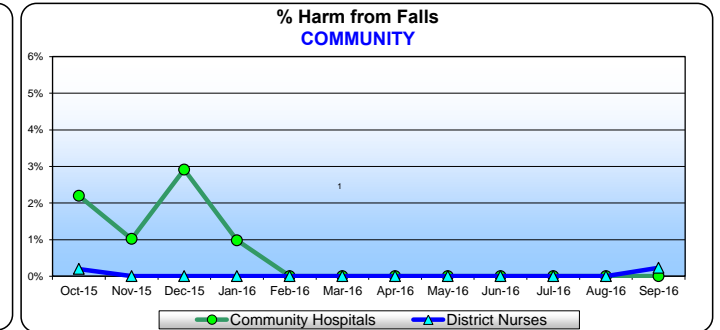
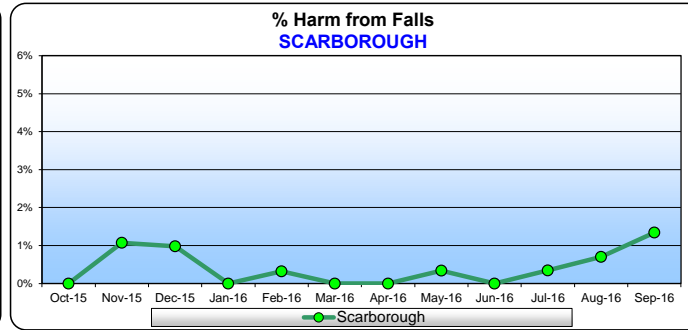
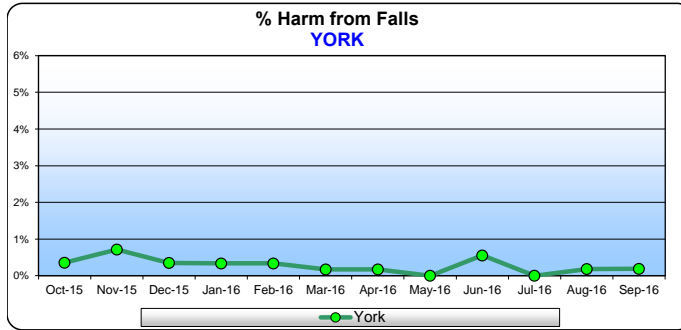
Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	0.5%	1.2%	1.9%	0.5%	1.5%	0.3%	0.8%	0.7%	0.6%	1.1%	0.2%	1.3%
	Scarborough	3.8%	3.6%	3.6%	3.0%	1.0%	2.0%	2.3%	1.4%	3.8%	2.1%	2.5%	3.4%
	Community Hospitals	0.0%	1.0%	0.0%	1.0%	1.0%	0.0%	1.4%	0.0%	0.0%	3.0%	1.3%	0.0%
	District Nurses	0.6%	0.6%	0.2%	1.6%	0.7%	0.8%	0.0%	0.7%	0.0%	0.5%	1.4%	0.2%



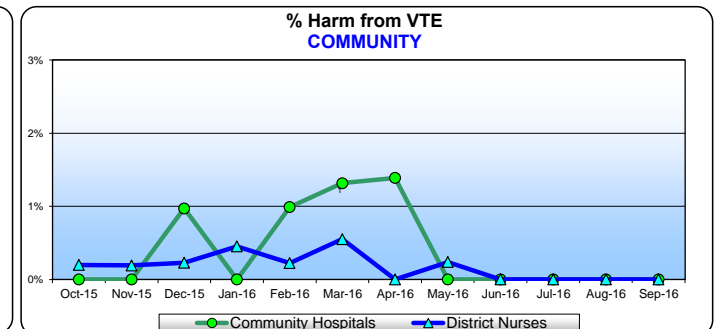
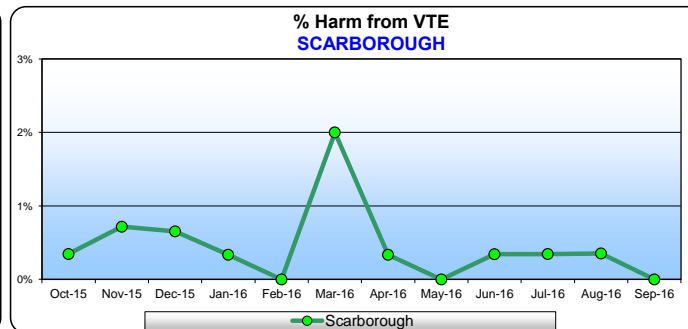
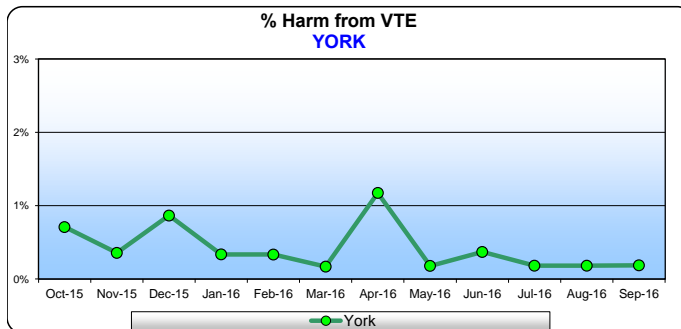
Safety Thermometer

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

Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% of Harm from Falls source: Safety Thermometer	York	0.4%	0.7%	0.3%	0.3%	0.3%	0.2%	0.2%	0.0%	0.6%	0.0%	0.2%	0.2%
	Scarborough	0.0%	1.1%	1.0%	0.0%	0.3%	0.0%	0.0%	0.3%	0.0%	0.3%	0.7%	1.3%
	Community Hospitals	2.2%	1.0%	2.9%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	District Nurses	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%



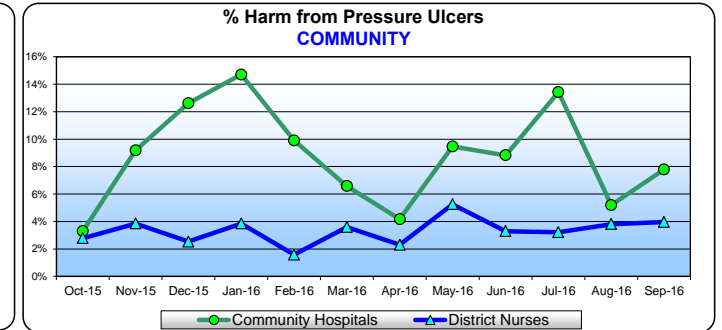
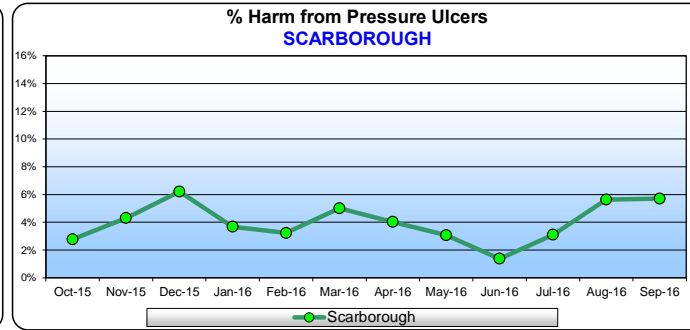
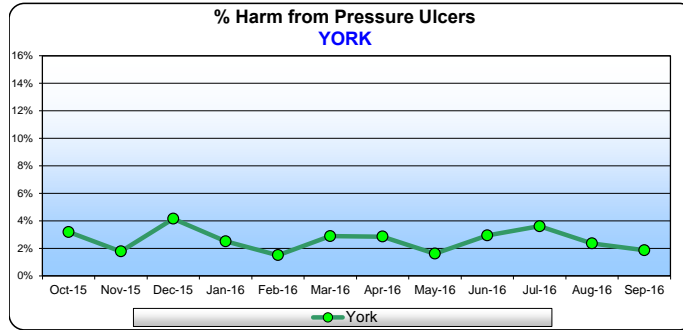
Indicator		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% of VTE source: Safety Thermometer	York	0.7%	0.4%	0.9%	0.3%	0.3%	0.2%	1.2%	0.2%	0.4%	0.2%	0.2%	0.2%
	Scarborough	0.3%	0.7%	0.7%	0.3%	0.0%	2.0%	0.3%	0.0%	0.3%	0.3%	0.4%	0.0%
	Community Hospitals	0.0%	0.0%	1.0%	0.0%	1.0%	1.3%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%
	District Nurses	0.2%	0.2%	0.2%	0.5%	0.2%	0.6%	0.0%	0.2%	0.0%	0.0%	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		Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
% of Pressure Ulcers source: Safety Thermometer	York	3.2%	1.8%	4.2%	2.5%	1.5%	2.9%	2.9%	1.6%	2.9%	3.6%	2.4%	1.9%
	Scarborough	2.8%	4.3%	6.2%	3.7%	3.2%	5.0%	4.0%	3.1%	1.4%	3.1%	5.6%	5.7%
	Community Hospitals	3.3%	9.2%	12.6%	14.7%	9.9%	6.6%	4.2%	9.5%	8.8%	13.4%	5.2%	7.8%
	District Nurses	2.8%	3.8%	2.5%	3.8%	1.6%	3.6%	2.3%	5.3%	3.3%	3.2%	3.8%	4.0%



Mortality

Indicator	Jul 12 - Jun 13	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
SHMI – York locality	96	93	93	95	98	99	97	96	95	93	94	95
SHMI – Scarborough locality	108	104	105	107	108	109	107	108	107	107	108	107
SHMI – Trust	101	97	98	99	102	103	101	101	99	99	99	100

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

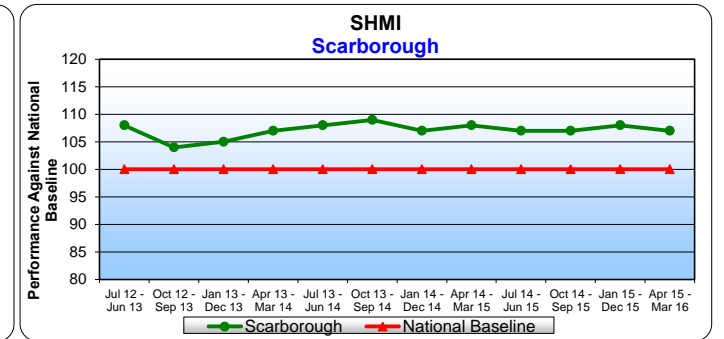
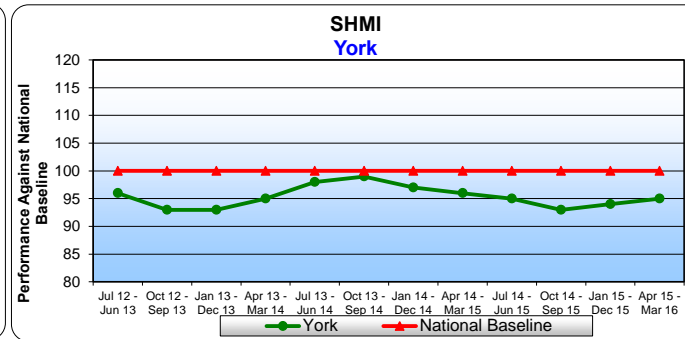
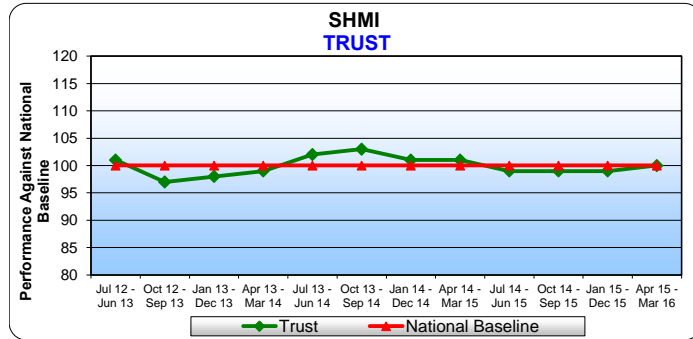
The latest SHMI report indicates the Trust to be in the 'as expected' range. The April 2015 - March 2016 SHMI saw a 1 point increase for the Trust and York, and a 1 point reduction for Scarborough. Trust - 100, York 95 and Scarborough 107.

There were a total of 160 inpatients deaths across the Trust in September, including 54 at Scarborough and 93 at York. This is a 6% decrease for the Trust compared with September 2015 (171 inpatient deaths). Year to date there have been a total of 1,006 inpatient deaths across the Trust compared to 986 YTD 2015/16. This is a 2% increase year on year.

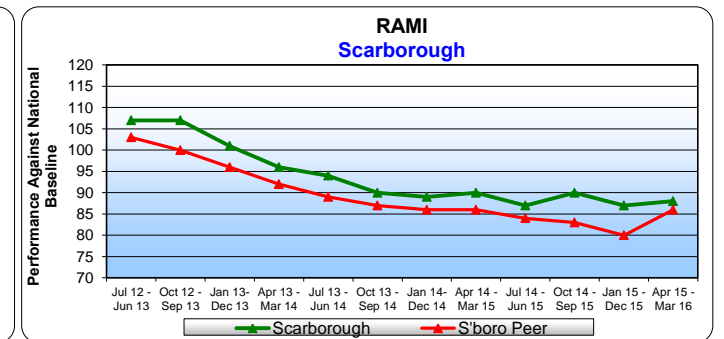
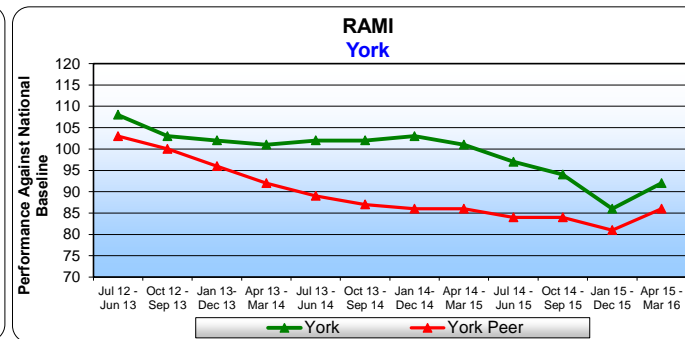
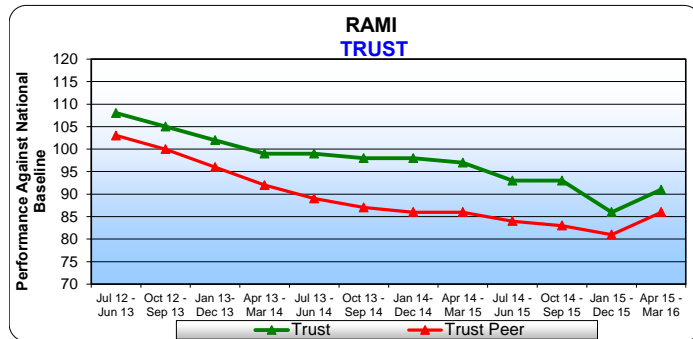
7 deaths occurred in York Emergency Department and 3 occurred in Scarborough Emergency Department in September. This is comparable with number seen in September 2015; 8 at York ED and 5 at Scarborough ED. Year to date there have been a total of 84 ED deaths across the Trust compared to 88 YTD 2015/16. This is a 5% decrease year on year.

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	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
Mortality – SHMI (TRUST)	Quarterly: General Condition 9	103	101	101	99	99	99	100
Mortality – SHMI (YORK)	Quarterly: General Condition 9	99	97	96	95	93	94	95
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9	109	107	108	107	107	108	107

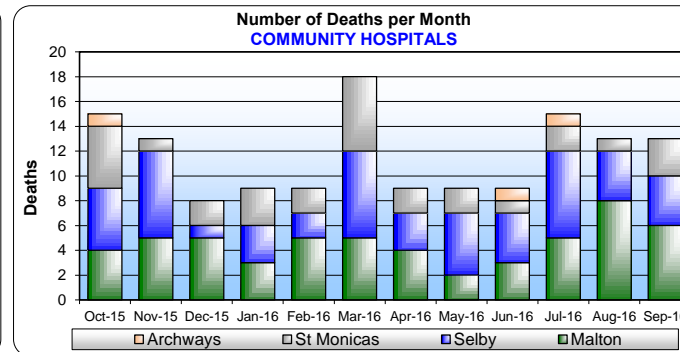
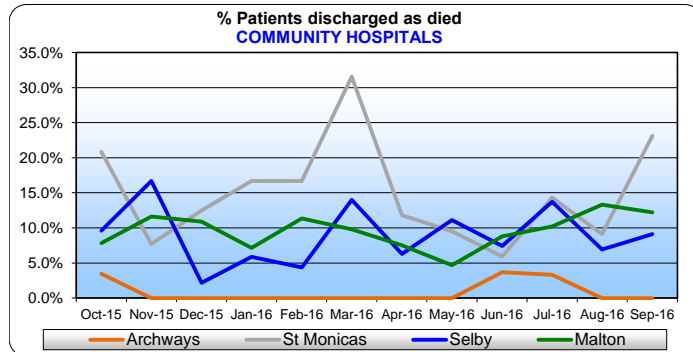
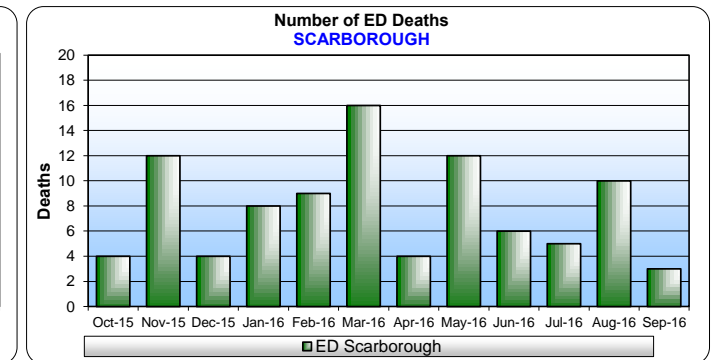
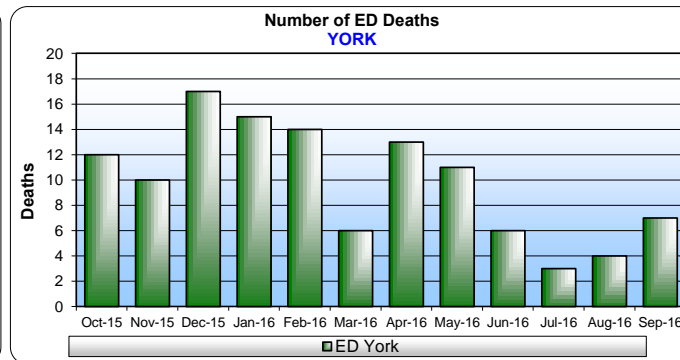
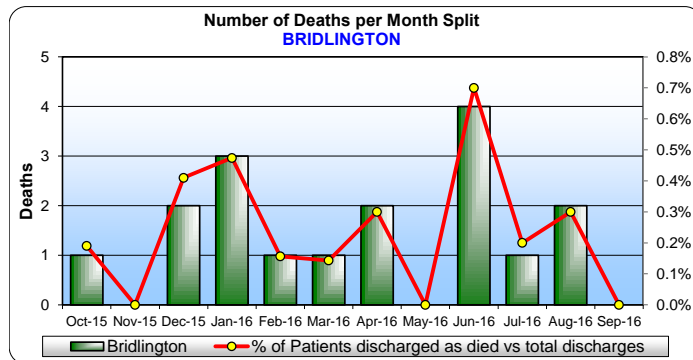
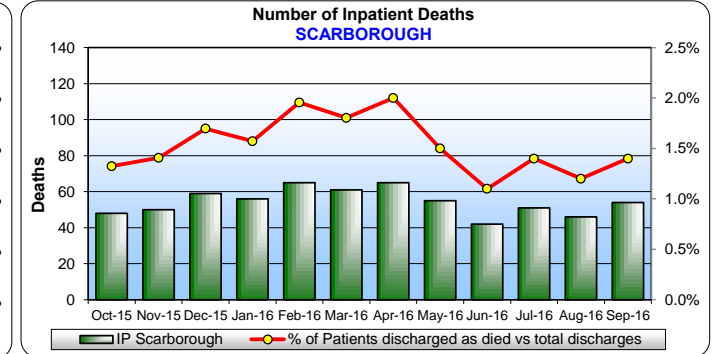
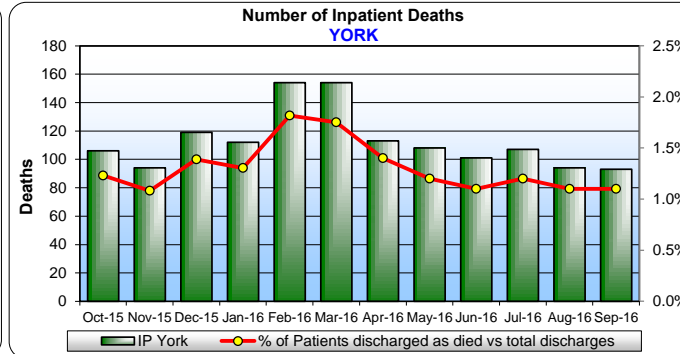
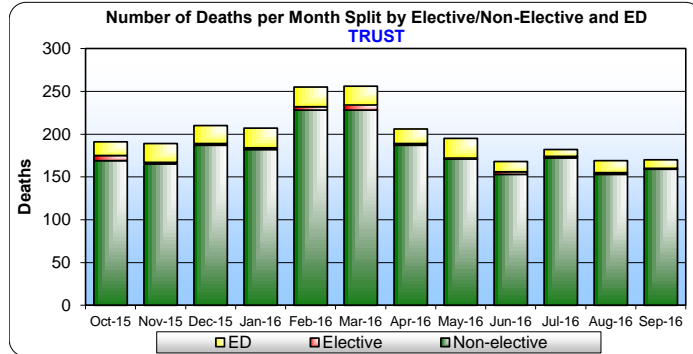


Indicator	Consequence of Breach (Monthly unless specified)	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16
Mortality – RAMI (TRUST)	none - monitoring only	98	98	97	93	93	86	91
Mortality – RAMI (YORK)	none - monitoring only	102	103	101	97	94	86	92
Mortality – RAMI (SCARBOROUGH)	none - monitoring only	90	89	90	87	90	87	88



Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Number of Inpatient Deaths	None - Monitoring Only	531	650	517	489	174	155	160
Number of ED Deaths	None - Monitoring Only	59	68	52	32	8	14	10



Month	Malton	Selby	St Monicas	Archways	Brid
Oct-15	4	5	5	1	1
Nov-15	5	7	1	0	0
Dec-15	5	1	2	0	2
Jan-16	3	3	3	0	3
Feb-16	5	2	2	0	1
Mar-16	5	7	6	0	1
Apr-16	4	3	2	0	2
May-16	2	5	2	0	0
Jun-16	3	4	1	1	4
Jul-16	5	7	2	1	1
Aug-16	8	4	1	0	2
Sep-16	6	4	3	0	0

Patient Safety Walkrounds – September 2016

Date	Location	Participants	Actions & Recommendations
06/09/2016	Day Unit, ESA, Ward 27 and Pre-assessment	<p>Brian Golding - Director Tariq Hoth – Clinical Director Gemma Ellison– Directorate Manager Wendy Brown – Matron Jennie Adams – Non-Executive Director Lynn Ellis – Sister Emma Dalby – Deputy Sister</p>	<p>The actions from last leadership walkround were reviewed - two out of three were still prevalent: 1. Outliers in the Extended Stay area continue to be problematic. The bed managers are aware of the issue, but demand, particularly on Sundays and Band Holidays leads to the unit being reopened, and staff coming on to acute patients at the start of the week. Action - continue with local capacity planning and link to ward block reconfiguration work 2. Patient identifiable data was present at the nurse base, and this continues to be the case. The ward does not consider that the electronic patient board suits their needs. Action - develop electronic board to suit needs of service in conjunction with SNS Staff are encouraged to report incidents. A nominated investigator is being introduced and a new system of feedback will be trialled to respond to staff saying that they want feedback. It was felt that Datix can be seen as a mechanism to blame other parts of the service. Discussed a wrong site surgery never event in 2015, a wrong hernia was repaired. Learning from this shared with other teams via clinical governance meetings. Extended stays are usually related to EDNs not being completed in a timely fashion. Action - continue to develop Criteria Led Discharge plans with day unit users.</p>
08/09/2016	Scarborough Hospital Night Walkround	<p>Sue Rushbrook – Director Jennie Adams – Non-Executive Director Diane Palmer – Deputy Director of Patient Safety Sue Symington – Chair</p>	<p>Maple Ward (surgical) Staffing of the HOB in particular was highlighted as a safety issue. Recent issues have involved only 1 RN to cover this area. Medical outliers on this surgical ward have become the norm, but getting these patients reviewed by medical staff in a timely manner is very difficult. The ward doors do not close and there have been problems with patients absconding particularly at night. A broken buzzer in one of the side rooms was awaiting repair. Lilac Ward (surgical) All but one patient was medical which causes problems with timely medical review. The SAU is only staffed for weekdays and should close on a Friday afternoon. It is currently being used as an escalation area including at weekends but there is no substantive nursing resource to support this so it is staffed by nurses borrowed from other areas or by agency staff on an ad hoc basis. Timely review by the acute medical team is also a concern for the patients on this unit. Oak Ward (elderly medicine) There have been several incidents where patients have fallen and suffered serious harm. The new nurse station for the extension and focused work on falls prevention is expected to reduce the incidence of harm. The nurse call bell in the main ward area cannot be heard in the annex. Action – to request Estates to review as a matter of urgency. AMU (Acute medical Unit) Nurse staffing was highlighted as a constant problem. The annex area was highlighted as a risk as it is remote in comparison to the other bays on the ward. Beech Ward (Medical – respiratory) The nursing establishment was highlighted as a concern, particularly at night, based on the acuity of the patients, although it has improved recently. Medical review can be delayed at times but outreach are utilised when there is clinical concern requiring urgent review. Stroke Ward Concern was expressed about nurse staffing as nurses from this ward regularly have to go to provide support to others wards. Graham Ward There was only one member of staff on the ward who was familiar with the environment and the patients, the remainder of the staff had been moved from other areas or were agency. Action – to discuss urgently with ADN. CCU Concern was expressed about the number of nursing vacancies (30%) and the staff who were planning to leave the ward. This is a poor environment which makes working on the ward very challenging (doors are heavy and beds difficult to move). ED The main concern relates to the inability to assess and treat patients when cubicles are not available. This happens when patients are waiting to be admitted to wards but the bed is not ready.</p>
13/09/2016	Haworth Unit Dales Unit	<p>Diane Palmer – Deputy Director David Humphriss – Clinical Director Sharon Lewis – Directorate Manager Carol Halton – Matron Jennie Adams- Non – Executive Director</p>	<p>Bronte Unit (was Haworth Unit) The environment is cramped and not fit for purpose. Action – to discuss with Estates as a matter of urgency. Dales Unit The environment is of concern to staff. Staff feel vulnerable as there is no direct telephone and no emergency call bell or intercom to facilitate support from ED. Action – to discuss with Estates.</p>
14/09/2016	Renal Unit	<p>Andy Bertram - Director Nigel Durham – Clinical Director Sharon Lewis – Directorate Manager Christine Morris – Matron Sue Symington- Non – Executive Director</p>	<p>Awaiting report</p>

Patient Safety Walkrounds – September 2016

Date	Location	Participants	Actions & Recommendations
21/09/2016	Ward 28, Ward 29, Orthopaedic OPD and Orthopaedic Theatres	Mike Proctor - Director Paul Rafferty – Directorate Manager Liz Charters – Matron Libby Raper- Non – Executive Director Amy Hicks – FY2 (observer)	Nurse staffing levels on Ward 28 were highlighted as a concern. Action – plans have been developed to address the shortage. The environment on Ward 28 is poor for the type of patient. Action - look at maintenance plan and expedite Ward 28. Corridors in theatres are cramped due to storage of equipment and prosthetics. Action - business case to deploy the Omnicell system across Orthopaedic to be presented prior to Christmas. Shortage of plaster technicians across site is compromising the service. Action - consider the use of the apprenticeship route for the training of plaster technicians.
23/09/2016	Endoscopy	Andy Bertram - Director Stevan Stojkovic – Clinical Director Liz Hill – Directorate Manager Pauline Guyan - Matron	Awaiting report
25/09/2016	York Hospital Weekend Walkround	James Taylor - Director Mike Sweet – Non – Executive Director	Pharmacy The fire door is propped open to allow busy staff to see /hear staff at the hatch. Ophthalmology OPD No patient safety concerns. AMC Concern expressed about the space /environment for the expanding workload. AMU/AMB Concerned was raised about nursing staff sickness in the RN workforce and particularly about the ability of agency staff to adequately function and to use CPD. The environment was cluttered with poor décor and poor flooring. CCU Nursing staff were concerned about the movement of RNs to other areas and the ability to provide support to critically ill patients. Labour Ward No patient safety concerns. ED No patient safety concerns at the time of the visit.
27/09/2016	Therapy Directorate – Main MSK Physio Department, Orthotic Department and Psychological Medicine Department, the Old Chapel Bootham	Diane Palmer – Deputy Director Mel Liley – Directorate Manager Vicki Adams – Head of Therapies Sue Sharp – Head of Orthotics Liz Anderson – Head of Psychological Medicine Philip Ashton –Non – Executive Director	Awaiting report

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	316	289	313	309	276	319	294	293	253			
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	83.2%	89.6%	90.1%	88.7%	90.4%	84.6%	80.6%	84.0%	84.2%			
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	7.6%	2.4%	6.7%	4.2%	3.6%	4.7%	4.1%	6.8%	6.7%			
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	79.20%	28.60%	61.90%	92.30%	80.00%	66.70%	50.00%	85.00%	70.60%			
		Births	No. of babies	CPD	≤295	296-309	≥310	276	245	304	249	292	282	291	290	298			
	Closures	No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	274	244	295	245	291	279	288	284	296			
		Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0			
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	0			
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	6	5	5	10	2	4	5	5	9			
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0			
SCBU at capacity of intensive cots	No. of times	SCBU	0	1	2 or more	0	0	1	2	6	4	5	0	0					
SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	1	0	2	0	0	0					

Workforce	Staffing	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	29	29	29	28	28	31	28	28	28		
		1 to 1 care in Labour	CPD	CPD	≥100%		<100%	65.3%	62.0%	57.3%	72.7%	74.6%	74.9%	73.6%	72.5%	67.9%		
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	64.0%	50.0%	48.0%	67.0%	63.0%	60.0%	61.2%	55.0%	43.0%		
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	76	76	76	76	76	76	76	76	76		
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	10	10	10	10	10	10	10	10	10		
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	14	14	14	12	12	12	12	12	12		

Clinical Indicators	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	58.3%	56.1%	63.4%	68.1%	62.8%	65.0%	66.1%	65.9%	63.1%	
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	14.9%	11.8%	14.2%	9.4%	9.6%	12.2%	12.8%	11.3%	12.5%	
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	25.7%	31.0%	23.7%	22.9%	27.1%	22.6%	21.2%	23.6%	24.3%	
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	0	0	0	1	0	0	
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	24	17	12	17	14	7	14	8	29	
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	3	1	1	2	6	3	3	1	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	1	0	0	0	0	1	0	0	
	Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	0	0	
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	1	2	0	3	1	1	1	0	1	
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	
		Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	73.4%	74.6%	75.3%	80.8%	76.6%	74.2%	76.7%	74.3%	75.7%	
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	9.9%	13.1%	12.2%	9.4%	12.7%	10.4%	8.7%	9.9%	9.5%	
	Risk Management	SI's	No. of SI's declared	Risk Team	0		1 or more	0	1	0	1	1	0	1	0	1	
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	14	6	9	9	9	4	9	3	9	
PPH > 1.5L as % of all women		% of births	CPD				5.1%	2.4%	3.1%	3.7%	2.9%	1.4%	3.1%	0.7%	3.0%		
Shoulder Dystocia		No. of women	CPD	2 or less	3-4	5 or more	0	2	3	3	2	3	3	1	1		
New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.5%	1.8%	0.8%	0.5%	1.5%	1.8%	3.0%	2.2%	1.3%		
	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	1	0	1	3	2	0		
Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	2	1	1	0	2	3	3	0			

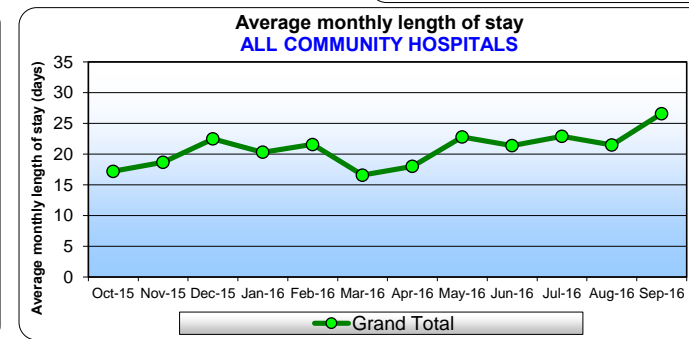
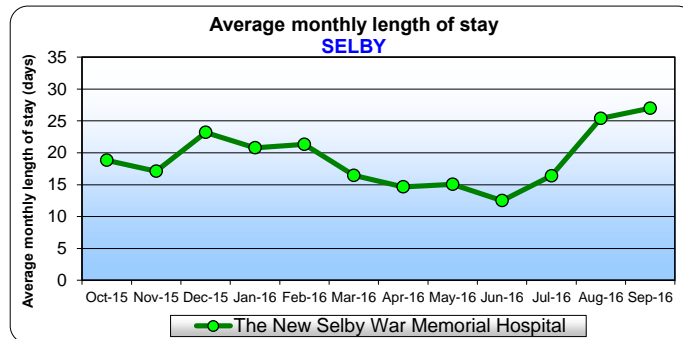
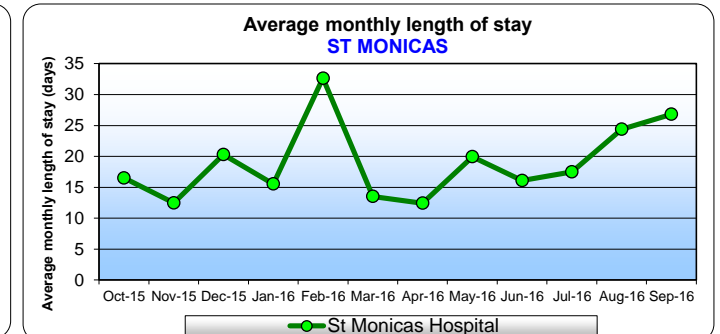
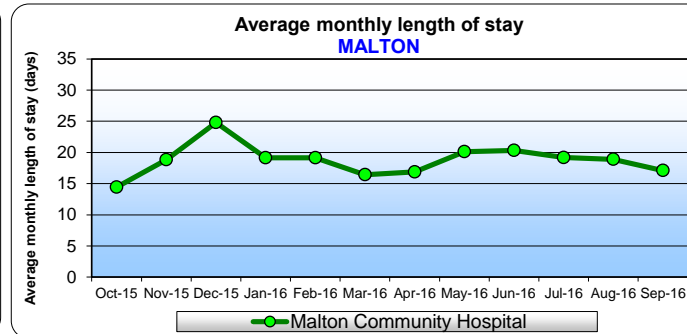
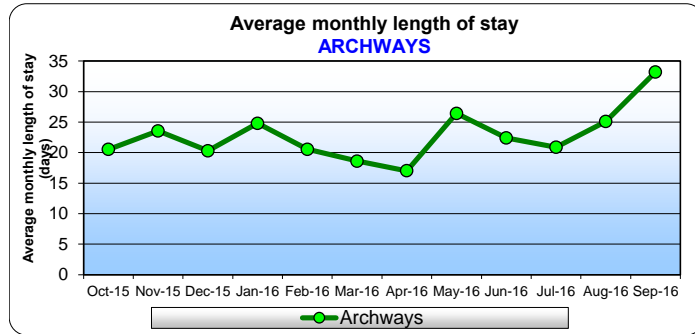
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	191	196	202	174	198	212	193	212	133			
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	93.2%	89.3%	86.1%	88.5%	86.9%	83.5%	88.6%	92.5%	85.7%			
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	3.1%	8.2%	8.4%	7.5%	11.1%	10.8%	8.3%	4.7%	11.3%			
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	100%	94%	77%	77%	100%	83%	63%	90%	100%			
		Births	No. of babies	CPD	≤170	171-189	≥190	123	142	111	118	148	134	135	141	155			
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	120	139	111	115	148	134	135	140	153			
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	1	3	2	1	0	0	1				
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	1	3	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	0	0	1				
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0			
		SCBU at capacity	No. of times	SCBU	0	1	2 or more	0	1	1	9	5	8	3	11	1			
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	0	0	0	2	1	6	1		

Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	40.4	43.0	40.2	39.4	38.3	38.1	38.0	38.8			
		1 to 1 care in Labour	CPD		≥100%		<100%	84.2%	82.7%	86.5%	89.6%	84.0%	85.1%	85.9%	87.1%	92.8%		
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	74%	62%	82%	87%	80%	85%	81%	91%	70%		
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	40	40	40	40	40	40	40	40	40		
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	3	3	3	3	3	3	3	3	3		
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	14	14	14	12	12	12	12	12	12		

Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	≤55%	66.7%	69.0%	69.9%	66.9%	74.3%	63.2%	67.4%	70.9%	72.6%			
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	10.6%	4.9%	7.2%	11.3%	9.5%	7.5%	8.1%	7.1%	5.2%			
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	22.8%	26.1%	23.4%	22.6%	16.2%	29.9%	24.4%	22.1%	22.2%			
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0			
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	0	0	0	0	2	1			
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	4	7	3	1	4	2	8	4	5			
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	2	1	1	1	1	3	3	1			
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	1	1	0	0	0	0	0			
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	0	0		
			Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	0	0	2	0	1	0		
			Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0		
			Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	62.5%	57.6%	64.0%	58.3%	60.8%	61.9%	60.7%	57.9%	54.9%		
	Smoking at time of delivery		% of women smoking at del.	CPD	<11%	12-14%	>15%	16%	19%	15%	23%	20%	22%	20%	18%	25%			
	Risk Management		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	0	1	0	0		
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	3	2	2	3	1	6	1	5			
		PPH > 1.5L as % of all women	% of births	CPD				3	2	2	2	2	0	4	1	3			
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	0	2	2	1	0	2	0	0			
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.0%	1.0%	1.1%	2.2%	1.6%	0.0%	2.0%	2.8%	3.3%			
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	1	1	0	0	0	1	2				
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	0	0	1	1	0	2	1	0			

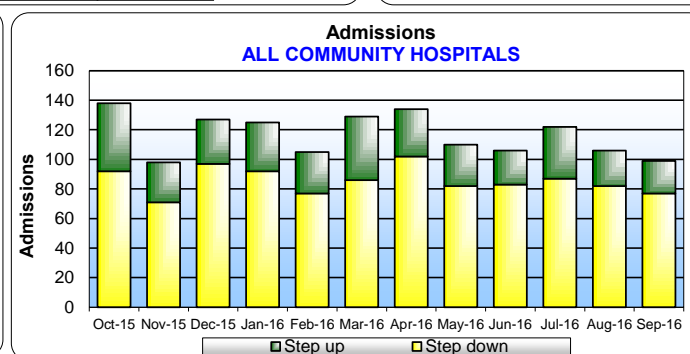
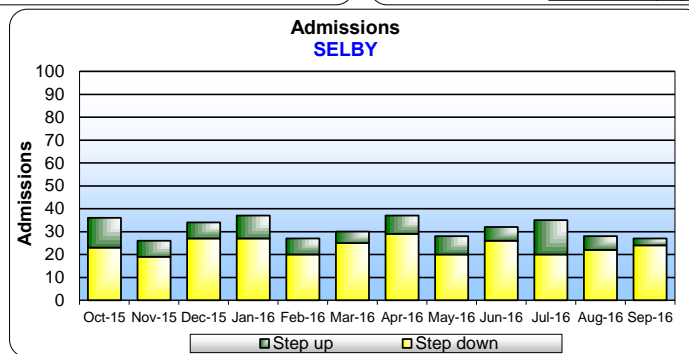
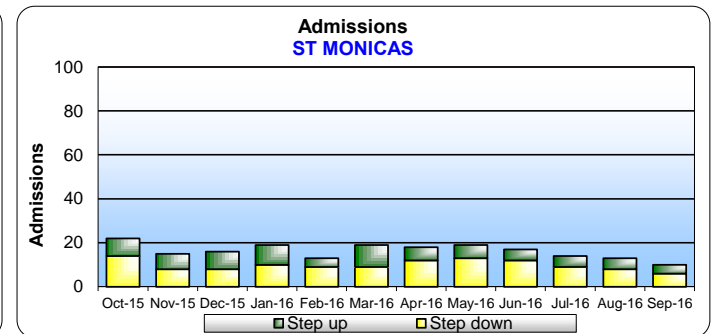
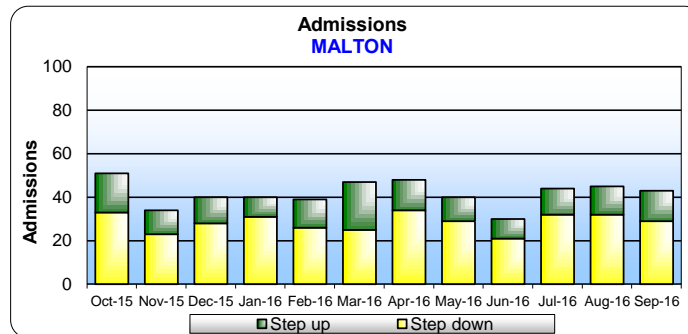
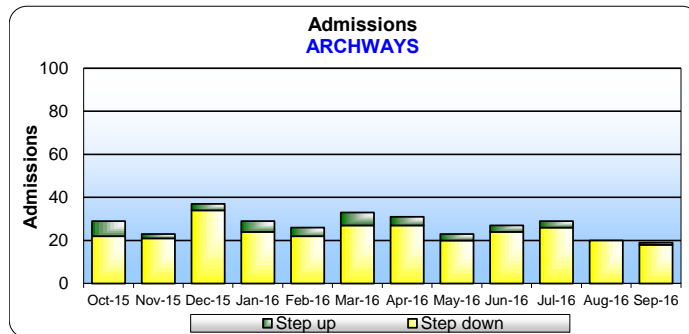
Community Hospitals

Indicator	Hospital	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Community Hospitals average length of stay (days) Excluding Daycases	Archways	21.2	21.1	21.7	26.2	20.9	25.1	33.2
	Malton Community Hospital	19.1	18.2	18.8	18.5	19.2	18.9	17.1
	St Monicas Hospital	16.7	18.9	16.4	22.7	17.5	24.4	26.8
	The New Selby War Memorial Hospital	19.9	19.5	14.1	23.0	16.4	25.4	27.0
	Total	22.6	22.8	20.6	23.7	22.9	21.5	26.6



Community Hospitals

Indicator	Hospital		Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Step up	12	15	10	4	3	0	1
		Step down	77	73	71	64	26	20	18
	Malton Community Hospital	Step up	41	44	34	39	12	13	14
		Step down	84	82	84	93	32	32	29
	St Monicas Hospital	Step up	23	23	17	14	5	5	4
		Step down	30	28	37	23	9	8	6
	The New Selby War Memorial	Step up	27	22	22	24	15	6	3
		Step down	69	72	75	66	20	22	24
	Total	Step up	103	104	83	81	35	24	22
		Step down	260	255	267	246	87	82	77



Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
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	8	4	13	2	0	1	1
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	3	0	0	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%	99.8%	99.9%	99.9%	To follow	99.9%	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95%	98.4%	99.0%	98.8%	To follow	99.0%	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%	5.1%	4.3%	Reports currently unavailable from the HSCIC due to a change in system.				
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	Set baseline in Q1 and agree trajectory	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	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%	99.7%	99.2%	99.8%	n/a	99.7%	99.8%	n/a
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						

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Board of Directors - 26 October 2016

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Consider the progress with the Patient Safety Strategy/Sign up to Safety Campaign
- Note the summary report from Patient Safety Group
- Note the launch and progress with the Influenza campaign
- Consider the latest Summary Hospital-level Mortality Indicator (SHMI)
- Acknowledge consultants new to the Trust.

