York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 27 April 2016**

in: **The Boardroom, York Hospital, Wigginton Road, York**
(The board has moved from Scarborough to York due to industrial action)

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chair	Booth 5 Ellerby's Restaurant	Non-executive Directors
9.00am – 12.45pm	**Board of Directors meeting held in public**	**Boardroom, 2nd floor Admin Block, York Hospital**	**Board of Directors and members of the public**
12.45pm – 1.15pm	Lunch	Boardroom, 2nd floor Admin Block, York Hospital	Board of Directors
1.15pm – 2.45pm	Board of Directors meeting held in private	Boardroom, 2nd floor Admin Block, York Hospital	Board of Directors

The values of the Trust are:

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

…with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

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

On: **Wednesday 27 April 2016**

At: **9.00am – 12.45pm**

In: **The Boardroom, York Hospital**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
General					
1.	9.00-9.05	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • Patrick Crowley	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7
4.	9.05-9.10	**Minutes of the Board of Directors meeting held on 30 March 2016** To review and approve the minutes of the meeting held on 30 March 2016.	Chair	B	11
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		
Our quality and safety ambition: our patients must trust us to deliver safe and effective healthcare					
6.	9.10-9.25	**Patient Story**	Chief Nurse	Verbal	

No	Time	Item	Lead	Paper	Page
7.	9.25-9.45	**Chief Executive Report** To receive an update on matters relating to general management in the Trust.	Deputy Chief Executive	C	29
8.	9.45-10.00	**Communications Strategy Update** To receive an update on the communications strategy.	Head of Communications	D	35
9.	10.00-10.30	**Quality and Safety Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing • Patient Experience Q4 report • Safeguarding Adults Report • National Maternity Review – Better Births	Chair of the Committee	E E1 E2 E3 E4 E5 E6 E7	51 63 97 103 115 123 133 195
10.	10.30-10.45	**End of Life Care Annual Report and National Care of the Dying Audit for Acute Hospitals 2016** To receive the report and note the results of the dying audit for acute hospitals.	Chief Nurse	F G	203 225
11.	10.45-11.00	**Quarterly Director of Infection Prevention and Control Report** To receive for approval the quarterly report.	Director of Infection Prevention and Control	H	233
11.00-11.10		**Coffee break**			

No	Time	Item	Lead	Paper	Page
Our finance and performance ambition: our sustainable future depends on providing the highest standards of care within our resources					
12.	11.10-11.40	**Finance and Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report • Performance Recovery Plan	Chair of the Committee	I I1 I2 I3 I4	241 257 267 283 289
13.	11.40-12.00	**Review of the Winter Plan** To receive a report that reviews the effectiveness of the Winter Plan.	Chief Operating Officer and Mark Hindmarsh	J	293
14.	12.00-12.10	**Monitor Quarterly Return** To consider and approve quarter 4 return.	Finance Director	K	373
15.	12.10-12.15	**Self-Assessment against the Monitor Licence** To approve the annual self-assessment against the Monitor Licence.	Foundation Trust Secretary	L	381
Our people and capabilities ambition: the quality of our services is wholly dependent on our teams of staff					
16.	12.15-12.35	**Workforce Strategy Committee** To receive the minutes from the Workforce Strategy Committee meeting held on 11 April 2016.	Chair of the Committee	M	397
17.	12.35-12.45	**Workforce Briefing** To receive a paper updating the Board on workforce issues, including Living wage.	Deputy Chief Executive	N	403

Any other business	
18.	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on Wednesday 25 May 2016 in the Boardroom, York Hospital.
19.	**Any other business** To consider any other matters of business.

Items for decision in the private meeting:

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

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

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

Register of directors' interests
April 2016

York Teaching Hospital NHS
NHS Foundation Trust

Additions: No Change

Changes: No changes

Deletions: No changes

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Philip Ashton (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust **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 business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	Nil	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
Mr Patrick Crowley (Chief Executive)	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 business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Of-ficer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representa-tive	Nil
Mr Mike Proctor (Deputy Chief Execu-tive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor Medical Director	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom York Hospital on 30 March 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
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 J Walters	Chief Operating Officer

Corporate Directors

Mr B Golding	Director of Estates and Facilities
Mrs S Rushbrook	Director of Systems and Networks

In Attendance:

Mrs A Pridmore	Foundation Trust Secretary

Observers:

Mrs J Anness	Public Governor – York
Mrs A Bolland	Public Governor – Selby
Mr J Cooke	Public Governor – York
Mrs M Jackson	Public Governor – York
Mrs J McAleese	Member of the public
Mrs L Pratt	Healthwatch – York
Professor R Jacobs	Stakeholder Governor – University of York
Ms R Stepping	Member of the public

The Chair welcomed the Governors, members of staff and members of the public to the meeting.

16/032 Apologies for absence

Apologies were received from Mrs B Geary, Chief Nurse, Mr M Proctor, Deputy Chief Executive, Ms L Raper, Non-executive Director, Mrs W Scott, Director of Out of Hospital Care, Mr J Taylor, Medical Director

16/033 Minutes of the meeting held on the 24 February2016

Mrs Rushbrook asked for item 16/024 Patient Story to be amended to reflect that it was not just her work in partnership with the clinical team that had developed the clinical systems, but the work of the whole of the Systems and Network Department. The Board agreed to the amendment to the minutes.

16/034 Matters arising from the minutes

16/025 Quality and Safety Committee

Mrs Adams referred to the information included in the minutes around the flu vaccination and advised the Board that, for 2016/17, a Commissioning for Quality and Innovation (CQUIN) had been introduced that required 75% take up of the flu vaccination by front line staff.

16/035 Declarations of interest

The Board noted the declarations of interest.

16/036 Patient Story

Mr Crowley introduced the patient story by reflecting on the current pressures in hospitals, both locally and nationally. He referred the Board to a quote from Jim Mackey (CE of NHS Improvement) included in the Chief Executive Board Report. The quote said

'*Whilst there is always room for improvement, and no system or hospital is perfect, it is very clear that your teams and our NHS staff have been under immense strain and have done a great job to keep the service running in such difficult circumstances.*

We all hope these pressures ease soon and will continue to work with providers to help improve performance. However, I (Jim Mackey) wanted you to know that your efforts are appreciated'.

Mr Crowley read four letters of compliment from patients about the care they had received in the Emergency Departments in York and Scarborough. He then read a letter from an anaesthetist that outlined the challenges faced by the staff in AMU during a recent day.

In summary he reflected on how much effort and engagement there was from staff and how that had been recognised by patients. He thanked staff for their hard work over recent months and noted that each of the letters read out put the patient at the centre of everything we do.

The Board noted the comments and agreed that the comments and the letters did put the patient at the centre of everything we do.

16/037 Report from the Chief Executive

Mr Crowley commented on the learning from mistakes league that had been introduced earlier in the month by Monitor and the NHS TDA. The report 'Learning from Mistakes League' was based on data from the 2015 NHS staff survey and the National Reporting and Learning System. He explained that it identified organisations that had:

- outstanding levels of openness and transparency,
- good levels of openness and transparency,
- significant concerns about openness and transparency
- a poor reporting culture

The league gave each Trust a ranking and placement in one of the above categories.

This year's League showed that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture.

Our Trust was given a rating of good.

Mr Crowley explained that the ranking was then adjusted according to whether or not there were negative 'flags' against Trusts for issues with reporting, poor performance in respect of bullying and harassment or if the Trust was in the bottom 20% for any of the key findings.

Our Trust had no negative flags or risks identified, so no adjustments were made to our rating.

Mr Crowley advised that the results of the 2015 staff survey had now been received by the Trust. He explained that almost 4,000 staff had completed the survey and given feedback.

Mr Crowley reported that the HR department was currently working through the detailed feedback; however there were a number of overarching themes that had been identified where the Trust can focus its efforts. For example, work was underway around looking at how staff can be helped to better understand the important messages around the staffing and recruitment issues and the financial situation and what it means in practice.

Mr Crowley added that there was a continuing theme of staff reporting that communication between them and their manager could be improved. He advised that this issue was already being looked at, particularly reviewing how the briefing process can be improved. Work was also underway to consider what further support can be given to managers in briefing these messages to their teams, and reinforcing the important responsibilities of our managers to share information with staff.

Mr Crowley referred to the scatter graph that showed the positioning of organisations after taking the result for 20 key findings from the staff survey for NHS Acute and Community combined Trusts who have used Picker for their staff survey. The graph provides insight as to how staff rate their organisation's leadership and culture. He commented that he believed that some of the positioning on the scatter graph reflected challenges in the system rather than failure in management.

Professor Willcocks endorsed the comments made by Mr Crowley about the staff survey and asked if the Trust was going to follow the same approach as last year where there was central leadership in taking key areas forward. Mr Crowley confirmed that that approach would be adopted, along with asking Directorates to work on the key themes highlighted in his report.

Mr Crowley referred to the CQC report attached to his report and asked the Board to note the updates provided around compliance with the action plan. The Board suggested that the report should be included in the Board Committees so that each Board Committee could gain assurance about progress against each action.

Action: Include the update on the CQC action plan in each of the Board Committee agendas so that assurance around progress against the actions can be gained.

Mr Crowley commented on the Monitor quarterly submission and asked the Board to note the outcome of the Q3 review.

The Board noted the outcome of Q3 review.

Mr Crowley referred to the junior doctor's safety improvement group. He saw the setting up of the group as progress in getting junior doctors to understand the patient safety agenda.

Mr Crowley referred to the energy centre that had opened in Bridlington. He outlined that the Trust was a national leader on the sustainability agenda. Mr Crowley noted the work that Mr Golding2 (BG2) had undertaken since he was appointed and advised that he is now recognised on a national basis for the work he has done.

The Board noted the excellent work that had been undertaken around the Trust's sustainability agenda.

16/39 Project Choice

Mr Crowley introduced Stephanie Smith, Project Choice Lead, Sarah Tonnar, Project Choice Co-ordinator, Karen Porter, Lead Tutor, Graham Usher, Mentor and Glenn Johnson, Project Choice Link to the Board and invited them to give their presentation on Project Choice.

Stephanie Smith provided an overview of Project Choice and its aims. She explained that the programme was designed to provide work experience for individuals aged 16-25 and supported internship for 16-25 year olds with a learning disability, learning difficulty or autism. The programme was funded through educational funding and was provided to the NHS at no cost. The programme had a dedicated team of support staff who were available to both NHS staff and the learners.

Mrs Smith outlined the NHS pledge that demonstrated support to people with learning disabilities and the model used to move an individual from Project Choice work experience into employment.

Mrs Smith outlined the benefits for the Trust in being involved in the programme including awareness of the needs of people with learning difficulties and autism, staff training as mentors, improved social image through working with the community and increasing awareness and skill set around diverse communities.

Mrs Smith explained that the idea was about matching skills, spotting talent and bringing out the best possible (often) hidden skill sets in people who have other challenges in their lives.

Mrs Porter talked about the introduction of Project Choice in Scarborough. She explained how she had become involved in the project and what her role was.

Mrs Tonnar described how the project had been introduced in the Sterile Services and Stores in Scarborough. She described the experiences of two individuals who were working in the Sterile Services and Stores area and the progress both had made.

Mrs Tonnar summarised the outcomes of the project at Scarborough to date, including that 15 members of staff have been trained as mentors, 8 work placement opportunities had been offered to students. Project Choice's current employment statistics for the last intake in the North East were 82% compared to a national average of 7%.

Mrs Porter explained how the Board could support the programme by encouraging staff to identify possible placements, encourage staff to become involved as a mentor and encourage the organisation to be part of the programme.

The Board noted the passion the team had for the programme and agreed that the programme chimed well with the values of the Trust. The Board agreed that it was very supportive of what the team were doing.

16/40 Modern Slavery and Human Trafficking Act 2016

Mrs Pridmore presented the statement. She explained the background to its introduction and outlined the expectations in terms of compliance.

Mrs Pridmore asked the Board to approve the annual statement and agree for it to be signed by the Chief Executive and Chair.

The Board approved the statement and agreed for it to be signed by the Chief Executive and Chair.

16/041 Quality and Safety Committee

Ms Symington invited Mrs Adams to present the summary from the Quality and Safety Committee.

Mrs Adams reported that this month two governors – Margaret Jackson (Lead Governor and Governor for York) and Jenny Moreton (Governor for Ryedale and East Yorkshire) had observed the Committee working to assure themselves of the work the NEDs are doing on behalf of the governors.

Mrs Adams noted that the Committee was pleased to note the reintroduction of night walk rounds. She explained that the intention was to have slightly more focus around the safety agenda.

Mrs Adams reported that the Committee had had a lengthy and productive discussion about out of hours ward transfers in light of the high numbers of transfers seen during February. The Committee was concerned about the potential risk that this posed to the quality and safety of patient care. The Committee understood that extreme operational pressures and ward closures due to Norovirus had created some very difficult circumstances. The Committee was advised of some short term safeguards to minimise the safety risks and of some longer term issues that needed to be addressed around who should be responsible for the care of outlying patients.

Mrs Adams advised that the preparation of the Annual Quality Report continued and that the Committee was pleased to see that both timely senior review of patients and improving the rate of incident reporting had been included on next year's priority list. She added that the 2016/17 Commissioning of Quality and Innovation (CQUIN) had also been

announced and incorporated into the priorities for the Quality Report. These included insulin prescribing and some specific Anti-microbial stewardship targets. She added that since the Committee had met further work had been completed on the patient experience priorities for next year to ensure that they received an appropriate level of attention, particularly the Friends and Family test, which the Committee saw as a proxy for how the Trust performs in seeking feedback from patients.

Mrs Adams referred to the level of nursing vacancies. She was pleased to advise the Board that the ward based nursing vacancies showed a slow but steady improvement as demonstrated by the nursing dashboard included in the Board papers. She advised that the European nurse recruits had been asked for their feedback and at present very positive messages were being received. She added that essentially the European recruitment had now been completed, but it was anticipated that a further debate will be held to decide if a further round of European recruitment should be undertaken. Mrs Adams advised that the new cap for agency spend had been announced and would come into force on 1 April 2016. She anticipated that the new cap would put more pressure on the organisation to keep nursing vacancies to a minimum and use the bank more effectively.

Mr Crowley added that in the HR report it was reported that the incentives for bank staff had had a positive impact on bank fill rates. He advised that it had been agreed to extend the use of incentives.

Mrs Adams advised that the Committee would continue to monitor the situation through the safer staffing return. She noted that fill rates were 'holding up well' and where the Trust was a little short of RN support compensations were being made with additional HCA support.

Mrs Adams explained that the Committee had talked about medical staffing shortages in the high risk areas of the Emergency Department and Acute Medicine. Both areas were high users of medical locums, which was an issue for finance and for the patient and a risk to the Trust's delivery of a full 24/7 service. The Board was aware of the planned strikes by junior doctors for April and the impact that that could have on the elective work. Mr Crowley added that the junior doctors' strike would mean that there would be no cover from junior doctors and that consultants would need to step in. He advised that so far the Trust had received positive support from the consultant body. He agreed that the strike would affect the elective work, but felt it would not affect safety. Mr Crowley also anticipated that the service would be safer due to the level of experience consultants have compared to the junior doctors.

Mrs Adams referred to the hospital associated infection. She asked the Board to note that the Trust had had another case of MRSA bacteraemia in February, taking the annual total to 8. She advised that this made the Trust an outlier relative to peer trusts. She advised that each case was subject to a thorough root cause analysis (RCA) and it was believed that the two most recent cases were patients that were very frail and susceptible to infection and not necessarily due to any lapses in care. She advised that work was underway to improve MRSA screening. The C-Diff performance had also exceeded the annual trajectory by 18 cases. 15 cases were proved to be not as a result of lapses in care, so the Trust had only exceeded the annual trajectory by 3 cases. The main issue for the Trust this month had been the outbreak of Norovirus, particularly on the Scarborough site where it had affected a significant proportion of the bed base. A lack of isolation

facilities had again been a factor. To address the issues, Aspen and Ash wards had been reallocated to isolate and cohort infectious patients.

Mrs Walters added that 112 beds had been closed during February in Scarborough. She provided assurance to the Board that everything possible was being done to address the outbreak. She added that it had been shown that no practices adopted by the site had resulted in a spread of the infection.

Mrs Adams referred to the safety incidents. She advised that the Committee was pleased to see the first issue of a patient safety newsletter targeting junior doctors, which has been included in the Board pack. The newsletter showed the very low rate of incident reporting by both junior doctors and consultants. She felt this was a positive step towards raising awareness of the need to report in order to learn. Mrs Adams advised that the Committee had raised two concerns with the Medical Director. The first related to the high number of serious clinical incidents declared in February and the second related to the growing backlog of Datix incidents that have not been closed. She anticipated that the Medical Director would be able to provide the Committee and the Board with the assurance needed at the next meeting.

Mrs Adams advised that the Committee had received assurance from both the Medical Director and the Chief Nurse that actions had been taken to prevent a repeat of the recent Never Event. The Committee was advised by the Chief Nurse that the family were grateful of the open and honest way in which the Trust had addressed the incident.

Mrs Adam advised that the Committee was pleased to hear about the work being undertaken on the York site around extending evening consultant cover, although the Committee was concerned about the poor performance around senior review on the Scarborough site.

Mrs Walters commented that the Trust was part of an improvement programme around rural hospitals as it has been recognised the current model was not effective. Work was underway to support clinical leadership with new models of care, which should address the recruitment issues being experienced.

Mrs Adams explained that the Committee had observed an increase in the crude mortality figures and the long waits in the Emergency Care Department in York and asked if they were connected. The Medical Director had been able to provide assurance to the Committee that each death in the Trust was reviewed through a number of forums, including the newly refreshed mortality review team.

Mrs Adams highlighted some good news around the improvement in our Friends and Family response rate, the redesign of our complaints handling process and the management of the PALS and volunteer service. These were all areas where there have been concerns in the past, but which were now benefitting from concerted management attention.

Mrs Adams referred to the End of Life Care Report. She recognised that members of the Board had not received the paper as part of their pack, but a copy had been circulated and was available for members of the Board to read.

Mrs Adams advised that the Committee was pleased to see a number of significant improvements in the end of life care service over the last 12 months. She particularly highlighted the improvements in the formulation of a new care pathway and 7 day

palliative care services. Professor Willcocks commented on the report. She referred the Board to the 'Priorities for Care of the Dying Person' diagram and explained that it replaced the Liverpool Care Pathway and was an effective way of supporting people in the last stages of their lives. She asked the Board to note the 7 priorities included in the report, namely

- To fully review the impact of providing a 7 day service
- To ensure end of life care education is available across all professionals
- To embed the care plan for the last days of life into each clinical setting
- To continue with IT development and aim for interoperability between services
- To support the plan to increase activity in end of life care research
- Bereavement and Mortuary business cases will need support to develop future improvements
- Approve the development of the business case for mortuary to support future development

The Board noted the pathway and how it was used in the organisation. The Board noted the priorities for the service and were supportive of their achievement.

Ms Symington linked the end of life care and patient experience and explained she had been in discussion with the patient experience team and had asked what percentage of letters are received from people who have been bereaved. Patient experience believes it was about 60%. She felt that it was important that the Trust did more to provide information on bereavement and other supporting services to people.

Mrs Rushbrook asked for a minor amendment to the minutes of the Committee to be noted. She referred to the minute on the EPMA pilot. She advised that the pilot was being held with the stroke team and a number of sessions had been held with clinicians across the organisation. The sessions had been very positively received. Mrs Rushbrook offered to provide a demonstration of the system to the Committee or any board member who would like to see it.

The Chair thanked Mrs Adams for her report.

16/042 Finance and Performance Committee

Mr Keaney presented the summary from the Finance and Performance Committee.

Mr Keaney reported that this month two governors – Sheila Miller (Governor for Ryedale and East Yorkshire) Jeanette Anness (Governor for Ryedale and East Yorkshire) had observed the Committee working to assure themselves of the work the NEDs are doing on behalf of the governors.

Mr Keaney commented that the meeting had been a good and successful meeting. He referred to the Cost Improvement Programme (CIP) and advised that for the 7th year the Trust had been required to make 4% efficiency improvements. The Committee heard that it was anticipated that the Trust would achieve the target this year. He congratulated Steve Kitching and his team along with all the managers on their performance and achievement of the target. He expressed some concern about the target for 2016/17.

Mr Keaney advised that the Committee had received a presentation from Mr Golding on the Capital programme for 2016/17 and had received an overview of the Carter Review which fitted with the Turnaround Avoidance Programme (TAP).

Referring to performance during the year, Mr Keaney commented that diagnostics and cancer targets were being achieved. The challenge for the organisation was to consistently achieve the Emergency Care Standards (ECS). He advised that it was now clear that the Trust would not achieve the 90% target in quarter 4. He advised he had recently met with Amanda McGale (Deputy Chief Operating Officer – Scarborough) in Scarborough and discussed the ECS performance. He understood that the specific issue that had affected Scarborough was the outbreak of Norovirus and this had impacted on the ability to achieve the ECS.

He advised that the Finance and Performance Committee understood that the issues were different in York. A large number of initiatives had been started over recent months, but work was now underway to establish which four or five initiatives to focus on so as to gain the biggest impact. Mr Keaney commented that the Trust had paid significant fines during the current financial year, but as of next year the penalty regime would not apply in the same way. Instead it was expected that there might be an impact on the sustainability funding if the Trust did not achieve the ECS. Mr Keaney asked Mrs Walters to update the Board.

Mrs Walters commented that patient safety was paramount to everything the Trust did. She advised that the number of patients attending the Emergency Department in York had increased during the month and a significant number of those patients were then admitted to hospital. The bed occupancy rate was currently at 94% in York and 95% in Scarborough. The number of Ambulance handover breaches also increased in February. As a result the Trust received fines of £445k for the delays in the Emergency Department and Ambulance breaches.

Mrs Walters advised there had been a 14% increase in non-elective admissions across the Trust when compared to February 2015.

Mrs Walters referred to the outbreak of Norovirus. She advised that it had been particularly severe in Scarborough with 112 beds being closed which was about 50% of the bed stock. She added that the situation in York had not been as severe with 99 beds being closed.

Referring to workforce, Mrs Walters explained that there were still pressures on the workforce in the Emergency Department. There were still gaps in cover and staff had been taken from the Emergency Department to cover some of the acute wards.

Mrs Walters advised that there had been 20 12 hour breaches, which was terrible for patients and for staff, but it did exemplify what was happening in the system. She advised that the Resilience Group had been meeting to confirm actions that should be taken. Mrs Walters confirmed she would present the plans to the Finance and Performance Committee. She explained that the plans were supporting the organisation to test and focus on taking the right actions. Mrs Walters referred to the recent changes in the department, including that the new Directorate Manager was now in post and settling down and 13 of the 15 Discharge Liaison Officers had been appointed. She advised that support continued to be provided to the frailty pilots on both sites and that the Rapid Access Team (RATs) had extended their hours so there was now a service 8am to 8pm 7

days per week. Further discussions were being held about the development of the front door model for York.

Mr Keaney advised that the Committee were keen to understand how the Executive Directors were being assured about performance. Mrs Walters explained that the performance monitor against activity and very early escalation of issues helped to provide the assurance. She added that being part of the NHS improvement work around the acute model was critical to enabling the Scarborough site to become an exemplar site.

Mrs Adams noted in the minutes of the Committee that there was reference to escalation to level 2. She asked if Mrs Walters could explain what that meant. Mrs Walters advised that it referred to infection control on the Scarborough site only. It had been confirmed by NHSE that they were not aware of anything further the Trust could have done during this outbreak of Norovirus.

Mr Keaney thanked Mrs Walters and referred to the financial position. He asked Mr Bertram to comment on the following:

- The year end position
- CIP for 2016/17
- Sustainability funding

Mr Bertram thanked Mr Keaney for his kind words about the Efficiency Team.

Mr Bertram explained the forecast underlying outturn position was an £11.2m deficit. Currently the Trust was £9.5m adrift from plan which represented a £300k in-month deterioration in performance against plan. Mr Bertram advised that he was confident that the Trust would finish the year with a deficit within acceptable tolerances of the forecast £11.2m. Mr Bertram reminded the Board of the actions that had been taken to limit spending and advised that those measures were having an effect. Mr Bertram explained that it was incredibly difficult to predict the year end position as the Trust spends around £1.5m a day and so many variables were impacting on both income and expenditure.

Mr Bertram commented on the contract outturn position. He explained that all contracts had been agreed, with the exception of Scarborough and Ryedale CCG, where discussions were continuing around various items in the contract totalling about £1m. Mrs Rushbrook added that the Scarborough and Ryedale CCG were challenging the Trust around some payments.

Mr Bertram advised the Board that the Trust was in a satisfactory position from a cash perspective, particularly as we had now received the £3m transitional capital payment.

Mr Bertram referred to the graphs included in his report, specifically the agency spend by type. He commented that the nursing agency spend, although increased a little in February, remained on a reducing trend. He stated that there was a concern that the medical spend had increased, but it had not reached the levels experienced earlier in the year.

Mr Bertram referred to the sustainability funding. He advised that at present there had been no final guidance on the penalties for next year and how they would work. He was aware that the Trust would be expected to deliver standards it had agreed to receive the sustainability funding. He advised that the funding would be paid quarterly in arrears, but at this stage the business rules were not clear. He gave the example of the Trust failing the ECS. He was not clear if that meant that the Trust would lose a proportion of the funding due for that quarter or all the funding.

Mr Keaney expressed nervousness about going into the new financial year with so many unknown factors. Mr Crowley commented that the system objective was to achieve sustainable services across the NHS, so he found it hard to believe that the regime would remove the whole of the funding for a quarter.

Mr Bertram advised that he would talk about 2016/17 CIP as part of his discussion about the final draft Annual Plan. He outlined that the target was significant at £26m.

Mr Sweet asked about the position of the CCGs around 30 day re-admission cases. Mr Bertram advised that a debate was being held nationally and CCGs had been asked to submit information on the usage of the re-admission funding. Acute Trusts had been asked to comment on the CCG submission. Currently national guidance was awaited.

Mrs Adams raised a concern around the policy to delay unnecessary expenditure and how Mr Bertram would deal with a possible initial increase in expenditure. Mr Bertram accepted that it was not sustainable to keep all the measures in place but some measures would remain in place. He advised that the financial plan had been built around normal expenditure levels.

Capital Programme – Mr Golding provided an overview of the Capital Programme. He outlined the funding sources available to the Trust for capital projects. Mr Golding took the Board through the plan for 2016/17 and explained that some of the projects for 15/16 had slipped during the year. The slippage in 2015/16 meant that at present the programme for 2016/17 is overcommitted. Mr Golding advised that he was not concerned about the programme being overcommitted because he anticipated that there would be some slippage during the next financial year.

Mr Golding demonstrated to the Board how the plans for years 2 and 3 were currently not fully populated and so there was some unallocated capital which would support future plans.

Mrs Adams expressed concern that the amount of money available did not seem to be sufficient and was concerned about maintaining the current infrastructure. Mr Golding provided assurance that the backlog maintenance was included in the programme and would continue to be addressed in the normal way. As a result of pieces of work that had been undertaken during the year, there was now an excellent understanding of the site and the level of backlog maintenance. He went on to remind the Board that new projects that demonstrate a satisfactory financial return can be funded through a loan.

The Board discussed and approved the plan.

16/043 Audit Committee

Mr Ashton presented the report that highlighted two key topics from the discussion of the last Audit Committee.

Assurance Framework – Mr Ashton advised that the Committee had considered the revised framework. He advised that the Committee was satisfied with the framework and looked forward to its introduction. He proposed that the framework should be approved by the Board.

The Board noted the comments and reviewed the framework. The Board approved the framework.

Annual Plan – Mr Ashton explained that the Audit Committee had suggested to the Board that it would be appropriate for the Audit Committee to consider the risks and understand the underlying assumptions related to the Annual Plan. Mr Ashton commented on the risks included in his paper and explained that the Audit Committee was assured by the way the that risks were expressed in the plan.

Mr Ashton proposed that Mr Bertram present the plan.

16/044 Annual Plan

Mr Bertram presented the financial plan. He explained that once the Board approved the plan he could release the budgets to the directorates. He advised that the plan reflected the changes that had been made by Monitor over the introduction of the control total and had been refined over recent weeks.

Referring to the narrative document, Mr Bertram explained that everyone had seen the narrative document and had provided comment. Mr Bertram extended his thanks to the Governors for their involvement and the support they had given in the development of the plan.

Mrs Adams asked for a change to be made to the quality priorities included in the plan so that they were consistent with the Quality Report. Mr Sweet noted that a change should be made in the plan and agreed to address it outside the meeting.

Mr Bertram asked the Board to approve the plan. Mr Ashton confirmed the Audit Committee would recommend approval of the plan. The Board considered and approved the plan.

It was noted that the final plan would be submitted on 11 April 2016 and minor adjustments would continue to be made up to the submission date. Mr Bertram asked for the Board to agree that the final version sent to Monitor would be overseen by Mr Crowley, Ms Symington and Mr Bertram. The Board agreed to the proposal.

16/045 Carter Review

Mr Bertram presented the report. He outlined that Lord Carter's Report related to acute trusts. The report suggested that there was a £5bn efficiency opportunity nationally across the non-specialist acute sector over the next three years. York had been given a

savings target of £33.6m. The report reviewed all aspects of care and included 15 recommendations, all of which had been accepted by the NHS. The DoH and NHSI will take the lead on each recommendation. Mr Bertram advised that at this stage there was not a significant amount of guidance available, but that the Estates and Facilities work stream was more developed than the others.

Mr Golding commented that Estates and Facilities had been collecting data for a number of years that could be used to develop the recommendations. He asked the Board to refer to the Estates and Facilities dashboard that he had included in the Board pack. He explained the document and outlined where more work was required and where the Trust was excelling. He explained that at present there were four areas he and his team were working on:

- To improve the quality of the data to ensure that it was accurate
- To map the current efficiency programme to the headings included in Carter
- To assess the impact and ensure the efficiency plans were sufficient to achieve the Carter requirements
- Find organisations that were excelling in areas where the Trust needed to develop and learn from their work.

Mr Bertram added that it was planned to link TAP and the efficiency programme which would pick up all the Carter requirements. Any reports would be monitored through the Finance and Performance Committee and assurance would be passed to the Board.

The Board noted the information and the work that Mr Golding and his team had undertaken in preparation for compliance with the recommendations.

16/046 Workforce Metrics and Update Report

Mr Crowley presented the report. He commented that a lot of the information had already been covered earlier in the meeting. He referred the Board to the growth in sickness absence for the 10th consecutive month. He advised that, as a result, HR were reviewing and refreshing the approach to sickness. The Board noted that sickness accounted for about 4% (£30m) per year. Mr Crowley also advised that the annual turnover rate had increased for the eight month in a row. The annual turnover rate to February 2016 was 11.95%.

Mr Crowley advised that a new CQUIN relating to staff health and wellbeing was being introduced for the 2016/17 financial year. Professor Willcocks added that the Health and Wellbeing project introduced recently should help to reduce sickness and turnover of staff and increase retention.

Mr Crowley advised that the bank fill rates for nursing temporary staffing requests remained above 50% for the second month in a row. He added that, as had been discussed earlier in the meeting, incentives for members of staff registered with the bank were continuing. He advised that there was a further reduction in the price cap and new rules relating to the procurement of all agency staff through approved frameworks will come into effect from 1 April 2016. It has been recognised that these changes will create some operational difficulties.

The Board discussed the level of staff turnover and asked if the organisation was learning from why people leave. Mr Crowley confirmed that exit interviews were being conducted and lessons were being learnt.

Mr Crowley confirmed the Government had accepted a recommendation to award a 1% pay increase to all staff groups for 2016/17.

The Board noted the report.

16/047 Results of the NHS Staff Survey

Mr Crowley presented the report. He identified that additional comments had been received from staff that had completed the survey. He identified that there were themes emerging from the comments which would be translated in to actions corporately and locally for directorates.

Mr Crowley commented on the results of the staff survey over the last few years. He reminded the Board that prior to the merger of Scarborough and community services, York had always had good results from the staff survey. In recent years those results had slipped due to the level of disenfranchised staff in community and at Scarborough. Year on year those results had been improving. He added that in the current working environment he was delighted with the results.

The Board asked for a six month review of the action plan.

Action: to provide an update report to the Board in six months.

16/048 Minutes of the Environment and Estates Committee

Ms Symington invited Mr Sweet to present the Environment and Estates summary.

Mr Sweet advised that in common with the other Committees, the Environment and Estates Committee had welcomed Diane Rose (Public Governor – Bridlington) and Pat Stovell (Public Governor –Scarborough) to the meeting.

Mr Sweet advised that he would like to bring six items to the attention of the Board.

Risk Register – Mr Sweet reported that it had been decided to undertake a bottom up review of the risk register to ensure consistency across the sites. It was anticipated that there would be a more complete risk register for the Committee to consider at the next meeting of the Committee.

New Selby War Memorial Hospital (SWMH) – Mr Sweet reminded board members that when the Trust acquired Selby War Memorial Hospital the Trust was assured that the site was close to being state of the art in terms of energy efficiency. Following an audit it had now been established that was not the case. Mr Golding commented that SWMH was designed in 2009/10 and whilst at that time it achieved a BREAM excellent rating it was not operating at that level Mr Golding explained that the reduction in efficiency related to how the building was controlled. Areas were being heated that did not need to be heated. He anticipated that £10k worth of costs could be removed from the site. The actions

currently being taken were to link SWMH to the building management system at York so the estates staff could monitor it closely. The building engineers would be advised of the Trusts' findings and would be held to account on the performance of the building.

Premises Assurance Model (PAM) –Mr Sweet referred to the PAM paper included in the Board pack. He explained that the model provided assurance on the safety, effectiveness, efficiency and governance arrangements within the estates and facilities function. Mr Sweet asked the Board to note that whereas the overall level of assurance was 'limited' much of that rating was down to the need to produce or update policies and documents and when the Trust was compared with peer organisations the Trust was in the upper quartile of performance.

Mr Golding explained that this was the 2nd year running that the department had published the PAM. Referring the Board to the document he explained that each area had a lead manager who took responsibility for that area. Mr Golding advised that the Trust was compliant in each area to some extent, but where full compliance had not been achieved an action plan had been developed. He advised that the intention was to have all reds removed from the model as soon as possible.

The Board noted the report and congratulated Mr Golding and his team on the progress.

Health and Safety Policy – Mr Sweet advised that the Committee had reviewed the draft policy in detail at the meeting. He recommended the Board approve the document.

The Board noted the recommendation from the Committee and approved the policy.

Mr Sweet suggested that it would be a good idea to have a board development session around health and safety at some stage. The Board agreed with the idea.

Action: Programme in a session on health and safety into the Board day.

Space Management Group – Mr Sweet commented that the Committee had reviewed a report from this group which included a comprehensive breakdown of all the property the Trust owns. He advised there were 70 sites in total with annual operating costs of £47m and a backlog maintenance bill of £45m, of which £10m was classed as high or significant risk. Mr Sweet added that he believed this group and its work will become increasingly important to the Trust, as the Carter Report saw the better use of property and spare capacity as a major opportunity for cost savings.

Mr Golding added that the list was very comprehensive and provided a lot of detail about who is using what space and the cost of that space. He added that the Carter recommendations sought to identify the amount of utilised space. At present 15% of the whole portfolio was under-utilised, for example Groves Chapel.

Sustainable Development Management Plan – Mr Sweet advised that the committee had reviewed the updated plan from 2016/17 which it was planned would raise the Trust's level of compliance from 33% to 60%. He added that he felt that sustainability was a

subject that would not be solved quickly and would need to become part of the approach the organisation adopted, become part of the culture of the organisation.

Mr Golding explained that the score quoted by Mr Sweet related to the Good Corporate Citizen Model. He advised that in 2015 the Trust scored 33% against the model, the target for 2016 had been set as 60%.

The Board thanked Mr Sweet for his report.

16/049 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 27 April 2016, in the Boardroom, York Hospital

16/050 Any Other Business

The Chair raised three items:

- She asked Board members to note that the agenda had been arranged round the Trust's ambitions included in 'Our Commitment to You' document.
- The date of the Celebration of Achievement awards was 20 October 2016.
- Ms Symington commented that she had now chaired 12 boards. She reflected that it had been a difficult year in the NHS, but she commended the Board for its balanced and pragmatic approach to issues. She thanked the Board for its support and thanked Mr Crowley for his leadership.

Action list from the minutes of the 30 March 2016

Minute number	Action	Responsible office	Due date
16/037 Chief Executive Report	Include the update on the CQC action plan in each of the Board Committee agenda so that assurance around progress against the actions can be gained.	Mrs Pridmore	Immediate
16/047 NHS Staff Survey	Provide an update report on the progress against the action plan from the Staff Survey to the Board**.**	Mr Crowley	September 2016
16/048 Environment and Estates Committee	Programme in a session on health and safety into the Board day	Mrs Pridmore	To plan

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date
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	future
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
15/147 Food and Drink Strategy	The Board agreed to test the quality of food on an annual basis.	Mr Golding	May 2016
15/163 Winter Plan	Review the Winter Plan	Mrs Walters	April 2016
16/007 Quality and Safety Committee	Report to the Quality and Safety Committee on the FFT promotion week	B Geary	April 2016
16/013 Minutes of the Environment and Estates Committee	To present to the Board of Directors at the meeting held in April a paper about the compliance with the built environment standards.	B Golding	April 2016
	to include the suggestion of including a risk on the Corporate Risk Register around sustainability and climate at the next Corporate Risk Committee.	B Golding	February 2016
16/027 Minutes from the Workforce Strategy Committee	Present a paper to the April Board on the national issues around education and a summary of the work being undertaken locally.	Mr Proctor	April 2016

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.

Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

Chief Executive's Report

1. Chief Executive's Overview

Strategic planning and engagement

As we have discussed at previous Board meetings, planning for future health and social care services is being driven through the development of Sustainability and Transformation Plans (STPs).

Whilst the geographical catchment area for our plan is now agreed, much of the detail is yet to be worked up however some action is now starting to be taken and we will start to see progress towards the June deadline.

In the meantime we have recently held two events to help inform our local planning.

A joint meeting of the Board of Directors and Council of Governors took place on 7 April. The agenda gave us the opportunity to demonstrate the Trust's level of ambition and breadth of work across sites to ensure the transformational building blocks are put in place in relation to the Sustainability and Transformation Plan, and the share this work with our Governors and receive their input.

The level of debate and interaction was excellent and provided an alignment of issues between both the Governors and Corporate Team, with evidence of a common purpose. A core theme arising from the discussions was the need for communication and absolute clarity of message and vision, but internally with our staff but also outside the organisation.

Key priorities highlighted include:

- Using governors to influence the public
- Consistent and continuous public health messages
- Collaborative working to educate the public
- Opportunities to further develop the separation of acute and elective work
- Patients are willing to travel and the trust needs to market services
- Communication of good news and proactive engagement of staff and the community
- Clear ambition to grow safe services
- Education and promotion of self-care amongst communities – a "prevention" not "reaction" approach
- Listening to the opinions of carers/family members.

On 20 April senior leaders from across the organisation attended a clinical strategy planning day that provided delegates with a broader overview of the current environment in which the Trust is operating and time to discuss the implications of this and the plans for their directorate and clinical services.

The event was also an opportunity to test some of the assumptions we have made in our recent refresh of the Trust-wide vision and mission statement, and our overall Trust-wide strategic objectives, and to enable directorates to work together in their directorate teams to

align their own services with this. Key to this was a focus on the core services we provide to our local populations and identifying how they might best be improved in addition to identifying any potential areas for growth in clinical services.

This annual event is key to our planning cycle and importantly provides a major opportunity to engage with our clinical leaders and most senior managers and most recently resulted in the development of our Turnaround Avoidance Programme. Importantly this year we have set out an intention to manage the annual planning cycle in a more systematic manner than we have in the past as a direct response to the Well-led Review, facilitating the development of both Trust-wide and directorate plans and firmly embedding a disciplined and systematic annual process of strategic planning.

I was impressed at the level of engagement and scale of ambition demonstrated by senior clinicians, nurse leaders and other senior managers in developing clinical strategies for our services and directorates, and the purposeful nature of the discussions was encouraging. The teams also responded positively to the need to continue to evolve as an organisation and importantly place an appropriate and significant emphasis on partnership working and stakeholder engagement.

There was a clear recognition that we cannot stand still, and that whilst we may not have the flexibility and freedom we once enjoyed, we will continue to plan with ambition and position our services to the benefit of the community as well as ensure we are placed to make the most of opportunities to grow and respond to changing demands as they emerge.

Planning of this nature requires discipline, and we will consolidate and iterate over time, however it was a good opportunity for people to test their plans and align them with the overall direction of the organisation.

Acute Medical Model Programme

I am pleased to share with you the news that we have been accepted onto the Acute Medical Model Support Programme, led by NHS England, with a team from the Programme paying its first visit to Scarborough earlier this month.

We are one of twelve active participants in the programme which will offer us support at a national level and will enable us, working from an evidence base, to challenge different ways of working in acute care.

The programme is primarily about the sustainability of smaller, rural hospitals, and will be focussing on Scarborough, however we have asked that York be involved in a later phase of the work. This work gives a national platform to the acute element of Ambition for Health, and will help support the work that is ongoing with our commissioners and other partners.

Board Assurance Framework: at-a-glance document

It has been agreed that the Board Assurance Framework (BAF) summary document will be presented to Board each month. This at-a-glance document, an example of which is attached to this report, will be presented to Board for discussion.

The BAF at-a-glance is an abbreviated version of the full BAF. It seeks to identify the risks succinctly, along with the subcommittee of the board which has greatest oversight of the risk, and a simple RAG rating system which gives the board an instant overview of the status of the risks to our strategic ambitions.

The summary will be quality assured by the executive team each month prior to Board and Board members will be able to reference this document throughout Board meetings, ensuring that any identified risk is being addressed at the subcommittees of the Board and at the Board meeting itself.

In the news

Over the past month we have responded to several media queries regarding our performance against the Emergency Care Standard, following the publication of national data by NHS England. Chief Operating Officer Juliet Walters was interviewed by BBC Radio York on the subject, and there was also some local press coverage.

We have also put forward a number of our staff to speak as experts in the media on various topics including dermatology and gastroenterology.

Our recruitment marketplace has also created some positive coverage locally. This is the first time that the Trust has held a Trust-wide recruitment event which follows on from successful open day events to recruit certain professions from HCAs to paediatric consultants.

2. Recommendation

The Board is asked to note the report.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**April 2016**

Board Assurance Framework – At a glance.

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

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

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Corporate Communications and Engagement Strategy Update

Action requested/recommendation

The Board is asked to note the report.

Summary

The corporate communications and engagement strategy was approved by the Board in September 2015. It was agreed that updates regarding progress against the action plan and other potential points of interest would be shared with the Board at six-monthly intervals. This is the first such report.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report Board of Directors

Risk	No risk.
Resource implications	No resource implications.
Owner	Lucy Brown, Head of Communications
Author	Lucy Brown, Head of Communications
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

Corporate communications and engagement strategy update

1. Overview

The corporate communications and engagement strategy was approved by the Board in September 2015. It was agreed that updates regarding progress against the action plan and other potential points of interest would be shared with the Board at six-monthly intervals. This is the first such report. There will be a new action plan every 12 months.

As is perhaps to be expected, some of the timelines have altered since the original plan was approved, with certain activities reducing or increasing in terms of their priority, or as a result of interdependencies outside of the direct control of the communications team. Nonetheless, the majority of actions scheduled to be delivered in the six months since the strategy's approval have been delivered, and whilst some have been deferred to a later date, some have been brought forward and actioned ahead of the original timetable.

Details regarding progress against key themes are outlined in the report, and an updated copy of the action plan is attached.

Internal communications and staff engagement

This was a key priority emerging from the strategy and remains of fundamental importance. As a consequence we have focussed on providing a range of channels for sharing information with our staff and for gathering feedback. Results from the recent staff survey suggest that this is starting to have an impact, with measures around staff engagement showing an improvement against last year.

Staff were also surveyed regarding their views on internal communication in the Trust, with around 300 responses received.

Staff Matters, the monthly staff magazine, received positive feedback and all those who responded were aware of it.

The Staff Bulletin, which is a weekly email to all staff containing news and operational updates, also received positive feedback with 88% finding it useful, and 2/3 reading it every week. The bulletin has also helped to cut down the volume of 'all-user' emails, as people are generally happy to wait for the bulletin to share their information.

There was good awareness of the Chief Executive's staff surgeries. We also asked if people would consider taking part in virtual staff surgeries, and 2/3 of respondents said they would, so we will be exploring this idea further.

One area of concern was that only half of those responding received a regular briefing from their manager. This supports other findings from the annual staff survey and is something we will be working to address in terms of how we can better support managers to share important information with staff, and how we can more easily give staff direct access to this information.

A further area that requires improvement was the intranet, and a plan will need to be developed in partnership with Systems and Network Services to enable all previous intranets to be permanently removed and for developments to be made to the new intranet site (Staffroom).

The new star award process has now been in place for a year and was reviewed against its objectives. Some adjustments have been made as a result and the revised approach was introduced in April this year.

We continue to look for good practice in other organisations, and have been asked to share what we do with several other Trusts who are interested in our approach.

Media relations

Media training has now been provided for all directors and other potential spokespeople. The media guidelines for on call managers and the External Communications and Media Handling Guidelines have been reviewed and updated. The guidelines were not due for review until November 2017, however this was brought forward due to recommendations in the Savile report.

Stakeholder relations and partnership working

The importance of partnership working and having a consistent message as a wider health and social care community was highlighted in the strategy. Since the strategy was approved it has become apparent that some coordination of this approach would be beneficial, and the Trust's Chief Executive has proposed that a system-wide group is established comprising communications leads from the organisations that make up the System Leaders Board. This will enable better planning and a more joined up, responsive communications approach and will provide direction in terms of priorities.

Membership

There has been a change in the lead responsibility for membership within the Trust, and the newly-focussed approach has led to the development of a membership strategy, developed alongside a working group of governors and Trust leads. Although this has delayed the delivery of some of the actions highlighted in the original strategy, good progress is being made including changes to how we deliver the routine communication with members, moving towards online-only, and the development of a programme of events.

The work to introduce a single database for membership, volunteering and fundraising is also progressing, and we are working through the technical implications and procurement options.

Next steps

The priority areas for the next six months will be:

Partnership working:
As mentioned earlier in the report, this is the most pressing issue for communications and will need to be given the appropriate time and commitment to enable it to work in a meaningful and useful way.

Stakeholder analysis:
A stakeholder mapping exercise will be completed to help us better understand our various

stakeholders and the links we have with them. This will also help inform our partnership working.

Branding/visual identity:
Although lack of compliance with Trust brand guidelines is reducing, the need for design support is increasing and it is becoming more challenging to deliver work to a high enough standard within an acceptable timeframe. Therefore the completion of a review of graphic design requirements within the organisation will be prioritised, with a view to proposing a potential solutions, including in-house provision of design services.

2. Recommendation

The Board is asked to note the report.

Author	**Lucy Brown, Head of Communications**
Owner	**Lucy Brown, Head of Communications**
Date	**April 2016**

York Teaching Hospital NHS
NHS Foundation Trust

CORPORATE COMMUNICATIONS AND ENGAGEMENT STRATEGY
SIX-MONTH UPDATE FOR BOARD
APRIL 2016

	ACTION	DETAILS	ORIGINAL COMPLETION DATE	COMPLETED (YES/NO/ONGOING)	COMMENTS	NEW COMPLETION DATE
1	Evaluate our internal communications channels using feedback from staff and use the findings to make adjustments and improvements to the approach	Questionnaire for staff	November 2015	YES	Some useful insights, changes planned as a result. Survey will be repeated with specific staff groups	August 2016
2	Continue to work closely with the HR team around staff engagement.	Review CQC feedback and next staff survey results (due March 2016) to develop plans. Link closely with development of staff engagement strategy.	June 2016	Ongoing	Staff survey shows some improvement in staff engagement. Good links have been established with HR. 'You said, we did' campaign delivered jointly.	
3	Carry out a review of newsletters within the organisation and make		August 2016	No		

	recommendations as to how best to manage the flow of such information.					
4	Review the monthly star award to ensure it meets its new objectives following changes to the process	Review meetings are planned for October.	October 2015	Yes	Revised approach began in April 2016.	
5	Learn from other sites who are regarded as exemplars in staff engagement and communication	Arrange a visit to Leeds Trust to look at their staff engagement arrangements. Continue to link with national NHS communications good practice networks.	Dates TBC	Ongoing		
6	Identify key members of the senior team who require media training to ensure a broad range of credible and accountable spokespeople are trained across the	Key spokespeople already identified. Quotes are being sourced from training companies.	February 2016	Yes		

	Trust					
7	Continue to work with the wider health and social care sector to ensure consistent messages are released regarding future changes in local services	Groups are being established for this purpose, for example the Ambition for Health communications group	Ongoing	Yes (ongoing)	Some groups already in place however a new approach is proposed, having a sub-group of the Systems Leaders Group.	
8	Revise media handling elements of major incident plans, including local press office processes		June 2015	Yes		
9	Review media handling and external communications guidelines in line with trust policy two years after publication		November 2017	Yes	This was not due for completion however has been reviewed and updated in light of the Savile report recommendations.	
10	Map our stakeholders and review our methods of engagement to identify gaps		March 2016			

11	Participate in regional networks and maintain good working relationships with other communications teams in partner organisations.	A number of communications networks have already been established	Ongoing	Yes/Ongoing	See 7.	
12	Strengthen the Trust's visual identity guidelines and relaunch them, alongside the templates for staff to use for basic communications materials		March 2016	Ongoing		
13	Impose a moratorium on the use of branding that does not conform with the Trust's corporate identity, and support these teams in a move towards using the Trust's branding	No new approvals for logos/branding granted with immediate effect. Existing owners of logos contacted with new guidance, and a changeover planned on a case by case	All teams compliant by September 2016	Ongoing	The lack of compliance appears to be reducing.	

		basis.				
14	Carry out a review of graphic design requirements and associated resource and spend across the organisation, resulting in recommendations for meeting the organisation's needs in this area	A paper outlining the options will be offered to corporate directors for consideration and decision re next steps	December 2015	No	July 2016	
15	Work with the patient experience team to further develop and strengthen how we use social media to support patient and public involvement and to gather feedback	Agree a process for responding to social media contacts, and for increasing its proactive use	December 2015	Yes	We have a system in place for sharing feedback gathered via social media	
16	Continue to build a network of followers to our social media sites	Increase the number of followers to each site by 50% in 12 months	September 2016	Ongoing	Facebook followers have doubled in the last six months, and Twitter followers have increased by 30%.	

17	Continue to support staff within the Trust who wish to use social media in a work capacity	Contact owners of dormant accounts on a quarterly basis	Ongoing (quarterly)	Ongoing	Two feeds were removed following the last review. We have merged the recruitment social media accounts with the Trust's main social media accounts.	
18	Ensure we maintain our current levels of responsiveness on social media.		Ongoing (monthly monitoring)	Ongoing.	We receive monthly reports from Facebook and use their analytics to monitor activity.	
19	Further strengthen our staff engagement approach by using social media for staff engagement (for example, twitter forums, live twitter chats, video content via YouTube). This will increase leadership visibility and offer more opportunities for people to keep	Link with the staff engagement strategy development and respond to feedback from staff on internal communications channels	March 2016	Ongoing		

	themselves informed.					
20	Work with the governors and support them to engage with the membership in their constituencies	Plans are being developed through a task and finish group	December 2015	Yes	There has been a reorganisation in terms of support for membership, and a new strategy is now in place.	
21	Work with the staff governors to raise their profile within the organisation	Meet with the staff governors to agree methods and a timeline	December 2015	Yes		
22	Develop an annual programme of events for members		December 2015	Yes	Links to action 20. Further development of the planner is needed.	June 2016
23	Implement one or two campaigns a year to recruit new members in under-represented demographic and geographic areas	Begin first campaign in Jan 2016 (likely to focus on maternity), followed by a campaign with schools and colleges	Begin in January 2016	Ongoing	Delayed start whilst the new strategy was being developed. We now have a placement student helping to put the campaign together.	Begin September 2016

24	Work with the patient experience team to develop ways of involving the membership in patient and public involvement		December 2015	Ongoing (see action 25)		September 2016
25	Make greater links between membership, volunteering and fundraising, for example, shared mailings, presence at events etc	Review databases. Map opportunities for reaching shared audiences.	September 2016	Ongoing	We are investigating a single database for membership, fundraising and volunteering. We are working through the technical implications and procurement options.	September 2016
26	Evaluate staff room in its current form and make changes to the structure accordingly	Survey for staff. Re-run focus groups.	March 2016	No	On hold pending discussions with SNS.	
27	Establish a working group to finalise the move of any remaining content from the old intranet	Working with IT and the intranet provider to move this forward	March 2016	No	On hold pending discussions with SNS.	

	sites to staffroom, to enable the old sites to be switched off permanently.					
28	Continue to drive staff to the intranet and work with the system provider to put in place measurement and evaluation for this method of communication	Meet with the intranet provider to understand monitoring and evaluation capabilities of the system.	June 2016	Ongoing	The weekly staff bulletin uses click-throughs to drive people to the intranet content, however measurement is not possible on the system.	
29	Review website content and put in place a work programme to plug any gaps	Meet with areas with the most gaps and support them in producing content	April 2016	Ongoing		
30	Evaluate the website and make any necessary changes based on their feedback	Survey embedded on the website and emailed to Foundation Trust members.	June 2016	Ongoing		

31	Introduce commissioning forms for communications projects (e.g. documents, events, films, websites)	Forms to be developed for completion by staff who want to commission a communications project to ensure objectives, timescales, budget etc are agreed from the outset. This will be introduced as part of a service improvement project.	September 2016	Ongoing	Commissioning forms have been introduced for events, websites and social media.	
32	Focus on the development needs of the team and how gaps can be met	Time out day held in April 2015. Skills audit completed. Training needs to be identified and monitored through appraisal process.	October 2015	Yes	Continues to be under review.	

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Quality & Safety Committee – 19 April 2016, Boardroom, York Hospital

York Teaching Hospital NHS Foundation Trust

Attendance: Jennie Adams, Libby Raper, Philip Ashton, Beverley Geary, Diane Palmer, Donald Richardson, Liz Jackson
Apologies: James Taylor
Observing: Emma George

	Agenda Item	Comments	Assurance	Attention to Board
1	Last meeting notes dated 22 March 2016	The Committee welcomed Diane Palmer and Donald Richardson, who had joined the meeting in the absence of James Taylor, and Emma George who was observing. The Committee noted an amendment to the minutes of the meeting held on the 22 March, EPMA will not be live until May/June 2016 when the trial will commence on the Ward 36 in York. The Committee expressed an interest in visiting the ward when the trial starts. The remainder of the minutes were approved as a true and accurate record.		
2	Matters arising CRR :CN7 &8	The Committee were pleased to note that night time walk rounds will be returning to the agenda. DP advised that a proposal has been put together and will be going to Corporate Directors. DP advised the Committee the draft of the external review of critical care has been responded to and the final version has not yet been received. It is hoped that the final version will be available for review at the May Committee meeting. The Committee noted that the Clinical Standards work was on-going and features in the CQC action plan. The Committee requested an update from BG regarding the instances of deep joint replacement infections in Bridlington. BG explained that Katrina		

	Agenda Item	Comments	Assurance	Attention to Board
		Blackmore has been leading on the investigation and has not been able to identify any themes. Further work will take place to gather more detail and gain assurance from the processes in place. Finalised Quality Priorities The Committee expressed some concern that end of life care had been removed from the quality report priorities and highlighted that keeping the same priorities would ensure continuous improvement. DP confirmed that end of life care remains part of the Patient Safety Strategy and can be included in the priorities for patient safety or clinical effectiveness. The committee expressed a wish to have it reinstated to the Quality Priority list if this was still possible within the time constraints for producing the report. The committee appreciated their involvement in the setting of the priority list but also felt that the process could be further improved next year.		
3	Risk Register for the Medical Director and Chief Nurse	BG advised the Committee that an additional risk will be added to the Chief Nurse Risk Register regarding the lack of availability of child mental health services. This is an escalated risk due to the increase in teenagers committing acts of self-harm and some structured support is needed. There is currently some adult mental health first aid training available however there is not currently any paediatric specific training. The Committee noted that this has been added as a priority in the Quality Report so that focussed attention is given to this issue. The Committee were aware that there had been no changes to the Medical Directors Risk Register.	The committee gained assurance from the prompt amendment to the CN risk register to reflect identified risk in children's mental health.	
	Patient Safety			
4	Nurse Staffing CRR Ref: CN2	BG advised the Committee that the recruitment campaign is on-going, with a recruitment market place scheduled to take place on Saturday 23 April, and staffing levels are improving. Many of the posts filled are newly qualified nurses who will be commencing in post in September. The Trust have slightly over recruited taking in to account high attrition rates.	The Committee were assured by the on-going focus to Nurse Recruitment.	

	Agenda Item	Comments	Assurance	Attention to Board
		55 posts have now been recruited to through EU recruitment, against a commissioned 60 posts. A decision is currently being made as to whether this process will continue, which will require a new business case, or if the Trust will look further afield. If EU recruitment remains as it is, the Trust may not have to look internationally. BG will update the Committee when plans are confirmed. The Committee queried plans in place to retain the EU staff, BG confirmed that they are offered subsidised accommodation; language sessions and plans are in place to ensure ward sisters mentor the individuals appropriately. High risk areas are receiving additional focus and a further campaign is in place to recruit Emergency Department Nurses. This is a regional issue with Emergency Nurses leaving to work in other specialties. To mitigate for this risk a pilot of a new Band 4 role will take place this year. The Committee noted the contents of the Acuity and Dependency report. BG explained that this is the third A&D audit that has been undertaken. The Committee queried the fact that this tool does not link with the Trust's internal rostering systems. BG advised that the Trust has moved on from the evidence based tools to professional judgement in determining nursing establishments. Whilst the news on recruitment is relatively good there are growing levels of sickness, high staff turnover and the tightened criteria for employing agency staff from off-framework agencies, has put additional pressure on the system. Polly McMeekin has consulted HR Directors from across the region who have confirmed that they no longer go off framework and the Trust is having to report any instances of this happening to Monitor on a weekly basis. BG advised the Committee that a unit in Leeds has stopped using off framework agencies which has resulted in 500, 6 week endoscopy breaches. The Committee noted that fill rates have been increasing however a reduction has been seen this month. BG explained that some short term fluctuations can be explained by poor management of annual leave. BG-confirmed that Becky Hoskins is developing a project plan that will make more efficient use of establishment, reduce agency spend and increase fill rates via more intelligent		

	Agenda Item	Comments	Assurance	Attention to Board
		use of ESR and e-rostering in conjunction with ward based information. DR added that Systems and Network Services are looking to develop a system that can measure the acuity and dependency of patients in real time which would mean that nursing staff could be reallocated on a daily basis. BG advised that similar off the peg systems are in use in other Trusts in the region.	The Committee were assured by the work being undertaken by a dedicated member of the Chief Nurse Team.	BG to take to Board.
5	Medical Staffing CRR Ref: MD2	As discussed under item 11.		
6	Quarterly DIPC Report CRR Ref: CN 7&8	BG took the Committee through the executive highlights of the Quarterly DIPC report. There have been 8 instances of MRSA, to which there is zero tolerance, external input from NHS England and Public Health England has been received and is on-going. Two patients were heavily colonised and had had received all appropriate interventions but two other cases showed lapses in care. There is further work to be undertaken around MRSA screening. There has been a significant reduction in the instances of MSSA which is an accumulation of efforts from Systems and Network Services and the information provided on the white boards and an ITU nurse that was seconded to provide education on the wards. There have been 65 instances of Clostridium Difficile Infections this year against a trajectory of 48. 17 of these cases have been identified as having no lapses in care and further cases are being reviewed. Community patients are being admitted with, what the Trust would consider, inappropriate antibiotics prescribed. These cases are being reported externally to Commissioners and anti-microbial stewardship in the community is being flagged. The Committee raised concern about the number of patients that were transferred out of hours during the noro-virus outbreak at SGH. BG advised		BG to highlight at Board

	Agenda Item	Comments	Assurance	Attention to Board
		that 9 wards were closed on the Scarborough site at this time and a systematic review is being led by the CCG. Incident reports are being reviewed and cases where patients were transferred are being looked into to ensure that it was right from a clinical perspective and whether infection prevention advice was sought. Education will be provided for the Bed Managers and an Infection Prevention Nurse and a Microbiologist are on call at all times. Learning from previous outbreaks on the York site have been significant but cross site sharing of this has been limited. The committee expressed considerable concern around these events given the extremely serious repercussions the Noro outbreak has had on patient flow and capacity.		
7	Safeguarding Adults and Children Annual Report	The Committee reviewed the report highlighting its positive summary and were encouraged to see the improved uptake of the Safeguarding Adults Training programme. DR advised that the team are aware that staff are recognising safeguarding issues however they are not always able to access the care plan. The Committee commended the team for the good work that has taken place and were appreciative that there is still more to be done and that more resource was required to meet growing demands on this service.		BG to take to Board
8	Serious incidents (SIs) & incident reporting CRR Ref: MD1, MD2, MD4, CN2	The Committee noted that no closed reports had been included in the Medical Directors report. DP explained that these had intentionally not been included as executive board was cancelled and will feature next month. The Committee raised significant concern over the increase in clinical SI's for a second month in a row. DP explained that approximately half of these SI's are in relation to 12 hour waits in emergency medicine, - several patients are grouped together under one SI in some cases so there were 7 in February and 6 in March. All SI's are discussed on a weekly basis and these incidents are a consequence of the current pressures of patient flow. A lot of analysis is taking place in the emergency department with the involvement of the Commissioners and DP assured the Committee that the trust will not become complacent in relation to this issue. The Committee highlighted their equal concern with the 8 hour waits in the Emergency Department and the ambulance turn-around times from a patient safety perspective.		MD team to comment at Board on ED safety issues, Nevermore and Never Event.

	Agenda Item	Comments	Assurance	Attention to Board
		The Committee queried what safeguards are in place. DP confirmed that triaging is in place, however downstream wards do not have any beds for those patients that need admitting so treatment is being initiated in ED which then occupies their cubicles. Pathways are being looked into to correct this. The Committee questioned whether diverting patients to other Trusts had been considered. DR confirmed that other Trusts in the region are in the same position. Scarborough and York are working as a whole organisation where possible. The Committee noted the high number of deaths in ED compared to last year and DR confirmed that this is due to patients spending longer in ED. DP added that all deaths are reviewed on a weekly basis and those in ED have been considered in more detail which has shown that none have been a result of lapses in care. However, some harm was identified and reported by a member of nursing staff in relation to a patient deteriorating during a wait, who then became in need of critical care support. The Committee highlighted the importance of the triaging process and monitoring patients for deterioration. DP assured the Committee that there is heightened presence from senior Patient Safety staff in both Emergency Departments. Never Event The Committee discussed the reported wrong site surgery, where the incorrect mole was removed from a patient. DP advised the Committee that learning has been identified from this event and will be shared; the department have made all staff aware and have actions in place to prevent reoccurrence. The Committee queried the number of medical claims that had been withdrawn, DP took the Committee through a number of the themes and explained that all claims had been withdrawn by the claimant's solicitors. The Committee showed some concern over the number of medication incidents. DP explained that this is an area of continued focus which will		

	Agenda Item	Comments	Assurance	Attention to Board
		increase further with the 2016/17 CQUINs and the introduction of Electronic Prescribing Medicines Administration (EPMA). DP advised the Committee that focussed work is being undertaken with Junior Doctors around incident reporting. They are currently being encouraged to complete paper incident forms which are inputted in to the datix system by the patient safety team. The type and number of incidents is being monitored and learning from the incidents will be shared in the Junior Doctor publication 'Patient Safety Matters'. The Committee expressed their disappointment that the publication 'Nevermore' is no longer being produced. DP explained that this is due to an unfilled vacancy in the patient safety team and the publication may recommence production in the future. The committee felt this was a backward step as the key to safety improvement was to spread learning from past errors and this innovation had been a most welcome a step in the right direction for the Trust in this respect.		
9	Additional Patient Safety Items	The Committee noted the slight increase in pressure ulcers and DR highlighted a decrease in compliance with patient observations. BG advised that this can be attributed to specific wards in relation to staffing level issues. Midwifery The Committee discussed the recommendations in the report from the Local Supervising Authority. BG confirmed that reports from national Maternity audits are taking months to come through and are out of date by the time they are received. All recommendations requiring immediate action are complete. The Committee were pleased to note the positive feedback in the report regarding the midwifery led unit in Scarborough. The National Maternity Review – Better Births BG advised the Committee that Liz Ross, Head of Midwifery, will be considering the recommendations in relation to Acute and Community services and perform a gap analysis against current practice. Actions will be managed	The committee gained some assurance from the plan to transfer learning around risk management from the Maternity review at SGH to the York site being actioned by Kim Hinton	

	Agenda Item	Comments	Assurance	Attention to Board
		through directorate governance meetings and monitored through PAMs. The Committee requested assurance that cases of still birth were being reviewed and that learning is being shared as these are not part the Trust SI reporting framework, unlike inter-uterine deaths and maternal deaths. The Committee discussed the mortality process and DP confirmed that some cases of still birth are escalated as SIs when in conjunction with other complications. An agreement has been made to bring the annual stillbirth report to the committee for further assurance. The committee noted that there had been 4 stillbirths on the York unit in the last 3 months. This is contrary to the longer term improvement in stillbirth rate within the Trust. The committee were informed that stillborn babies are not part of the mortality review process that takes place for other deaths in the hospital. BG explained that the safety culture terms of reference from the Scarborough Maternity review will be replicated across the organisation; this piece of work is being led by Kim Hinton, Directorate Manager, and the report will come to the Committee for review. BG advised the Committee that the national maternity benchmarking will come to the Committee for review.		
	Clinical Effectiveness			
10	External Review of Critical Care	As discussed under Item 2.		
11	Mortality data	The Committee noted that SHMI remains the national mortality indicator and the Trust rate remains stable at around the national average. The widening difference between the two sites was highlighted. The Committee discussed the change in focus to avoidable deaths which it is hoped will be more helpful in terms of extracting learning from an RCA style review. The mortality review group has now met to discuss its new terms of reference and the new format for the reviews is in development. DR assured the Committee that palliative care coding is used only when the Palliative Care team have been involved. DR advised the Committee that		

	Agenda Item	Comments	Assurance	Attention to Board
	Medical Staffing CRR Ref: MD2	depth of coding is being reviewed to gain assurance on processes. DR will be visiting the Scarborough site to meet with clinicians regarding the use of the patient boards and will take this opportunity to discuss clinical diagnosis and coding. At this point the Committee went on to discuss issues around medical staffing and the potential impact on the quality of care. They highlighted the possibility of a further deterioration in the situation given the imposition of the agency cap on medical cover and the latest data concerning low numbers of trainees and applicants available to fill junior doctor roles. It was felt that this might be explored more fully in the workforce committee. DR had some statistics relating to the region-wide shortage of trainees for the coming year that were not encouraging.		MD team to raise at board.
	Patient Experience			
12	Patient Experience quarterly report	BG took the Committee through the highlights of the Patient Experience Quarterly Report. The team is now in place as is the new Datix web software. The Friends and Family test has changed to another provider and the data provided is more helpful. Patient comments are now collated into themes which identify areas for improvement, such as ward noise at night. The Committee noted the poor friends and family scores in the Scarborough Emergency Department with only 65% of patients recommending the service. BG advised that a look back exercise is planned to take place which will review the 12 hour breaches in January to identify areas for improvement. BG explained that there is still work to be undertaken around the complaints system and responses being completed within 30 days and this is being monitored through PAMs. The Committee were encouraged by the work undertaken in the Patient Advise and Liaison Service, with significant improvements in the team and the organisation of volunteers and the focus on updating the “knowing how we’re doing” boards.	The Committee were assured by the continued focussed work in this area.	

	Agenda Item	Comments	Assurance	Attention to Board
13	National Care of the Dying Audit for Acute Hospitals 2016	The Committee revisited the discussion on the internal Annual Report on End of Life Care that took place at the March meeting in the light of the National Audit report. Whilst the Trust has developed a high quality protocol it is not yet widely employed. With this in mind the Trust has scored significantly below average in the national audit for the clinical aspects of the audit. DP advised that this mirrors experience on the wards. The plan is owned by the palliative care team, who attempt to educate the user when the plan is requested, this means the document itself is not always available on the ward. Following the recommendations in the paper DP explained that a key-next step is to roll out an education programme for Medical Staff. There was some confusion as to whether the standard of care was not being delivered or not being documented. The Committee agreed that the training of medical staff could be a measurable component in the End of Life Care Quality Report Priority.		BG/ MD Team to take to Board
	Additional items			
15	CQC Action Audit – supporting evidence for MD and CN actions	The Committee discussed the CQC Action plan that was touched on at the March Board meeting. The committee felt that some evidence of the actions marked as completed or partially completed within this report should be provided to the committee to give assurance. There were some areas of particular interest where other sources of intelligence were not entirely consistent with these assessments. DP agreed to provide detail on the current position of all actions allocated to the Q&S Committee for assurance.		
16	Risk Register round up	The Committee agreed that all key items on the Chief Nurse Risk Register were covered through discussion around the agenda items. The committee was pleased to see the example of the timely escalation of the adolescent mental health risk to the CRR – hopefully an indication that the CRR is becoming more of a “live” document. Medical Directors Risk Register MD3 – The Committee agreed that focus was given to Information Governance		

	Agenda Item	Comments	Assurance	Attention to Board
		at the March meeting when reviewing the Information Governance work plan and did not require further discussion at this time. MD5 – The Committee focussed its attention on the long waiting times for ophthalmology follow up outpatient appointments. DP advised that action plans have been put in place in relation to the SIs received and JT is monitoring these with the Directorate Team; no real progress has been made as yet.		
17	Any other business	The Committee highlighted that they require some assurance around the consequences of the junior doctor's strike in terms of outpatient as well as inpatient delays to treatment. DP agreed that this will be provided at the next meeting. The Committee raised concern about the amount of data contained in the Integrated dashboard and queried how assurance can be gained that the Executive colleagues are using all of this information to inform their work plan. The Committee agreed that the dashboard should be reviewed to ensure that it only contains relevant information.		
	Next meeting of the Quality and Safety Committee 17 May 2016, York Hospital Boardroom			

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Patient Safety & Quality Report

April 2016

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

Patient Experience

There have been a total of 6,277 PALs contacts recorded in 2015/16. 443 PALs contacts were recorded across the Trust in March, 41.8% of the these were related to requests for information and advice (191). There were 27 complaints at York and 19 at Scarborough in March; an increase of 6 for the Trust compared to February. A total of 472 were recorded for the Trust in 2015/16.

The Friends & Family Test (FFT) is no longer a CQUIN for 2015/16, but forms part of the Trust's Commissioner contracts.
The Trust achieved a 23.1% response rate for the Inpatient FFT in Q4 which is the highest across 2015/16. The Trust has consistantly achieved the 90% target of patients recomendng the Trust.
The Trust has seen a continued improvement in response rates to the ED FFT achieving 14.7% in March and 15.8% for Q4. Again, Q4 achieved the highest response rates.
The 90% target of patients recommending the Trust has been failed consistantly throughout 2015/16 across both sites.
The Community FFT response rates remain low, however there was a slight improvement in March 2015 to 1.1%.

The Maternity FFT has seen a drop in response rates across the year. March saw an improvement in all stages with the exception of Labour who only achieved 5.6%. The 90% target of patient recommending the Trust has been achieved across all stages of the Maternity FFT throughout 2015/16.

Measures of Harm

198 Serious Incidents (SIs) were reported across the Trust in 2015/16. 21 were declared in March (6 x York, 14 x Scarborough & 1 x Community).
11 of the SIs were attributed to 'clinical incident', 8 were attributed to 'slips, trips and falls' and 2 to pressure ulcers.

0 Never Events were declared in March 2016. 2 have been declared in total for the Trust in 2015/16; 1 x Wrong site of surgery and 1x Maladministration of insulin.

Infection Prevention

3 cases of Cdiff were identified during March. There have been 65 cases identified in 2015/16 against the threshold of 48. 15 cases have been identified that are NOT due to lapses in care with another 3 pending review. The Trust is currently above the 2015/16 trajectory, however this may change depending on the outcome of the 3 pending cases.

There were no patients identified with healthcare associated MRSA bacteraemia during March. A total of 8 cases have been declared in 2015/16 - each case attracts a £10,000 fine.

3 MSSA cases were identified during March; all at York. There have been 37 cases identified in 2015/16 against the threshold of 30. The Trust has therefore exceeded the threshold.

There were 7 E-Coli cases identified during March; 6 at York, and 1 at Scarborough. The YTD total for 2015/16 is 96.

Quality and Safety - Miscellaneous

Stroke
86.9% of patients spent >90% of their stay on a stroke unit across the Trust in February, target achieved. 70% of patients requiring an urgent scan were scanned within 1 hour across the Trust, target achieved. 95.4% of stroke patients were scanned within 24 hours across the Trust, target achieved. At York, 80% of TIA paients were assessed and treated within 24 hours against the 75% target, Scarborough data unavailable.

Cancelled Operations
109 operations were cancelled within 48 hours of the TCI due to lack of beds in March (inc. 6 at Brid); this exceeds the monthly maximum of 65. The 2015/16 total for the Trust is 637.

Cancelled Clinics/Outpatient Appointments
178 clinics were cancelled with less than 14 days notice across the Trust in March; 118 at York and 60 at Scarborough. 883 outpatient appointments were cancelled for non clinical reasons; this exceeds the monthly maximum of 721 and will result in General Condition 9 which is initially a Performance Notice.

Ward Transfers between 10pm and 6am
The number of inappropriate ward transfers in March exceeds the monthly maximum threshold of 100 - 104 across the Trust. A total of 1,185 have been reported in 2015/16.

Care of the Deteriorating Patient

The Trust achieved 79% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in March. York achieved 87% (against the 85% target) and Scarborough achieved 64% (against the 80% target).

The Trust achieved 83.8% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. The target was also achieved across both sites; York - 80.5% and Scarborough 89.3%.

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; March 85.2%.

Drug Administration

There were 16 insulin errors reported in March; 7 at York, 2 at Scarborough and 7 Community. There have been a total of 118 reported across the Trust in 2015/16.

27 Prescribing errors were reported in March; 18 at York, 7 at Scarborough and 2 Community. A total of 283 have been reported across the Trust in 2015/16.

Mortality

The latest SHMI report indicates the Trust to be in the 'as expected' range. The Oct 2014 - Sep 2015 SHMI saw a 2 point reduction at York and no change for the Trust or Scarborough. Trust - 99, York 93 and Scarborough 107.

There were 234 Inpatient deaths across the Trust in March; 154 at York and 61 a Scarborough. A total of 2,167 have been reported in 2015/16 versus 2,148 in 2014/15.

There were 6 ED deaths at York in March. A total of 126 have been reported in 2015/16 versus 102 in 2014/15.
There were 16 ED deaths at Scarborough in March and 89 in total for 2015/16 versus 83 in 2014/15.

CQUINS update

Validation ongoing for Q4.

Litigation

Indicator	Site	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Clinical Claims Settled	York	5	1	2	3	3	3	3	1	1
	Scarborough	3	5	2	2	7	1	2	0	1

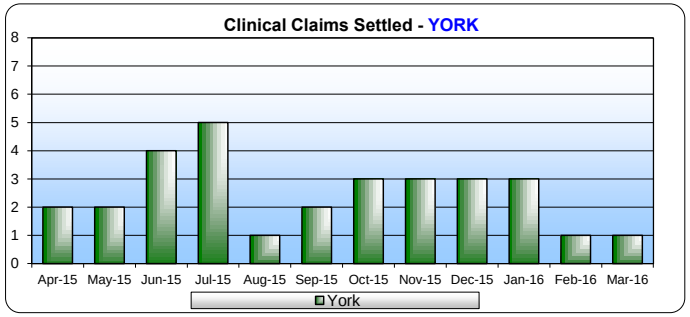
2 clinical claims were settled in March; 1 attributed to York and 1 attributed to Scarborough.

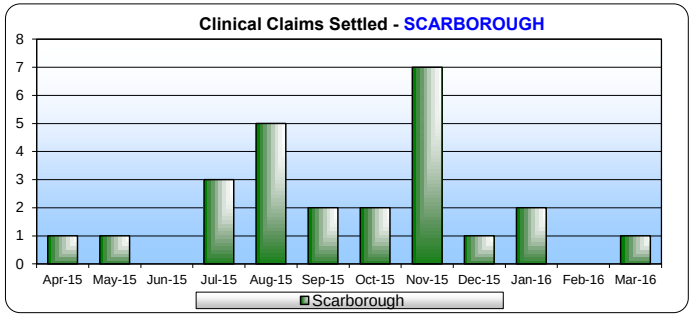
6 clinical negligence claims were received for York site and 6 were received for Scarborough. York had 5 withdrawn/closed claims and Scarborough had 14.

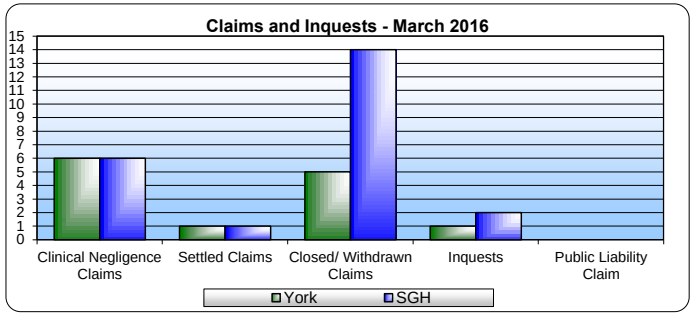
There were 3 Coroner's Inquests heard (1 York & 2 Scarborough).

Litigation

Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Clinical Claims Settled	York	2	2	4	5	1	2	3	3	3	3	1	1
source: Risk and Legal	Scarborough	1	1	0	3	5	2	2	7	1	2	0	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 443 PALs contacts in March.

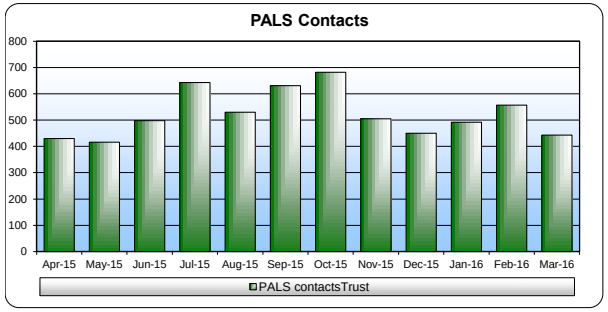
Complaints
There were 46 complaints in March; 27 attributed to York and 19 attributed to Scarborough.

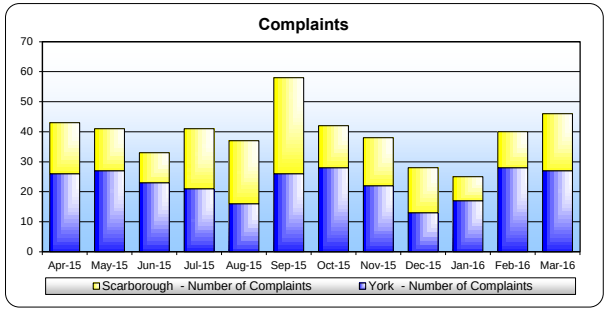
New Ombusman Cases
There were no New Ombusman Cases in March.

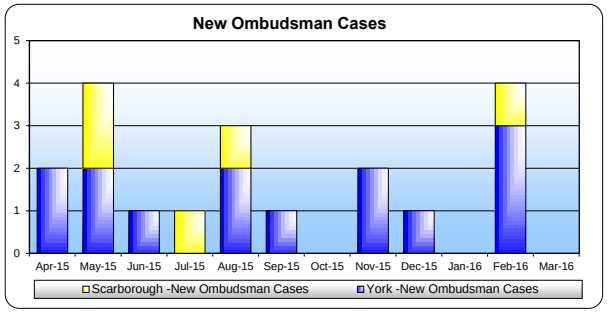
Compliments
11 compliments were received by the Chief Executive in March 2016.

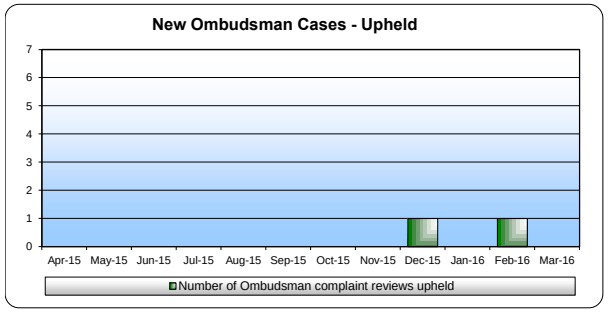
Patient Experience

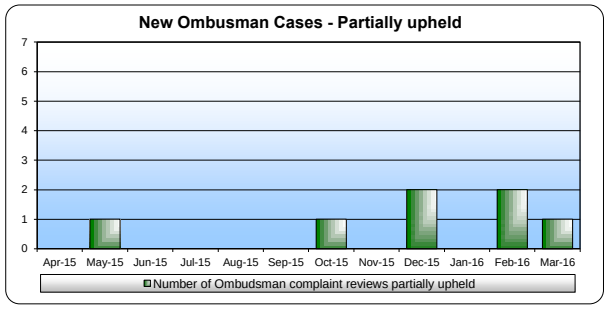
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
PALS contacts	Trust	430	416	498	643	530	631	682	505	450	492	557	443
Complaints	Trust	43	41	33	41	37	58	42	38	28	25	40	46
New Ombudsman Cases	Trust	2	4	1	1	3	1	0	2	1	0	4	0
New Ombudsman Cases - Upheld	Trust	0	0	0	0	0	0	0	0	1	0	1	0
New Ombudsman Cases - Partially upheld	Trust	0	1	0	0	0	0	1	0	2	0	2	1
New Ombudsman Cases - Not upheld	Trust	0	1	2	1	1	1	1	0	6	0	2	4

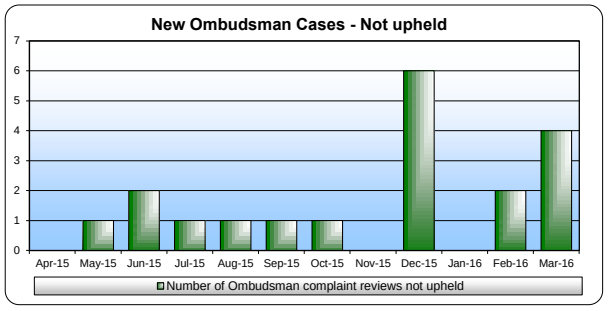












Compliments received by Chief Executive

Directorate	Oct – Dec 15	Jan – Feb 16	Mar-16
Trauma & Orthopaedics	4	4	1
Acute & General Medicine	10	5	0
Specialist Medicine	10	2	1
AHP	2	1	0
Anaesthetics/Theatres & Critical Care	2	3	0
Child Health	0	0	0
Community Services	0	1	0
Elderly Medicine	2	7	0
Emergency Medicine	9	11	4
General Surgery & Urology	7	10	4
Gynaecology/Obstetrics	1	3	0
Head & Neck	2	1	0
Ophthalmology	3	4	1
Radiology	0	0	0
Unknown/no directorate given	13	1	0
Total	**65**	**53**	**11**

Patient Experience

Complaints and PALs contacts breakdown - March 2016

Complaints by directorate/division (Datix)	All Sites
Allied Health Professionals	1
Acute & General Medicine	9
Child Health	1
Community Services	1
Elderly Medicine	3
Emergency Medicine	8
Estates and Facilities	0
General Surgery & Urology	5
Head and Neck and Ophthalmology	1
Laboratory Medicine	0
Obstetrics & Gynaecology	3
Orthopaedics and Trauma	3
Pharmacy	0
Radiology	0
Specialist Medicine	6
Theatres, Anaesthetics & Critical Care	5
Other	0
TOTAL	**46**

PALS Contacts by Subject	All Sites
Action Plan	0
Admissions, discharge, transfer arrangements	14
Aids / appliances / equipment	4
Appointments, delay/cancellation (inpatient)	15
Appointments, delay/cancellation (outpatient)	30
Staff attitude	9
Any aspect of clinical care/treatment	48
Communication issues	48
Compliment / thanks	46
Alleged discrimination (eg racial, gender, age)	0
Environment / premises / estates	3
Foreign language	1
Failure to follow agreed procedure (including consent)	1
Hotel services (including cleanliness, food)	3
Requests for information and advice	191
Medication	6
Other	1
Car parking	2
Privacy and dignity	2
Property and expenses	16
Personal records / Medical records	13
Safeguarding issues	0
Signer	1
Support (eg benefits, social care, vol agencies)	1
Patient transport	2
TOTAL	**457**

Complaints by subject (Datix)	All Sites
Access to treatment or drugs	2
Admissions, Discharge and Transfer Arrangements	10
Appointments, Delay/Cancellation	6
All aspects of Clinical Treatment	49
Communications/information to patients (written and oral)	21
Facilities	3
Privacy and Dignity	5
End of Life Care	0
Patient Care	22
Prescribing	1
Restraint	0
Staff Numbers	2
Trust Admin/Policies/Procedures inc pt record management	1
Values and Behaviours (Staff)	12
Waiting times	2
Patient Concerns	1
TOTAL	**137**

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'.

Friends and Family

Indicator		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Inpatients – York	York IP Response Rate	Monitoring Only	16.0%	17.4%	18.3%	20.6%	17.4%	18.9%	18.6%	13.8%	11.9%	22.3%	19.9%	21.2%
Inpatients – Scarborough	Scarborough IP Response Rate		16.4%	16.5%	15.3%	21.3%	18.2%	18.0%	18.2%	17.5%	15.1%	19.9%	19.0%	24.0%
Inpatients - Bridlington	Bridlington IP Response Rate		56.0%	47.5%	46.0%	51.6%	69.0%	62.0%	50.2%	24.6%	32.3%	52.6%	47.7%	53.7%
Inpatients – Combined	**Trust IP Response Rate**		**18.6%**	**19.2%**	**19.4%**	**22.6%**	**20.3%**	**21.2%**	**20.3%**	**15.6%**	**14.0%**	**23.6%**	**21.5%**	**24.2%**
ED – York	York ED Response Rate	Monitoring Only	8.3%	8.6%	8.3%	10.0%	9.2%	7.4%	9.6%	10.0%	10.7%	16.0%	19.2%	15.6%
ED - Scarborough	Scarborough ED Response Rate		6.7%	7.3%	6.1%	6.3%	5.8%	4.9%	3.0%	3.6%	7.0%	10.1%	12.8%	11.1%
ED – Combined	**Trust ED Response Rate**		**7.8%**	**8.2%**	**7.6%**	**8.8%**	**8.0%**	**6.5%**	**7.4%**	**7.9%**	**9.9%**	**14.7%**	**18.0%**	**14.7%**
Maternity – Antenatal		None	26.4%	27.5%	31.7%	29.1%	23.7%	29.3%	22.9%	1.9%	9.8%	27.0%	12.8%	26.8%
Maternity – Labour and Birth			31.0%	25.6%	26.7%	28.5%	23.3%	36.2%	26.1%	3.9%	25.1%	20.2%	5.5%	5.6%
Maternity – Post Natal			30.4%	29.0%	29.3%	27.3%	25.5%	40.5%	27.3%	3.8%	0.0%	17.1%	29.3%	35.0%
Maternity – Community			24.3%	18.4%	20.3%	18.7%	19.8%	20.9%	26.2%	2.8%	5.1%	16.0%	16.7%	24.7%

The Friends & Family Test is no longer a CQUIN for 2015/16, but will be monitored under Schedule 4 of the Trust's commissioner contracts.

From April 2015 day cases and patients under 16 have been included in the Inpatient performance in line with NHS England requirements. This has significantly increased the numbers of eligible patients so had a significant effect on the response rates. NHS England guidance states that response rates are not directly comparable between 2014-15 and 2015-16.

The Trust quality standard for Friends and Family Test Performance is to achieve 90% of responses either extremely likely or likely to recommend.

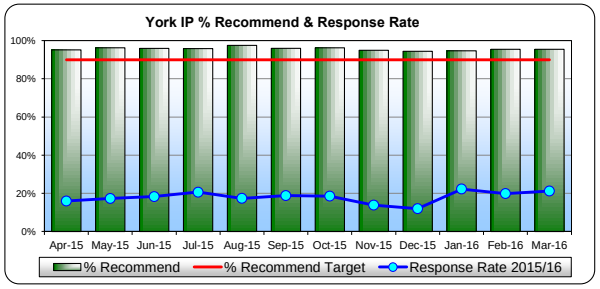
The focus for the Trust is to gain and understand patient feedback and encourage Directorates to use that feedback to drive improvements. Each ward displays a 'Knowing How We're Doing' board which is a giant poster sharing FFT data and comments from that particular ward, along with news and improvements on that ward. By showing patients that we listen to their views and try to make improvements, we hope to encourage more responses and suggestions. The next step for 'Knowing How We're Doing' boards is to roll them out to Outpatient areas across the Trust.

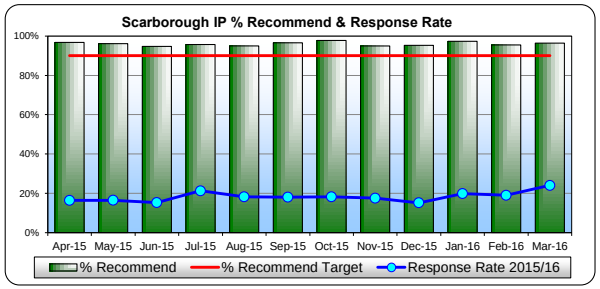
Friends & Family: Inpatients & ED

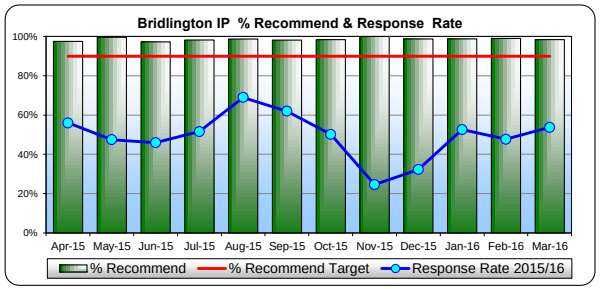
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previouslydaycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour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

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan-16	Feb-16	Mar-16
Trust Inpatient Response Rate (including daycases)	None - Monitoring Only	none	19.1%	21.4%	16.7%	23.1%	23.6%	21.5%	24.2%
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	17.3%	19.0%	14.8%	21.1%	22.3%	19.9%	21.2%
York Inpatient % Recommend	None - Monitoring Only	none					94.7%	95.5%	95.5%
York Inpatient % Not Recommend	None - Monitoring Only	none					1.5%	1.9%	1.3%
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	16.0%	19.2%	17.0%	21.0%	19.9%	19.0%	24.0%
Scarborough Inpatient % Recommend	None - Monitoring Only	none					97.4%	95.5%	96.5%
Scarborough Inpatient % Not Recommend	None - Monitoring Only	none					0.6%	1.1%	1.6%
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	49.4%	60.3%	35.5%	51.4%	52.6%	47.7%	53.7%
Bridlington Inpatient % Recommend	None - Monitoring Only	none					98.8%	99.0%	98.4%
Bridlington Inpatient % Not Recommend	None - Monitoring Only	none					0.9%	0.0%	0.0%

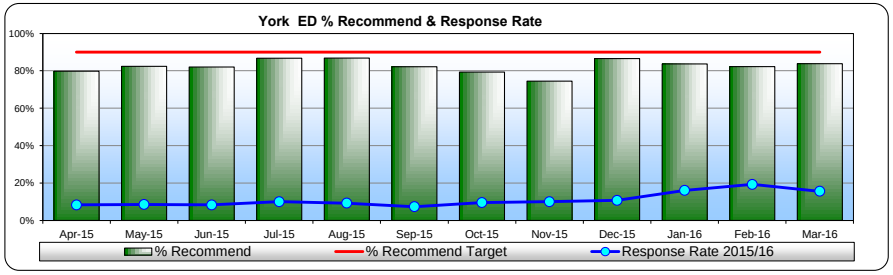
**Daycase patients and young people (<16 years) included in FFT April 2015*

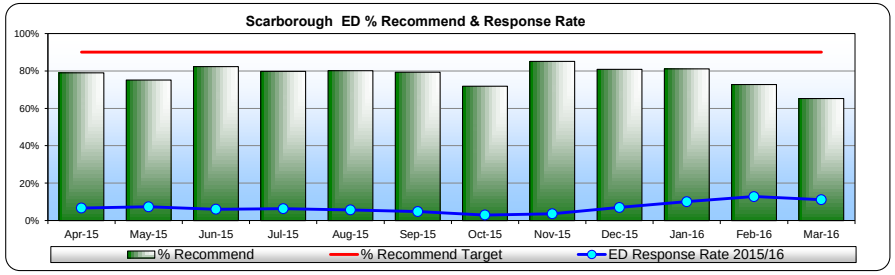






Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan-16	Feb-16	Mar-16
Trust Emergency Department Response Rate	None - Monitoring Only	none	7.8%	7.8%	8.3%	15.8%	14.7%	18.0%	14.7%
York Emergency Department Response Rate	None - Monitoring Only	none	8.4%	8.9%	10.1%	17.0%	16.0%	19.2%	15.6%
York Emergency Department % Recommend	None - Monitoring Only	none					83.7%	82.3%	83.8%
York Emergency Department % Not Recommend	None - Monitoring Only	none					11.3%	10.4%	10.9%
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	6.7%	5.7%	4.1%	11.3%	10.1%	12.8%	11.1%
Scarborough Emergency Department % Recommend	None - Monitoring Only	none					81.1%	72.7%	65.3%
Scarborough Emergency Department % Not Recommend	None - Monitoring Only	none					11.8%	17.5%	24.1%





Headline Scores

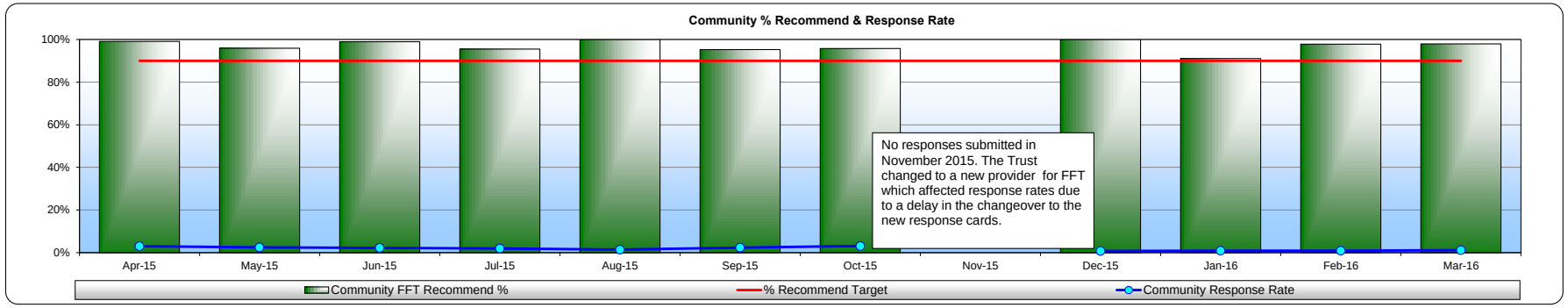
Recommend (%) $\dfrac{\text{Extremely Likely + Likely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

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

Friends & Family: Community

FFT Implemented in Community since January 2015

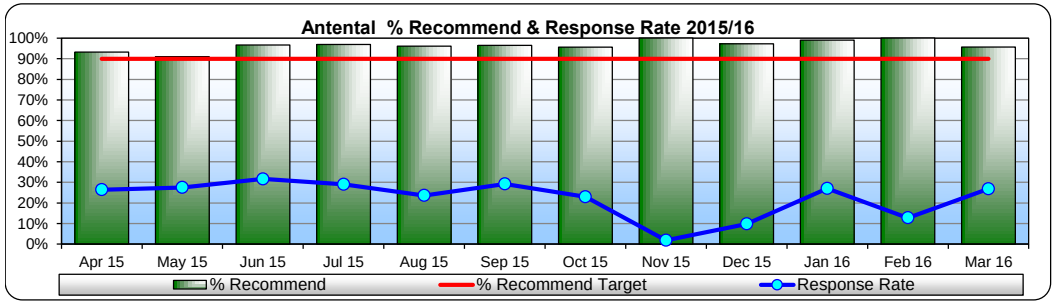
Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan-16	Feb-16	Mar-16
Community Response Rate	None - Monitoring Only	none	2.5%	1.9%	1.2%	1.0%	0.9%	0.9%	1.1%
Community FFT % Recommend	None - Monitoring Only	none					91.1%	97.9%	98.0%
Community FFT % Not Recommend	None - Monitoring Only	none					0.0%	0.0%	0.0%

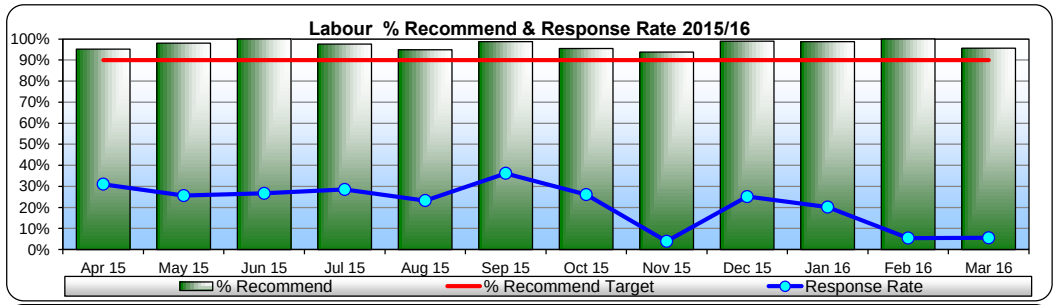


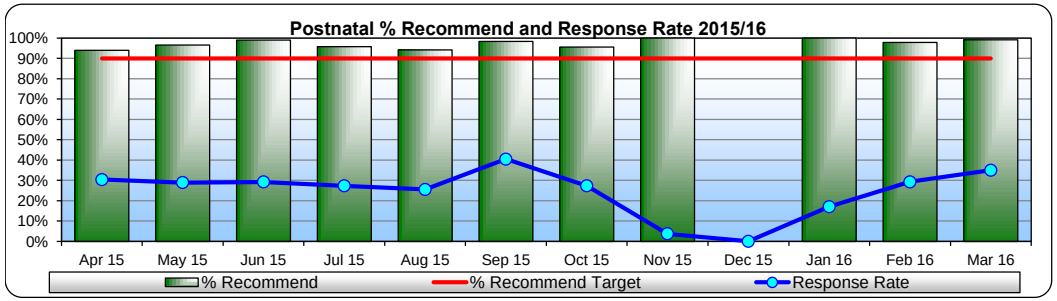
Service/Area	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan-16	Feb-16	Mar-16
Community Inpatient Services	None - Monitoring only	None	121	153	148	106	38	44	37
Community Nursing Services	None - Monitoring only	None	72	41	5	35	0	0	2
Specialist Services	None - Monitoring only	None	73	58	34	23	7	3	10
Children & Family Services	None - Monitoring only	None	2	11	8	2	0	0	0
Community Healthcare Other	None - Monitoring only	None	60	54	63	13	0	0	1

Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Antenatal Response Rate	None - Monitoring only	none	28.5%	27.3%	12.2%	21.8%	27.0%	12.8%	26.8%
Antental % Recommend	None - Monitoring only	none					99.0%	100.0%	95.7%
Antental % Not Recommend	None - Monitoring only	none					0.0%	0.0%	1.1%
Labour and Birth Response Rate	None - Monitoring only	none	27.8%	29.5%	18.3%	10.4%	20.2%	5.5%	5.6%
Labour and Birth % Recommend	None - Monitoring only	none					98.8%	100.0%	95.7%
Labour and Birth % Not Recommend	None - Monitoring only	none					0.0%	0.0%	4.4%
Postnatal Response Rate	None - Monitoring only	none	29.5%	30.7%	11.0%	27.1%	17.1%	29.3%	35.0%
Postnatal % Recommend	None - Monitoring only	none					100.0%	97.9%	99.2%
Postnatal % Not Recommend	None - Monitoring only	none					0.0%	1.1%	0.0%
Postnatal Community Response Rate	None - Monitoring only	none	21.1%	19.8%	12.2%	19.2%	16.0%	16.7%	24.7%
Postnatal Community % Recommend	None - Monitoring only	none					98.3%	98.4%	94.9%
Postnatal Community % Not Recommend	None - Monitoring only	none					1.7%	0.0%	1.0%







2014/15 Performance

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

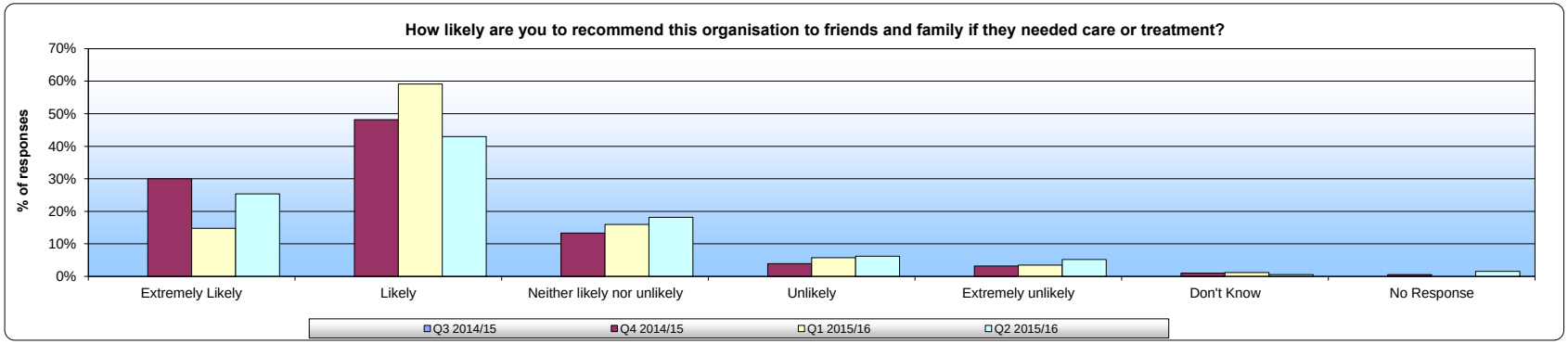
Friends and Family: Staff

York Teaching Hospital NHS
NHS Foundation Trust

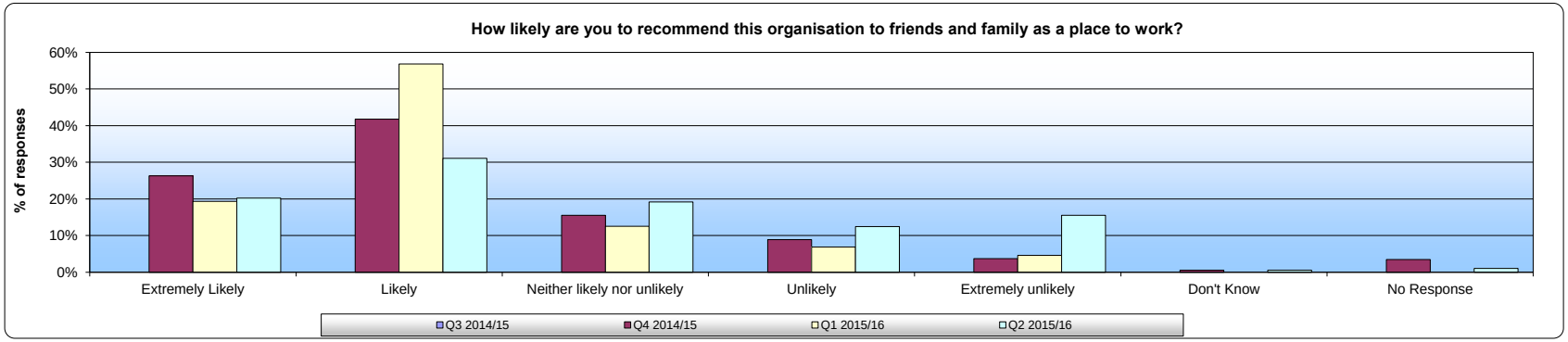
As part of the National Friends and Family CQUIN 2014/15, the Trust was required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.

Staff FFT data was collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken) there was no requirement to undertake Staff FFT. A proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, with all staff having the opportunity once per year, as a minimum requirement.