Summary

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

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	This report is only written for the Board of Director's.
Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	Mr Jim Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	October 2016
Version number	1

Board of Directors – 26 October 2016
Medical Director's Report
1. Introduction and background
<p>In the report this month</p> <p>Patient Safety-</p> <ul style="list-style-type: none"> • Progress with the Patient Safety Strategy/Sign up to Safety Campaign • Update from Patient Safety Group • Launch of Influenza Campaign <p>Clinical Effectiveness-</p> <ul style="list-style-type: none"> • The latest Summary Hospital-level Mortality Indicator (SHMI) <p>Patient Experience-</p> <ul style="list-style-type: none"> • Consultants new to the Trust.
2. Patient Safety
2.1 Patient Safety Strategy/Sign up to Safety Campaign
<p>Put Safety First</p> <ul style="list-style-type: none"> • We continue to develop effective strategies for learning from mortality and reduction of avoidable deaths and are one of the pilot sites for the new in-depth case note review process. • Prompt identification and treatment of patients with severe sepsis presenting to our assessment centres and inpatients remains a challenge for us, although we continue to make sustained improvement. A study day on management of patients with severe sepsis and reduction of mortality is planned for 11th November. • We continue to promote better management of in-patients with diabetes and are making good progress with the local CQUIN relating to care of patients requiring insulin and monitoring of capillary blood glucose. • Progress with reduction of pressure ulcers continues. There has been a decrease recently overall in the number of pressure ulcers reported, although an increase in those identified in our care. This increase is probably as a result to changes to the way we report pressure ulcers but we will continue to carefully monitor. • The Falls Steering Group continues to monitor progress with falls reduction. The reduction in serious harm by 50 % which was achieved over the last 2 years is being sustained, although further reduction in the number of patients reported to have sustained harm in our care remains a priority for us. The overall number of patients reported to have fallen in our care has reduced recently. <p>Continually Learn</p> <ul style="list-style-type: none"> • Patient Safety Walk Rounds continue to take place and as of September include Walk Rounds out of hours. • The Incident Reporting Group is considering ways to enhance the reporting system and how feedback to reporters can be improved. We continue to encourage incident reporting and to learn from incidents.

- PIRs following serious infection analysis are continuing to identify local and organisational learning.
- Learning following falls and pressure ulcer serious incidents continues to be identified at review panels.
- The Foundations in Patient Safety and Quality programme for junior doctors is providing an introduction to patient safety and quality improvement through a structured programme. The programme is in pilot stage and following evaluation will be expanded and offered to other disciplines of staff.

Honesty

- We continue to promote an open and just culture and to remind our staff of their duty of candour responsibilities. Promotion of duty of candour responsibilities have taken place recently with doctors and senior nurses.
- The Consent to Examination and Treatment Policy has been updated and approved last month and staff have been reminded of their salient responsibilities.
- Our new Freedom to Speak Up Guardian has started in the Trust.
- Safety briefings and huddles continue to be promoted through our work with partner organisations, with evaluation of implementation supported by the Health Foundation.
- Learning from incidents continues to feature in our Nevermore and Patient Safety Matters publications.

Collaborate

- Partnership working continues with the Yorkshire and Humber Improvement Academy, Bradford University and Leeds Teaching Hospitals.
- We are further developing our links with Loughborough University who are supporting us with training in human factors and ergonomics.

Support

- We continue to encourage reporting of incidents and have trialled a system with junior doctors which allowed anonymous incident reporting.
- Promoting an open and honest culture amongst our junior doctors is the focus of the Foundations in Patient Safety and Improvement programme during October.
- Our new Guardian of Safe Working has started in the Trust.
- The Celebration of Achievement event continues to support the Patient Safety Award.
- Following our successful Patient Safety Conference this year we have started planning for the conference next year which will be in June, but the final date is still to be confirmed.

2.2 Influenza Campaign

The 2016 influenza vaccination campaign commenced on 3rd October with clinics held Monday to Friday alternating between York Hospital, Scarborough Hospital and Bridlington Hospital. Lunchtime sessions have proved to be the most popular and the overwhelming response from staff to the super clinics has been positive, 'slick, efficient & professional' being the general consensus.

Of the 6143 frontline staff involved in direct patient care, 20% had been vaccinated by the end of the session on 7th October.

Whilst this is a superb start to the campaign we must maintain the momentum and ensure that as far as practically possible our frontline staff receive the influenza vaccination

2.3 Update from Patient Safety Group

The Patient Safety Group met on 20th September and considered the following:

- Work from the Blood Transfusion Group was presented. In the main they are making positive progress although challenges remain due to different processes on the two acute sites and different laboratory IT systems. Due to staff turnover within the laboratory it is difficult to maintain standards of training, particularly with temporary staff. There are plans to introduce one manager within haematology who will work across both acute sites which should help with standardisation. The BT Group monitor incidents and identify trends and introduce improvements where necessary. Although there is good representation from most specialties a representative from orthopaedics and a junior doctor would be welcome.
- The Junior Doctor Safety Improvement Group continues to meet regularly and produce Patient Safety Matters monthly. Representation from the new trainees is good and a new chair will be selected shortly. The Group is currently considering a project to increase the confidence of junior doctors leading ward rounds. The Vice Chair of the Group is leading the development of an Incident Reporting User Group. The Foundations in Patient Safety and Quality programme has started, with 25 registered junior doctors.
- The Trust position on harm free care as monitored by the Safety Thermometer prevalence survey continues to indicate improvement with the exception of catheter associated urinary tract infections.
- Learning from recent Never Events was discussed.
- The revised Serious Incident Policy was approved and the planned incident investigator training was supported.
- Concerns relating to the lack of consistent signage to wards was discussed and will be escalated to Estates.
- Mr Bandy presented an overview of the National Safety Standards for Invasive Procedures (NatSSIPS) and the Trust's progress with the standards.
- The updated Chaperone Policy was approved.
- The Consent Policy was approved.
- The Patient Identification Policy was approved.
- The national Never Events Policy and Framework Consultation was introduced and comments requested.
- Progress with aspects of the Patient Safety Strategy/Sign up to Safety Campaign was summarised.

3. Clinical Effectiveness

3.1 Summary Hospital – level Mortality Indicator (SHMI)

The Trust SHMI for the period April 2015 – March 2016 as published on 22nd September is listed below, in addition to indicator divided by York and Scarborough areas:

Trust – 100
York - 95
Scarborough – 107.

Due to problems with the national data site a more detailed analysis is not available, but will be published in next months report.

The SHMI for the next reporting period (July 2015 – June 2016) will be published on 15th December.

4. Patient Experience	
4.1 Consultants new to the Trust	
<p>The following consultants joined the Trust in September:</p> <p>Catherine Bell Consultant Radiology York</p> <p>Osama Elhardello Locum Consultant Surgery Scarborough</p>	
5. Recommendations	
<p>Board of Directors are requested to:</p> <ul style="list-style-type: none"> • Consider the progress with the Patient Safety Strategy/Sign up to Safety Campaign • Note the summary report from Patient Safety Group • Note the launch and progress with the Influenza campaign • Consider the latest Summary Hospital-level Mortality Indicator (SHMI) • Acknowledge consultants new to the Trust. 	
Author	Diane Palmer, Deputy Director of Patient Safety
Owner	James Taylor, Medical Director
Date	October 2016

Board of Directors – 26 October 2016

Chief Nurse Report – October 2016

Action requested/recommendation

The Board is asked to note the Chief Nurse Report for October 2016.

Executive Summary

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

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

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

Progress of report	Quality & Safety Committee
Risk	Any risks are identified in the report.
Resource implications	No resource implications unless explicitly identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	October 2016
Version number	Version 1

Board of Directors – 26 October 2016

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

2. Patient Safety

2.1 Nursing and Midwifery Staffing

At the end of September 2016, the vacancy position for adult inpatient areas was 141.91fte Registered Nurses (RN) and 80.38fte Care Staff (HCA). Of these, 63.59fte RN posts and 58.48fte Care Staff posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 73.32fte and 21.9fte HCAs. Newly Qualified nurses are now beginning to take up post in the Trust and the majority of these will be in post by the end of November 2016.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. The project to recruit nurses from across Europe has now been concluded and we are working with HEE to explore opportunities of an Indian exchange programme.

The Chief Nurse Team is also working alongside the Recruitment team to look at innovative ways to recruit to nursing vacancies across the Trust and some pilot work will be undertaken in the coming months. In addition to this the 2017 nurse recruitment campaign for nurses wishing to join the Trust in September 2017 will also be commencing in November 2016 as well as bespoke recruitment for Postgraduate diploma nursing students.

Healthcare Assistant recruitment continues to take place with interviews scheduled during October and November 2016

On 13 October 2016, the Trust will be holding its second Recruitment Market Place, this time at Scarborough Hospital. Hosted by the Chief Nurse team the event will promote nursing and care staff vacancies predominantly at Scarborough and Bridlington Hospitals with other clinical and non clinical services also invited to have stands to promote their vacancies. The event will be held between 11am and 4pm and where possible, interviews will be held on the day of the event.

The Safer Staffing return for September 2016 is detailed in a separate paper and includes Care Hours per Patient Day, a new metric introduced in the Lord Carter Report.

2.2 Healthcare Associated Infection (HCAI)

Healthcare Associated Infection (HCAI) incidence continues on a downward trend towards national and regional mean with the exception of MRSA bacteraemia that is currently at 4 cases against a 0 target. A report detailing Q2 performance is submitted in a separate paper.

2.3 Fit testing

A fit testing programme is being rolled out across emergency admission areas by IPT, supported by a staff nurse from medicines management to ensure both staff and patient safety.

3. Effectiveness

3.1 Nurse Rostering project

The ward level 'deep dives' continue. The findings of each are being shared with directorate teams with action plans being developed to aid improvement where required. The Employee online remote access issues are now resolved and staff are able to view and make roster requests, as well as book bank shifts remotely.

Roster publication timeframes have now been amended so that rosters can be published 6 weeks in advance; this is to meet the recommendations in the Carter report.

In order to determine whether a centralised or devolved model of rostering is more efficient than the other, electronic rostering will now be implemented in one ward at Scarborough hospital. The implementation plan seeks to acknowledge and ameliorate the issues identified through learning from previous approaches.

3.2 Professional nurse bank project

In order to provide robust governance to the internal nurse bank, a number of work streams are being established to ensure that this group of staff receive the level of training and support that they require to undertake their roles, as well as highlighting the expectations of our bank and agency workers. Work continues to establish how we ensure equity for our bank only workers in terms of appraisals, pay progression and nurse revalidation.

3.3 Nursing workforce

A skill mix review is underway, and will be presented to Board of Directors in November. The aim of this review is to establish whether nursing establishments remain current and where potential changes to skill mix may be required in the future, in order to meet the changing landscape.

A gap analysis of the refreshed NQB guidance has been presented to the Quality & Safety Committee. Discussions are currently taking place to clarify the arrangements for the next acuity & dependency audit.

3.4 Nursing Associates

The Committee are aware that as part of the introduction of new roles we submitted an application to be a Nursing Associate test site. Feedback from HEE was that they received a high number of applications and following a rigorous assessment process, the 11 highest quality

applications sites were identified as the first cohort of Nursing Associate test sites. The organisation was not successful to be in the first round of pilots sites. However, due to the level of interest and the number of quality applications HEE were successful in securing funding for a further 1,000 trainees; these will be the 2nd cohort and will go to 'fast follower' test sites starting Spring 2017. We have been successful in this tranche and will be working with HEE in the next month to look at next steps for us to join the 'fast follower' group.

Updates will follow in future reports.

3.5 Safeguarding Update

3.5.1 Reflective Learning (Supervision)

These sessions are well attended by paediatric nursing staff on both the ward and SCBU across both sites and feedback is uniformly positive. Reflective Learning will be rolled out for paediatricians, commencing before the end of the year.

3.5.2 CSAAC

The CSAAC now has a 4th consultant paediatrician in post, which has improved the levels of cover we are able to provide for the service.

The artwork has now been displayed in the examination room which has considerably improved the environment for the children and families that attend the service.

We have now received a number of feedback forms. The service has been evaluated positively by service users and we have also developed a feed- back form for professionals which will be circulated imminently.

We have also developed an information leaflet for users of the CSAAC which is currently awaiting approval from the 'readability panel' prior to printing.

The CSAAC team are proud to be finalists in this years 'Celebration of Achievement' Awards in the 'Partnership Matters' category.

3.6 Ward Accreditation Tool

In November 2016, the Trust will be introducing a new ward accreditation tool. This will involve all wards being assessed on at least an annual basis and rated either Bronze, Silver or Gold. A quarterly report of the outcomes will be provided to the Board, the first report is expected in January 2017.

4. Patient Experience

4.1 Friend and Family Test Latest Results – August 2016

The Trust continues to meet its target for 90% of patients to recommend the Trust. The inpatient recommend rate was 96.5%.

The ED recommend rate is 85.6% compared to a national average of 85%. The Scarborough ED % recommend rate dropped to 71% in July. This has been flagged to the ED team – narrative comments indicate the majority of dissatisfaction is linked to waiting times and communication.

The response rate for inpatients in August 2016 is 25.2% (up from 24.4% in July). The national average inpatient response rate is 25.5%. York response rates remain stable at 28%; but Scarborough response rates have fallen significantly to 13.8% (from 25% in May). The ED response rate has risen to 19.1% (national average 12.9%).

4.2 Complaints

The draft of a new Policy for Handling Complaints and Concerns has been completed. It has received initial review and comment from the Deputy Chief Nurse and is now subject to consultation with matrons, directorate managers and via Patient Experience Steering Group.

The top three directorates receiving complaints are: Acute and General Medicine, Emergency Department, Obstetrics and Gynaecology.

The numbers for Acute and General Medicine and Emergency Department remain generally in line with the trend. The numbers for Obstetrics and Gynaecology are significantly higher than previous months. Trauma and Orthopaedics are also above usual levels. A detailed review of the complaints for these directorates shows no common theme between the Obstetrics and Gynaecology complaints. Ward 28 has been the source of 5 of the Trauma and Orthopaedics complaints (they have also received 5 concerns). The matron is working on a ward action plan, and is including learning from complaints within this.

The senior nurse team reviewed examples of KHWDBs in other Trusts at their October meeting. It was agreed that the boards needed to have strong ward ownership. Further engagement was therefore recommended with sisters. Views from patient representatives will also be sought. The issue will be brought back to the November meeting for decision.

4.3 The Night Owl initiative

This initiative was launched in September 2016. Each ward is being asked to discuss as a team how they can reduce noise and make a pledge, which will then be displayed on a poster on the ward. Wards are being encouraged to look at all feedback from patients, including Friends and Family Test results, to identify the main sources of noise and monitor their success in reducing it.

The York Hospital Charity has funded 1000 sleep packs (eye masks and ear plugs) to be offered to patients struggling to sleep. Friends of York Hospital has funded a further 1000 packs.

To date: 425 sleep packs have been distributed (with good feedback from the wards involved); 19 wards have made pledges (11 York, 2 Community and 6 Scarborough/Bridlington).

5. Recommendation

The Committee is asked to note the Chief Nurse Report for October 2016.

Author	Beverley Geary, Chief Nurse
Owner	Beverley Geary, Chief Nurse
Date	October 2016

Nursing Dashboard - York

	Metric	Measure	Data Source	Trajectory	RAG	Cum.T total	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			3	1	8	2	4	4	2	1	3	3	2	4	
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	1	0	0	1	2	0	1	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			0	1	5	1	3	3	0	0	2	2	2	2	3
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			2	0	2	1	1	0	0	1	0	0	0	0	1
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	1	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			15	18	23	18	18	21	9	12	20	10	8	9	
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			1	2	0	0	0	0	1	0	1	0	1	0	
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		95.22%	96.09%	92.73%	96.66%	96.33%	96.44%	95.30%	97.50%	95.59%	95.14%	97.71%	96.66%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			3	7	11	3	9	2	5	4	3	6	1	7	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			6	6	3	9	10	8	9	6	8	3	5	5	
	Drug Errors	Drug Errors (inpatient wards only)		Datix												54	72	62	
	NEWS	Compliance with NEWS (inpatient wards only)		Signal						79%	78.15%	77.64%	79.45%	79.76%	80.62%	80.33%	82.63%	85.40%	
Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			3	2	3	0	0	1	6	0	0	0	0	0		
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	0	2	2	2	0	1	1	2	1	1	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			87.43	85.39	98.15	68.51	68.75	86.14	70.2	74.63	67.66	71.16	78.07	73.81	
		Inpatient area vacancies - HCA	Number	CN Team			40.81	34.15	31.05	55.87	58.53	34.83	24.8	41.43	37.9	30.11	41.3	47.8	
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			4.47%	3.96%	3.74%	3.99%	4.36%	3.56%	4.27%	3.96%	3.55%	3.74%	3.51%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			4.36%	4.45%	3.83%	3.85%	3.71%	3.30%	3.34%	3.45%	3.21%	3.09%	3.60%	3.28%	
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info											61.68%	65.11%	65.17%	69%	
		Healthcare Assistants (Ward Areas)	%	Workforce Info											73.36%	69.38%	73.52%	74.10%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		85.8	90.3	88	88.9	86.7	86.9%	89.55%	86.30%	88.00%	87.90%	85.30%	89.80%	
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		94.3	96.6	94.5	93.7	94.2	95.1%	96.43%	95.90%	102.30%	96%	96.90%	106.10%	
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		100	95.4	93.6	95.6	92.4	93.1%	98.06%	102.10%	95.60%	105.10%	105%	96.20%	
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		109.1	108.5	103.1	105.1	103.7	104.3%	106.28%	106.50%	113.30%	113.20%	112.20%	115.80%	
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return											4.9	4.9	5.1	5	4.1
		Healthcare Assistants		Safer Staffing Return											2.6	2.7	3.0	3	3.1
		Total		Safer Staffing Return											7.5	7.6	8.1	8.0	7.3
Internal Bank Fill Rate	Fill Rate	%	Workforce Info			27.94	31.9	32.55	33.7	39.2	38.1	41.70%	42.80%	38.20%	43.20%	39%	40.30%		
Agency Fill Rate	Fill Rate	%	Workforce Info			43.31	43.1	36.69	42.4	33.9	36.8	30.40%	33.40%	37.80%	36.10%	37.40%	40.60%		
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	2	0	0	0	0	1	0	1	0	1	0	0	0	
		MRSA Screening - Elective	Compliance %	Signal	95%		96.61%	97.85%	94.63%	75.64%	70.54%	74.41%	71.79%	6.59%	64.80%	61.41%	57.78%	52.17%	
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		74.49%	79.69%	76.26%	79.09%	74.85%	78.53%	79.41%	82.29%	80.49%	81.76%	81.20%	79.34%	
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team	48	2	4	3	5	5	4	1	0	1	3	3	2	0	
	MSSA	MSSA Bacteraemia	Cumulative	IC Team	12		5	0	1	0	2	3	4	1	2	1	4	0	
E-Coil	E-Coil Bacteraemia	Cumulative	IC Team	28		3	4	4	4	10	6	2	3	4	4	9	6		
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			13	9	5	2	12	6	7	8	12	4	1	4	
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	3	5	4	
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	1	0	1	0	1	0	0	0	

		Metric	Measure	Data Source	Trajectory	RAG	Cum.T otal	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September		
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				96.25	94.96	94.43	94.68	95.48	95.48	96.46%	96.92%	96.06%	96.30%	95.75%			
			%Not Recommend	Signal				1.12	1.60	2.46	1.53	1.92	1.34	1.04%	0.73%	1.45%	0.90%	1.11%			
		A&E Friends and Family Test	% Recommend	Signal					79.35	74.50	86.57	83.70	82.27	83.83	78.93%	80.98%	81.44%	86.48%	88.04%		
			% Not Recommend	Signal					12.83	18.30	7.89	11.28	10.44	10.92	12.86%	11.63%	11.68%	8.16%	7.12%		
		Maternity (Ante Natal)	% Recommend	Signal					86.79	100.00	93.75	97.80	100.00	91.00	100.00	95%	97.56%	98.18%	100%		
			% Not Recommend	Signal					1.89	0.00	0.00	0.00	0.00	0.02	0.00	0%	0%	0	0%		
		Birth	% Recommend	Signal					95.50	91.67	98.50	96.80	100.00	100.00	100.00	99%	99.11%	100.00%	97.27%		
			% Not Recommend	Signal					0.90	8.30	0.00	0.00	0.00	0.00	0.00	0%	0.88%	0%	0%		
		Maternity (Post Natal)	% Recommend	Signal					95.60	100.00	100.00	100.00	97.10	99.00	100.00	98%	100%	99.10%	97.89%		
			% Not Recommend	Signal					1.09	0.00	0.00	0.00	0.00	0.00	0.00	0%	0%	0%	1.05%		
		Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team					24	not available	not available	18	22	28	23	20	12	17	15	21
			Staff Attitude	Number	PE Team					2	not available	not available	1	2	3	3	2	1	3	5	1
	Patient Care		Number	PE Team					4	not available	not available	5	1	3	1	4	2	2	2	0	
	Communication		Number	PE Team					5	not available	not available	2	3	5	3	1	3	2	1	2	

Assistant Director Narrative - Michael Shanaghey

Pressure ulcers – no category 3 or 4 PU's reported since June 2016 on safety thermometer. 1 category 3 SI declared on AMU

Falls – 0 falls with moderate/severe harm reported in September 2016 on safety thermometer However 3 SI's declared from wards 32,34 & 35. Areas of high risk have been creating bespoke action plan in falls prevention and management. The Trust has procured an additional 15 falls sensors and 20 crash mats whilst the tendering process continues

CAUTI – action plans created locally within directorates as appropriate in response to cases. Diane Palmer attended York PNLF in September re: CAUTI CQUIN. There will be a trial of new documentation on AMU/B, Ward 33 and 34 to measure indication for catheter insertion, on-going care and daily assessment of need. Plan to roll out across Trust following Trial.

Vacancies – recruitment on-going across the site with particular focus on areas of concern e.g. ward 28 & 34; this includes bespoke adverts, temporary bed reduction if appropriate, risk assessment and use of agency block booking

Appraisal – Matron's managing compliance directly with ward/department managers and actions in place to address

MRSA screening - Matron's are reviewing/validating their data locally and taking action.

Clinical incidents:

1. Delayed diagnosis in Ophthalmology OPD
2. Endoscopy infection control incident
3. Patient assault on ASU
4. Maternal death

SI:

Nursing Dashboard - Scarborough

	Metric	Measure	Data Source	Trust Trajectory	Cum Total	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU		1	3	5	1	2	7	2	4	2	1	1	2	
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU		0	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	1	0	0	1	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU		1	3	3	1	1	5	1	2	0	1	0	0	
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU		0	0	2	0	0	2	1	1	2	0	1	0	0
	Falls	Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU		0	0	0	0	0	0	0	0	0	0	0	0	1
		Falls	No. of Patients (PP)	Safety Thermometer - FALLS		8	8	8	4	11	6	7	10	4	7	9	15	
	Safety Thermometer	Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS		0	2	0	0	0	0	0	0	0	0	1	1	2
		Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%	93.08%	91.04%	90.20%	93.31%	95.48%	91.67%	93.29%	95.58%	94.52%	94.31%	95.07%	90.94%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS		11	10	11	9	3	6	7	4	11	17	15	10	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS		2	4	7	6	10	3	8	4	3	5	10	11	
	Drug Errors	Drug Errors (inpatient wards only)		Datix											23	44	25	
	NEWS	Compliance with NEWS (inpatient wards only)		Signal					84%	81%	81.73%	83.66%	85.70%	85.54%	85.45%	85.67%	94.30%	
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		0	1	0	1	0	2	0	0	0	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		1	1	1	0	0	0	1	0	1	1	1	0		
VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		0	0	1	0	0	4	0	0	0	0	0	0		
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team		40.37	29.89	37.93	36.93	42.83	41.67	38.59	38.4	40.27	50.71	49.63	43.01	
		Inpatient area vacancies - HCA	Number	CN Team		-3.86	1.85	1.35	5.95	2.65	4.24	7.88	7.94	10.28	10.14	13.06	17.8	
	Sickness	Sickness (In Patient Areas)	%	Workforce Info		4.61%	5.08%	6.67%	6.46%	6.63%	3.43%	4.11%	3.47%	3.88%	4.83%	4.75%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info		2.67%	2.75%	2.41%	2.65%	2.66%	2.36%	2.32%	2.71%	2.23%	2.39%	2.21%	1.92%	
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info											59.69%	64.12%	63.42%	66.97%
		Healthcare Assistants (Ward Areas)	%	Workforce Info											45.52%	56.31%	57.24%	59.88%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		81.7	83.8	87.5	86.6	83.7	80.8%	85.27%	86.20%	85.00%	82%	82.10%	86%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		92.3	104.6	102.5	92.6	91.8	88.2%	89.92%	89.70%	96.20%	92.90%	94%	98.20%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		109.2	94.1	90.8	104.9	100.5	100.5%	99.61%	99.90%	91.60%	100.20%	97.00%	93.40%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		108.8	108.4	108.8	113.5	118.9	114.0%	115.87%	111.70%	108.60%	111%	108.10%	118.60%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return										5.1	4.6	4.9	5.3	3.9
		Healthcare Assistants		Safer Staffing Return										2.6	2.4	2.7	2.7	2.8
		Total		Safer Staffing Return										7.7	7.0	7.6	8.0	6.6
Internal Bank Fill Rate	Fill Rate	%	Workforce Info		59.40%	62.00%	57.17%	73.70%	65.80%	58.60%	61.90%	74.90%	63.10%	58.80%	55.50%	59.90%		
Agency Fill Rate	Fill Rate	%	Workforce Info		19.40%	18.70%	14.63%	11.30%	11.20%	12.40%	10%	5.90%	8.30%	14.40%	19.30%	14.80%		
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	3	0	0	0	0	0	0	0	0	0	2	0	
		MRSA Screening - Elective	Compliance %	Signal	95%		95.92%	92.36%	74.38%	66.67%	50%	50.56%	45.71%	34.69%	37.17%	36.69%	43.26%	38.51%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		90.32%	91.55%	86.69%	87.48%	86.47%	84.13%	87.62%	86.51%	75.82%	88.99%	89.34%	88.08%
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team	48	16	0	0	2	1	0	1	2	0	0	0	0	
	MSSA	MSSA Bacteraemia	Cumulative	IC Team	<30	14	1	2	1	2	0	0	4	0	0	1	2	0
E-Coli	E-Coli Bacteraemia	Cumulative	IC Team		38	3	4	3	6	3	1	1	2	3	4	4	2	
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			4	6	4	6	9	12	7	0	11	1	3	1
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	1	3	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September		
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			97.81	95.00	95.32	97.38	95.52	96.45	98.02%	96.35%	96.88%	97.56	98.96%			
			%Not Recommend	Signal			0.40	1.00	1.10	0.56	1.07	1.62	0.46%	0.42%	0.66%	0.98%	0.78%			
		A&E Friends and Family Test	% Recommend	Signal			71.83	85.10	80.85	81.10	72.73	65.25	80.74%	81.63%	78.26%	71.43%	75.52%			
			% Not Recommend	Signal			19.72	9.20	12.77	11.81	17.48	24.11	11.85%	8.84%	13.91%	21.14%	19.27%			
		Maternity (Ante Natal)	% Recommend	Signal			100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96%	100%	95.45%	100%		
			% Not Recommend	Signal			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	0%	0%	0%		
		Birth	% Recommend	Signal			100.00	100.00	100.00	98.00	100.00	92.30	100.00	99%	100%	96.55%	100%			
			% Not Recommend	Signal			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1%	0%	0%	0%		
		Maternity (Post Natal)	% Recommend	Signal			96.20	100.00	90.90	97.10	100.00	100.00	100.00	100%	100%	100%	100%			
			% Not Recommend	Signal			0.00	0.00	9.10	2.90	0.00	0.00	0.00	0%	0%	0%	0%			
		Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number		PE Team			13	Not Available	Not Available	1	5	7	4	2	3	5	12	8
			Staff Attitude	Number		PE Team			0	Not Available	Not Available	0	0	0	0	0	2	1	1	1
	Patient Care		Number		PE Team			2	Not Available	Not Available	0	1	2	0	1	0	2	1	1	
	Communication		Number		PE Team			5	Not Available	Not Available	0	0	2	1	1	0	2	0	3	

Assistant Director Narrative - Emma George

Vacancies

Currently 46.63 WTE Registered Nurse vacancies across Scarborough this includes all wards and departments. We have recruited and the RN vacancy will reduce to 27.83 WTE.

Bespoke adverts for difficult to recruit to areas – Beech ward currently advertised

Recruitment Fair planned for October 13 2016 specific for Scarborough and Bridlington sites.

HCA open day 20 September 2016

Infection Prevention and Control

There have been 2 MRSA Bacteraemia in ICU on this site. The PIR have been completed and have learning has been identified.

- Timeliness of the suppression therapy prescription and therefore the commencement of the mupiricin.
- Documentation in relation to the insertion of a central line in theatre and on-going care of the line in ICU.

All nursing and medical staff have or are undertaking their ANTT training

Microbiologist Consultant, ADN and CD will present the findings to the ICU staff in September 2016

Exploring the possibility of an RN administering the mupiricin under a PGD to ensure there is no delay in the commencement of treatment.

Nursing Dashboard - Bridlington

	Metric	Measure	Data Source	Trajectory	RAG	Current total	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September	
Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				1	2	2	0	0	2	0	2	0	1	0	0	
	Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0	
	Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	1	0	0	0	0	0	0	0	0	0	
	Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	1	0	0	2	0	2	0	1	0	0	
	Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				1	0	0	0	0	0	0	0	0	0	0	0	
	Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0	
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				0	1	0	0	0	2	3	0	1	0	0	0
		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%			95.65%	92.45%	91.49%	96.30%	93.88%	85.11%	94.64%	90.00%	90.63%	82.31%	81.62%	91.84%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARM				1	1	1	0	1	1	0	0	0	1	1	1
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				0	0	0	3	0	1	0	3	0	0	3	0
	Drug Errors	Drug Errors (inpatient wards only)		Datix													2	0	0
	NEWS	Compliance with NEWS (inpatient wards only)		Signal							93%	93.03%	86.95%	0.89559566	93.04%	91.50%	92.96%	96.20%	91.90%
Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	1	1	0	0	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0	
VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0	
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			6.52	5.52	7.08	6.28	6.78	11.68	5.78	7.4	7.4	5	5	5	
		Inpatient area vacancies - HCA	Number	CN Team			0.08	0.08	1.68	2.68	2.68	3.3	1.68	3.44	1.5	2.44	0.7	4.84	
	Sickness (In Patient Areas)	Sickness	%	Workforce Info			6.06%	6.36%	6.99%	8.65%	6.46%	7.89%	10.89%	14.40%	16.33%	15.49%	13.40%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			0.17%	0.85%	0.90%	0.92%	0.94%	0.95%	0.95%	0.95%	0.95%	0.72%	0	1.43%	
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info												64.88%	65.37%	66.92%	53.66%
		Healthcare Assistants (Ward Areas)	%	Workforce Info												62.36%	60.67%	63.85%	52.78%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			89.8	94.7	86.9	92.6	93.4	90.3%	93.42%	88.90%	95.10%	85.00%	89%	83.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			73.9	93.2	90.7	76.7	80.1	76.6%	84.69%	79.40%	84.20%	87.50%	75.30%	92.10%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			85.2	73.8	67.9	94.9	92.2	88.9%	93.82%	85.80%	72.70%	72.30%	87.20%	64.50%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			112.7	145	166.1	161.3	153.4	140.3%	150.00%	133.90%	143.30%	159.70%	138.70%	191.70%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return											9.1	8.1	7.8	6.7	3.5
		Healthcare Assistants		Safer Staffing Return											4.0	3.5	4.1	3.7	3.9
		Total		Safer Staffing Return											13.1	11.6	11.9	10.4	7.5
Internal Bank Fill Rate	Fill Rate	%	Workforce Info				82.80%	83.50%	70.95%	81.40%	81.80%	83.30%	80%	84.70%	76.30%	78.40%	84.80%	85.50%	
Agency Fill Rate	Fill Rate	%	Workforce Info				6.50%	7.78%	3.39%	1.20%	2.80%	2.00%	1.90%	0.80%	2.90%	1.80%	1.60%	0.60%	
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	
		MRSA Screening - Elective	Compliance %	Signal	95%			94.06%	91.10%	90.78%	82.11%	79.67%	80.92%	75.92%	95.20%	97.32%	97.10%	100%	97.99%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			100%	83.33%	100%	100%	--	66.67%	100%	100%	100%	99.28%	--	100%
	C.Difficile	C.DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	1	0	0	0	0	0	1	0	0	0	0	
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	0	0	0	1	1	0	0	0	0	
E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	1	0	0	0	2	0	0	0	1	0	0		
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance			0	0	0	2	0	0	0	0	3	0	0	1	
	Critical Incidents	CI's reported	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	1	0	
	Never Events	Never Events declared	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	0	0	

	Metric	Measure	Data Source	Trajectory	RAG	Cumulative	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September		
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal			98.39%	100.00%	98.73%	98.77%	99.02%	98.40%	97.54%	97.23%	98.31%	96.57%	98.32%			
			%Not Recommend	Signal			0.81%	0.00%	0.00%	0.92%	0.00	0.00	0.62%	0.79%	0%	0%	0%			
		A&E Friends and Family Test	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Ante Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
		Birth	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Post Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	--	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				1	not available	not available	0	1	0	0	0	0	0	1	1	
		Staff Attitude	Number	PE Team				0	not available	not available	0	0	0	0	0	0	0	1	0	
		Patient Care	Number	PE Team				0	not available	not available	0	1	0	0	0	0	0	0	0	
		Communication	Number	PE Team				0	not available	not available	0	0	0	0	0	0	0	0	0	

Assistant Director Narrative - Emma George

Areas of risk identified are sickness rates within the acute wards
Kent RN 18.8 %
Waters RN 21.55%
Lloyd RN 16.08%
ADN has met with the matron and ward manager and there is a plan in place, all staff are being monitored within the sickness policy, issues are long term sickness.

Nursing Dashboard - Trustwide

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year)	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				13	18	16	15	16	21	8	17	16	13	9	15	
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				1	0	0	0	2	0	1	1	1	1	1	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				2	4	3	1	5	1	2	3	4	4	1	1	2
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				4	12	9	8	7	17	3	10	4	4	6	4	11
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				6	2	4	6	2	3	2	3	7	5	4	4	1
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				31	33	31	28	36	35	21	31	32	27	20	28	
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				1	4	0	0	0	0	1	0	1	1	2	3	
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	95%	Red		95	94.28	92.79	94.4	95.99	94.13	95.52	95.33%	95.33%	94.31%	95.07%	94.71%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				23	17	21	20	17	19	19	19	14	17	17	15	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				9	12	10	19	18	14	21	16	13	8	18	17	
	Drug Errors			Datix													89	135	101	
	NEWS			Signal							87.20%	85.60%	85.20%	86.80%	87.60%	87.40%	87.70%	87.80%	88.10%	
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				4	3	3	1	0	6	8	1	0	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				2	2	3	2	3	1	2	1	3	2	2	1		
VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				0	0	1	0	1	4	0	0	0	0	0	0		
Workforce	Vacancies	Inpatient area vacancies -RN (month end)	Number	CN Team				148.05	127.31	158.87	125.36	128.13	147.27	120.72	133.76	130.35	142.28	149.99	141.91	
		Inpatient area vacancies - HCA (month end)	Number	CN Team				39.05	34.15	31.05	55.57	58.53	34.83	54.54	59.11	56.82	47.56	62.63	80.38	
	Turnover	Registered Nurses	%	Workforce Info				11.53%	12.24%	11.68%	11.83%	14.10%	15.04%	11.10%	11.32%	11.03%	10.62%	10.63%	10.70%	
		Healthcare Assistants	%	Workforce Info				12.23%	12.01%	12.24%	10.06%	13.23%	12.81%	9.26%	9.22%	9.80%	10.36%	8.19%	9.84%	
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				5.17%	4.37%	4.64%	4.64%	4.45%	4.31%	3.87%	3.89%	3.79%	3.84%	3.73%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				1.76%	2.71%	2.56%	2.42%	2.51%	2.56%	2.70%	2.84%	2.95%	2.90%	2.78%	2.84%	
	Appraisals	Registered Nurses	%	Workforce Info												66.10%	68.64%	70.95%	70.99%	
		Healthcare Assistants	%	Workforce Info												67.79%	69.31%	72.11%	71.63%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		92.80%	92.00%	91.20%	90.40%	92.80%	88.80%	91.74%	92.80%	93.70%	90.19%	90.30%	91.32%	
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		93.50%	95.40%	88.90%	89.70%	91.10%	91.60%	87.89%	92.00%	97.80%	89.05%	84.50%	97.01%	
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		96.70%	100.70%	93.70%	98.00%	96.30%	97.84%	97.02%	97.80%	94.10%	99.94%	98.90%	91.19%	
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		109.30%	104.50%	114.20%	115.00%	110.70%	108.48%	119.50%	111.50%	108.20%	118.64%	122.00%	117.34%	
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return											5.4	5.1	5.1	4.8	3.01	
		Healthcare Assistants		Safer Staffing Return											3.0	2.9	3.1	3.1	2.9	
		Total		Safer Staffing Return											8.4	8.0	8.2	7.9	5.91	
	Bank & Agency	Overall Fill Rate	%	Workforce Info				77.55%	77.04%	70.76%	79.40%	75.30%	74.67%	73.19%	78.55%	75.92%	78.33%	77.41%	79.86%	
		Bank Fill Rate RN	%	Workforce Info				43.74%	36.98%	36.20%	46.38%	42.94%	34.71%	45.41%	50.67%	46.18%	46.74%	40.97%	47.60%	
		Bank Fill Rate HCA	%	Workforce Info				51.13%	53.85%	52.56%	67.07%	60.31%	60.18%	58.63%	60.76%	53.75%	56.69%	56.79%	51.78%	
		Bank - RN Hours filled	Number of Hours	Workforce Info				9,458	10,100	10,499	14,508	14,266	15,115	14,122	15,569	14,186	15,273	14,845	15,194	
		Bank - HCA Hours filled	Number of Hours	Workforce Info				9,508	10,711	11,161	13,716	13,879	15,494	14,286	14,273	14,395	16,829	17,562	16,872	
Agency Fill Rate RN		%	Workforce Info				34.12%	40.36%	32.56%	30.26%	29.82%	31.09%	23.05%	22.48%	25.47%	26.47%	29.55%	30.82%		
Agency Fill Rate HCA		%	Workforce Info				26.06%	22.78%	20.93%	16.55%	18.66%	20.17%	20.61%	24.84%	27.07%	27.26%	28.71%	29.49%		
Agency - RN Hours filled		Number of Hours	Workforce Info				7,379	11,021	9,444	9,465	9,905	11,824	7,168	6,908	7,823	8,651	10,706	9,840		
Agency - HCA Hours filled	Number of Hours	Workforce Info				4,847	4,530	4,444	3,385	4,295	5,193	5,022	5,835	7,250	8,078	8,878	9,609			
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	75%			66.29%	67.61%	70%	66.78%	81.91%	83%	78.95%	85%	85.62%	84.23%	75.54%	69.78%	
		Mandatory Training		CLAD	&%%			71.32%	58.27%	83.32%	73.51%	79.07%	80%	77.69%	83.60%	85.18%	84.23%	78.94%	78.61%	

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year)	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	September	
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	Red	1.00	0	0	0	1	1	0	1	0	1	0	2	0	
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		95.69	94.32	89.85	78.4	70.83	73.81	68.21	62.96	64.24	62.52	63.89	58.77%	
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		79.71	83.55	83.58	79.94	79.62	80.28	82.21	83.7	78.91	84.19	83.88	82.29%	
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team		Green	3.00	5	2	8	7	5	3	3	1	3	3	2	1	
	MSSA	MSSA Bacteraemia	Cumulative	IC Team		Red	9.00	6	2	2	2	2	3	9	2	2	2	5	0	
	E-Coli	E-Coli Bacteraemia	Cumulative	IC Team			5.00	6	3	14	11	15	7	5	5	9	6	14	10	
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		94%	94.93%	94%	94%	94%	94%	97%	95%	93%	94%	95%	93%	94%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				21	19	12	11	27	21	17	12	31	15	17	12	
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				0	0	0	0	0	0	0	0	0	6	5	4	
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				0	0	0	0	1	0	1	0	1	1	1	0	
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.98%	95.46%	95.26%	96%	96.01%	96.19%	98.89%	96.92%	96.47%	96.52%	96.53%		
			%Not Recommend	Signal				0.88%	1.26%	1.83%	1.19%	1.44%	1.20%	0.83%	0.73%	1.13%	0.89%	0.93%		
		A&E Friends and Family Test	% Recommend	Signal					78.34%	76.10%	85.61%	83.31%	80.95%	80.86%	79.21%	81.09%	80.397%	83.84%	85.58%	
			% Not Recommend	Signal					13.75%	16.90%	8.70%	11.36%	11.41%	13.02%	12.70%	11.16%	12.01%	10.44%	9.51%	
		Maternity (Ante Natal)	% Recommend	Signal					95.60%	100%	97.22%	99.01%	100%	95.65%	100%	95.35%	98.37%	97.4%	100%	
			% Not Recommend	Signal					1.10%	0	0	0	0	1.09%	0%	0%	0%	0%	0%	
		Labour & Birth	% Recommend	Signal					95.50%	93.75%	98.97%	98.75%	100%	95.65%	100%	98.99%	99.33%	99.30%	97.89%	
			% Not Recommend	Signal					0.90%	6.25%	0	0	0	4.35%	0%	0%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal					95.60%	100%	0	100%	97.87%	99.15%	96.43%	97.16%	100%	99.26%	98.32%	
			% Not Recommend	Signal					1.10%	0	0	0	1.06%	0%	0%	0.57%	0%	0%	0.84%	
		Community Post Natal	% Recommend	Signal					95.66%	100%	94.44%	98.31%	98.41%	94.85%	100%	99.15%	99.12%	98.81%	97.44%	
			% Not Recommend	Signal					2.59%	0	5.56%	1.69%	0	1.03%	0%	0%	0%	1.19%	1.71%	
	Complaints	Complaints Total	Number	PE Team					42	Not Available	Not Available	19	31	36	27	30	33	26	28	33
		Staff Attitude	Number	PE Team					7	Not Available	Not Available	1	3	3	3	2	4	4	1	2
		Patient Care	Number	PE Team					6	Not Available	Not Available	5	3	5	1	5	2	4	7	1
Communication		Number	PE Team					5	Not Available	Not Available	2	3	8	4	2	3	4	3	5	

Board of Directors – 26 October 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

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

Executive Summary

This is the twenty-ninth submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

A detailed breakdown for September 2016 staffing levels is contained within the main report.

Site Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Archways Intermediate Care Unit	94.2%	92.7%	98.3%	100.0%
Bridlington and District Hospital	83.1%	92.1%	64.5%	191.7%
Malton Community Hospital	80.0%	111.0%	100.0%	100.0%
Scarborough General Hospital	86.0%	98.2%	93.4%	118.6%
Selby And District War Memorial Hospital	97.3%	102.7%	86.7%	126.7%
St Helens Rehabilitation Hospital	97.5%	79.3%	93.3%	103.3%
St Monicas Hospital	89.0%	101.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	105.0%	90.0%	88.3%	100.0%
York Hospital	89.8%	106.1%	96.2%	115.8%

As reported last month, The Lord Carter review highlighted the importance of ensuring that workforce and financial plans are consistent, in order to optimise delivery of clinical quality and use of resources. The review recommended that Care hours Per Patient Per Day (CHPPD) is collected monthly from April 2016 and daily from April 2017.

CHPPD is calculated by adding the hours of RN's on shift to the hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions (or approximating 24 hours by numbers of patients at midnight.)

From May 2016 CHPPD became the principle measure of nursing and care support with the expectation that it will form part of an integrated quality framework / dashboard. The first return of CHPPD taking place in June 2016. The CHPPD based on the actual staffing provided across the inpatient wards during September 2016 is detailed below:

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Archways Intermediate Care Unit	541	2.5	2.2	4.6
Bridlington and District Hospital	1234	3.5	3.9	7.5
Malton Community Hospital	750	2.1	3.2	5.3
Scarborough General Hospital	8413	3.9	2.8	6.6
Selby and District War Memorial Hospital	615	2.7	2.6	5.3
St Helen's Rehabilitation Hospital	551	2.7	2.2	4.9
St Monica's Hospital	291	3.0	3.8	6.8
White Cross Rehabilitation Hospital	580	2.6	2.3	4.9
York Hospital	14994	4.1	3.1	7.3

Vacancies and Sickness continued to be a factor in the staffing of wards during September 2016; as in previous months, this is monitored by the senior nursing team and staff are moved across the wards as appropriate.

Significant recruitment to RN vacancies is underway and the 2017 nursing recruitment campaign will also be commencing in November 2016. The impact of some of these appointments will be realised from October onwards with the newly qualified nurses taking up their posts.

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

<u>Progress of report</u>	Quality and Safety Committee
<u>Risk</u>	No risk
<u>Resource implications</u>	Resources implication detailed in the report
<u>Owner</u>	Beverley Geary, Chief Nurse
<u>Author</u>	Nichola Greenwood, Nursing Workforce Projects Manager
<u>Date of paper</u>	October 2016
<u>Version number</u>	Version 1

Board of Directors – 26 October 2016

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

This is the twenty-ninth submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

A detailed breakdown for September 2016 staffing levels is attached at Appendix 1.

From May 2016 CHPPD became the principle measure of nursing and care support with the expectation that it will form part of an integrated quality framework / dashboard. The first return of CHPPD took place in June 2016. This report, at section 3, provides details of the CHPPD based on the actual staffing provided across the inpatient wards during September 2016.

Lord Carter suggests that CHPPD gives a more accurate view of the availability of staff and overcomes the limitations of the previous formulae for assessing staffing ratios.

Over the coming months, CHPPD data will be used to benchmark wards against their peers, in addition to benchmarking against comparative organisations. It will provide opportunity to identify potential outliers and ameliorate as required.

2. High level data by site

Site Name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Archways Intermediate Care Unit	94.2%	92.7%	98.3%	100.0%
Bridlington and District Hospital	83.1%	92.1%	64.5%	191.7%
Malton Community Hospital	80.0%	111.0%	100.0%	100.0%
Scarborough General Hospital	86.0%	98.2%	93.4%	118.6%
Selby And District War Memorial Hospital	97.3%	102.7%	86.7%	126.7%
St Helens Rehabilitation Hospital	97.5%	79.3%	93.3%	103.3%
St Monicas Hospital	89.0%	101.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	105.0%	90.0%	88.3%	100.0%
York Hospital	89.8%	106.1%	96.2%	115.8%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Archways Intermediate Care Unit	541	2.5	2.2	4.6
Bridlington and District Hospital	1234	3.5	3.9	7.5
Malton Community Hospital	750	2.1	3.2	5.3
Scarborough General Hospital	8413	3.9	2.8	6.6
Selby and District War Memorial Hospital	615	2.7	2.6	5.3
St Helen's Rehabilitation Hospital	551	2.7	2.2	4.9
St Monica's Hospital	291	3.0	3.8	6.8
White Cross Rehabilitation Hospital	580	2.6	2.3	4.9
York Hospital	14994	4.1	3.1	7.3

4. Exceptions

There were 9 wards where RN staffing during the day fell below 80% in September. These wards were Ann Wright, CCU, ITU in Scarborough, Ward 29, AMU, and CCU in York. Lloyd and Waters wards in Bridlington and St Helens. The reasons for this were largely due to RN vacancies and where planned staffing levels for RNs were not met, additional care staff were rostered to work where necessary. In respect of ITU, Lloyd and Ward 29, staff were redeployed to support other wards.

There were 4 wards where RN planned staffing levels fell below 80% on night shifts. These wards were Stroke in Scarborough, Kent, Lloyd and Waters in Bridlington, Archways and Selby in the Community. On Stroke ward this was due to vacancies; on Lloyd, Kent and Waters wards in Bridlington it was due to low bed occupancy levels; 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	
	Ann Wright	AMU	Ward 17
	Beech	Ward 23	Ward 25
	CCU	Ward 26	Ward 32
	Graham	Ward 33	Ward 34
	Maple	Ward 35	Ward 36
	Oak	Ward 37	Ward 29
	Stroke		

ICU at York shows Healthcare Assistants over their normal staffing levels. This was due to efficiencies with their e-rostering.

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 are Staff to support the shortfall of registered nurses. These wards are:

Bridlington	Community	Scarborough	York	
	Fitzwilliam	Ann Wright	AMU	CCU
	Selby	CCU	G1	Ward 25
	St Helens	Holly	Ward 39	
	St Monicas	Stroke		

On Waters ward, it was necessary on occasions for the sister to be the Bridlington Hospital bleep holder and, on these occasions it was necessary for a second nurse to work on the ward in the event of the bleep holder being called away. This therefore shows Waters ward higher than normal staffing levels.

Across York and Scarborough sites, a number of Newly Qualified nurses have commenced in post as Pre-registered nurses whilst awaiting their NMC numbers to arrive. As a result some of the staffing ratios include these nurses working as care staff.

Bed Occupancy

Lloyd and Kent wards at Bridlington, Ward 29 in York and ICU in Scarborough changed their ratio of registered and unregistered staff according to bed occupancy, with staff being deployed to other ward areas. On occasions Kent ward was closed when there were no patients requiring overnight stay. Waters Ward has reduced its bed numbers resulting in RNs being redeployed to other wards and additional care staff being utilised.

The Surgical Assessment Unit on Lilac ward in Scarborough remained open longer than usual during September to help manage clinical activity. This resulted in a higher level of staffing.

Actions and Mitigation of risk

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

5. Vacancies by Site

The vacancy information for the adult inpatient areas below, has been taken from the ward budgeted establishments and staff in post data from ESR. The vacancies pending start has been collated from central records following the introduction of centralised recruitment in HR.

	Reported vacancies		Vacancies filled pending start		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	5	4.84	0	3	5	1.84
Community	15.09	9.94	7.39	3.49	7.7	6.45
Scarborough	43.01	17.8	16.8	22.4	26.21	-4.6
York	73.81	47.80	39.40	29.59	34.41	18.21
Total	141.91	80.38	63.59	58.48	73.32	21.9

At the end of September 2016, the first tranche of newly qualified nurses began to take up their posts, working initially as pre-registered nurses whilst awaiting receipt of their NMC pin. Further newly qualified nurses will arrive throughout October and into November 2016.

63.59fte RN posts and 58.48fte Care Staff posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 73.32fte and 21.9fte for Care Staff.

Registered nurse recruitment is on-going across the Trust and planning is underway for a Recruitment Market Place in Scarborough on 13th October 2016. Vacancies for all nursing areas, particularly CCU, Respiratory Medicine and, Elderly Medicine will be advertised at the event as well as other clinical and non clinical posts across Scarborough and Bridlington sites, and the wider community.

The Trust will be undertaking further Care Staff interviews in October preparing for the winter period, with start dates expected in December 2016 and early 2017.

The Trust is also commencing with its 2017 nurse recruitment campaign including attendance at recruitment fairs during November and the winter months as well as holding bespoke recruitment for post-graduate diploma nursing students.

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	October 2016

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

York Teaching Hospital NHS Foundation Trust

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

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

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

Comments

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		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
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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								
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1080	846	900	1026	660	660	330	690	78.3%	114.0%	100.0%	200.0%	521	2.9	3.2	6.1
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		900	855	900	892.5	660	660	0	0	95.0%	99.2%	100.0%	-	406	3.7	2.2	5.9
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1440	1332	1260	1326	990	990	660	847	92.5%	105.2%	100.0%	128.3%	930	2.5	2.3	4.8
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1800	1560	1440	1302	1650	1353	1320	1254	85.7%	90.4%	82.0%	95.0%	639	4.6	4.0	8.6
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1440	1158	1080	1080	660	660	660	660	80.4%	100.0%	100.0%	100.0%	826	2.2	2.1	4.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2250	1852.5	900	660	1320	1122	330	462	82.3%	73.3%	85.0%	140.0%	566	5.3	2.0	7.2
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1575	1395	450	397.5	660	682	330	297	88.8%	88.3%	103.3%	90.0%	291	7.1	2.4	9.5
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Graham	430 - GERIATRIC MEDICINE		900	834	720	1056	660	660	330	836	92.7%	146.7%	100.0%	253.3%	551	2.7	3.4	6.1
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		720	714	360	336	660	660	0	0	99.2%	93.3%	100.0%	-	382	3.6	0.9	4.5
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1080	918	900	960	660	649	660	660	85.0%	106.7%	98.3%	100.0%	544	2.9	3.0	5.9
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE	100 - GENERAL SURGERY	2700	2055	450	472.5	1650	1452	0	0	78.1%	105.0%	88.0%	-	123	28.5	3.8	32.4
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY		1800	1575	1800	1507.5	660	836	660	748	87.5%	83.8%	126.7%	113.3%	641	3.8	3.5	7.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2250	1897.5	1125	1147.5	1320	1188	660	671	84.3%	102.0%	90.0%	101.7%	603	5.1	3.0	8.1

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		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
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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								
	SCARBOROUGH GENERAL HOSPITAL - RBCA	Oak	430 - GERIATRIC MEDICINE		1440	1278	1980	1896	990	924	990	1023	88.8%	95.8%	93.3%	103.3%	954	2.3	3.1	5.4
	SCARBOROUGH GENERAL HOSPITAL - RBCA	Stroke	430 - GERIATRIC MEDICINE		1080	1050	720	660	990	759	330	495	97.2%	91.7%	76.7%	150.0%	436	4.1	2.6	6.8
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		900	858	1260	1242	660	638	330	330	95.3%	98.6%	96.7%	100.0%	781	1.9	2.0	3.9
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1125	960	900	825	660	297	0	297	85.3%	91.7%	45.0%	-	125	10.1	9.0	19.0
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		660	585	814	420	187	110	0	0	88.6%	51.0%	58.8%	-	22	31.6	19.1	50.7
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE	101 - UROLOGY	900	577.5	900	1080	660	352	330	638	64.2%	120.0%	53.3%	193.3%	306	3.0	5.6	8.7
	YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1464	1344	876	834	660	660	660	660	91.8%	95.2%	100.0%	100.0%	837	2.4	1.8	4.2
	YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1620	1518	1080	1026	990	968	660	627	93.7%	95.0%	97.8%	95.0%	466	5.3	3.5	8.9
	YORK HOSPITAL - RCB55	15	120 - ENT		1800	1732.5	1350	1222.5	990	979	330	330	96.3%	90.6%	98.9%	100.0%	796	3.4	2.0	5.4
	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2355	2287.5	1005	960	1232	1221	572	572	97.1%	95.5%	99.1%	100.0%	566	6.2	2.7	8.9
	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1440	1308	360	360	990	990	330	374	90.8%	100.0%	100.0%	113.3%	380	6.0	1.9	8.0
	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1575	1372.5	1350	1552.5	660	638	990	1177	87.1%	115.0%	96.7%	118.9%	874	2.3	3.1	5.4
	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1260	1152	1080	1200	660	660	990	1320	91.4%	111.1%	100.0%	133.3%	697	2.6	3.6	6.2
	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1575	1440	1350	1590	660	660	990	1155	91.4%	117.8%	100.0%	116.7%	873	2.4	3.1	5.5
	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1440	1272	1080	1074	660	660	660	660	88.3%	99.4%	100.0%	100.0%	683	2.8	2.5	5.4
	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1440	1014	720	576	660	649	330	319	70.4%	80.0%	98.3%	96.7%	400	4.2	2.2	6.4
	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2025	1852.5	900	825	660	660	330	330	91.5%	91.7%	100.0%	100.0%	513	4.9	2.3	7.1
	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY	361 - NEPHROLOGY	1476	1452	842	1068	660	660	990	957	98.4%	128.8%	100.0%	96.7%	800	2.6	2.5	5.2
	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	301 - GASTROENTEROLOGY	1440	1404	1080	1068	660	660	990	1045	97.5%	98.9%	100.0%	105.6%	869	2.4	2.4	4.8
	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE		1440	1362	1080	1110	660	660	990	1056	94.6%	102.8%	100.0%	106.7%	767	2.6	2.8	5.5
	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1260	1184	1080	1188	660	660	990	1133	94.8%	110.0%	100.0%	114.4%	872	2.1	2.7	4.8
	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1065	1057.5	1860	2917.5	660	649	660	1650	99.3%	158.9%	98.3%	250.0%	590	2.9	7.7	10.6
	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1260	1020	1080	1524	660	660	660	1045	81.0%	141.1%	100.0%	158.3%	654	2.6	3.9	6.5
	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1440	1452	1260	1092	990	1001	990	990	100.8%	88.7%	101.1%	100.0%	562	4.4	3.7	8.1
	YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE		4500	3465	3600	3562.5	2640	2508	1980	2409	77.0%	99.0%	95.0%	121.7%	763	7.8	7.8	15.7
	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY	120 - ENT	1800	1545	330	255	1320	1144	0	22	85.8%	77.3%	86.7%	-	175	15.4	1.6	16.9
	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY		990	952.5	495	457.5	374	374	0	0	98.2%	92.4%	100.0%	-	162	8.2	2.8	11.0

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		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
Site code - The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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								
	YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		1440	1254	720	726	660	660	660	649	87.1%	100.8%	100.0%	98.3%	546	3.5	2.5	6.0
	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1080	1020	540	510	660	649	660	572	94.4%	94.4%	98.3%	88.7%	576	2.9	1.9	4.8
	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		720	648	360	324	660	583	0	0	90.0%	90.0%	88.3%	-	238	5.2	1.4	6.5
	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5400	4755	450	480	3960	3531	330	330	88.1%	108.7%	89.2%	100.0%	335	24.7	2.4	27.2
	ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		720	678	900	834	660	649	330	330	94.2%	92.7%	98.3%	100.0%	541	2.5	2.2	4.6
	MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1125	900	1575	1747.5	660	660	660	660	80.0%	111.0%	100.0%	100.0%	750	2.1	3.2	5.3
	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1125	1095	1125	1155	660	572	330	418	97.3%	102.7%	86.7%	126.7%	615	2.7	2.6	5.3
	ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		900	877.5	1125	892.5	660	616	330	341	97.5%	79.3%	93.3%	103.3%	551	2.7	2.2	4.9
	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		615	547.5	772.5	780	330	330	330	330	89.0%	101.0%	100.0%	100.0%	291	3.0	3.8	6.8
	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		900	945	1125	1012.5	660	583	330	330	105.0%	90.0%	88.3%	100.0%	580	2.6	2.3	4.9
		Total			74730	66217.5	51408.5	52210.5	44033	41206	26972	31669					27969			

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Board of Directors – 26 October 2016

Director of Infection Prevention Quarterly Infection Prevention and Control Report Q2

Action requested/recommendation

The Board of Directors are asked to:

- Receive the Infection Prevention (IP) report for Q2
- Acknowledge actions and interventions for the reduction of Healthcare Associated Infection (HCAI)

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

Implications for equality and diversity

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

It is anticipated that the recommendations of this paper are not likely to have

any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC

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 from healthcare associated infection through variation in compliance with Infection Prevention practice and policy standards
Resource implications	Contractual fines when MRSA bacteraemia and <i>Clostridium difficile</i> 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	October 2016
Version number	1

Board of Directors – 26 October 2016

Director of Infection Prevention Quarterly Infection Prevention and Control Report Q2

1. Introduction and Summary

Introduction

The impact of infection prevention interventions reported in Q1 continue to have a positive impact on Healthcare Associated Infection (HCAI) in particular MSSA bacteraemia and *Clostridium difficile infection* (CDI). The summary and data below outline impact and progress.

MRSA Bacteraemia:

Following refinement of MRSA emergency screening data, improvement in compliance has been observed in Q2

Review of MRSA screening and treatment protocols to improve identification and treatment of MRSA carriers has generated a simplified treatment algorithm in order to reduce confusion for staff while still maintaining patient safety

Aimed at reducing cannula related line infection and associated bacteraemia, a Non-Ported cannula trial began in September and will conclude in November. One of a range of initiatives to reduce device related sepsis, the outcome will be reported in a subsequent DIPC report.

Catheter Associated Urinary Tract Infection (CAUTI):

Working collaboratively with Urology specialist nurses and Consultants, IP have implemented a standardised closed drainage urinary catheter pack that will improve best practice and patient safety. Research shows that use of a closed drainage system improves patient experience and reduces CAUTI incidence. This will enable compliance with recently developed Catheter Management guidelines and support delivery of the local CQUIN for prevention of CAUTI.

IP have been invited to present and share this work with the Unplanned Admissions Consensus Committee at the House of Commons.

High Level Disinfection:

The proactive and deep clean programme has been successfully delivered to the 6 high risk wards identified on the York site. Nursing, Operations and Facilities staff worked collaboratively to enable effective delivery with minimal disruption to patients, capacity and flow.

Lack of decant space provision has prevented delivery of this programme on Scarborough site.

Aseptic Non Touch Technique:

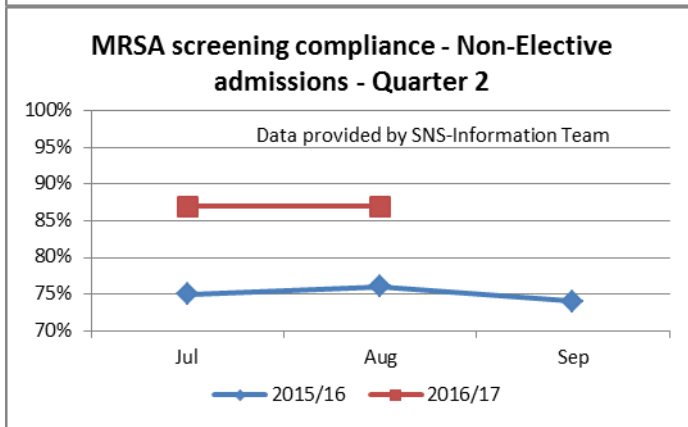
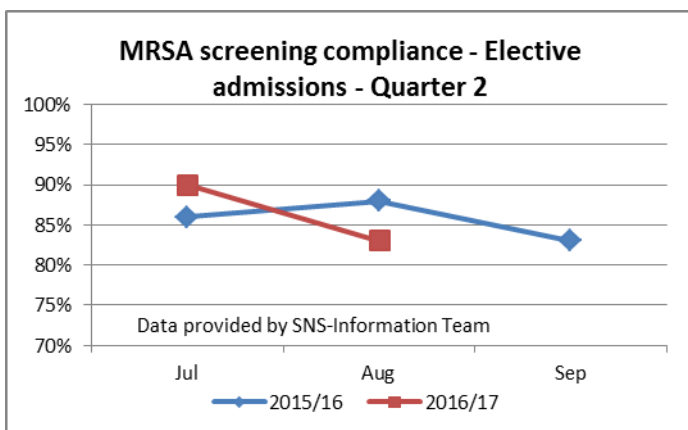
Enhanced IP support in relation to Aseptic Non Touch Technique (ANTT) continues to be delivered to areas identified at PIR that compliance and uptake of training is low. This continues the focus of the competency based workshops last year aimed at improving, knowledge, awareness and ownership of this fundamental patient safety procedure.

Protection against Respiratory Infection:

A multidisciplinary approach has enabled a detailed action plan to ensure protection of frontline staff against respiratory infection and compliance with legal requirements.

2. HCAI incidence and performance

MRSA Screening Compliance

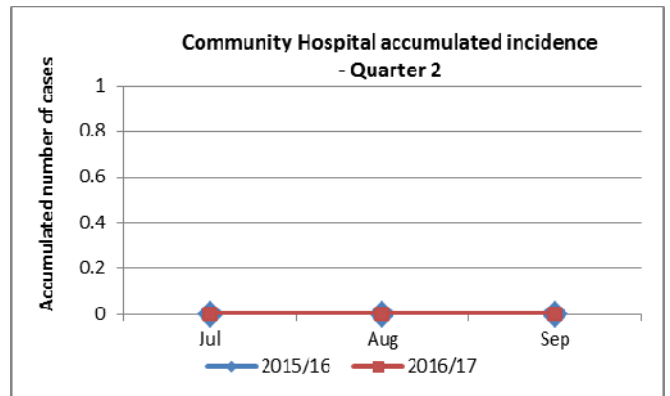
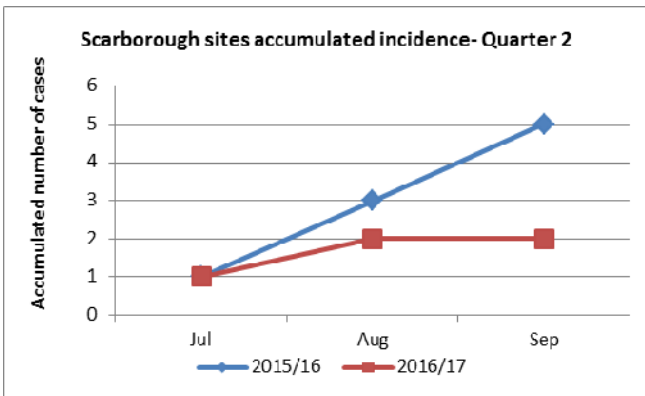
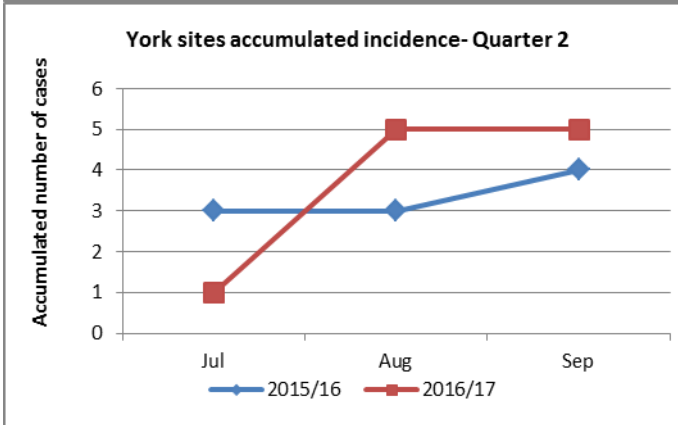
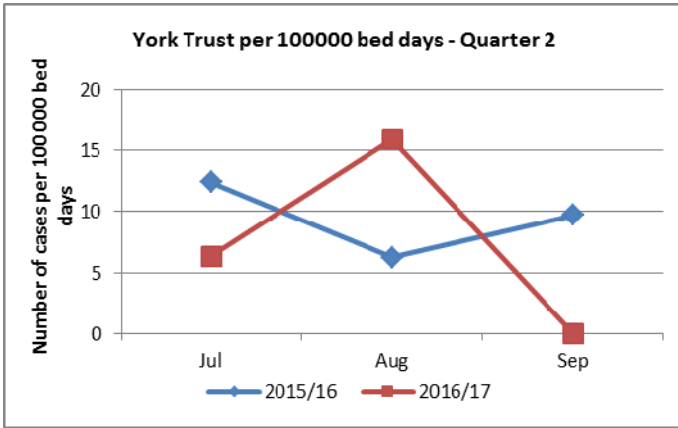


September data not yet available.

MSSA Bacteraemia:

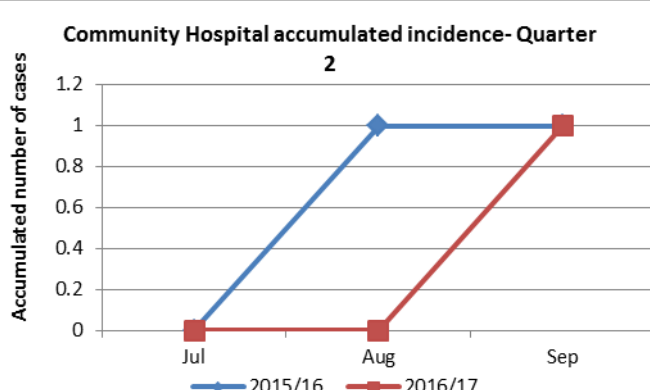
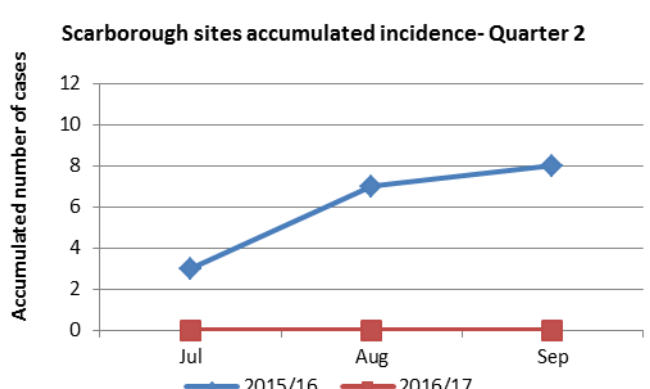
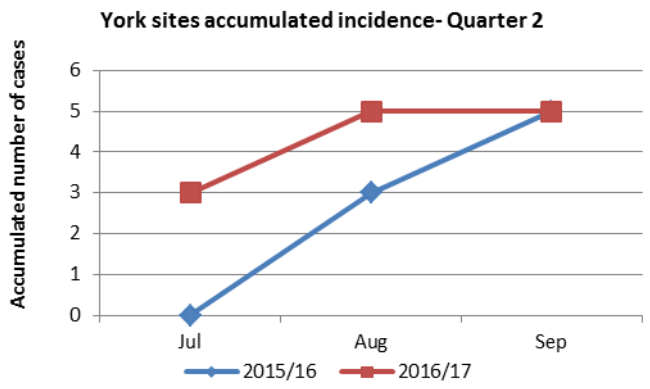
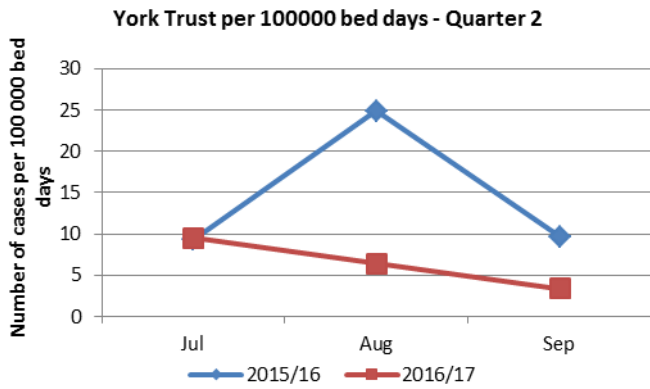
Current Incidence is 7 cases compared with 9 cases for the same period last year. Impact of interventions such as increased awareness of ANTT, use of case studies at education and training forums, clinical support visits by IP appear to be impacting on reduction.

IPN's continue to work collaboratively with Patient Safety, Clinical Skills and the Sepsis Team to reduce blood stream infections. This strategy has seen a decline in line associated bacteraemia. Current findings and PIR indicate that the majority are likely to be condition related in very sick patients with compromising co-morbidities.



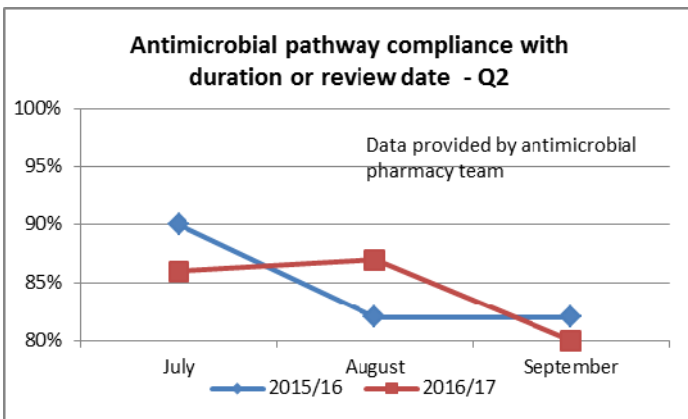
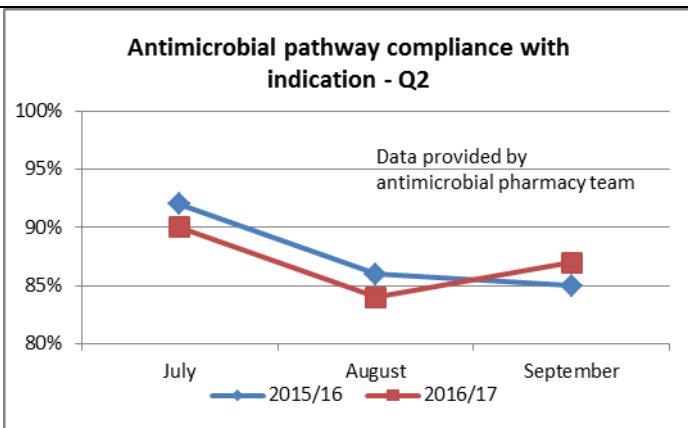
***Clostridium difficile* infection (CDI):**

Incidence is 6 cases compared with 14 cases for the same period last year placing the Trust below trajectory; considered to be the impact of improved antimicrobial and clinical sampling.



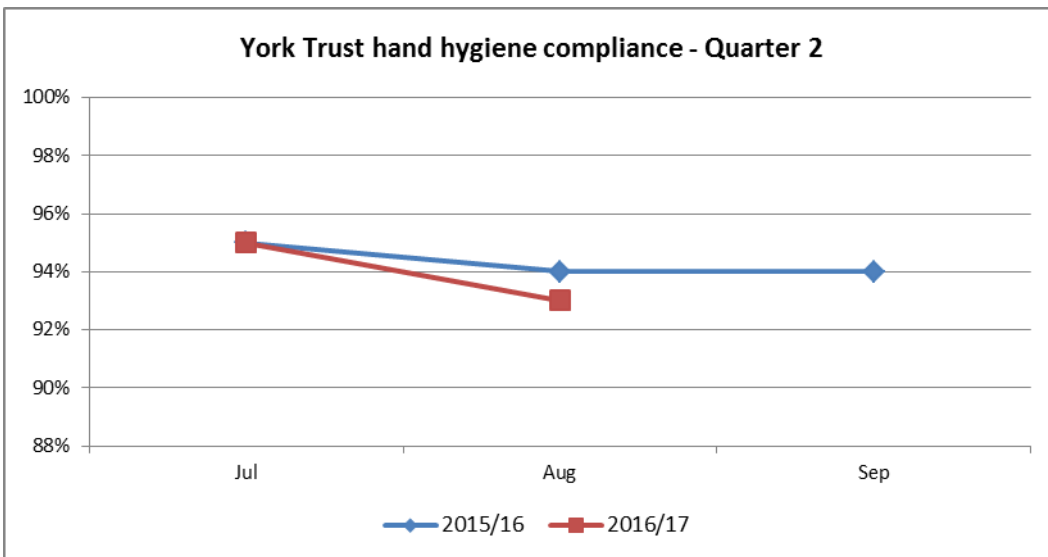
Antimicrobial Stewardship:

Data below demonstrate improved compliance with HCAI reduction as a result



Hand Hygiene:

A Trust wide improvement plan implemented late last year has shown consistency in improved compliance and less variation in practice across all sites within all staff groups. [September results will not be available until after 5th October]



3.Conclusion

Interventions to reduce HCAI incidence continue to impact on a downward trend improving patient safety and outcome.