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	38%	49%	35%
Number of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	407	88	193



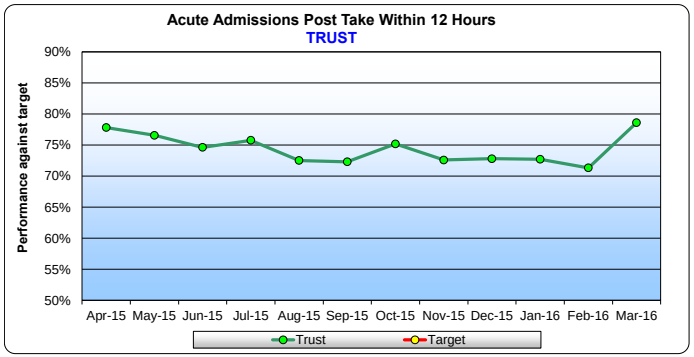
How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%
Q1 2015/16	14.8%	59.1%	15.9%	5.7%	3.4%	1.1%	0.0%
Q2 2015/16	25.4%	43.0%	18.1%	6.2%	5.2%	0.5%	1.6%

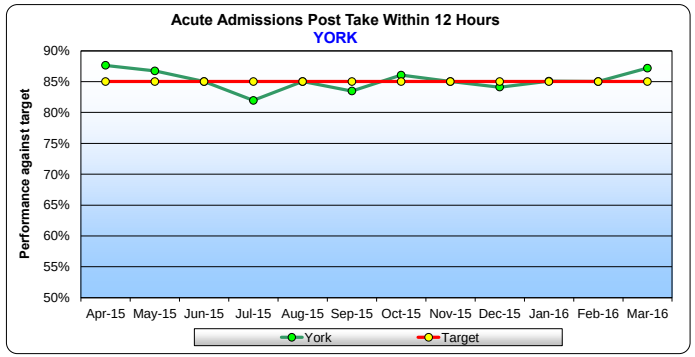


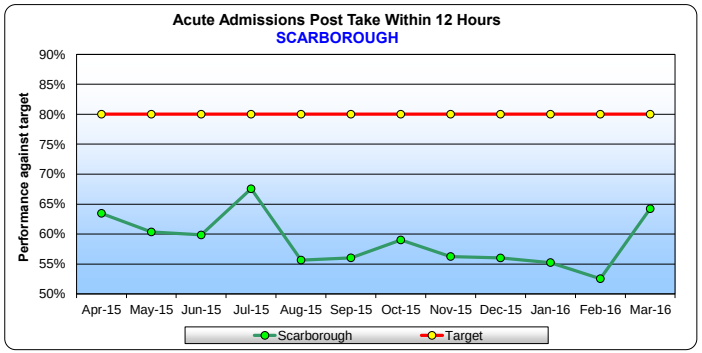
How likely are you to recommend this organisation to friends and family as a place to work?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%
Q1 2015/16	19.3%	56.8%	12.5%	6.8%	4.5%	0.0%	0.0%
Q2 2015/16	20.2%	31.1%	19.2%	12.4%	15.5%	0.5%	1.0%

Quality and Safety: Care of the Deteriorating Patient

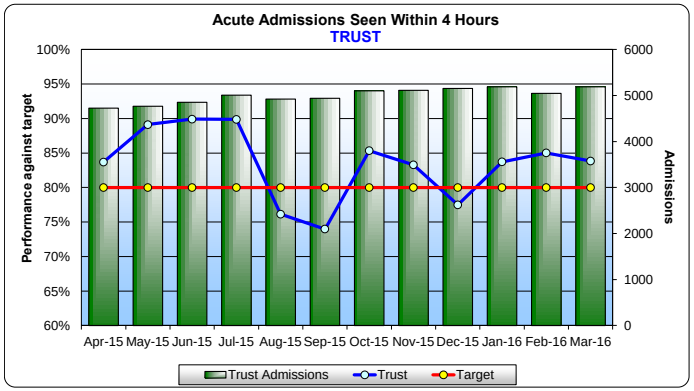
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	80%	61%	60%	57%	57%	55%	53%	64%
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 for 2015/16	85%	86%	83%	85%	86%	85%	85%	87%

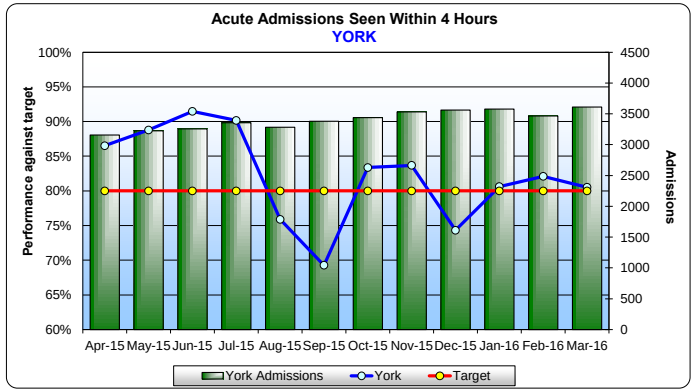


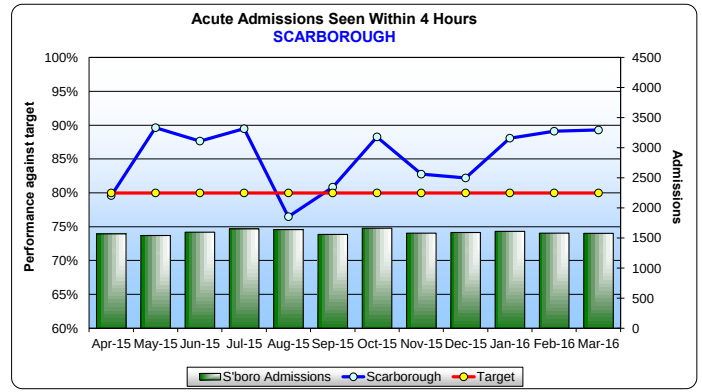




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	**80% by site**	87.5%	80.1%	82.0%	84.2%	83.7%	85.0%	83.8%

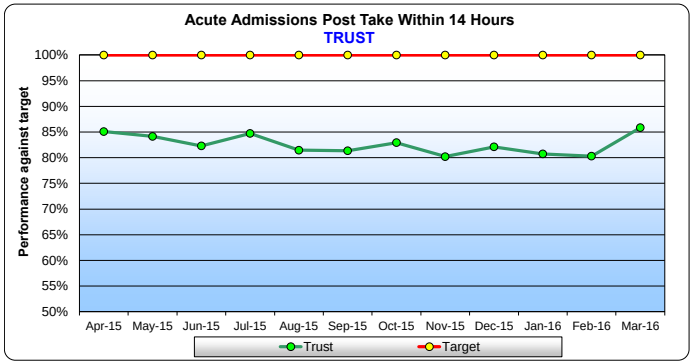


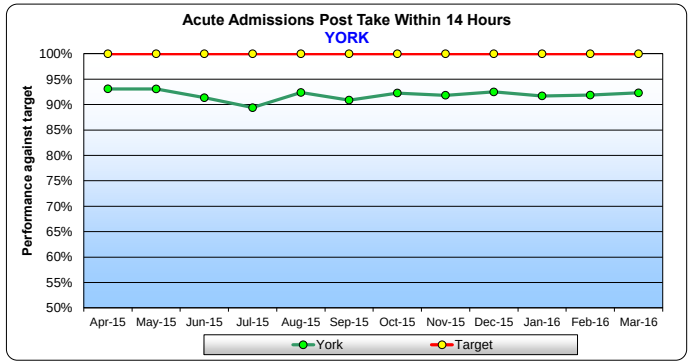


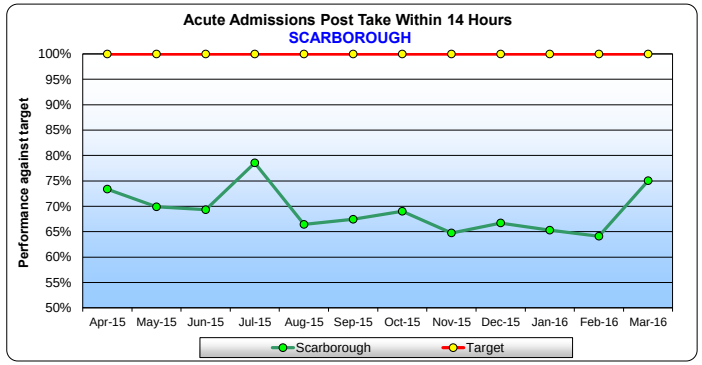


Quality and Safety: Care of the Deteriorating Patient

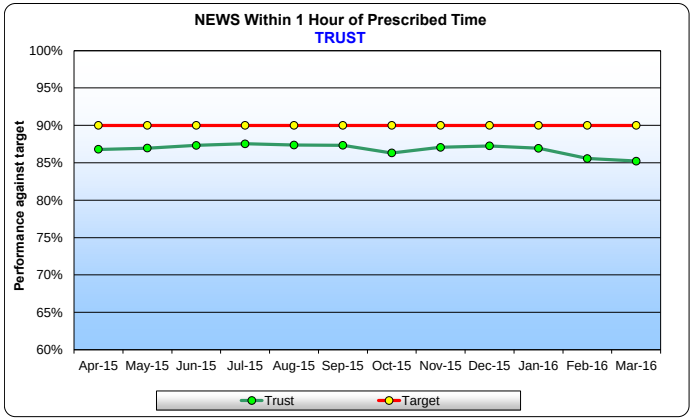
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16		83.9%	82.5%	81.8%	82.3%	80.8%	80.3%	85.9%

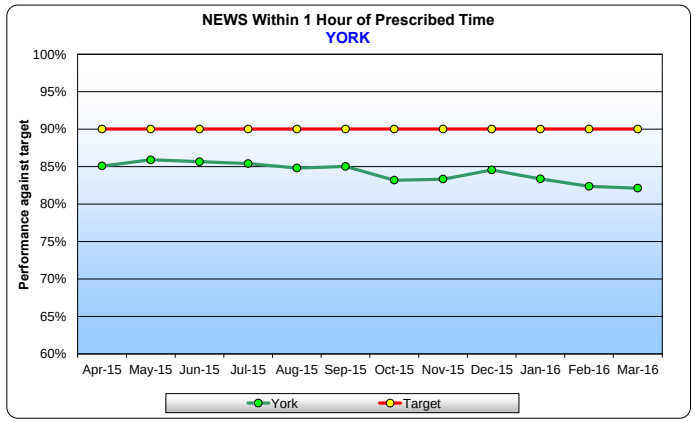


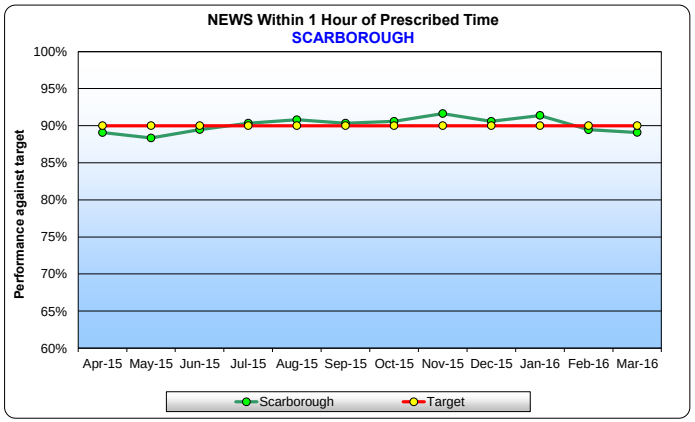




NEWS within 1 hour of prescribed time	None - Monitoring Only		87.0%	87.4%	86.9%	85.9%	86.9%	85.6%	85.2%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 21 SIs reported in March; York 6, Scarborough 14 & Community 1.
Clinical Incidents: 11; York 1, Scarborough 9 & Community 1.
Slips Trips & Falls: 8; York 5 & Scarborough 3.
Pressure Ulcers: 2; Both Scarborough.

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 March there were 143 reports of patients falling at York Hospital, 78 patients at Scarborough and 53 patients within the Community Services. This is a 13.3% reduction on the number reported in February (316), 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 March was 1,265; 679 incidents were reported on the York site, 440 on the Scarborough site and 146 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 1,348 incidents awaiting sign-off by the Directorate Management Teams. This increase is reflective of pressures across the Trust and an increase post-Christmas. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)
During March 30 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 27 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.

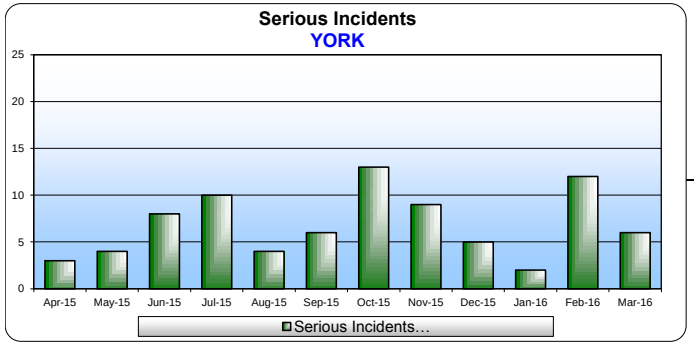
Degree of Harm: Serious/Severe or Death (source: Datix)
During March a total of 5 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

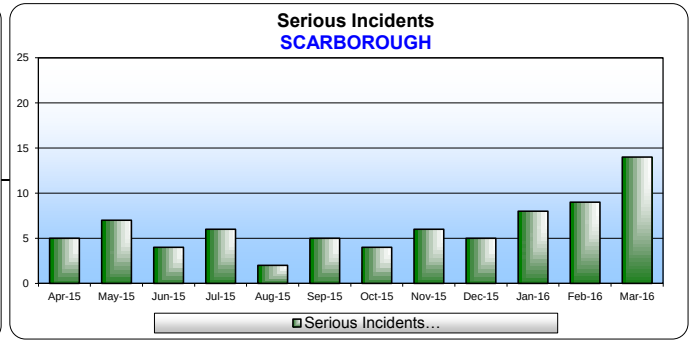
Medication Related Issues (source: Datix)
During March there was a total of 127 medication related incidents reported although this figure may change following validation.

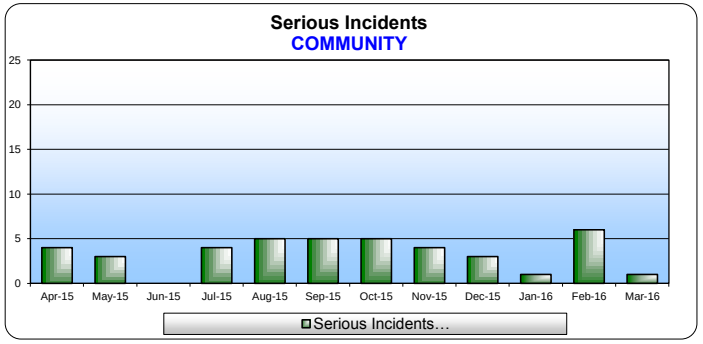
Never Events – No never events were declared in March.

Measures of Harm

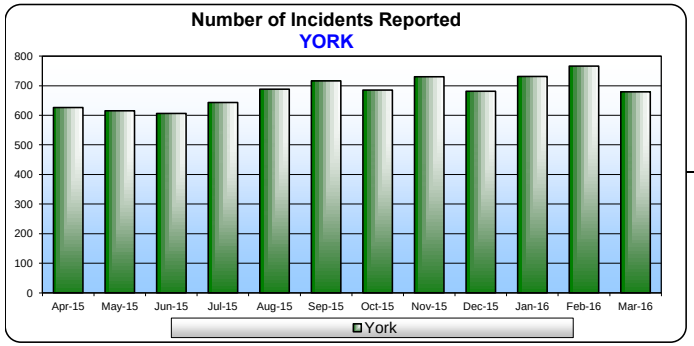
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Serious Incidents source: Risk and Legal	York	3	4	8	10	4	6	13	9	5	2	12	6
	Scarborough	5	7	4	6	2	5	4	6	5	8	9	14
	Community	4	3	0	4	5	5	5	4	3	1	6	1
Serious Incidents Delogged source: Risk and Legal (Trust)		1	0	0	0	0	0	0	0	0	0	0	0

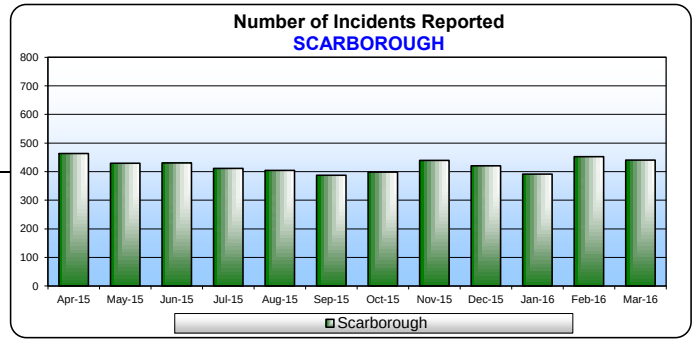


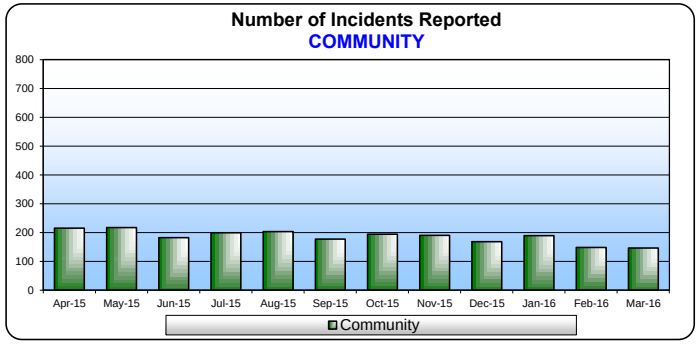




Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Number of Incidents Reported source: Risk and Legal	York	626	615	606	643	688	716	685	730	681	731	766	679
	Scarborough	463	429	430	411	404	387	398	439	420	391	452	440
	Community	215	217	182	199	203	177	194	190	168	189	148	146
Number of Incidents Awaiting sign off at Directorate level		1302	863	947	1178	1229	1183	839	889	1149	1344	1389	1348

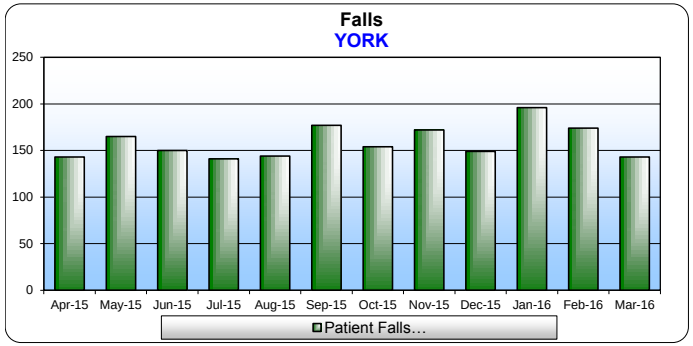


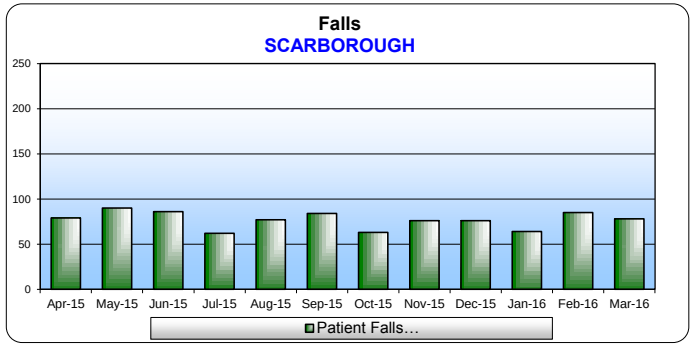


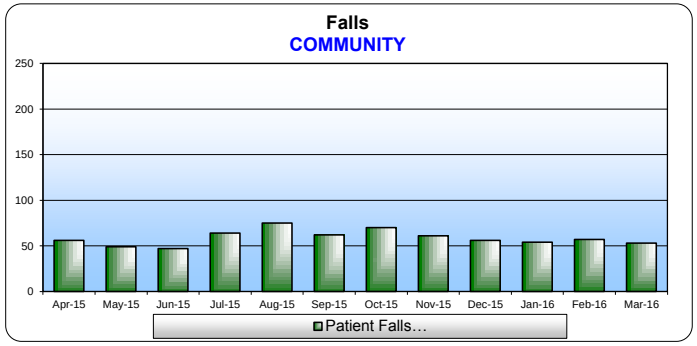


Measures of Harm

Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Patient Falls source: DATIX	York	143	165	150	141	144	177	154	172	149	196	174	143
	Scarborough	79	90	86	62	77	84	63	76	76	64	85	78
	Community	56	49	47	64	75	62	70	61	56	54	57	53

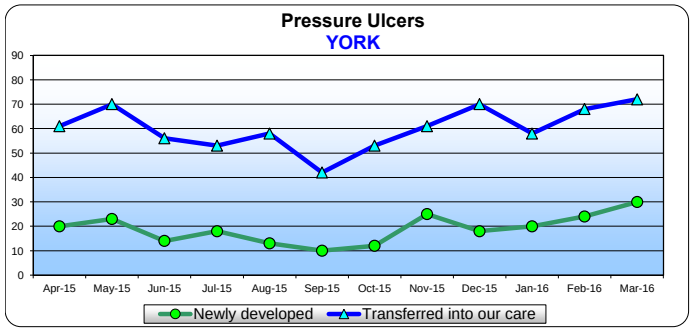


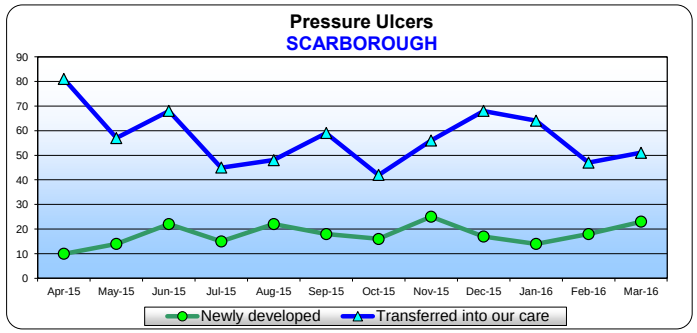


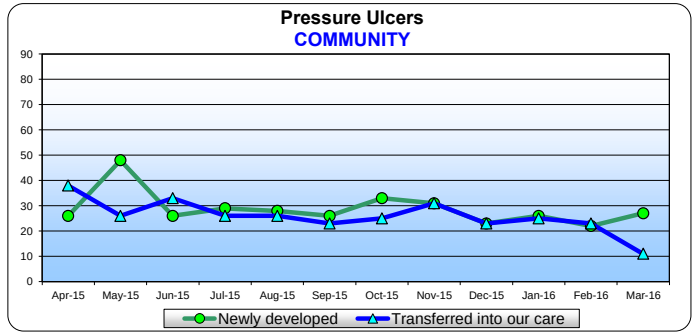


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Pressure Ulcers source: DATIX	York	Newly developed	20	23	14	18	13	10	12	25	18	20	24	30
		Transferred into our care	61	70	56	53	58	42	53	61	70	58	68	72
	Scarborough	Newly developed	10	14	22	15	22	18	16	25	17	14	18	23
		Transferred into our care	81	57	68	45	48	59	42	56	68	64	47	51
	Community	Newly developed	26	48	26	29	28	26	33	31	23	26	22	27
		Transferred into our care	38	26	33	26	26	23	25	31	23	25	23	11



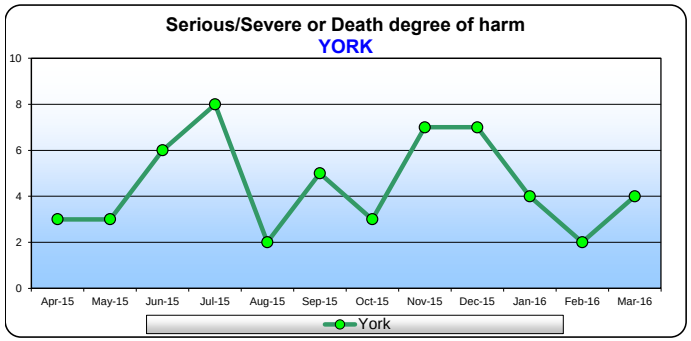


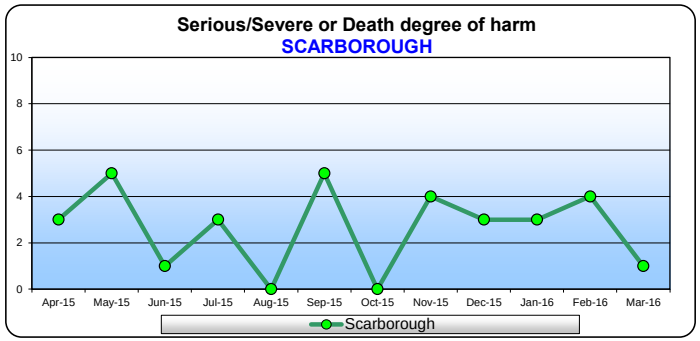


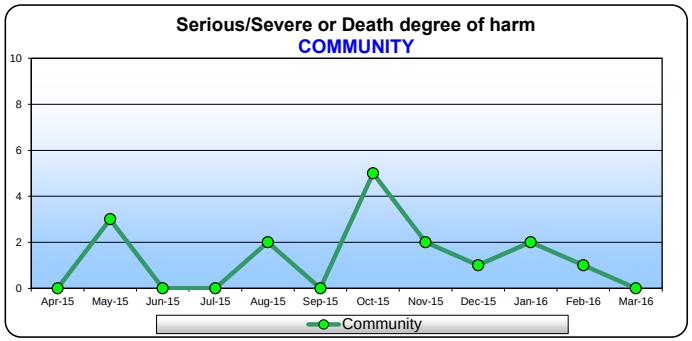
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Degree of harm: serious/severe or death source: Datix	York	3	3	6	8	2	5	3	7	7	4	2	4
	Scarborough	3	5	1	3	0	5	0	4	3	3	4	1
	Community	0	3	0	0	2	0	5	2	1	2	1	0

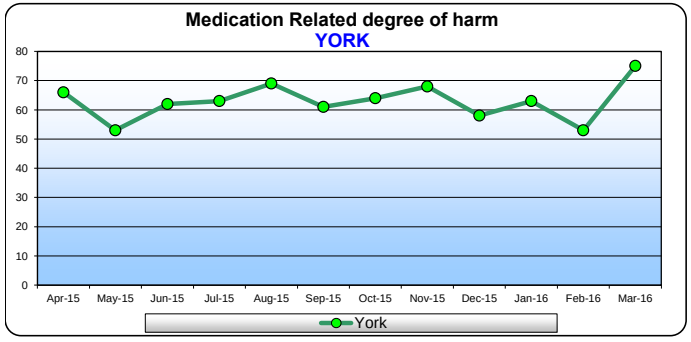


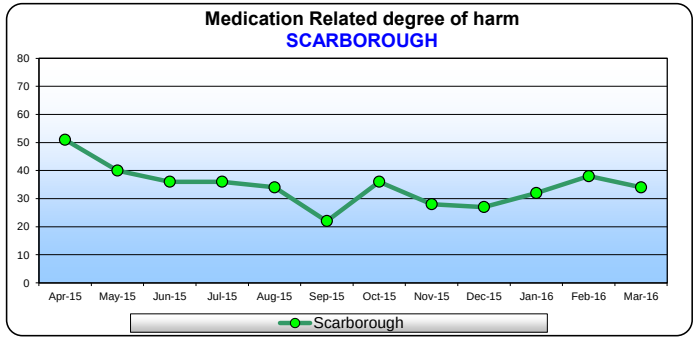


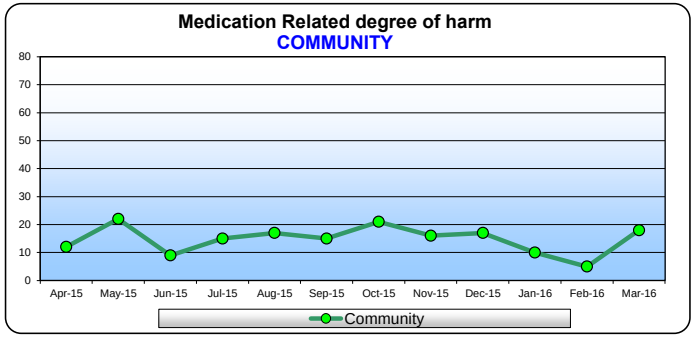


Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Degree of harm: Medication Related Issues source: Datix	York	66	53	62	63	69	61	64	68	58	63	53	75
	Scarborough	51	40	36	36	34	22	36	28	27	32	38	34
	Community	12	22	9	15	17	15	21	16	17	10	5	18

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.

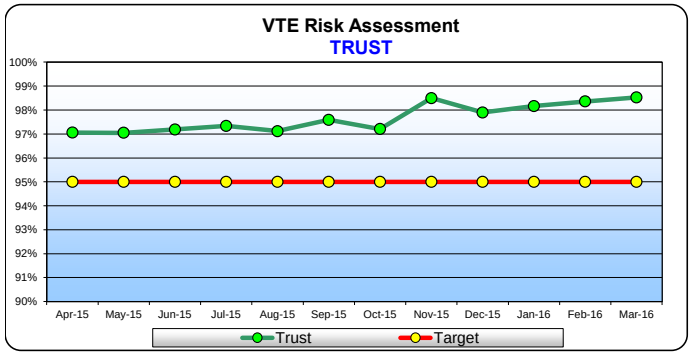


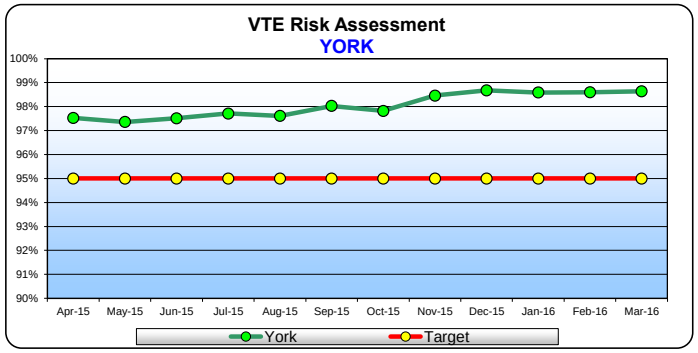


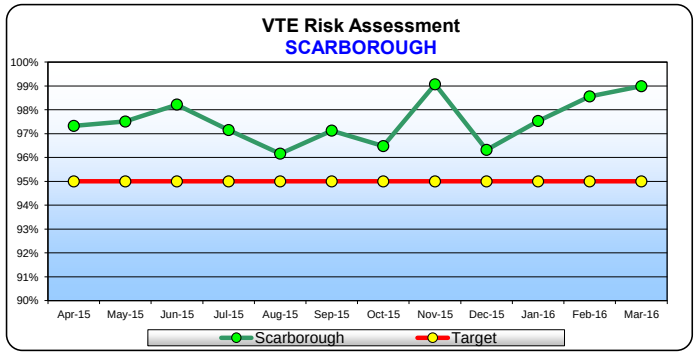


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	0.0%	0.0%	0.0%	0.0%	Jan	Jan	Jan
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%	97.1%	97.4%	97.9%	98.4%	98.2%	98.4%	98.5%
		York	95%	97.5%	97.8%	98.3%	98.6%	98.6%	98.6%	98.6%
		Scarborough	95%	97.7%	96.8%	97.3%	98.3%	97.5%	98.6%	99.0%







Never Events

Indicator	Consequence of Breach	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
SURGICAL									
Wrong site surgery	As below	>0	1	0	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	0	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	0	0	1	0	1	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 March indicated 1.79% for York and 1.16% for Scarborough.

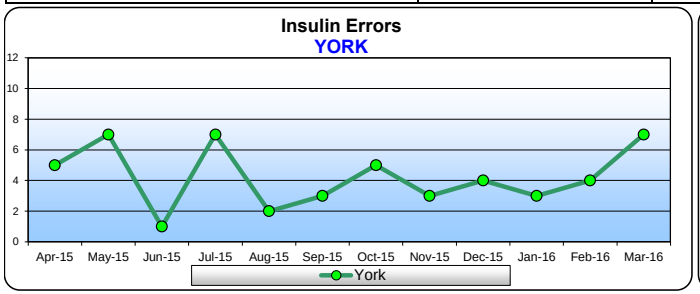
Prescribing Errors
There were 27 prescribing related errors in March; 18 from York, 7 from Scarborough and 2 from Community.

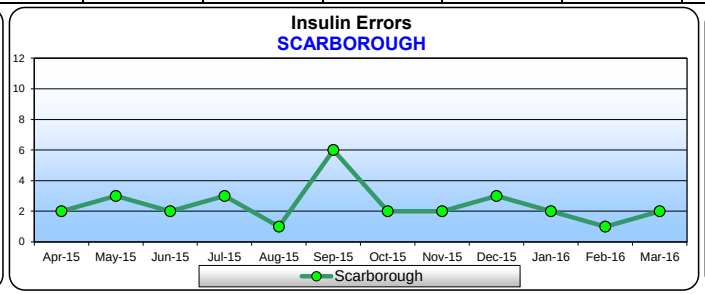
Preparation and Dispensing Errors
There were 12 preparation/dispensing errors in March; 6 from York, 4 from Scarborough and 2 from Community.

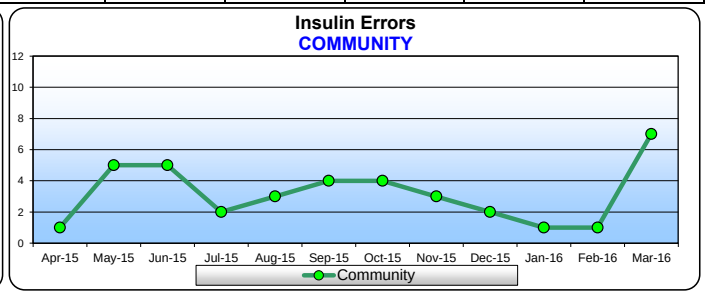
Administrating and Supply Errors
There were 64 administrating/supplying errors in March, the highest number seen year to date. 39 were from York, 16 from Scarborough and 9 from Community.

Drug Administration

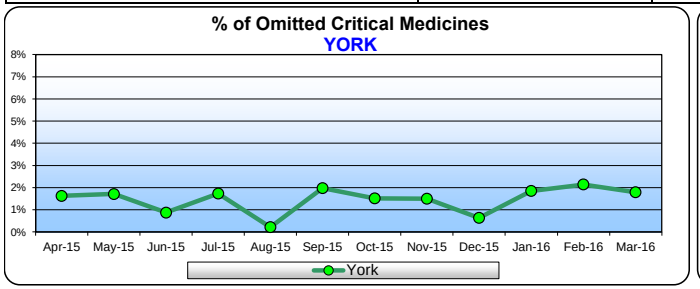
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Insulin Errors source: Datix	York	5	7	1	7	2	3	5	3	4	3	4	7
	Scarborough	2	3	2	3	1	6	2	2	3	2	1	2
	Community	1	5	5	2	3	4	4	3	2	1	1	7

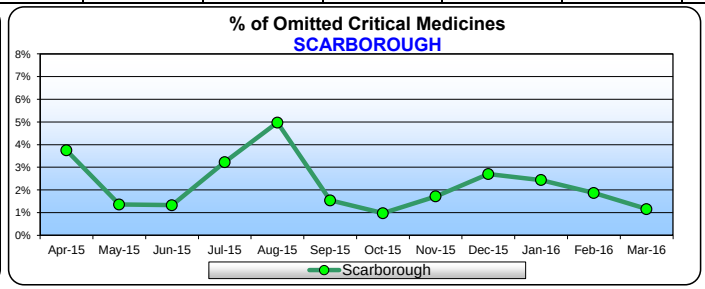


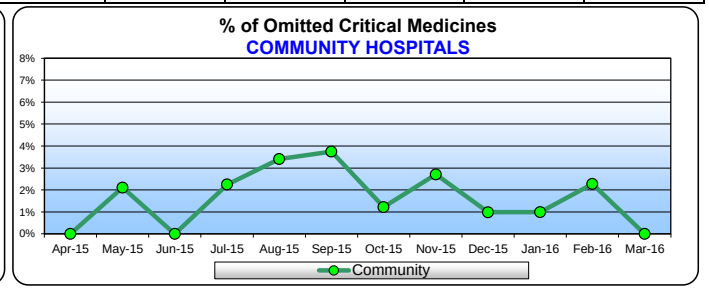




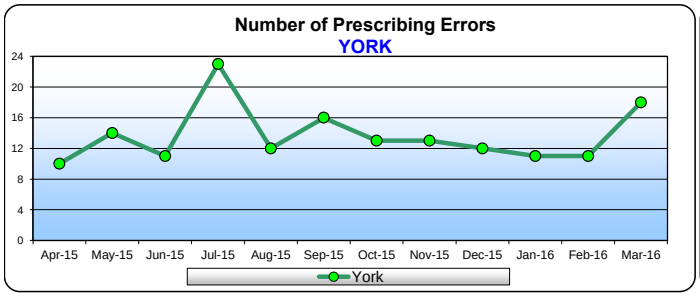
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Number of Omitted Critical Medicines source: Datix	York	7	9	4	8	1	9	6	6	3	9	10	8
	Scarborough	9	3	3	7	10	3	2	4	7	6	5	3
	Community Hospitals	0	2	0	2	3	3	1	2	1	1	2	0

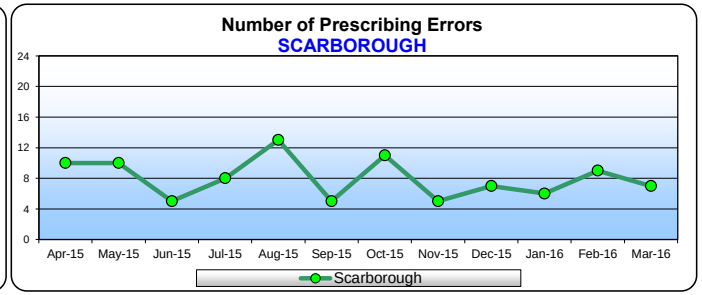


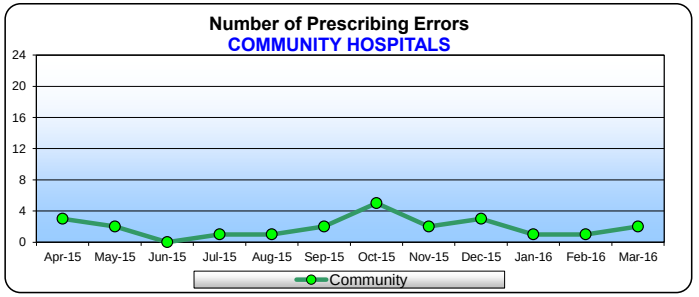




Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Number of Prescribing Errors source: Datix	York	10	14	11	23	12	16	13	13	12	11	11	18
	Scarborough	10	10	5	8	13	5	11	5	7	6	9	7
	Community Hospitals	3	2	0	1	1	2	5	2	3	1	1	2

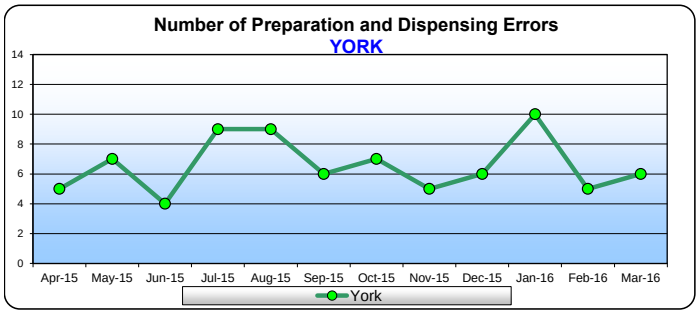


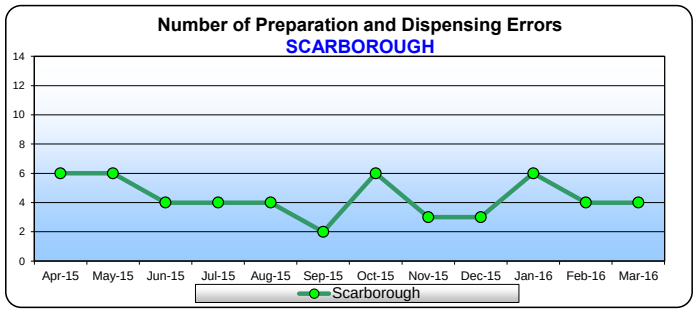


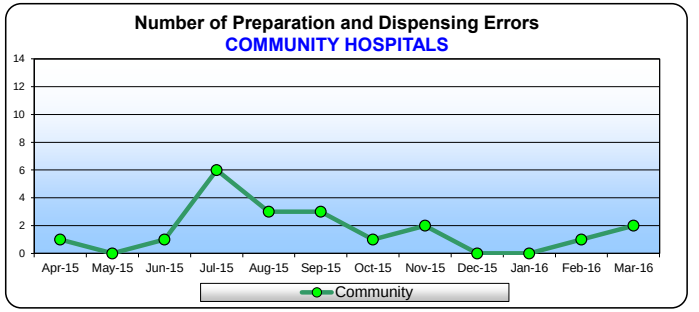


Drug Administration

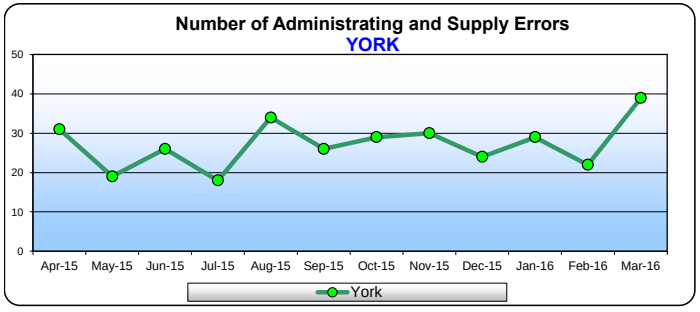
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Number of Preparation and Dispensing Errors source: Datix	York	5	7	4	9	9	6	7	5	6	10	5	6
	Scarborough	6	6	4	4	4	2	6	3	3	6	4	4
	Community Hospitals	1	0	1	6	3	3	1	2	0	0	1	2

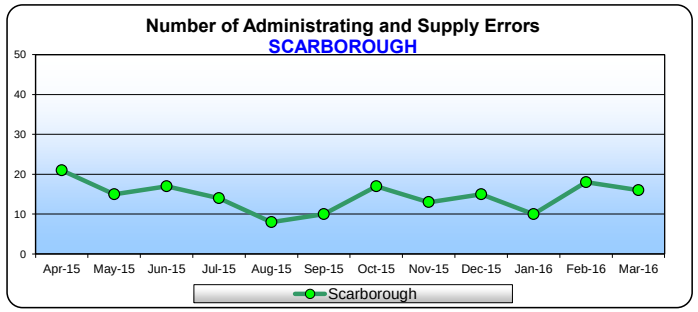


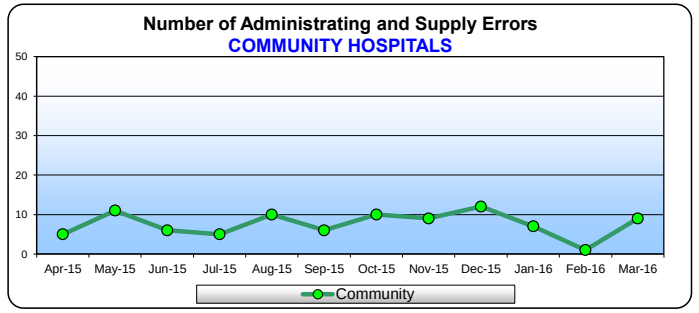




Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Administrating and Supply Errors source: Datix	York	31	19	26	18	34	26	29	30	24	29	22	39
	Scarborough	21	15	17	14	8	10	17	13	15	10	18	16
	Community Hospitals	5	11	6	5	10	6	10	9	12	7	1	9







Measures of Harm: Safety Thermometer

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

Harm Free Care

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

·York: 96.4%
·Scarborough: 91.7%
·Community Hospitals: 92.1%
·Community care: 95.0%

Harm from Catheter Associated Urinary Tract Infection

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

·York: 0.3%
·Scarborough: 2.0%
·Community Hospitals: 0.0%
·Community Care: 0.8%

VTE

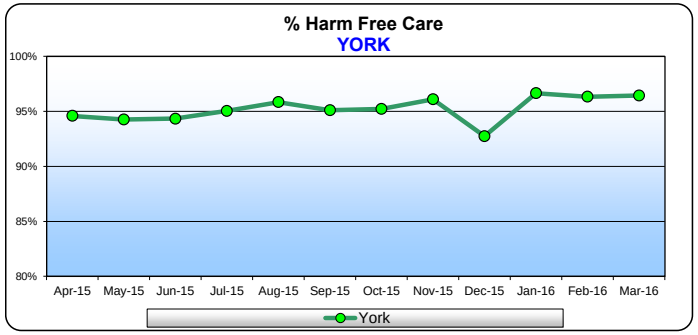
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

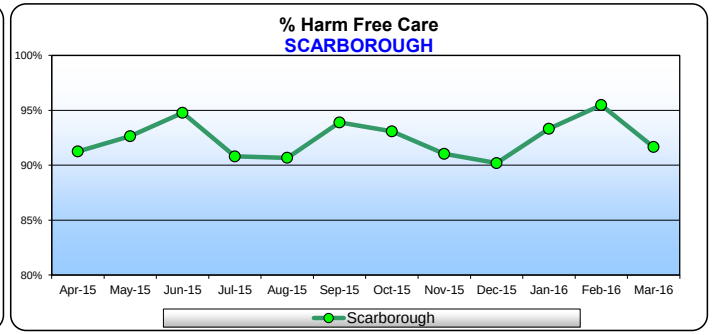
·York: 0.2%
·Scarborough: 2.0%
·Community Hospitals: 1.3%
·Community Care: 0.6%

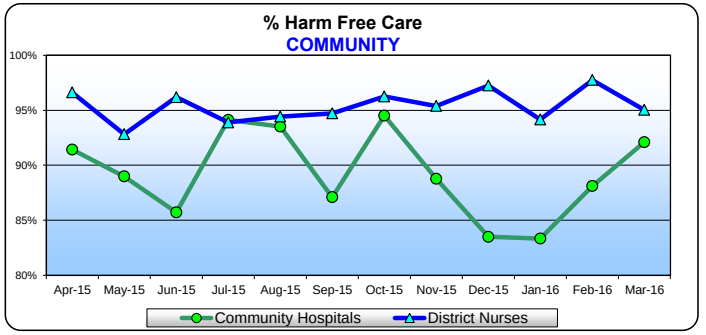
Safety Thermometer

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.

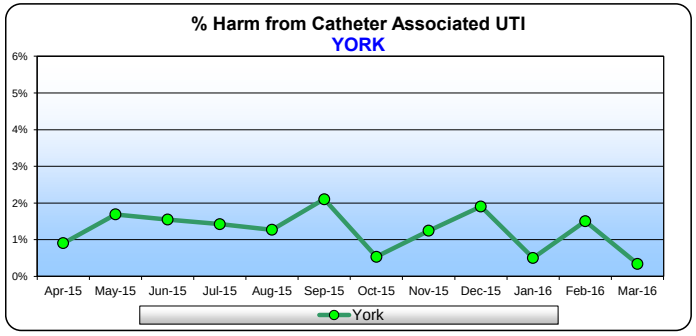
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% of Harm Free Care source: Safety Thermometer	York	94.6%	94.3%	94.3%	95.0%	95.8%	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%
	Scarborough	91.3%	92.6%	94.8%	90.8%	90.7%	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%
	Community Hospitals	91.4%	89.0%	85.7%	94.1%	93.5%	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%
	District Nurses	96.6%	92.8%	96.2%	93.9%	94.4%	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%

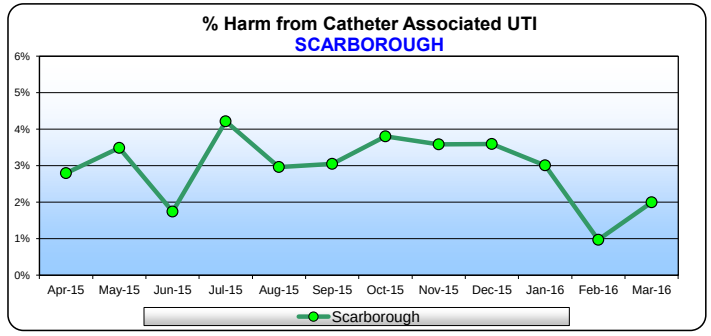


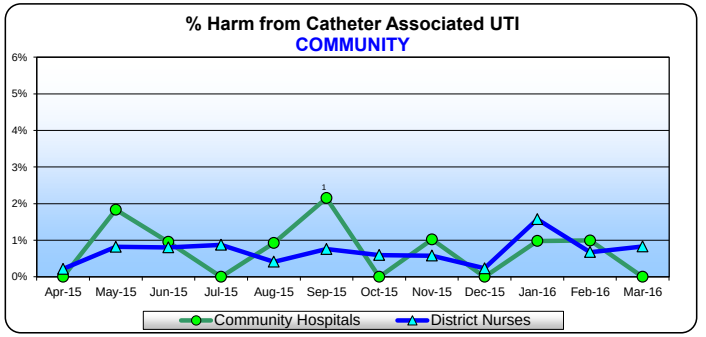




Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	0.9%	1.7%	1.5%	1.4%	1.3%	2.1%	0.5%	1.2%	1.9%	0.5%	1.5%	0.3%
	Scarborough	2.8%	3.5%	1.7%	4.2%	3.0%	3.1%	3.8%	3.6%	3.6%	3.0%	1.0%	2.0%
	Community Hospitals	0.0%	1.8%	1.0%	0.0%	0.9%	2.2%	0.0%	1.0%	0.0%	1.0%	1.0%	0.0%
	District Nurses	0.2%	0.8%	0.8%	0.9%	0.4%	0.8%	0.6%	0.6%	0.2%	1.6%	0.7%	0.8%



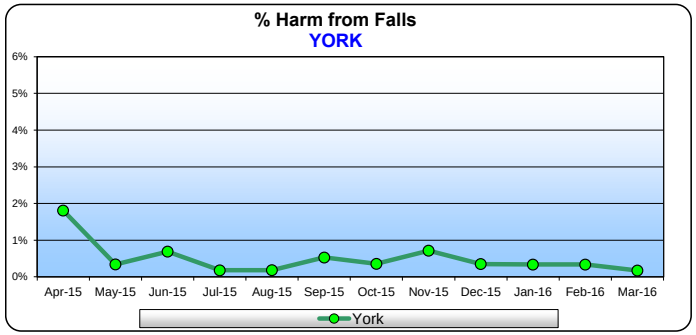


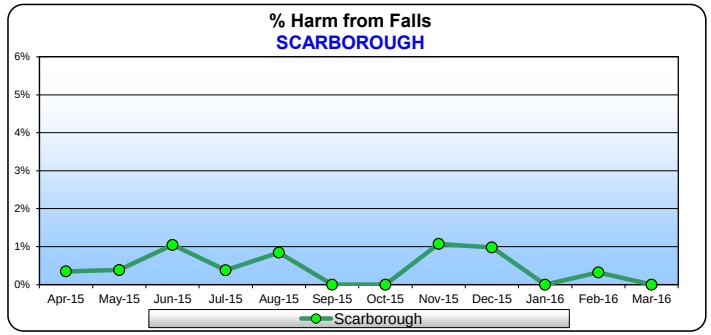


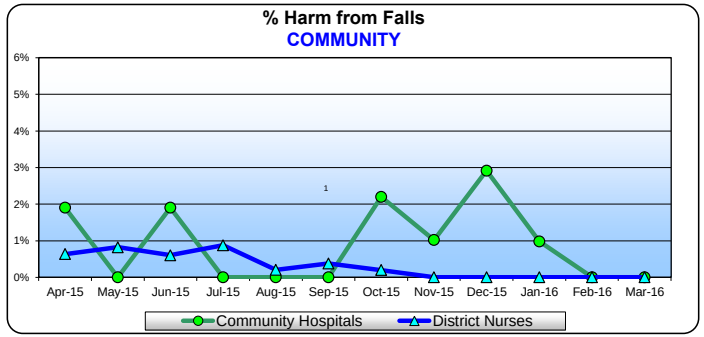
Safety Thermometer

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.