Accountability and ownership at all levels of the Organisation is key to sustained reduction of both incidence and harm from HCAI.

4. Recommendations

The Board of Directors is asked to:

- Receive the IP report for Q2
- Acknowledge actions and interventions for reduction of HCAI

5. 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, Director of Infection Prevention and Control (DIPC)
Date	October 2016

Board of Directors – 26 October 2016

Out of Hospital Care Programme Update

Action requested/recommendation

Board of Directors are asked to note the progress made in delivering the Out of Hospital Care Programme.

Executive Summary

This paper provides the Board with an update on a number of developments being delivered by the Out of Hospital Care Directorate. The Board are asked to note the contents of the report.

In June 2016, Board of Directors approved the Out of Hospital Care Strategy 2016-2021. This outlined a vision for out of hospital care over the next five years. A work programme is in place to co-ordinate the key projects and work with system partners.

A practical step to facilitate delivery of the strategy was the integration of the Community Services and Allied Health Professionals Directorates to form an Out of Hospital Care Directorate. In line with the Trust's strategic planning cycle, the Directorate has recently outlined its key strategic intentions.

The paper describes a number of successful developments. These include:

- Establishing a Community Discharge Liaison Service which has delivered significant improvements including an 11% reduction in community average length of stay, an 8% increase in admissions to community wards and patients wait time for a community ward of just 1.5 days;
- Testing, using Plan, Do, Study, Act cycles, a 'Discharge to Assess' approach which has resulted in over 100 patients being supported to leave hospital sooner (on average 6 days sooner than the Elderly Medicine Directorate average) and have assessment of their long term needs carried out in a more appropriate environment;
- Expanding the Trust's provision of home-based intermediate care services to support a greater number of people to recover in their own homes through the re-provision of the 22 inpatient beds currently in Archways Intermediate Care Unit;
- Working with the multi-agency Provider Alliance Board to design a new integrated model of out of hospital care based on the learning from the 'care hub' pilots;
- Launching the first phase of implementing this, through the integration of intermediate care and reablement services.

The Out of Hospital Care Directorate work programme has been developed to support the operational delivery of the numerous projects identified to modernise Out of Hospital services. The four programmes of work align with the Trust 5 year ambition statements. The programmes are:

1. Quality and Safety Programme – which includes mobile working for community teams; 7-day working; rolling out of electronic whiteboards in community units; developing a prescribing support dietitian role and developing specialty integrated care pathways.
2. Finances and Resources Programme – which includes capacity and demand analysis; the development of performance dashboards and cost improvement planning.
3. People and Capability Programme – which includes reviews of recruitment and retention processes; development of competency frameworks; work to improve staff health and wellbeing and developing a Workforce Strategy for community services.
4. Facilities and Environment Programme – which includes a review of estate, the development of asset logs and the development of risk assessments and audits.

Priorities for 2017 include:

- Integration of community and acute discharge liaison services;
- Increased testing of the Discharge to Assess approach in Scarborough and further roll out in York;
- Working with City of York Council to develop a new model for “short term beds” supported by therapists in a residential care setting;
- Closure of Archways Intermediate Care Unit and expansion of the York Community Response Team;
- Integration of intermediate care and reablement services;
- Implementing the proposed out of hospital model across the Vale of York.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report This paper was presented to the Out of Hospital Care Directorate Performance Assurance Meeting.

Risk No risk.

Resource implications No direct resource implications.

Owner Wendy Scott, Director of Out of Hospital Care

Author Steve Reed, Head of Strategy for Out of Hospital Services
Melanie Liley, Deputy Director of Out of Hospital Care

Date of paper October 2016

Version number Version 1

Board of Directors – 26 October 2016
Out of Hospital Care Programme Update
1. Introduction and Background
<p>This paper provides the Board with an update on a number of developments being delivered by the Out of Hospital Care Directorate. The Board are asked to note the contents of the report.</p> <p>In June 2016, Board of Directors approved the Out of Hospital Care Strategy 2016-2021. This outlined a vision for out of hospital care over the next five years. A work programme is in place to co-ordinate the key projects and work with system partners.</p> <p>A practical step to facilitate delivery of the strategy was the integration of the Community Services and Allied Health Professionals Directorates to form an Out of Hospital Care Directorate. In line with the Trust's strategic planning cycle, the Directorate has recently outlined its key strategic intentions.</p>
2. Update Report
<p><u>Out of Hospital Care Strategy Work Programme</u></p> <p>Vision</p> <p>The Out of Hospital Care Strategy set out a vision to work as part of the local system to adopt a 'Community First' approach which focuses on prevention and self-care; delivers care closer to home and allows the system to manage growing demand by increasing efficiency through integration. The strategy described a programme of work grouped under three key themes:</p> <ul style="list-style-type: none"> • Developing the interface between acute and community services; • Developing integrated community services to support 'localities'; • Moving services from acute to community settings. <p>Developing the interface between acute and community services</p> <p><i>Community Discharge Liaison Service</i></p> <p>The October 2015 update report to Board described the launch of a Community Discharge Liaison service. The aim of this new team of staff was to:</p> <ol style="list-style-type: none"> 1. Facilitate acute hospital transfer/discharge into community wards; 2. Proactively 'pull' patients into community services; 3. Work with partner organisations and families to facilitate discharge from community wards. <p>The team have initiated a number of developments in community inpatient services including follow up phone calls to patients following discharge, implementing electronic submissions of</p>

assessment notifications for social care, testing a 'ticket home' to improve awareness by patient, staff and families of estimated dates of discharge and implementing the Trust Patient Choice Protocol in community settings. The team have also worked with community therapy services to establish a referral triage service simplifying and streamlining the process for acute wards referrals into community services and ensuring a home first approach is adopted when identifying the most appropriate service to provide support.

The service has had very positive results which include:

- Community in patient average length of stay – reduction of 11% (against an initial target of 5%);
- Number of discharges from community wards – increased by 10%;
- Number of admissions into community wards – increased by 8%;
- Waiting time for community beds – patients placed on average in 1.5 days;

Based on the number of discharges in the 9 month period (August 2015-April.2016), the length of stay reduction equated to 3,750 bed days saved. Despite the increase in admissions, bed occupancy reduced to below 89% from March 2016 onwards.

The triage process has shown that a significant proportion of referrals did not require a community bed; in fact 17% of referrals were not medically fit to transfer and 12% have been diverted into alternative home based services.

Work has now commenced to scope potential alternative models to establish an integrated discharge liaison service, (working with our hospital and community teams and local authority colleagues to integrate hospital, community and local authority staff), learning from other areas around the UK.

Discharge to Assess

'Discharge to assess' is a national definition that describes a shift in approach from carrying out assessments of people's needs (prior to discharge or as part of a discharge planning process) in a hospital setting, to undertaking this at home. There are two advantages to this; firstly, it is acknowledged that being in a hospital bed longer than is needed causes physical deconditioning and a loss of confidence and secondly, being assessed in a hospital environment, rather than familiar surroundings, is less likely to give a true picture of a person's needs (evidence suggests we overestimate needs).

In order to do this, it is recognised that people may need additional support at home, usually for a short period, whilst recovery and assessments take place. For some people who are unable to return home, (but don't need to be in a hospital), this could take place in a temporary residential setting or community rehabilitation ward.

A group of multiprofessional and multiorganisational staff has been established to test out this approach using a Plan, Do, Study, Act cycle approach (one patient at a time). In a partnership between York Teaching Hospital Foundation Trust and City of York Council we have also established six beds within Woolnough House residential home, supported by a team of health and social care professionals. Between February and September 2016, over 100 patients were able to leave hospital sooner as part of the testing process.

A typical case study example is presented below:

(Mrs A) attended Scarborough A&E Department having fallen. In hospital, her mobility appeared to be very poor and staff were concerned about further falls. Normally, this would

have resulted in an admission to hospital to allow further assessment and treatment to take place. Adopting a Discharge to Assess approach, the team agreed with Mrs A and her daughter that they would carry out their assessment at home. They arrived an hour later to find her (in her own footwear and familiar environment) much more mobile. They were able to organise equipment to be installed and additional care visits whilst she recovered from the fall and could be assessed by the social care team for her future needs.

When we consider all of the people involved in the PDSA cycles we can see that the vast majority were able to go home with additional support from the Community Response Team (a team of nurses, therapists and support workers). For the 76 people involved, they spent on average 6 days in hospital. This compares to an average of 12 days for people not part of the project.

For those that went to Woolnough House (26 people) we can see that they spent on average just under 7 days in hospital. On average, they spent 20 days at Woolnough House with 77% returning directly home.

Re-provision of intermediate care at home

Learning from both the Discharge Liaison Service and testing the Discharge to Assess approach has demonstrated the need for additional home based intermediate care capacity. An external audit of community inpatient beds showed that up to 90% of patients could be supported at home, if appropriate alternative services were in place. In partnership with the Vale of York CCG (VoYCCG) we have therefore developed a plan to close the 22 intermediate care beds at Archways Intermediate Care Unit, with the resource released creating additional capacity in home based intermediate care services.

We will deliver this through an expansion in the York Community Response Team, a service consisting of nurses, therapists and generic workers who provide intensive short term support to people at home who need a period of rehabilitation, reablement and recovery. We will also enhance the current service provided through the development of two new roles:

- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- Outreach Pharmacy – providing support in managing multiple medicines following discharge from hospital.

For those people who still require bed based intermediate care this will be provided (as now) at Whitecross Court and St Helens rehabilitation units. The re-provision will also enable the permanent establishment of the Community Discharge Liaison Service; ensuring patients leaving hospital receive the service that best meets their needs.

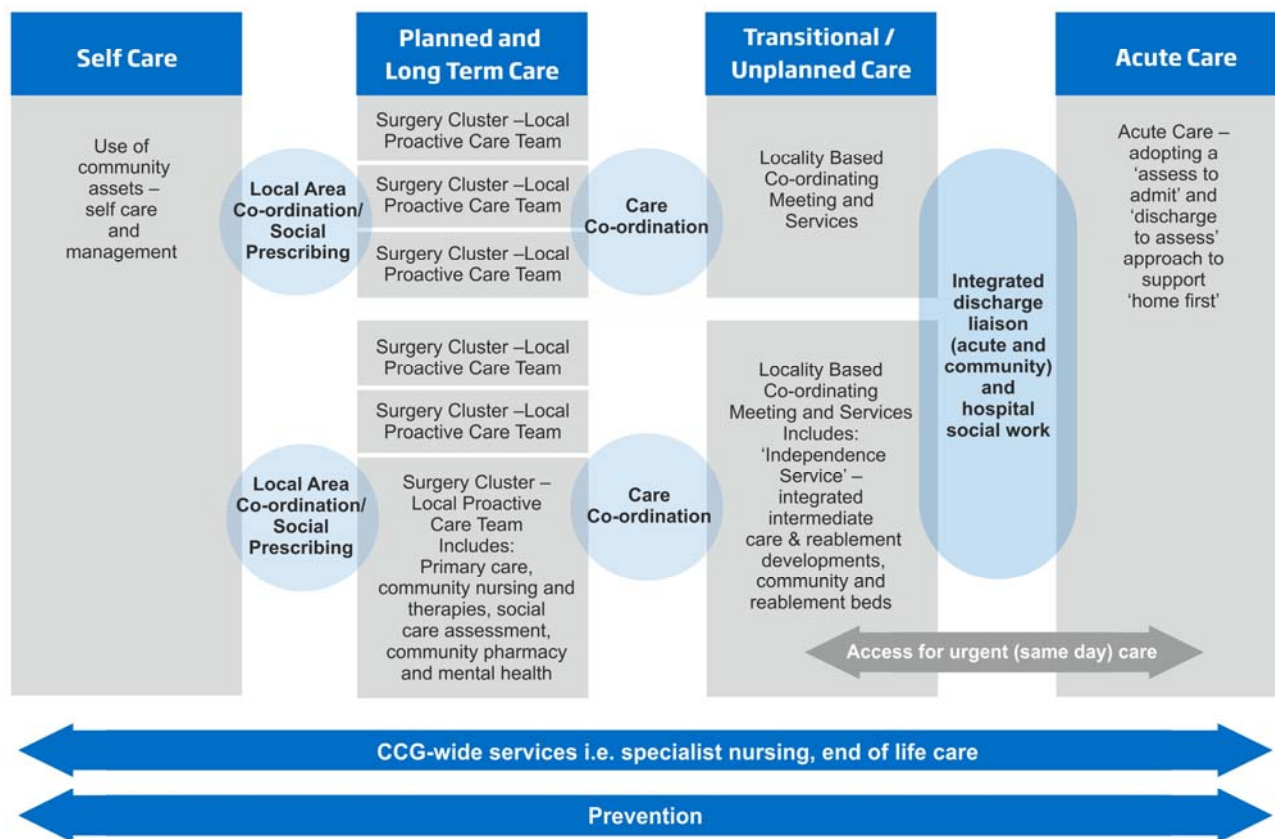
Developing integrated community services for localities

A new model of out of hospital care

The Vale of York Provider Alliance Board (PAB) membership consists of a number of local providers including the Trust; representatives of GP Federations; City of York Council; North Yorkshire County Council; York Council of Voluntary Services; Tees, Esk and Wear Valley FT; Harrogate FT and the Independent Care Group. At the request of VoYCCG, PAB have developed a proposal for a new model of out of hospital care, taking learning from the integrated 'care hub' pilots adopted across Selby, Ryedale, City of York and Pocklington.

The model is based on integrated teams of health and care staff, "wrapped around" GP

Practices, serving localities across the Vale of York. These comprise three localities within the City of York (West, East and North); Selby and District; Easingwold and Ryedale and 'Rural East'. The diagram below demonstrates this high level model:



Whilst delivery models will be 'localised' and aligned with local context, the integrated team will deliver the following key functions:

- Access and co-ordination;
- A rapid response in a crisis;
- Facilitated and supported discharge;
- Maximising independence through promoting prevention, self-care and the use of community support;
- Complex case management;
- Scheduled and on-going care;
- Specialist input.

Integrated intermediate care and reablement

A key element of the PAB model is 'transitional / unplanned care' (shown in column 3 in the diagram). Services in scope include intermediate care teams (such as the Selby and York Community Response Teams), reablement services (commissioned and or provided by City of York Council (CYC) and North Yorkshire County Council (NYCC)), the York Integrated Care Team that supports the NIMBUS GP Federation, telecare services, equipment services, voluntary sector services and mental health services.

The VoYCCG and CYC have already developed an outcomes framework for this group of services. This followed a series of workshops held with representatives from a number of organisations during 2015/16 (this only focussed on services within the City of York). For the

localities outside of the city, these services are already 'integrated' as part of care hub developments (in partnership with NYCC and East Riding of Yorkshire Council (ERYC) respectively).

In view of the work undertaken to date it has been agreed that the transitional/unplanned element/function should be progressed as Phase 1 of the overall project plan for the delivery of the out of hospital locality model. A launch workshop was held with over 40 staff representing the services in scope in September 2016 and a project group has been formed. The Trust is working with HealthWatch York to engage the views of those that use the services currently. This will include a number of focus groups to be held in October 2016 and the establishment of a reference group.

Moving services from acute to community settings

As part of the Trust strategic planning cycle all Directorates have developed their strategic intentions. This process included a requirement to review clinical pathways to identify opportunities for these to be delivered in community settings. A number of Directorates intend to hold sessions with their clinical teams to expand on these ideas. Following the presentation of Directorate strategies in October 2016, we will collate the plans to provide a Trust-wide overview.

Out of Hospital Care Directorate Work Programme

The Out of Hospital Care Directorate work programme has been developed to support the operational delivery of the numerous projects identified to modernise Out of Hospital services. The four programmes of work align with the Trust 5 year ambition statements.

1. Quality and Safety Programme

The Out of Hospital Quality and Safety Programme includes clinical strategy projects including:

- Development of a Digital Community Workforce - approval of Business Case 2016/17-35 enables the Out of Hospital Directorate to pilot a mobile working project across community teams. The pilot will consist of 150 community nurses, HCAs and therapists (adult and children's) being equipped with a smartphone and laptop, which will allow them remote access to view and update patient records via the electronic patient record, in real time in the patient's home. The technology will also allow these staff access to their email whilst away from base and teams will be able to offer support and advice remotely via Skype, allowing them to become true mobile workers. Once the pilot is embedded and evaluated, a further business case will be developed for full roll out of mobile working across all community based services;
- Development of 7-day working – national evidence supports delivery of services over 7 days to improve quality of care by addressing variations in length of stay, patient flow and discharge processes. Many Out of Hospital services already deliver care over 7 days, including community nursing and community inpatient units. We have prioritised the Allied Health Professionals (AHP) services that have been traditionally delivered Monday to Friday to develop a stratified approach according to clinical need;
- Roll out of electronic white boards to community inpatient units to implement electronic nursing assessments. This will create the right conditions for the future roll out of e-Prescribing and Medicines Administration (EPMA);

- Development of a Prescribing Support Dietitian – the Vale of York CCG commissioned an 18 month pilot for a dietetic-led Oral Nutritional Supplements (ONS) demand management service to sustain an appropriate and cost-effective use of ONS and improve health outcomes for under-nourished patients. Business Case 2015-16/21 approved this and the dietitian works with the medicines management team from the CCG to identify GP practices with high ONS expenditure. This is with a view to the development of a wider, sustainable, community dietetic service to support primary care and patients in the community. All patients who are receiving ONS on prescription are assessed by the dietitian for the most cost effective and nutritionally effective form of that supplement, in line with the recently introduced ONS Formulary, which was produced jointly by VoYCCG and the Trust nutrition and dietetic department. Monthly meetings between Trust dietitians and relevant CCG members monitor performance targets against those outlined in the business case;
- Development of a home delivery service to housebound patients for continence products and a pilot to review how wound dressings are used in the community;
- Development of speciality integrated care pathways – the musculoskeletal (MSK) clinical pathway is the priority for development during 2016/17 (having been identified by the National Right Care Programme), with implementation by April 2017. The Trust is working closely with VoYCCG, local GP's and independent orthopaedic providers to modernise the MSK offer, focusing on self-care and patient empowerment.

2. Finance and Resources Programme

The Out of Hospital Finance and Resources Programme includes projects such as capacity and demand analysis, the development of performance dashboards linked to activity, finance reporting and development of efficiency planning. This includes holding half day workshops with staff from the Directorate to develop Cost Improvement Plans.

3. People and Capability Programme

The Out of Hospital People and Capability Programme includes reviews of our recruitment and retention processes, development of competency frameworks and training packages and work to improve staff health and wellbeing.

The Trust is also developing a Workforce Strategy for Community Services. Support from the Trust Charitable Fund Committee has provided a dedicated project manager who will establish what is needed to support the workforce to deliver services in line with the Out of Hospital and Directorate strategies. The project will provide a high level implementation plan prioritising actions and identifying resources, taking into account the education and training needs of current and future staff.

4. Facilities and Environment

The Out of Hospital Facilities and Environment Programme includes estates reviews, the development of asset logs and the development of risk assessments and audits.

3. Next Steps

Priorities for 2017 include:

- Integration of community and acute Discharge Liaison Services;
- Increased testing of the Discharge to Assess approach in Scarborough and further roll out in York;
- Working with City of York Council to develop a new model for “short term beds” supported by therapists in a residential care setting;
- Closure of Archways Intermediate Care Unit and expansion of York Community Response Team;
- Integration of intermediate care and reablement services;
- Implementing the proposed out of hospital model across the Vale of York.

4. Recommendation

Board of Directors are asked to note the progress made in delivering the Out of Hospital Care Programme.

5. References and further reading

Out of Hospital Care Strategy 2016-2021

Author	Steve Reed, Head of Strategy for Out of Hospital Services Melanie Liley, Deputy Director of Out of Hospital Care
Owner	Wendy Scott, Director of Out of Hospital Care
Date	October 2016

Board of Directors – 26 October 2016

Workforce Report – October 2016

Action requested/recommendation

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

Summary

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

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

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	October 2016
Version number	Version 1

Board of Directors – 26 October 2016

Workforce Report – October 2016

1. Introduction and background

This paper presents key workforce metrics up to September 2016 (where available). The narrative will detail trends and any actions which are being taken to address specific issues. Of particular note:

- The monthly sickness absence rate in August was 3.73% down from 3.84% in July.
- The turnover rate in the year to the end of September 2016 (based on headcount) was 11.07%. This was a reduction from a rate of 11.33% in the year to the end of August 2016.
- The success of the second Recruitment Market Place event this year yielded 22 Registered Nurse offers across acute and community.
- Work is on-going locally to support the transition of junior doctors to the new contract from December 2016.
- Demand for temporary nurse staffing continues to be high with requests totalling the equivalent of just under 400 FTE staff in September 2016.

2. Workforce Report

2.1 Sickness Absence

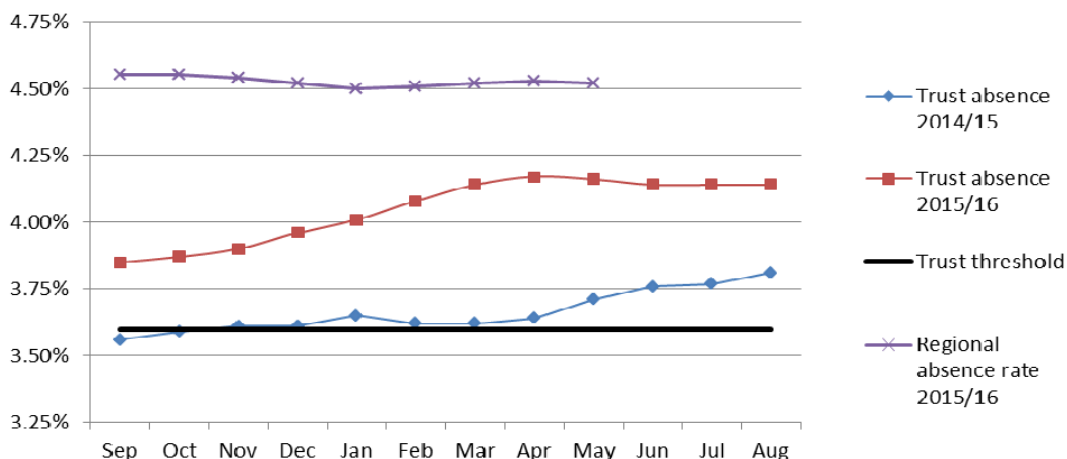
Sickness absence rates

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. Annual absence rates at the Trust increased in each month between April 2015 and April 2016. There were reductions in May and June 2016, however the annual absence rate of 4.14% in August 2016 remained static.

The Trust absence rate continues to compare favourably with the regional absence rate. There is a delay in the publication of the regional data and currently only data up to May 2016 is available. In the year to May 2016, the regional annual absence rate was 4.52% compared to a Trust rate of 4.16%.

Graph 1 – Annual sickness absence rates

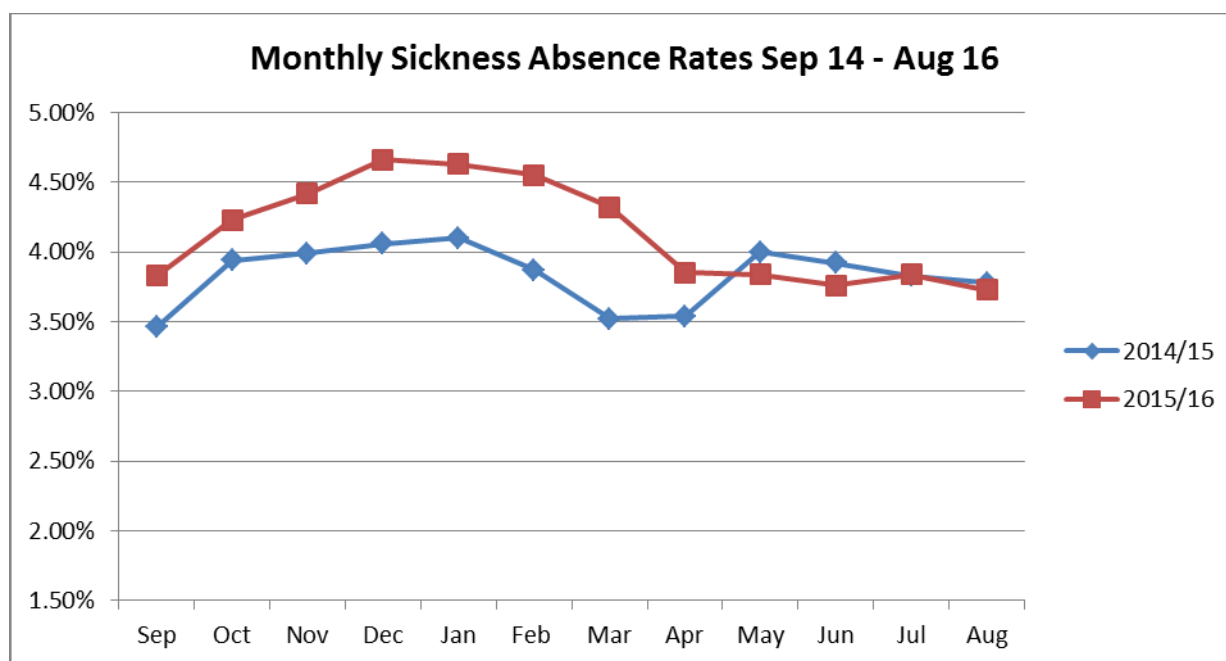
Annual Sickness Absence Rates 2014 - 2016



Source: Electronic Staff Record and HSCIC

The graph below shows the monthly absence rates from September 2014 to August 2016. The monthly absence rate in August 2016 of 3.73% was down from 3.84% in July and was slightly lower than the absence rate in the same month of the previous year (3.78%).

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record

The HR team are also currently leading a review of the Sickness Management Policy which is anticipated to result in a radical overhaul of the Trust’s approach to managing absence. The draft policy will be going to the Employment Policy Group on 17 November.

Sickness absence reasons

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

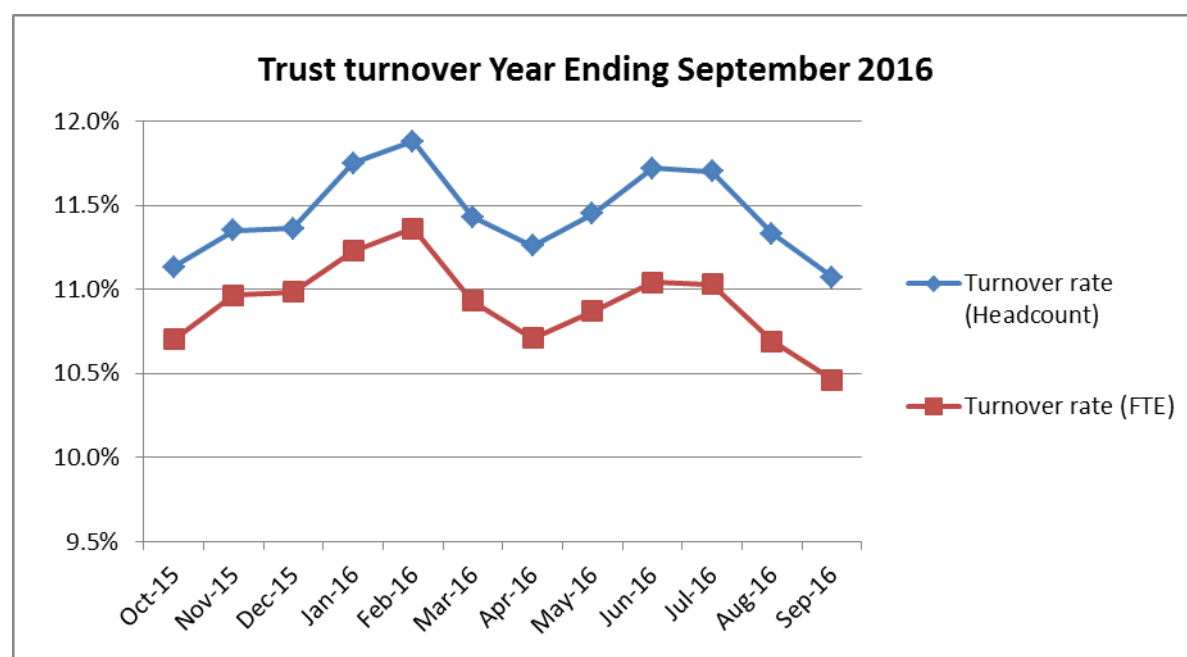
Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 20.22% of all absence days lost	Gastrointestinal – 19.64% of all absence episodes

MSK problems, inc. back problems – 20.07% of all absence days lost	Cold, cough, flu – 16.04% of all absence episodes
Gastrointestinal – 9.00% of all absence days lost	Anxiety/stress/depression – 9.44% of all absence episodes

2.2 Turnover

Turnover in the year to the end of September 2016 was 11.07% based on headcount. Turnover calculated based on full time equivalent leavers for the same period was 10.46%. This is a reduction from 11.33% and 10.69% respectively in the year to the end of August 2016. The turnover rate in the year to the end of September 2016 represented 846 leavers from the organisation. Turnover in September 2016 is the lowest rate it has been in the last 12 months.

Graph 3 – Overall Turnover Rates

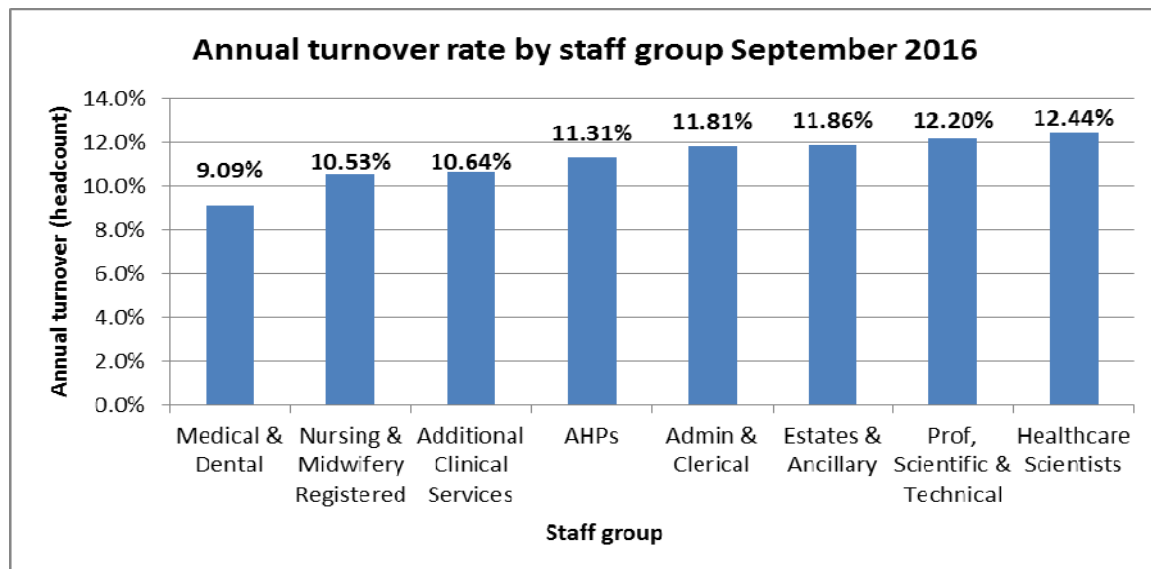


Source: Electronic Staff Record

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

The graph below shows turnover by staff group. The two staff groups with the highest annual rate of turnover remain Professional, Scientific & Technical and Healthcare Scientists. These are the two smallest staff groups within the Trust and the turnover rates accounted for 31 leavers within the Professional, Scientific & Technical and 21 leavers within the Healthcare Scientists group.

Graph 5 – Turnover by Staff Group



2.3 Staff Survey

The 2016 Staff Survey went live at the beginning of October. For 2016 the Trust has conducted a census approach and are surveying all eligible staff who were directly employed by the organisation on 1 September 2016. Paper questionnaires were sent out to eligible staff at the beginning of October and there will be two reminder letters circulated for staff that have not completed their survey; the first reminder will be despatched the week commencing 24 October and the second reminder, along with another copy of the questionnaire will be despatched the week commencing 14 November.

The closing date for the survey will be Friday 2nd December 2016.

2.4 Medical Workforce

New Junior Doctor contract

From 7 December 2016 the new contract will apply to all F1s (60 trainees) and any F2s sharing a rota with F1s (2 trainees). The generic work schedules (which are a requirement of the new contract) and new working patterns have been completed for all of the above and were issued to trainees the week commencing 10 October 2016. The work schedules contain details regarding their working pattern, salary and training opportunities/training curriculum. However, we currently do not have access to the new electronic reporting system for Exception Reports and there are concerns that this may not be fully fit for purpose from December.

All trainees/educational supervisors/Guardian/DME will need a login and password for the system and Educational and Clinical Supervisors Update Workshops have been arranged.

Regional forum meetings for medical staffing managers will continue to be held to share good practice and ensure consistency and a Junior Doctors Forum has also been established with the inaugural meeting being on 30 November 2016.

Job Planning

Following extensive consultation with clinical directorates and the Joint Local Negotiating Committee the Trust ratified the revised Job Planning Principles in September. These principles will be circulated to all consultants and SAS grades with a covering letter from the Chief Executive outlining

the spirit of the principles whilst reinforcing robustness into the process.

All job plans will be subject to Executive panel approval which will ensure greater transparency and consistency across all specialities and sites.

To support the directorates in the job planning process the Trust is reviewing the case for investing in an electronic job planning system.

2.5 Recruitment

Recruitment Market Place

The Trust conducted a Recruitment Market Place at Scarborough on Thursday 13th October 2016. This event followed the success of the Recruitment Market Place in York on 23rd April 2016. The event was heavily publicised through social media with it reaching over 70,000 news feeds and with a poster campaign across the locality.

This resulted in over 500 people attending between 11am and 4pm on 13th October. Over 200 attended for roles across Estates and Facilities whilst 22 Registered Nurses were interviewed on the day and offered roles across acute and community.

2.6 Temporary staffing

Temporary nurse staffing

Demand for temporary nurse staffing (RNs and HCAs) in the last year has on average equated to around 347 FTE staff per month. Whilst demand in September did reduce (from 412.66 FTE in August 2016 to 395.88 FTE) it was still well above the annual average and much higher than demand in the same time in the previous year (demand in September 2015 was 286.66 FTE).

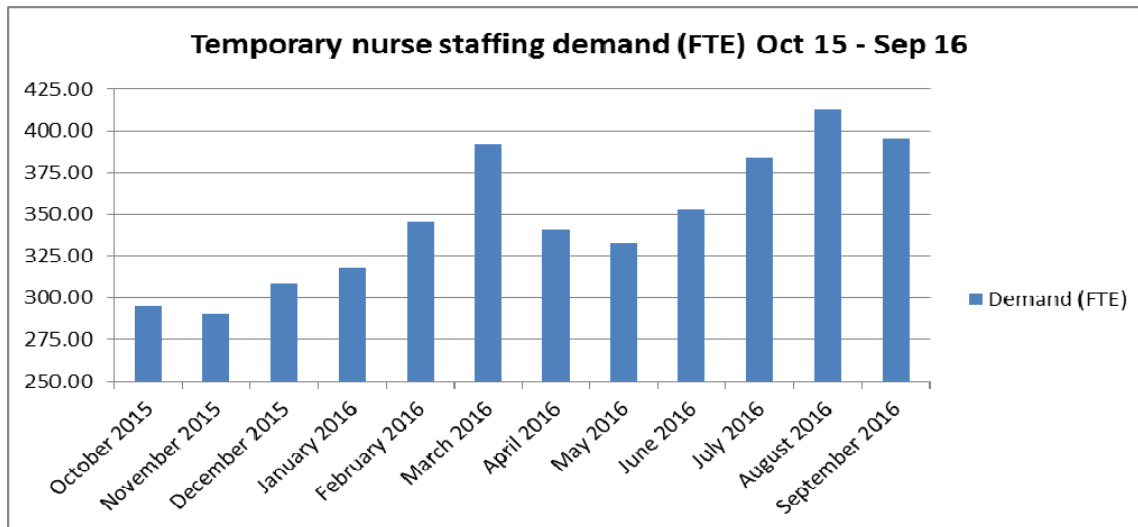
Within the figures shown above there have been increases in demand for HCAs. Requests for HCAs in September totalled 200 FTE. This is the first time that HCA demand has reached 200 FTE and also the first time demand for HCAs has exceeded that of demand for RNs. Demand for RNs dropped from 223 FTE in August 2016 to 196 FTE in September.

The top reasons for making requests for temporary nurse staffing in September 2016 were:

- Vacancies – accounting for 56.5% of requests;
- Sickness – accounting for 15.8% of requests;
- Enhanced patient supervision (1:1 specialing) – accounting for 13.3%

The number of requests made with the reason of enhanced patient supervision has increased over the last quarter. This request reason accounted for 10.5% of all requests in July 2016 and 11.2% of all requests in August 2016.

Graph 6 – Temporary nurse staffing demand

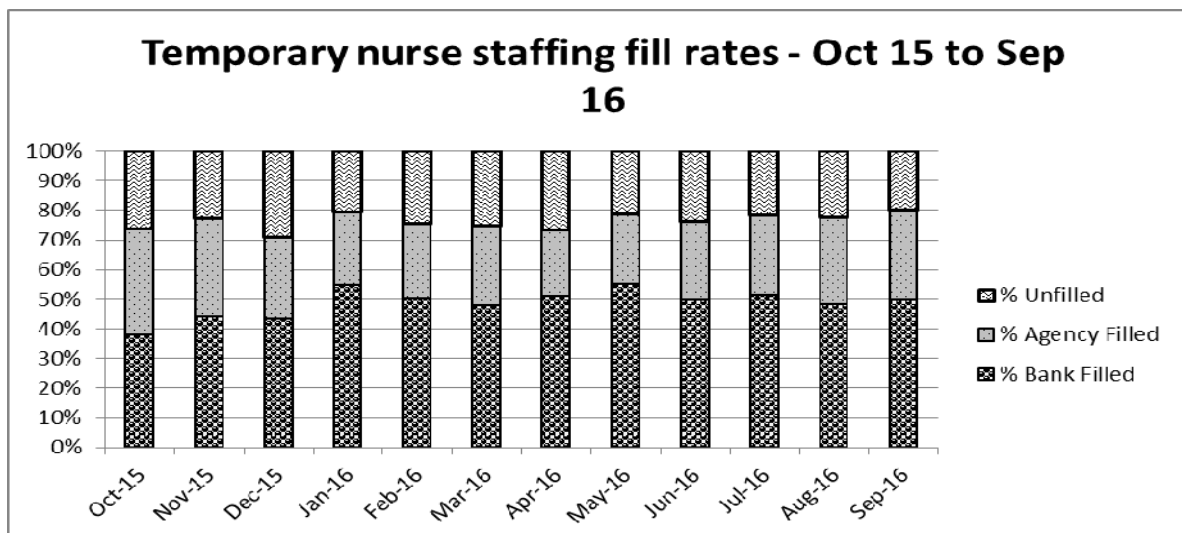


Source: HealthRoster

Graph 7 below shows the proportion of all shifts requested that were either filled by bank or agency or remained unfilled. Overall, bank fill rates increased slightly in September compared to August (from 48.25% to 49.71%) as did agency fill rates which increased from 29.19% in August to 30.15% in September.

Bank fill at the Scarborough site (63.35%) remains higher than at the York site (43.64%). The Agency fill rate at Scarborough reduced from 17.42% in August 2016, which was the highest monthly agency fill rate since November 2015, to 13.04% in September. The agency fill rate at York of 37.76% in September was slightly higher than in the previous month.

Graph 7 – Nursing Temporary Staffing Fill Rates



Source: HealthRoster

Corporate Directors have recently agreed that the Trust will offer incentives to staff undertaking work on the internal bank over the coming winter period. Incentives were offered for the first time during the winter period 2015/16 and this had a positive impact on bank fill rates. Details of the incentives offered this year and the impact this has will be presented in future reports.

NHS Improvement Agency Staffing Regulations

Nationally the number of price cap breaches has reduced from 53k per week in April to 47k per week

in August. Overall breaches of price caps for nursing is reducing whilst for medical staff it's increasing. Admin and Clerical and Other staffing price cap breaches have remained largely static.

Nationally, overall agency spend was above plan but down on the same period in 2015/16, which mirrors what is being experienced at the Trust. The Trust has received confirmation that our agency spend cap for 2017/18 and 2018/19 will remain at £17.2m.

In terms of the Single Oversight Framework, agency expenditure will be one of the five measures used to determine performance against the 'Finance and use of resources' metric. Agency is worth 20% of that metric and the measure is based on performance against plan. If within plan Trusts score 1, 0 to 25% above plan scores 2, 25-50% above plan scores 3 and greater than 50% variance above plan scores 4.

Temporary Medical Staffing

As a Trust, for Medical Locums, we consistently return over 200 shifts per week on the NHSI return which breach one of the rate caps or are for Off Framework usage.

The Master Vendor agreement is unable to supply at capped rates across the board for bookings that we make, with approximately 50% of the locums that we book with them above the pay or wage rate capped rates and as such we have had to "Break Glass" and seek approval for the escalated rates.

The figure returned to NHSI for medics remain largely consistent in the number that we return on a weekly basis.

Temporary Nurse Staffing

Of the 19 Framework agencies that the Trust currently uses for temporary nurse staff, 7 of them do not fully comply with the maximum wage rate across all different shift type rates. The Trust also uses 6 Off Framework agencies and, of these 6 agencies, 5 are also not fully compliant with the maximum wage rate caps across all the different shift rate types.

Negotiations have now concluded with our framework providers to confirm their framework status following the expiration of the LPP framework which a number of our providers were signed up to. With the CPP being the new framework fully compliant with NHSI rules, it was a priority to sign agencies up to this framework and there was resistance from a number of providers who were concerned about the rates (particularly for critical supply). However, the majority have been willing to try the framework and will review the impact to their supply.

A number of providers have moved or remained on the HTE framework which is approved by NHSI but they have the ability still to charge above the caps – this suits a number of agencies who still wish to charge a higher rate for critical shifts and who are pivotal to our supply of nurses. Whilst we breach on the caps we are able to remain compliant for framework.

2.7 Employee Relations Activity

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

Employee Relations Activity	Jun 2016	Jul 2016	Aug 2016	Sep 2016
Number of Disciplinarys (including investigations)*	9	14	15	13
Number of Grievances	15	18	20	23

Number of Formal Performance Management Cases (Stage 2 and 3)*	5	5	5	3
Number of Employment Tribunal Cases*	3	1	0	0
Number of active Organisational Change cases in consultation (including TUPE)	6	2	13	18
Number of long term sick cases ongoing	181	176	158	176
Number of short term sick cases (Stage 2 and 3)	187	178	183	188

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

2.8 Flu Campaign 2016

The 2016 campaign commenced 3 October with clinics held Monday to Friday alternating between York Hospital, Ellerby's Restaurant, Scarborough Hospital, Haldane Ward and Bridlington Hospital, Buckrose Ward and session timings being 06:30 – 09:00, 11:30 – 13:30 and 17:00 – 20:00 at each site. 5760 frontline health care workers were invited to attend for vaccination between 3 and 7 October 2016 and Staff have not necessarily kept to their specific appointments but this has been managed without difficulty. The sessions have been resourced predominantly by the nursing and administrative team of the Occupational Health & Wellbeing Service and a number of volunteers including 5 peer vaccinators. There has been one additional drop in clinic organised by our peer vaccinators held in The Hub. Lunchtime sessions have proved to be the most successful in terms of footfall to date. The overwhelming response from staff to the super clinics has been positive, 'slick, efficient & professional' being the general consensus.

A bespoke database has been developed to record and report against the CQUIN, work is progressing to enable reporting against specific workforce groups.

As at 13 October 2016

- The Trust has 6143 frontline staff involved in direct patient care.
- To achieve the full CQUIN we are required to vaccinate 75% of this group, i.e. 4607 staff.
- Staff vaccinated by the end of the lunchtime session 13 October = 1977
- This equates to 32%.

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	October 2016

Finance and Performance Committee – 18 October 2016 – Head & Neck Seminar Room, York Hospital

Attendance: Mike Keaney (Chairman), Mike Sweet, Steven Kitching, Andy Bertram, Graham Lamb, Lucy Turner, Lynda Provins, Gordon Cooney, Mandy McGale, Jenny Hey, Robert Woodward, Lynette Smith

Apologies: Juliet Walters

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 20 September 2016	The agenda covered the	<p>MK thanked LT for all her work and support.</p> <p>The minutes of the meeting held on the 20 September 2016 were agreed.</p>		
2.	Matters arising	<p>following AFW and CRR items</p> <p>AFW DoF COO</p> <p>CRR DoF 1-4, 8 & 9 COO 2, 3 & 6</p>	<p>The following matters arising were discussed:</p> <p>Ambulance Handovers – following looking at the data it has been identified that Bridlington MIU is not being used and the patients that could go to Yorkshire Doctors are coming through ED instead. Discussions continue to understand why this is happening and to make changes. This is being picked up by the system-wide agreed Ambulance Handover Concordat.</p> <p>Senior Review at Scarborough – It was noted that the time out has been held.</p> <p>Bed Shortages – discussions are ongoing with the CCG regarding the lack of intermediate care beds.</p> <p>Agency Spend Risks – AB noted that breaching the cap would place pressure on the Trust, as this may result in the Trust not achieving the financial control total. However, the Single Oversight Framework has brought in a link with 5 measures that are equally weighted. The current trajectory will mean the Trust will have a £2m to £3m overspend on the cap if current spend levels continue. There will be no fine, but this would achieve a</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>score of 2 on the SOF and could mean intervention being received. AB highlighted that a lot more information is now being requested by the centre.</p> <p>As an example AB highlighted the new frailty model which to fully pilot will cost £50k for an extra consultant. If an NHS locum is required this will cost £60k, but the likelihood of getting one is slim. That would mean the potential of paying between £120 to £150 an hour depending on the agency used and the capped rate is actually £80 per hour. Therefore this request has only been approved on the basis that an NHS locum can be secured. AB stressed that the cap can only be exceeded on the grounds of safety.</p>		
3	<p>TAP – Key Priorities: Emergency Care Standard Delivery</p> <p>Finance Control Total Delivery</p>		<p>Finance - GL stated that at the end of quarter 2, the Trust had a surplus of £2.6m, which is £1m ahead of plan. The financial score is 4 against a planned score of 3. GL noted that the Trust should receive the full STP funding for quarter 2, as although RTT performance had failed, there is a tolerance of 1%. In respect of CIPs, GL stated that the Trust had achieved £14.9m against the full year target of £26.4m. The cash level is £1.5m ahead of plan due to slippage on the capital programme.</p> <p>GL stated that the main area of interest was the agency spend which although over plan had seen a month by month reduction of £200k from last year.</p> <p>MK noted that the position was positive in the context of how other Trusts are performing.</p> <p>AB stated that the biggest concern was the financial position of the Trust's commissioners and their ability to pay for the current levels of activity. AB indicated that there are fairly significant challenges in the area and that although work is being carried out to look at this, the degree of risk needs to be highlighted.</p>	The Committee were assured by the continued financial position and noted the risks around agency spend	AB to update the Board on the financial position including the agency spend concerns and the risk around CCGs ability to pay for current levels of activity.

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>MK asked that this position is communicated to the Board along with the concerns over agency spend.</p> <p>SR stated that work is being done in partnership with the CCG especially around coding, however, impact of this work can sometimes mean a higher cost for the CCG. She reassured the committee that the driver for any coding work was always around quality.</p> <p>MS asked about whether there was any potential to have capital taken from the Trust and AB stated he did not see any prospect of this occurring. AB also stated that he was not worried about the slippage on capital schemes as it was likely that this would catch up by the end of the year.</p> <p>AB stated that the VIU project will not come on line until the next financial year, but work on endoscopy is progressing and will only be delayed if the capital is not secured. AB stated that the Trust is still being actively encouraged to pursue a loan through the ITFF, but will have to look to a third party if this is not forthcoming. He noted that NHSI are discouraging Trusts from using Local Authority funding.</p> <p>Efficiency - SK provided an update on the Trust's efficiency programme which has currently delivered £14.9m which is 56% of the whole year target of £26.4m. He acknowledged that this was behind last year's position, but £11.3m of this is recurrent.</p> <p>SK highlighted the £1.7m planning gap. Efficiency panels are focusing on the planning position for this year and next year and performance meetings are also being used to focus on closing the planning gap. SK stated that overall he is pleased with the progress and had no particular concerns.</p>	<p>The Committee were assured about the work on efficiencies and the continued focus on the planning gap.</p>	

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>SK stated that the Carter programme has been integrated into the efficiency work and there is no indication that anything has been missed, but the Carter programme does provide more access to central research and benchmarking. SK clarified that the £11.3m recurrent delivery is 75% of the amount delivered this year and 43% of the annual total.</p> <p>MS expressed concern about the gap which is against a 2% target and will also be subject to some carry over. It was noted that this was actually based on 3.5%, but there is likely to be an element of carry over. However, AB warned that there may be other factors which need to be taken into account and any gains may be slowly eroded.</p> <p>MS asked about the apprentice levy, AB stated that all organisations with a pay bill of more than £3m would have to pay a levy of 0.5%, which for the Trust would be £1.6m that would be top sliced into a central account. The Trust would have 18 to 24 months to access this money for the training of apprentices and if the money was not spent, then other organisations with pay bills of less than £3m would be able to access it. AB clarified that this would be a new way of working and would look at including apprenticeships for jobs such as nursing and biomedical scientists. It was agreed that the Trust needed to capitalise on this and LP noted that apprenticeships were due to be discussed at the Workforce and Organisational Development Committee and the Board in November.</p> <p>AB stated that he was pleased with the CIP position especially the recurrent element and he appreciated all the work done to achieve it by SK and his team.</p> <p>MK asked about the 14 high risk schemes and SK noted that</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>the consultant providing medical support Richard Khafagy was of the opinion that not all the schemes were high risk and some of the risk could be categorised as reputational risk. The team is going back to the directorates and looking at the verification process and will start to feed these schemes through the Carter Steering Group.</p> <p>Tap Project Update – GC provided the Committee with an update on the work of the Improvement Team to support the Carter priorities. The report covered the projects supported, those closed and provided details of the projects including pending ones. Governance is provided by the Carter Steering Group. GC noted that the Team does not currently support any of the workforce elements of the Carter Programme, however, this is being discussed with the Deputy Director of HR.</p> <p>MK asked about the ED acute care and frailty model of care which he was aware was making a difference at Scarborough and it was noted that there are plans to extend the opening from 4 to 5 afternoons.</p> <p>GC stated that all the projects would have various issues and risks, but confirmed that anything major would be brought to the Carter Steering Group and this Committee.</p> <p>GC stated that in relation to planned care and theatre utilisation, it was not all about whether there are enough staff, it was also about using lists effectively and linking it to job planning, which is a massive piece of work. He also noted that most hospitals struggle with this and are in a similar position.</p> <p>MS stated that this had provided a lot of reassurance and it was agreed that the Committee would receive a quarterly report.</p>	<p>The Committee were assured that the TAP work was being incorporated into the efficiency work and there was clear connections with finance reporting.</p>	

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>GC stated that the Team use the TAP approach to how work is delivered. AMcG endorsed the value that the Improvement Team provide working alongside staff to create enthusiasm and keep delivery on track. GC stated that NHSI is also starting to use the same improvement methodology and the Trust is also working with them.</p> <p>MK stated he was assured that the TAP programme was being incorporated into the efficiency and Carter work. MS was also pleased to note how the schemes also fit with the information in the Finance papers.</p> <p>Emergency Care standard Delivery</p> <p>Emergency Care Standard – LT stated that 90.92% had been achieved against a STP funding trajectory of 89.5%. In August the Trust benchmarked better against national performance than in previous months.</p> <p>However, admissions had increased in September and GP admissions were up by approximately 20% across the board on last year. LT noted that the Trust was not currently delivering the target in October and there was a significant risk of not achieving the STF trajectory for the month and quarter. Overall the Trust had had a difficult two weeks at the beginning of October and as a result this usually made overall recovery harder.</p> <p>MK highlighted that the Scarborough figures which were worse than York and LT stated that SR had mentioned in last month’s meeting that if Scarborough could maintain or exceed 75% and York remain stable then the trajectory could be achieved. Unfortunately, York’s positive was deteriorating and Scarborough’s position continued to fluctuate.</p>	<p>The Committee recognised the huge amount of work which was being progressed, but noted the on-going risks.</p>	<p>The Committee asked that JW provide the Board with an update regarding the ECS, cancer and the 18 week recovery plan.</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>AMcG stated that a number of actions are being taken and at York, the front door navigation model has been introduced and she stated that staff are very proud of the difference being made. SR noted that over 400 attendances had been diverted from ED which was really good. RCAs are still being performed on above and below trajectories in order to feed-back what was working to operational teams. An absolute priority was to implement the SAFER bundles work which was being led by Donald Richardson with TAP improvement support. Staff were being asked to utilise the discharge lounge and ensure they understood the need to do ward rounds and that it should be escalated when they were not taking place.</p> <p>In relation to Scarborough, the key approach was to implement the acute medical model. 5 newly qualified ACPs had been placed into ED to work on assessment of patients, but this was still in the early stages and therefore no improvement had been seen as yet. Scarborough was currently using streaming which was very similar to the navigator role, but did not have the option of referring patients back into primary care. The aim is to mirror the system at York, but this will require staff training and support will be provided by a senior ECIST Nurse.</p> <p>AMcG also noted that a GP is currently working full time as a consultant and is challenging the culture around assessment of patients as well as providing support to Ed Smith. She noted that the medical and elderly consultant time out in Scarborough had been around introducing an open discussion about how work might be done differently and an action plan has been put together with look at adopting safer principles around ward rounds.</p> <p>MK noted that the Trust had submitted an improvement</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>trajectory which it may fail and this would be likely to affect the organisation's credibility. It was noted that the Trust may fail the trajectory in October, but would have to see what happened in November and December, as quarter 3 was always seen as very challenging, but there was an opportunity to earn back the funding in quarter 4.</p> <p>AB stated that the Trust is already receiving targeted support and on level 2 of the SOF, however, the Trust was being seen to engage with the support and therefore perceived in a positive light. AB noted that currently he did not think anything would happen if the Trust failed in October, but intervention would be likely if the Trust failed November and December.</p> <p>MK asked about ambulance handover which appeared to be a serious issue. AMcG stated that a lot of work had been done with both staff and YAS and in September a regional event had been held to develop a concordat plan working jointly with YAS to look at taking patients to other providers. There was also work being done with YAS to see whether one paramedic could look after two patients in reception in order to release crews. AMcG stated that escalation mechanisms were also being looked at especially for times when there is a surge in demand. SR also noted that on the 9 October (York Marathon day) there were 103 ambulance arrivals at York which has only happened 4 times since 2013.</p> <p>MS asked about the discussion of block contracts with the CCG and AB noted that there is some pressure from NHSE to move away from PbR, however, he stressed that discussions were at a very early stage and any decision would need to come to the Board for sign off.</p> <p>SR stated that there has been a significant increase in patients</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>with a 0 length of stay or less than 48 hours and work was continuing to make these changes which would also support the emergency care standard.</p> <p>LT stated that the Cancer information is one month behind so that this is August data. The Trust did not achieve the fast track target of 93% with a performance of only 88.7%, but this is due to dermatology where there is still a 5 week wait for an appointment on the East Coast. The Trust is working with commissioners and there has been a slight reduction in referrals, however, all providers in the area are currently struggling with capacity.</p> <p>In relation to 62 day, referral to first treatment, the Trust did achieve the target for August. However, LT did stress that the Trust is at risk of failing the quarter 2 as September is provisionally only at 76.9%, although as there is a 1% tolerance within the STF access trajectories, it is likely the Trust will receive full Q2 payment.</p> <p>In relation to dermatology, JH stated that work has been done with the CCGs to purchase digital cameras for GPs so that they can send referrals in with a high quality image. This is so that inappropriate 2 week wait referrals can be redirected.</p> <p>MK asked about inappropriate referrals and JH stated that out of 300 referrals there would generally be 30 that were genuine cancer and should be on the 2 week wait fast track and it was about giving these patients priority. If a digital image was taken this could be assessed at referral and the patient redirected if necessary. SR also noted the growing anxiety regarding skin cancer due to awareness campaigns which is driving up referral numbers. However, there are currently problems with the images being sent through due to the software. The Trust is</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>working with the CCG on this.</p> <p>JH noted the sterling work on urology prostate cancers which has wiped 3 weeks from the pathway by ensuring patients have an MRI scan earlier.</p> <p>JH stated that 18 weeks had been failed for September with performance of 90.78%; however, she noted the tolerance of 1% for the STP funding. Recovery has been focused on quarter 3 and the recovery plan has brought together a number of on-going initiatives. She stated that this failure was disappointing, but due to a number of pressures including the outbreak of Norovirus, access to theatres and the junior doctor strikes. Work is being done around theatres to ensure access for the specialities that are most at risk and there are also early signs of improvement in ophthalmology. A theatre open day is being held to help with recruitment and work is being done on validation.</p> <p>JH noted that the STF access trajectory tolerance level drops for quarter 3 to 0.5% and in quarter 4 there is no tolerance level at all. Work is being done with the commissioners on demand and capacity together with trying to reduce the amount of follow ups following surgery; however, it is unlikely that some of this work will impact until next year.</p> <p>Capacity and demand and the reduction of the backlog was discussed and that capacity will be diverted to other specialities if available, so it is unlikely that through put will reduce.</p> <p>MK noted the action plans and asked when it was likely the Trust would be back on track. JH stated that validation was still required and some areas were showing initial signs of recovery, however, SR highlighted the continual growing demand and the</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>struggle with both the admitted and non-admitted pathway, which makes recovery more difficult to model and predict.</p> <p>LT stated that last year it was easier to model the recovery as the Trust was only dealing with the admitted pathway, but this year it is both admitted and non-admitted and much harder to predict clock stops. There are high volumes of back log to reduce and there is a chance that the position may deteriorate before it recovers. One area to focus on is the proactive management of theatre lists.</p> <p>AB asked about confidence levels and JH stated that it was between 50-70% for quarter 3, but SR stated that there were also caveats to this due to when and how hard winter pressures would be.</p> <p>MK stated that he recognised the huge amount of work which was going on and it was about using all the assets and facilities. MK asked that JW provide the Board with an update.</p> <p>JH noted that on a positive note day case volumes are up.</p> <p>AB highlighted that page 47 of the papers regarding the 18 week recovery plan STP funding level should read £425K a quarter and not £250k.</p>		
4.	TAP – Other Performance Issues: CQUIN Delivery		<p>LT gave an overview of CQUIN progress and noted that the data for quarter 2 is due to be uploaded next week. She stated that the risks remain the same in relation to the red and amber scores. However, N2B timely identification of sepsis in ED was achieved for quarter 2. There was no change to N3A reduction in antimicrobial consumption per 1,000 admissions and proactive work was being done with the CCG regarding patients being transferred in on those two specific antibiotics.</p> <p>LT stated that the Trust is still struggling to discharge patients</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>from critical care. In relation to the update of flu vaccines, the Trust is noted as amber for quarter 3 due to the historic uptake of front line staff. However, LT stated that there is an on-going high profile campaign and at the end of last week the uptake was 32%. MK asked if the Trust achieved 74.5% of uptake whether the Trust would receive the money. LT will check on this. confirmation that a 50% payment will be made for uptake of 65%-74%.</p> <p>MS asked whether there was any solution to the challenge with the sepsis CQUIN and it was noted that this was due to be discussed in more detail at the Quality and Safety Committee.</p>		
5.	Winter Plan briefing		<p>AMcG provided a briefing on the winter plan, which is due to go to the Board this month.</p> <p>She noted that this was an internal plan and that in relation to the locality plan with the CCG there has been a clear indication that due to financial pressures, there will be no additional investment in primary care especially during the Christmas and New Year period. AMcG stated that this has been part of discussions at the Urgent and Emergency Care Group and may receive further attention when the plans are submitted to NHSI.</p> <p>AB asked about financing and AMcG stated that this will come out of any underspend and from the winter planning budget.</p> <p>MK asked whether other hospitals had been looked at in terms of segregating patients during infection outbreaks so as not to close off all the beds in a ward. AMcG stated that this had been looked at, but that due to the configuration of wards at Scarborough especially the nightingale wards this was not achievable, however, the closure policy had been reviewed.</p> <p>MS asked whether arrangements for annual leave at Christmas and New Year had been finalised for Doctors and Nurses. AMcG stated that the nursing rota will be finalised this month and doctors need to request approval for annual leave 6 weeks</p>		The Committee noted that the winter plan is due to be discussed at the Board this month.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			before.		
6.	Outstanding CIP Review and Recommendations Progress		Deferred to the next meeting.		
7.	Service Line Reporting Update		Deferred to the next meeting.		
8.	Risk Registers		This item was not discussed due to lack of time.		
9.	Any other business		No other business was discussed.		
10.	Next Meeting		The next meeting is arranged for the 22 November 2016 in the Boardroom, York Hospital		

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Board of Directors – 26 October 2016

Finance Report

Action requested/recommendation

The Board of Directors 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 September 2016.

At the end of September the Trust is reporting an Income and Expenditure (I&E) surplus of £2.6m against a planned surplus of £1.6m for the period. The Income & Expenditure position places the Trust ahead of its Operational plan.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance and Performance Committee
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	October 2016
Version number	Version 1

Briefing Note for the Finance & Performance Committee Meeting 18 October 2016
Briefing Note for the Board of Directors Meeting 26 October 2016

Subject: September 2016 (Quarter 2) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for September 2016

The Trust's I&E account shows a Q2 surplus of £2.6m against a planned surplus of £1.6m. The Trust is therefore currently reported as £1.0m ahead of plan and has maintained the favourable variance reported in previous months. This continues to be encouraging given the current and well documented risks to our plan and known pressures in the system.

The month 5 CIP position is also encouraging with £14.9m of our £26.4m target (56%) removed from budget. Of note is some £11.3m has been removed recurrently. This continues to be the highest recurrent delivery proportion the Trust has ever delivered. There is a planning gap for the year of £1.7m and this raises some concern but work continues to identify additional directorate schemes and corporate schemes.

Cash levels are in line with plan and not causing any concern for escalation to the Board.

Sustainability Funding

The Board are aware that the business rules associated with the Sustainability Funding have now been published and the Trust has received its Q1 payment.

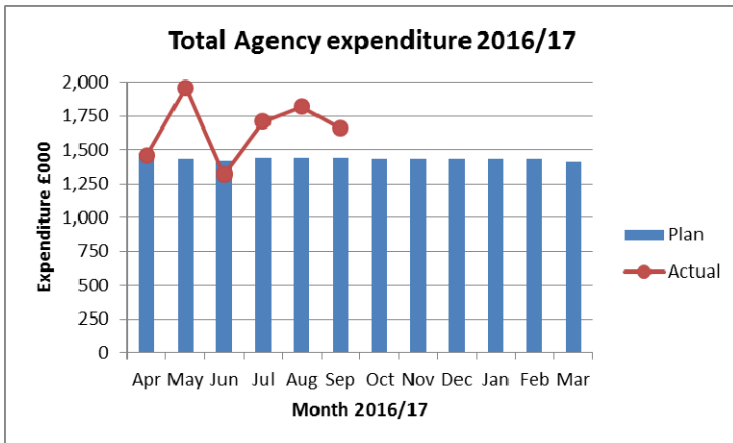
The current reported I&E position assumes continuation of payment in full for Q2. The Trust is presently managing to its control total. The Board are aware that this is a compliance gateway for access to any sustainability funding and that, assuming the control total is met; a payment of 70% of the sustainability funding is made. The balance relates to delivery of the ECS trajectory (12.5%), delivery of 18-weeks (12.5%) and delivery of cancer access standards (5%).

Enhanced Agency Expenditure Analysis

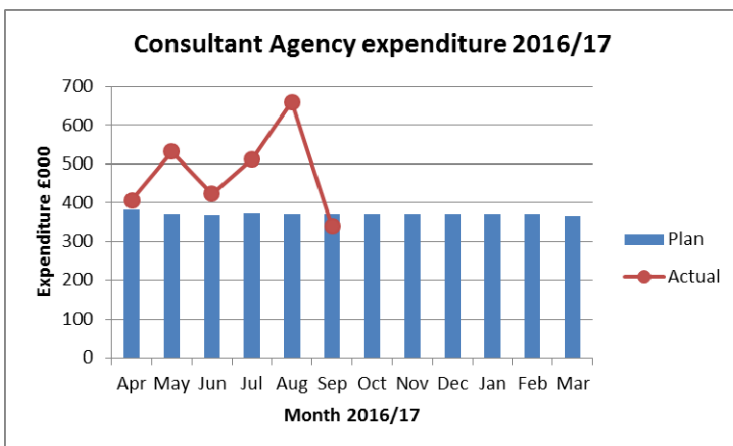
As discussed previously at the Board we have developed our agency staff cost reporting to ensure full visibility against the Trust's overall improvement trajectory. The Board are aware that NHSI has set the Trust an upper cap limit of £17.2m for its 2016/17 agency expenditure. As a reminder the agency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

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

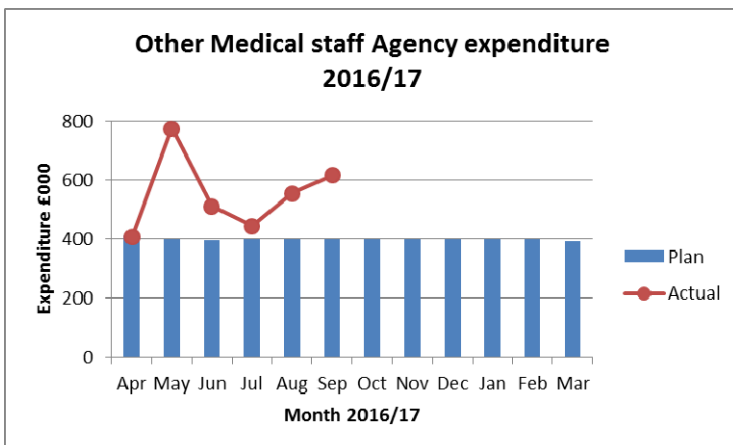
Expenditure is above trajectory but remains significantly below the pro-rata position based on the 2015/16 spend. Corrective action continues to be necessary.



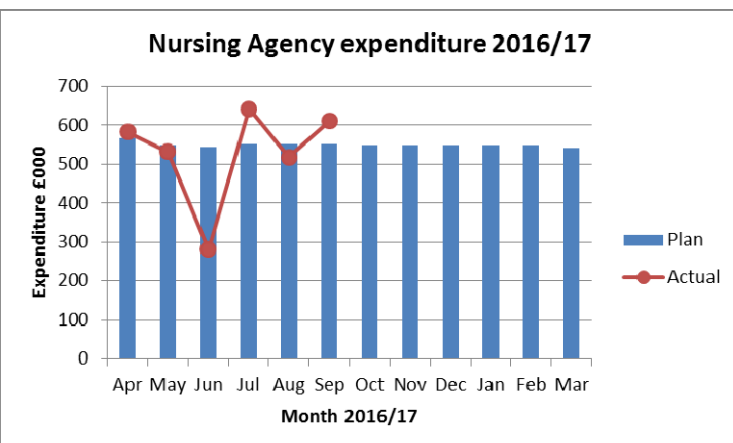
This first chart shows the monthly overall agency target; set at approximately £1.4m per month. Corrective action continues to be necessary to ensure recovery of the overall position.



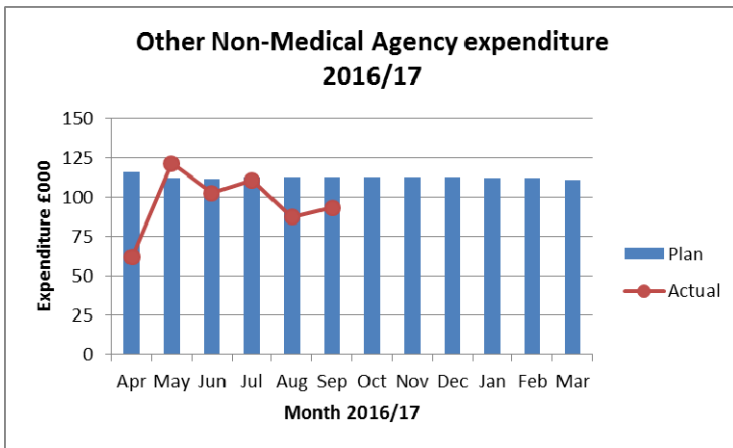
Consultant medical staff agency expenditure is a significant pressure area. There are a number of recruitment and agency changes due in the second half of the financial year that should favourably impact on current trend levels. Of note is a significantly better position reported in September.



Other medical staff (junior staff) agency expenditure also continues to be a main pressure area. This is an area where corrective action continues to be necessary if we are to ensure delivery against our capped expenditure level.



Nursing staff agency expenditure remains under control with the reported August position in line with capped levels but a small pressure appearing in September.



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

2016/17 Contract Issues

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

We are currently managing a small number of CCG challenges to our charging data relating to recent increases in the numbers of zero length of stay patients, patients undergoing in-patient rehabilitation and an increase in the coding and admission of patients with sepsis. On the basis of the investigative work done to date, appropriate adjustments have been made to the reported income position.

Finance Performance Report

October 2016

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



Finance Report Chapter Index

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

Summary Income and Expenditure Position

Month 6 - The Period 1st April 2016 to 30th September 2016

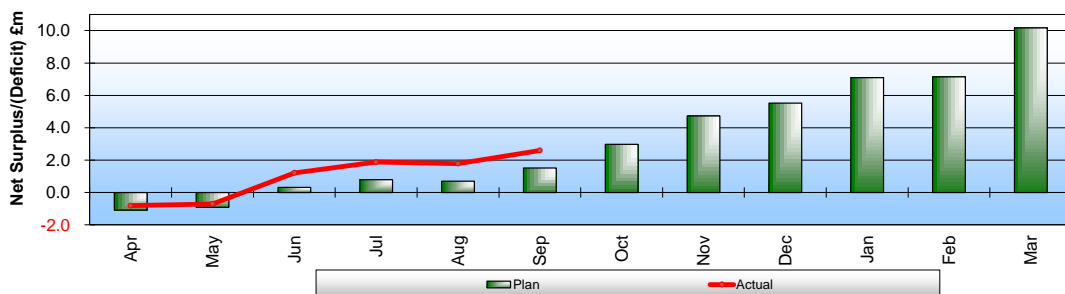
Summary Position:

- * The Trust is reporting an I&E surplus of £2.6m, placing it £1m ahead of the operational plan.
- * Income is £4.3m ahead of plan, with clinical income being £2.9m ahead of plan and non-clinical income being £1.4m ahead of plan.
- * Operational expenditure is ahead of plan by £3.4m, with further explanation given on the 'Expenditure' sheet.
- * The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £12m (4.89%) compared to plan of £11.1m (4.58%), and is reflective of the reported net I&E performance.

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



Income and Expenditure



EBITDA Margin



NHS Clinical Income

	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
Elective Income	13,068	12,779	-289	26,596	0
Planned same day (Day cases)	19,169	19,402	233	39,053	0
Non-Elective Income	55,920	56,262	342	111,616	0
Outpatients	31,948	32,616	668	65,481	0
A&E	6,992	7,145	153	13,800	0
Community	15,015	15,269	254	30,551	0
Other	74,788	76,367	1,579	151,223	0
Total	216,900	219,840	2,940	438,320	0

Non-NHS Clinical Income

Private Patient Income	502	493	-9	1,005	0
Other Non-protected Clinical Income	914	944	30	1,827	0
Total	1,416	1,437	21	2,832	0

Other Income

Education & Training	7,524	7,232	-292	15,049	0
Research & Development	1,584	1,859	275	3,167	0
Donations & Grants received (Assets)	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	370	394	24	739	0
Other Income	9,020	10,395	1,375	18,270	0
Transition support	5,023	5,023	0	10,045	0
Total	23,521	24,903	1,382	47,270	0

Total Income

488,422	241,837	246,180	4,343	488,422	0
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Expenditure

Pay costs	-159,232	-158,817	415	-324,766	0
Drug costs	-25,074	-27,781	-2,707	-50,273	0
Clinical Supplies & Services	-23,154	-22,930	224	-46,269	0
Other costs (excluding Depreciation)	-24,523	-24,499	24	-49,112	0
Restructuring Costs	0	-109	-109	0	0
CIP	1,212	0	-1,212	11,481	0
Total Expenditure	-230,771	-234,136	-3,365	-458,939	0

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

29,483	11,066	12,044	978	29,483	0
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Profit/ Loss on Asset Disposals	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	-300	0
Depreciation	-12,000	-6,000	-6,000	-12,000	0
Interest Receivable/ Payable	100	50	89	100	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0
Interest Expense on Commercial borrowings	-487	-230	-219	-487	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0
Other Finance costs	0	0	0	0	0
PDC Dividend	-6,627	-3,314	-3,314	-6,627	0
Taxation Payable	0	0	0	0	0

NET SURPLUS/ DEFICIT

10,169	1,572	2,600	1,028	10,169	0
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Contract Performance

Month 6 - The Period 1st April 2016 to 30th September 2016

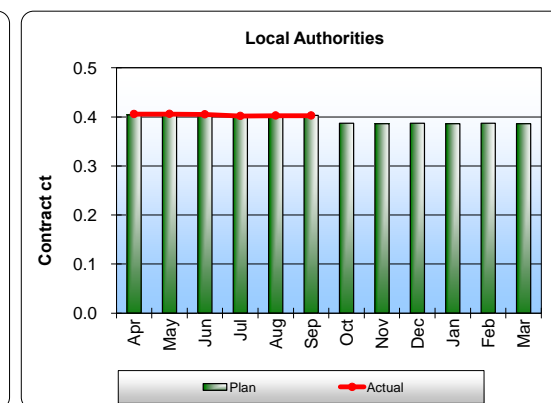
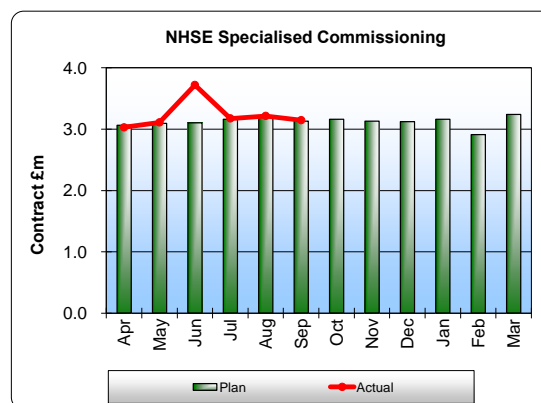
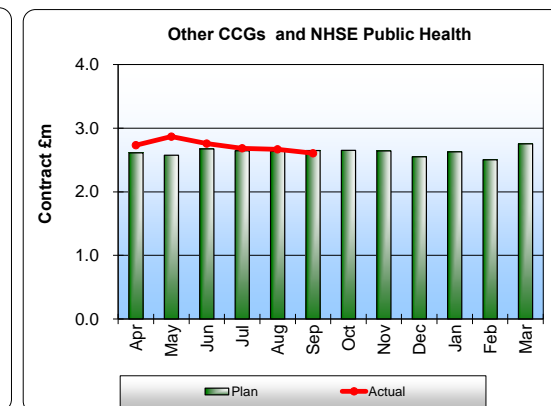
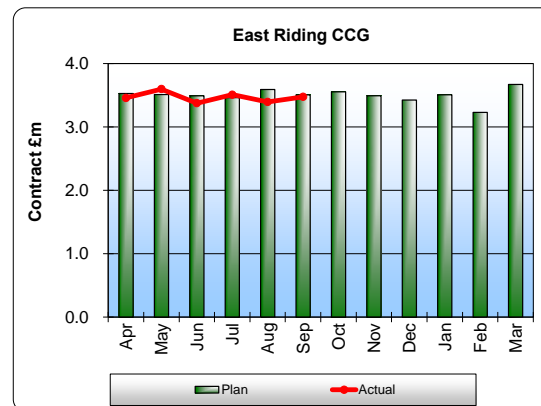
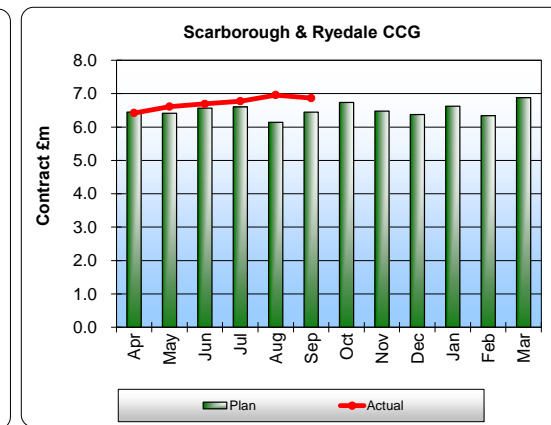
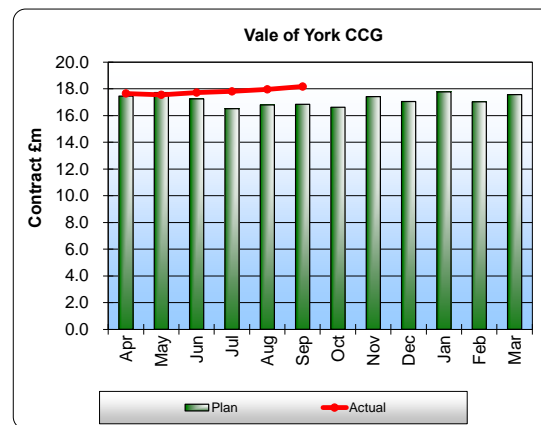
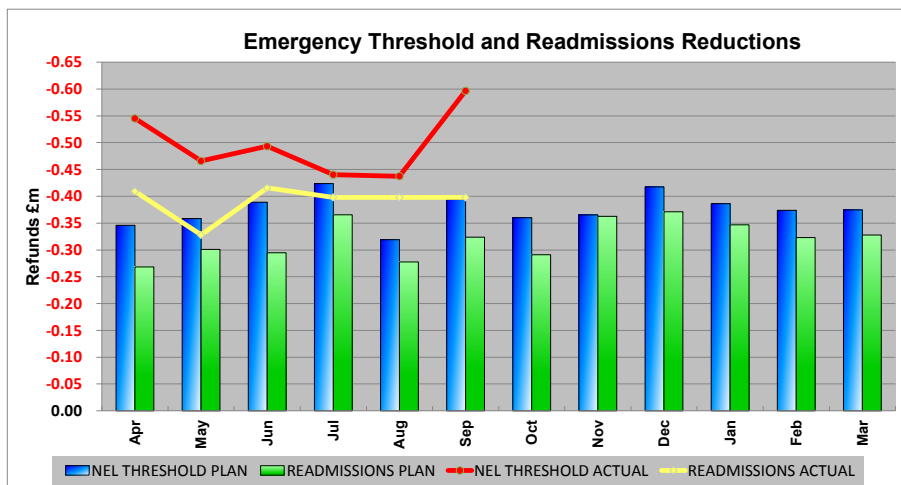
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	206,033	102,576	106,864	4,288
Scarborough & Ryedale CCG	78,061	38,622	40,338	1,716
East Riding CCG	42,000	21,106	20,822	-284
Other Contracted CCGs	17,332	8,694	8,835	141
NHSE - Specialised Commissioning	37,475	18,751	19,393	642
NHSE - Public Health	14,190	7,112	7,477	365
Local Authorities	4,740	2,424	2,398	-26
Total NHS Contract Clinical Income	399,831	199,285	206,127	6,842

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	15,511	7,772	7,581	-191
Risk Income	22,978	9,843	6,719	-3,124
Total Other NHS Clinical Income	38,489	17,615	14,300	-3,315

Specialist registrar income moved to other income non clinical -666
Winter resilience monies in addition to contract 79

Total NHS Clinical Income	438,320	216,900	219,840	2,940
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Activity data for September is partially coded (55.58%) and August is 91.26% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.