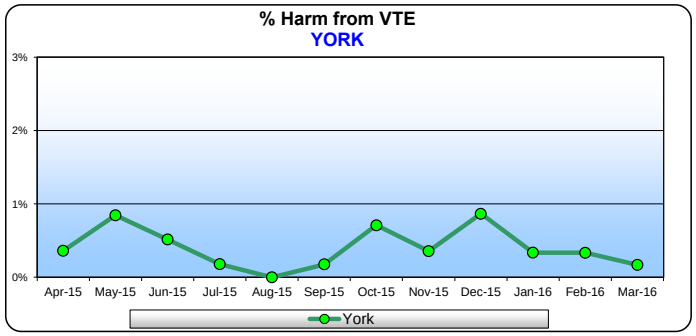
Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% of Harm from Falls source: Safety Thermometer	York	1.8%	0.3%	0.7%	0.2%	0.2%	0.5%	0.4%	0.7%	0.3%	0.3%	0.3%	0.2%
	Scarborough	0.3%	0.4%	1.0%	0.4%	0.8%	0.0%	0.0%	1.1%	1.0%	0.0%	0.3%	0.0%
	Community Hospitals	1.9%	0.0%	1.9%	0.0%	0.0%	0.0%	2.2%	1.0%	2.9%	1.0%	0.0%	0.0%
	District Nurses	0.6%	0.8%	0.6%	0.9%	0.2%	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%

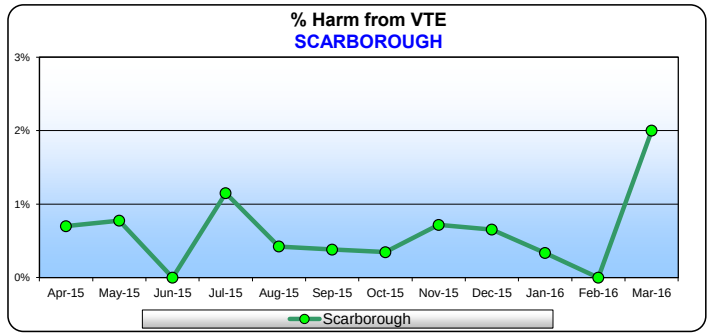


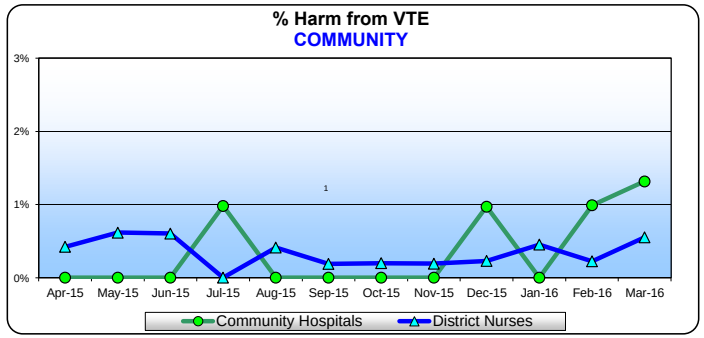




Indicator		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% of VTE source: Safety Thermometer	York	0.4%	0.8%	0.5%	0.2%	0.0%	0.2%	0.7%	0.4%	0.9%	0.3%	0.3%	0.2%
	Scarborough	0.7%	0.8%	0.0%	1.1%	0.4%	0.4%	0.3%	0.7%	0.7%	0.3%	0.0%	2.0%
	Community Hospitals	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	1.0%	1.3%
	District Nurses	0.4%	0.6%	0.6%	0.0%	0.4%	0.2%	0.2%	0.2%	0.2%	0.5%	0.2%	0.6%



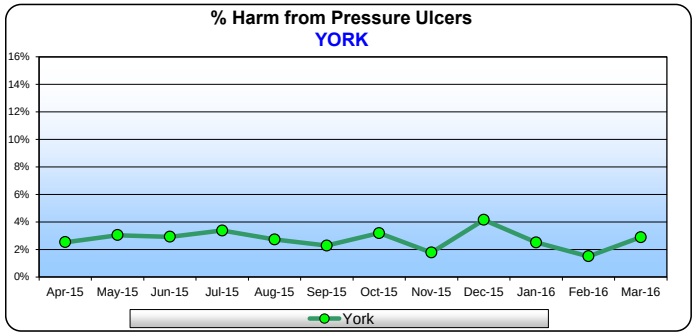


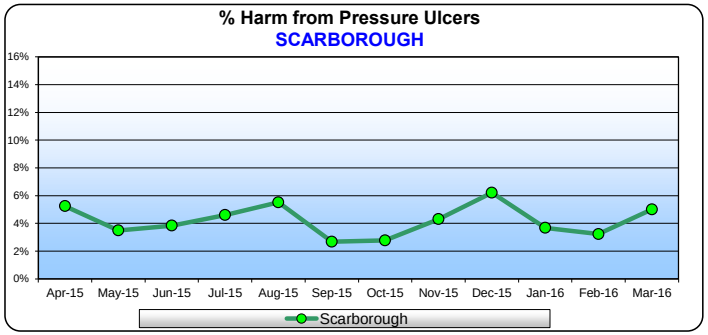


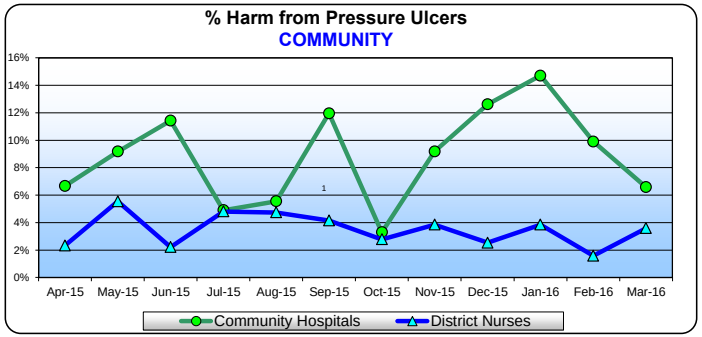
Safety Thermometer

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		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
% of Pressure Ulcers source: Safety Thermometer	York	2.5%	3.0%	2.9%	3.4%	2.7%	2.3%	3.2%	1.8%	4.2%	2.5%	1.5%	2.9%
	Scarborough	5.2%	3.5%	3.8%	4.6%	5.5%	2.7%	2.8%	4.3%	6.2%	3.7%	3.2%	5.0%
	Community Hospitals	6.7%	9.2%	11.4%	4.9%	5.6%	12.0%	3.3%	9.2%	12.6%	14.7%	9.9%	6.6%
	District Nurses	2.3%	5.5%	2.2%	4.8%	4.7%	4.2%	2.8%	3.8%	2.5%	3.8%	1.6%	3.6%







Mortality

Indicator	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15
SHMI – York locality	102	98.7986	96	93	93	95	98	99	97	96	95	93
SHMI – Scarborough locality	106	107.7479	108	104	105	107	108	109	107	108	107	107
SHMI – Trust	**104**	**102**	**101**	**97**	**98**	**99**	**102**	**103**	**101**	**101**	**99**	**99**

Definition

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

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

Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The Oct 2014 - Sep 2015 SHMI saw a 2 point reduction at York and no change for the Trust or Scarborough. Trust - 99, York 93 and Scarborough 107.

March saw an increase in the number of Inpatient deaths; there were 234 in total for the Trust, 154 at York and 61 at Scarborough. 650 deaths were reported for Q4 which is the highest throughout 2015/16. For the same period last year there were 657. A total of 2,167 deaths have been reported in 2015/16 versus 2,148 in 2014/15. This is a year on year increase of 19 or 0.9%.

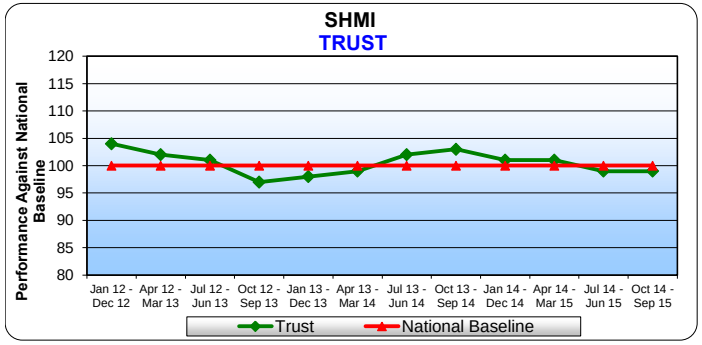
The number of ED deaths at York have seen a decrease in March to 6. There have been a total of 126 reported in 2015/16, in comparison there were 102 in 2014/15. This is a year on year increase of 24 or 23.5%.

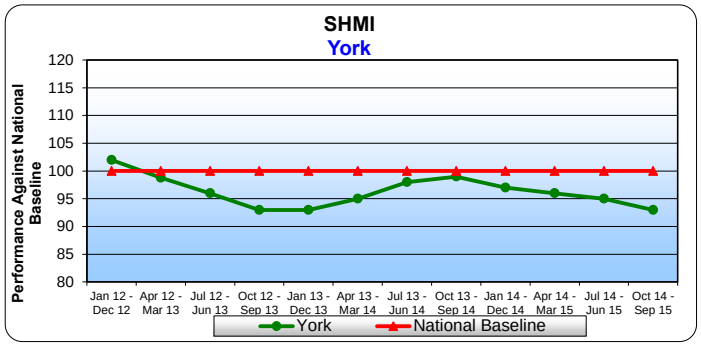
There were 16 ED deaths at Scarborough in March, the highest figure reported year to date. A total of 89 have been reported in 2015/16 in comparison to 83 in 2014/15. This is a year on year increase of 6 or 7.23%.

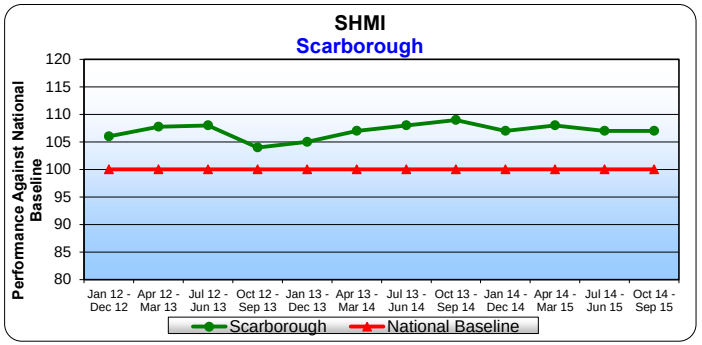
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

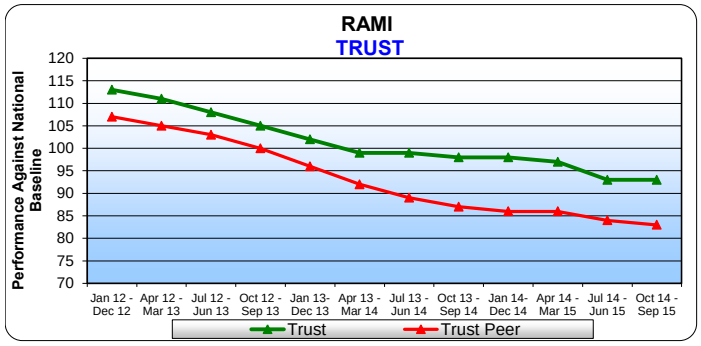
Indicator	Consequence of Breach (Monthly unless specified)	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	99	102	103	101	101	99	99
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	95	98	99	97	96	95	93
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	107	108	109	107	108	107	107

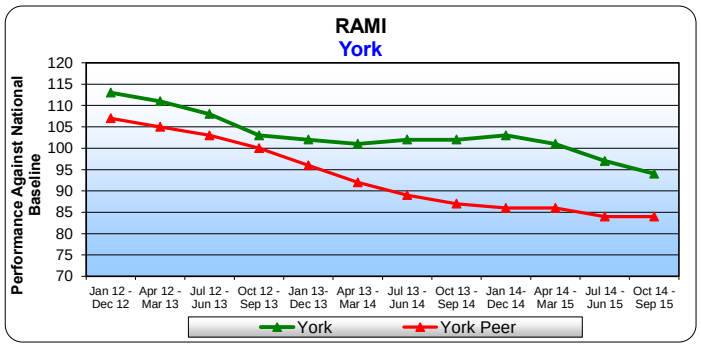


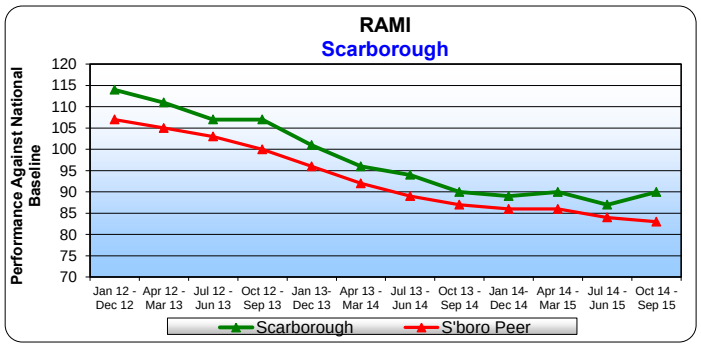




Indicator	Consequence of Breach (Monthly unless specified)	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15
Mortality – RAMI (TRUST)	**none - monitoring only**	99	99	98	98	97	93	93
Mortality – RAMI (YORK)	**none - monitoring only**	101	102	102	103	101	97	94
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	96	94	90	89	90	87	90



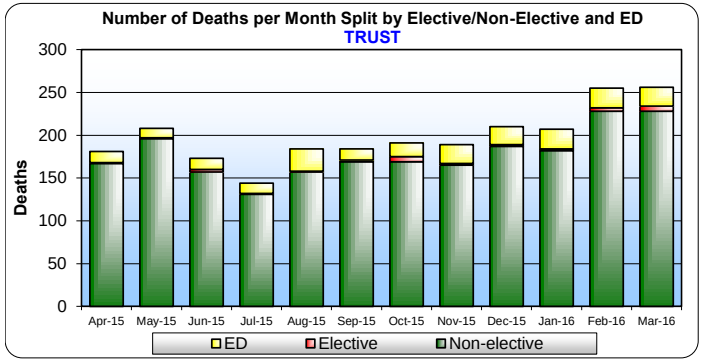


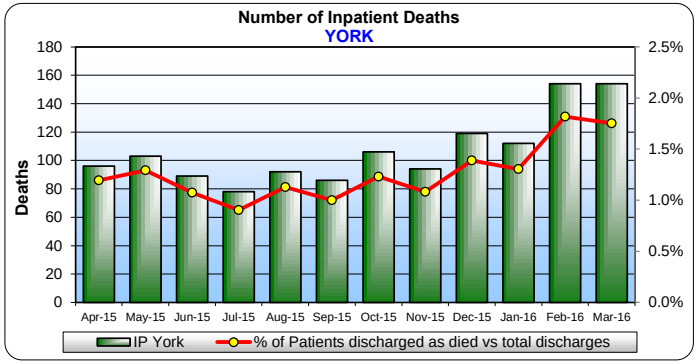


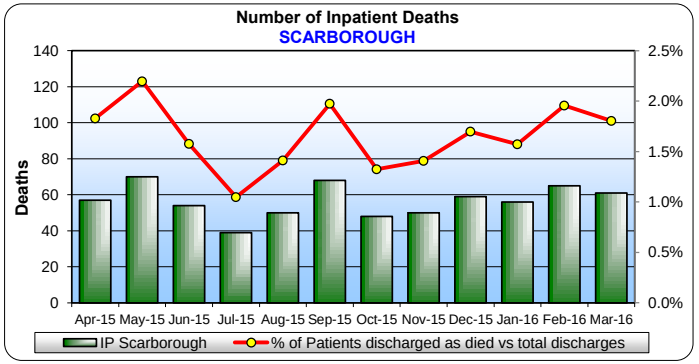
Mortality

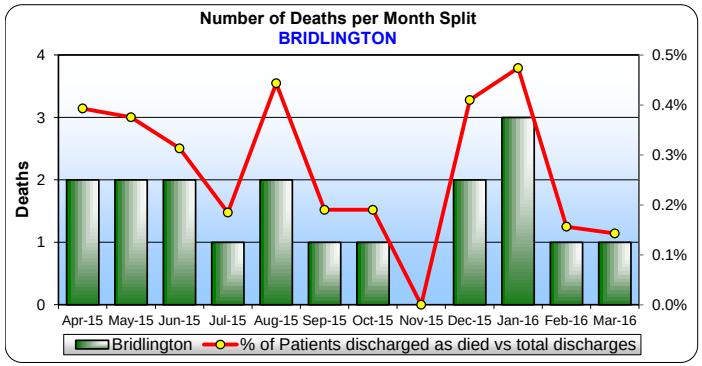
York Teaching Hospital NHS
NHS Foundation Trust

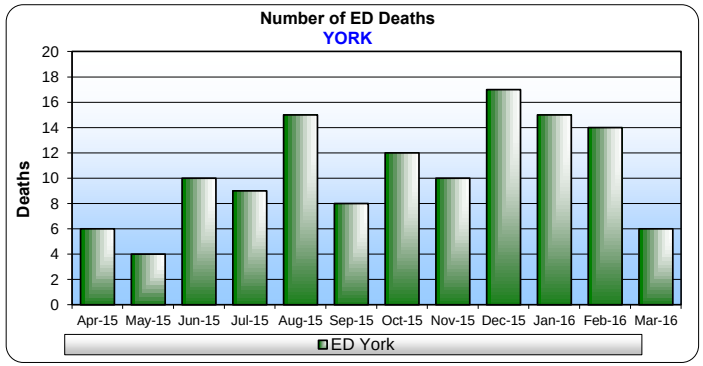
Indicator	Consequence of Breach (Monthly unless specified)	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Number of Inpatient Deaths	None - Monitoring Only	525	461	531	650	184	232	234
Number of ED Deaths	None - Monitoring Only	37	51	59	68	23	23	22

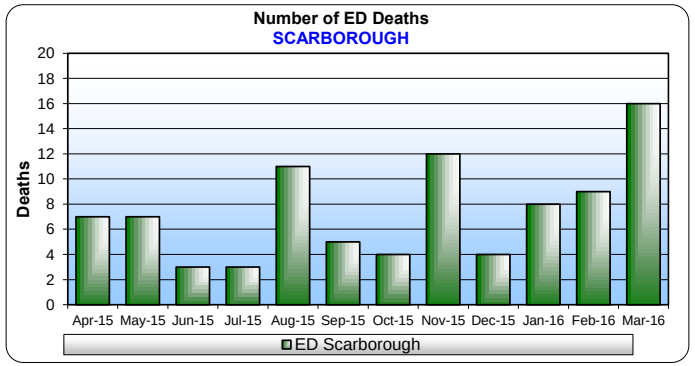


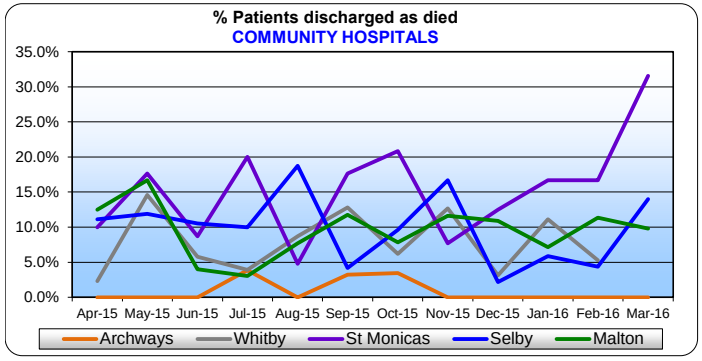


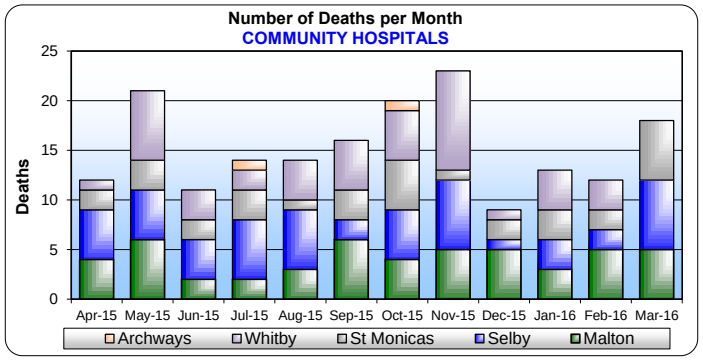












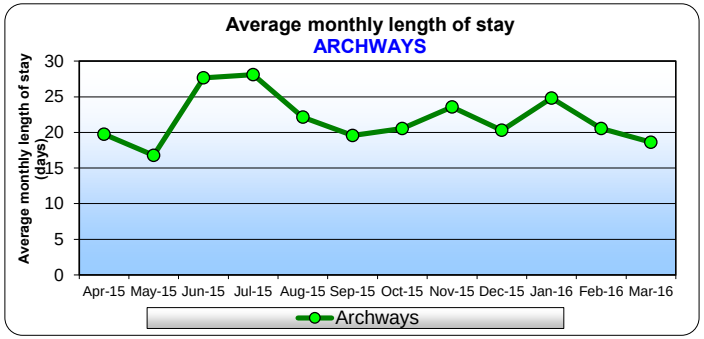
Month	Malton	Selby	St Monicas	Whitby	Archways
Apr-15	4	5	2	1	0
May-15	6	5	3	7	0
Jun-15	2	4	2	3	0
Jul-15	2	6	3	2	1
Aug-15	3	6	1	4	0
Sep-15	6	2	3	5	0
Oct-15	4	5	5	5	1
Nov-15	5	7	1	10	0
Dec-15	5	1	2	1	0
Jan-16	3	3	3	4	0
Feb-16	5	2	2	3	0
Mar-16	5	7	6	-	0

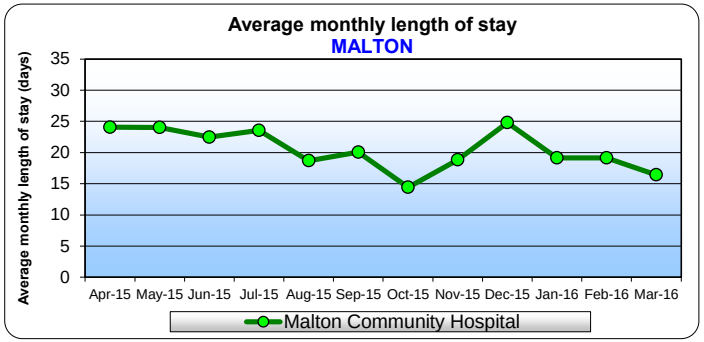
Patient Safety Walkrounds – March 2016

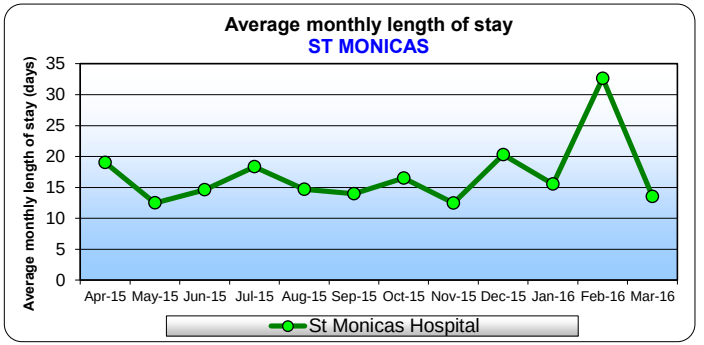
Date	Location	Participants	Actions & Recommendations
02/03/2016	Head and Neck Outpatients and Orthodontics	Fiona Jamieson – Deputy Director James Taylor – Clinical Director Michael Bewell – Directorate Manager Paul Mayor – Operational Manager Pauline Guyan – Matron Libby Raper - NED	Chairs in clinic rooms unsuitable as pose an infection control risk - PG/MB to arrange purchase of new chairs. Nurse staffing in OPD is reduced due to vacancies/sickness - PG to arrange temporary cover and undertake workforce planning based on predicted activity. Laboratory Max/Fax laboratory staffing is reduced due to high turnover - MB working with lab manager to review skill mix and recruit new staff. Audiology doors remain on risk register due to manual handling risk associated with moving heavy doors. Discussed potential to undertake surgical procedures on cases that are currently done in Day Unit which would reduce risk in some cases Mr Nicolaides is leading.
08/03/2016	Theatres & PACU	Andy Bertram - Director Tariq Hoth – Clinical Director Gemma Ellison – Directorate Manager Mike Sweet - NED	Standardising protocols cross site – this work remains incomplete but should be finished prior to next walk round. PACU – lack of space and impact on patient flow therefore PID should be progressed with Andrew Bennett. Theatre - refurbishment needed therefore PID should be progressed. Recruitment and morale of theatre staff - action plans are already in place.
18/03/2016	Harrogate Renal Unit	Andrew Bertram – Director Chris Morris – Matron Andrew Cundiff – Charge Nurse David Border – Consultant Nephrologist Sue Symington - Chair	Failure of Dialysis Chair (Bionic Universal 4) 5/9 found to be faulty and removed. Chairs in other York locations to be inspected and replaced as required. New chairs to be commissioned as part of replacement program. There is no back up generator for the power supply. The process for interruption to the power supply, particularly for the self-care unit needs to be finalised.

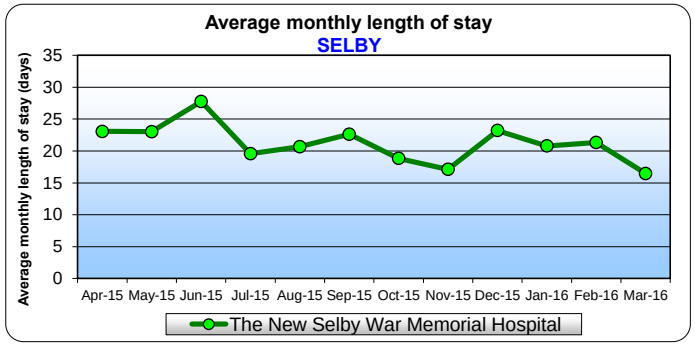
Community Hospitals

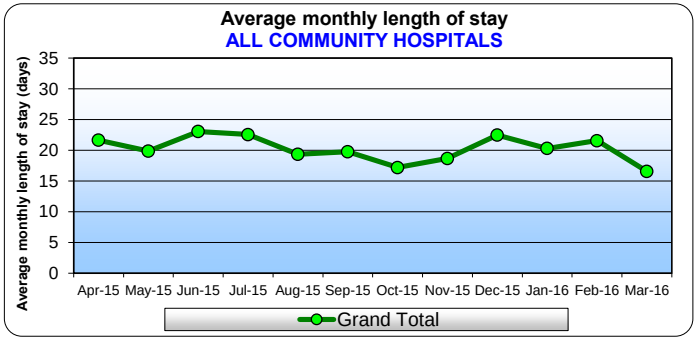
Indicator	Hospital	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Community Hospitals average length of stay (days) Excluding Daycases	**Archways**	22.5	22.0	22.5	20.9	24.8	20.6	18.6
	Malton Community Hospital	20.0	24.3	20.5	19.4	19.1	19.2	16.4
	St Monicas Hospital	21.4	19.3	19.3	18.8	15.5	32.6	13.5
	The New Selby War Memorial Hospital	24.0	23.6	23.0	20.4	20.8	21.3	16.4
	Total	21.9	22.7	21.5	20.0	20.3	21.6	16.6





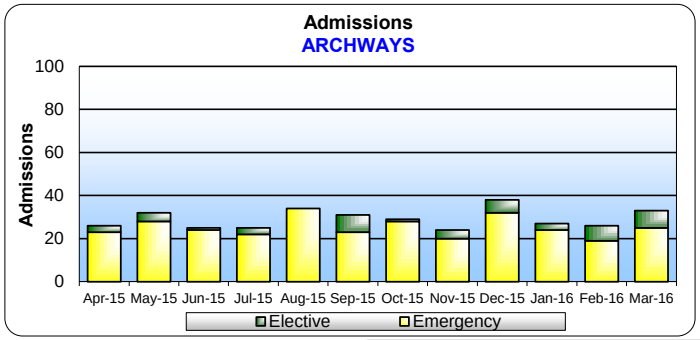


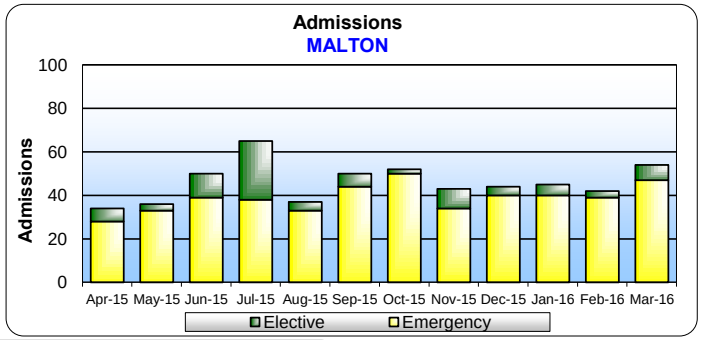


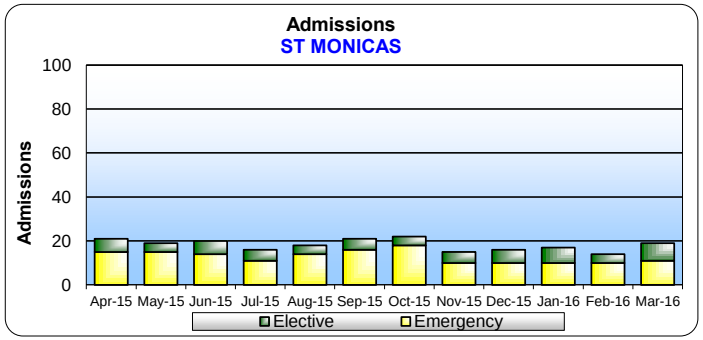


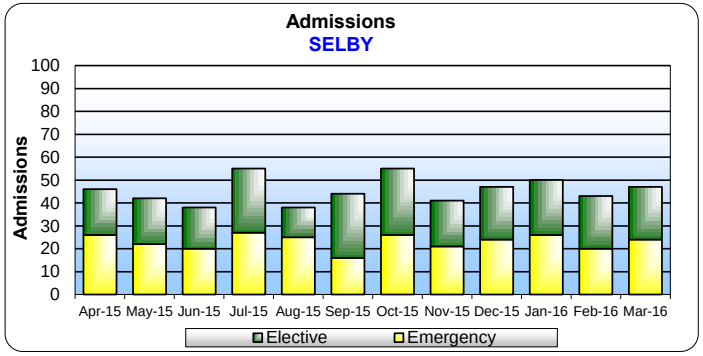
Community Hospitals

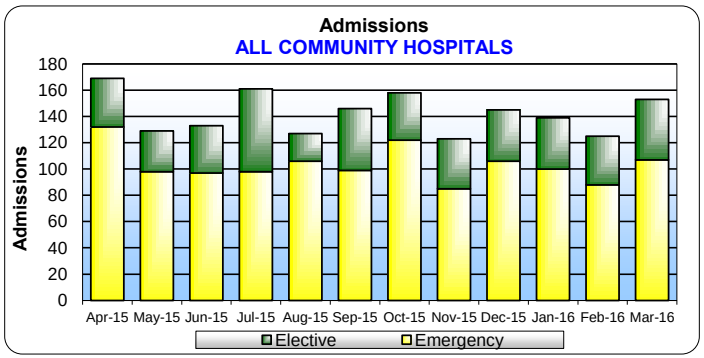
Indicator	Hospital		Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Archways**	**Elective**	8	11	11	18	3	7	8
		Emergency	75	79	80	68	24	19	25
	Malton Community Hospital	**Elective**	20	37	15	15	5	3	7
		Emergency	100	115	124	126	40	39	47
	St Monicas Hospital	**Elective**	16	14	15	19	7	4	8
		Emergency	44	41	38	31	10	10	11
	The New Selby War Memorial	**Elective**	58	69	72	70	24	23	23
		Emergency	68	68	71	70	26	20	24
	Total	**Elective**	102	131	113	122	39	37	46
		Emergency	423	436	504	295	100	88	107











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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 April 2016

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Support progress with the Sign up to Safety Campaign
- Welcome consultants new to the Trust
- Consider the Trust latest Summary Hospital level Mortality Indicator (SHMI)
- Consider the RCOG maternity indicators (13/14) report.

Summary

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

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

Implications for equality and diversity

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

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	April 2016
Version number	1

Board of Directors - 27 April 2016

Medical Director's Report

1. Introduction and background

In the report this month:

Patient Safety -

Sign up to Safety Campaign

Clinical Effectiveness -

Consultants new to the Trust

Summary Hospital level Mortality Indicator (SHMI)

Patient Experience -

RCOG maternity indicators (13/14) report.

2. Patient Safety

2.1 Sign up to Safety Campaign – update

Put Safety First
We continue to review and modify the pathways for early identification of the deteriorating patient, with a specific focus on the patient with severe sepsis. A training needs analysis is being undertaken throughout the Trust to support the introduction of our sepsis screening tool and Sepsis 6 treatment in all acute adult clinical areas.

Continually Learn
The call for abstracts for our conference 'Enhancing Patient Safety through Learning and Improving' on 21st June at the University of York has been sent out. The closing date for receipt of abstracts is Monday 16th May. The preliminary programme is now available and staff and registration is open.

Support
This month we have continued with our focus to support junior doctors to recognise and report patient safety incidents. We have placed incident reporting boxes specifically for junior doctors to use on the Scarborough and York sites and we plan to publish feedback on action as a result of those reports in Patient Safety Matters. The Junior Doctor Safety Improvement Group has been invited as part of the national Sign up to Safety Campaign to produce a video on the work of the group and future plans.

Collaboration
Representatives from the Junior Doctor Safety Improvement Group and the Falls Steering Group will be presenting posters highlighting improvement work at the International Forum on Quality and Safety in Healthcare on 14th April.

3. Clinical Effectiveness

3.1 Consultants new to the Trust

Musadiq Khan
Locum Consultant in General Surgery
Scarborough
Start date 01/03/2016 for six months

Dr El Nour El-Nour
Consultant in Stroke Care
Scarborough
Start date 17/3/2016

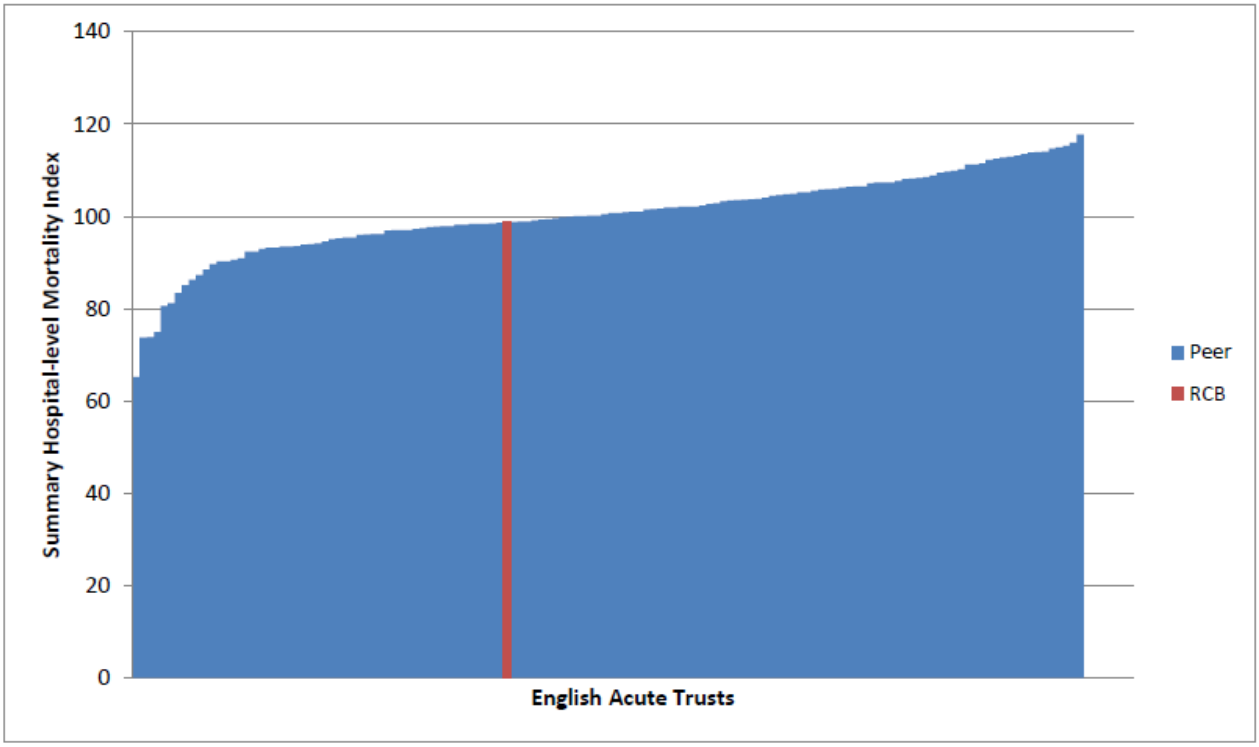
Esme Ferguson
Consultant in Rheumatology
York
Start date 14/03/2016

4. Summary Hospital level Mortality Indicator (SHMI) update

The Summary Hospital-level Mortality Indicator for the period October 2014-September 2015 was published on 23rd March giving the Trust value to be 98.7. This places the Trust below the national average, as illustrated in the chart below and remains in the 'as expected' range. The 20 conditions with the highest number of excess deaths are listed in the table overleaf.

The SHMI for the period January - December 2015 will be published on the 23rd June.

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
81946	3192	3234.4	98.7	-42.4



Top 20 Highest Number of Excess Deaths

SHMI Category	Condition	Cases	Observed	Expected	SHMI	Excess Deaths
65	Congestive heart failure nonhypertensive	727	142	118.6	119.7	23.4
66	Acute cerebrovascular disease	1150	224	210.2	106.6	13.8
130	Superficial injury contusion	771	31	18.2	170.0	12.8
140	Allergic reactions Rehabilitation care fitting of prostheses and a	1498	33	22.0	150.0	11.0
8	Cancer of oesophagus	99	33	23.5	140.6	9.5
113	Other connective tissue disease	1222	33	23.8	138.6	9.2
30	Secondary malignancies	335	79	70.4	112.2	8.6
2	Septicaemia and Shock	386	106	97.6	108.6	8.4
101	Urinary tract infections	1812	124	115.6	107.2	8.4
96	Gastrointestinal hemorrhage	796	62	54.1	114.6	7.9
81	Cystic fibrosis Other lower respiratory disease	257	30	22.6	132.6	7.4
120	Fracture of neck of femur (hip)	938	94	88.7	106.0	5.3
132	Poisoning by psychotropic agents Poisoning by other medicatio	1282	12	6.8	175.3	5.2
22	Cancer of prostate testis and male genital organs	170	26	20.9	124.2	5.1
77	Aspiration pneumonitis food/vomitus	174	77	72.0	107.0	5.0
83	Intestinal infection	1206	42	37.1	113.3	4.9
108	Other inflammatory condition of ski Chronic ulcer of skin Other	561	24	19.9	120.7	4.1
11	Cancer of rectum & anus	140	16	12.2	130.7	3.8
6	Hepatitis Viral and Other infectious disease	1311	9	5.3	171.0	3.7
16	Cancer other respiratory and intrathoracic	14	7	3.7	191.1	3.3

5. Patient Experience

5.1 Royal College of Obstetricians & Gynaecologists Maternity Indicators 2013/14

The Royal College of Obstetricians and Gynaecologists (RCOG) published its second report on Patterns of Maternity Care in English NHS Trusts on 23rd March. The report describes various aspects of intrapartum care using 18 indicators and produces results for English NHS trusts with over 1,000 deliveries per year.

The Trust identified possible issues with the extraction of data from the local maternity information system to the national HES dataset for the timeframe of the report, resulting in seven indicator results being missing. We have since introduced a single system to both York and Scarborough to ensure such data will be available in the future.

The Trust results for caesarean section rates are good and reported as below the national mean.

The proportion of episiotomy procedures among instrumental deliveries is only slightly above the national mean which is not a detrimental finding.

The number of 3rd/4th degree tears is reported as well above the national average and the Trust has been working to address this position and can confirm that last year (2015) the position had improved and we were below the average for the region.

The number of neonatal admissions to hospital within 28 days of birth is reported as higher than the national mean and is thought to be an artificial increase due to information coding of babies with prolonged jaundice, however this indicator will be closely monitored prospectively.

6. Recommendations

Board of Directors are requested to:

- Support progress with the Sign up to Safety Campaign
- Welcome consultants new to the Trust
- Consider the Trust latest Summary Hospital level Mortality Indicator (SHMI)
- Consider the RCOG maternity indicators (13/14) report.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Mr Jim Taylor, Medical Director**
Date	**April 2016**

E3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Chief Nurse Report – Quality of Care

Action requested/recommendation

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

Summary

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

The Trust is now in the final months of its current Nursing & Midwifery strategy for 2012-2015 and this report highlights some of the achievements made and illustrates the significant progress against the strategy. Work is now underway to identify the key priorities for the next 3 years and this will be presented to the Board in the coming months.

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Executive Board & Quality and Safety Committee
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse

Author	Beverley Geary, Chief Nurse
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 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 March 2016, the registered nurse vacant posts for adult inpatient areas was 147.27fte with 38.43 fte vacant HCA posts. Of these, 91fte RN posts and 47.58 HCA posts have been recruited to and the individuals will commence in post over the coming months. This leaves an unfilled RN vacancy position of 56.27fte and -7.75fte HCAs within the inpatient areas across the Trust.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. 42 European nurses will have commenced in employment on the York site with 1 also at Scarborough by the end of April 2016. A further 5 European nurses are due to commence during May 2016 and a further 7 are to confirm their start dates. The Trust continues to supported these nurses with their arrival and induction into the Trust. No further interviewing has been scheduled as this would bring the total number of European nurses to 55 which was the recruitment projection.

Sitting alongside the European recruitment is the campaign to attract final year nursing students to apply for Staff nurse positions with the Trust, with a view to commencing in employment in August/September 2016. Since January 2016 the Trust has offered posts to 76 final year nursing students posts across the Trust. Further interviews are taking place during May and June 2016.

The Trust will be holding a Recruitment Market Place on Saturday 23rd April, in the main entrance of the York hospital to advertise nursing and healthcare assistant vacancies, alongside other vacancies across all staff groups. Arrangements are being made for interviews to be held for registered nurse posts. The Trust will also be attending recruitment fairs in June and July at other universities.

During March, 20 individuals were considered appointable for Band 2 Healthcare Assistant posts within the organisation. Work is now underway to allocate these individuals to clinical areas, with a view to their commencement in May 2016.

The Safer Staffing return for March 2016 is detailed in a separate paper.

2.2 Midwifery

Local Supervising Authority (LSA) – North.

The annual audit report was received in January 2016 following the audit which was undertaken on 19 August 2015.

An annual audit of Statutory Supervision of Midwives is undertaken by the Local Supervising Authority and looks at the standards set by the Nursing and Midwifery Council (NMC) as laid out in the Midwives Rules and Standards (2012).

Since the previous audit at York Teaching Hospitals NHS Foundation Trust, that occurred on 3 March 2015 the team of Supervisors of Midwives (SOMs) have worked against an agreed action plan based on the findings and recommendations of the last visit and have made good progress on the delivery of these recommendations.

The team of SOMs have showed a continued commitment to the regional LSA function through involvement with supervisory investigations both locally and regionally, providing 'fresh eyes' to supervisory investigations in partner Trusts.

Alongside implementing the lessons learnt from the University Hospitals of Morecambe Bay NHS Foundation Trust benchmarking undertaken last year the team of SOMs benchmarked themselves against the NMC recommendations following the extraordinary review of Statutory Supervision for Midwives in Guernsey and have a number of areas to focus on to improve their own levels of compliance in relation to these recommendations.

In the last year the team of SOMs have been able to clearly demonstrate how they have been active in the review of midwifery practice with a higher profile for supervision across the maternity service.

The delineation of the substantive role from the SOM role remains a challenge but improvements have been seen since the last audit visit and the LSA are assured that the team understand their SOM roles and responsibilities and provide both effective support and challenge around midwifery practice. This would not have been possible without the support and commitment of their employing Trust.

The regional trends from incidents investigated through supervision include continued concerns around recognition, escalation and management of the deteriorating woman, substandard record keeping, challenges in the consistent and effective interpretation and analysis of electronic fetal monitoring and a variety of medicine management administration errors.

On the day of the audit visit the team were highly motivated and well prepared to meet with the LSA audit team and had prepared an excellent pre-audit submission of data. The LSA audit team were able to triangulate this evidence with evidence provided by service user's and their families and by staff on the day of the visit. Apart from a small number of areas a very high level of compliance was achieved, evidenced and seen at the audit visit.

2.2.1 Recommendations

a) Immediate actions:

Rated red;

- Immediate review of the safe storage of midwifery records (diaries etc.) Ensure that all records are secured in a safe and secure way **Action Completed**

Rated Amber;

- Review the current risk management strategy and ensure the role and function of supervision is described correctly within the strategy
- Produce a rota for a SOM to attend all Risk and Governance meetings within the maternity unit which should always include an agreed SOM team briefing to presented at the meeting **Action Completed**

Recommendations rated green are to be completed before next audit and include; an update of the database report, visibility of the team across the service, succession planning and development of future leaders, completion of annual review and consider new approaches to supervision of midwives.

The post audit assessment of statutory supervision is that it is currently very effective.

The feedback from women and their families was extremely positive with women feeling listened to, given real choice and excellent support throughout their pregnancy and birth experiences. It was noted the Birth Centre reopened on the Scarborough site providing women with an excellent environment focusing on the normality of birth. The SOM team have been clearly and proactively involved in supporting women's choices when they are wanting care outside of guidelines.

The senior management team have provided effective and high level support for the supervisors and this has allowed the required resources to be in place to make the delivery of the statutory function effective and sustainable.

The engagement with and support of the LSAMO and the wider LSA team has been effective and collaborative.

The team can continue to build on this excellent platform and prepare for the inevitable challenges within the changes to regulation and the removal of the statute. 2016 will be a year of transition and the introduction of the revalidation process and the LSA will be seeking support and ideas from all the SOM teams across the region to help ensure maternity services are ready for this change.

2.3 The National Maternity review Better Births

The National Maternity review Better Births was commissioned by NHS England and led by Baroness Cumberledge was published last year. A piece of work to assess the recommendations against current practice within the Trust has been undertaken by the Head of Midwifery, the findings are detailed in a separate report to the Committee.

2.4 Infection prevention

A separate report will be presented to the Committee detailing the quarterly IPC performance, risks and priorities.

3. Effectiveness

3.1 Nursing Dashboards

The nursing dashboard continues to be populated each month and will be developed further in the next few months to include additional metrics. The site level nursing dashboards for Bridlington, Scarborough, York are attached at appendix 1. At the present time, following the change to the reporting system for complaints, it is not possible to provide the complaints data. However this is being rectified and will be incorporated into the dashboard as quickly as possible.

3.2 The effective and efficient deployment of substantive and temporary nursing staff

Carter (2016) recognises the impact of unwarranted variation in the NHS with the need to deliver significant efficiencies by 2021. The report identifies a number of ways to optimise clinical

resources, including nursing, through improved productivity. The report refers specifically to e-rostering. Furthermore, Monitor (2016) has mandated the 'capping' of agency spend across the NHS, requiring the Trust to ensure that utilisation of the nursing and midwifery workforce is as efficient and productive as possible.

Anecdotal and evidential data suggests that improvements could be made across the Trust in the deployment of nursing staff, thus maximising the efficiency of the workforce and reducing reliance on temporary workers from bank and agency; an improvement programme is proposed.

This proposal suggests that a 'deep dive' is undertaken, based on the NHS RightCare methodology. By applying this approach at both an organisational and local level, it will facilitate identification of any unwarranted variation within the e-rostering system itself and in its application by users. This will enable better understanding of how the 'Triple Aim' can be realised; adding value in terms of better outcomes, experience and use of resources.

A task and finish group of key stakeholders will be established, chaired by the Assistant Director of Nursing for workforce. The programme will focus on:

1) Indicative data (overview of rosters)
2) Clinical engagement (listening exercise, case for change)
3) Evidential data (deep dive reviews, metrics, compliance with roster principles)
4) Clinical leadership (competence, confidence, accountability, ownership)
5) Effective processes (creation, approvals, swaps, use of autoroster, delivery levers, internal system functionality, software functionality)

It is proposed that the findings of the initial organisational level deep dive will be presented, with recommendations by 29 May 2016.

4. Caring

End of life Care -*The End of Life Care Audit – Dying in Hospital* was published in March, the findings are summarised in a separate report.

Patient Experience – The quarterly Patient Experience report, which details current activity, risks and updates against the strategy is submitted as part of another report to the Committee.