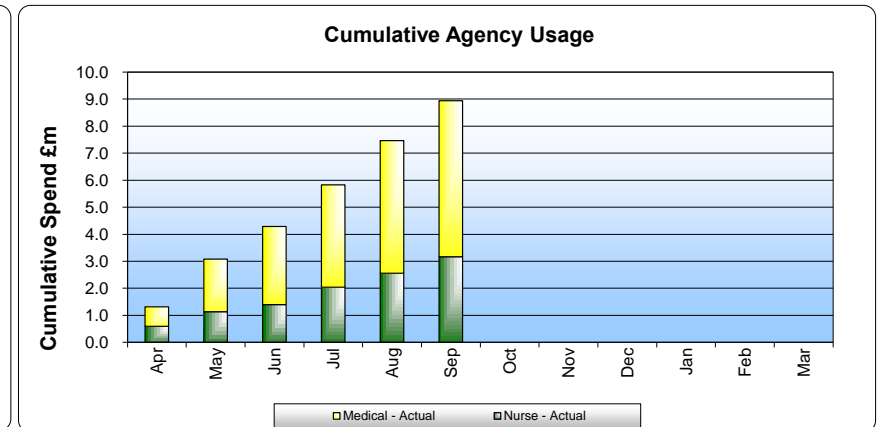
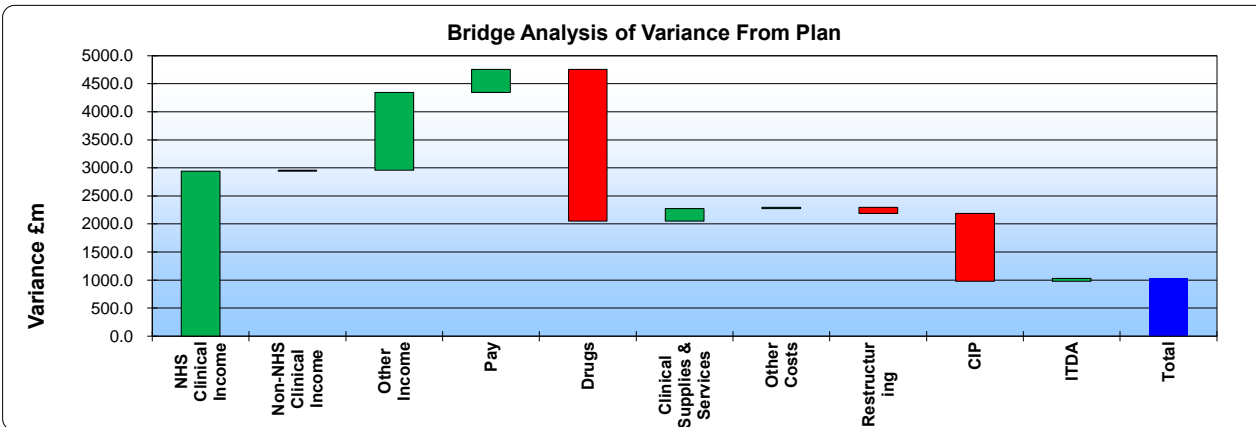
Expenditure Analysis
Month 6 - The Period 1st April 2016 to 30th September 2016

Key Messages:

There is an adverse expenditure variance of £3.4m at the end of September 2016. This comprises:

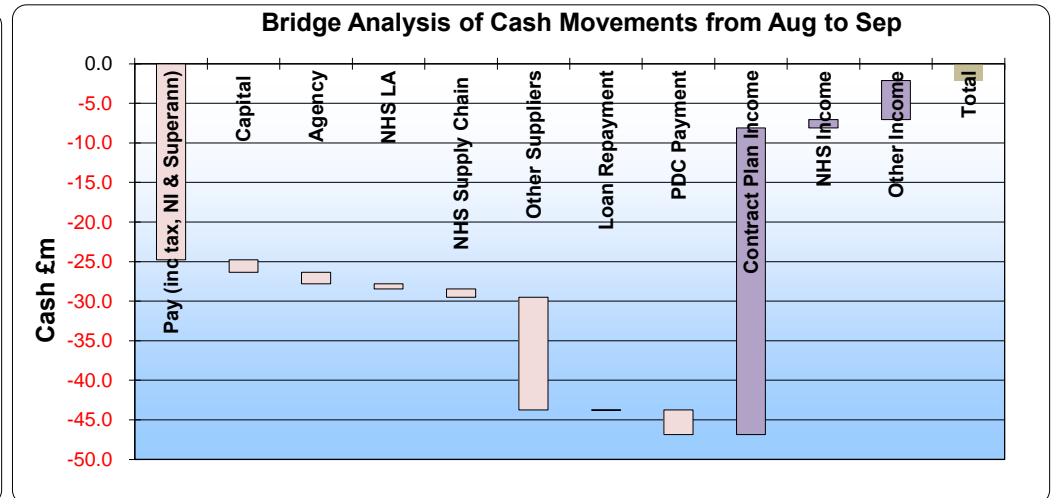
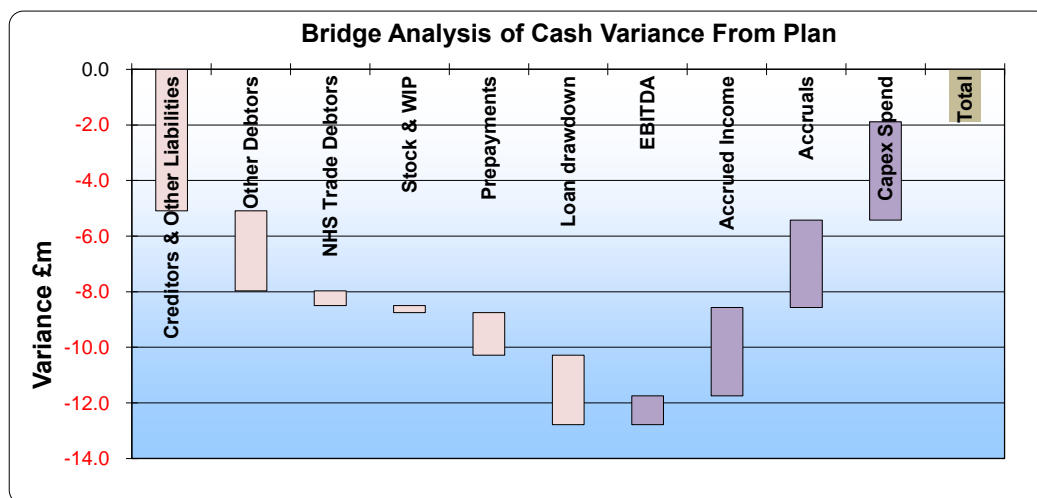
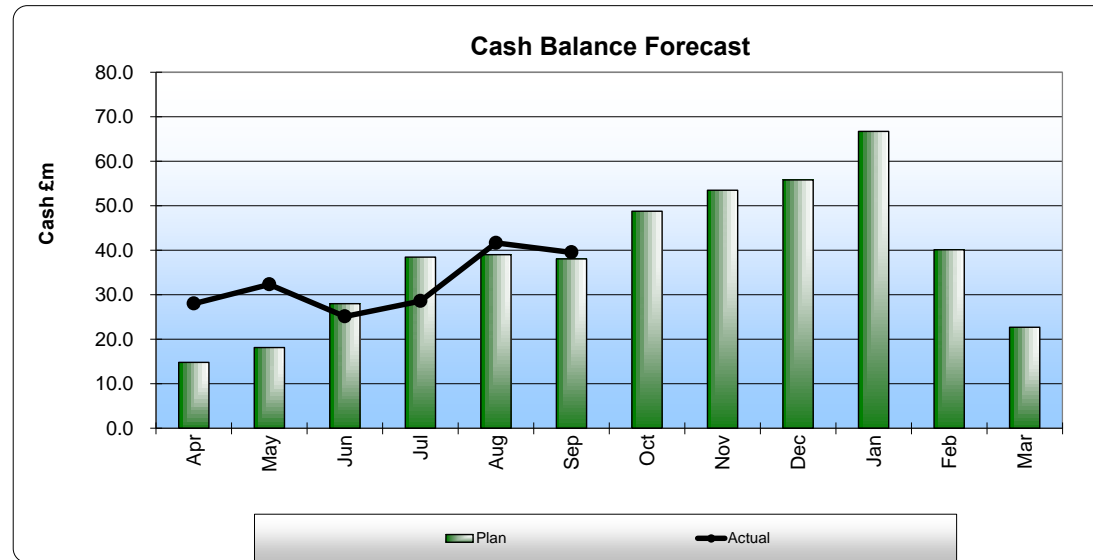
- * Pay budgets are £0.4m favourable, linked to vacant posts.
- * Drugs budgets are £2.7m adverse, mainly due to pass through costs for drugs excluded from tariff.
- * CIP achievement is £1.2m behind plan.
- * Other budgets are £0.1m favourable.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	58,558	28,787	24,982	0	772	0	2,598	28,352	435	323	
Medical and Dental	30,119	14,931	13,140	0	135	0	3,174	16,449	-1,518	-702	
Nursing	96,783	48,169	39,233	269	212	3,292	3,167	46,172	1,997	1,551	
Healthcare Scientists	11,849	5,954	4,546	106	120	-2	122	4,892	1,062	252	
Scientific, Therapeutic and technical	15,365	7,577	6,961	34	0	2	134	7,132	445	207	
Allied Health Professionals	25,395	12,603	11,139	52	147	5	105	11,449	1,154	532	
HCA's and Support Staff	44,368	22,128	20,150	341	66	41	101	20,699	1,429	564	
Chairman and Non Executives	161	80	81	0	0	0	0	81	-1	-1	
Exec Board and Senior managers	12,313	6,047	6,751	2	0	0	0	6,753	-706	-334	
Admin & Clerical	37,248	18,330	16,441	143	56	85	114	16,838	1,492	700	
Agency Premium Provision	5,597	2,790	0	0	0	0	0	0	2,790	1,438	
Vacancy Factor	-12,988	-8,164	0	0	0	0	0	0	-8,164	-3,933	
TOTAL	324,766	159,232	143,424	946	1,507	3,423	9,516	158,817	415	597	



Key Messages:

- * The cash position at the end of September was £39.5m, which is slightly above plan.
- * The cash receipt for the sale of Groves Chapel was received in September.
- * £0.2m remains outstanding for the Q1 CDF invoices. Payment is expected in October.



Key Messages:

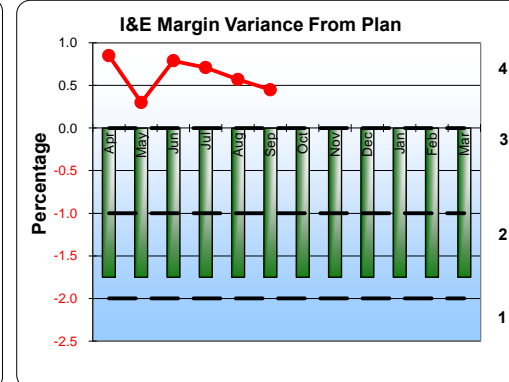
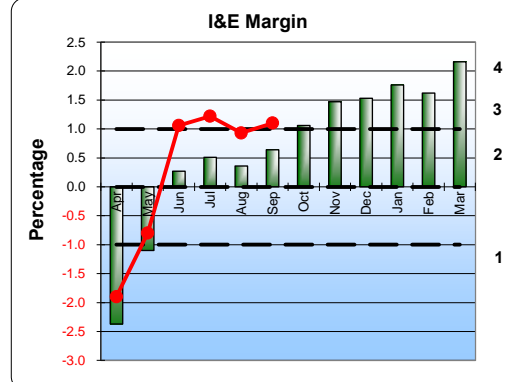
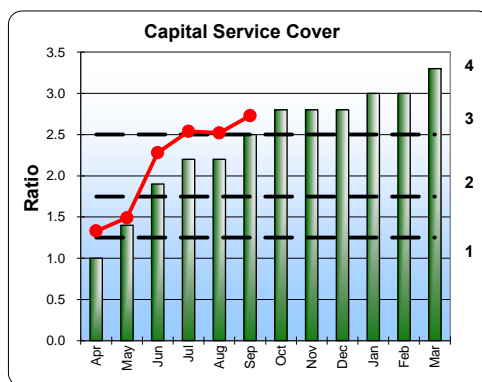
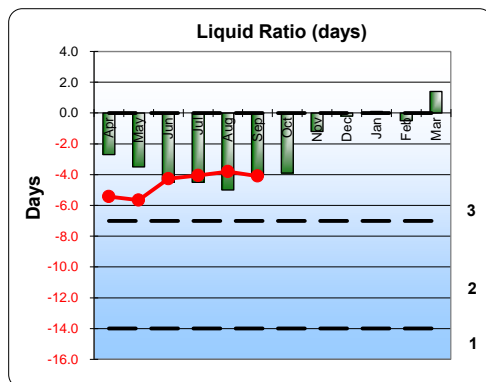
- * The receivables balance at the end of September was £12.2m, which is slightly above plan.
- * The payables balance at the end of September was £8.07m, which is below plan.
- * The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 4 in August, and is reflective of the I&E position.

Significant Aged Debtors (+6mths)

NHS Property Services	£213K
Depuy Ireland	£193K
NHS Scarborough & Ryedale CCG	£146K

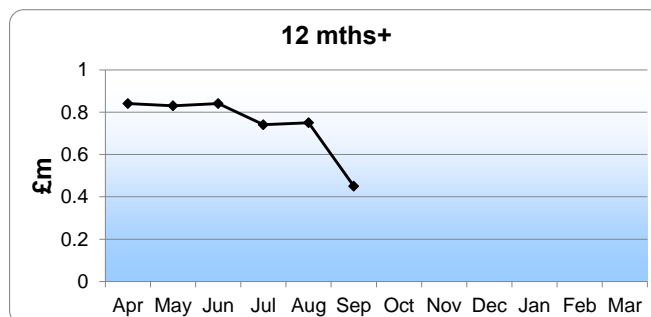
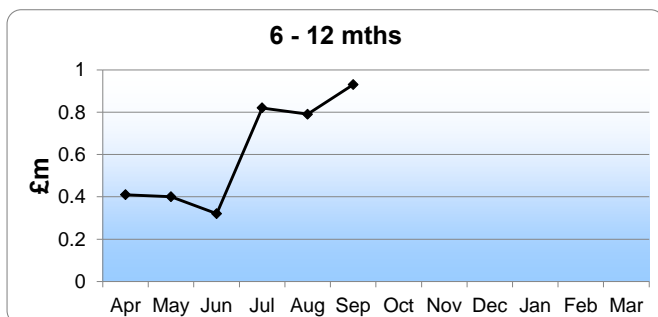
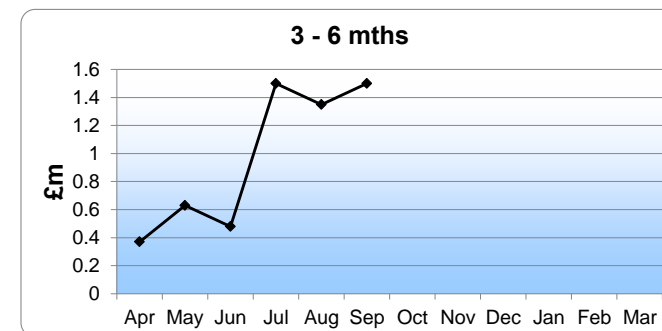
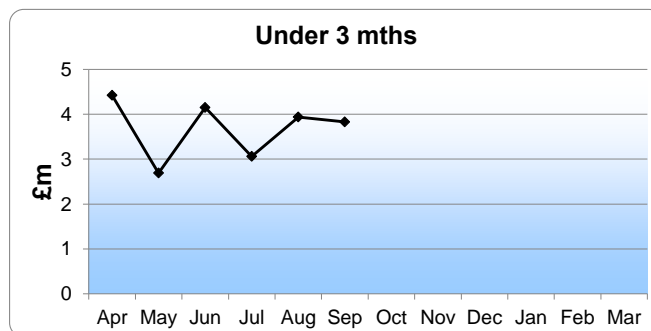
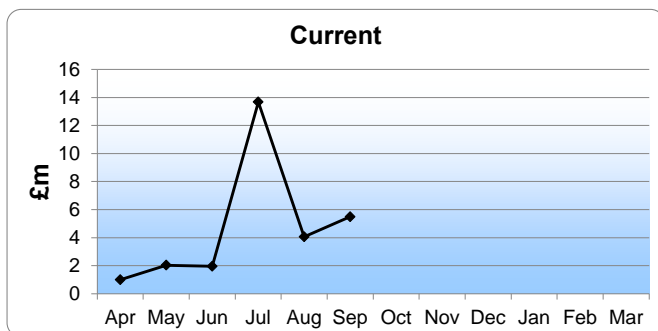
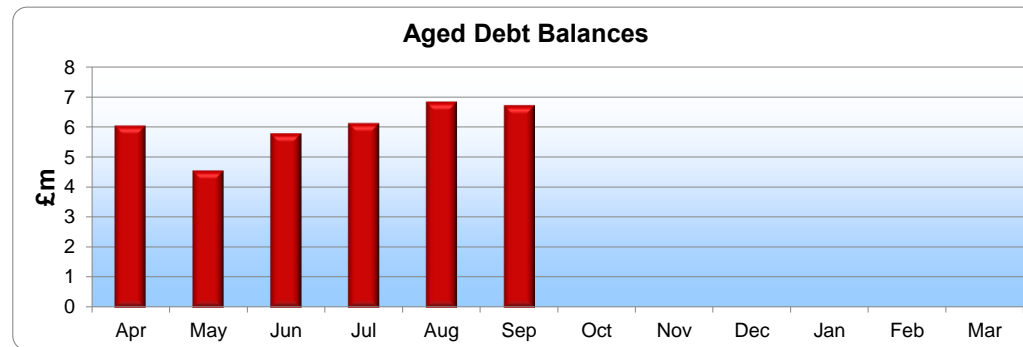
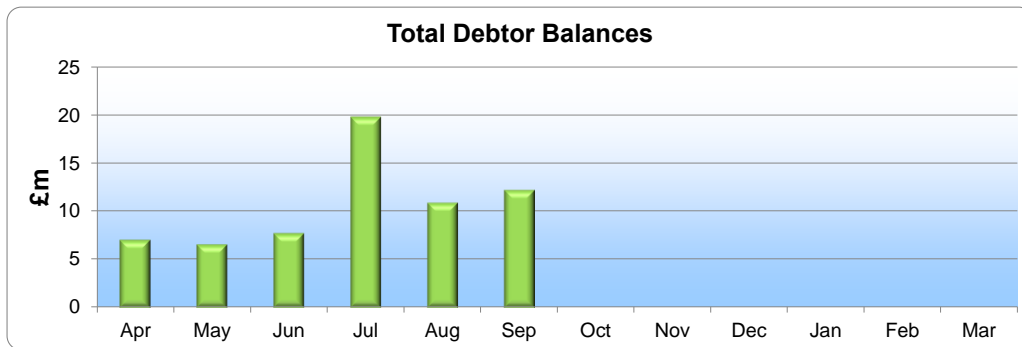
	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	5.65	1.10	0.72	0.60	8.07
Receivables	9.32	1.50	0.93	0.45	12.20

FSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (25%)	4	3	3	4
Capital Service Cover (25%)	4	3	4	4
I&E Margin (25%)	4	3	3	4
I&E Margin Variance From Plan (25%)	2	2	4	4
Overall Financial Sustainability Risk Rating	4	3	4	4



Key Messages:

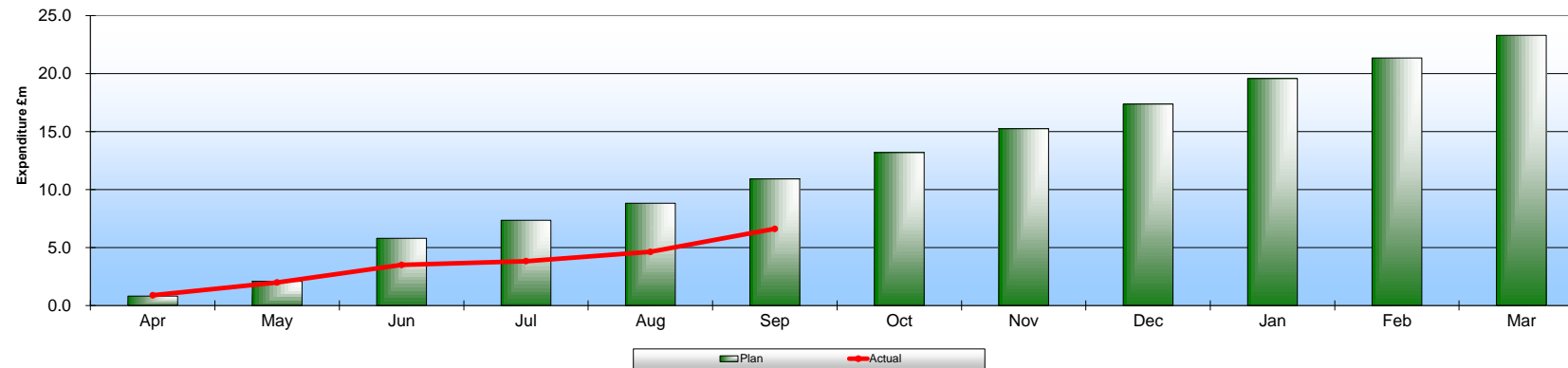
- * At the end of September, the total debtor balance was £12.2m, however £5.5m of this relates to 'current' invoices not due.
- * Aged Debt was £6.7m, however £3.8m of this is under 3 months old.
- * Debtors over 12 months significantly reduced by £300k from the August position.



Key Messages:

- *The capital plan is underspent by £4.31m. The Trust outturn position has reduced to £20.875m.
- * The Endoscopy scheme loan has been approved by the ITFF however the Trust is waiting for confirmation from Treasury as to when the funds will be released. This has impacted on the Trust Capital outturn position reducing it by approx £2.4m.
- * The radiology schemes have been delayed whilst work on the master plan has completed and there have been delays on the start of the Radiology lift replacement scheme in SGH and the fire alarm scheme
- * The purchase of Tanpit Lodge was completed on the 29th September 2016.

Capital Expenditure



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Urology Facilities Malton	1,600	754	1,600	0	
Purchase of Tanpit Lodge Easingwold	1,000	1,000	1,000	0	
Theatre 10 to cardiac/vascular	1,100	71	1,000	100	
Radiology Replacement	4,450	-	4,450	0	
Radiology Lift Replacement SGH	640	21	900	-260	
Fire Alarm System SGH	640	129	445	195	
Other Capital Schemes	3,913	1,524	4,548	-635	
SGH Estates Backlog Maintenance	750	330	750	0	
York Estates Backlog Maintenance - York	750	130	750	0	
Carbon energy fund SGH BDH	86	390	86	0	
Medical Equipment	450	161	450	0	
IT Capital Programme	1,600	828	1,600	0	
Capital Programme Management	1,350	757	1,350	0	
Star Appeal	243	12	191	52	
SGH replacement of estates portakabins	732	-	755	-23	
Endoscopy Development	3,500	502	1,000	2,500	
Contingency	500	-	-	500	
TOTAL CAPITAL PROGRAMME	23,304	6,609	20,875	2,429	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	12,000	5,580	12,000	-	
Loan Funding b/fwd	-	-	-	-	
Loan Funding	7,950	545	5,125	2,825	
Charitable Funding	787	302	846	-59	
Strategic Capital Funding	2,567	182	2,904	-337	
TOTAL FUNDING	23,304	6,609	20,875	2,429	

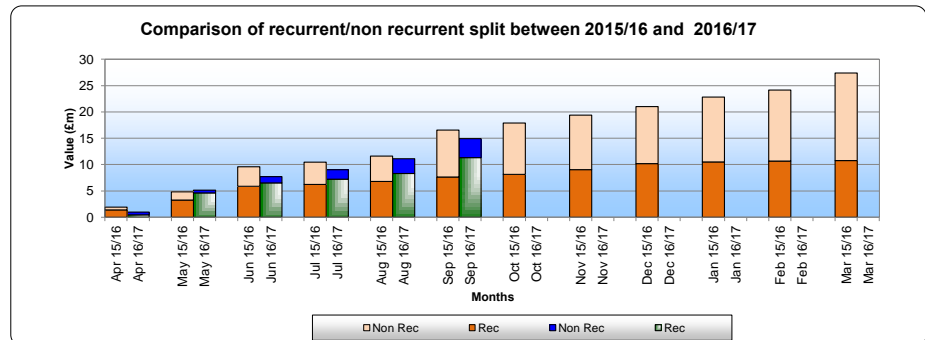
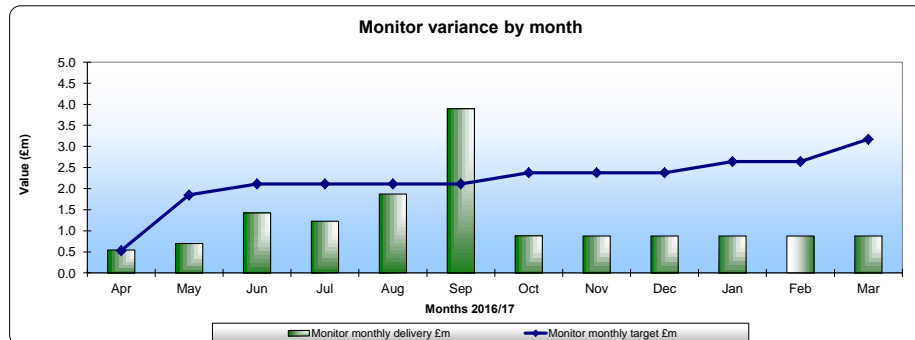
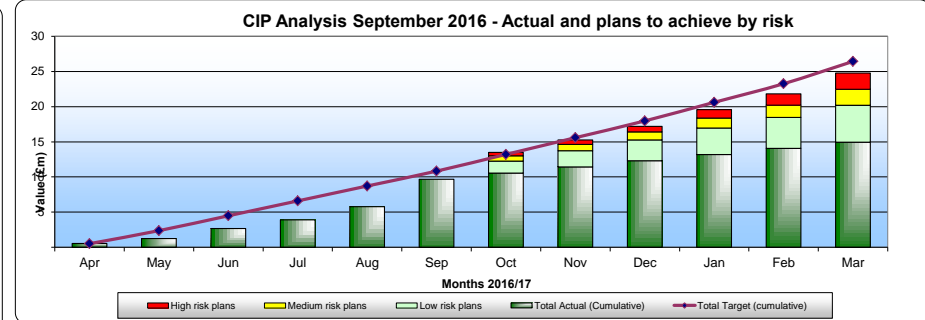
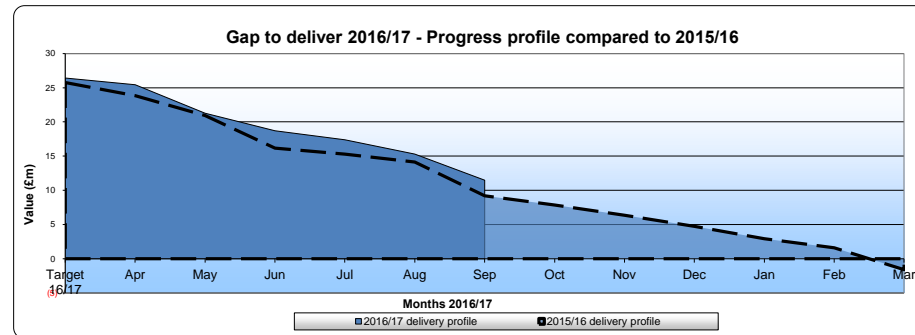
Key Messages:

- * Delivery - £14.9m has been delivered against the Trust annual target of £26.4m, giving a shortfall of (£11.5m)
- * Part year NHSI variance - The part year NHSI variance is (£1.2m).
- * In year planning - The 2016/17 planning gap is currently (£1.7m)
- * Four year planning - The four year planning gap is (£14.3m).
- * Recurrent delivery - Recurrent delivery is £11.3m, which is 43% of the 2016/17 CIP target.

Executive Summary - September 2016	
	Total £m
TARGET	
In year target	26.4
DELIVERY	
In year delivery	14.9
In year delivery (shortfall)/Surplus	-11.5
Part year delivery (shortfall)/surplus - NHSI variance	-1.2
PLANNING	
In year planning surplus/(gap)	-1.7
FINANCIAL RISK SCORE	
Overall trust financial risk score	(3 - AMBER)

4 Year Efficiency Plan - September 2016					
Year	2016/17	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m	£m
Base Target	26.4	15.5	15.5	15.5	73.0
Plans	24.8	18.0	8.8	7.1	58.7
Variance	-1.7	2.5	-6.7	-8.5	-14.3
%	94%	116%	57%	45%	80%

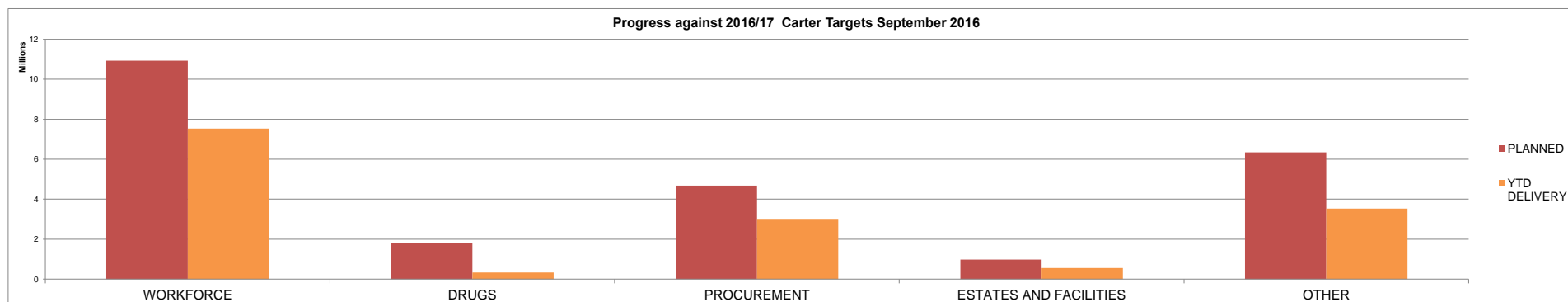
Risk Ratings			
Financial			
Score	August	September	Trend
1	8	7	↓
2	7	5	↓
3	7	7	→
4	5	6	↑
5	0	2	↑
Governance			
Score	August	September	Trend
Red	0	0	→
Green	26	26	→



Key Messages:

Work ongoing with Carter Leads to identify key workstreams.
As from November 2016 each Carter Workstream Lead will report into the Carter Steering Group with progress against the relevant workstream.

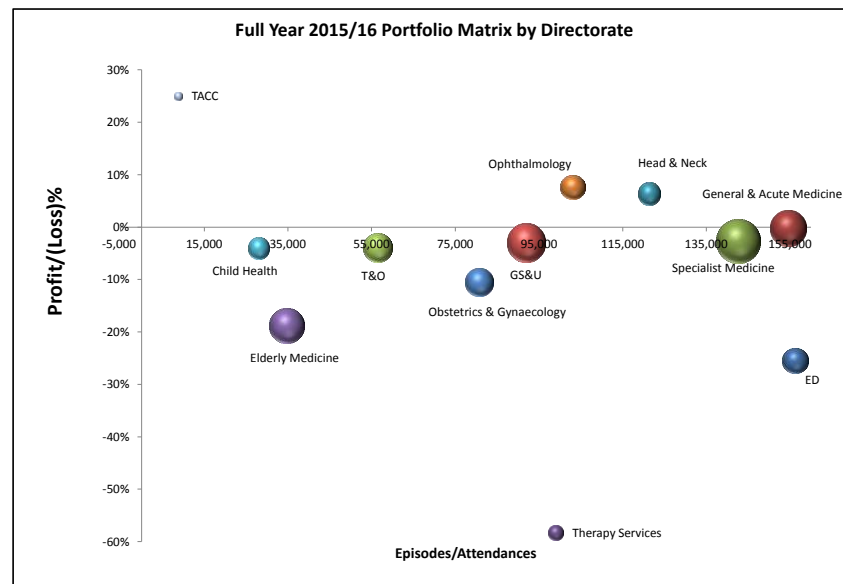
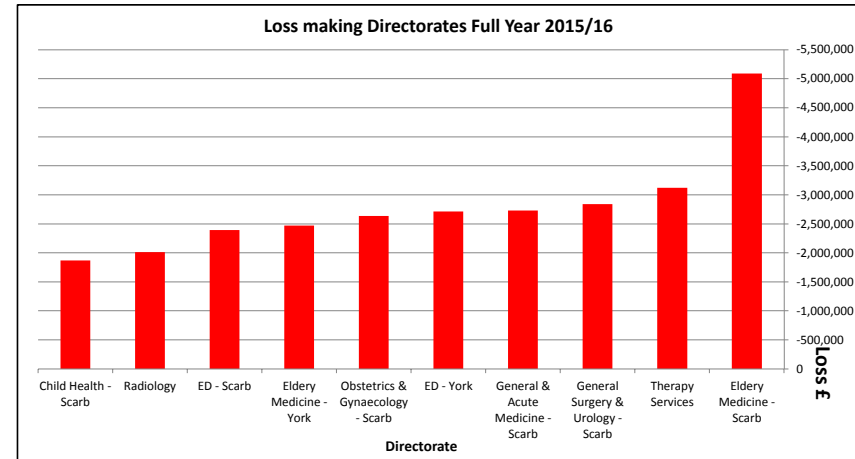
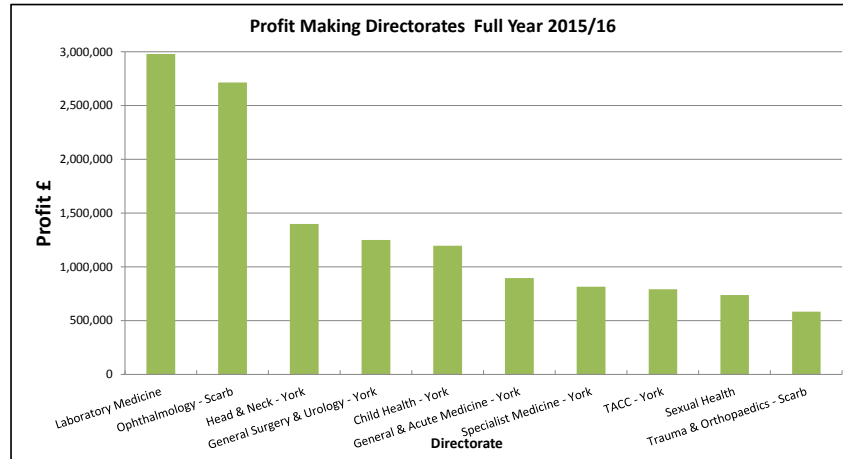
EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE SEPTEMBER 2016						
CATEGORY	WORKFORCE	DRUGS	PROCUREMENT	ESTATES AND FACILITIES	OTHER	TOTAL
	£000	£000	£000	£000	£000	£000
2016/17 OVERALL TARGET						26,416
PLANNED	10,930	1,825	4,680	979	6,342	24,757
YTD TARGET						10,831
YTD DELIVERY	7,526	337	2,982	561	3,528	14,935
YTD VARIANCE	571	-761	1,791	-409	2,912	4,104
4 YEAR TARGET						0
4 YEAR PLANS	18,794	7,972	6,993	3,114	21,826	58,699
4 YEAR VARIANCE	0	0	0	0	0	0



WORKFORCE	DRUGS
<ol style="list-style-type: none"> Draft Internal Dashboard set up and is being reviewed by the Workforce Lead. 	<ol style="list-style-type: none"> Draft Internal Dashboard set up and is being reviewed by the Pharmacy Lead. NHSI updated Model Hospital Portal with National Pharmacy Dashboard August 16. Meeting to be scheduled with Pharmacy Lead to review.
PROCUREMENT	ESTATES AND FACILITIES
<ol style="list-style-type: none"> Procurement Steering Group set up and monthly meetings are being held to drive the programme forward. Internal Dashboard set up and in use and reported in to the Carter Steering Group. Workshop held with Procurement and a follow-up held in September with schemes being identified and updated on a monthly basis. 	<ol style="list-style-type: none"> Work progressing on Internal Dashboard. National Dashboard now live on Model Hospital and being reviewed.

Key Messages:

- * Current data is based on full year 2015/16
- * It is expected that Q1 2016/17 will be completed towards the end of September 2016
- * Our annual mandatory Reference Cost calculation was successfully submitted and signed-off on 28th July 2016



DATA PERIOD	Full Year 2015/16
CURRENT WORK	<ul style="list-style-type: none"> * Q1 2016/17 SLR reports are now the key focus for the team * The Education & Training annual mandatory submission is also a key focus ahead of the September deadline * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR
FUTURE WORK	<ul style="list-style-type: none"> * Work on the Q2 2016/17 SLR data will commence once the Q1 data is published * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements
FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£2.7m

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Board of Directors – 26 October 2016

Efficiency Programme Update – September 2016

Action requested/recommendation

The Board of Directors is asked to note the September 2016 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust’s Efficiency Programme. The 2016/17 target is £26.4m and delivery, as at September 2016 is £14.9m.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations

Progress of report Finance & Performance Committee

Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Finance Director
Author	Steven Kitching, Head of Corporate Finance & Resource Management
Date of paper	October 2016
Version number	Version 1

**Briefing note for the Finance & Performance Committee Meeting
18 October 2016 and Board of Directors Meeting 26 October 2016**

Subject: September 2016 - Efficiency and Carter update

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

Summary reported position for September 2016

Current position – highlights

Delivery - Overall delivery is £14.9m in September 2016 which is (56%) of the £26.4m annual target. This position compares to a delivery position of £16.6m (64%) in September 2015.

Part year delivery is (£1.2m) behind the profiled plan submitted to NHSI.

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

In year planning – There is an in year planning gap of (£1.7m) at September 2016, the comparative position in September 2015 was a surplus of £0.5m.

Four year planning – The four year planning gap is (£14.3m). The position in September 2015 was a gap of (£16.9m). We have a strong planning position for years 1&2 of the plan with £42.8m (102%) worth of plans identified.

Recurrent vs. Non recurrent – Of the £14.9m delivery, £11.3m (76%) has been delivered recurrently.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams and self-assessments have been completed. A review of schemes is currently underway with Richard Khafagy, Clinical Lead for the QIA process.

Overview

The September 2016 position is encouraging, with a £3.8m delivery improvement reported in month. Good progress continues to be made with recurrent delivery at £11.3m (43%) of the annual target. The in-year planning position has also moved on in the month from a (£1.8m) gap in August to a (£1.7m) gap in September, a £0.1m improvement.

Carter

The Carter Work stream Leads will report their progress to the Carter Steering Group on a monthly basis as from November 2016.

A draft copy of the Hospital Pharmacy Transformation Plan was discussed at the Carter Steering Group in September 2016, with the finalised version due to be signed off in early January 2017.

Risk

The key risks in the programme:

- There is an overall planning gap of (£1.7m) in year and a (£14.3m) 4 year planning gap.
- Recurrent delivery to date is £11.3m of the overall target (£26.4m) and remains a key focus.
- There are 14 schemes which have been rated as high risk following the self-assessment process; however the Clinical Lead and senior nursing review continues.

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

RISK SCORES - SEPTEMBER 2016 - APPENDIX 2

DIRECTORATE			Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
	Yr1 Target (£000)	4Yr Target (£000)	%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
RADIOLOGY	1,693	3,295	31%	1	16%	1	16%	1	24%	1	4	1
SEXUAL HEALTH	635	1,329	45%	1	34%	2	0%	1	83%	1	5	1
COMMUNITY	1,099	2,281	83%	1	21%	1	17%	1	108%	3	6	1
TACC	2,248	6,274	76%	1	32%	2	22%	2	59%	1	6	1
WOMENS HEALTH	1,683	3,430	40%	1	28%	2	27%	3	56%	1	7	1
EMERGENCY MEDICINE	522	1,930	40%	1	31%	2	31%	3	50%	1	7	1
SPECIALIST MEDICINE	3,172	7,189	66%	1	43%	3	42%	5	58%	1	10	2
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,280	3,462	59%	1	51%	4	46%	5	43%	1	11	2
GS&U	1,964	5,109	93%	2	62%	5	39%	5	85%	1	13	3
CHILD HEALTH	1,072	2,374	96%	2	67%	5	58%	5	52%	1	13	3
MEDICINE FOR THE ELDERLY	1,513	3,774	93%	2	76%	5	52%	5	63%	1	13	3
HEAD AND NECK	850	2,050	103%	3	62%	5	59%	5	54%	1	14	3
GEN MED SCARBOROUGH	871	2,311	107%	3	70%	5	62%	5	70%	1	14	3
OPHTHALMOLOGY	763	2,795	104%	3	62%	5	54%	5	107%	3	16	4
LAB MED	794	2,881	131%	5	125%	5	105%	5	71%	1	16	4
GEN MED YORK	1,846	5,686	99%	2	57%	5	48%	5	120%	5	17	4
PHARMACY	374	1,065	132%	5	71%	5	71%	5	121%	5	20	5
ORTHOPAEDICS	1,228	3,521	136%	5	127%	5	91%	5	124%	5	20	5
CORPORATE												
OPS MANAGEMENT YORK	205	568	70%	1	37%	3	16%	1	34%	1	6	1
MEDICAL GOVERNANCE	195	533	62%	1	62%	5	5%	1	23%	1	8	2
CHIEF NURSE TEAM DIRECTORATE	389	730	110%	3	42%	3	33%	4	58%	1	11	2
ESTATES AND FACILITIES	2,701	7,099	81%	1	48%	4	42%	5	82%	1	11	2
SNS	750	1,772	111%	4	75%	5	73%	5	47%	1	15	3
FINANCE	417	1,203	113%	4	113%	5	55%	5	39%	1	15	3
CHAIRMAN & CHIEF EXECUTIVES OFFICE	74	186	222%	5	222%	5	104%	5	88%	1	16	4
HR	376	1,007	109%	3	105%	5	62%	5	122%	5	18	4
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	217	627	134%	5	121%	5	32%	4	117%	4	18	4
TRUST SCORE	28,929	74,481	94%	2	57%	5	43%	5	80%	1	13	3

Public Performance Report

October 2016

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



Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	92%	94.0%	93.0%	92.5%	90.8%	92.0%	91.6%	90.8%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	0	0	0	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	Not applicable	77.8%	74.2%	70.6%	68.6%	72.0%	68.1%	65.8%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	Not applicable	95.3%	95.3%	95.5%	94.4%	94.3%	94.6%	94.2%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jun	Jul	Aug
14 Day Fast Track	Not applicable	93%	95.2%	93.5%	92.8%	n/a	92.3%	89.6%	88.7%
14 Day Breast Symptomatic	Not applicable	93%	94.8%	95.1%	95.6%	n/a	96.1%	90.0%	94.0%
31 Day 1st Treatment	Not applicable	96%	99.5%	98.6%	99.4%	n/a	100.0%	99.2%	99.6%
31 Day Subsequent Treatment (surgery)	Not applicable	94%	95.5%	96.2%	96.5%	n/a	98.0%	100.0%	100.0%
31 Day Subsequent Treatment (anti cancer drug)	Not applicable	98%	100.0%	99.2%	100.0%	n/a	100.0%	100.0%	100.0%
62 day 1st Treatment	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	85%	84.5%	85.8%	86.4%	n/a	87.2%	85.2%	88.8%
62 day Screening	Not applicable	90%	97.0%	90.4%	91.0%	n/a	89.7%	91.7%	93.2%
62 Day Consultant Upgrade	Not applicable	85%	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	95%	87.1%	85.0%	87.3%	91.4%	92.6%	90.5%	90.9%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	0 > 30min	336	624	592	559	186	205	168
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	0 > 60min	190	546	591	425	125	181	119
Ambulance Handovers over 30 and 60 Minutes by CCG	Ambulance Handovers over 30 and 60 Minutes by CCG	Breach Category	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
	NHS VALE OF YORK CCG	30mins - 1hr	91	183	226	116	43	38	35
		1hr 2 hours	74	122	232	75	27	24	24
		2 hours +	18	69	62	12	9	1	2
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	127	184	165	215	73	78	64
		1hr 2 hours	42	128	101	131	37	59	35
		2 hours +	7	40	29	42	10	20	12
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	86	135	117	146	45	50	51
		1hr 2 hours	36	96	89	90	21	37	32
		2 hours +	4	35	22	23	5	14	4
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	10	19	28	25	9	9	7
		1hr 2 hours	2	21	12	10	3	6	1
		2 hours +	0	9	1	3	1	1	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	0	2	3	4	0	3	1
		1hr 2 hours	0	2	1	0	0	0	0
2 hours +		0	1	0	1	0	0	1	
OTHER	30mins - 1hr	22	25	53	53	16	27	10	
	1hr 2 hours	6	20	33	34	11	16	7	
	2 hours +	1	12	9	4	1	3	0	
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	1060	1656	1045	591	147	269	175
Trolley waits in A&E not longer than 12 hours	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	0 > 12 hrs	18	32	7	0	0	0	0
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95%	98.4%	99.0%	98.8%	To follow	99.0%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	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
Mortality – SHMI (YORK)	Quarterly: General Condition 9	A banding of "Significantly higher than expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported	99	97	96	95	93	94	95
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9		109	107	108	107	107	108	107

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Minimise rates of Clostridium difficile	<i>Schedule 4 part G</i> Quarterly: 1 Monitor point tbc	48	15	15	7	6	3	2	1
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	Quarterly: General Condition 9	(TBC)	23	33	17	32	8	14	10
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	Quarterly: General Condition 9	30	10	7	13	7	2	5	0
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	0	0	2	2	2	0	2	0
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	Quarterly: General Condition 9	95%	83.1%	74.0%	84.5%	85.8%	89.8%	83.3%	84.2%
Emergency admissions are screened for MRSA within 24 hours of admission	Quarterly: General Condition 9	95%	74.5%	75.0%	83.4%	86.2%	86.6%	86.5%	85.9%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	99%	99.1%	99.6%	99.3%	99.4%	99.1%	99.2%	99.4%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	3	0	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	8	4	13	2	0	1	1
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	182	210	61	22	7	12	3
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	General Condition 9	95%	97.9%	98.4%	98.7%	98.5%	98.6%	98.3%	98.5%
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%	99.8%	99.9%	99.9%	To follow	99.9%	To follow	To follow
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	Q1 - 91% Q2 - 91% Q3 - 93% Q4 - 93%	89%	92%	87%	88%	88%	88%	88%
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in General Condition 9 - Trust only to be accountable for Health delays.	Set baseline in Q1 and agree trajectory	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	90%	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	180 per month	448	482	519	531	172	137	222
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	Not applicable	2492	2599	2760	2504	838	757	909
% Compliance with WHO safer surgery checklist	General Condition 9	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	489	499	535	2 month coding lag	179	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	1551	1660	1619	2 month coding lag	556	2 month coding lag	2 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	300 per Quarter	308	317	235	239	84	62	93
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90%	99.7%	99.2%	99.8%	n/a	99.7%	99.8%	n/a
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
All Red Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	None	86.9%	85.9%	87.3%	87.9%	87.7%	87.8%	88.1%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Never Events	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	1	2	2	1	1	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Jul	Aug	Sep
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	3748	3280	3284	3253	1039	1112	1102
	Community nurse/service	-	1141	1311	1442	1398	444	481	473
	Acute services	-	1328	1296	1292	1333	465	461	407
	Self / Carer/family	-	965	874	847	996	337	359	300
	Other	-	441	421	496	406	155	129	122
	Grand Total	-	7623	7182	7361	7386	2440	2542	2404
Community Adult Nursing Contacts	First	-	5068	5089	5620	6018	1989	2092	1937
	Follow up	-	55322	61791	74408	84084	27798	28484	27802
	Total	-	60390	66880	80028	90102	29787	30576	29739
	First to Follow Up Ratio	-	10.9	12.1	13.2	14.0	14.0	13.6	14.4
Community Hospitals average length of stay (days)	Archways	-	21.2	21.1	21.7	26.2	20.9	25.1	33.2
	Malton Community Hospital	-	19.1	18.2	18.8	18.5	19.2	18.9	17.1
	St Monicas Hospital	-	16.7	18.9	16.4	22.7	17.5	24.4	26.8
	The New Selby War Memorial Hospital	-	19.9	19.5	14.1	23.0	16.4	25.4	27.0
	Whitby Community Hospital	-	12.8	0.0	0.0	0.0	39.3	0.0	0.0
	Total	-	22.6	22.8	20.6	23.7	22.9	21.5	26.6
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	12	15	10	4	3	0	1
		Emergency	77	73	71	64	26	20	18
	Malton Community Hospital	Elective	41	44	34	39	12	13	14
		Emergency	84	82	84	93	32	32	29
	St Monicas Hospital	Elective	23	23	17	14	5	5	4
		Emergency	30	28	37	23	9	8	6
	The New Selby War Memorial	Elective	27	22	22	24	15	6	3
		Emergency	69	72	75	66	20	22	24
	Total	Elective	103	104	83	81	35	24	22
		Emergency	260	255	267	246	87	82	77

Monthly Quantitative Information Report

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Complaints and PALS												
New complaints this month	42	38	28	25	40	46	36	30	33	33	50	44
Number of cases requiring deadline extension this month	32	33	30	47	35	20	26	18	35	12	20	20
Top 3 complaint subjects												
All aspects of Clinical Treatment	15	30	24	21	39	49	21	26	18	17	26	43
Communications/information to patients (written and oral)	5	7	9	13	24	21	14	6	12	10	26	21
Patient Care	5	11	11	11	26	22	10	11	7	14	18	14
Top 3 directorates receiving complaints												
Acute & General Medicine	8	11	2	7	7	9	8	8	5	6	7	6
Emergency Medicine	1	2	6	4	4	8	5	3	3	6	7	6
General Surgery & Urology	4	4	7	2	7	5	4	3	1	5	6	3
Number of Ombudsman complaint reviews (new) ¹	0	2	1	0	4	0	2	3	4	2	2	0
Number of Ombudsman complaint reviews completed												
Number of Ombudsman complaint reviews upheld	0	0	1	0	1	0	0	1	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	1	0	2	0	2	1	2	1	3	0	1	2
New PALS queries this month	682	505	450	492	557	443	480	407	387	315	333	284
Top 3 PALS subjects												
Requests for information and advice	309	202	171	196	208	191	200	187	173	n/a	n/a	n/a
Any aspect of clinical care/treatment	75	66	53	68	89	48	59	55	47	24	34	28
Communication issues	74	50	40	42	48	48	36	25	23	60	60	51

Serious Incidents												
Number of SI's reported	22	19	13	11	28	21	19	12	31	15	17	12
% 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	12	9	6	7	7	8	9	6	20	8	6	7
-Written Apology Given *	2	1	0	0	2	1	1	1	2	1	1	1
-Invitation to be involved in Investigation	0	0	0	0	0	0	0	0	2	2	1	0
-Given Final Report (If Requested)	0	0	0	0	0	0	0	0	0	0	0	0

Pressure Ulcers**												
Number of Category 2	29	47	36	33	42	52	49	44	32	31	38	60
Number of Category 3	7	4	2	4	3	3	2	6	6	1	5	6
Number of Category 4	3	1	1	1	1	0	1	0	1	1	1	2
Total number developed/deteriorated while in our care (care of the organisation) - acute	28	49	38	37	44	57	44	53	37	28	40	62
Total number developed/deteriorated while in our care (care of the organisation) - community	34	33	20	24	25	29	24	20	25	28	28	34

Falls***												
Number of falls with moderate harm	4	4	2	3	7	4	1	4	3	3	3	3
Number of falls with severe harm	3	10	1	4	5	5	5	3	9	3	7	4
Number of falls resulting in death	1	0	1	0	0	0	0	0	0	1	1	0

Monthly Quantitative Information Report

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Safeguarding												
% of staff compliant with training (children)	81%	82%	82%	82%	84%	85%	86%	86%	85%	86%	86%	86%
% of staff compliant with training (adult)	82%	82%	82%	83%	83%	84%	85%	85%	85%	85%	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	21	21	15	12	12	12	18	16	17	12	10	10
Number of Claims settled per Month	5	10	4	5	1	2	3	6	2	5	9	5
Amount paid out per month **							£635,000	£66,500	£125,000	£342,500	£989,450	£262,750
Reasons for the payment							Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this and then apologise to the patient at that point

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 has is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers.

** 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.

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Board of Directors – 26 October 2016

Purchasing Transformational Plan

Action requested/recommendation

The Board is asked to note the contents of this plan and endorse the strategic vision and work programme for the Trust’s Procurement Department.

Summary

This document sets out how the Procurement Department will develop our service over the next three years and how we will SEED change to support teams make the very best choices;

- By providing a clear strategic vision and a defined transformational plan
- By being open and flexible to meet the changing needs of our patients, the local health community and the wider NHS
- By satisfying legislative compliance requirements and public sector policy
- By delivering a greater level of savings recurrently
- By playing our part fully with the Carter efficiency agenda and working in full collaboration with our STP partners

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the

issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Ian Willis, Head of Procurement
Date of paper	October 2016
Version number	Version 2

Procurement Transformational Plan (October 2016 to March 2020)

Sponsor: Andrew Bertram, Finance Director
Author: Ian Willis, Head of Procurement
Version: 2
Date: October 2016

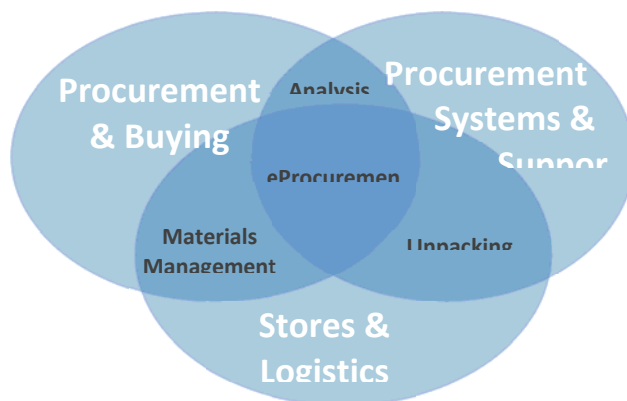
1 Executive Summary

This document sets out how the Procurement Department will develop our service over the next three years and how we will **SEED change** to support teams make the very best choices;

- By providing a clear strategic vision and a defined transformational plan
- By being open and flexible to meet the changing needs of our patients, the local health community and the wider NHS
- By satisfying legislative compliance requirements and public sector policy
- By delivering a greater level of savings recurrently
- By playing our part fully with the Carter efficiency agenda and working in full collaboration with our STP partners

Procurement at the Trust has undergone significant change moving from manual processes to the development of a full online service. The continued modernisation and automation of the 'Purchase to Pay' cycle, working in collaboration with national and regional partners and the increased economies of scale by 'joining-up' are themes carried forward and evolved in this document.

The Department's work is currently split into three interrelated groups



Notable successes during the last 3 year period include;

- Recorded Savings of over £6M.
- Greater compliance and control from the improvement of the electronic eCatalogue and the introduction of No-PO, No Payment.
- An Unpacking Service for York Hospital and a Materials Management BC for Scarborough. These support wards do what they do best; concentrate on treating patients.

The Department's ethos is simple; keep the patient at the forefront of everything we do. Ensuring we get the right people in the right place at the right time to support excellent healthcare, to positively influence the procurement of goods and services by supporting wards, departments, clinicians and non-clinical colleagues to make the very best possible choices and deliver savings now and in the future

2 Trust Procurement Performance (RAG rating against Carter targets²)

MEASURES ¹ (Under Development)		PERFORMANCE			Commentary
		CURRENT Sept 16	TARGET Sept 17	TARGET Sept 18	
1	Monthly cost of clinical and general supplier per 'WAU'	£TBC	£TBC	£TBC	Leave this blank and wait for the 15/16 figure which will be provided shortly (by November) <i>Ian White, Programme Lead – Carter Procurement Director, NHSI</i>
2	Total % purchase order lines through a catalogue. (target 80%)	95.85%	96%	97%	Year to date up to the end Sept 16
3	Total % of expenditure through an electronic purchase order (target 80%)	58.14%	75%	83%	Year to date up to the end Aug 16 (invoice data tracks one month behind PO data). <i>Not split by sub-metric.</i>
4	% of spend on a contract (target 90%)	Estimated at 50%	90%	92%	Orders including either the words; Framework, Contract, Agreement, Tender, Maintenance or P21 plus Utilities and NHS Supply Chain. Does not include items bought from catalogue which do not contain any of these terms in the description. Total spend included Pharmacy which should be excluded in sum
5	Inventory Stock Turns	11.99 Weeks 84.18 Days	10.79 Weeks 75.76 Days	9.71 Weeks 68.18 Days	No Govt target set. Data from 2015/16 stocktake.
5	NHS Standards Self-Assessment Score (average total score out of max 3)	1.3	1.3	2.0	Target date for level 1 completion is Oct 2017. Self-assessment completed. Formal assessment planned for December 2016.
6	Purchase Price Benchmarking Tool Performance	TBC	TBC	TBC	PPIB in Beta format only <i>(£1.7M of opportunities identified).</i>
7	Other Trust Specific (Cost per patient day)	TBC	TBC	TBC	

¹ Carter Procurement Metrics Full Definitions (See Appendix C)

² RAG Rating Definitions:

Green = better than the Lord Carter or Trust target

Amber = Up to 10% less than Carter target

Red = More than 10% below Carter target

3. The Transformational Plan Summary

The Department's ethos is simple; keep the patient at the forefront of everything we do.

a. People & Organisation

- By developing skills, providing support and training to any staff involved in the procurement of goods or services so that they can recognise the contribution that 'good' procurement can make in achieving our corporate, departmental, community and service objectives.
- By supporting departments with their planning and the Trust with the Five Year Forward view and the Sustainability and Transformational Plans.
- By supporting nurses and clinicians so they have time for compassionate, caring and committed nursing (Materials Management & Unpacking Service)

b. Processes, Policies & Systems

- By encouraging longer term thinking with a commitment to a strategic approach to procurement issues
- By using systems to enforce the use of contracted items and capture them as purchase orders
- By determining the total costs of ownership (whole life costing methods) before the expenditure is committed
- By monitoring that what we pay is no more than what we should expect to pay (using the Purchasing Price Index as the benchmark for an acceptable price).
- By raising awareness (and offering training, where required, to departments) of the legal obligations under the European & UK Procurement Regulations.
- By achieving Level 1 of the NHS Standards of Procurement by October 2017

c. Partnerships

- Through coordinated workplans and including internal and external stakeholders (such as STP partners) to achieve the delivery of high quality, innovative and cost-effective services or solutions for patients
- Through Customer Board representation and through local partnerships and collaboration, to increase our opportunities to maximise contracted spending
- Through contributing to the development of the Future Operating Model (the replacement for NHS Supply Chain, the NHS' national warehouse & logistics service)

Supporting more than just The Plan

- By being a good corporate citizen
- By promoting and supporting equality and diversity through the use of SME's & BME's
- By, as an anchor institution, continuing to use and further developing procurement collaboration with local suppliers
- By promoting and delivering sustainability through our procurement activities and actions

4. Risks & Issues

Risk scoring = consequence x likelihood (C x L)³

Likelihood Consequence		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

People & Organisation

Risk	Likely consequences	Risk Score	Risk Profile (Cα x Lα)	Mitigating Action
Staff Turnover	Ability to process orders and get products on to wards	8	C2L4	We have begun an Apprenticeship programme to ensure we have replacements joining the relevant bandings. Internal promotion is supported and training is provided (and encouraged) as part of ensuring roles can be filled.
Adverse effect of Five Year Forward view, the Impact and direction of the STP on Procurement function and FOM.	Staff leave procurement and/or the NHS (e.g. Future operating model moving procurement to be even more transactional and potentially with 7 day working making job less attractive).	6	C2L3	The Future Operating Model (FOM) (and STP) is making the future of NHS Procurement less certain. The current provider (NHSSC) has seen big shifts in people leaving their organisation as they adjust to a potential future without a contract. Recruitment into the NHS is difficult and this flux means potential staff are likely to choose private industry rather than the public sector.

³ NHS National Patient Safety Agency; A risk matrix for risk managers (www.npsa.nhs.uk)

Processes, Policies & Systems

Risk	Likely consequences	Risk Score	Risk Profile (C α x L α)	Mitigating Action
GS1	We are not enabled / ready. Risk of receiving STP funding.	12	C3L4	Board to appoint a lead ASAP. Learn from pilot sites (Leeds is nearest). Invest in resource.
P2P system failure	Inability to process orders and get products on to wards	6	C3L2	Manual system of backup used if needed. Access to Credit Cards too. System backed up daily to ensure minimal loss of data.
Renewal of P2P System	Poor functionality slowing orders	5	C1L5	Our Systems team leader to be part of the evaluation panel
Not achieving Level 1 of the NHS Standards of Procurement by October 2017	Reputational harm and possible NHSI action.	6	C2L3	Internal evaluation underway

Partnerships

Risk	Likely consequences	Risk Score	Risk Profile (C α x L α)	Mitigating Action
FOM Failure	Disjointed, disaggregated, fragmented future for the NHS national solution to procurement.	6	C3L2	Working as part of the NHS Customer Board to help the DH choose the right way forward.
Demise of the North of England Commercial Procurement Collaborative	Reduced access to compliant frameworks (largely non-clinical) that support the work of FM and other clinical support functions.	6	C3L2	Working as part of the NOECPC Customer Board to help the address the risk. Collectively working with the regional heads of procurement to support NOECPC with the FOM bidding process. The collective working could also support the work of the STP.

Procurement Transformational Plan (Extended) (October 2016 to March 2020)

Table of Contents

1	Executive Summary.....	8
2	About the Trust	9
3	Procurement Context.....	9
4	What is Procurement and what do we do?	10
5	How much does the Trust spend each year?	12
6.	What do we buy?	12
7	How much does the Purchasing Department save each year?	13
8	The Transformational Plan Aims	13
	<i>a. Support excellent healthcare.....</i>	<i>13</i>
	<i>b. Engage with the customer</i>	<i>13</i>
	<i>c. Expand capability</i>	<i>13</i>
	<i>d. Deliver Savings (Target £10M).....</i>	<i>14</i>
	<i>Supporting more than just The Plan.....</i>	<i>14</i>
	Appendix A: The Lord Carter Recommendations.....	15
	Appendix B: The detailed plan to save £10M (aligned to the Carter Recommendations)	16
	Appendix C: Measuring PTP Procurement Performance	18
	Appendix D: Strategic Influences	23
	Appendix E: Communication Plan	24
	Appendix F: Glossary	25

Although the title of the document is the Procurement Transformational Programme it is, in essence, a strategic document stating how the Department intends to develop and/or support the delivery of excellent healthcare. The document builds on the 6 (six) previous Procurement Strategy documents, even though this document (type) is version number 1.

1 Executive Summary

In 2013 the NHS was 65 years old. For the NHS to continue to work for another 65 years there needs to be transformational change. Every day the NHS helps people stay healthy, recover from illness and live independent lives. NHS England has said it will not charge for core NHS services but equally the Government repeatedly makes it clear that we should not necessarily expect increased funding but instead look at reducing unwarranted variation and improve efficiency (Lord Carter report⁴).

The NHS faces a number of key issues: People are living longer (which means illnesses can last for longer), peoples' need for longer term care is growing (meaning more money is needed to treat those already in need) and healthcare is an increasing expensive business with ever increasing expectations placed upon it,

To survive the NHS has been told to; match services to peoples' needs, join more health and care services together and find new ways of doing things differently. We hope that the NHS can do more than just survive! It needs to be nurtured, cared for and have the opportunity to thrive so that everyone, no matter what their need, has access to the same good quality care.

We need to sow the seeds of Procurement transformational change because every patient matters.

- S** Support excellent healthcare
- E** Engage with the customer
- E** Expand capability
- D** Deliver Savings (Target £10M)

This document sets out how the Procurement Department will do that, how we will develop our service over the next three years and how we will support teams to make the very best choices by;

- providing a clear strategic vision and a defined transformational plan
- being open and flexible to meet the changing needs of our patients, the local health community and the wider NHS
- satisfying legislative compliance requirements and public sector policy
- delivering a greater level of savings recurrently

A glossary of common terms and acronyms used by Procurement is explained in Appendix F

⁴ "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations". Lord Patrick Carter of Coles' independent report for the Department of Health (published 5th February 2016)

2 About the Trust

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 beautiful square miles

In April 2011 we took over the management of community-based services in Selby, York, Scarborough, Whitby and Ryedale and in July 2012 acquired Scarborough and North East Yorkshire Healthcare NHS Trust, bringing Scarborough and Bridlington Hospitals into the organisation.

Our annual turnover is approaching £500million. We manage multiple hospital sites, 1,127 beds (including day-case beds) and have a workforce of over 8,000 staff working across our hospitals and in the community. Our hospitals include: York Hospital, Scarborough General Hospital, Bridlington District Hospital, Malton Community Hospital, The New Selby War Memorial Hospital, St Monica's Hospital Easingwold, Archways Intermediate Care Unit, White Cross Rehabilitation Hospital, St Helens Rehabilitation Hospital,

Each year we undertake the following activity: 127,000 A&E attendances, 390,000 outpatient appointments, 119,000 inpatients, 61,000 operations and procedures and 5,000 babies are delivered.

We are proud to be a partner with the Hull York Medical School (HYMS), providing clinical placements and training for future doctors at Scarborough and York Hospitals. We work with our local Clinical Commissioning Groups (CCGs) and local authorities to ensure our services are developed to continue to meet the needs of all our patients.

As a NHS Foundation Trust we operate independently of the Department of Health, but remain part of the National Health Service. This gives us greater freedom and more formal links with patients and staff. We are accountable to them through an elected and appointed Council of Governors.

3 Procurement Context

In 2013 the NHS was 65 years old. For the NHS to continue to work for another 65 years things do need to change. Every day the NHS helps people stay healthy, recover from illness and live independent lives. The NHS spends in the region of £5.7billion annually on the procurement of Goods and elements of the further £3.3billion of Services. The majority of the spend is based on contracts for goods and services procured by the Crown Commercial Services (£2.23 billion), NHS Supply Chain (£2.1 billion) and a multiplicity of other contracts and suppliers.

The NHS faces a number of issues: People are living longer (which means illnesses can last for longer), peoples' need for longer term care is growing (meaning more money is needed to treat those already in need) and healthcare is an increasingly expensive business with ever increasing expectations placed upon it from the public and the media. NHS England have said they won't charge for core NHS services but equally the Government repeatedly makes it clear that we shouldn't expect any more money either.

To counteract these pressures the NHS we must respond to these demands by either curbing demand (which is extremely difficult to achieve) or by encouraging suppliers and stakeholders to devise new devices or technologies and introduce or improved ways of working without it costing the earth both financially and environmentally.

The Health and Social Care Bill changed the commissioning landscape by transferring more power to local organisations and the move to localised Sustainability and Transformational Plans (STP) will see that landscape shift again. With no foreseeable increases in funding (of any large scale) and the Government believing the NHS can make £22b of efficiencies. Procurement is increasingly in the media spotlight.

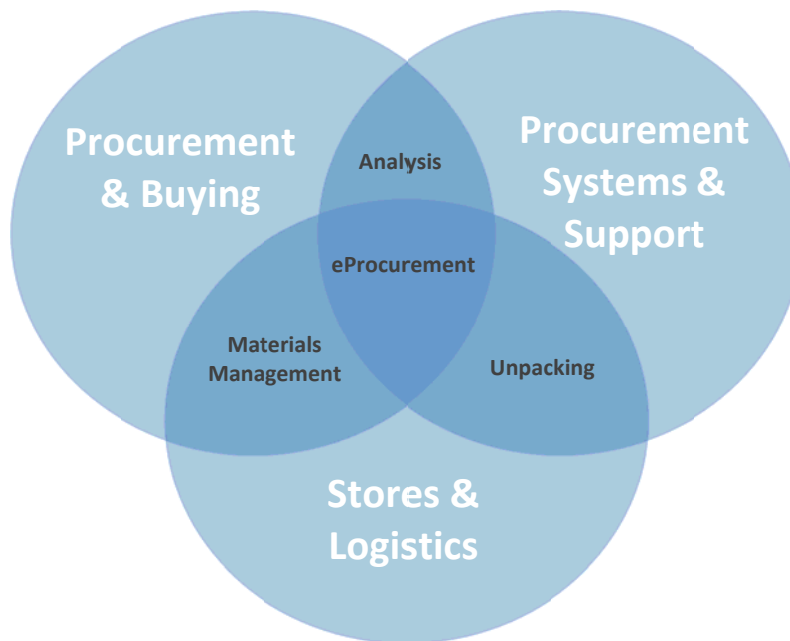
Procurement at the Trust has undergone significant change moving from manual processes to the development of a full online service. The continued modernisation and automation of the 'Purchase to Pay' cycle, working in collaboration with national and regional partners and the increased economies of scale by 'joining-up' are themes carried forward and evolved in this document.

4 What is Procurement and what do we do?

Colloquially speaking we go by many names; Stores, Supplies, Purchasing, Materials Management, Top-up, Buyers. However, the actions we seek to perform should be defined as *Procurement*. It is (often) much more than just buying (to obtain in exchange for payment) or purchasing (acquiring something by paying for it). It is defined, in the Oxford English Dictionary, as the action of 'obtaining something with care or effort' by/and/or 'persuading or causing someone to do something'.

Previous strategy documents have been used to evolve the function so that it procures more than it buys. As the department has matured as we've sought to look at the whole life cycle, from the identification of need through to the end of the useful life of an asset, looking at options appraisal and the critical "do or buy" decisions which can result in the provision of services being provided in-house or outsourced to third parties. Procurement is an important contributor to the Trust meeting its overall aims and objectives.

The Department's work is split into three interrelated groups



The Department works with internal customers (the Directorates) as well as external partners; the Crown Commercial Services (CCS), the NHS Business Services Authority (BSA), NHS Supply Chain (NHSSC), the North of England Commercial Procurement Collaborative (NOECPC) to deliver safer solutions and best value for patients. The Trust has representation through the Head of Procurement on the NHS Northern Customer Board and the NOECPC Customer Board, a representative voice for our Trust (and for the NHS and the tax payer in general) supporting Lord Carter's improvement across the wider NHS.

Notable successes during the last 3 year period include;

- Recorded Savings of over £6M.
- Greater compliance and control from the improvement of the electronic eCatalogue and the introduction of No-PO, No Payment.
- An Unpacking Service for York Hospital and a Materials Management BC for Scarborough. These support wards do what they do best; concentrate on treating patients.

The Department's ethos is simple; keep the patient at the forefront of everything we do. Ensuring we get the right people in the right place at the right time to support excellent healthcare, positively influence the procurement of goods and services by supporting wards, departments, clinicians and non-clinical colleagues to make the very best possible choices and deliver savings now and in the future

5 How much does the Trust spend each year?

Total spend (Financial year 2015/16)	Value	%
Overall Invoiced Spend	£188,517,000	
Total PO Matched Spend	£60,769,209	41.9%
Total PO Unmatched Spend	£125,424,675	58.1%
In June 2013 the split of PO-unmatched to PO-matched was 66%:34%. Over the last three years it has remained relatively static at 60:40. The introduction of No Po, No Payment in March is improving this ratio on a month by month basis and since the start we have seen a swing of almost 7% to currently 53%:47%. The expected crossover is July 2016 (the data is collected two months after the actual date to ensure all invoices have been received).		
Invoices		
Total Number of Invoices	113,458	
Average invoice value	£1,661.56	
Less than £50		16.2%
Less than £100		26.9%
Less than £500		62.4%
Non-stock - direct orders		
Total Value of Non-Stock (Direct) Spend	£64,470,887	
Total Number of Non-Stock (Direct) Suppliers used	3,459	
Total Number of Non-Stock (Direct) Purchase Orders	33,094	
Total Number of Non-Stock (Direct) P Order Lines	80,393	
Stock - NHS Supply Chain		
Total Value of NHS Supply Chain orders	£13,799,167	
Total Number of NHS Supply Chain Ordered Lines	396,547	
Spend as a percentage of the total invoiced spend		8.8%

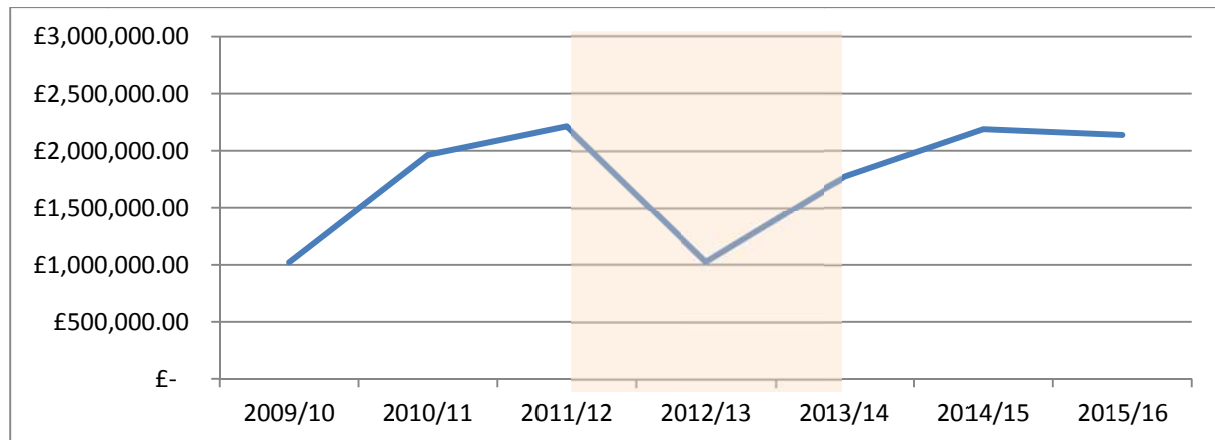
6. What do we buy?⁵

Commodity Type (Nationally recognised E-Class Codes)	Spend
A - Provisions	£2,432,135.43
B - Staff Clothing	£396,512.93
C - Patients Clothing & Footwear	£1,109,705.07
D - Pharmaceuticals Blood Products & Medical Gases	£488,691.82
E - Dressings	£2,022,677.13
F - Medical & Surgical Equipment	£24,039,645.06
G - Patient Appliances	£637,953.51
H - Chemicals & Reagents	£1,693,195.21
I - Dental & Optical Equipment	£1,085,646.95
J - Diagnostic Imaging & Radiotherapy Equipment &	£1,626,441.09
K - Laboratory Equipment & Services	£3,137,415.89
L - Fuel Light Power Water	£8,906,977.66
M - Hotel Services Equipment Materials & Services	£9,143,710.78
P - Building & Engineering Products & Services	£8,097,315.72
Q - Specific Purpose	£1,134.85
R - Purchased Healthcare	£455,782.41
S - Gardening & Farming	£92,957.61
T - Furniture Fittings	£790,505.69
U - Hardware Crockery	£137,655.89
V - Bedding Linen & Textiles	£963,783.33
W - Office Equipment, Telecomms, Computers &	£4,610,587.75
X - Transportation	£922,089.83
Y - Recreational Equipment & Souvenirs	£723,697.91
Z - Staff & Patient Consulting Services & Expenses	£3,394,759.56
TOTALS	£76,910,979.08

⁵ Oracle On-going Order Report & NHSSC TR2 Report.
(Does not include unmatched invoice spend)

7 How much does the Purchasing Department save each year?

(Savings generated by Procurement intervention and interaction)



The downturn in savings was a result of the efforts directed towards the hospital integration and the merger of the two Procurement teams into one department.

8 The Transformational Plan Aims

a. Support excellent healthcare

- By supporting departments with their planning and the Trust with the Five Year Forward view and the Sustainability and Transformational Plans.
- By supporting nurses and clinicians so they have time for compassionate, caring and committed nursing (Materials Management & Unpacking Service)
- By encouraging longer term thinking with a commitment to a strategic approach to procurement issues

b. Engage with the customer

- Through coordinated workplans and including internal and external stakeholders to achieve the delivery of high quality, innovative and cost-effective services or solutions for patients
- Through National, Regional Customer Board representation and through local partnerships and collaboration to increase our opportunities to maximise contracted spending
- Through contributing to the development of the Future Operating Model (the replacement for NHS Supply Chain, the NHS' national warehouse & logistics service)

c. Expand capability

- By developing skills, providing support and training to any staff involved in the procurement of goods or services so that they can recognise the contribution that 'good' procurement can make in achieving our corporate, departmental, community and service objectives.
- By raising awareness (and offering training, where required, to departments) of the legal obligations under the European & UK Procurement Regulations.
- By achieving Level 1 of the NHS Standards of Procurement by October 2017

d. Deliver Savings (Target £10M)

- By using systems enforce the use of contracted items and capture them as purchase orders
- By determining the total costs of ownership (whole life costing methods) before the expenditure is committed
- By monitoring that what we pay is no more than what we should expect to pay (using the Purchasing Price Index)

Supporting more than just The Plan

- By being a good corporate citizen
- By promoting and supporting equality and diversity through the use of SME's & BME's
- By continuing to use and further developing procurement collaboration with local suppliers
- By promoting and delivering sustainability through our procurement activities and actions

Appendix A: The Lord Carter Recommendations

No	Action	Comment
1	Produce a Procurement Transformational Plan	Every trust should have a local Procurement Transformation Plan in place by October 2016 covering plans to meet the model hospital benchmarks, collaboration with other trusts and the national solutions such as NHS Supply Chain. Trusts should consider the role collaborative procurement hubs could play in helping them achieve their model hospital benchmarks but without competing with the national provider
*2	Publish Metrics	Trusts focussing on the measure of key procurement metrics and being responsible for driving compliance to the following targets by September 2017: 80% addressable spend transaction volume on catalogue, 90% addressable spend transaction volume with a purchase order, 90% addressable spend by value under contract.
*3	Collaboration with others to improve Procurement	Collaboration (ie. sharing data and resources) designed to modernise the procurement function with Trusts accelerating collaboration with other trusts to develop aggregated sourcing work plans to reduce variety (including with NHS Supply Chain for their categories) for 2016-17 and in 2017-18 including contributing to clinically driven product testing and evaluation, and adopting the outcome of these processes, switching products where appropriate, unless a clinically agreed exception exists.
*4	National Spend Analysis and Benchmarking	NHS Improvement providing a national spend analysis and benchmarking solution from high quality trust spend data to be fully operational by April 2017. This will include a purchasing price index starting with an initial basket of 100 products with immediate effect. NHS Improvement will hold trust boards to account in performance against the index from October 2016.
*5	Ensure effective system control, compliance and building supply chain capability	All trusts to prioritise the role of procurement on ensuring effective system control and compliance, building supply chain capability in terms of both inventory management systems and people. Trusts to aim to work in collaboration both with national procurement strategies and other trusts to explore common systems adoption e.g. efficient electronic catalogues using retail system standards, enhancing current purchase to pay systems, adopting (GS1) and Pan European Public Procurement Online (PEPPOL) standards detailed in the eProcurement Strategy, and to align with NHS Supply Chain on category initiatives.
*6	Embrace the NHS Standards of Procurement	Trusts embracing the adoption and promotion of the NHS Standards of Procurement with the support of the new Skills Development Networks, with those that have already achieved Level 1 achieving Level 2 of the standards by October 2018; and those trusts that are yet to attain Level 1 achieving that level by October 2017. All trusts to produce a self-improvement plan to meet their target standard by March 2017.
*7	Align to NHS Improvement's regional structure	The plans are expected to be agreed with NHS Improvement and ideally Lord Carter would like to see alignment with NHS Improvement's proposed regional structure.