5. Recommendation

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

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2016**

Appendix 1

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU			213	24	21	15	16	19	19	13	18	16	15	16	21
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU			5	0	0	0	0	2	0	1	0	0	0	2	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU			31	3	4	2	1	3	2	2	4	3	1	5	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU			127	14	14	10	12	11	9	4	12	9	8	7	17
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU			49	6	3	3	3	3	8	6	2	4	6	2	3
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU			1	1	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			383	17	29	33	41	33	36	31	33	31	28	36	35
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			20	4	8	2	0	0	1	1	4	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%	Red		94.38	92.99	94.37	93.73	94.06	94.23	95	94.28	92.79	94.4	95.99	94.13
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI			255	19	29	26	20	20	24	23	17	21	20	17	19
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	fety Thermometer - OMITTED CRITICAL MEDS			173	17	16	7	18	16	17	9	12	10	19	18	14
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			32	1	3	5	3	2	1	4	3	3	1	0	6
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			31	5	6	3	2	1	1	2	2	3	2	3	1
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			15	1	2	1	1	3	1	0	0	1	0	1	4
Workforce	Vacancies	Inpatient area vacancies - RN (month end)	Number	CN Team				141.19	117.33	142.44	148.57	168.94	167.67	148.05	127.31	158.87	125.36	128.13	147.27
		Inpatient area vacancies - HCA (month end)	Number	CN Team				25.86	30.41	30.51	18.47	30.29	26.08	39.05	34.15	31.05	55.57	58.53	34.83
	Turnover	Registered Nurses	%	Workforce Info				12.54%	10.36%	11.10%	11.21%	11.63%	12.33%	11.53%	12.24%	11.68%	11.83%	14.10%	15.04%
		Healthcare Assistants	%	Workforce Info				18.52%	15.14%	10.89%	11.78%	12.31%	12.15%	12.23%	12.01%	12.24%	10.06%	13.23%	12.81%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.33%	3.75%	4.01%	4.35%	3.76%	3.82%	5.17%	4.37%	4.64%	4.64%	4.45%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		100.03%	94.85%	93.39%	93.95%	91.31%	91.70%	92.80%	92.00%	91.20%	90.40%	92.80%	88.80%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		113.16%	108.27%	95.96%	95.93%	96.67%	88.60%	93.50%	95.40%	88.90%	89.70%	91.10%	91.60%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		93.69%	93.07%	103.03%	100.66%	100.10%	98.50%	96.70%	100.70%	93.70%	98.00%	96.30%	97.84%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		105.22%	107.02%	107.16%	105.51%	104.03%	100.80%	109.30%	104.50%	114.20%	116.00%	110.70%	108.48%
	Bank & Agency	Overall Fill Rate	%	Workforce Info				74.53%	77.12%	82.24%	87.38%	80.29%	74.26%	77.55%	77.04%	70.76%	79.40%	75.30%	74.67%
		Bank Fill Rate RN	%	Workforce Info				32.41%	29.43%	31.93%	29.66%	28.35%	29.14%	43.74%	36.98%	36.20%	46.38%	42.94%	34.71%
		Bank Fill Rate HCA	%	Workforce Info				41.13%	38.24%	39.74%	43.07%	51.09%	56.02%	51.13%	53.85%	52.56%	67.07%	60.31%	60.18%
		Bank - RN Hours filled	Number of Hours	Workforce Info				7,578	8,501	8,192	8,167	8,480	8,868	9,458	10,100	10,499	14,508	14,266	15,115
		Bank - HCA Hours filled	Number of Hours	Workforce Info				8,542	9,158	9,178	10,372	9,616	9,089	9,608	10,711	11,161	13,716	13,879	15,494
		Agency Fill Rate RN	%	Workforce Info				34.39%	39.85%	43.64%	54.73%	48.66%	42.01%	34.12%	40.36%	32.56%	30.26%	29.82%	31.09%
		Agency Fill Rate HCA	%	Workforce Info				42.11%	48.48%	49.73%	47.72%	34.40%	23.35%	26.06%	22.78%	20.93%	16.55%	18.66%	20.17%
		Agency - RN Hours filled	Number of Hours	Workforce Info				8,043	11,512	11,199	15,068	14,553	12,783	7,379	11,021	9,444	9,465	9,905	11,824
		Agency - HCA Hours filled	Number of Hours	Workforce Info				8,745	11,604	11,419	11,494	6,476	3,789	4,847	4,530	4,444	3,386	4,295	5,193
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	Red	8.00	2	2	2	0	0	0	0	0	0	1	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		91.46	93.46	93.21	92.11	94.72	94.48	95.69	94.72	89.85	78.4	70.83	73.81
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		77.73	78.95	76.69	81.11	82.55	80.62	79.71	83.85	83.58	79.94	79.62	80.28
	C.Difficile	C Dif Toxin Trust Attributed	Cummulative	IC Team	48	Red	65.00	7	8	6	3	8	3	5	2	8	7	5	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	Red	37.00	3	5	3	4	2	3	6	2	2	2	2	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			96.00	8	8	8	4	6	6	6	3	14	11	15	7
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Green		91%	92%	93%	94.6	94%	94%	94%	94.93%	94%	94%	94%	97%

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Goverance Team				5	14	12	20	11	16	21	19	12	11	27	21
	Critical Incidents	CI's reported	Number	Datix - Healthcare Goverance Team				4	5	2	10	7	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Goverance Team				0	0	1	0	0	0	0	0	0	0	1	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.15%	96.81%	95.91%	96.14%	97.01%	96.51%	96.98%	95.46%	95.26%	96%	96.01%	Not Yet Available
			%Not Recommend	Signal				1.55%	0.95%	1.38%	0.92%	0.75%	0.90%	0.88%	1.26%	1.83%	1.19%	1.44%	Not Yet Available
		A&E Friends and Family Test	% Recommend	Signal				79.58%	80.38%	82.12%	85.05%	85.09%	81.49%	78.34%	76.10%	85.61%	83.31%	80.95%	Not Yet Available
			% Not Recommend	Signal				14.83%	14.56%	12.04%	9.43%	10.83%	12.77%	13.75%	16.90%	8.70%	11.36%	11.41%	Not Yet Available
		Maternity (Ante Natal)	% Recommend	Signal				93.20%	90.99%	96.64%	96.90%	96.08%	96.46%	95.60%	100%	97.22%	99.01%	100%	Not Yet Available
			% Not Recommend	Signal				0.97%	1.80%	0.00%	0.00%	0.00%	1.70%	1.10%	0	0	0	0	Not Yet Available
		Labour & Birth	% Recommend	Signal				95.20%	98.04%	100.00%	97.60%	94.90%	98.76%	95.50%	93.75%	98.97%	98.75%	100%	Not Yet Available
			% Not Recommend	Signal				0.80%	0.98%	0.00%	0.80%	1.02%	0	0.90%	6.25%	0	0	0	Not Yet Available
		Maternity (Post Natal)	% Recommend	Signal				94.00%	96.59%	99.03%	95.79%	94.09%	98.37%	95.60%	100%	0	100%	97.87%	Not Yet Available
			% Not Recommend	Signal				3.00%	1.14%	0.00%	0.00%	2.33%	1.62%	1.10%	0	0	0	1.06%	Not Yet Available
		Community Post Natal	% Recommend	Signal				100.00%	98.51%	98.82%	100.00%	98.44%	100%	95.66%	100%	94.44%	98.31%	98.41%	Not Yet Available
			% Not Recommend	Signal				0.00%	1.49%	0.00%	0.00%	0.00%	0	2.59%	0	5.56%	1.69%	0	Not Yet Available
	Complaints	Complaints Total	Number	PE Team				22	25	12	17	8	20	42	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available
		Staff Attitude	Number	PE Team				1	1	2	3	2	6	7	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available
		Patient Care	Number	PE Team				14	14	6	7	3	6	6	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available
		Communication	Number	PE Team				7	10	4	7	3	8	5	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available	Not Yet Available

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				9	3	2	3	1	2	3	1	8	2	4	4
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	1	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				1	1	0	0	0	0	0	0	1	0	0	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				6	2	2	2	1	2	0	1	5	1	3	3
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				2	0	0	1	0	0	2	0	2	1	1	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				23	14	10	11	18	18	15	18	23	18	18	21
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				2	0	1	0	0	0	1	2	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			94.92	94.26	94.33	95.03	95.83	95.1	95.22%	96.09%	92.73	96.66	96.33	96.44
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				5	10	9	8	7	11	3	7	11	3	9	2
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				7	9	4	8	1	9	6	6	3	9	10	8
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	2	1	1	0	1	3	2	3	0	0	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				2	3	1	0	0	0	1	0	2	2	2	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				86.69	79.20	96.52	86.24	105.30	104.66	87.43	85.39	98.15	68.51	68.75	86.14
		Inpatient area vacancies - HCA	Number	CN Team				13.93	15.07	17.59	15.99	25.92	30.91	40.81	34.15	31.05	55.87	58.53	34.83
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				2.92%	3.70%	3.28%	2.56%	3.11%	3.43%	4.47%	3.96%	3.74%	3.99%	4.36%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			88.40%	85.00	88.90	90.80	87.60	85.4	85.8	90.3	88	88.9	86.7	86.9%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			110.00%	108.90	97.00	95.60	93.70	94.3	94.3	96.6	94.5	93.7	94.2	95.1%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			96.60%	104.30	119.50	115.30	104.90	99.5	100	95.4	93.6	95.6	92.4	93.1%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			106.50%	116.40	119.70	120.10	109.00	106.7	109.1	108.5	103.1	105.1	103.7	104.3%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info					25.90	27.70	25.90	28.62	29.2	27.94	31.9	32.55	33.7	39.2	38.1
	Agency Fill Rate	Fill Rate	%	Workforce Info					52.40	57.00	62.70	53.11	44.9	43.31	43.1	36.69	42.4	33.9	36.8
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		2	1	0	0	0	0	0	0	0	0	0	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%			95.90%	97.03%	96.71%	95.10%	97.00%	97.20%	96.61%	97.85%	94.63%	75.54%	70.54%	74.41%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			73.46%	74.59%	77.12%	75.36%	78.67%	78.21%	74.49%	70.69%	76.26%	79.00%	74.85%	75.53%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	59		38	7	2	2	0	3	2	4	3	5	5	4	1
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	29		21	2	2	2	3	0	1	5	0	1	0	2	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			50	6	2	4	1	4	2	3	4	4	4	10	6
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%		9	93.00%	95.00%	97.00%	98.00%	96.00%	96.00%	97.00%	94.00%	96.00%	not yet availab	not yet availab	not yet availab
	Matron Environmental Audits	Enivironmental Audits	Compliance %	IC Team	95%		9	98.00%	98.00%	98.00%	92.00%	97.00%	95.00%	95.00%	96.00%	96.00%	not yet availab	not yet availab	not yet availab
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				0	4	9	10	4	6	13	9	5	2	12	6
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance				2	2	1	4	6	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	0	1	0	0	0	0	0	0	0	1	0
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.17	96.26	95.95	95.84	97.53	95.98	96.25	94.96	94.43	94.68	95.48	* not yet available
			%Not Recommend	Signal				2.24	1.13	1.79	0.93	0.75	1.00	1.12	1.60	2.46	1.53	1.92	* not yet available
		A&E Friends and Family Test	% Recommend	Signal				79.81	82.42	82.06	86.76	86.84	82.20	79.35	74.50	86.57	83.70	82.27	* not yet available
			% Not Recommend	Signal				14.42	12.53	12.92	8.06	8.92	12.43	12.83	18.30	7.89	11.28	10.44	* not yet available
		Maternity (Ante Natal)	% Recommend	Signal				100.00	85.00	95.18	97.67	93.93	95.24	86.79	100.00	93.75	97.80	100.00	* not yet available
			% Not Recommend	Signal				0.00	15.00	0.00	0.00	0.00	3.17	1.89	0.00	0.00	--	--	* not yet available
		Birth	% Recommend	Signal				94.18	21.20	21.10	96.00	96.00	98.50	95.50	91.67	98.50	96.80	100.00	* not yet available
			% Not Recommend	Signal				0.00	0.00	0.00	0.00	0.00	0.00	0.90	8.30	0.00	--	--	* not yet available
		Maternity (Post Natal)	% Recommend	Signal				--	15.18	20.08	100.00	100.00	97.06	95.60	100.00	100.00	100.00	97.10	* not yet available
			% Not Recommend	Signal				--	0.40	0.00	0.00	0.00	1.47	1.09	0.00	0.00	--	--	* not yet available
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				9	17	10	6	5	8	24	*	*	* not yet available	* not yet available	* not yet available
		Staff Attitude	Number	PE Team				0	0	1	1	1	3	2	*	*	* not yet available	* not yet available	* not yet available
		Patient Care	Number	PE Team				3	9	5	2	2	2	4	*	*	* not yet available	* not yet available	* not yet available
		Communication	Number	PE Team				6	8	4	3	2	3	5	*	*	* not yet available	* not yet available	* not yet available

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			4	1	4	3	4	4	1	3	5	1	2	7
		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			1	0	0	0	1	0	0	0	0	0	1	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			3	1	2	2	2	2	1	3	3	1	1	5
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	2	1	1	2	0	0	2	0	0	2
		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			8	5	2	1	2	4	8	8	8	4	11	6
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			1	0	0	0	0	0	0	2	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		91.26	92.64	94.77	90.60	90.66	93.89	93.08	91.04	90.2	93.31	95.48	91.67
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			8	9	5	11	7	8	11	10	11	9	3	6
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			9	3	3	7	10	3	2	4	7	6	10	3
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	1	1	0	0	1	0	1	0	2
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	1	1	1	1	0	0	0
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	0	0	0	1	0	0	4
Workforce	Vacancies	Inpatient area vacancies-RN	Number	CN Team			44.44	36.53	41.70	44.25	44.65	43.75	40.37	29.89	37.93	36.93	42.83	41.67
		Inpatient area vacancies - HCA	Number	CN Team			8.47	18.00	9.52	-0.17	-0.38	-7.56	-3.86	1.85	1.35	5.95	2.65	4.24
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.57%	5.55%	4.58%	5.15%	4.98%	5.16%	4.61%	5.08%	6.67%	6.46%	6.63%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		81.30%	76.20%	85.70%	86.80%	81.50	80.5	81.7	83.8	87.5	86.6	93.7	80.8%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		94.30%	92.50%	93.30%	93.50%	90.00	89.8	92.3	104.6	102.5	92.6	91.8	88.2%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		99.30%	95.00%	109.80%	112.60%	113.20	109.4	109.2	94.1	90.8	104.9	100.5	100.5%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		119.50%	117.60%	120.20%	115.40%	119.50	105.9	103.8	109.4	109.8	113.5	118.9	114.0%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				45.70%	52.60%	51.00%	48.64%	51.80%	59.40%	62.00%	57.17%	73.70%	65.80%	58.60%
	Agency Fill Rate	Fill Rate	%	Workforce Info				28.00%	30.00%	33.30%	27.72%	22.70%	19.40%	18.70%	14.63%	11.30%	11.20%	12.40%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	3	0	1	2	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		76.22	87.01	84.42	91.19	95.31	89.89	95.92	92.96	74.38	86.67	50	50.56
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		95.86	96.58	84.30	89.44	89.03	95.76	90.32	91.55	88.89	97.48	96.47	84.13
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	16	0	6	3	2	0	1	0	0	2	1	0	1
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	14	1	3	1	1	0	2	1	2	1	2	0	0
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		38	2	6	3	3	0	4	3	4	3	6	3	1
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%		85.00%	88.00%	91.00%	92.00%	92.00%	98.05%	93.65%	95.26%	93.20%	*not yet available	*not yet available	*not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%		94.00%	95.00%	95.46%	94.00%	86.00%	91.00%	95.68%	97.00%	93.50%	*not yet available	*not yet available	*not yet available
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			1	5	3	6	2	4	4	6	4	6	9	12
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			2	2	1	5	1	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			96.81	96.07	94.78	95.74	95.02	96.61	97.81	95.00	95.32	97.38	95.52	*not yet available
			%Not Recommend	Signal			0.87	1.59	0.26	1.26	1.39	0.85	0.40	1.00	1.10	0.56	1.07	*not yet available
		A&E Friends and Family Test	% Recommend	Signal			78.98	75.14	82.31	79.76	80.12	79.31	71.83	85.10	80.85	81.10	72.73	*not yet available
			% Not Recommend	Signal			15.92	19.77	9.52	13.69	16.27	13.79	19.72	9.20	12.77	11.81	17.48	*not yet available
		Maternity (Ante Natal)	% Recommend	Signal			100	23.46	21.82	95.34	21.18	98.00	100.00	100.00	100.00	100.00	100.00	*not yet available
			% Not Recommend	Signal			0	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	--	*not yet available
		Birth	% Recommend	Signal			97.4	34.78	38.80	96.00	93.75	100.00	100.00	100.00	100.00	98.00	100.00	*not yet available
			% Not Recommend	Signal			0	1.74	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	--	*not yet available
		Maternity (Post Natal)	% Recommend	Signal			94.4	22.70	20.10	100.00	100.00	100.00	96.20	100.00	90.90	97.10	100.00	*not yet available
			% Not Recommend	Signal			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.10	2.90	--	*not yet available
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			11	7	1	11	3	11	13	*	*	*not yet available	*not yet available	*not yet available
		Staff Attitude	Number	PE Team			1	1	0	2	1	3	0	*	*	*not yet available	*not yet available	*not yet available
		Patient Care	Number	PE Team			9	4	1	5	1	4	2	*	*	*not yet available	*not yet available	*not yet available
		Communication	Number	PE Team			1	2	0	4	1	4	5	*	*	*not yet available	*not yet available	*not yet available

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cummi otal	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	0	0	0	0	1	2	2	0	0	2
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	1	1	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	0	0	0	0	0	1	1	0	0	2
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	1	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				1	3	11	0	2	3	0	1	0	0	0	2
		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%			94.44	90.00	91.30	90.48	90.91	91.84	95.65	92.45	91.49	96.3	93.88	85.11
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				1.00	0.00	3.00	1.00	0.00	1	1	1	1	0	1	1
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				1.00	1.00	0.00	1.00	0.00	2	0	0	0	3	0	1
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0.00	1.00	1.00	0.00	0.00	0	0	0	0	0	0	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0.00	0.00	1.00	0.00	0.00	0	0	0	0	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0.00	0.00	0.00	0.00	0.00	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				9.39	0.80	6.74	8.18	8.06	6.4	6.52	5.52	7.08	6.28	6.78	11.68
		Inpatient area vacancies - HCA	Number	CN Team				3.44	2.64	1.00	2.07	1.42	-0.2	0.08	0.08	1.68	2.68	2.68	3.3
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				6.25%	6.67%	8.70%	3.16%	11.39%	8.05%	6.06%	6.36%	6.99%	8.65%	6.46%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			90.10%	87.20	100.70	96.80	90.20	89	89.8	94.7	86.9	92.6	93.4	90.3%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			108.40%	104.30	84.30	95.50	72.90	75.8	72.9	93.2	90.7	76.7	80.1	78.6%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			80.20%	79.60	95.60	81.40	85.80	82.3	85.2	73.8	67.9	94.9	92.2	88.9%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			126.90%	135.20	129.50	121.30	121.50	108.4	112.7	148	166.1	161.3	153.4	140.3%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info					48.00%	56.30%	70.70%	49.24%	61.40%	82.80%	83.50%	70.95%	81.40%	81.80%	83.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info					26.50%	26.80%	20.20%	37.39%	19.50%	6.50%	7.78%	3.39%	1.20%	2.80%	2.00%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	1	2	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			90.11	94.67	92.83	89.00	90.65	93.93	94.06	91.1	90.78	82.11	79.67	90.92
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			0.00	83.33	83.33	100.00	88.89	66.67	100	83.33	100	100	--	66.67
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	0	1	0	1	0	1	0	0	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	0	0	0	0	0	0	0	0	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	0	0	1	0	0	0	1	0	0	0	2	0
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		90.00%	89.00%	88.00%	86.17%	92.50%	74.28%	83.33%	92.50%	90.28%	*not yet available	*not yet available	*not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%			93.00%	93.00%	95.67%	96.20%	95.50%	98.00%	98.00%	98.50%	96.00%	*not yet available	*not yet available	*not yet available
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance				0	0	1	0	0	0	0	0	0	2	0	0
	Critical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				97.51%	99.65%	97.25%	98.21%	98.71%	98.16%	98.39%	100.00%	98.73%	98.77%	99.02	*not yet available
			%Not Recommend	Signal				1.42%	0.00%	1.37%	0.36%	0.32%	0.61%	0.81%	0.00%	0.00%	0.92%	0.00	*not yet available
		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				2	1	1	0	0	0	1	*	*	*not yet available	*not yet available	*not yet available
		Staff Attitude	Number	PE Team				0	0	1	0	0	0	0	*	*	*not yet available	*not yet available	*not yet available
		Patient Care	Number	PE Team				2	1	0	0	0	0	0	*	*	*not yet available	*not yet available	*not yet available
		Communication	Number	PE Team				0	0	0	0	0	0	0	*	*	*not yet available	*not yet available	*not yet available

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 April 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

The Committee is asked to receive the exception report for information

Summary

The Board of Directors are aware that from May 2014 all organisations were required to report actual versus planned nurse staffing levels. This is the twenty-third submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

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

The data from this report continues to be produced from the revised tool which was introduced in June 2015.

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

Implications for equality and diversity

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

Reference to CQC outcomes

Outcome 13

Progress of report	This report is only written for the Quality and Safety Committee.

Risk	No risk.
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

The Board of Directors are aware that from May 2014 all organisations were required to report actual versus planned nurse staffing levels. This is the twenty-third submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

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

The data from this report continues to be produced from the revised tool which was introduced in June 2015.

2. High level data by site

	Day		Night	
Site Name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Archways Intermediate Care Unit	91.9%	100.0%	100.0%	100.0%
Bridlington And District Hospital	90.3%	88.9%	76.6%	140.3%
Malton Community Hospital	81.3%	109.7%	100.0%	95.2%
Scarborough General Hospital	80.8%	100.5%	88.2%	114.0%
Selby And District War Memorial Hospital	90.3%	99.4%	91.9%	116.1%
St Helens Rehabilitation Hospital	89.5%	91.6%	87.1%	100.0%
St Monicas Hospital	92.9%	100.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	95.2%	97.4%	85.5%	106.5%
York Hospital	86.9%	93.1%	95.1%	104.3%

3. Exceptions

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 were:

Scarborough	York	
Oak	Ward 15	Ward 28
	Ward 33	Ward 34

	Ward 39	

Provision of Safe Ward Cover

The Matrons are responsible for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of hours and weekends and effective and safe plans are implemented. This does result in staff moving from their base wards on occasions and where necessary, increase Healthcare Assistant provision to support the shortfall of registered nurses or vice versa. These wards were:

Scarborough		**Community**	**York**	
Ann Wright	Beech	Fitzwilliam Ward	AMU	CCU
CCU	Cherry	Selby IPU	Ward 14	Ward 23
Chestnut	Duke of Kent		Ward 26	Ward 29
Holly	Maple		Ward 33	Ward 39
Oak	Stroke			

Bed Occupancy

During March a number of wards at Scarborough Hospital were affected by the Norovirus outbreak. This resulted in some wards being closed to further admissions to contain the outbreak. This affected staffing levels on the wards.

Lloyd and Kent Wards at Bridlington changed their ratio of registered and unregistered staff dependent on bed occupancy levels and the effective use of staff with staff being deployed to other ward areas. Waters Ward currently has 20 beds when it is routinely staffed for 16 beds. G2 and G3 share a healthcare assistant, the healthcare assistant was predominantly on G2 during March 2016.

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

Vacancies, Sickness and Annual Leave

The Trust's ability to fill shifts due to sickness and vacancies reduce the average percentage staffing levels each month. The Norovirus at Scarborough Hospital in March increased RN and HCA sickness and this is reflected in the staffing.

Bridlington	**Community**	**Scarborough**	**York**	
Lloyd	Fitzwilliam Ward	Ann Wright	AMU	ESA
	Selby IPU	Beech	G2	G3
	Whitecross Court	Cherry	Ward 14	Ward 17
		Chestnut	Ward 23	Ward 25
		ICU	Ward 26	Ward 33
		Lilac	Ward 36	Ward 37
		Maple	Ward 39	
		Stroke		

Actions and Mitigation of risk

Daily staffing meetings are taking place to deploy staff to high risk areas.

4. Vacancies by Site

The vacancy information for the adult inpatient areas below, has been taken from the ward budgeted establishments from the finance ledger and the staff in post data from ESR as at

the end of March 2016. 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	**HCA**	**RN**	**HCA**	**RN**	**HCA**
Bridlington	7.78	3.48	2.6	0	5.18	3.48
Community	11.68	3.30	3.2	3.2	8.84	0.10
Scarborough	41.67	4.24	19.40	9.60	22.27	-4.36
York	86.14	23.81	66.6	33.78	19.54	-5.97
Total	**147.27**	**34.83**	**91.00**	**46.18**	**56.27**	**-6.35**

Of the 91fte vacancies pending start, this includes individuals who have been recruited through local generic recruitment, 62.6fte who have been recruited through the Newly Qualified campaign and a further 19 individuals who have been recruited through the European recruitment campaign who will be commencing in April/May 2016.

The Newly Qualified campaign continues and interviews are being held during April, May and June 2016

The Trust will be holding a Recruitment Market Place on Saturday 23rd April, in the main entrance of the York hospital to advertise nursing and healthcare assistant vacancies, alongside other vacancies across all staff groups. Arrangements are being made for interviews to be held for registered nurse posts. The Trust will also be attending recruitment fairs in June and July at other universities

In March, projections were developed indicating that there will be an average of 10fte register nurses leaving the Trust per month across our adult inpatient areas. We therefore are looking to over recruit to our registered nursing posts during the summer to meet the projected staffing levels from October 2016. This continues to be carefully reviewed each week by the Chief Nurse Team.

During March, 20 individuals were considered appointable for Band 2 Healthcare Assistant posts within the organisation. Work is now underway to allocate these individuals to clinical areas, with a view to their commencement in May 2016.

5. Recommendation

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

6. References and further reading

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

Author	**Nichola Greenwood, Nursing Workforce Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2016**

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

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

(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				Day				Night				Day		Night	
		Main 2 Specialties 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 (%)
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1116	768	930	1122	682	682	341	473	68.8%	120.6%	100.0%	138.7%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		930	817.5	930	922.5	682	594	0	198	87.9%	99.2%	87.1%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1488	1176	1302	1194	1023	748	682	737	79.0%	91.7%	73.1%	108.1%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1860	1500	1488	1710	1705	1375	1364	1309	80.6%	114.9%	80.6%	96.0%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1488	1122	1116	1002	682	682	682	671	75.4%	89.8%	100.0%	98.4%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2325	1882.5	465	817.5	1364	1056	341	528	81.0%	175.8%	77.4%	154.8%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1627.5	1455	465	457.5	682	704	341	319	89.4%	98.4%	103.2%	93.5%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		744	744	372	372	682	682	0	0	100.0%	100.0%	100.0%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1116	852	930	1128	682	682	682	682	76.3%	121.3%	100.0%	100.0%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2790	2197.5	465	210	1705	1606	0	0	78.8%	45.2%	94.2%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1860	1470	1860	1605	682	891	682	869	79.0%	86.3%	130.6%	127.4%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2325	1792.5	1162.5	1350	1364	1089	682	748	77.1%	116.1%	79.8%	109.7%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1488	1200	2046	1770	1023	858	1023	1045	80.6%	86.5%	83.9%	102.2%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1116	1026	744	690	1023	682	341	583	91.9%	92.7%	66.7%	171.0%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		930	870	1302	1278	682	627	341	341	93.5%	98.2%	91.9%	100.0%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1162.5	952.5	930	802.5	682	319	0	253	81.9%	86.3%	46.8%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		690	577.5	690	270	209	110	0	22	83.7%	39.1%	52.6%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		930	952.5	930	1072.5	682	671	341	341	102.4%	115.3%	98.4%	100.0%
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1518	1386	912	816	682	682	682	682	91.3%	89.5%	100.0%	100.0%
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1674	1566	1116	1038	1023	990	682	693	93.5%	93.0%	96.8%	101.6%
YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1860	1665	1395	1395	1023	1012	341	407	89.5%	100.0%	98.9%	119.4%
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2046	1806	930	852	1364	1342	682	671	88.3%	91.6%	98.4%	98.4%
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1164	372	330	1023	957	341	319	78.2%	88.7%	93.5%	93.5%
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1627.5	1320	1395	1455	682	682	1023	1023	81.1%	104.3%	100.0%	100.0%
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1302	1014	1116	1032	682	627	1023	968	77.9%	92.5%	91.9%	94.6%
YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1627.5	1402.5	1395	1477.5	682	693	1023	1012	86.2%	105.9%	101.6%	98.9%
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1674	1374	930	1380	682	748	682	1012	82.1%	148.4%	109.7%	148.4%
YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1488	1002	744	642	682	649	341	352	67.3%	86.3%	95.2%	103.2%

Only complete sites your organisation is accountable for				Day				Night				Day		Night	
		Main 2 Specialties 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 (%)
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2092.5	2002.5	930	870	682	682	341	341	95.7%	93.5%	100.0%	100.0%
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1518	1308	1116	1074	682	682	1023	1023	86.2%	96.2%	100.0%	100.0%
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1488	1122	1116	1122	682	682	1023	1221	75.4%	100.5%	100.0%	119.4%
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1488	1302	1116	1110	682	682	1023	1100	87.5%	99.5%	100.0%	107.5%
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1302	1170	1116	1104	682	682	1023	1012	89.9%	98.9%	100.0%	98.9%
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1102.5	1200	1920	1500	682	671	682	671	108.8%	78.1%	98.4%	98.4%
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1302	1044	1116	1128	682	682	682	770	80.2%	101.1%	100.0%	112.9%
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1488	1542	1302	906	1023	1100	1023	660	103.6%	69.6%	107.5%	64.5%
YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	4650	3795	3720	3360	2728	2244	2046	2321	81.6%	90.3%	82.3%	113.4%
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1860	1477.5	315	247.5	1364	1100	0	0	79.4%	78.6%	80.6%	-
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	1215	990	607.5	457.5	506	462	0	11	81.5%	75.3%	91.3%	-
YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		744	750	930	852	682	671	682	627	100.8%	91.6%	98.4%	91.9%
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1116	1086	558	390	682	671	341	583	97.3%	69.9%	98.4%	171.0%
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		744	720	372	198	682	671	0	0	96.8%	53.2%	98.4%	-
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5580	5032.5	465	412.5	4092	3773	341	297	90.2%	88.7%	92.2%	87.1%
ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		744	684	930	930	341	341	682	682	91.9%	100.0%	100.0%	100.0%
MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1162.5	945	1627.5	1785	682	682	682	649	81.3%	109.7%	100.0%	95.2%
SELBY WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1162.5	1050	1162.5	1155	682	627	341	396	90.3%	99.4%	91.9%	116.1%
ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		930	832.5	1162.5	1065	682	594	341	341	89.5%	91.6%	87.1%	100.0%
ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		637.5	592.5	795	795	341	341	341	341	92.9%	100.0%	100.0%	100.0%
WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		930	885	1162.5	1132.5	682	583	341	363	95.2%	97.4%	85.5%	106.5%
	Total			75547.5	64585.5	51972	49785	44704	41063	27621	29667				

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 April 2016

Patient Experience Quarter 4 Report

Action requested/recommendation

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

Summary

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

A detailed implementation plan supports the strategy. This report gives an update on the Q3 Patient Experience activity and identifies priorities for the coming months.

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

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard 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 references to CQC outcomes although this report particularly relates to Outcome 1 (respecting and involving people who use services) and Outcome 17 (complaints).

Progress of report	This report is a summary of the more detailed reports which are received by Patient Experience

	Steering Group
Risk	No Trust-level risks highlighted. Risks identified through individual complaints and patient feedback are captured and escalated through directorate risk management.
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Hester Rowell, Lead for Patient Experience
Date of paper	April 2016
Version number	Version 1

Board of Directors - 27 April 2016

Patient Experience Quarter 4 Report

1. Introduction

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

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

- Complaints management
- Patient Advice and Liaison Service
- Friends and Family Test
- Volunteering Service
- Education and training.

2. Complaints

In Q3 significant progress was made in improving the quality of complaint responses through new templates, training for investigating officers and a new quality checking process with the Chief Nurse Team.

The results of this work continue to improve quality with a greater proportion of responses now being written in a personal, letter style directly from the investigating officer rather than an impersonal report format. All investigating officer responses also have a covering letter from the Chief Executive.

In Q4 the focus has been on maintaining this quality whilst improving the timeliness of responses.

Each directorate now has a nominated complaints officer who will build relationships with the staff acting as investigating officers. This ensures that the investigating officers receive timely support and guidance and that any problems are identified at an early stage.

A new 'outstanding complaints' report has been developed and is sent monthly to the directorates to focus attention on those nearing or beyond deadlines. Clear identification of over-deadline reports is allowing the complaints officers to either offer support or escalate, depending on the reason for the delay.

Complaint numbers

***Community: including all community hospitals – Archways, Whitecross Court, Selby, Malton and Whitby

Detailed complaints data is provided bi-monthly to the Patient Experience Steering Group giving trends by directorate and subject.

The top three directorates receiving complaints are:

- Acute and General Medicine
- Emergency Department
- General Surgery and Urology

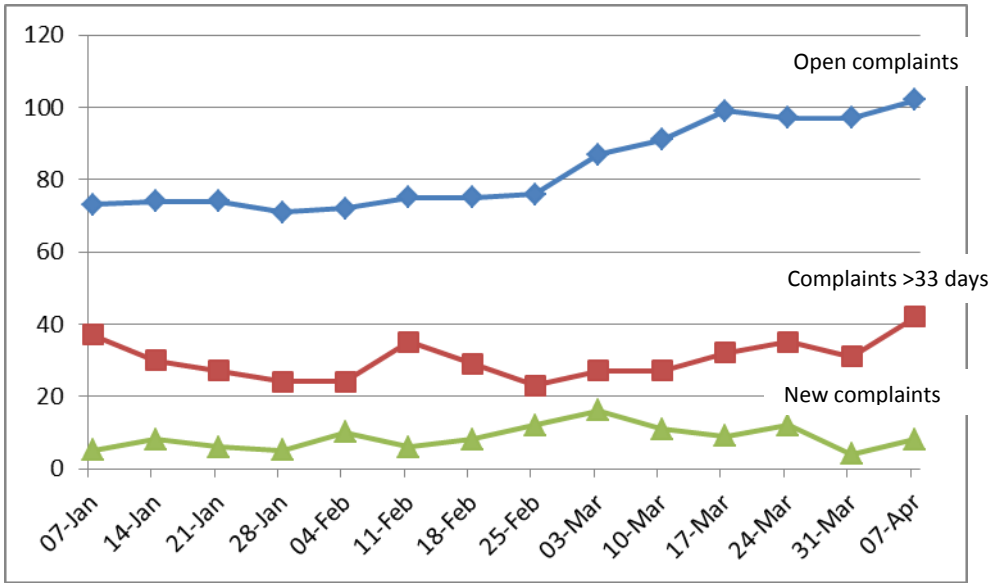
The top four subjects are:
- Clinical treatment
- Patient care
- Communication
- Values and behaviours of staff

Parliamentary and Health Service Ombudsman Cases

Outcomes received this month	Q3	Q4
Referred back for further investigation	1	0
Not upheld	7	6
Partially upheld	3	3
Upheld	1	1
New Cases	3	6
Cases Currently Open	16	18

For context, the average uphold rate for an acute Trust for Q3 2015-16 is 48% of cases accepted for investigation.

Complaints handling performance



As described above, having focused on quality, the complaints team focus is now on reducing the time taken to complete investigations and reports. This is a combination of improving the team's management information and escalation procedures and continuing to develop the support and guidance available to investigating officers.

3. PALS

The table below shows the number of PALS cases handled in 2015-16.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Action Plan	2	5	6	6	3	0	4	2	9	3	2	0
Admissions, discharge, transfer arrangements	9	14	13	13	11	17	9	22	11	16	16	14
Aids / appliances / equipment	3	4	5	1	1	1	3	2	2	1	1	4
Appointments, delay/cancellation (inpatient)	17	17	13	15	13	11	11	19	14	17	24	15
Appointments, delay/cancellation (outpatient)	29	35	46	59	39	60	55	49	40	37	28	30
Staff attitude	19	13	23	24	13	19	17	18	13	21	16	9
Any aspect of clinical care/treatment	69	63	72	101	63	76	75	66	53	68	89	48
Communication issues	31	35	37	64	56	69	74	50	40	42	48	48
Compliment / thanks	34	27	63	51	49	29	50	32	44	29	37	46
Alleged discrimination (eg racial, gender, age)	0	2	3	0	0	1	1	2	2	1	2	0
Environment / premises / estates	6	4	4	6	4	5	5	3	3	2	5	3
Foreign language	1	0	0	0	1	0	1	1	0	1	1	1
Failure to follow agreed procedure (including consent)	0	1	2	1	0	1	0	1	4	2	0	1
Hotel services (including cleanliness, food)	0	3	3	3	1	2	1	1	3	1	5	3
Requests for information and advice	158	155	173	236	228	296	309	202	171	196	208	191
Medication	3	2	4	7	4	2	6	3	3	1	10	6
Other	4	5	5	8	12	1	6	1	3	1	3	1
Car parking	1	6	5	1	3	4	5	4	2	10	9	2
Privacy and dignity	2	1	0	2	1	2	1	1	1	0	2	2
Property and expenses	19	12	9	21	16	13	16	9	14	13	13	16
Personal records / Medical records	11	7	7	15	8	12	17	10	9	23	16	13
Safeguarding issues	2	0	1	2	2	2	1	2	1	0	1	0
Signer	2	0	0	0	1	1	2		0	0	3	1
Support (eg benefits, social care, vol agencies)	4	1	0	4	1	2	3	2	4	3	1	1
Patient transport	4	4	6	3	0	5	10	4	4	4	2	2
Totals:	**430**	**416**	**500**	**643**	**530**	**631**	**682**	**506**	**450**	**492**	**542**	**457**

The review of PALS has got underway with a dedicated project manager from the Patient Experience Team supporting the work. The project manager has spent time observing the three PALS advisors' day-to-day work to gain an insight into the strengths they bring to their work and the challenges they face.

A PALS review meeting with internal and external stakeholders (including patient representatives) took place on 12 February.

From these to exercises a PALS action plan has been developed, which includes:

- Migrating PALS to Datix Web system to reduce time taken for data entry and improve quality of reporting
- Establish a clear link between the staff and volunteers on the Trust reception desks (all sites) and PALS
- Contribute to the redesign of the York main entrance and ensure that PALS is clearly represented in all main reception areas (all sites)
- Move the York PALS office to a more visible place in the hospital and ensure it has a private area for face-to-face conversations with patients or carers
- Update the information about PALS on the Trust website
- Re-launch the service internally and externally, being clear about what it offers
- Communications and engagement with ward/clinic staff to clarify where PALS can add value and where issues are best handled directly on the ward/in the department.

4. Compliments

Compliments received by Chief Executive in Q4: **53**

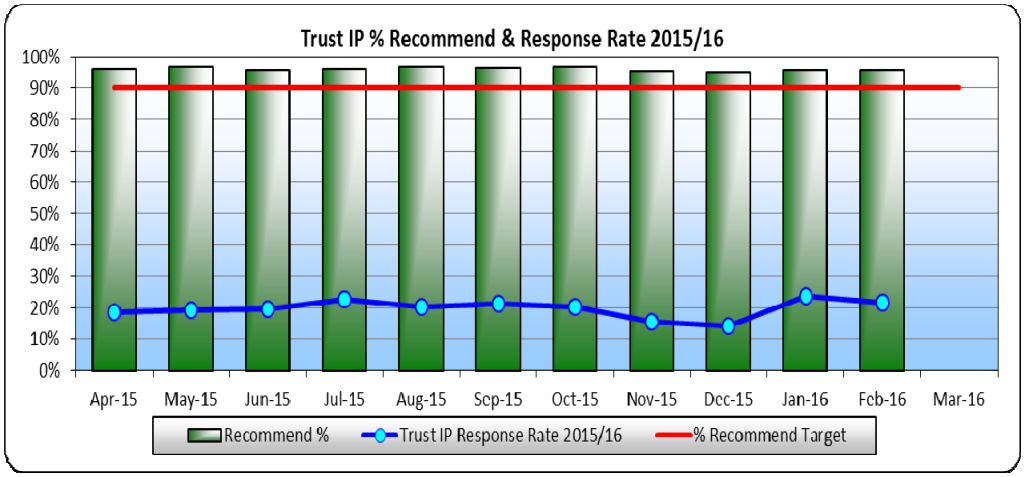
This is in addition to those published in the media and received directly by ward staff.

The top three directorates receiving compliments via the Chief Executive's office are:

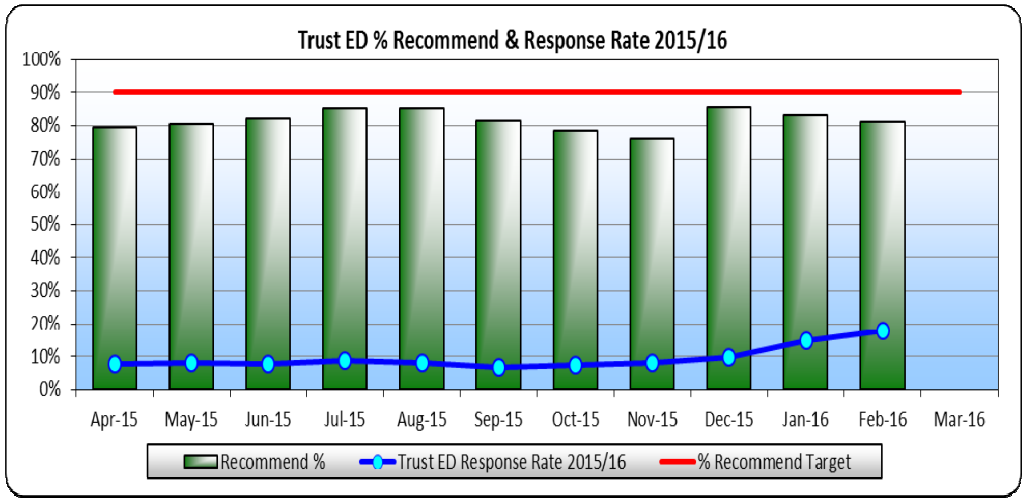
- Emergency Medicine
- General Surgery & Urology
- Elderly Medicine

5. Friends and Family Test

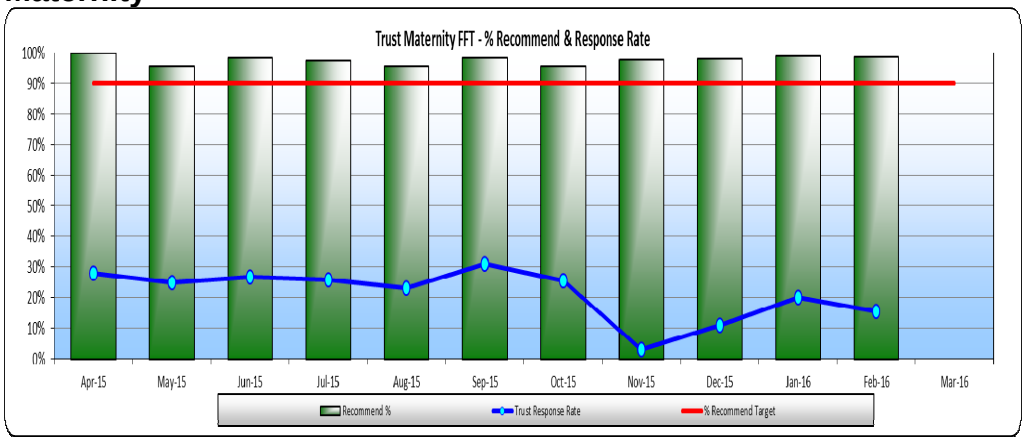
Inpatient



Emergency Department



Maternity



Feb 2016	Average National % Recommend	Average National % Response Rate
Inpatient	95	24.1
ED	85	13.3
Maternity (Birth)*	98	24.6

*NHS England only reports a response rate for the Birth stage. Like-for-like the YTHFT response rate for this stage is 29.3%.

FFT Awareness Week
From 14-18 March 2016 the Trust had an active campaign for FFT promotion week. This was a national campaign led by NHS England.
Within the Trust promotion activities included:

- Reissue of FFT information for staff
- Press release and local media coverage
- Social media promotion through facebook and twitter
- Photographs of staff and Trust leadership supporting FFT used for publicity
- Active Matron promotion on wards with staff
- Inclusion in Staff Matters and Team Brief
- Displays in York and Scarborough hospitals with posters and "you said – we did" information
- Governors had a presence in ED promoting FFT and encouraging completion and return of cards.

Knowing How We're Doing Boards
One of the Trust's Quality Objectives was to roll out Knowing How We're Doing Boards to all areas of the Trust. These were to be updated on a rolling quarterly basis.

In March 2016 57 new boards were produced and displayed across wards, emergency departments, maternity services, community hospitals and outpatient departments. This ensured that the target was met.

6. National Inpatient Survey

The National Inpatient Survey results have been received by the Trust. A full paper has been prepared and will be presented once the CQC has published the nationwide results and the external publication embargo is lifted.

Overall, the survey provides a positive picture about care at York Teaching Hospitals.

The achievement of staff across the Trust to achieve improved satisfaction since 2014 can be recognised and celebrated internally with staff and externally with other NHS organisations and the public.

As well as recognising improvement and positive comparison with other NHS Trusts, the results provide insight into areas for improvement. In particular, the narrative comments can be used to inform achievable actions for further improvements. A special session of the Patient Experience Steering Group is meeting in May to discuss the learning and agree an implementation plan.

In particular, areas for improvement include greater publicity and visibility in our hospitals for opportunities to give feedback, reducing noise at night, and sharing good practice between York and Scarborough doctors regarding communication with patients.

7. Volunteering

Moving volunteering from HR to the Patient Experience Team has successfully given renewed

focus and attention to the service. In particular, the first five months have seen:

- Cleansing records to ensure that the Trust knows who is volunteering and that volunteers have had all the necessary pre-placement checks.
    - Identifying and registering and completing checks for active departmental volunteers not previously registered
    - Closing records for those who have left their volunteer positions

- Catching up with the backlog of York applications
    - Reducing the time from expression of interest to placement to a maximum of three months for new applicants.
    - 7 volunteers placed and active
    - 18 interviews/references complete – applicants to present documentation for ID etc checks

- Re-establishing relationships with York volunteer supervisors: existing and potential.
    - Building a clear picture of the needs of each directorate to ensure that role descriptions and placed volunteers are a good match and achieve maximum benefit for both the volunteer and the service

- Increasing the number of placements available at Scarborough to accommodate new volunteers.
    - Awareness raising with matrons and the support of the Assistant Director of Nursing has been successful in providing sufficient placements for applicants.
    - In Scarborough the Dining Companion role has been extended to Beech and Oak Wards and volunteers are in the recruitment process for these areas. Volunteer visitors have started placements on Lilac Ward.

- Raising the profile of volunteering in directorates and promoting the benefits of having volunteers as part of the team.

- Thank you events taking place for York and Scarborough volunteers and volunteering featured in Trust publications, showing that we value our volunteers and raising the profile of the service.
    - A thank you event for Scarborough volunteers took place on 15 January 2016. A similar event for York volunteers took place on 18 February 2016. An event is planned for national volunteers' week: 1-7 June 2016.

Next steps

Over the last five months a clear picture has been built of the strengths of the current volunteer service – both in terms of the people involved and the systems underpinning its operations.

The analysis of the strengths and weaknesses of the current arrangements, alongside the opportunities open over the next year has been completed and is being used as the basis for the work plan for 2016-17. This was presented and discussed in detail at the March Patient Experience Steering Group.

8. Education and Training

A Patient Experience session was delivered as part of the EU Nurse Preceptorship Programme. This was an interactive session which included exploring the communications and cultural challenges of nursing in a new country and discussing strategies for avoiding difficult situations and then handling them if they do arise. The session also covered *Hello My Name Is* and an

introduction to the way patient feedback and complaints are managed in the Trust.

Further preceptorship sessions are planned for May 2016 with new cohorts of EU nurses and new graduates.

9. Next Steps and Recommendations

In 2016-17 the Patient Experience Team will be continuing to work towards delivery of the Patient Experience Strategy Implementation Plan.

Specific, new Patient Experience **Quality Priorities** have been set.

Volunteering
Volunteers already make an important contribution to the experience of patients, carers and visitors to the hospital. We will develop and grow this contribution through:

- Increasing the number of active, registered volunteers in the Trust by 25%
- Ensuring our volunteers are best supported by reviewing and strengthening the Trust's approach to induction, supervision and training.

Learning from Complaints
Our Patient Experience Strategy is to listen, report and respond and learn. To provide assurance that we are completing this cycle and delivering improvements from feedback we will pilot and evaluate a system for case file audit for complaints. A sample of closed cases will be audited for:

- Compliance with Trust policy and best practice for case handling
- Evidence that lessons learned have been completed.

Friends and Family Test
Across the Trust the Friends and Family Test will achieve a 90%+ score for patients reporting they would recommend the Trust to their Friends and Family if they needed similar care or treatment.

The Trust will achieve an average response rate of at least 20% for inpatient and maternity and to increase this to 25% by year end. To achieve an average response rate of at least 15% for the emergency department.

John's Campaign - CQUIN
The team are also leading on delivery of the local CQUIN target for **John's Campaign.** This will involve making a commitment to recognising the essential role of carers during the hospital experience of a patient with dementia. The CQUIN includes signing up to the campaign, communicating internally and externally about its objectives, consulting on and launching a new visitors' code and recording patient stories to be used for education and training.

Recommendation
The Board of Directors is asked to accept this report as assurance on effective delivery of the Patient Experience Strategy and to agree the quality priorities for the year ahead.

Author	**Hester Rowell, Lead for Patient Experience**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2016**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 April 2016

Safeguarding Adults – Executive Summary

Action requested/recommendation

Advisory annual report for approval from York Teaching Hospital NHS Foundation Trust Directors on Safeguarding Adults activity within the Trust (January 2015 – December 2015) to be made public.

Summary

As a provider of Health Care, York Teaching Hospital NHS Foundation Trust (referred to as the Trust) is committed to safeguarding vulnerable adults in our care.

The Trust is expected to offer assurance to and participate with external agencies to ensure a multi-agency approach to maintaining safety throughout its services.

The 2015 Safeguarding Adult report is attached and includes appendices as follows:

- The Role of the Safeguarding Adults Team
- Multi-Agency representation
- Safeguarding Adults Operational Plan
- Safeguarding Adults Team activity (Jan 2015 – Dec 2015)
- Safeguarding Adults Proposed Structure

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 attached report evidences the Trust Commitment to Safeguarding vulnerable adults in our care whether concerns are raised by or against our service.

It is follows the lead of Local Authority Safeguarding Adults Boards to ensure

that the Trust identifies where abuse may have occurred and, where it has occurred by Trust shortfalls, assurance publicly of the Trust intention to address.

The information within this report highlights trends whilst maintaining the confidentiality of individuals involved.

Reference to CQC outcomes

Safeguarding Adults is basis of Outcome 7 of the Care Quality Commission essential standards.

Progress of report	The report has been sent to members of the Trust Safeguarding Adults Group for comment and approval.
Risk	Risk are identified within the report with actions to address and minimise where possible.
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Nicola Cowley, Lead Nurse for safeguarding Adults
Date of paper	April 2016
Version number	1

Board of Directors - 27 April 2016

Safeguarding Adults – Executive Summary

1. Introduction and background

As a provider of Health Care, York Teaching Hospital NHS Foundation Trust (referred to as the Trust) is committed to safeguarding vulnerable adults in our care.

The Trust is expected to offer assurance to and participate with external agencies to ensure a multi-agency approach to maintaining safety throughout its services.

The 2015 Safeguarding Adult report is attached and includes appendices as follows:

- The Role of the Safeguarding Adults Team
- Multi-Agency representation
- Safeguarding Adults Operational Plan
- Safeguarding Adults Team activity (Jan 2015 – Dec 2015)
- Safeguarding Adults Proposed Structure

2. Executive Summary

The Board is asked to note the contents of the Safeguarding Adults Annual report which outlines the National and local context of Safeguarding Adults together with new drivers relevant to vulnerable adults who receive health care. It identifies the impact of new legislation and outlines the need for Trust commitment to embed the growing Safeguarding Adults agenda.

The annual report details the safeguarding adult's activity for 2013 and an analysis of trends where safeguarding concerns have been raised against the Trust.

Progress
The Trust Safeguarding Adults Team provides safeguarding adults advice, support and administration for staff that suspect, know of or observe abuse of vulnerable adults. It also provides support and advice strategically and operationally to staff for Mental Capacity Act, Deprivation of Liberty, Therapeutic Restrictions and caring for patients with Learning Disabilities. This service has been active since September 2011 and served Scarborough, Whitby and Ryedale following integration in July 2012.

There has already been significant progress in Safeguarding Adults within the Trust with the introduction of Safeguarding Adults Training as part of the Statutory/Mandatory Training programme. Other operational advances include:

- policy development and review,
- training strategy and needs analysis
- Team expansion.
- Significant increase in staff awareness of the and support offered by Safeguarding Adults Team
- Regular audit/compliance review to identify areas of need

Strategic progress has been identified in:

- Representation at three safeguarding adult boards
- Participation in development of Multi-agency Strategy review
- Local development programmes for sub groups from Safeguarding Adults Boards, e.g.: Training/competences setting, peer review groups, Winterbourne, and Section 136 Place of safety working group.
- Action planning for National Strategies (e.g.: PREVENT, DoH Safeguarding Adults Assurance Framework)
- 2014 Priority setting for emergent government directives, ruling and legislation (e.g.: The Care Bill, Cheshire West judgement, Francis recommendations)
- Trust Board awareness of the agenda

Risks and Challenges
Although there has been significant progress the profile of Safeguarding Adults has continued to rise both locally and nationally placing increasing demand on the safeguarding adults team. It is recognised that to deliver an effective service in this ever-developing climate more resources are required. As such a business plan outlining the need for increased capacity to meet demand and requirement for further development within the Trust has been submitted. A proposed structure is included in the annual report and mirrors external organisational structures.

Additionally Trust-wide, data indicates a steady increase and intensity in the work now managed by the Safeguarding Adults team

Emerging legislation, policy/strategies and Inquiries will place further focus on safeguarding adults within the Trust and there will be an expectation of assurance that the Trust is following obligations and recommendations from national Inquiries

These include:

- The Care Bill,
- Supreme Court Judgement (Deprivation of Liberty Safeguards) Cheshire West Case
- Improved Mental Health Services
- Frances Report
- Winterbourne

The proposed structure for the Safeguarding team includes a Lead for Adult Safeguarding whose priorities will include robust strategic and operational planning to ensure the guidance and recommendations relating to the Trust are embedded.

The Prevent Strategy is the Government's counter terrorism strategy and there is an expectation from NHS England that it is embedded into everyday safeguarding activity including training. PREVENT is a specified requirement within the NHS Standard Contract for provider organisations. (See DoH Building Partnership, Staying Safe – The Healthcare Sector's contribution to the HM Gov Prevent Strategy).

The training obligations alone for the Strategy are immense and cannot be facilitated alone by the Safeguarding Adults Team. The delivery of this strategy was highlighted as a risk and delivered to the Board in February 2013.

Implementation of the PREVENT Strategy now forms part of the Safeguarding Adults Team Operational Action Plan and work has already begun to implement training and policy.

As declaration of progress is part of contractual obligations/assurance to the Clinical Commissioning Group and local Safeguarding Adults Boards it is proposed that that the operational plan current position is reported quarterly to the Quality and Safety Committee and the Safeguarding Adults Group in advance of the declaration submission to the CCGs.

3. Conclusion

The Safeguarding Adults Agenda Profile has greatly risen and in doing so to has assurance and expectation required from health providers. National context and the Trust integration have contributed to the need for a larger safeguarding adult's resource to support patients and staff. The Trust will need to focus resources to continue assurance strategically and offer operationally an effective service. An active operational planning system is working towards addressing what is required along with minimising and eliminating risks.

4. Recommendation

This paper outlines to the board the rising profile of Safeguarding Adults and its role within the Trust. It asks the Board to:

- Note Progress and development
- Have an awareness Key challenges, national drivers and priorities for the future.
- Be assured of ongoing work and management of risk
- Give approval to share progress externally to specific bodies and the public (There is also an expectation that the Trust will publish the Safeguarding Adults annual reports in line with other organisations under the Safeguarding Adults Multi-agency process).

5. References and further reading

The Care Bill, (https://www.gov.uk/government/uploads/system/attachmentdata/file/198104/9520-2900986)

Supreme Court Judgement (Deprivation of Liberty Safeguards) Cheshire West Case
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf

Improved Mental Health Services
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf

Francis Report
http://www.kingsfund.org.uk/projects/francis-inquiry-report

Winterbourne View
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

PREVENT
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf

Author	**Nicola Cowley, Safeguarding Adults Operational Lead**
Owner	**Beverley Geary, Director of Nursing**
Date	**April 2014**

York Teaching Hospital NHS
NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust
Safeguarding Adults

Annual Report 2015

1.0 Introduction

As a provider of health care, York Teaching Hospital NHS Foundation Trust (referred to as the Trust) is committed to safeguarding adults in our care.

The Trust offers assurance to and participates with external agencies to ensure a multi-agency approach to maintaining the safety of patients both in and out of acute services.

The Trust Safeguarding Adults Team provides safeguarding adults advice, support and administration for staff that suspect, know of or observe abuse of adults. It also provides support and advice strategically and operationally to staff for Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Therapeutic Restrictions and caring for patients with Learning Disabilities. This service has been active since September 2011 and served Scarborough, Whitby and Ryedale following integration in July 2012.

The team structure is shown at Appendix 1.

Information regarding the services provided by the Safeguarding Adults Team is shown in the Safeguarding Adults Service Specification recently published and available on Staff room - http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/safeguarding-adults-children/safeguarding-adults-1

2.0 National Context and developments

Safeguarding Adults continues to be a high priority nationally. Local Authority Safeguarding Adults and Commissioning Groups expect commitment and assurance from service providers that the Safeguarding Adults agenda is embedded within an organisation.

To manage the assurance requirements there is a Safeguarding Adults Operational action planning system, updates of which are given as follows:

- ☐ Quarterly to the Trust Safeguarding Adults Governance Group
- ☐ Annually to Local Authority Safeguarding Adults Boards
- ☐ As required as part of quality scheduling/KPIs (contracting assurances) to Clinical Commissioning Groups

☐ Continual monitoring in line with CQC Outcome 7/CQC Inspection model (Safe, caring, effective, well-led, and responsive)

The assurance requirements are summarised at section 5:

The Current Combined Operational Action plan is at appendix 2.

Emerging legislation, policy/strategies have placed further focus on the Safeguarding Adults agenda.

The main priorities of the Trust supported by the Safeguarding Adults team are the implementation of the following:

The Care Bill

Section 42 – 46 of The Care Act 2014 has replaced the 'No secrets' guidance.

These Sections outline the duties following the legislation of Adult Safeguarding processes. As a result the Trust has a legal duty to safeguard an adult who:

"has needs for care and support (whether or not the local authority is meeting any of those needs) and;

- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect"

The Care Act became statute from April 2015. Its main focus is "Making Safeguarding Personal".

The Act also gives long awaited clarity on legal responsibilities for Local Authorities and multi-agencies.

The Trust policy and training package has been amended in line with the Care Act and there has been contribution by the Trust to local authority guidance.

Cheshire West Supreme Court Judgment

1) Background

On 19 March 2014 the Supreme Court handed down its judgments in the case of 'P v Cheshire West and Chester council and another' and

'P and Q v Surrey County Council' hereafter known as 'Cheshire West'. This judgement whilst not changing the law has considerably widened and clarified the definition of when a Deprivation of Liberty Safeguards (DoLS) is said to occur.

The Supreme Court judgement has confirmed that there are two key questions in determining if a situation amounts to a deprivation of the person's liberty known as *'The acid test'*

- ☐ Is the person subject to continuous supervision and control?
- ☐ and
- ☐ Is the person free to leave?

2) Implications for York Teaching Hospitals NHS Foundation Trust

This judgement has significantly increased the number of patients and the types of care where a patient will be deprived of their liberty in law. The Trust has made 221 applications in 2015 – See Safeguarding Adults Team activity at appendix 3 for detailed analysis.

The main implications are

- ☐ Any patient who lacks capacity to make the decision to remain in hospital who receives treatment will require a DoLS application. This may potentially apply to a wide range of patients including those with learning difficulties, dementia and neurological disorders as well individuals who lack capacity as a result of reduced consciousness following major trauma or as a result of treatment for that trauma for example.

- ☐ Any patient who lacks capacity to make the decision to remain in hospital that does not require treatment but is detainable under the Mental Health Act 1983 cannot be made subject of Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act and will need to be detained under a section of the Mental Health Act.

- ☐ Any patient who is to be admitted on a planned basis but lacks the capacity to agree to admission will require Deprivation of Liberty Safeguards (DoLS) be granted prior to admission.

Training and guidance is in place across the Trust with a specific resource page available on Staffroom. Training compliance has

improved following the introduction of the learning hub and changing from face-to-face to e-learning from April 2015.

This judgement continues represents a significant increase in activity for the Safeguarding Adults team in relation to training, supporting staff, monitoring of applications and notifications to the Care Quality Commission.

The Judgment has major implications for the Trust caring for patients lacking capacity to consent to be accommodated in hospital and to receive the care and treatment they require.

The Law Commission produced a consultation paper on 7th July 2015 and organisations affected were asked to comment. The proposed scheme from the Law Commission was presented to the Trust Safeguarding Adults Governance Group on 13th October.

The proposed scheme is called "Protective Care Arrangements" which outlines plans to allow acute hospitals to self-authorise for a period of 28 days.

The scheme has implications for consultants responsible for the care of patients which may require authorisation under the deprivation of liberty safeguards.

It suggests a specific care plan and full liaison with the patient, carers and family.

Agencies have been asked to comment on this consultation and the Trust submitted the following.

"*York Teaching Hospital NHS Foundation Trust welcomes any proposal to enable The Cheshire West Ruling to be applied to patients in our care. However this proposal has major implications for staff working in this and all acute trusts nationally. Patients using our Acute services will regularly present with temporary or permanent loss of capacity and the changing and complex nature of acute admissions could in most cases evoke a Deprivation of Liberty Safeguard Application in an (conservative) estimated 0f 50% of all admissions. The administrative process of this alone has already increased the workload of all front-line staff despite having a Safeguarding Adults team. The proposal would increase the workload and as a result could potentially impact on patient care. We would therefore comment that any agreement to this proposal should be carried out at a national level*

with full guidance and direction from the Department of Health, NHS England and the General medical Council (GMC)"

Response from the Law Commission Consultation

"I am responding on behalf of Tim Spencer-Lane. Thank you for the response to our consultation on mental capacity and deprivation of liberty.

The comments are very much appreciated and have now been submitted as a formal consultation response from York Teaching Hospital NHS Foundation Trust, and not from you personally. If this is not correct, please email me and I can amend it.

We will carefully consider the response, and produce a report by the end of 2016 outlining our recommendations for reform.

We treat all responses as public documents in accordance with the Freedom of Information Act and we may attribute comments and include a list of all respondents' names in any final report we publish. If you want the comments to be anonymous, let us know and we will not publish the name."

In the meantime the Safeguarding Adults Team continues to support staff with this as follows:

- ☐ Monthly Ward visits to increase support awareness and identify potential Deprivations of Liberty
- ☐ Specialist Training to high risk areas
- ☐ High Risk Wards subsequently managing own applications with the Support of the Safeguarding Adults Team.
- ☐ Information Packs delivered to each ward
- ☐ Pocket guidance for Consultants/Medical staff
- ☐ Intranet Resource page with links to required paperwork and guidance
- ☐ Data analysis base developed to monitor applications and chase up outcomes.

It has been noted that there is now a substantial commitment from wards that now on the whole, make their own applications and follow process to good effect.

The Trust conducted an internal audit in 2015. The report can be seen at appendix 4. The audit identified the following actions
The Care Quality Commission (CQC) should be informed of the outcomes of all the applications for Deprivation of Liberty.

- A review of all current known DoLS applications will be undertaken to determine the outcomes to report to CQC.

Completed

- Wards should be reminded that in addition to sending the DoLS applications to the Adult Safeguarding Team there is a further requirement to provide copies of the Capacity Assessments and outcome paperwork.

Completed

- A review of the current internal guidance will be undertaken and amended to reflect the need for wards to supply the Adult Safeguarding Team with Capacity Assessments and outcome paperwork.

Completed

- The purpose of the Events File should be clarified to determine if one should be held electronically for every patient.

Completed

- The Trust should establish that Local Authorities are providing outcome paperwork following Deprivation of Liberty Safeguards assessments for inclusion in patient files.

  The Local Authorities will be officially contacted by letter to determine where DoLS outcome paperwork is being sent and state the requirement for the Trust to receive it.

Completed

- A review should be undertaken of the roles and responsibilities of the staff within the Adult Safeguarding Team to ascertain if additional resources are necessary to support the monitoring and management of the DoLS spread sheet.

  A review of the administration and clerical support for the Adult Safeguarding Team will be undertaken to determine if further resources are available.

Recruitment has been delayed in light of the financial constraints of the Trust.

Prevent Strategy

1) Background

The Counter Terrorism and Security Bill gained Royal Ascent in March 2015. Accompanying the Bill was the Prevent Duty.

The Prevent Duty within the Bill is summarised as follows:

- ☐ A Duty on certain bodies to have due regard to the need to **Prevent people from being drawn into terrorism**. The duty applies to bodies including local authorities, the police, and prisons, providers of probation services, schools, colleges, health service and universities.
- ☐ Allows the Secretary of State to **issue guidance to those bodies on how the duty should be fulfilled**
- ☐ Gives the Secretary of State power to **direct a body to take certain action**, which would be used to enforce compliance where the Secretary of State is satisfied that the body has failed to discharge the duty. These directions would be enforceable by a court order.

There is also an expectation from NHS England that Prevent is embedded into everyday safeguarding activity including training. Prevent is a specified requirement within the NHS Standard Contract for provider organisations.

2) Progress

There is an expectation from NHS England that Prevent is embedded into everyday safeguarding activity including training. It is a specified

requirement within the NHS Standard Contract for provider organisations.

The Trust launched PREVENT awareness training as part of the Statutory/Mandatory Programme from October 2015 and within the first month 2000 staff had completed the training.

By way of further commitment the Safeguarding Adults team also have representation on the following regional and local Prevent groups.

Prevent Health Forum – the remit is to support Healthcare providers embed the Prevent Strategy

The following group explore local trends and potential for emerging risks.

Prevent Bronze Group (York)
Prevent Bronze Group (Scarborough)

3.0 Local Context 2015

The Trust has a representation at the North Yorkshire County Council, City of York Council and East Riding Safeguarding Adults Boards.

Following the Care Act there has been numerous changes to representation and aims of these external boards.

There continues to be representation by the Trust at CYC and ERYC. NYCC following a review of membership now has a chief nurse from the local region represent the Trust.

3.1 Safeguarding Adults Governance Group

The York Teaching Hospital NHS Foundation Trust Safeguarding Adult Group was established in November 2010, its purpose is;

- ☐ To monitor safeguarding adult strategies to ensure that they operate within the context of national and local policies
- ☐ To discuss Governmental and strategic drivers and assess the impact upon York Teaching Hospital NHS Foundation Trust

- ☐ To ensure adult safeguarding arrangements locally reflect the City of York, North Yorkshire Adult and East Riding Safeguarding Boards' Procedures
- ☐ To evaluate practice and identify gaps in assurance
- ☐ To analyse findings from audits and evaluate implications for practice
- ☐ To prioritise and agree the annual work programme for Safeguarding Adults
- ☐ To disseminate lessons learnt from Serious Case Reviews (SCR)
- ☐ To ensure two-way sharing of information between the Trust and the Safeguarding Boards as required in order to strengthen the multi-agency framework of practice

4.0 Achievements during 2014

4.1 Resources

The Safeguarding Adults Team consist of

1) Head of Safeguarding
2) Lead Nurse for Safeguarding Adults
3) 2 x specialist nurse to support staff with the Safeguarding Adults agenda which includes Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)
4) 1 x Learning Disability Liaison Nurse
5) 1 x Learning Disability assistant (Scarborough acute only)

4.2 Policies and Procedure

The Trust's Safeguarding Adults Policy and Procedures have been reviewed in line with the Care Act. The following policies also are the responsibility of the Safeguarding Adults agenda:

- ☐ Therapeutic Restrictions Guidance
- ☐ Mental Capacity Act Guidance
- ☐ Deprivation of Liberty Safeguards (DoLS) Guidance
- ☐ Learning Disability Specification
- ☐ Prevent

4.3 CQC Inspection

In March 2015 the Trust was subject to a CQC Inspection. The report was published in October 2015 by which time many of the identified causes for concern had been addressed.

The reports comments as follows on Safeguarding:

The safeguarding strategy was underpinned by safeguarding policies and procedures.

There were named leads for children's and adult services, including at Trust Board level. The chief nurse had safeguarding as part of their portfolio of responsibilities and staff reported that safeguarding was given more priority than previously.

There were quarterly updates to the Board via the Quality and Safety board committee.

The chief nurse was the nominated lead for safeguarding at Board level. Both adult and children's safeguarding teams were aligned under the chief nurse.

A senior lead for safeguarding was appointed and commenced full time in post on 1 October2014.

There are lead nurses for both adult safeguarding and learning disability.

There was safeguarding training available for staff but in many areas there was poor completion especially level 2 training. The overall compliance rates for 2013-14 were: Level 1 (e-learning for every staff member) 59% compliance; Level 2 (face to face for all staff who work with children & young people, and adults who are parents or carers) 36% compliance; and Level 3 (face to face training for all staff who work predominantly with children, young people & families) 70% compliance

• Safeguarding "Prevent" training was on the risk register as most areas were not on target to achieve the required training level in 2014/15.

4.4 Training

Training is now fully embedded in Trust induction and statutory and mandatory training for York Sites – Level 1 and 2 which is a complete

Safeguarding Adults, Mental capacity Act and Deprivations of Liberty Safeguards package. This programme has been available for all sites since April 2013. Key individuals in high risk areas have received level 2 training (how to respond to a safeguarding concern) and the Trust has a training plan for the delivery of level 1 and further level 2 training on a 3 year rolling programme.

The organisation has trained a numbers of staff at level 3, conducting multi agency investigations and level 4, chairing multi agency case conferences.

With the introduction of the learning hub these figures are on the increase. .

A bespoke Prevent training package has been developed has become part of the Statutory Mandatory Programme since April 2015.

5 Assurance framework

As part of Multi-agency working the Trust has an obligation to give assurance to Safeguarding Adults Boards and Commissioning Groups. This is done by way of self-declaration with follow-up "challenge" meetings to provide evidence. The standards are R/A/G rated and form the basis of the Safeguarding Adults Operational Action Plan – see appendix 2.

In summary standards typically cover the following areas:

- ☐ Statutory requirements within Human Resource Department Recruitment Policies and Procedures.

- ☐ Policies and procedures in:
  - Safeguarding Adults
  - Mental Capacity Act
  - Deprivation of Liberty Safeguards (DoLS) Safeguards
  - PREVENT Strategy
  - Learning Disabilities Awareness

- ☐ Comprehensive Training Needs Analysis and Training Strategy covering the above, with different levels of training delivered to different staff groups dependent on their role.

- ☐ Board representation and designated strategic and operational leads

6 Conclusion

Activity within the Safeguarding Adults team continues to become more complex in 2015.

Under the Care Act there is clarity of consistency of approach to the contribution the Trust is required to make in safeguarding adult concerns.

The work of the team has intensified fulfilling the scope of enquiries directed by the local authority. There is much more involvement with the patient and/or their representative to focus on their desired outcomes and views. All enquiries should begin and end with consultation. There are also strict time scales enforced to the process which increases pressure on the team.

The Safeguarding Adults Agenda Profile has greatly risen and in doing so has assurance expectation required from health providers.

Cheshire West ruling continues to dominate with an ever-changing landscape to enable providers to manage the legislation. The Safeguarding Adults Team represents the Trust at relevant local forums to be in a position to provide regular up-dates of progression/developments.

The implementation of Prevent has been a large project and not without its concerns. However with training and guidance in place risk of non-compliance has been reduced to such an extent that it has been removed from the Trust risk register.

There remains the concern that this is sensitive subject matter and misconception of the strategy is a cause for resistance to take-up/commitment. It cannot however be ignored as contractually and as assurance we are expected to implement. There will be additional weight added to embedding the strategy once the Counter Terrorism and Security Bill (including the Prevent Duty) receive Royal Ascent

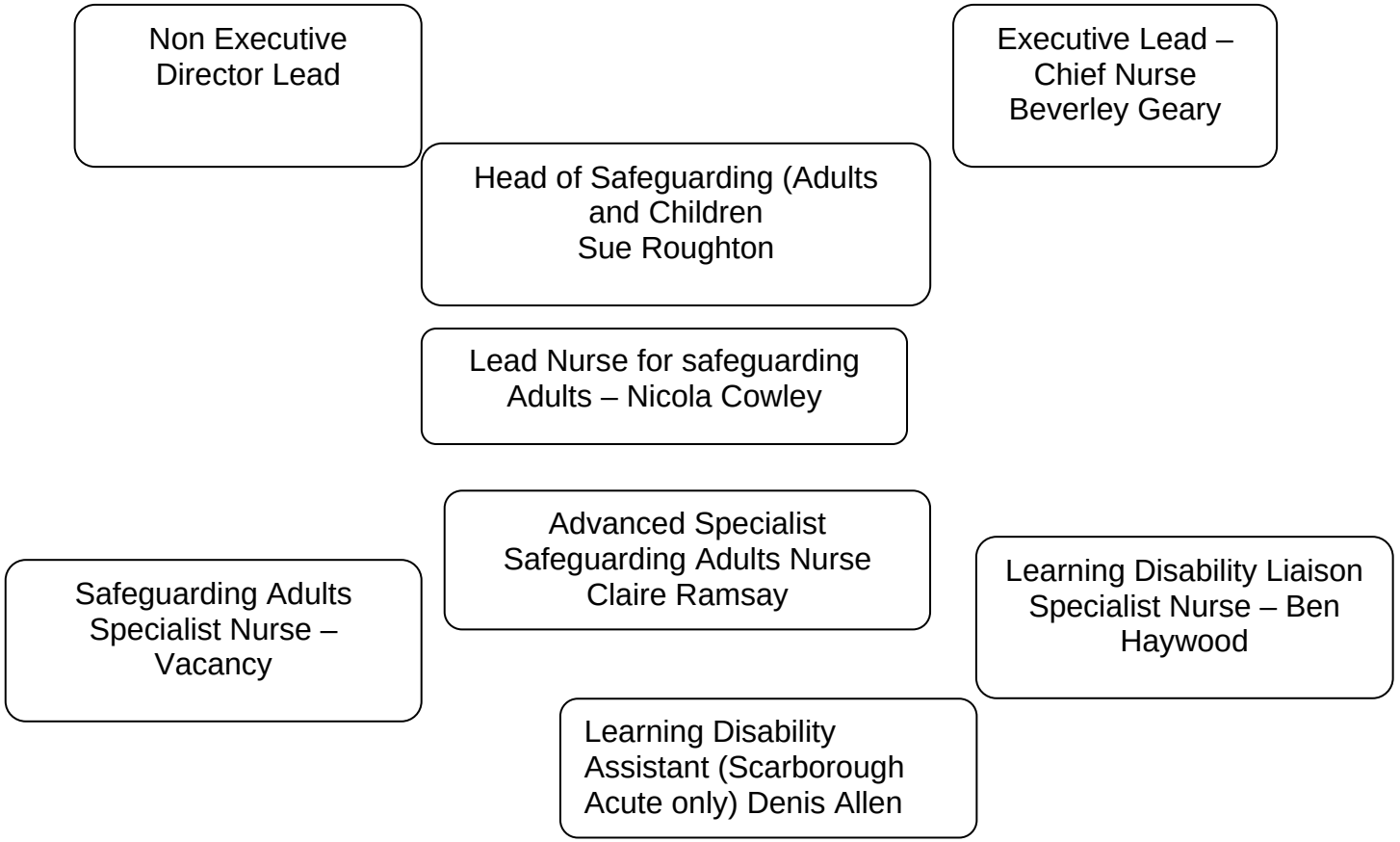
The aim for this report is to:

- ☐ Acknowledge Progress and development

- ☐ Promote an awareness Key challenges, national drivers and priorities for the future.
- ☐ Be assured of ongoing work and management of risk
- ☐ Highlight the increasing activity and necessity of specialised support for staff to safeguard adults.

Nicola Cowley
Lead Nurse for Safeguarding Adults
February 2016

Appendix 1 – Safeguarding Adults Team Structure



Appendix 2 – Safeguarding Adults Strategic and operational Action Plan (Reviewed February 2016)

York Teaching Hospital NHS
NHS Foundation Trust

February 2016

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
1.0 Strategy Internal Strategies and plans which include national and local priorities. There is clear strategy which includes user/carer involvement	ERYC SAB CYC SAB NYCC SAB CCGS CQC (OUTCOME 7)	**1:1 There is a strategic Plan for safeguarding adults and it is an integral part of quality**	**York Teaching Hospital NHS Foundation Trust Safeguarding Adults Strategy 2014 - 2017**	**Completed**	**NC**	
		1:2 The organisation's safeguarding adults strategy, planning and delivery involves and takes in account patient and carers experience	**York Teaching Hospital NHS Safeguarding Adults Policy (developed with Local Authority Multi- Agency Policy – Making Safeguarding Adults Personal)** **Trust Safeguarding Adults Training Package in line with CARE ACT 2015 for "Making Safeguarding Adults Personal"** **Fact sheets available to patients/carers involved in Trust safeguarding adults process**	**Completed**	**NC**	
		1:3 Adult safeguarding is effectively resource	**Safeguarding Adults team Structure** **One vacancy at point of this return (Safeguarding Adults Specialist Nurse – Recruitment process commenced)**	**End March 2016**	**NC/CR**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
2.0 Systems Internal reporting of concerns and risk is open and transparent Both electronic and paper based systems are up-to-date Systems in place to capture concerns and used internally and with other agencies Policies and Procedures on MCA/DoLs is known and implemented. There is regular analysis reporting to the Board on Safeguarding interventions. Safeguarding is person-centred and available to minority and risk groups. Benchmarking is reported to the Board and acted upon. The experience of people from a wide range of minority groups is understood and addressed where needed. Care Act 2015 and Making Safeguarding Personal Initiative.	**ERYC SAB** **CYC SAB** **NYCC SAB** **CCGS** **CQC (OUTCOME 7)**	**2.1 The organisation has internal safeguarding adults procedures that are consistent with the local multi-agency safeguarding adults procedures including information sharing.**	**Trust Safeguarding Adults Policy is aligned to the Revised Multi-Agency Policy which has been adopted by CYC, NYCC and ERYC**	**Completed**	**NC**	
		2.2: The organisation can demonstrate links between safeguarding adults and organisational policies and procedures including complaints.	**a) Pressure Ulcer Protocol** **b) Serious Incident Policy** **c) Formal Complaints process** **d) Datix incident reporting** **e) Domestic Abuse Policy**	**Completed**	**NC**	
		2.3 The organisation has systems in place for person centred care to meet the needs of patients at particular risk of neglect, harm or abuse	**a) Safeguarding Adults Policy** **b) Mental Capacity Act Guidance** **c) Therapeutic Restrictions Guidance** **d) Combined Nursing Assessment Process** **e) Admission Pro-forma** **f) Risk Identification checklist** **g) Pressure Ulcer Protocol** **h) Complaints process** **i) Datix incident reporting.** **Safeguarding Adults training packages and policy** **Fact sheets available to patients/carers involved in Trust safeguarding adults process**	**Completed**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
		2.4 The organisation has systems in place to identify and act on risks that have a potential to become a safeguarding adults concern.	**a) Safeguarding Adults Policy and training** **b) Safeguarding Adults Governance Group** **c) Strategic review as follows:** • **Quality and Safety meeting** • **Complaints review meeting** • **Mortality Review meetings** • **Serious incident Reporting** • **Information Sharing agreements with key stakeholders for safeguarding adults from CYC, NYCC and ERYC and other providers**	**Completed**	**NC**	
		2.5 The organisation has clear accessible systems for patients and carers views and concerns to be heard to influence change.	**a) Complaints/PALs** **b) Matron of the Day contact** **c) Internet awareness** **d) Intranet resource for staff to support** **e) Fact sheets available to patients/carers involved in Trust safeguarding adults process**	**Completed**	**NC**	
		2.6 The organisation can evidence that Mental capacity Act is integral to care and the management of safeguarding adult concerns	**a) Mental Capacity Act Guidance** **b) Mental Capacity Act training** **c) Safeguarding Adults Policy** **d) Intranet staff resource for MCA** **e) Safeguarding Adults team**	**Completed**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
			support			
		2.7 The organisation has guidance and processes to govern the use of restriction and restraint and where DoLS should be considered.	a) Deprivation of Liberty Guidance b) Therapeutic Restriction Guidance c) Deprivation of Liberty training d) Safeguarding Adults Policy e) Intranet staff resource for MCA f) Safeguarding Adults team support	Completed	NC	
		2.8 The organisation can demonstrate patient and carer led decision about their safeguarding and the interventions are person-centred.	a) Safeguarding Adults team Service specification and process b) Commitment to Local Authority Multi-Agency guidance c) Fact sheets available to patients/carers involved in Trust safeguarding adults process	Completed	NC	
		2.9 The organisation has processes to review and benchmark safeguarding alerts and referrals	a) Quarterly reporting to Safeguarding Adults Governance Group b) Annual Reporting to Boards c) Bi-monthly reporting to Senior Nurse meetings (SNM/PNLF) d) Weekly reporting to Quality and Safety Meeting e) Monthly reporting to Chief Nurse	Completed	NC	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
		2.10 The organisation has set requirements for Board/senior management reporting on safeguarding adults	**Safeguarding Adults Reporting structure**	**Complete**	**NC**	
		2.11 The organisation has processes for quality assuring decisions relating to safeguarding adults interventions	**a) Multi-agency Safeguarding Adults Policy** **b) Safeguarding Adults Policy** **c) Safeguarding Adults Service Specification** **d) Peer audit (ERYC Quality & Assurance representation)**	**Complete**	**NC**	
		2.12 Information about services and safeguarding adults is provided in accessible formats and different languages	**a) Internet information for accessible information** **b) Learning Disability Service Specification** **c) Fact sheets available to patients/carers involved in Trust safeguarding adults process** **d) Patient Access Policy**	**Complete**	**NC**	
		2.13 Information about the delivery of safeguarding to minority groups is analysed and used to improve services	**a) Safeguarding Adults team representation on Fairness Forum** **b) Fact sheets available to patients/carers involved in Trust safeguarding adults process**	**Complete**	**NC**	
		2.14 The organisation is able to demonstrate how it has integrated the safeguarding aspects of the Care Act 2014 into the systems and processes of	**a) Safeguarding Adults Policy** **b) Safeguarding Adults training** **c) Fact sheets available to patients/carers involved in Trust safeguarding adults**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
		the organisation.	**process** **d) Internet information for accessible information** **e) Learning Disability Service Specification** **f) Fact sheets available to patients/carers involved in Trust safeguarding adults process** **g) Patient Access Policy** **Strategic Awareness** **a) Annual reporting to Board** **b) Chief Nurse Monthly reports** **c) Quarterly reporting to Safeguarding Adults Governance Group**			
3 Leadership, Management and Workforce Executive level roles and responsibilities are clear within the structure Workforce plans are robust and reviewed as required.		**3.1 Leadership for safeguarding adults is provided by a named executive and non-executive/elected member or equivalent**	**Strategic safeguarding Adults Structure (1 x non-executive director and Chief Nurse)**	**Complete**	**Chief Nurse/Non-executive Director**	
		3.2 The named executive lead champions the importance of safeguarding adults throughout the organisation.	**a) Monthly Chief Nurse Reporting** **b) Annual reporting to the Board** **c) Highlight reporting** **d) Risk Register reporting** **e) Quality and safety Representation**	**Complete**	**Chief Nurse**	
		3.3 The organisation provides supervision and support for staff/volunteers involved in safeguarding adults procedures	**a) Safeguarding Adults Service Specification** **b) Safeguarding Adults Training** **c) Ward Wander programme**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
		3.4 The organisation has robust recruitment processes in place, including procedures under the Safeguarding Vulnerable Groups Act, Criminal Records Bureau	**a) Recruitment/Selection and Appointment Policy** **b) Your selection – Recruitment and Selection training**	**Complete**	**Human Resources**	
		3.5 The organisation safeguards adults by addressing performance concerns	**Performance Management Policy and procedures.**	**Complete**	**Human Resources**	
		3.6 Staff within the organisation are clear about who is the named lead with responsibility for adult safeguarding	**a) Safeguarding Adults Policy** **b) Safeguarding Adults training** **c) Safeguarding Adults Ward Wander Programmes** **d) Intranet resource for Staff**	**Complete**	**NC**	
		3.7 The organisation has a clear equality and diversity statement in place	**a) Equality and Diversity Statement 2013 – 2016** **b) Fairness Forum Terms of Reference**	**Complete**	**Margaret Milburn**	
		3.8 Staff are trained to recognise people at risk who maybe experiencing hate crime or could be vulnerable to radicalisation.	**a) Prevent Guidance** **b) Prevent Training Package** **c) Safeguarding Adults Policy** **d) Safeguarding Adults Training Package**	**Complete**	**NC**	
4 Training The organisation has a training strategy in place which includes safeguarding training		**4.1 The organisation's workforce has capacity and capabilities to:** **i) Meet the needs of patients who may be a t risk of harm** **ii) respond to safeguarding concerns**	**a) Safeguarding Adults/MCA/DoLs/Therapeutic Restriction Policy and/or guidance** **b) Safeguarding Adults training strategy/training needs analysis which includes**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
Individuals have training plans which are reviewed Staff, volunteers and carers know their responsibilities related to safeguarding adults.			**MCA/DoLs/PREVENT/Therapeutic Restrictions/Learning Disabilities** **c) Staff Intranet resource** **d) Trust Safeguarding Adults team Service Specification**			
		4.2 The organisation provides training to enable the workforce to safeguard adults	**a) Safeguarding Adults training strategy/training needs analysis which includes MCA/DoLs/PREVENT/Therapeutic Restrictions/Learning Disabilities** **b) Staff Intranet resource** **c) Trust Safeguarding Adults team Service Specification**	**Complete**	**NC**	
		4.3 Appropriately trained and experience staff review and manage safeguarding adults concerns	**Safeguarding Adults Team**	**Complete**	**NC**	
		4.4 The organisation undertakes audit of training undertaken and its effectiveness	**a) Ward Wander Programme** **b) Statutory Mandatory Training Feedback**	**Complete**	**NC**	
		4.5 The organisation provide specific training on safe recruitment that is completed by all those who have a role in recruiting with staff working with vulnerable adults	**a) Recruitment/Selection and Appointment Policy** **b) Your selection – Recruitment and Selection training**	**Complete**	**NC**	
5 Partnership & Information Sharing		**5.1 The organisation works in partnership to safeguard adults,**	**a) CYC Safeguarding Adults Board Member**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
There is regular attendance at both internal safeguarding meetings and at the SA Board meeting and its committees as appropriate Information about services, locations and individuals is shared effectively between agencies The Information Sharing Protocol is understood and implemented		**includes regular attendance at SA Board meetings**	**b) ERYC Safeguarding Adults Board Member** **c) Board level Sub group representative where appropriate** **d) Point of Contact for MARAC** **e) Point of contact for MAPPA**			
		5.2 The organisation is open and transparent in relation to safeguarding adults	**a) Joint Agency working and evidence of contribution to enquiries** **b) Commitment to local authority Care Act Guidance (Section 6)** **c) Serious Incident Policy and Procedure**	**Complete**	**NC**	
		5.3 The organisation shares relevant information related to the safeguarding adults in a secure and timely manner	**a) Information Governance Policy and Procedure** **b) Safeguarding Adults Multi-Agency Policy commitment to information sharing** **c) Adherhence and commitment to Section 6 of Care Act to make enquiries on behalf of the local authority**	**Complete**	**NC**	
		5.4 Records are secure	**a) Information Governance Policy and Procedure**	**Complete**	**NC**	
		5.5 Staff are aware of who to go to should they require clarification on information sharing.	**a) Information Governance Policy and advice**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
Learning Disabilities – Six Lives						
There are mechanisms to identify and flag patients with learning disabilities	**Monitor**		**a) Electronic Alert System** **b) Ward List flag system**	**Complete**	**NC**	
Protocols ensure that reasonable adjustment have been to pathways of care	**Monitor**		**Learning Disability Service Specification**	**Complete**	**NC**	
Protocols support family/carers	**Monitor**		**Learning Disability Service Specification**	**Complete**	**NC**	
Staff training and induction routinely include: **Learning Disability Awareness** **MCA** **Person Centred Approaches** **Communication** **Safeguarding Adults**	**Monitor**		**Safeguarding Adults training Strategy/Training Needs analysis**	**Complete**	**NC**	
Protocols encourage and support people with learning disabilities and their carers involved in Boards, forums and planning	**Monitor**		**a) Fairness Forum** **b) Health Task Group representation**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
There is a planned schedule of audit that demonstrates how it supports people with learning disabilities and the results are routinely available	**Monitor**		**a) Monthly ward Wander programmes**	**Complete**	**NC**	
There are formal relationship and partner organisations to support joint working and coordination	**Monitor**					
PREVENT Specific						
NHS Provider Trust will identify an Executive Lead of Prevent.	**NHS England CCG**		**Chief Nurse**	**Complete**	**BG**	
NHS Provider Trust will identify an Operational Lead of Prevent and ensure they are appropriately authorised and resourced to deliver the local and national standards.	**NHS England CCG**		**Lead Nurse for safeguarding Adults**	**Complete**	**NC**	
The provider must have a procedure which is accessible to all staff consistent with the Prevent Guidance and	**NHS England CCG**		**Prevent Guidance**	**Complete**	**NC**	

Standard/requirement	Assurance required by:	Standard to be achieved	Evidence or actions to evidence	Target date	Lead	RAG Rate
Toolkit and clearly sets out how to escalate Prevent related concerns.						
The provider must have a training plan that identifies Prevent related training needs for all staff.	**NHS England CCG**		**Prevent Training Needs Analysis prevent Training Package (Statutory Mandatory Programme)**			
NHS Trust will ensure implementation of the Prevent agenda is monitored through the Trust's audit cycle.	**NHS England CCG**		**Audit will be applicable from one year after policy and training implementation**	**October 2016**	**NC**	

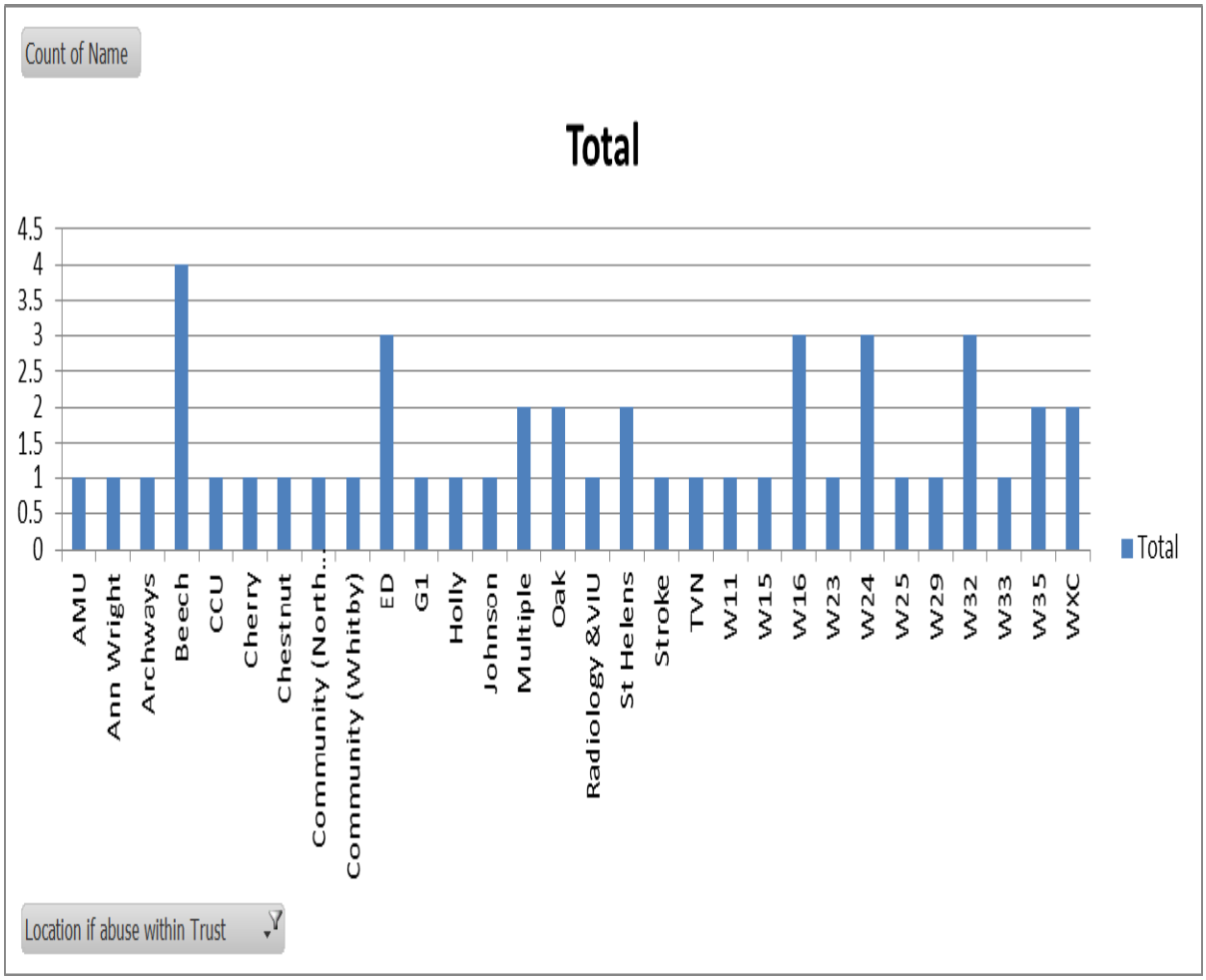
Reviewed Feb 2016
Nicola Cowley
Lead Nurse for Safeguarding Adults

Appendix 3 - Safeguarding Adults team Activity – January 2015 – December 2015.

Safeguarding Adults Team Activity

There were 103 Safeguarding Adults alerts received in 2015. This figure relates to **all** alerts referred through the Safeguarding Adults Team raised either **against** or **by** the Trust.

Of the 103 alerts 44 were raised against acute staff and 2 against community staff. These alerts were raised against the following areas:



The following table gives the outcomes of Safeguarding Adults Investigations. Some of these investigations are still on-going:

The investigations found that 10 of the 46 allegations were substantiated and 23 were not substantiated 4 were partially substantiated.

Location	Type	Detail	Outcome
Beech	Neglect	Staff member not responding to care needs of patient. Staff member physically grabbed patient's wrist.	Not Substantiated
	Sexual	Staff member alleged to have sexually assaulted patient	Continued police investigation
	Neglect	**Discharged** in poor, unkempt state	Not Substantiated
	Neglect	Another patients medication sent with patient on **discharge**	Substantiated
Ward 16	Neglect	Care package not restarted on **discharge** Staff not aware of home arrangements as not informed	Not Substantiated
CCU	Neglect	**Discharged** with grade 3 pressure ulcer Evidence patient was admitted from care home with pressure ulcer	Closed to safeguarding
Cherry	Neglect	Patient sustained facial bruising whilst in Trusts care No evidence of cause found	Inconclusive
Community North Ryedale	Neglect	Nurse did not assist patients husband who fell during nurse visit	Substantiated
G1	Neglect	Anticipatory medications not supplied on **discharge.** Medical professional opinion the anticipatory medications not required	Not Substantiated
St Helens	Neglect	Sustained bruising whilst in trust care	Closed to safeguarding
	Neglect	Relatives concerned about nutritional care, bruising noted and blister to heel developed	Not Substantiated

WXC	Neglect	Family concerns regarding nutritional and hydration care. Evidence of good care	Not substantiated
	Psychological	Staff member developed inappropriate relationship with patient. HR involvement	Substantiated
ED	Neglect	**Discharged** without care in place	Substantiated
	Neglect	**Discharged** with cannula in place and dressed in a pyjama Jacket and incontinence pad only	Substantiated
	Neglect	Mental health patient absconded un-noticed from ED and was found in Edinburgh.	Closed to safeguarding
Holly	Neglect	24 hour one to one care not always met. Patient came to no harm	Not Substantiated
Ann Wright	Neglect	Incorrect information on **discharge** regarding pressure ulcer. Evidence that information was correct.	Not Substantiated
Ward 15	Neglect	No anticipatory medications sent on **discharge**	Partially Substantiated
Ward 16	Neglect	**Discharged** without home care being re started Ward was unaware of care being in place at home.	Not Substantiated

	Neglect	**Discharged** without information on medication dose required for warfarin	Substantiated
	Neglect	Mental health patient **discharged** with no discharge planning and was unable to cope at home alone. Required transferred to respite care.	Partially substantiated
Ward 35	Neglect	Poor care leading to deterioration in health Evidence of good care	Not Substantiated
Ward 32	Sexual	Inappropriate Sexual behaviour by staff member. HR investigation – no evidence	Not Substantiated
	Neglect	Patient did not receive pain relief whilst in Trust care. **Discharged** with pressure sores not included in discharge information	Partially substantiated
	Neglect	**Discharged** without care being re started	Substantiated
Community (Whitby)	Neglect	DN ordered equipment for patient but could not provide training for staff to use	Not Substantiated
TVN Service	Neglect	Delay in antibiotics resulting in patient passing away	Not substantiated
Oak	Neglect	Care package on **discharge** not able to meet the patient's needs. Evidence that care needs did not change whilst in Trust care	Not Substantiated

	Neglect	Lack of information on **Discharge** regarding patient leg Ulcers	Not Substantiated
Ward 24	Neglect	Patient **discharge** with cannula in situ and medications sent to patient's home address rather than care home.	Substantiated
	Neglect	Poor information on **discharge**, patient on puree foods, discharged home to husbands care who was unaware of this	Not Substantiated
	Neglect	Sustained scalding to chest area whilst in Trust care as wrong drinking utensil provided.	Substantiated
Radiology/VIU	Neglect	Patient left in x ray area unattended, patient soiled Patient declined escort to x ray	Not Substantiated
Archways	Neglect	Rough Handling by staff	Not Substantiated
Stroke Ward	Neglect	No information sent to hospice on **discharge** regarding pressure ulcers Full medical notes sent with patient to hospice	Not Substantiated
Ward 33	Neglect	Patient **discharged** without notifying care provider, patient left in chair overnight without any care input	Substantiated
Ward 25	Neglect	No referral to district nurse for injections on discharge and no information on pressure grade 3 ulcer	Partially Substantiated
Ward 29	Neglect	Patient fell from chair after staff were informed by daughter that patient was in poor position Daughter happy that someone listened to concerns	Closed to safeguarding

Ward 23	Neglect	Patient fell from bed following low bed removal Evidence of appropriate assessment	Not Substantiated
Chestnut	Neglect	**Discharged** with pressure ulcer to elbow No evidence of ulcer whilst in Trust care	Inconclusive
Johnson	Neglect	No pressure ulcer care plan provided on **discharge** and no referral to TVN Care home assessed patient prior to discharge	Not Substantiated
AMU	Neglect	Patient assaulted by another patient who's symptoms were query not being managed adequately	Under enquiry
Ward 11	Neglect	**Discharged** to care home with pressure ulcer Evidence that Pressure ulcer was found by district nurse 4 days after discharge.	Not Substantiated
Community (Haxby)	Neglect	No information provided on **discharge** to NH regarding care requirements for pressure ulcers to patient legs despite care home requests for information	Inconclusive
Various	Neglect	Patient absconded twice from two separate wards	Closed to safeguarding
Various	Neglect	Patient admitted to ward via ED, found to have dislocated shoulder, unknown where occurred	Not substantiated

Themes Analysis and Assurance

The main them identified with concerns raised was discharge. 24 of the total concerns raised against the Trust alleged discharge issues although it should be noted that only 10 of these went on to be substantiated or partially substantiated.

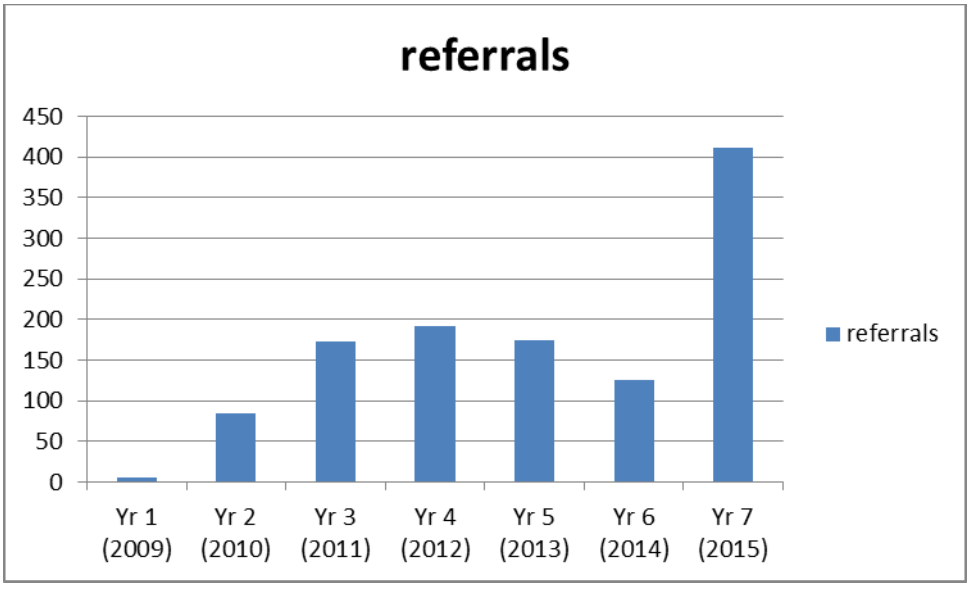
Awareness of themes is raised at regular agenda items at PNLF and Senior Nurse Meetings. In any enquiry Matron and Assistant Director or of Nursing is involved and any actions identified during the course of the investigation are owned by the Matron to complete.

Deprivation of Liberty Safeguards (DoLS) Safeguards Support

There were 221 DoLS applications notified to the Safeguarding Adults Team in 2015 (43 in 2014). Ward 37 continues to the main applicant (96) with a satisfying spread across the Trust from other wards. This indicates increasing awareness.

Learning Disability Service

The Learning Service was introduced in November 2009 with the appointment of the Learning Disability Liaison Nurse whose role was to offer support to patients with a learning disability requiring acute health care.



There has been a significant increase in referrals in 2014. This is due to team restructure and the role of learning

disability liaison being allocated to one specialist nurse rather than split with safeguarding adults responsibilities.

There were 415 referrals in 2015 with a total of 1647 reasonable adjustment.

Reasonable adjustments vary from each patient and could include the following:

Passport
Ward visit
Home visit
Side room
MDT (Int)
MDT (Ext)
MCA Support
Best Interest Mtg
External care facilitation /liaison
Familiarisation
Accessible info
Parking/Transport
Appt Adjustment
Support in Appt
Meet and greet
Quiet waiting area
LD Asst Support 1 to 1
Carer Support

Summary

The Safeguarding Adults Team continue to be a useful expert resource to staff for raising safeguarding concerns, management of enquiries, MCA/DoLS and Learning Disability Liaison Support.

Safeguarding Adults processes are currently subject to an internal audit and we will welcome the findings. DoLS processes were also subject to internal audit in 2015 and it was identified that administrative support would be required. We are commencing recruitment for this from April 2016.

Nicola Cowley
Lead Nurse for Safeguarding Adults
February 2016

Appendix 4 – Outcome of Deprivation of Liberty Safeguarding Process (Internal Audit)

Internal Audit Report

Mental Capacity Act Compliance

Report Ref: Y1612

Auditor: Sandra Glaister
Carol Watson

Draft Copy: James Taylor, Medical Director, York
Ed Smith, Medical Director, Scarborough
Beverley Geary, Chief Nurse
Diane Palmer, Deputy Director Patient Safety
Nicola Cowley, Learning Disabilities Specialist Nurse

Final Copy: As above plus
Patrick Crowley, Chief Executive
Andrew Bertram, Finance Director

Content

Section 1 – Executive Summary

Objective

The objective of this audit was to provide assurance to management and the Board that the Trust has effective systems in place to ensure compliance with the Mental Capacity Act particularly in relation to the management of the Deprivation of Liberty Safeguards (DoLS).

Opinion: Limited Assurance

Control Objective	Assurance Level	Number of Recommendations		
		High	Medium	Low
1	Significant	0	0	0
2	Limited	5	0	0
3	Limited	1	0	0
4	Limited	4	0	0
Total	Limited	5*	0	0

* Recommendations have been made which are relevant to more than one Control Objective. (Assurance Level Key – page 17)

Control Objectives

1. There are robust governance arrangements in place to support the effective management of the Deprivation of Liberty Safeguards.
2. The Trust, as Managing Authority, has effective procedures and processes in place that support the Deprivation of Liberty Safeguards.
3. Staff roles and responsibilities regarding the Deprivation of Liberty are clearly defined and are being applied effectively.
4. Documentary evidence is retained to support the Trust's compliance with the Mental Capacity Act.

Areas of Good Practice

- Guidance has been produced for staff regarding the Deprivation of Liberty Safeguards.
- The Adult Safeguarding Team is responsible for Deprivation of Liberty queries that may arise in the Trust.

Areas for Improvement

- The completion of the Deprivation of Liberty documentation, and compliance with the associated processes, needs to be effectively managed to ensure an adequate audit trail exists which the Trust can rely upon in the event of a challenge after depriving a patient of their liberty.
- No outcome paperwork from assessments undertaken by Local Authorities was found in the files in the sample of patients selected and it is unclear if the Trust is receiving this documentation.

Section 2-Background Information

Background Information

The Mental Capacity Act (2005) is the statutory framework for making decisions and acting on behalf of individuals who lack the capacity to do so. The procedures do not apply to people detained under the Mental Health Act (2007) or patients under the age of 18 years.

Following a court ruling 'P v Cheshire West' in March 2014 the act was revised in respect of patients in hospitals and care homes who, due to a mental disorder, are unable to consent to receiving treatment or care that amounts to a Deprivation of Liberty. Prior to the ruling, a patient had to be denied the opportunity to leave an establishment, despite asking to do so, to constitute a Deprivation of Liberty.

An 'acid test' has been introduced by the revision to the Act to identify which patients may be subject to Deprivation of Liberty, they must be;

- under continuous supervision and control (in a ward or one to one) *and*
- not be free to leave *and*
- lack the capacity to consent to these arrangements.

If a patient meets the above criteria the Trust as the Managing Body must apply to the Local Authority in its capacity of Supervisory Body. A Best Interests Assessor will review the patient and decide if a Standard Authorisation can be applied in regard to depriving the patient of their freedom to leave the Trust premises. The Trust can grant itself an urgent authorisation to allow time for an assessor to attend.

Applications to Local Authorities have risen sharply since the revision to the Act. The Care Quality Commission has reported that at the end of September 2014, there were still 19,429 applications where a decision was still to be made, while at the end of March 2014 there were just 356 awaiting a decision.

The Trust has reviewed the guidance from the Law Society, Deprivation of Liberty; A Practical Guide which provides details of the challenges when trying to follow DoLS procedures. These are as follows:

- The Cheshire West Supreme Court decision was based upon three individuals with learning difficulties in long term residential care, very different from the acute setting where the patient leaves as soon as possible.
- In an acute hospital setting the Guidance suggests that there should never be any delay in administering emergency treatment. However, it is not clear how a court would approach this kind of situation if a Deprivation of Liberty Safeguarding application was later found to have been necessary.
- The risk of Deprivation of Liberty increases when a patient is no longer in need of emergency treatment and makes the transition to standard care.

- The guidance broadly points to degree of supervision, length of stay, use of sedatives, use of physical restraints and the patient's family wishing to take the patient home as possible indicators of a Deprivation of Liberty, dependent upon the context of the situation.

In addition, the Mental Capacity Act (2005) does not contain a definition of what constitutes a Deprivation of Liberty or a non-negligible period of time to enable the Trust to make a decision as to the timing of a DoLS application.

Further difficulties may arise for the Trust, as there have been very few legal decisions identifying what degree of capacity is necessary to consent to what would otherwise be regarded as a Deprivation of Liberty.

Key Risks

Key risks associated with this area include:

1) The governance arrangements are insufficient to facilitate timely and effective reporting and the Trust is unable to address non-compliance and suffers reputational damage and financial loss.

2) Patients are deprived of making decisions when they have the capacity to do so and the Trust suffers reputational damage.

3) Patients are detained past the authorised period when assessments carried out by Best Interests Assessors determine that they should not be subject to Deprivation of Liberty and the Trust suffers reputational damage.

4) Inadequate documentation is completed and retained and if challenged the Trust cannot demonstrate compliance with the Mental Capacity Act leading to reputational damage.

References

The Law Society, Deprivation of Liberty, a Practical Guide 2015
Deprivation of Liberty Safeguards Guidance, November 2014

Section 3-Audit Objectives, Scope & Methodology

Objectives & Scope

The objective of this audit was to provide assurance to management and the Board that the Trust has effective systems in place to ensure compliance with the Mental Capacity Act particularly in relation to the management of the Deprivation of Liberty Safeguards.

Methodology

Audit fieldwork consisted of:

- Discussions with key staff to gain an understanding of the systems in operation compliance with the Mental Capacity Act.
- Review of the policies and procedures in place at York and Scarborough Hospitals.

Section 4 - Controls Evaluation

This matrix sets out the control objectives and expected controls that were tested as part of this audit.

Where expected controls are either not in place or are not being applied consistently, a recommendation may be raised. Details of all recommended actions to improve controls are given in *Section Six* of this report.

Control Objective 1: There are robust governance arrangements in place to support the effective management of the Deprivation of Liberty Safeguards.				
Risk	**Expected Control**	**Control Design**	**Control Effectiveness**	**Recommendations (Priority)**
The governance arrangements are insufficient to facilitate timely and effective reporting and the Trust is unable to address non-compliance and suffers reputational damage.	Guidance and procedures are in place and readily accessible with regard to the Mental Capacity Act and Deprivation of Liberty.	Adequate	Fully Met	None
	Reports concerning the Deprivation of Liberty are provided to the appropriate Board or committee within the Trust.	Adequate	Fully Met	None
Overall Assessment: Significant Assurance The 'P vs Cheshire West' decision forms the basis for the DoLS guidance available to Trust Staff. Its purpose is to ensure that the Trust meets its responsibilities in regard to DoLS. The Trust has prepared and issued guidance to staff both on the intranet and in the form of pocket size booklets for senior clinicians. The guidance was reviewed and was found to provide clear descriptions of the steps staff should take when applying for a DoLS with a local authority. Quarterly reports to the Safeguarding Adults Governance Group include Mental Capacity Act enquiries and information on DoLS applications.				