Appendix B: The detailed plan to save £10M (aligned to the Carter Recommendations)

#	Carter Recommendation	Carter Objective	PTP SEED Plan	How	When	Who	How Monitored or Reported
1	Produce a Procurement Transformational Plan	A local PTP by October 2016	Support excellent healthcare	A published and disseminated PTP covering plans to meet the model hospital benchmarks (Doing it Well, Doing it Efficiently and Doing it Right), shared with others (through collaboration) with details of how we intend to improve the service.	By October 2016	Head of Procurement	Published document
2	Publish Metrics	Measure key procurement metrics	Expand capability	Using the NHS Procurement Dashboard Reporting template to report monthly progress on Doing it Well, Doing it Efficiently and Doing it Right. Targets by September 2017 <ul style="list-style-type: none"> 80% addressable spend transaction volume on cat 90% addressable spend transaction vol with a PO 90% addressable spend by value under contract. <p>Use the PTP Performance Measures (see Appendix C) to report progress made to the Carter Steering Group.</p>	By October 2017	Head of Procurement	Monthly Updates An annual report to the Board of Directors
3	Collaboration with others to improve Procurement	Collaboration to improve	Engage with the customer	Sharing data, time and expertise with other trusts and Hubs, including STP partners. Developing an aggregated sourcing work plans, where feasible, and sharing our own workplans (with NHS Supply Chain, NOECPC & CCS). Supporting the work of the National Clinical Evaluation Team (by, where it is safe to do so, adopting the outcome products unless a clinically agreed exception exists).	From April 2016	All Procurement and Trust Nursing	Published workplan on the intranet. Exceptions reported through MSSE
4	National Spend Analysis and Benchmarking	Providing data for the national spend analysis & benchmarking (by April 2017)	Expand capability	Submitting all of our spend data to NHS Improvement (through our links with NHS Supply Chain, the BSA and NEP) to support a fully operational purchasing price index benchmark (PIIB). Continue to publish our spend data online on the Trust's website.	From April 2016	Stephen Tiller	Data records online (two months after month ending)

#	Carter Recommendation	Carter Objective	PTP SEED Plan	How	When	Who	How Monitored or Reported
5	Ensure effective system control, compliance and building supply chain capability	Ensuring effective system control and compliance, building supply chain capability, in terms of both inventory mgt, systems and people	Support excellent healthcare	<p>The Trust to aim to work in collaboration with both the national procurement strategy and other trusts to explore common systems adoption, using the work of the Early Adopter sites and the NHS Trusted Customer sites to enhance our electronic catalogues and adopt the GS1 standard (including Scan 4 Safety).</p> <p>Roll out Materials Management at Scarborough Hospital and write a business case for an Inventory Management and Scanning solution to further automate the Purchase to Pay cycle, improve safety and product traceability.</p>	<p>By October 2017</p> <p>By October 2017</p>	Head of Procurement	NHS Procurement Dashboard & Carter Model Hospital metrics.
6	Embrace the NHS Standards of Procurement	Adoption and promotion of the NHS Standards of Procurement	Expand capability	<p>Produce a self-improvement plan to;</p> <p>Attain Level 1</p> <p>Attain Level 2</p> <p><u>Plan to include</u> <i>Using the Procurement Skills Development Network to improve the longer term resilience, leadership and capability of the Procurement department.</i></p>	<p>October 2017</p> <p>October 2018</p>	Head of Procurement	By Attainment of the Standard
7	Align to NHS Improvement's regional structure	See alignment with NHS Improvement's proposed regional structure (<i>not yet published</i>)	Support excellent healthcare	The Trust is already a Board member of the NHS Northern Customer Board and the NOECPC Customer Board and a member of the Yorkshire and Humber Supplies Managers' network. Continue with these links and feed back into the work carried nationally by the NHS Customer Board to improve NHS procurement.	tbc	Head of Procurement	tbc

Appendix C: Measuring PTP Procurement Performance

Trust Procurement Performance (RAG rating against Carter targets⁶)

MEASURES ⁷ (Under Development)		PERFORMANCE			Commentary
		CURRENT Sept 16	TARGET Sept 17	TARGET Sept 18	
1	Monthly cost of clinical and general supplier per 'WAU'	£TBC	£TBC	£TBC	Leave this blank and wait for the 15/16 figure which will be provided shortly (by November) <i>Ian White, Programme Lead – Carter Procurement Director, NHSI</i>
2	Total % purchase order lines through a catalogue. (target 80%)	95.85%	96%	97%	Year to date up to the end Sept 16
3	Total % of expenditure through an electronic purchase order (target 80%)	58.14%	75%	83%	Year to date up to the end Aug 16 (invoice data tracks one month behind PO data). <i>Not split by sub-metric.</i>
4	% of spend on a contract (target 90%)	Estimated at 50%	90%	92%	Orders including either the words; Framework, Contract, Agreement, Tender, Maintenance or P21 plus Utilities and NHS Supply Chain. <i>Does not include items bought from catalogue which do not contain any of these terms in the description. Total spend included Pharmacy which should be excluded in sum.</i>
5	Inventory Stock Turns	11.99 Weeks 84.18 Days	10.79 Weeks 75.76 Days	9.71 Weeks 68.18 Days	No Govt target set. Data from 2015/16 stocktake.
5	NHS Standards Self-Assessment Score (average total score out of max 3)	1.3	1.3	2.0	Target date for level 1 completion is Oct 2017. Self-assessment completed. Formal assessment planned for December 2016.
6	Purchase Price Benchmarking Tool Performance	TBC	TBC	TBC	PPIB in Beta format only <i>(£1.7M of opportunities identified).</i>
7	Other Trust Specific (Cost per patient day)	TBC	TBC	TBC	

⁶ RAG Rating Definitions:

Green = better than the Lord Carter or Trust target

Amber = Up to 10% less than Carter target

Red = More than 10% below Carter target

⁷ Carter Procurement Metrics Full Definitions (See Appendix C)

Procurement Transformational Plan (Procurement Strategy)

September 2016

#	Metric	Description & Reason	Source	Methodology & Calculation	Frequency	Target
1	Spend per WAU	<p>The monthly cost of (a) Clinical Supplies, and (b) General Supplies, divided by the WAU</p> <p>There appears to be an unwarranted variation in cost per WAU across Trusts. The metric provides a consistent measure of whether a Trust's expenditure per measure of output (WAU) is increasing or reducing.</p>	<p>Expenditure for clinical and general supplies as defined within the current NHS Group Manual for Accounts (and applied for both monthly and annual financial reporting)</p> <p>WAU to be provided by the model hospital team.</p>	<p>The cost of clinical and general supplies in any month to be divided by the WAU.</p>	<p>Monthly with WAU initially calculated annually</p>	<p>A 10% reduction by April 2018</p>
2	% of transactions on e catalogue	<p>Percentage of approved purchase order lines which have been raised by an end user utilising an available electronic catalogue this does not include free-form requisitions using any other pre-defined or formatted entry (e.g. no smart forms available in Oracle, unless these exclusively use catalogued items).</p> <p>Metric is in indicator of the level of expenditure controlled so as to reduce variation in supply, ensure products bought have been subject to competitive processes and that the procurement process itself is efficient. Ask P2P provider to create standard report that Trusts can run</p> <p>NHS Supply Chain information to be obtained via the TR24 reporting, then totalling the "lines requested" column (all NHSSC spend to be classified as catalogued)</p>	<p>Order lines to be included in this metric are those processed via a Trust Procurement Departments purchase to pay (P2P) ordering system (e.g. Oracle, Integra, GHX, ICE, Cedar, eFinancials, Agresso and so on), as well as orders via NHS Supply Chain. Pharmacy transactions are excluded.</p> <p>All purchase order data should be used except pharmaceuticals – no category exclusions e.g. Estates</p>	<p>Number of lines processed using a catalogue (or other pre-defined or formatted entry) during the period, divided by the total number of lines processed during the period, multiplied by 100.</p>	<p>Monthly</p>	<p>80% of purchases to be from an electronic catalogue by September 2017</p>

#	Metric	Description & Reason	Source	Methodology & Calculation	Frequency	Target
3	% of expenditure on ePO	As shown below in calculations. This metric provides an indication of the efficiency of the procurement process and the level of control over total expenditure exercised.	To include only clinical and general supplies only. Data as defined for each sub-metric. Value or number (as required) divided by the total value or number processed through accounts payable system.	<p><u>Metric 3a – requisition to ePO only</u> % of total value of expenditure of the trust on electronic Purchase Order where the purchase order is sent electronically to include e-fax, email but NOT exchange, eml or full end to end delivery/payment process.</p> <p><u>Metric 3b – requisition to ePO only</u> % of the number of transactions covered by an electronic purchase order where the purchase order is sent electronically to include e-fax, email but not exchange, eml or full end to end delivery/payment process.</p> <p><u>Metric 3c – full requisition to payment e-process</u> % of total value of expenditure of the trust on electronic Purchase Order where the purchase order is sent electronically to include only those with full electronic transfer e.g. exchange, eml and full end to end process including invoice receipt and payment</p> <p><u>Metric 3d – full requisition to payment e-process</u> % of the number of transactions covered by an electronic purchase order where the purchase order is sent electronically to include only those with full electronic transfer e.g. exchange, eml and full end to end process including invoice receipt and payment</p>	Monthly	Target – 90% to be via ePO initially for 3a and 3b by September 2017 later (date to be confirmed) 3c and 3d.

#	Metric	Description & Reason	Source	Methodology & Calculation	Frequency	Target
4	% spend on contract	<p>The total percentage of Trust expenditure on a contract as defined below compared to the total expenditure of the Trust.</p> <p>The purpose of this metric is to indicate to what extent a Trust is actively influencing its total expenditure across all goods and services apart from exclusions for non-influenced spend.</p> <p>For the purpose of this metric only a contract is defined as “an agreement, including frameworks, standing offer to treat, legal contract or similar which has been market tested through a tender or mini competition that contains agreed prices for a set range of products or services for a set period of time.</p>	Trust procurement systems including Estates purchase orders and other activity (except exclusions) compared to total trust expenditure as defined by current Group NHS manual for accounts.	<p>Contract spend should include –</p> <ul style="list-style-type: none"> – Trust local Contracts – Collaborative Contracts – Spend via the various frameworks, e.g. HTE, NOE CPC, CCS, NHS Supply Chain <p>What should be excluded</p> <ul style="list-style-type: none"> – Drugs – Rates – Capital charges 	Quarterly	Target – 90% of expenditure by September 2017
5	Inventory stock turn clinical supplies	<p>The total level of stock held compared to the number of times the stock is turned over or replaced by new stock.</p> <p>The metric provides an indication of efficiency of capital employed, the supply chain and the risk of stock obsolescence. A lower stock level suggests better stock management and reduced variety of stock held.</p>	Stock is to include all clinical and general supplies, e.g. theatres, wards, plaster room, cath labs, radiology etc. but exclude drugs and estates & facilities stock.	<p><u>Medical and Surgical – Weekly Cover:</u> Inventory Value of Medical and Surgical consumables at year end 15/16 x 52 divided by Total Spend on Medical and Surgical Consumables.</p> <p><u>Medical and Surgical – Days Cover</u> Inventory Value of Medical and Surgical consumables at year end 15/16 x 365 divided by Total Spend on Medical and Surgical Consumables</p>	<p>For Dynamic stock system (e.g – Omnicell) – report Monthly</p> <p>For Static systems (e.g. Matman) - Report Annually</p> <p>If Trust has both then report both according to frequency required.</p>	No target currently. Will depend on organisational processes, warehousing, service portfolio etc. Trusts should compare themselves with peer Trusts.

#	Metric	Description & Reason	Source	Methodology & Calculation	Frequency	Target
6	Standards of Procurement	<p>To complete the self-assessment using the Standard of Procurement and later to have this peer assessed.</p> <p>The metric provides an indication of a Trust's procurement operations against a range of nationally set standards and assurance that the operations are fit for purpose.</p>	Assessment using the SOP toolkit and scoring methodology.	Trusts are to report their self-assessment score and may update this following peer review if completed. It should be noted that the SoP can, according to its guidance only be updated once a year.	Annual	<p>Those that have already achieved Level 1 achieving Level 2 of the standards by October 2018; and those trusts that are yet to attain Level 1 achieving that level by October 2017.</p> <p>All trusts to produce a self-improvement plan to meet their target standard by March 2017</p>

Appendix D: Strategic Influences

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. Department of Health (February 2016) ‘The Carter Report’

Better Procurement, Better Value, Better Care. Department of Health (August 2013)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226835/procurement_development_programme_for_NHS.pdf

Raising our game. Department of Health (28th May 2012)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134376

NHS Standards of Procurement (Version 2) Department of Health (June 2013)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134377

Product Pricing Project (Benchmarking Review) Foundation Trust Network (September 2011)
<http://www.foundationtrustnetwork.org/resource-library/product-pricing-project/>

Action Sustainability – Inspiring Sustainable Business
<http://www.actionsustainability.com/>

Appendix E: Communication Plan

Title of document:	Procurement Transformational Plan
Date finalised:	TBC (July 2016)
Previous document in use?	Yes (Procurement Strategy 2014-17)
Dissemination lead	Ian Willis
Related Documents	Procurement Policy
If yes, in what format and where?	Staff Room
Proposed action to retrieve out of date copies of the document:	Purchasing will hold archive

Dissemination Grid

To be disseminated to:	1) Senior Managers	2) All Staff	3) External Agencies and/or public
Method of dissemination	By Email (with link to Staff Room doc)	Staff Matters & Staff Room	Website
who will do it?	Head of Procurement	Head of Procurement	Head of Procurement
and when?	Next available	Next available	Next available
Format (i.e. paper or electronic)	Electronic (other methods by request)	Electronic (other methods by request)	Electronic

Dissemination Record

Date put on register / library	On approval	
Review date	January 2020	
Disseminated to	All via Staff Room	
Format (i.e. paper or electronic)	Electronic	
Date Disseminated	TBC	
No. of Copies Sent	N/A	
Contact Details / Comments	Ian Willis (x5069)	

Appendix F: Glossary

Business Case (BC) a document making the case for investment in services

Benchmarking A process of measuring performance against other (peer) organisations.

Category A range of products / services purchased by the organisation broken down into discrete groups of similar or related products

Contract Management The management and measurement of contracts. This includes ensuring compliance with the terms and conditions, as well as documenting and agreeing any changes or amendments that may arise during the implementation or execution of a contract. Effective contract management ensures operational performance is achieved and any risks are minimised.

Contract Purchase Agreement (CPA) This is a contract that sits within the e-catalogue. When the end user places their request (and it is approved by the budget holder) the eProcurement software automatically routes the order to the supplier without it needing to be processed by Purchasing (as the item is in the e-catalogue and has a valid contract & pricing).

Demand Management is about understanding demand. Using planning and forecasting skills to ensure patients receive the most appropriate care in the right setting. For procurement this is about having the right quantity of products available ready for the treatment of patients.

E-class NHS-eClass is a bespoke classification system for products and services, owned by the English NHS. The purpose of NHS-eClass is to facilitate the accurate analysis of expenditure. NHS-eClass is operated for the English NHS and DH and is administered by NHS Shared Business Services.

E-commerce Refers to trading (the buying and selling of products or services) over electronic systems / networks such as the Internet. It also includes the entire online process of requesting, ordering, delivering, receipting and paying for products and services through electronic funds transfer, supply chain management, Internet marketing, online transaction processing, electronic data interchange (EDI), inventory management systems, and automated data collection systems.

Electronic commerce is generally considered to be the sales aspect of e-business. It also consists of the exchange of data to facilitate the ordering and payment aspects of business transactions.

E-procurement E-procurement encompasses the functions of procurement through electronic means. It can encompass:

ERP (Enterprise Resource Planning): Creating and approving purchasing requisitions, placing purchase orders and receiving goods and services by using a software system based on Internet technology (the Trust system us Oracle Financials).

e-catalogues: Online catalogues that control what the user is able to buy and from which supplier. These may be maintained by the suppliers or by the department's Systems Development Team.

e-sourcing: Identifying new suppliers for a specific category of purchasing requirements using Internet technology.

e-tendering: An electronic tendering solution facilitates the complete tendering process from the advertising of the requirement through to the placing of the contract. This includes the exchange of all relevant documents in electronic format.

e-informing: Gathering and distributing purchasing information both from and to internal and external parties using computer based technology. Web portals, Facebook and Twitter are becoming an increasingly common method.

European Procurement Regulations the (complex) regulatory framework in which procurement operates (European & UK Procurement Directives / Regulations) to reduce the (potentially) high risk financial and legal consequences of not adhering to the law. Public sector procurement is impacted by European Union (EU) Procurement Legislation – Public Contracts Regulations (2006) that places a number of legal requirements on the Trust in the way we undertake some procurement activity. Whilst EU Procurement Legislation may limit our flexibility, it in no way alters the necessity for procurement to make a significant contribution to delivering financial benefits and value for money on the goods and services we procure.

FOM stands for Future Operating Model. This is the terms used to describe the future national procurement and logistics provider (currently NHS Supply chain).

Good Corporate Citizenship Is a model for NHS organisations to assess sustainable development performance across their main activities, including procurement, travel, buildings, facilities management, community engagement and workforce.

Goods Received Note an electronic number assigned to 'booked-in or receipted goods.

Matched Invoice or Order An invoice that that is matched to an official order (or vice versa) with the right number assigned to it. The invoice may also have a three way match, that is to say it has a corresponding PO (Purchase Order) and a valid GRN (Goods Received Note).

Materials Management (MM) Is the process of managing the physical movement and storage of materials / products within the organisation and is directly related to inventory management.

NHS Supply Chain A nationwide organisation, run by DHL for the DoH, that provides medical and other consumables to the NHS.

Non pay spend This covers all spend that is not related to the payment of Trust staff. Expenditure includes all clinical and non-clinical supplies and services / drugs / facilities and estates / non-permanent workers / professional services.

Non-stock (Direct) orders Any order, for goods or services that does not come from NHS Supply Chain. These orders are placed directly with the supplier or distributor.

O.J.E.U. The Official Journal of the European Union. This is the publication in which all tenders from the public sector (which, according to EU legislation, are valued above a certain financial threshold) must be published. The legislation (Public Contracts Directive 2004/18/EC) covers organisations that receive public money.

Procurement Policy A guiding set of rules or principles to achieve beneficial outcomes for the organisation.

Procurement Procedures (Manual) Is set of methods or techniques to ensure a consistent approach to procurement practice is achieved. Often written to allow non-procurement staff to undertake lower value procurement exercises on their own.

Product masking This is the process of hiding products within e-catalogues, thus managing product selection to a limited choice to pre-selected products.

Public Contracts Regulations 2006 A set of regulations that exist to enforce how contract opportunities are advertised and awarded to economic operators within the EU. These regulation state the values (thresholds), when the rules apply, the method of advertising, the timescales and the process involved in awarding a contract (that is legally compliant) according to the EU Public Contracts Directive 2004/18/EC.

Public Contracts Regulations (2006) that places a number of legal requirements on the Trust in the way we undertake some procurement activity. Whilst EU Procurement Legislation may limit our flexibility, it in no way alters the necessity for procurement to make a significant contribution to delivering financial benefits and value for money on the goods and services we procure.

Purchase Order An official order with a unique number (the Trust order start with a 401) which is sent to the supplier requesting they deliver the goods ordered.

Purchase to Pay (P2P) This is the process from requisitioning supplies to payment to the supplier. This includes requesting, ordering, delivery, receipting, inventory, invoicing and payment.

Options appraisal is a technique for setting objectives, creating and reviewing options and analysing their relative costs and benefits. Option appraisal should help develop a value for money solution that meets the objectives.

Small Medium Enterprises (and BME – Black & Minority Enterprises) Small, medium, micro and/or minority enterprises, charities and other third sector organisations including supported businesses (or other specific types of organisations). Trust to encouraged enterprise and monitor, based on its policy & strategy their use as a ratio of the overall supplier base.

Specification A set of requirements for a product or service to be delivered.

(a) Standard Specification: Something made to a standard, such as a grade of wheat or a British Standard for example. The downside is that you 'get what you're given' or what you asked for. Little room for innovation or flair.

(b) Performance (output based) specification; This describes the desired outcome required, and does not identify the inputs for meeting this. A washing machine to wash at 90C or 100% British Meat Burgers for example. The downside is the lack of control, creative or technical, and 'visibility' of how the outcome has been achieved. Enormous power consumption or equine additives may still meet the spec?!

(c) Design (input based) specification; how a product is to be made or a service delivered. It may detail for both functional and non-functional requirements and covers assumptions, constraints etc. The downside is that it might be too detailed and so incur unnecessary cost or it does not allow suppliers to use their expertise in finding the most efficient way to produce it? The writer also assumes greater risk as they are, in effect, designing (including the faults) the outcome.

Stakeholders A person or group who has an interest in the organisation / Trust. Stakeholder can include those who work for the organisation and those who may not. Key stakeholders for Procurement include Colleagues, Suppliers, Collaborative Partners (CPC, GPS, NHSSC) and Patients

Standardisation The process of establishing a common / standard specification.

Stock Orders (NHSSC) NHS Supply Chain acts as a giant warehouse for the NHS and Trusts place orders requesting stock from their stores to our hospitals.

Sustainable Procurement The process whereby organisations meet their needs for goods, services, works or utilities in a way that achieves value for money on a whole-life cost basis whilst minimising damage to the environment.

Total Cost of Ownership (TCO) This is the process of assessing the total costs of product, incurred by the procuring organisation including acquisition costs, delivery, operating costs, maintenance costs and disposal costs.

Unmatched Invoice or Order An invoice that that does not have an official order number assigned to it. . As there is no corresponding PO (Purchase Order) or a valid GRN (Goods Received Note) these invoices are paid with only the signature of the recipient that the goods or services were received.

Value for Money (VFM) Value for money (VfM) is about obtaining the maximum benefit with the resources available. It is about getting the right balance between quality and cost, and about achieving the right balance between economy, efficiency and effectiveness. Other definitions can include spending well or spending more wisely.

Whole Life Cost (WLC) This is the process of assessing the total costs of product incurred by the procuring organisation including acquisition costs, delivery, operating costs, maintenance costs and disposal costs.

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Environment & Estates Committee Meeting – 15.09.16

Attendees: Mike Sweet (MS) (Chair), Jennie Adams (JA), Brian Golding (BG), David Biggins (DB), Colin Weatherill (CW), Jane Money (JM), Lynda Provins (LP), Jacqueline Carter (JC)

In Attendance: Carol Birch (for item. 9)

	Agenda item	AFW /CRR	Paper	Comments	Assurance	Attention to Board
1.	Welcome / Introductions.			MS welcomed Lynda Provins, Governor and Membership Manager, to her first meeting of the EEC.		
2.	Apologies for absence.			None.		
3.	Terms of Reference.			<p>Following internal governance discussions the ToR for this Committee have been revised with new arrangements and reduced membership in place. These were presented to the EEC for approval.</p> <p>Following discussion items for amendment were as follow:</p> <p>Section 5.9 - the minutes of the EEC meetings will be seen by the BoD in the month following the meeting. If required, the chair to provide an overview at the BoD in the same month as the EEC.</p> <p>Section 7.1 - the Committee will be quorate with 3 members attending, one of whom must be a NED, one the DE&F or his deputy, plus 1 other member.</p> <p>Section 8.1 - the EEC will meet bi-monthly (a minimum of 6 times a year).</p> <p>The EEC approved the ToR.</p>		
4.	Directorate Risk Register.			Following discussion at the last meeting CW confirmed he was in		

			<p>the process of analysing and updating the E&F RR.</p> <p>JA queried the scoring levels used – CW confirmed he would consider these as part of his review.</p> <p>It was noted that those risks relating to Occupational Health should be presented to the Workforce & Development Committee and not the EEC even though BG is the responsible director.</p> <p>Action : CW – to update Directorate RR and summary of priorities to be presented to the December EEC meeting.</p>		
5.	Internal Audit Reports		<p>The EEC received the most recent limited assurance reports for noting.</p> <p>IA Y1638 – Occupational Health Performance Indicators – Data Quality.</p> <p>This report is to be referred to the Workforce & Development Committee for review.</p> <p>IA Y1621 – H&S Report</p> <p>BG confirmed that CW was the Trust’s lead for Health, Safety & Security. As part of his objectives for the year he will address the recommendations in the report, which mainly related to strategy and training.</p> <p>In relation to the key areas highlighted for improvement, JA asked about having an overarching health and safety strategy. CW confirmed that whilst the Trust does not currently have one, there are policies and procedures and other processes in place that underpin health & safety across the Trust. However, CW acknowledged that there is a need for an organisation wide strategy. As part of this work he would also be looking for closer working relationships between risk and safety. JA alluded to ensuring that KPIs were routinely set – CW said that once a strategy was developed he could then set further KPIs.</p> <p>In relation to the departmental monthly area safety inspections, DB asked how these were being managed and whether it impacted on E&F as it would be important to have a consistent</p>	The Committee was assured that the Limited Assurance reports were being actioned appropriately	

			<p>approach. CW said this would be defined in the strategy.</p> <p>Action : CW – Statement/Strategy to be presented to the December EEC meeting.</p> <p>IA Y1663 – Doctors Accommodation Follow up</p> <p>The EEC noted the key areas highlighted for improvement. BG confirmed that the condition of the property was being addressed by the CPEG under the leadership of James Hayward. He was also aware of the need for having appropriate processes and procedures in place for managing transactions; it was a large piece of work to undertake and he had asked JH for an overview.</p> <p>Action – BG to present a position statement including priorities and target dates to the December EEC meeting.</p>		
6.	Minutes of last meeting held on 8th June 2016.		<p>The minutes of the last meeting held on 8th June 2016 were agreed as a correct record subject to the following change:</p> <p>Fiona Jamieson’s job title to be corrected: Deputy Director of Healthcare Governance.</p>		
	<p>Matters Arising:</p> <p>Directorate Risk Register</p> <p>Sustainable Development</p> <p>Health & Safety</p> <p>Space Management</p>		<p>LP to pick up previous action regarding ensuring the higher risks presented to the EEC are reviewed by CRC.</p> <p>JMo confirmed that our Sustainable Development Management Plan was now available on the NHS SDU national website where it was recognised as an example of good practice. MS congratulated JMo on the recognition given to the Trust’s plan.</p> <p>Action : JMo to send the website link to MS.</p> <p>Following discussion at the last meeting CW to summarise the increase in staff incidents reported in Q4.</p> <p>Action : for Dec. EEC mtg.</p> <p>There were a number of outstanding matters from the previous meeting for noting:</p>		

	Structure		<p>NHS property services proposed 10 year lease terms – the Trust is still in negotiation for 3 year lease terms as 3 years are considered more appropriate.</p> <p>Andrew Bennett is finalising a report for the EEC to highlight what had been achieved so far in reducing the number of sites occupied by the Trust.</p> <p>Clifton chapel lease – the Trust is currently negotiating a 12 month rolling break extension to the current Lease, for services to stay there in the interim.</p> <p>Harrogate Hospital non-payment of rents – discussions on-going.</p> <p>The E&F organisational structure was circulated to the EEC.</p>		
7.	Premises Assurance Model (PAM) Compliance quarterly report.		<p>DB reported the latest position statement for compliance against the updated NHS Premises Assurance Model which now reflects the recommendations of the Carter report. Currently we are being assessed as “limited” assurance which is in line with current expectations.</p> <p>The overall position comparing April against August showed that fairly significant improvements particularly around our energy and efficiency ratings had been made, following intervention by BG to encourage staff to engage in the process. E&F Managers across sites were self-assessing compliance for their services and beginning to populate the PAM model with appropriate evidence in order to demonstrate assurance. Costed action plans would be submitted for all domains and any gaps in compliance would be addressed and monitored by Heads of E&F to ensure they are costed and progressed and where necessary, risks escalated to appropriate risk registers.</p> <p>An Internal Audit report on compliance against PAM had been undertaken and DB is in the process of following up on some of those recommendations. BG asked that he focus on the safety critical areas. DB confirmed that a ventilation audit was being planned.</p> <p>MS thanked DB for this update and noted that whilst it was still reporting as limited assurance the Committee was assured to see</p>	The committee noted the positive improvements being made as familiarisation with the process grows	

	<p>Premises Assurance Arrangement Procedure</p>		<p>a forward trend of general improvement on NHS PAM compliance.</p> <p>The EEC received the Premises Assurance Arrangements best practice guidance procedure for consideration. DB explained the purpose of the procedure was to set out the proposed arrangements and act as an overarching procedure for local governance within the E&F Directorate to help provide a level of assurance to the EEC on the safety and suitability of our premises, plant, equipment and processes complementing delivering the PAM compliance work.</p> <p>The number of operational user groups was shown at Appendix 2 of the document. Appendix 3 showed the volume of the internal audit programme work.</p> <p>JMo asked how sustainable development linked into this procedure and other relevant HTMs and whether it would get picked up through this process and be included on the agenda for the Premises Assurance Group meetings.</p> <p>Action : DB to add SDG to the flowchart.</p> <p>Action : DB to provide a schedule of forthcoming audits and programme them into this agenda.</p> <p>MS asked for a number of amendments to the document as follows:</p> <p>Section 4.1 + 4.2 – responsible person to read Director of Estates & Facilities – not Chief Executive.</p> <p>Section 5.1 – domain leads to be identified for each site.</p> <p>Section 6 – EEC to meet bi-monthly – not quarterly.</p> <p>The EEC approved the procedure document subject to the above changes.</p>		
8.	<p>Lord Carter Report – E&F Management response</p>		<p>The EEC received the latest report on the Directorate position against the Carter report recommendations.</p> <p>DB explained the Trust had been issued with a dashboard</p>		

			<p>produced from the “ERIC” returns that allowed York to measure itself against peer organisations with a similar profile. The operational teams have identified a number of efficiencies and have developed cost saving work streams to implement and monitor further improvements in efficiency and productivity within E&F and now need to align the E&F CIP programme with the York Carter dashboard to identify further opportunities. This was shown at Appendix 1 of the document.</p> <p>BG asked that if the Directorate was able to deliver their CIP what impact would that have on the Carter metric. He asked for a mechanism to display the planned position alongside each of the Carter streams. Action : DB</p> <p>DB was still awaiting access to the DoH's model hospital which once available would aid understanding and he would be able to consolidate the information.</p> <p>JMo asked that managers be mindful of the potential impact of some of the plans. For example, some of the energy work that we could deliver in some areas of the programme might have an adverse effect on other Carter programmes and have an impact on patients and staff. DB assured JMo that they are checked through the CEP team.</p> <p>MS asked about how the Trust would benefit from charitable rate reliefs which are highlighted as an efficiency scheme. BG explained that hospitals are subjected to standard business rates and currently charities are exempt and work was underway to challenge this situation for hospitals.</p> <p>MS thanked DB for this update.</p> <p>Action : It was agreed that the next meeting the EEC would receive the latest year's data and information on the Carter midpoint position.</p>		<p>The BoD to be reminded of space planning ratios within Carter and setting a context for development plans.</p>
9.	PLACE results 2016		<p>The EEC received the 2016 PLACE results for consideration prior to wider dissemination. The paper set out the process and the results of the patient led assessments, which took place between February and May this year in all 9 properties with in-patient facilities. The exercise included a number of FT Governors and</p>		<p>PLACE results to be presented at the BoD's September</p>

			<p>external validators with results being provided against 6 areas:</p> <p>Cleanliness</p> <p>Food and Hydration</p> <p>Privacy, Dignity and Wellbeing</p> <p>Condition, Appearance and Maintenance</p> <p>Dementia</p> <p>Disability</p> <p>It was noted the food and hydration assessment was split into two parts; an organisational component which addresses the catering services provided by the organisation, and also an assessment of ward based practice on the day including the quality/taste of the food.</p> <p>For comparison purposes a national average of scores from all participating hospitals has been calculated – this is shown at section 5. of the paper.</p> <p>Section 7. of the paper identified the final results for York Foundation Trust against the national average.</p> <p>For cleanliness - 8 of our sites scored above the national average.</p> <p>For condition, appearance and maintenance - 7 of our sites scored above the national average and have improved since 2015.</p> <p>For food and hydration - scores do show significant improvement due to the introduction of the new catering service and menus. However, Scarborough scored below the national average; this was due to a combination of factors within the ward based practice element of the assessment such as food taste, protected mealtimes being interrupted and the availability of allergen information.</p> <p>For dementia the Trust scored above the national average and</p>		meeting.
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			<p>was looking to increase this over future years.</p> <p>For disability it was noted this was a new domain and focussed on a limited range of criteria around the built environment. Overall the Trust scored just below the national average.</p> <p>For privacy, dignity & wellbeing – scores were down nationally.</p> <p>MS thanked Carol Birch for this overview. He was pleased to note that FT Governors were part of the assessment process. In relation to the Privacy, dignity and wellbeing scores having low scores, he asked whether this was the case across all sites. CB confirmed we scored highest (best) at BDH and Selby however, the scores in this domain are, to a large extent, influenced by the built environment; the Trust was committed to making improvements.</p> <p>CB confirmed that Action Plans were completed and circulated to the individual wards where the assessments had taken place and there is a process in place to address outstanding recommendations.</p> <p>It was noted the patient assessors and FT Governors will be invited back to attend feedback sessions during October. CB would also be working with Health Watch, the local consumer champion for health & social care, to understand whether we can deliver some joint training next year.</p> <p>JA asked if there were any areas of concern that the EEC needed to be aware of. CB said SGH ward food was a concern. Malton privacy & dignity and disability domains required further scrutiny.</p> <p>Action : Feedback to EEC at next meeting.</p>		
10.	<p>Health & Safety: Minutes of last H&S/NCRG meeting, 23/8</p>		<p>The EEC received the minutes for information and noting. The following items were discussed;</p> <p>A discussion was held around the non-clinical current and settled claims and litigation process. BG confirmed the Trust was committed to a policy of openness. It was agreed to contact Senior Managers regarding the process. Action: CW.</p> <p>In relation to smoking on site, BG confirmed the Trust takes a</p>		

	<p>Quarterly Report</p>		<p>zero tolerance approach towards staff smoking anywhere other than the designated smoking shelters provided. The front of the hospital is closely monitored by the security team. The process in place is due for review/discussion at CDs. This was noted.</p> <p>The EEC received the latest H&S quarterly report April – August '16.</p> <p>The Trust monitoring systems were shown at section 1.1 of the report which showed trending information for each quarter. This approach has been adopted to monitor performance through analysis of data providing assurance on the Trust non-clinical risk management systems.</p> <p>Section 1.2 of the report showed the top 5 main themes emerging for the first quarter of this financial year. It was noted there were 2 RIDDOR reportable incidents relating to violence and aggression. CW confirmed there was an element of staff training that required to be addressed and work was being undertaken with nursing colleagues to consider “non interventional” techniques when dealing with aggressive patients. JA supported this as it was clear that the Trust currently cares for patients in its in-patient facilities that would be more appropriately cared for elsewhere and this posed specific challenges for our staff.</p> <p>MS thanked CW for this update.</p> <p>CW presented to the EEC the final report relating to the 2015 self-assessment H&S annual internal audits that took place earlier in the year. The total number of responses from departments had increased. The scores for each area were based on an average score from all those who returned the form.</p> <p>It was noted a low score would generate a departmental action plan for directorates to follow and manage their progress against, prior to the start of the 16/17 audits.</p> <p>BG would like to see more intervention in the process and asked CW to analyse the information received for those areas which scored very high and low in order to start raising awareness of the importance of the work.</p>	<p>The committee expressed its concern at the increase in V & A incidents</p>	<p>Increase in V & A incidents to be brought to attention of the Board</p>
	<p>Final report for directorate self-assessment annual audits 2015/16</p>				

				This was noted. Action : CW.		
11.	Sustainable Development: Minutes of last SDG meeting, 3/8			<p>The EEC received the minutes for information and noting. The following items were discussed;</p> <p>Adaptation resilience event – JMo attended a recent event on climate change which highlighted the lack of progress in the UK.</p> <p>SD information for inclusion in Business Cases - JMo confirmed she had met with Graham Lamb et al and looked at what information on sustainable development is currently requested in the B/C proforma t. It has been agreed that the current question on how the BC impacts on sustainable development be changed to include a statement on measurement and cost. She said for any new equipment the author would be able to obtain SD information from the supplier for inclusion in the BC. JMo explained the purpose of this was to raise awareness in the Trust of both the immediate and of the long term impact.</p> <p>The question of including climate change on the CRR had been declined by the CRC. A suggestion had been made of keeping a departmental SD version of the RR. CW said that for him it was about how you define the risk as it was not legislation but about making it tangible for people long term. JMo confirmed we do have a heat wave plan in place that was used and in relation to the action plans submitted to the SDU we are completing the plans however, there are gaps within adaptation because we are not being specific enough, the Trust should recognise what part of its services were at risk.</p> <p>JMo presented the latest action plan report to the EEC showing progress made against the priority actions and KPIs highlighting the following:</p> <p>The Trust had been shortlisted for a Combined Heat & Power award from IHEEM.</p> <p>JMo was working closely with Capital Planning to integrate sustainability into design specification requirements.</p> <p>A travel survey questionnaire had been sent out to Trust staff.</p>	The committee was pleased to learn that the sustainable impact of developments will be included in future B/Cs	Advise Board
	SDMP Action Plan					

				<p>Those responses received will help form the Trust wide travel plan.</p> <p>Waste in the first quarter had reduced by 9%.</p> <p>There is a need to ensure that sustainability and achieving sustainable models of care, becomes part of our approach to clinical care. The work the Trust is undertaking on promoting staff health and well-being has been highlighted in the GCC work because as an organisation it will consider us as more sustainable.</p> <p>Summary performance data on developing KPIs at section 12 of the report has been updated where information was available and this was noted. Carbon footprint information has been included in the ERIC report.</p> <p>MS thanked JMo for her update.</p>		
12.	Any Other Business			<p>The committee discussed the recent transfer of clinical services out of the Howarth Unit in Scarborough which had been replaced by administrative staff, and appeared to be contrary to our Carter objectives of improving the ratio of clinical to non-clinical accommodation.</p> <p>BG explained that the clinical services that had been relocated were now managed by 2 separate directorates, and so had been moved to improve efficiency, (it was noted that both new areas will be subject to further environmental upgrades in due course). The use of the Howarth Unit for admin accommodation is a temporary arrangement and it will ultimately become outpatient physio space.</p>		
13.	Future meeting dates.			<p>Tuesday 6th December @ 1pm. Venue – York St John Meeting Room, 3rd Floor, De Grey Court, York St John University.</p>		