Control Objective 2: The Trust, as Managing Authority, has effective procedures and processes in place that support the Deprivation of Liberty Safeguards.				
Risk	**Expected Control**	**Control Design**	**Control Effectiveness**	**Recommendations (Priority)**
Patients are deprived of making decisions when they have the capacity to do so and the Trust suffers reputational damage.	The key principles of the Mental Capacity Act are applied when assessing patients' ability to make decisions.	Adequate	Inadequately Met	1. High
	The Trust applies to the Local Authority for authorisation to implement a Deprivation of Liberty authorisation to patients and follows up outstanding applications in a timely manner.	Inadequate	Inadequately Met	2. High 3. High 5. High
	The Trust monitors authorisations of Deprivation of Liberty granted for patients to ensure the end date is not exceeded prior to re-assessment.	Inadequate	Inadequately Met	2. High 3. High 5. High
	There is a robust audit trail in place to support the Trust in the event of a legal challenge to a decision made regarding patient's Deprivation of Liberty.	Inadequate	Inadequately Met	2. High 3. High 4. High 5. High

Overall Assessment: Limited Assurance

It was established that the Adult Safeguarding Team maintains a spread sheet for recording DoLS applications, progress with the application and a corresponding electronic folder for each patient. Wards are expected to send copies of DoLS documentation to this central point to allow the Adult Safeguarding Team to review the information and monitor the expiry dates of applications. The standard application expiry date is one month.

There should be three documents supplied by ward staff to the Adult Safeguarding Team for inclusion in patients electronic files;

- DoLs Application
- Outcome Paperwork
- Capacity Assessment

At the time of the audit there were 135 applications recorded on the spread sheet. The spread sheet was established in January 2014 and in the first year to December 2014; there were just 42 applications recorded. This demonstrates that DoLS applications are significantly increasing.

A sample of 15 patients was selected from the spread sheet and the corresponding electronic patient files were reviewed. Fourteen were found to contain a DoLS application form, indicating that the wards are sending the referral forms through to the Adult Safeguarding Team as required by the 'What to do with DoLS forms once completed' guidance. A DoLS application form could not be found for one sample and it was established that this was because the patient had moved ward during the time one would have been sent to the Adult Safeguarding Team and the process for forwarding DoLS applications may have been overlooked as a consequence of this. No further documentation had been supplied by the wards for inclusion in the patients' files.

The Adult Safeguarding Team produces an Events File to record information additional to that on the DoLS application forms. However, only one was found in the sample of 15 reviewed.
Given that there have been difficulties around wards sending DoLS paperwork and with receiving outcome paperwork from Local Authorities, it may be useful to record any internal and external communications, however it is unclear if the Events File should be used for these purposes in every case.

The requirement that the Care Quality Commission (CQC) is informed when the outcomes of DoLS assessments are known has not been undertaken. A review of the information contained within the spreadsheet indicated that the CQC had not been informed of any of the outcomes of applications made in the sample of 15 patients reviewed. This was due to the Adult Safeguarding Team not receiving the outcome paperwork from the wards. It is necessary that the Trust fully complies with the CQC requirements.

An additional sample of the 10 most recent DoLS applications was taken from the DoLS spreadsheet. Nine were traced to the patients' files that were in York hospital. The other one was at White Cross Court and was not immediately available for review. It was identified that all nine had DoLS application forms on the hard copy patients' files. As in the first sample of electronic files reviewed, there was no outcome paperwork in any of the hard copy patient files or electronic patient folders. The Adult Safeguarding Team confirmed that it is unclear as to whether the Local Authorities are returning the outcome paperwork to the Trust.

Only the Adult Safeguarding Team can access the spreadsheet and folders are held on the Safeguarding 'X' drive on the Trusts computer network. There is no dedicated administrative support and the spreadsheet and folders are updated by the Safeguarding Manager or the Safeguarding Specialist Nurse in addition to their standard duties.

Control Objective 3: Staff roles and responsibilities regarding the Deprivation of Liberty are being applied effectively.				
Risk	**Expected Control**	**Control Design**	**Control Effectiveness**	**Recommendations (Priority)**
The Trust detains individuals past the authorised period when assessments carried out by the Best Interests Assessors determine that patients should not be subject to Deprivation of Liberty and the Trust suffers reputational damage.	Key Trust staff have been identified and assigned responsibility for the management of the requirements of the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards.	Inadequate	Inadequately Met	5. High
	There are established lines of communication between the Trust and the Local Authorities in their capacity as supervisory bodies.	Adequate	Fully Met	None
	Clinical staff have received training regarding the Mental Capacity Act and the changes made in respect of the Deprivation of Liberty Safeguards.	Adequate	Fully Met	None

Overall Assessment: Limited Assurance

The Trust has a clear hierarchy in place for the high level management of DoLS within the Adult Safeguarding Team. However, there is a need to identify dedicated resources to manage the progress of DoLS and the related documentation as the increase in DoLS applications is placing additional administrative pressure on the Team.

There are clear communication lines between Trust Clinicians, the Adult Safeguarding Team and the Local Authorities, however, the Local Authorities are under pressure to comply with the assessment requirements and this is outside of the Trust's control. This has led to delays in undertaking the assessments.

Safeguarding Adults Training is part of Statutory and Mandatory Training and staff are required to undertake this every three years. In addition to this the Adult Safeguarding Team has produced a number of procedures and guidance to assist staff with assessing capacity and making DoLS applications.

Control Objective 4: Documentary evidence is retained to support the Trust's compliance with the Mental Capacity Act.				
Risk	**Expected Control**	**Control Design**	**Control Effectiveness**	**Recommendations (Priority)**
Inadequate documentation is completed and retained and if challenged the Trust cannot demonstrate compliance with the Mental Capacity Act leading to reputational damage.	The Deprivation of Liberty process is appropriately documented.	Inadequate	Inadequately Met	2. High 3. High 4. High 5. High
Overall Assessment: Limited Assurance Completed documentation required to demonstrate the Trust's compliance with the DoLS process is not held centrally to facilitate review and monitoring. This is due to a combination of the wards not sending through documentation to the Adult Safeguarding Team and the Local Authorities not sending outcome paperwork following DoLS assessments, a number of recommendations have been made throughout this audit to address this.				

Section 5 – Overall Conclusion

The Trust has reviewed and followed the guidance available regarding changes to the Mental Capacity Act (2005) following the Supreme Court ruling in the case known as 'Cheshire West'.

Staff have been issued with guidance and Statutory and Mandatory training is provided by the Adult Safeguarding Team.

The requirement that the Care Quality Commission (CQC) is informed when the outcomes of DoLS assessments are known has not been undertaken as outcome paperwork is not being received by the Adult Safeguarding Team.

Documentation in support of DoLS applications is not being forwarded to the Adult Safeguarding Team in a timely manner to allow records to be reviewed and monitored from a central point within the Trust. In the event of the Trust being challenged after depriving a patient of their liberty, there is a risk that documentation to support this decision would not be available. The Adult Safeguarding Team produce an Events File for inclusion in the electronic patient records held centrally by the Team, however the purpose of the Events File requires clarification to determine if all electronic patient records require a copy.

Outcome paperwork from assessments undertaken by Local Authorities was not found in the files in the sample of patients selected. The Adult Safeguarding Team has confirmed that it is unclear if the Trust is receiving this documentation.

The audit has identified that sufficient resources are not available to assist with the collation and recording of documentation recording and monitoring the progress of DoLS applications.

Based on our overall findings, we offer an opinion of **Limited Assurance** in relation to compliance with the Mental Capacity Act particularly in relation to the management of the Deprivation of Liberty safeguards.

Corporate importance of the system	**High**
Overall corporate risk of system	**Amber/Green**

The auditor is grateful for assistance received from management and staff during the audit.

Head of Internal Audit:	Helen Kemp-Taylor
Auditor:	Sandra Glaister Carol Watson
Date:	14th August 2015

Section 6 – Schedule of Findings & Recommendations

Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
Reporting to the Care Quality Commission (CQC) It is a requirement that the Care Quality Commission (CQC) is informed when the outcomes of DoLS applications are known. The CQC had not been informed of the outcomes of any of the applications made by the Trust in a sample of fifteen DoLS applications reviewed. This was due to the Adult Safeguarding Team not receiving the outcome paperwork from the wards.	Patients are deprived of making decisions when they have the capacity to do so and the Trust suffers reputational damage.	1. The Care Quality Commission (CQC) should be informed of the outcomes of all the applications for Deprivation of Liberty.	High	A review of all current known DoLS applications will be undertaken to determine the outcomes to report to CQC.	Lead Nurse, Safeguarding Adults	30th Sept 2015

Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
DoLS Documentation When wards make an application to a Local Authority for DoLS assessment, ward staff are required to provide the following documentation to be held on file centrally by the Adult Safeguarding Team: • Application Form • Capacity Assessment • Outcome Paperwork A sample of 15 patients electronic folders were reviewed to confirm the documentation had been received. A completed DoLS application form was on file in 14 instances, one was not on file possibly due to the patient moving ward around the time the form should have been sent. Other than an events file, no further documentation had been supplied by the wards for inclusion in the patients files.	Patients are deprived of making decisions when they have the capacity to do so and the Trust suffers reputational damage.	2. Wards should be reminded that in addition to sending the DoLS applications to the Adult Safeguarding Team there is a further requirement to provide copies of the Capacity Assessments and outcome paperwork.	High	A review of the current internal guidance will be undertaken and amended to reflect the need for wards to supply the Adult Safeguarding Team with Capacity Assessments and outcome paperwork.	Lead Nurse, Safeguarding Adults	31st August 2015
Events Files The Adult Safeguarding Team create electronic Events Files to record information in addition to that on other paperwork. However, only one was found in the sample of 15 electronic folders reviewed and it is unclear if all files should hold one.		3. The purpose of the Events File should be clarified to determine if one should be held electronically for every patient.	High	The purpose of the Events File will be reviewed and one will be included in all patient files if deemed appropriate.	Lead Nurse, Safeguarding Adults	31st August 2015

Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
Assessment Outcome Paperwork A further sample of 10 electronic and 9 hard copy patient files were reviewed. Outcome paperwork following Local Authority assessments was not identified and it was unclear if the Local Authorities are providing documentation to the Trust.	Patients are deprived of making decisions when they have the capacity to do so and the Trust suffers reputational damage.	4. The Trust should establish that Local Authorities are providing outcome paperwork following Deprivation of Liberty Safeguards assessments for inclusion in patient files.	High	The Local Authorities will be officially contacted by letter to determine where DoLS outcome paperwork is being sent and state the requirement for the Trust to receive it.	Chief Nurse & Lead Nurse, Safeguarding Adults	30th September 2015
Monitoring DoLS Applications Holding the information for DoLS centrally within the Adult Safeguarding Team is important for monitoring purposes. Ward staff should send copies of documentation to support the DoLS process and allow for monitoring of expiry dates. At present, there is no dedicated resource available to undertake the monitoring of the spreadsheet for completeness and to chase wards for information.		5. A review should be undertaken of the roles and responsibilities of the staff within the Adult Safeguarding Team to ascertain if additional resources are necessary to support the monitoring and management of the DoLS spread sheet.	High	A review of the administration and clerical support for the Adult Safeguarding Team will be undertaken to determine if further resources are available.	Chief Nurse	1st February 2016

Section 7 – Key to Internal Audit Reports

Corporate Importance

The Corporate Importance of a system or area being reviewed is agreed with the client when annual audit plans are produced or before the outset of audits not specifically included in those plans. It means simply the importance to the organisation and its objectives of that system operating effectively and with proper controls. Corporate importance is assessed as HIGH, MEDIUM or LOW.

Priority of individual recommendations

HIGH	Internal Audit considers the implementation of this recommendation to be fundamental to the proper working of the system. It should normally be carried out within 1 month of the report's issue.
MEDIUM	Internal Audit considers the implementation of this recommendation to be important to the proper functioning of the system. It should be carried out normally within 3 months of the report's issue.
LOW	The system's effective operation may not depend upon this recommendation, but Internal Audit considers that it would be aided or improved by its implementation. It should be carried out normally within 6 months of the report's issue.

Overall Assurance

This is the level of assurance that Internal Audit is able to provide at the end of an audit that the system and controls in place are ensuring that the organisation's objectives are met. Classifications are based on those used by the DoH and the Audit Commission:

HIGH	High assurance can be given that there is a strong system of internal control which is designed and operating effectively to meet the organisation's objectives.
SIGNIFICANT	Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to meet the organisation's objectives and that this is operating in the majority of core areas
LIMITED	Limited assurance can be given as whilst some elements of the system of internal control are operating, improvements are required in it's design and/or operation in core areas to effectively meet the organisation's objectives
LOW	Low assurance can be given as there is a weak system of internal control and significant improvement is required in its design and/or operation to effectively meet the organisation's objectives.

Corporate Risk Level

Corporate risk ratings are assigned on a five-point scale. This aligns with Monitor's 1-5 scale of risk ratings, but, because some clients prefer it, is also shown on a traffic light scale. As with assurance levels given these should be regarded as an assessment of the system and controls in their current state, before any of the recommendations have been implemented.

1	Red	INCREASING RISK
2	Red/Amber	
3	Amber	
4	Amber/Green	
5	Green	

Risk levels are a function of the probability of a system or control failure happening, and the severity of such a failure should it happen. The ways these combine to provide the overall risk level is shown in the table below.

	SEVERITY				
PROBABILITY	Negligible	Minor	Moderate	Serious	Catastrophic

Almost certain	Amber	Amber	Red	Red	Red
Likely	Amber	Amber	Red	Red	Red
Possible	Amber	Amber	Amber	Red	Red
Unlikely	Green	Amber	Amber	Red	Red
Rare	Green	Green	Amber	Red	Red

Limitations

The findings contained in this report are based on the review work undertaken and are not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained in this report. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

E7

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

The National Maternity Review - Better Births

Action requested/recommendation

The Board is asked to note the summary of the published report and Maternity services response.

Summary

This NHS England commissioned review – led by independent experts and chaired by Baroness Julia Cumberlege – sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Quality and Safety Committee
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse
Author	Elizabeth Ross, Head of Midwifery Nicola Dean, Clinical Director Obstetrics and Gynaecology Kim Hinton, Directorate Manager

Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

The National Maternity Review - Better Births

1. Introduction

Maternity services in England must become safer, more personalised, kinder, professional and more family friendly. That's the vision of the National Maternity Review, which publishes its recommendations for how services should change over the next five years.

The NHS England commissioned review – led by independent experts and chaired by Baroness Julia Cumberlege – sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

The report finds that despite the increases in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services have improved significantly over the last decade.

The stillbirth and neonatal mortality rate in England fell by over 20% in the ten years from 2003 to 2013 (HSCIC Indicator Portal NHS Outcomes Framework Indicator 1c). Maternal mortality in the UK has reduced from 14 deaths per 100,000 maternities in 2003/05 to 9 deaths per 100,000 maternities in 2011/13 (MBRRACE-UK Confidential Enquiry into Maternal Death 2015. Figures exclude coincidental maternal deaths).

The conception rate for women aged under 18 in England, a key indicator of the life chances of our future generations, reduced by almost half, between 1998 and 2013 (ONS, Conception Statistics, England and Wales, 2013). However, the review also found meaningful differences across the country, and further opportunities to improve the safety of care and reduce still births. Prevention and public health have an important role to play, as smoking is still the single biggest identifiable risk factor for poor birth outcomes. Obesity among women of reproductive age is increasingly linked to risk of complications during pregnancy and health problems of the child.

2. Key Priorities

The framework highlights seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live. To make care more personal and family friendly, the report says that the following is needed:

2.1 Personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information. - Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decision about her care reflecting her wider health needs - It also recommends trialling an NHS Personal Maternity Care Budget which would give women more control over their care, whether it is through an existing NHS trust or a fully accredited midwifery practice in the community

2.2 Continuity of carer, to ensure safer care based on a relationship of mutual trust and respect in line with the woman's decisions.

- Every woman should have a midwife, who is part of a small team of four to six midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.
- Community hubs should enable women and families to access care close to home, in the community from their midwife and from a range of other services, particularly for antenatal and postnatal care.

2.3 Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.

- Postnatal care must be resourced appropriately. Women should have access to their midwife (and where appropriate obstetrician) as they require after having had their baby. Those requiring longer care should have appropriate provision and follow up in designated clinics
- The report endorses the recommendation of the Mental Health Taskforce for a step change in the provision of perinatal mental health care across England

2.4 A payment system that fairly and more precisely compensates providers for delivering different types of care to all women, while supporting commissioners to commission for personalisation, safety and choice.

2.5 Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.

- There should be rapid referral protocols in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it.
- Teams should routinely collect data on the quality and outcomes of their services, measure their own performance and compare against others' so that they can improve.
- There should be a national standardised investigation process for when things do go wrong, ensuring honesty and learning so that improvements can be made as a consequence.

2.6 Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

- Those who work together should train together. Multi-professional learning should be a core part of all pre- and post-registration training for midwives and obstetricians, so that they understand and respect each other's skills and perspectives.

2.7 Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

- Providers and commissioners should come together in local maternity systems covering populations of 500,000 to 1.5 million, with all providers working to common agreed standards and protocols.

The report also recommends that NHS England seeks volunteer localities to act as early

adopters to test the model of care set out in the report determine which flexibilities are required, and identify the most viable solutions for the long term.

Around 700,000 babies are born every year and for the majority, birth will be straightforward, with most families reporting they had a good experience.

However, as birth rates continue to increase, with more women giving birth later and increasing numbers requiring more complex care, the system is under increasing pressure. It is also clear that the quality of care varies across the country.

The review was tasked with setting out recommendations for how maternity services should be developed to meet the changing needs of women and babies. It was conducted by an independent panel consisting of NHS staff, professional bodies and user groups.

3. Recommendations

The review makes 28 recommendations which are grouped into seven themes.

A full summary of the recommendations is available in the report.

Below lists the recommendations most relevant to NHS trusts and foundation trusts.

Theme	Selected recommendation	Trust current practice/response
1. Personalised care centred on the woman her baby and her family based around their needs and their decisions where they have genuine choice informed by unbiased information	• All women should have personalised care plans and unbiased information to help them make decisions. Women should be allowed to choose the provider of antenatal, intrapartum and postnatal care, and make decisions on where to have birth – with most women having access to a choice of birth at home, midwifery units or obstetric units by 2020. • Choice and personalisation supported by (i) giving women more control over budgets through access to an NHS Maternity Personal Maternity Care Budget, and (ii) allowing women to use their personal budget to select care from a list of accredited providers, even if this means crossing traditional boundaries and using alternative providers such as midwifery practices and social enterprises.	• Individual care plans are currently encouraged and developed with women. • Choice of birth offered in hospital, MLU (Scarborough) and at home. • Women currently access other providers privately (e.g. independent midwifery services)
2. Continuity of carer, to ensure safe care based	• Every woman should have a midwife who is part of a community	• Every woman has a named midwife who

on a relationship of mutual trust and respect in line with the woman's decisions	based team of 4- 6 midwives that also includes an identified obstetrician. Ongoing obstetric support should be from a single obstetric team. The review notes that although international literature implies a caseload of 30-40 births per midwife, there should be opportunities to test more flexible models. • Develop community hubs in facilities such as children's centres, freestanding midwifery units and multispecialty community providers. These local centres, such as the Portsmouth Birth Centre, will provide access to ante and post-natal care such as smoking cessation and ultrasound in one place from a range of professionals. • Invest in electronic maternity records that can be accessed where appropriate by women, families and professionals through mobile devices.	is part of a larger team. • Access to Obstetric support is available. • Community caseloads are currently 110 (above recommendations) with support from Maternity Support Workers. • Community clinics (antenatal and postnatal) are held in some Children's centres. • Referral to stop smoking services from Community Midwives. • 'Babyclear' project commenced in Scarborough. • No current mobile access to electronic maternity records.
3. Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and a cross organisations; and investigation, honesty and learning when things go wrong.	• Providers dedicate a board level lead for maternity services to routinely monitor information about Quality and safety. • Put in place rapid referral protocols between professionals and across organisations to facilitate access to more specialist care. • Measure and benchmark information on the quality of care delivered by maternity teams. • Develop a national standardised investigation process to identify why	• The Chief Nurse is board level lead for maternity services, routinely monitoring through the quality and safety group and regular contact with the Head of Midwifery. • Specialist clinics and referral process in place. • Maternity dashboard (local and regional). Maternity monthly stats monitored through Labour Ward Forum. Use of NPSA investigation tool for

	care went wrong and how future services can be improved as a consequence. • Introduce a rapid redress and resolution scheme, similar to that operating in Sweden, in which payment for birth injuries can be made without families needing to go to court and prove negligence.	stillbirth review. Trial of perinatal institute electronic SCORE tool. All stillbirths discussed at perinatal mortality meetings. Not currently an option.
4. Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.	• Make a significant commissioning investment in perinatal and postnatal mental health services in the community and specialist care. • Commission a dedicated review of the safety and sustainability of neonatal services, including (i) potential development of a neonatal tariff; (ii) review of medical and nurse staffing, nurse training and provision of support staff and cot capacity; and (iii) a focus on the sustainability of provision in remote or rural settings.	Not currently available Paediatric services to do
5. Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies	• Ensure training programmes for nursing, midwifery, obstetrics and gynaecology promote multi-professionalism – following the maxim, 'if you work together you train together'. • Agree a set of national indicators to track and benchmark the quality of maternity services. • Providers should promote and monitor the culture of maternity teams, for example by using cultural barometer tools. Commissioners should take an interest in the culture of the organisations they commission services from. • Multi-professional peer review of services. Providers should actively release their staff to be part of these reviews.	Maternity mandatory emergency training is multidisciplinary Staff survey (Trust) Staff listening exercise Undertaken. Staff advocates on York site (regular meetings) Have released staff to undertake 2 peer review of other services in 2015. CQC inspection and NSC per review.
6. Working across boundaries	• Develop local maternity systems of providers and commissioners. It is	Not planning to put forward to be an early

to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed	envisaged that these systems will involve at least two clinical commissioning groups, cover populations of 500,000 to 1.5 million women, and be coterminous with existing neonatal networks where appropriate. Early adopter sites should be sought for September 2016. • Use the 12 clinical networks for maternity services to share information and best practice.	adopter. We are part of the Strategic Clinical network where sharing of information and best practice takes place.
7. A payment system that fairly and adequately compensates providers for delivering high quality care	• Develop new maternity tariff system that better accounts for higher fixed costs of operating obstetric units and units in remote and rural areas. Review the maternity tariff payment system in 2016/17, pilot new approaches in 2017/18 and implement full new system in 2018/19. Consider introducing a CQUIN or best practice tariff to incentivise greater continuity of carer.	

4. Action

Plan to develop a local action plan for Maternity services at the Directorate Clinical Governance meetings.

5. Recommendation

The Board is asked to note the publication of the report and initial response from Maternity services.

Author	**Elizabeth Ross, Head of Midwifery** **Nicola Dean, Clinical Director of Obstetrics and Gynaecology** **Kim Hinton, Directorate Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2016**

F

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Annual Report for End of Life Care

Action requested/recommendation

The Board are asked to receive the annual report for End Of Life Care and support the recommendations:

1. To fully review the impact of providing a 7 day service.
2. To ensure end of life care education is available across all professionals
3. To embed the care plan for the last days of life into each clinical setting
4. To continue with the IT development and aim for interoperability between services
5. To support the plan to increase activity in end of life care research
6. Bereavement and Mortuary business cases will need support to develop future improvements.
7. Approve the development of the business case for mortuary to support future improvements

Summary

The annual report reflects the improvements and challenges for end of life care delivery across the Trust settings. The report compares the organisational key performance indicators (KPI's) from the National Care of the Dying Audit reported in 2014, and data submitted in 2015, and reflects the achievements, challenges, risks and recommendations for end of life care.

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).

Reference to CQC outcomes

The report from the CQC reported the Trust as good with areas of excellence for end of life care, across both acute hospitals and community services. Our aspiration is to develop and improve services to deliver outstanding end of life care.

Progress of report	Quality & Safety Committee
Risk	Any risks are identified in the report
Resource implications	Bereavement officer IT equipment 7 day staffing service provision
Owner	Beverley Geary, Chief Nurse
Author	Kath Sartain, Lead for End of Life Care
Date of paper	March 2016
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

End of Life Care Annual Report

Kath Sartain, Lead Nurse for End of Life Care

INDEX

Executive Summary

End of life care is care that affects us all, at all ages, the living, the dying and the bereaved. It is not a response to a particular illness or condition, it is not the parochial concern of a particular group or section of society. We cannot defeat death, but, we can change the way we talk about dying, death and bereavement. We can prepare, plan, care and support those who are dying and the people who are close to them. Care must be strengthened and improve our ability to provide care whatever the circumstances of our dying. (Ambitions for Care 2015, National Palliative and End of Life Care Partnership)

Since October 2014 York Teaching Hospital NHS FT has appointed a Non-Executive Director, to work closely with the senior medical and nursing staff leading on End of Life Care within the Trust and to provide a valuable link between Trust Board and the clinical teams providing End of Life Care. It has been agreed that this group '*End of life leads'* will provide annual and regular reports on key organisational issues affecting End of Life Care to the Health and Safety committee and the Trust Board. The annual report will be provided in March each year and summarise the preceding year.

This will be measured using the National Care of the Dying audit benchmarking the Trust's position regarding organisational issues relating to end of life care, (appendix A).

The National Care of the Dying Audit for Hospitals (NCDAH), England, found significant variations in care across hospitals in England. The audit showed that major improvements need to be made to ensure better care for dying people and better support for their families, carers, friends and those important to them. The audit, led by the Royal College of Physicians and Marie Curie Cancer Care, reports on organisational and clinical KPI's.

York Teaching Hospital NHSFT organisational KPI's, are compared in appendix A, demonstrating significant organisational improvement over the past 2 years.

Each individual acute hospital site has participated so that site specific issues can be identified more clearly. The clinical component of the audit will demonstrate a requirement to improve.

The tables in Appendix A compare the site(s) position on the 7 organisational descriptions identified by the audit in 2014 and the estimated results in 2015 (publication due May 2016).

Definition: Palliative and end of life involves care to all those with any advanced progressive incurable illness. The aim of palliative and end of life care is to enable each individual to live as well as possible till they die; ensuring that the patient and family have their needs identified and met throughout the last phase of life and into bereavement. It includes management of all symptoms. (WHO definition for Specialist Palliative Care)

Introduction

"Death and dying are inevitable. Palliative and End of Life Care must be a priority. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities must be addressed, taking into account their priorities, preferences and wishes." (National Council of Palliative Care 2015).

There has been a plethora of guidance from NHS England including a framework for excellence in end of life care; Ambitions for Palliative and End of Life Care (2015), NICE guidance (2015) and Five Year Forward (2015), each document emphasises the importance of local decision making in the delivery of palliative and end of life care.
As a Trust we are endeavouring to achieve these ambitions; build on the good care being provided currently within the Trust and aim for outstanding care, for every patient, every time. The Trust end of life care strategy provides clear direction to help achieve this with an action plan to achieve effective outcomes.

This report will focus on the achievements, challenges, risks and the recommendations to the Trust Board.

Achievements in the past year

1. Joint working across localities

The specialist palliative and end of life care team, bereavement services and senior End of Life leads (EOLC Leads) have joined together to ensure that the leadership, skills and care delivery are guided by the same strategy, but embracing the unique differences each site holds. Since November 2014, there has been a quarterly joint business meeting, focusing on key components. As a result a work plan has been developed to focus on improved care, performance and finance.

There is an End of Life Strategic board which embraces Scarborough, Ryedale and York Selby CCG's and the provider organisations to direct and lead End of Life Care. Each locality has a specific operational group, to address the needs of each community. The locality groups work together to ensure operational problems are resolved. The Trust plays an active role within the memberships.

The senior hospital EOLC leads meet regularly with the Non-Executive Director; to discuss National and regional directives and review the position of the Trust. The improvements in EOLC have influenced the speed of activity and achievement of the end of life agenda.

2. Projects

a. Syringe Driver Chart

Syringe driver chart has been rolled out in all the Trust care settings. Verbal feedback from staff report the chart is highly valued and enables drug information to follow the patient across settings. Following user feedback it has been revised and ratified by the pharmacy group and version 2 will have a new name “Anticipatory drugs and syringe driver chart”.

b. Pharmacy Group

The palliative pharmacy group was reinstated in 2015 across localities. It has Specialist Palliative Care SPC medical, nursing and pharmacist representation across York and Scarborough acute and community. The purpose of the group is to ensure safe and effective drug information is available for patients and health professionals; to review of relevant documents and to ensure access to palliative care drugs in and out of hours. Working with the broader group, a recent success is ensuring that key drugs are available in the Vale of York pharmacies, in and out of hours . Scarborough, Ryedale (SWR) pharmacies have plans to adopt the same model and work is currently underway.

c. Care plan for the Last Days of Life

After extensive consultation, the care plan for the last days of life was launched in October 2014. This was in response to the Neuberger Report (2013) which recommended the withdrawal of the Liverpool Care Pathway, and create a local personalised care plan. The aim of the care plan is to offer clear guidance on how to manage patient who are in the last days of life, ensuring all possible reversible causes of illness are addressed. An intensive educational programme was provided to support the care plan launch in all localities which was available for all.

The CQC commended the York Teaching Hospitals NHS Foundation Trust on the care plan, stating the benefits of the cross site format locality care plan. Despite the focus on the education and the clear guidance on end of life care, the use of the care plan is variable. Less than 10% of patient deaths on the York Hospital site are supported with the care plan. Various factors are influencing this; medical engagement, time pressures and staff confidence. Different approaches have and continue to be adopted to improve uptake of its use; the key drive being through education and discussing with the medical director. There is a plan to ask at the mortality review, if the care plan should have been used. Poor uptake of the care plan will impact on the York site’s results in the National Care of the Dying Hospital Audit this year, which measures the standards of end of life care and how it is documented.

In the care of the elderly directorate, due to the naturally higher numbers of dying patients, there have been discussions to support and influence the use of the care plan, aiming for increased uptake for patients in the last days of their lives.

The Scarborough Hospital site has a significantly higher use in patients having the support of their end of life care planned. Each month, the audit demonstrates there is an increase in the care plan being used. Last month 39% of all Scarborough hospital site deaths had the support of the care plan.

The community hospitals are utilising the care plan and have taken advantage of the educational support.

In the community, there is minimum uptake of the care plan. All district nursing and GP teams have had access to the education, yet often the care plan is not used. This is due to the national directive that the GP is required to commence the care plan. Without this lead, the district nurse can only use the principles of the care plan.

To ensure the principles are readily available, the community services have received laminated guidelines for each practice area, to ensure information is clearly disseminated.

d. Comfort Boxes

The comfort box was the idea of a housekeeper who had attended Scarborough end of life care training day. A comfort box is provided for our relatives supporting their loved one who is dying. Within the box is a softly lit lamp, a blanket, a food voucher, water, sweets, toiletries, hand wipes and written information explaining what happens when someone may be dying.

The verbal feedback to this initiative has been very positive.

Comfort boxes are now available across York, Scarborough and the community hospitals. This has been supported by York Chartable Funds.

e. Nurse Led Beds (NLB) Scarborough

The NLB continue to be well utilised although demand has been variable. The majority of patients transferred for last days of life care have conditions that are not cancer related and who otherwise may not have had the choice of transfer to the hospice for end of life care. Feedback from patients and relatives has been very positive and data is being submitted monthly to Scarborough and Ryedale CCG to support on-going funding of scheme. This nationally recognised initiative is vital to appropriate discharges.

f. Specialist Palliative Care (SPC) Nurse 7 day service provision

Following the consultation, a SPC nurse led 7 day pilot started in November 2015 for York hospital, York community and Scarborough Hospital. The current structure is designed for each site to have one nurse available between the hours of 8 and 4 at the weekend. This was achieved within the current budget establishment. Staffing has increased by 15 hours per service by reconfiguring the staffing structure.

Each patient supported at the weekend is recorded by collecting the data through an audit tool and the activity is reported monthly. The aim is that the service will be evaluated at the end of the pilot informing the future development of palliative care services provision at a weekend.

The acute hospital side has been busy each weekend, receiving new referrals and seeing patients with urgent symptom control needs. Community has limited requests currently, but each month there has been an increase in referrals.

Overall, the aim is to seek feedback from staff and patients of the benefits and challenges of having a SPC service available 7 days of week.

g. Research Engagement

Recruitment to the Family's Voice project (seeking real time feedback from families and carer at the end of life) closed in September 2015 and results are being collated by the research team in Newcastle. This study worked in conjunction with the Trust care plan. There was limited uptake from relatives, as many did not want to take part. As an organisation going forward, we may need to look to alternative methods of capturing EOLC feedback.

The second study 'Improving the Management of Pain from Advanced Cancer in the Community' (IMPACCT) will look at the impact of early intervention of palliative care on symptom control in cancer patients. Tis project has cross site involvement and starts early in 2016.

h. Permanent Staffing

1. End of Life care educators posts which had been temporarily funded through the Multi professional Education and Training budget (MPET) from Health Education Yorkshire and Humber are now being supported by Macmillan Cancer Support for a further 2 years prior to the directorate picking up the costs. The roles were reviewed to incorporate a clinical core component within the job plan, ensuring staff maintain their clinical skills and credibility in the clinic area. Increasing the presence of palliative care personnel in clinical areas providing early involvement for patients has been demonstrated to reduce unnecessary admissions and inappropriate treatments (O'Connor et al 2015).

2. Staffing review

Over the past year, several staff have retired, allowing opportunity to review the staffing structures. The clinical team has embraced new ways of working;

- A new innovative, York cross site Clinical Nurse Specialist (CNS) post has been established, delivering care across primary and secondary sectors starting in January 2016
- Additional of hours in the York community and York and Scarborough hospital teams ensuring all staff has education factored into their job plans.

A number of nursing staff have retired in 2015/6. It is essential to acknowledge the huge impact each of these staff have made over their many years of commitment to patients, families and staff.

i. CQC

The EOLC report from the CQC reported Good, with areas of outstanding practice across all areas. The following paragraph is taken from the summary of the report.

'The report highlighted that end of life care services were safe, effective, caring and responsive, with elements of outstanding practice in terms of being well led. Staff was caring and compassionate and we saw the service was responsive to patients' needs. There was good use of auditing to identify and improve patient outcomes and we saw measures in place to monitor key areas that had been identified. The Trust had a clear vision and strategy for end of life care services and participated in regional and locality groups in relation to strategic planning and implementation. There was consistent leadership relating to end of life care and a number of positive developments had been implemented, for example, non-cancer end of life care and the development of training to improve advance care planning discussions, including those relating to DNA CPR.'

As a wider team going forward, we aim to reflect on the positives of the report and to re-evaluate our service provision to improve to outstanding.

j. Links with Non-Cancer

Specialist Palliative Care traditionally worked for cancer patients however the principles of care should be available for all conditions and within the Trust specific areas have been developed.

1. Heart Failure MDT

   In order to mirror the work currently undertaken in Scarborough, a joint cardiology / palliative care Multi-disciplinary team (MDT) for York community patients with heart failure was initiated in 2014. This consists of a monthly meeting with a palliative care consultant and the community heart failure nurses. Every 3 months this meeting is held in York Hospital with a consultant cardiologist also attending.

   In 2015 the outcomes from MDT discussions were moved from paper records to the hospital IT system (CPD) to enable other healthcare professionals access to patient information such as Advance Care Planning decisions. This year the trust approved a substantive post for an in-patient acute heart failure nurse based in York, and the palliative care consultant meets on a 1-2 monthly basis to discuss patients and conduct joint patient assessments.

2. Respiratory and gastroenterology services

   Recently the SPC consultant has joined consultant handovers and ward rounds in York hospital with the respiratory team. The aim is to develop a closer working relationship with the team to facilitate joint learning and

improve access to specialist palliative care for patients with COPD, interstitial lung disease and cystic fibrosis.

It is hoped that in early 2016 this will also be possible with the York gastroenterology team, with a focus on patients with liver failure.

The Scarborough SPC consultant is working with the clinical lead for gastroenterology, to audit patients with end stage liver failure to better understand the numbers of patients with this illness who may benefit from access to specialist palliative care

3. Acute Medicine

   As part of a project with the Royal College of Physicians a new document was published in November on end of life in the acute care setting. One of the consultants was a co-author and it is hoped that it will be widely used across the Trust to aid recognition, initiate discussions, co-ordinate care and manage symptoms for patients in the last year of life
   Link: https://www.rcplondon.ac.uk/projects/outputs/acute-care-resource-end-life-care-acute-care-setting

k. Education Programme

The education strategy's overall aim is to provide a co-ordinated and collaborative approach to end of life care across health and social care settings enabling staff to have skills and confidence in delivering compassionate care at end of life.

To assist the development of our staff, all end of life training sessions, will be linked to the Health Education Yorkshire and Humber Learning Outcomes project by the end of 2016. This will provide the workforce with clear outcomes to reflect and take back into clinical areas.

According to The National EoLC Strategy (2008) groups for education and training can be classified as follows;

Group A: Staff who work routinely in end of life care, spending 70-100% of their time each week focusing on such issues. These staff are likely to work in specialist palliative care, hospice services and hospice at home

Group B: Staff who work in end of life care 30-70% each week.
This is likely to occur in identifiable secondary care areas including; elderly medicine, oncology, cardiology and respiratory services.

Group C: Staff who work in end of life care 0-30% each week. This includes staff working in ophthalmology or outpatient clinics.

The training programme is available to all staff across all localities.

A robust monthly educational programme is available for nursing, AHP and health care assistants, including providing specific training for newly qualified staff.

Feedback informs and develops all training. Key training areas addresses are; communication, recognition of dying, symptom management, advance care planning, rapid discharge and early identification.

All sites are able to record attendance and encourage reflection and how the learning can impact on the staffs' clinic practice. Overall 55.3% of enrolled staff have completed EOLC training within the past year.

Educational training	York – numbers of staff	Scarborough – numbers of staff	Total staff number trained
EOLC mandatory sessions (not medical staff)	1102 (64%)	629 (36%)	1731
Full day educational training	82 (42%)	115 (58%)	197

Currently the medical education is aimed at doctors in training (foundation, core and higher trainees including GP trainees). Over the next 2 years, the service will work to develop a clear robust end of life programme for all doctors.

Partnership working with CLAD has provided access to wider availability of courses and a precise monitoring structure.

There are strong links with the educational departments at St Leonard's and St Catherine's Hospice and there is active partnership working to ensure no duplication and utilising our resources to the maximum.

l. Incident Reporting/ Complaints Reviews

The lead nurse has worked closely with the patient experience team to monitor and review all complaints and compliments related to End of Life Care. The aim is to meet face to face with the relatives to explore and hear issues first hand. A positive development from this approach is that relatives have offered to assist with development of service. This has been hugely beneficial for service improvement but also has been cathartic for the individuals involved

As a team there is a desire to learn from all the feedback; to implement a change in care for the better.

The Datix system has been developed to allow for more accurate recording and linking of incidents to patients who may be receiving care at the end of life which will facilitate the collection of data and the identification of key trends

m. IT

The Lead Nurse for EOLC has worked closely with the Trust Lead for Systems and Networks, and improvements in the following have been achieved: coding recording, palliative care identifier, improved GP communication on the EDN and ward lists. The System and Network team have made it possible for ceiling of care to be

recorded and visible on the CPD system at York site. This will improve communication between staff groups.

St Catherine's Hospice has access to CPD to improve communication on transfer and supporting the patients in their care in the community.

n. Bereavement Services

Until January 2016, the Scarborough bereavement services have been provided through the general office, which is an unsatisfactory environment. A fixed term, 2 year bereavement post has been advertised for Scarborough hospital. A room has been refurbished and is now the bereavement area in the hospital, the environment and furnishings are similar to those on the York site and the area is much more appropriate.

In 2016, there are plans will for development of Scarborough hospital mortuary services and construct a purpose built bereavement suite with the newly developed mortuary.

On the York site the bereavement service continues to go from strength to strength, working closely with external agencies Cruise and Sands, to provide an extended support for our relatives.

The funeral tender for York site is now clearly in place, providing precise expectations with the identified funeral service.

Challenges and Risks:

1. Specialist Palliative Care Nurse 7 day service provision

The 7 day service development has been achieved within current establishment. For the pilot period the weekend cover is for emergencies rather than a fully functioning 7 day service. The impact of this may be limited by the lack of availability of other services not yet working 7 days.

This new initiative will be audited to capture data on weekday working as well as the weekend activity and identify any pressures to the palliative care service The data captured will be shared and added to the activity recorded over a weekend period. Measures are in place to identify possible cost savings but the priority is to measure the impact on patient experience. The evaluation aims to gauge the impact and improvement in care.

Staff changes due to maternity leave and retirement, will impact on how the Scarborough hospital service will function in 2016. Up skilling the new SPC CNS is a priority and support for this post will require a 6 month mentorship.

An evaluation will be undertaken prior to the end of the pilot, to invite the views of all stakeholders.

2. Improved access to information sharing

Future developments are required in the availability of mobile IT devices for the community specialist palliative care team. This is a project that the team are keen to embrace, and will impact on improved communication and care significantly at admission and discharge to the hospital.

The interoperability of IT systems is a major challenge in our localities. If this is achieved then specific information sharing of advance care plans, adhering to patients preferences and wishes, should reduce inappropriate admission and treatment and enable clearer decision making. National guidance suggests that EPaCCS (electronic palliative care coordination system) should be available by 2018. (What's important to me: A Review of choice in EOLC 2015). However the key objective for the Trust, is to find a route for key messages to be shared electronically, to benefit the patient experience.

3. Bereavement Services

The bereavement post in Scarborough is a fixed term post. Continued funding from January 2018 will need to be identified through a business case to ensure bereavement signposting can be provided. The specialist medicine directorate aims to address this.

The funeral tender process is to be addressed in 2016 on Scarborough and Bridlington site as a priority. Work to ensure this can be achieved is requiring significant scrutiny currently, due to the wide involvement of different stakeholders. However, the work is moving forward in a positive way.

The Mortuary environment on the Scarborough site is wholly unsatisfactory and has been identified as an essential work through the capital build scheme. To achieve a good standard of environment and service, the business case will need support as there is extensive work required. The case will include an additional corridor for transportation of the body's from the main hospital to the mortuary. Whilst this will add significant cost in order to ensure dignity and care in death, it is an essential work and without the business case approval, development work will not be achieved.

There are plans for careful sensitive communications to all stakeholders if the build is undertaken, to ensure patient and staff safety.

4. Embedding the 5 Priorities, including the Care Plan[1]

There are significant challenges in embedding the care plan for the last days of life in York hospital and the community settings. There is a clear support structure from the corporate team supporting the use of the plan.

Without clear clinical documentation recording the care delivered to patients at the end of life the Trust will have poor results in the National Care of the Dying Audit. Embedding of the care plan would help to resolve this, Medical leadership to achieve this is key.

[1] Appendix B

5. Education Programme

NICE guidance (2015) promotes the essential requirement for all staff to receive statutory mandatory training in EOLC. Currently, mandatory training is available for nursing and allied health professionals but there is no provision for medical staff. After discussions with the medical director, there is a plan to develop links to a National E-Learning programme for the doctors to undertake training.

6. Research

There is a Professor within the Trust who is leading on international palliative care studies. Opportunities for the Trust to participate in some of this research will be challenging and reduce opportunities without a specific research nurse. A number of clinicians have expressed an interest in becoming principle investigators however, in order to participate fully additional resources will be required.

Participation in research is vital to continue improving the quality of end of life care, however due to limited research staffing resource on the York site, research activity is limited, addressing this in 2016 will be a priority.

Conclusion

There have been numerous ‘end of life care’ improvements across the Trust since 2014. The CQC reported ‘good’, with areas of outstanding, across the key lines of enquiry and now there is opportunity to build on this and aim for an outstanding service.

The teams have worked hard and have been positive in embracing changes and challenges of this year. The desire to work cohesively and find new ways of improving should be commended.

There are still many areas to mature and nurture, to make a significant difference in delivering end of life care; but there remains opportunity to achieve this.

Recommendations

1. To fully review the impact of providing a 7 day service, and be willing to invest in staffing if this is indicated.
2. To ensure end of life care education is available across all professionals
3. To embed the care plan for the last days of life into each clinical setting
4. To continue with the IT development and aim for interoperability between services
5. To increase activity in end of life care research
6. Bereavement and Mortuary business cases will need support to develop future improvements.

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APPENDIX A

National Care of the Dying Audit Results – York

Description	National % of Trusts that achieved KPI	Achieved Yes/No York 2014	2015 Self assessment	Current position York November 2015
Access to information relating to death and dying	41%	No	YES	The DWP Bereavement Booklet referenced in the NCDAH is now displayed in the York Bereavement Suite using the CQC driven service headings of "Safe, Caring, Effective, Responsive, and Well Lead" have identified key areas to address. Action plans are being developed. The palliative care teams and end of life care facilitators will be actively involved in the dissemination of this information to all clinical staff caring for patients at the end of life using ward visits and formal/informal education programmes
Access to specialist support for care in the last days of life	21%	No	YES	National recommendations are that patients should have access to Nurse Specialist Palliative Care face to face assessments 7 days a week 9-5 and 24/7 telephone support advice is provided by the palliative care consultants across the region. Since November 2 2015 there has been a face to face pilot service in the acute and community setting commenced. Feedback will be monthly to the senior team
Care of the dying: continuing education, training and audit	40%	No	Yes	We now have End of Life Care Educators in post in the community and both acute sites. Monthly full day education sessions on End of Life Care. Specialist Palliative Care Team provides the mandatory training for End of Life Care for all disciplines apart from the medics. Kath Sartain and Anne Garry are reviewing the medical staffing training along with the Yorkshire and Humber regional group for End of Life Care Karen Cowley and Kath Sartain have successfully addressed permanent funding for the temporary post with initial finance from Macmillan Cancer Support
Trust Board representation and planning for care of the dying	28%	No	YES	Prof Dianne WIllcocks is NED lead on Trust Board attending End of Life Care Leads meetings. Quarterly and annual reports from these meetings submitted to Q+S committee and to Trust Board by the Medical Director
Clinical Protocols for the prescription of medications at the end of life	98%	Yes	YES	Protocols continue to be available on ward or as part of individual Last Days of Life care plan
Clinical provision/protocols promoting privacy, dignity and respect up to and including after death of patient	34%	No	YES	The Trust agreed to launch the Care Plan for the Last Days of Life on the 10 November across both acute sites, community, in Selby and York, and from 1 December in Scarborough, Whitby and Ryedale community. Focused education drive provided. **York hospital site compliant Nov 2014** **York and Selby Community compliant Dec**

				2014
Formal feedback processes regarding bereaved relatives views of care delivery	34%	No	yes	The bereavement team have a questionnaire at the back of the bereavement booklet. The feedback is collated and review quarterly

National Care of the Dying Audit Results – Scarborough

Description	**National % of Trusts that achieved KPI**	**Achieved Yes/No SGH 2014**	**2015 Self assessment**	**Current position Scarborough November 2015**
Access to information relating to death and dying	41%	No	No	Scarborough site remains non-compliant as no formal bereavement service available. This will be available from 2016 The palliative care teams and end of life care facilitators will be actively involved in the dissemination of this information to all clinical staff caring for patients at the end of life using ward visits and formal/informal education programmes
Access to specialist support for care in the last days of life	21%	No	Yes	National recommendations are that patients should have access to Nurse Specialist Palliative Care face to face assessments 7 days a week 9-5. A 24/7 telephone support advice is provided by the palliative care consultants across the region. End of life nurse exploring option analysis to support 7 day working Since November 16 2015 there has been a face to face pilot service in Scarborough hospital. In Scarborough, Whitby and Ryedale community, the service provider is St Catherine's Hospice.
Care of the dying: continuing education, training and audit	40%	No	Yes	We now have End of Life Care Educators in post in the community and both acute sites. Monthly full day education sessions on End of Life Care. Specialist Palliative Care Team provides the mandatory training for End of Life Care for all disciplines apart from medics. Kath Sartain and Dr Carina Saxby are reviewing the medical staffing training along with the Yorkshire and Humber regional group for End of Life Care Karen Cowley and Kath Sartain have successfully addressed permanent funding for the temporary post with initial finance from Macmillan Cancer Support.
Trust Board representation and planning for care of the dying	28%	No	Yes	Prof Dianne WIllcocks is NED lead on Trust Board attending End of Life Care Leads meetings. Quarterly and annual reports from these meetings submitted to Q+S committee and to Trust Board by the Medical Director
Clinical Protocols for the prescription of medications at the end of life	98%	Yes	Yes	An education programme to support the safe and effective use of medication by clinical staff
Clinical provision/protocols	34%	No	Yes	The Trust agreed to launch the Care Plan for the Last Days of Life on the 10 November

promoting privacy, dignity and respect up to and including after death of patient				across both acute sites, community, in Selby and York, and from 1 December in Scarborough, Whitby and Ryedale community. Focused education drive provided. **Scarborough hospital site and Scarborough community compliant Nov 2014**
Formal feedback processes regarding bereaved relatives views of care delivery	34%	No	Yes	'Family's Voice' research project attempted to capture real-time feedback from relatives and carers since Nov 2014. This focus of the research project was to incorporate "real time" feedback from relatives by using "Family's Voice" project along with care plan. *To decide whether this is adequate as won't capture views of carers if patients were not on care plan – need to consider doing bereavement follow up- 1 month a year*

Appendix B

Priorities for Care of the Dying Person

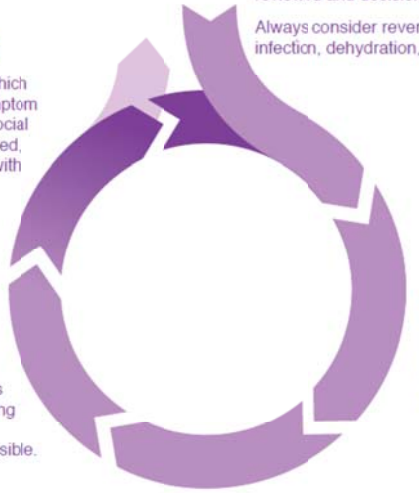
Recognise

The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Always consider reversible causes, e.g. infection, dehydration, hypercalcaemia, etc.

Plan & Do

An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion



Communicate

Sensitive communicaton takes place between staff and the dying person, and those identified as important to them.

Support

The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

Involve

The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

If unsure, or the dying person or those important to them raise concerns, a senior clinician must review the person and the goals and plan of care.

Local palliative care contact:

For further guidance www.nhsiq.nhs.uk/endoflifecare

scan on a smartphone to access to website guidance

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

National Care of the Dying Audit for Acute Hospitals 2016

Action requested/recommendation

The request is for the Board to approve and provide further support for the provision of end of life care across York teaching Hospital NHS Foundation Trust. The Board is also asked approve the recommendation to:

1. ensure that the 5 priorities of care (One Chance 2015) at end of life are embedded within all areas of clinical practice.
2. embed the care plan for the last days of life into each clinical setting. This will improve the documentation of care in the last days of life.
3. ensure end of life care education is available across all professional.
4. improve the prescribing of anticipatory medicine.
5. address all the recommendations in the Board Annual Report 2016.

Summary

The National care of the dying for acute hospitals was published 31 March 2016 and has reported a significant improvement in the organisational indicators at York Teaching Hospital NHSFT. In 2014 the Trust recorded 1 indicator out of the 8 examined, and in 2016, 5 indicators have been met. The documented clinical practice measured in the audit, currently needs to improve and with the above recommendations, documentation and practice, could be progressed.

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).

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Quality and Safety Committee.
Risk	No risk.
Resource implications	No resource implications.
Owner	Beverley Geary, Chief Nurse
Author	Kathryn Sartain, Lead Nurse for End of Life Care
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

National Care of the Dying Audit for Acute Hospitals 2016

1. Key Findings

Organisational

- York Teaching Hospital NHS Foundation Trust has met 5 out of the 8 indicators measured within the audit undertaken in May 2015.
- The 7 day service and educational access for allied health professionals were unmet in May 2015. These 2 indicators are now achieved and are part of York's Educational and Service Provision.
- Medical education is the only outlying organisational indicator still to be addressed.

Clinical

York completed 80 sets of notes accessed from across York and Scarborough sites for the period of the audit (May 2015). All 5 key indicators within the clinical audit measured below the National average at York. The following are the key areas to focus on and improve documentation:

- Documenting the patients concerns were listened to
- Documenting the person important to the patient's needs were addressed
- Documentation of evidence of an individualised care plan for end of life care
- Documented evidence of specific anticipated describing for each individual patient at end of life care

2. Report Progress

The results of the new end of life care audit run by the Royal College of Physicians (RCP) show that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014.

The audit, funded by NHS England and Marie Curie, and commissioned by the Healthcare Quality Improvement Partnership (HQIP), is the first to be carried out following the official withdrawal of the Liverpool Care Pathway (LCP) in 2014, although some hospitals had already started to replace the LCP with local policies before the previous audit. The new audit is a much more detailed investigation of the care of dying people against the five priorities of care established in '*One Chance to Get it Right*', but includes some similar questions to the 2013 audit, to allow direct comparisons.

Overall, the results show that there have been documented improvements in:

- Recognition that patients are dying and that they have received holistic assessments of their care
- The amount and quality of communication with patients who are able to communicate, and with those identified as important to them
- Symptom control for the dying person

- Commitment to education, training, reporting and continuous improvement in caring for dying people

However, there is room for improvement, particularly in the provision of palliative care services 24-7; the audit also shows how some hospitals did well in many areas but not in others.

The clinical part of the audit collected data from 1-31 May 2015 from the records of 9,302 patient records across 142 NHS organisations, mostly acute hospital Trusts (*see attached spread sheet for local results*). Participating units were asked to submit up to 80 patient records, so the final number is not the total number of people dying in hospital during that month.

In addition, an organisational audit collected data on the structure and process of care delivery, including the number of specialist palliative care beds, staffing, education and training, and approach to care of the dying. Selected results follow with 2013 comparators where available:

For the dying person: (black number = national, **bold, underlined number = York Trust)**

- 93% **(94%)** of patients whose death was predictable had documentation that they would probably die (87% in 2013) and in 76% of cases a senior doctor was involved in the recognition of dying
- For half the patients recognition of dying occurred within 5 days after admission and for half this occurred less than 34 hours **(21 hours)** before death. Excluding those who died within the first 24 hours of admission, for half of patients, death occurred less than 41 hours after they were recognised to be dying (increase over the comparative figure of 36 hours in 2013)
- In only 25% **(24%)** (19% in 2013) of people recognised as likely to die was there documented evidence of a discussion with a health care professional about their likely imminent death – for 63.4% of patients the discussion wasn't possible due to a variety of reasons such as unconsciousness, dementia, and reduced capacity to understand the conversation, leaving 12% of cases undocumented. However **1/3 of all patients at York did not have a reason recorded.**

Of the key symptoms that could be present around the time of death, the documented evidence across York sites, was below the national average. This is an area to improve There are no direct comparison statistics for 2013 for these measures.

National audit (9302)			**York site (80)**	
In the last 24 hours, was there evidence documented that the symptoms the patient had were controlled?				
i) Agitation / delirium (present in 4836)				
YES	72%	3486	**66%**	33/50
ii) Dyspnoea / breathing difficulty (present in 4656)				
YES	68%	3180	**57%**	26/46
iii) Nausea / vomiting (present in 2659)				
YES	55%	1472	**40%**	14/35
iv) Pain (present in 4891)				
YES	79%	3867	**71%**	39/55
v) Noisy breathing / death rattle (present in 3704)				
YES	62%	2307	**50%**	20/40
vi) Other (present in 1810)				
YES	10%	180	**0%**	0/23

- There was documented evidence that anticipatory medication (prn) for possible future symptoms was prescribed for the key symptoms.

The documented evidence (in case-notes or in prescription chart) that anticipatory medication 'prn' was prescribed for the 5 key symptoms that could occur in the last hours or days of life?				
a) Agitation / delirium	66%	6178	**61%**	**49**
b) Dyspnoea / breathing difficulty	63%	5898	**58%**	**46**
c) Nausea / Vomiting	63%	5885	**50%**	**40**
d) Pain	73%	6797	**73%**	**58**
e) Noisy breathing / death rattle	60%	5589	**53%**	**42**

Prescribing at the end of life needs to be improved across the Trust, however the suggestion of blanket prescribing could be an influence as suggested by NICE 2015.

- In 67% of cases there was documented evidence that the patient's ability to drink had been assessed in the last 24 hours of life. In 45% of cases there was evidence that the patient had been supported to drink in the last 24 hours. In 71% there was documented evidence of assessment of the dying person's need for clinically assisted hydration (CAH) *(59% in 2013).* CAH was in place during the last 24 hours before death in 43% of patients *(29% in 2013)*

Was there a documented assessment of the patient's ability to drink in the last 24 hrs of life?				
YES	67%*	6195	**45%**	**36**
Is there evidence that the patient was supported to drink in the last 24 hours of life?				
YES	45%	4229	**40%**	**32**
Was the patient drinking in the last 24 hours of life?				
YES	39%	3584	**35%**	**28**

- It was recorded that 32% **(24%)** of patients had opportunities to have their concerns listened to and, of these, 94% **(89%)** were given the opportunity to have questions answered about their concerns
- 56% **(46%)** of case-records (excluding sudden deaths and cases where the patient had died less than 24 hours after admission) showed that there had been an individualised care plan addressing the patient's needs.

For those people important to the dying person:

- In 95% of the cases (93% in 2013) where it had been recognised that the patient was likely to die, there was documented discussion with those nominated as important to the dying person
- It was recorded that nominated person(s) important to 80% of patients had opportunities to discuss the patient's condition with a senior healthcare professional but the discussions were not always recorded
- 54% of case records showed that the needs of persons important to the patient were asked about, a significant improvement since the 25% result from 2013. Of these, 62% had specific needs identified
- In 38% of cases there was documented evidence in the last episode of care that the patient's needs had been discussed with the people important to them
- Excluding the cases of sudden or unexpected deaths, in 84% of cases the people important to

the dying patient were notified of the imminent death. Out of those notified, 63% were recorded as being present at the time of death. There was documented evidence of care and support of the patient's family at the time of and immediately after death in 65% of cases, but with wide variance between different sites.

Organisational element key findings:

As a Trust we have significantly improved since 2014 audit results; increasing from 1/8 to 5/8 indicators being achieved. If the audit was to be repeated today, all indicators apart from medical education are in evidence across York Teaching Hospital Foundation Trust.

The table on the next page compares the organisational element key findings with other local Trusts.

Recommendations for clinical and organisational care

- The documented frequency of the team's awareness of an individual care plan for the dying patient was low and needs to be increased. This could address the low evidence of documentation currently across the York Trust. This would also reflect NICE (2015) recommendations
- Improvement in using the prescription chart for anticipatory medication would improve medication to be available at the time it is needed
- A robust end of life education programme for medics

		National Result (% of cases for clinical audit, % of sites for organisational	Harrogate & District NHS Foundation Trust	Hull & East Yorkshire Hospitals NHS Trust	Northern Lincs and Goole Hospitals NHS Foundation Trust	South Tees Hospitals NHS Foundation Trust	York teaching Hospital NHS Foundation Trust
	Cases in clinical audit	9302	45	80	77	79	80
1	Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days? % YES	83%	96	96	82	91	80
2	Is there documented evidence within the last episode of care that health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with a nominated person(s) important to the patient? % YES	79%	87	83	79	89	76
3	Is there documented evidence that the patient was given an opportunity to have concerns listened to? % YES or NO BUT	84%	91	80	79	95	70

4	Is there documented evidence that the needs of the person(s) important to the patient were asked about? % YES or NO BUT	56%	69	49	34	87	50
5	Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient/s needs regarding an individual plan of care? % YES	66%	69	45	83	81	55
6	Is there a lay member on the Trust board with a responsibility/role for End of Life Care?	49%	No	No	Yes	Yes	Yes
7	Did your Trust seek bereaved relatives' or friends' view during the last two financial years (ie from 1 April 2013 to 31 March 2015)?	80%	Yes	Yes	Yes	Yes	Yes
8A	Between 1 April 2014 and 31 March 2015 did formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for Medical staff?	63%	No	Yes	Yes	No	No
8B	Between 1 April 2014 and 31 March 2015 did formal in-house training include/cover specifically communication skills for care in the last days of life for Nursing (registered) staff?	71%	No	Yes	Yes	No	Yes
8C	Between 1 April 2014 and 31 March 2015 did formal in-house training include/cover specifically communication skills for care in the last days of life for Nursing (non-registered) staff?	62%	No	Yes	Yes	No	Yes
8D	Between 1 April 2014 and 31 March 2015 did formal in-house training include/cover specifically communication skills for care in the last days of life	49%	No	Yes	Yes	No	No

	for Allied Health Professional staff?						
9	Access to face-to-face specialist palliatiave care for at least 9-5 Mon-Sunday	37%	No	No	No	No	No
10	Does your Trust have 1 or more End of Life Care Facilitators as of 1 May 2015?	59%	Yes	No	Yes	No	Yes

3. Recommendation

The request is for the Board to approve and provide further support for the provision of end of life care across York teaching Hospital NHS Foundation Trust. The Board is also asked approve the recommendation to:

1. ensure that the 5 priorities of care (One Chance 2015) at end of life are embedded within all areas of clinical practice.
2. embed the care plan for the last days of life into each clinical setting. This will improve the documentation of care in the last days of life.
3. ensure end of life care education is available across all professional.
4. improve the prescribing of anticipatory medicine.
5. address all the recommendations in the Board Annual Report 2016.

4. References and Further Reading

'Care of dying adults in the last days of life' (2015) NICE guidelines [NG31] [April 7 2016] https://www.nice.org.uk/guidance/ng31

'One Chance to get it right' (2014) Leadership Alliance for the Care of Dying People [April 7 2016] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

Owner	**Beverley Geary, Chief Nurse**
Author	**Kathryn Sartain, Lead Nurse for End of Life Care**
Date	**April 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Director of Infection Prevention Quarterly Infection Prevention and Control Report (Q4)

Action requested/recommendation

The Board of Directors are asked to:

- Receive the Infection Prevention (IP) report for Q4
- Acknowledge actions and interventions for the reduction of Healthcare Associated Infection (HCAI)
- Support the recommendation for the urgent provision of decant space to enable deep cleaning and high level disinfection

Summary

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

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

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

Implications for equality and diversity

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

belief, gender and sexual orientation).

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 *Clostridium difficile* incidence exceed trajectory and lapses in care identified.
Owner	Beverley Geary, Chief Nurse & Director of Infection Prevention and Control (DIPC)
Author	Vicki Parkin, Deputy DIPC
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

Director of Infection Prevention Quarterly Infection Prevention and Control Report (Q4)

1. Introduction

The impact of infection prevention interventions reported in Q3 continue to have a positive impact on the reduction of Healthcare Associated Infection (HCAI) in Q4.

MRSA emergency screening shows some improvement in Q4 with average compliance of 80%. More targeted initiatives on AMU have been in place since March involve placing swabs at the point of use with follow up by ward clerks pre transfer/discharge will be evaluated and reported subsequently.

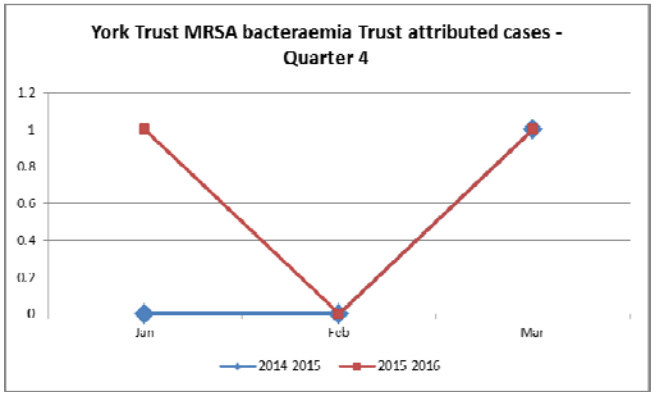
The revised Governance structure is now in place from March, the impact of which will be reported on subsequently

The risk due to lack of isolation capacity and decant space to enable deep clean and high level disinfection continues. At the Hospital IPC steering group approval was given for a programme to proactively decant and deep clean in order to reduce risk, Senior IPC leads will work with the operations team to develop this.

2. HCAI incidence and performance

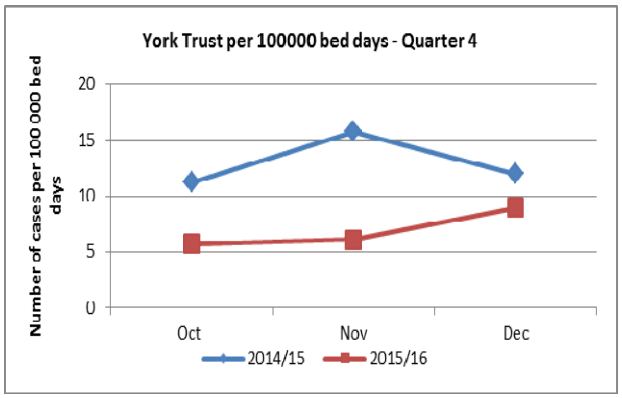
Information below describes HCAI incidence in Q4 and compares it with that for the same period 2014/15.

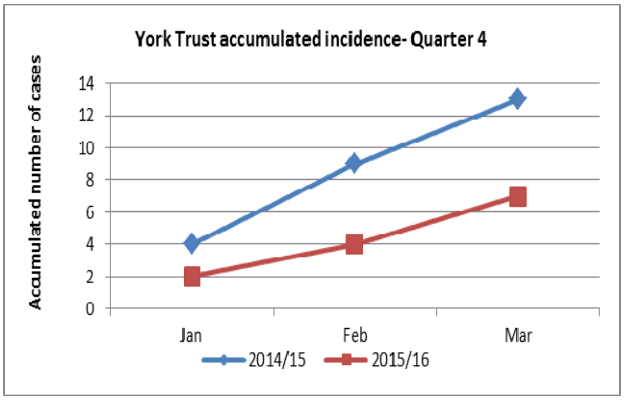
MRSA Bacteraemia:
Q1 – 6 cases. Q2 – 0 cases. Q3 – 0 cases. Q4 – 2 cases. Total incidence 8, national target – zero tolerance. Cases have involved non-compliant patients, and those heavily colonised/infected with MRSA for whom suppression/decolonisation is difficult. Learning to improve from cases is supported by action plans (that requires some strengthening) and case studies discussed at appropriate educational forum.

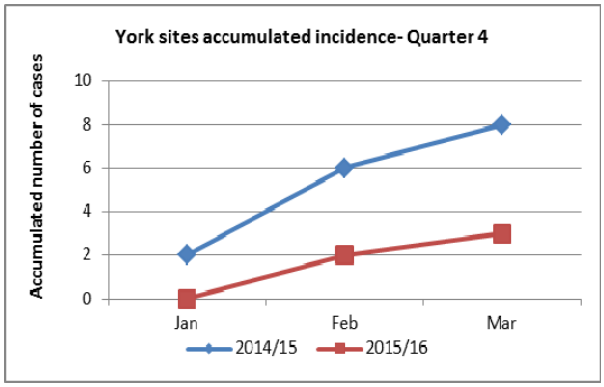


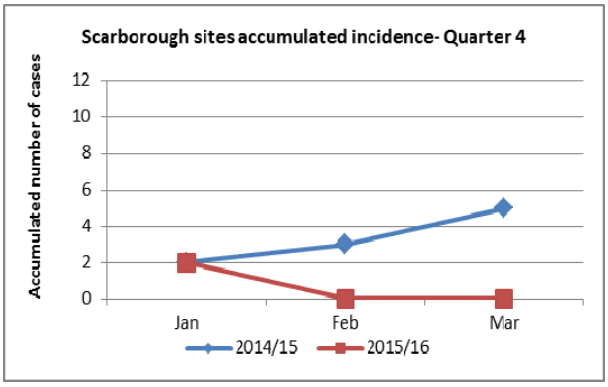
MSSA Bacteraemia:
Q1 – 11 cases. Q2 – 9 cases. Q3 – 10 cases. Q4 – 7 cases. Incidence is predominantly in medical and elderly directorates where use of venous access devices and co-morbidities

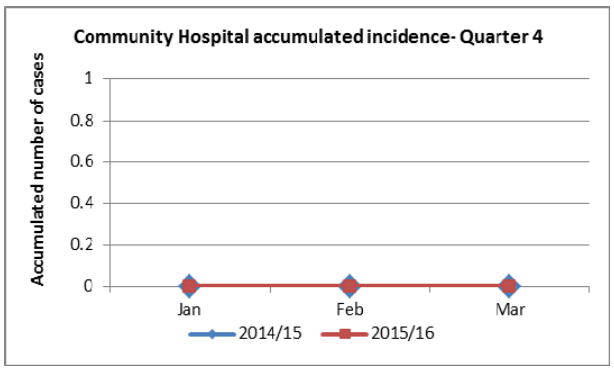
contribute to risk of acquisition**.** Total incidence 34, local target – less than 30 cases. Significant improvement has been made with reduction now towards the national mean compared with 2014/15 incidence following targeted intervention in the training and education of senior clinical staff in Aseptic Non Touch Technique and ward based training on infection prevention best practice principles.



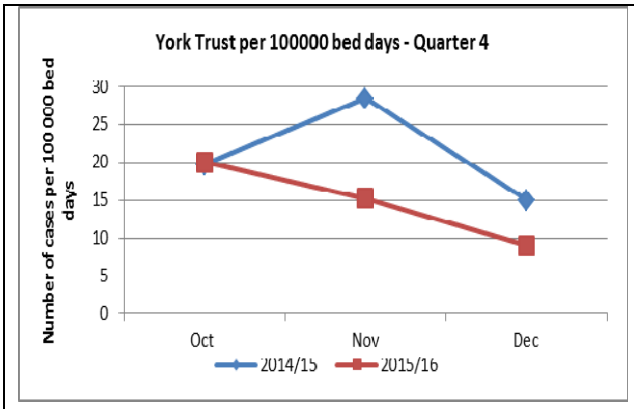


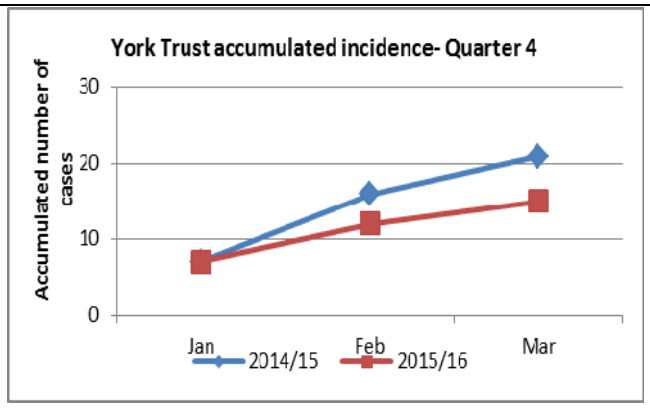


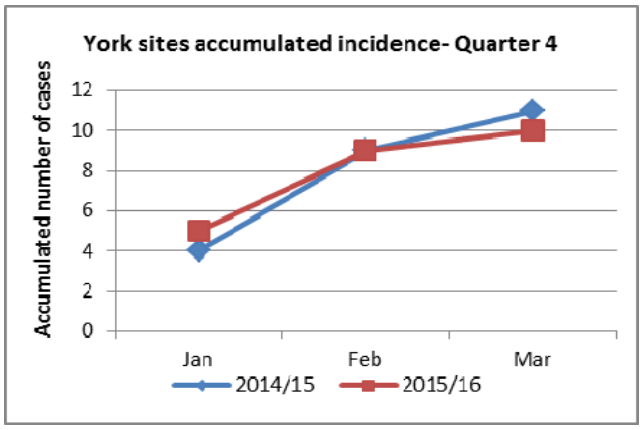


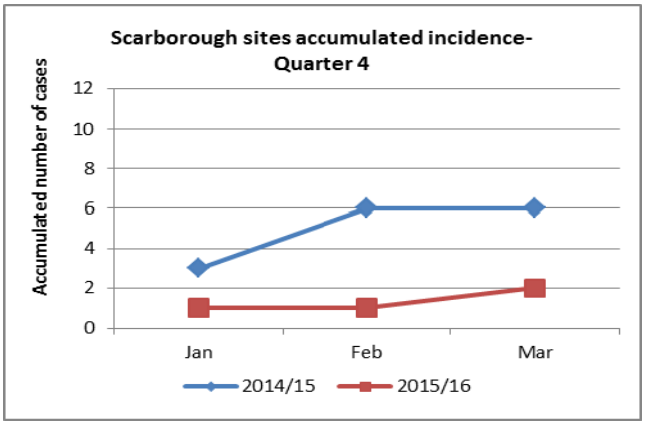


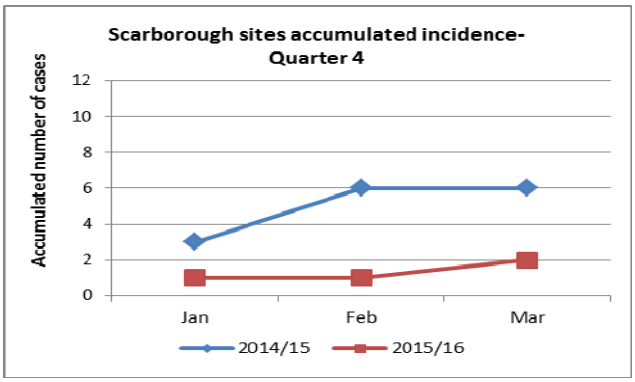
***Clostridium difficile* infection (CDI):** 65 cases against a target of 48 with 17 cases where no lapses in care have been agreed with Commissioners (3 further pending). Incidence has significantly improved compared with the same period for 2014/15 meaning the Trust is no longer an outlier. Incidence is increasing nationally with 2016/17 targets remaining unchanged. Q1 – 21 cases. Q2 – 14 cases. Q3 – 15 cases. Q4 – 15 cases.











Post Infection Review (PIR):
IP continue to develop the PIR process with the aim of learning to improve via action plans, case studies and dissemination of outcomes to all staff. More work is required to optimise action planning but with Directorate representation now at the Infection Prevention Operational Group and CCG involvement at PIR, it is the intention that through improved engagement and accountability, practice and outcome will improve as will patient safety.

Norovirus:
Sixteen wards were either closed or partially closed due to Norovirus during Q4 – 4 wards were closed in York Hospital, 9 in Scarborough Hospital, 2 in Bridlington Hospital, 1 Community rehabilitation unit. Re-closures on the Scarborough site led to a total of 13 closures with associated impact on flow and capacity. Escalation to and discussion with Operations leads have taken place with the aim of delivering training and education using reflective case studies to inform and improve practice and decision making in relation to outbreak management.

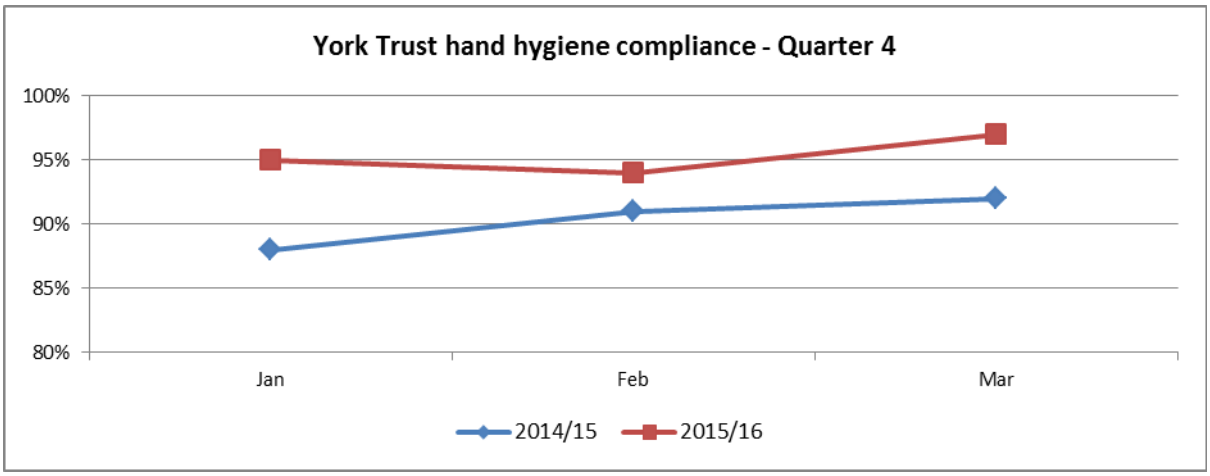
The CCG have requested a lessons learned review to establish any root cause for the continued outbreak, this will be done in collaboration with the Trust IPC team.

Antimicrobial Stewardship:
Audit data below shows significant improvement in compliance with prescribing standards during Q4. The Antimicrobial Stewardship Team are currently working on a review measure to determine 48-72 hour review, as sticker on the drug chart is being used for this purpose.

Green = >95%, Amber = 90%-95%, Red = <90%

Parameter		Q4 2014/15	Jan	Feb	Mar	Q4 2015/16
Antimicrobial pathway compliance with indication (information from Antimicrobial Stewardship Team)	Elderly	87%	100%	97%	97%	98%
	Head + Neck	100%	100%	67%	33%	67%
	Medicine	84%	94%	95%	91%	93%
	Obstetrics + Gynaecology	With surgery	93%	100%	75%	89%
	Specialist Medicine	78%	100%	x	100%	100%
	Surgery + Urology	86%	100%	96%	92%	96%
	Trauma + Orthopaedics	76%	89%	93%	100%	94%
	Trust	84%	97%	95%	93%	95%
Antimicrobial pathway compliance with duration or review date (information from Antimicrobial Stewardship Team)	Elderly	90%	97%	100%	98%	98%
	Head + Neck	100%	100%	67%	100%	89%
	Medicine	76%	96%	95%	95%	95%
	Obstetrics + Gynaecology	With surgery	97%	67%	100%	88%
	Specialist Medicine	67%	88%	x	92%	90%
	Surgery + Urology	82%	96%	100%	90%	95%
	Trauma + Orthopaedics	80%	93%	93%	87%	91%
	Trust	87%	96%	96%	93%	95%

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



3.Conclusion

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

Lack of provision of decant space remains a significant risk compromising further

improvement/reduction in infection incidence.

Collective and multidisciplinary responsibility for IP is essential to maintaining a downward trend, enhancing patient safety and reducing costs.

4. Recommendations

The Board of Directors is asked to:

- Receive the IP report for Q4
- Acknowledge actions and interventions for reduction of HCAI
- Support the recommendation for the provision of decant space to enable proactive deep clean and HPV disinfection programme.

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 Director of Infection Prevention**
Owner	**Beverly Geary, Chief Nurse & Deputy Director of Infection Prevention**
Date	**April 2016**

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York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee – 19 April 2016 - Boardroom, York Hospital

Attendance: Mike Keaney, Chairman; Gordon Cooney; Michael Sweet; Amanda McGale; Andrew Bertram; Sue Rushbrook; Lucy Turner; Steven Kitching; Juliet Walters; Lisa Gray (minutes)

Apologies: Anna Pridmore; Graham Lamb

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 22 March 2016**	The agenda covered the following AFW and CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-3	The committee asked for the minutes to be updated to include Brian Golding and Steven Kitching as they both attended the meeting. LT advised the final sentence of paragraph one for CQUIN needs to read 'It has now been agreed that funding has been secured for the year'. LT requested that under the cancer section the first sentence should be changed to 'LT advised that the drop in the two week wait performance in January related to two factors'. Item 6 is to be updated to say 'TAP & Carter discussion'. The minutes were approved as a true record of the meeting.		
2.	**Matters arising**		MS enquired as to whether we had heard anything more on the performance trajectories that were	The committee were assured with the work currently being	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			provided to NHSI recently. AB confirmed that the Trust expected to receive feedback in May. Following information received from NHS Providers AB informed the committee that the Trust needs to be realistic in what we can deliver. MK questioned as to whether the Trust would find out what the fines could potentially be, and LT confirmed we would. AB confirmed to the committee that finance needs to deliver the control total of £10m, and a monthly report has been submitted to Monitor however, there was no understanding yet as to whether their trajectory is in line with ours. MS asked if the control totals were fixed. AB explained that they were not fixed at present, but the Trust should know the outcome next month.	undertaken in relation to the performance trajectories.	
3	**Risk Register**		LT confirmed changes had been made to the Chief Operating Officer risk register following discussions at last month's meeting. The committee noted the register. AB explained to the committee that the Audit Committee have recently gone through the Finance Directors risk register, and identified new risks which fell out of the plan. Therefore a thorough review of the register has taken place. Two lines of the register have been removed, the first, DOF7 has been removed as a risk, and the second, DOF6 has been removed and it has been recommended to move it onto the Treatment Plan	The committee were assured by the updated registers, but remain concerned around the uncertainty of some of the risks as the Trust is awaiting the set criteria.	AB to update the Board about the agency spend cap, and the uncertainty with the sustainability funding.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			as the outstanding £3m was received in March 2016. Three new risks have been added to the register, which is reflective of the Audit Committee discussions: • DOF 8 – the risk is around being unable to meet the terms associated with receipt of the £13.6m sustainability funding. This is a developing risk as it is unknown at present what the qualifying criteria is. • DOF 9 – this risk has emerged due to NHSI putting a £17.2m cap on agency expenditure. It is currently unsure whether the Trust would receive the sustainability funding if we exceeded this. • DOF 10 – this risk is around commissioners QIPP schemes which may result in the Trust in being unable to release costs for services which may be impacted by them. The risk rating is TBC as it is a developing risk, and it is not currently possible to quantify it. MK raised concerns about what the Trust would do if it went over the agency expenditure limit, and lost the sustainability funding, as the Trust is at times forced to resort to agencies to ensure patient safety. AB agreed with MK's concerns, but assured the committee that continued monitoring information would be provided to manage this issue to the best of the Trust's ability. AB believes we need to be able to demonstrate that the Trust is complying with the cap, and that we must ensure that if for any		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			reason we are forced to break the cap we have an audit trail to demonstrate this was on safety grounds. AB informed the committee that he, SK and SK's team met with some of the DoH team last week. During this meeting they put forward the suggestion for ministers to push nationally for us to take a similar stance as Australia, where they have made off framework agencies illegal to help improve the situation. The committee agreed the register should be reviewed quarterly.		
4.	**TAP Monthly Summary**		GC presented the report, and noted that following discussions at the TAP Steering Group on 18 March 2016 it was agreed that the committee would continue to receive a monthly report. The report however, would involve the change work which is on-going around the Carter Recommendations. MK asked what the new report would look like. GC confirmed it would have a similar feel to previous reports, as the Trust would remain with the plan currently in place, but this would be aligned to include the Carter work. It would also include additional reports where necessary. A table has been provided within the report to demonstrate the many activities currently on going in ED. GC assured the committee that although there was a lot of activity listed, it is all required to help with the complex recovery of performance in	The committee were assured by the improvement work that was continuing to take place to improve ED performance, and the work around the Carter Recommendations.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			ED. It is believed that the Measurement Plan will demonstrate that improvement is being seen within ED. SR did note that measuring & showing improvement in each individual point can be difficult, however GC believes it is answering the questions the Trust needs to continue with the improvement work. GC informed the committee that the clinical navigator role which was trialled for 'walk in' triage has been successful so far in reducing the initial assessment time. MS queried whether it was the Trust's staff operating the triage. JW confirmed the navigator role is currently one of the Trust's nurses, and at present the Trust only has four staff able to deliver this service. To be implemented 24/7 it would require a sustainable nurse workforce model, and would be part of the ED 'Front Door Model'. The business case for this has been submitted, and is awaiting approval. GC explained that although the Trust has not seen the overall performance in ED improve yet, there have been signs in the last week that things are starting to improve. MS noted the positive impact the new Directorate Manager, David Thomas was making to the department, and questioned who was in the Clinical Director role. JW confirmed that Mike Williams was still in post, and would remain in post until the end of June. A replacement for this post is currently being sought.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			A key initiative that will drive future ED improvements is the NHSE 'Acute Medical Model' trail which Scarborough ED will be participating in. JW confirmed the initial meeting with the project team took place on 15 April 2016, and she is now working on how the Trust can focus over the next 6 months. The trail fits in well with other initiatives that are currently on-going with other providers/ commissioners, and it is clear a new care model in needed for ED. GC informed the committee that NHSE appeared impressed with the Trust knowing what we need to do to improve ED. MK queried as to what was included in the trail, and JW informed MK that the presentation AM would deliver would confirm what are in the plans, where it sits with the other work in ED, and where changes are to be made.		
5.	**Work Stream 1: Operational Reports**		AM presented an update to the committee on the acute and emergency care recovery plan. After a marked improvement in performance from early December 2015, the Trust's performance has deteriorated. High bed occupancy (over 93%), staffing shortages, and infection outbreaks closing wards have all contributed to the deterioration. March 2016 saw the highest level of 4hr breaches resulting in fines of £201,480. There have been 20 12-hour breaches in February and 12 in March 2016, the majority of which were at	The committee were assured by the presentation, and the work that is on-going. The committee still has concerns about the impact the Trust can have on authorities out of our jurisdiction, which impact on the Trust's performance.	JW to present the presentation at Board, and update on the resilience schemes, and what is out of the Trust's control.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Scarborough. JW will be reviewing these in detail to see if there is learning to be made from them. MS asked whether the 12 hours was on entry to being placed on a ward. AM confirmed that is was on entry to being medically fit to move. Bed occupancy from October 2015 has consistently been above 93% across both hospitals. This has not been helped by the infection outbreak in Scarborough in February & March 2016, and through the high amount of delayed transfers of care (DTOC), especially in York which is being impacted by limited homecare and nursing homes. NHSE commended staff for their efforts during the infection outbreak in Scarborough, which added more pressure to the system. AM confirmed that all areas are now back open. AM informed the committee that both sites were too full, and this was mainly due to DTOC's. DTOC's are people who are medically fit to be moved to the next point of care but cannot be for various reasons. This includes social care, with the City of York Council being in the sixth year of not having enough home care places. The recent infection outbreak also caused issues as people cannot be admitted or discharged from a closed ward unless they are going directly home, so in essence are stranded patients. Average attendances to ED have increased by 6.5% this year in comparison to last year's figures.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			AM informed the committee that nationally the Trust is benchmarked as 77 out of 138 Trusts for ECS, with the Trust's performance being 84.8%. The range of Trust performances were between 67.21% & 95%. It is encouraging that the Trust is in the middle of the pack, however as a Trust we want to improve our performance. The Trust has broken down improving against ECS targets into five headings to help make improvements more effectively: 1. Improving processes in ED - this includes the introduction of the ED Front Door Model, developing the B7 Nurse-in-Charge role to provide focused leadership, streamlining processes, improving escalation and risk management, and refining the Frailty pathway at York and Scarborough. 2. Improve patient flow around the Trust – this includes the use of discharge liaison officers (DLO), CPD/Visual Hospital, and bed modelling. JW confirmed DLO's would be in place in York by the end of April. 3. Improving discharge from hospital – this includes a daily senior review, plan for every patient, early supported discharge, and discharge to assess, all of which are an integral part of the ward principles. 4. System-wide working – this includes		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			collaborative working with partners, System Resilience Group priorities, York's ED 'Front Door' Model and Scarborough's Frailty GP in ED, which is currently a success, so AM confirmed the Trust is looking to cover this 7 days a week. 5. Workforce – this includes 7 day working at York & AMM Programme to define workforce at Scarborough, and nursing and medical recruitment. Staffing shortages have an impact on discharges, as staff have to concentrate their efforts elsewhere, but this is a short term issue. AM confirmed some areas do have 7 day working, but not all do, and this was something that needs to change. MS enquired how the Yorkshire Doctors contract was currently, and JW confirmed that there had been a significant improvement recently however, the Trust is providing stream nurses. Going forwards the Trust will have whole system working, which will involve zero tolerance to delays, to ensure the Trust delivers high quality care with a timely discharge. SR and GC confirmed they are working on measures to ensure the Trust can monitor the improvements these changes make to ECS. MK thanked AM for the presentation, and		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			recognised that bed occupancy was a wider issue than just the Trust, and asked how we can push external providers to help more. AM confirmed that through working with the system resilience groups it is believed an improvement will be seen, as senior leaders are signing up to key priority areas however, money does become an issue for providers. ECIP are currently helping the Trust with this. JW reminded the committee that there is much work that the Trust can do to improve the Trust's situation as well, but we must keep lobbying to get help from outside the organisation. AB agreed with MK's challenge that the Trust must start challenging this, especially once the Trust has done as much as it can do. MK requested JW to update the Board on where we are nationally, and to update on the issues we have are much wider than the Trust itself, some of which we have no control over. MK and MS commented that they appreciated the reporting being simplified, so figures are shown Trust Wide, and then broken down to York and Scarborough sites, as this helps give a better understanding of the overall performance.		
6.	**Work Stream 2: CQUIN delivery**		LT presented the paper to the committee explaining that there was no further update for the year. The two red RAG ratings around Sepsis screening and antibiotics remain the same.	The committee were assured by the year end outcome of the CQUIN's.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			The 2015/16 delivery has now been completed. The Trust is waiting on the 2016/17 CQUINs to be confirmed, but LT is confident that whilst these schemes are challenging they are deliverable. LT confirmed that the 62 day CQUIN is to come off nationally, and that Sepsis will remain.		
7.	**Work Stream 3: Finance Report**		AB confirmed to the committee that the year-end final accounts adjustments had now taken place. AB provided the committee with the updated figures which show the Trust's I&E account will display a deficit of £18.8m, against a planned deficit of £7.4m. This includes the charge associated with the loss of the Whitby Hospital asset, restructuring costs and fixed asset impairments, all of which are excluded from any NHSI assessment of the Trust's underlying position. NHSI will therefore assess the Trust's underlying deficit as £11.9m. One of the reasons the deficit has increased since the draft figures was due to a technical impairment with the Trust's assets. The refurbished energy centre at Bridlington Hospital, cost the Trust £1.4m in capital spend, however it is deemed that it has not increased the value of the site by this amount. The difference in capital cost and valuation is treated as an impairment. AB confirmed that the savings will be much more than this in the long run. MK asked if the Trust should be concerned about NHSI's assessment, but AB believed the Trust would just be within their accepted tolerance.	The committee were pleased with the work done to increase the cash flow. The committee were assured by the contract negotiations that have been completed, and that the remaining ones the Trust was working on bringing to a close in timely fashion.	AB to update the Board on the position for the year.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			AB drew three things to the attention of the committee: 1. Agency Spend – Medical agency spend in March remained high, and following nursing agency stalling in February this deteriorated in March. This appears to have been hindered by a lot of annual leave being taken during March due to it being year-end. April spend so far has seen evidence of this dropping away. 2. Cash Flow – Following the organisation being asked to reduce its spend the Trust managed to lift itself out of a downward trend, and finished the year with £14m in the bank. This was significantly helped by the receipt of £3m Strategic Capital but Directorate attempts to reduce spend and increase income have benefitted the position. SK's team had a big impact in the turnaround of cash flow, as they continuously chased up debts to draw money back. SK confirmed this work would continue as there was much more to be done. 3. 2016/17 Contract Issues – Negotiations have been completed with some of the Trust's commissioners, however agreements have yet to be reached with the Vale of York CCG & Scarborough & Ryedale CCG. If		AB to update the Board on the cap on agency spend. AB to update the Board on the Cash Flow turnaround. AB to update the Board on the 2016/17 contract negotiations.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			agreements cannot be met by 25 April 2016, there is a risk of contract arbitration, which will be managed by NHSE & NHSI. MK requested AB update the Board around the uncertainty of Sustainability funding, and the cap on agency spend which were both discussed in item 3.		
8.	**Work Stream 3: Efficiency Report**		SK presented the report, and was pleased to inform the committee that the overall delivery of CIP for 2015/16 was £27.4m, which is 6% above the £25.8m target. This is an improvement on 2014/15 which had a turnout position of £26.9m. The committee congratulated SK and his team for the CIP success for 2015/16. The current in year planning position for 2016/17 is £20.7m which leaves a planning shortfall of £5.7m. 42% of the £27.4m was delivered recurrently, which is £3.1m ahead of the position in March 2015, which is encouraging. SK confirmed a piece of work was currently taking place to identify consistent areas of non-recurrent delivery by Directorate. Directorates will then be challenged to surrender this to recurrent to close the gap. SK informed the committee the draft figure for this was currently £5-6m. MS challenged whether the Trust should be targeting the top five frequent offenders. SK and his team will be looking at tailoring some of the	The committee were assured by the successful programme for 2015/16, and by the work taking place to identify more recurrent delivery.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Directorates targets, but this won't necessarily be the frequent offenders, and could increase & decrease some. AB used Emergency Medicine as an example, they have not met their previous target, but this is due to 92% of their spend being on staff, which they are unable to reduce. There is also a requirement to invest in the department.		
9.	**Work Stream 3: Service Line Reporting**		SK presented the report to the committee. National reference costs were published in November 2015, and SK reported that the Trust returned an overall index score of 100, which is equal to the national average. SK informed the committee that PwC carried out an external audit on behalf of Monitor in December 2015. This audited the Trust's 2014/15 reference cost submission, and the processes which underpinned this submission. This included working closely with SK & SR's teams. At the time of the report the Trust had not received the draft report, however SK confirmed this had been received the night before the committee meeting. SK was pleased to confirm that the Trust had received a green rating, with only a few minor recommendations. The report is complimentary about the Trust's SLR system, engagement, adherence to costing standards and adherence to clinical coding standards. MS commented that the SLR case studies in the report were some of the best he has seen, and it	The committee were assured by both the external & internal audits, along with the work currently taking place.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			shows the amount of detail that is overturned to identify any issues. SLR is a tariff link, and Carter have used it within the recommendations. SR explained that more work was needed to engage the clinicians, to ensure that they record in detail the activity they have undertaken. This will assist clinical coding to code the activity correctly, and ensure that the Trust receives the correct income.		
10.	**Work Stream 4: Workforce**		The committee noted the supplementary temporary staffing report.		
11.	**Any other business** • **CQC Action Plan**		**CQC Action Plan -** The committee noted the action plan. MS asked for the action plan to be slightly reworded to ensure that it is consistent throughout. MK enquired as to whether the CQC would request a progress update on the action plan. JW informed the committee that this is something that is feedback to the CQC via our relationship manager. MS requested that the Tender List was added to the agenda for next month's meeting. No other business was discussed.	The committee were assured by the action plan in place, and that work was on-going to complete the actions.	
12.	**Next Meeting**		The next meeting is arranged for 17 May 2016.		

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Public Performance Report

April 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	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	**Specialty fail:** £300 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	92.8%	93.8%	94.0%	93.0%	93.5%	93.8%	93.0%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	**0**	3	0	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	**Not a 2015/16 target**	75.6%	76.3%	77.8%	74.2%	75.3%	74.0%	73.2%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	**Not a 2015/16 target**	95.2%	95.1%	95.3%	95.3%	95.0%	95.1%	95.6%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Dec	Jan	Feb
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	93.9%	91.9%	95.2%	n/a	95.5%	91.7%	94.5%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	91.4%	94.0%	94.8%	n/a	96.0%	93.1%	98.5%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	96.2%	99.3%	99.5%	n/a	99.6%	99.2%	98.7%
31 Day Subsequent Treatment (surgery)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**94%**	94.4%	97.3%	95.5%	n/a	100.0%	97.1%	94.9%
31 Day Subsequent Treatment (anti cancer drug)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**98%**	99.6%	100.0%	100.0%	n/a	100.0%	98.9%	98.8%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	87.8%	85.1%	84.5%	n/a	90.0%	84.8%	84.1%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	98.4%	92.0%	97.0%	n/a	96.2%	92.0%	90.6%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	n/a	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£120 fine per patient below performance tolerance (maximum 10% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	88.3%	91.5%	87.1%	85.0%	86.8%	84.8%	83.4%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	**0 > 30min**	539	315	336	548	112	213	223
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	**0 > 60min**	415	139	190	555	114	217	224
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q1 15/16**	**Q2 15/16**	**Q3 15/16**	**Q4 15/16**	**Jan**	**Feb**	**Mar**
	NHS VALE OF YORK CCG	30mins - 1hr	163	88	91	183	37	73	73
		1hr 2 hours	114	47	74	122	25	50	47
		2 hours +	26	19	18	69	21	35	13
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	152	94	127	184	33	71	80
		1hr 2 hours	101	28	42	128	25	49	54
		2 hours +	28	1	7	40	4	16	20
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	146	82	86	135	34	53	48
		1hr 2 hours	76	23	36	96	23	34	39
		2 hours +	22	1	4	35	4	12	19
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	13	10	19	4	8	7
		1hr 2 hours	14	6	2	21	3	10	8
		2 hours +	3	0	0	9	1	4	4
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	1	1	0	2	0	2	0
		1hr 2 hours	0	1	0	2	1	1	0
		2 hours +	0	0	0	1	0	0	1
	OTHER	30mins - 1hr	50	37	22	25	4	6	15
		1hr 2 hours	27	12	6	20	6	6	8
		2 hours +	4	1	1	12	1	0	11
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	732	431	1060	0	407	592	657
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**0 > 12 hrs**	0	1	18	32	0	20	12
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	97.5%	97.1%	98.4%	To follow	99.0%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	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
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**A banding of "Significantly higher that expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported**	95	98	99	97	96	95	93
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9		107	108	109	107	108	107	107

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**48**	21	14	15	15	7	5	3
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	**108 (TBC)**	24	16	23	33	11	15	7
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	**Quarterly:** General Condition 9 (identified in 15/16 contract as HPA MESS monthly)	**30**	11	9	10	7	2	2	3
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	6	0	0	2	1	1	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%**	85.1%	85.6%	83.1%	74.0%	78.2%	69.2%	74.1%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	72.2%	75.1%	74.5%	75.0%	75.6%	73.9%	75.6%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	**99%**	95.2%	99.4%	99.1%	99.6%	99.1%	99.6%	99.6%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	0	3	0	3	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	9	0	8	4	1	2	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**	205	40	182	210	20	81	109
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	**95%**	97.1%	97.4%	97.9%	98.4%	98.2%	98.4%	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%	99.7%	99.8%	To follow	99.9%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	n/a	n/a	Reports currently unavailable from the HSCIC due to a change in system.				
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	**Q1 - 87% Q2 - 89% Q3 - 91% Q4 - 93%**	89.1%	89.7%	88.7%	91.8%	93.0%	93.9%	88.8%
Delayed Transfer of Care to be maintained at a minimum level	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**<1%**	1476	1459	1754	1872	625	497	750
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**200 per month**	452	486	448	0	135	169	178
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	**End Q2 745; end Q4 721**	2365	2509	2492	2599	831	885	883
% 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**	419	476	486	1 month coding lag	168	148	1 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**	1435	1491	1548	1 month coding lag	558	447	1 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	**100 per month (Baseline 374; Q1;-330; Q2-280;Q3-250;Q4-220)**	302	258	308	317	90	123	104

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.7%	99.1%	99.7%	99.2%	99.6%	100.0%	98.1%
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 .						
Immediate Discharge letters - 24 hour standard: Overall Trust Position Monthly report and quarterly audit . Action plan to be provided where the target failed in any one month. 25 cases from SR and 25 cases from ERY.	General Condition 9	**>98% for admitted patients discharged and >98% for A&E patients discharged**	Quarterly audit						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Rydale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology). 25 cases from SR and 25 cases from ERY	General Condition 9	**Q1 - 94% Q2 - 95% Q3 - 96% Q4 - 97%**	Quarterly audit						
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	General Condition 9	**Q1 - 90% Q2 - 92% Q3 - 94% Q4 - 96%**	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/2015	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 01/04/2015	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**	87.0%	87.4%	86.9%	85.9%	86.9%	85.6%	85.2%

Never Events

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

District Nursing Activity Summary

Indicator	Source	Threshold	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Jan	Feb	Mar
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	2962	2719	3660	3160	1113	1123	924
	Community nurse/service	-	976	934	1119	1285	384	416	485
	Acute services	-	1159	1041	1296	1254	388	483	383
	Self / Carer/family	-	498	709	938	849	291	295	263
	Other	-	356	310	424	395	182	128	85
	Grand Total	-	5951	5713	7437	6943	2358	2445	2140
Community Adult Nursing Contacts	First	-	4302	4417	5068	5083	1657	1761	1665
	Follow up	-	41155	46436	55322	61640	19001	20401	22238
	Total	-	45457	50853	60390	66723	20658	22162	23903
	First to Follow Up Ratio	-	9.5	10.5	10.9	12.1	11.5	11.6	13.4
Community Hospitals average length of stay (days)	Archways	-	22.5	22.0	22.5	20.9	24.8	20.6	18.6
	Malton Community Hospital	-	20.0	24.3	20.5	19.4	19.1	19.2	16.4
	St Monicas Hospital	-	21.4	19.3	19.3	18.8	15.5	32.6	13.5
	The New Selby War Memorial Hospital	-	24.0	23.6	23.0	20.4	20.8	21.3	16.4
	Whitby Community Hospital	-	20.0	19.2	12.8	0.0	22.3	21.4	0.0
	Total	-	21.9	22.7	21.5	20.0	20.3	21.6	16.6
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	8	11	11	18	3	7	8
		Emergency	75	79	80	68	24	19	25
	Malton Community Hospital	Elective	20	37	15	15	5	3	7
		Emergency	100	115	124	126	40	39	47
	St Monicas Hospital	Elective	16	14	15	19	7	4	8
		Emergency	44	41	38	31	10	10	11
	The New Selby War Memorial	Elective	58	69	72	70	24	23	23
		Emergency	68	68	71	70	26	20	24
	Whitby Community Hospital	Elective	0	0	0	0	0	0	0
		Emergency	136	133	191	0	0	0	0
	Total	Elective	102	131	113	122	39	37	46
		Emergency	423	436	504	295	100	88	107

Monthly Quantitative Information Report

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Complaints and PALS												
New complaints this month	43	41	33	41	37	58	42	38	28	25	40	46
Number of Ombudsman complaint reviews	2	4	1	1	3	1	0	2	1	0	4	0
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	1	0	1	0
Number of Ombudsman complaint reviews partly upheld	0	1	0	0	0	0	1	0	2	0	2	1
Late responses this month (at the time of writing)***	3	2	10	7	4	6	0	8	0	0	0	0
Top complaint issues												
Aspects of clinical treatment	30	27	21	27	29	30	15	30	24	21	39	49
Admission/discharge/transfer arrangements	1	3	1	1	0	5	5	2	3	4	7	10
Appointment delay/cancellation - outpatient	2	2	0	0	2	0	2	3	1	2	1	6
Staff attitude	3	7	3	3	3	6						
Communications	4	1	3	2	2	8	5	7	9	13	24	21
Other	0	1	1	2	0	7						
New PALS queries this month	430	416	498	643	530	631	682	505	450	492	557	443
PALS queries at same time last year	378	369	406	442	488	426	463	392	334	461	432	0
Top PALS issues												
Information & advice	158	155	171	237	233	296	309	202	171	196	211	191
Staff attitude	19	14	23	24	14	19	17	18	13	21	16	9
Aspects of clinical treatment	69	63	72	101	64	76	75	66	53	68	91	48
Appointment delay/cancellation - outpatient	29	35	46	59	39	60	55	49	40	37	28	30

**note: upheld complaints are reported quarterly to allow for investigation timescales*
***note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is recorded as upheld*
****note: if extensions are made in agreement with the complaint, responses are not considered late*

Serious Incidents												
Number of SI's reported	12	14	12	20	11	16	22	19	13	11	28	21
% SI's notified within 48 hours of SI being identified*	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%
% SI's closed on STEIS within 6 months of SI being reported	66%	100%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of Negligence Claims	15	15	12	14	8	14	21	21	15	12	12	12
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG (Threshold - 90% by Q4)	0	2	0	1	0	1	2	3	0	5	0	0
Duty of Candour demonstrated within SI Reports (Threshold 100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of reported SI's, investigated and closed as per agreed timescales**** (Threshold (90%)	83%	85%	83%	93%	100%	92%	94%	75%	100%	71%	100%	100%
Percentage of reported SI's with extension requested.												

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

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pressure Ulcers**												
Number of Category 2	37	49	34	37	44	34	29	46	36	31	37	48
Number of Category 3	4	8	10	4	3	3	7	4	3	7	3	4
Number of Category 4	0	1	0	0	1	1	3	1	1	1	0	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	31	38	35	33	35	27	27	48	37	35	41	52
Total number developed/deteriorated while in our care (care of the organisation) - community	25	47	27	29	28	27	34	33	21	25	23	28
Falls***												
Number of falls with moderate harm	1	2	5	0	3	3	4	2	2	0	6	2
Number of falls with severe harm	3	8	4	5	1	5	3	10	1	6	6	4
Number of falls resulting in death	0	0	0	1	0	0	1	0	1	0	0	0
Safeguarding												
% of staff compliant with training (children)	62%	65%	68%	74%	80%	80%	81%	82%	82%	82%	84%	85%
% of staff compliant with training (adult)	62%	64%	69%	74%	80%	81%	82%	82%	82%	83%	83%	84%
% of staff working with children who have review CRB checks												

Note ** and *** - falls and pressure ulcers subject to validation. Fall resulting in death currently being investigated as Serious Incident and the degree of harm will be confirmed upon completiion of investigation.
All falls and pressure ulcer data has been refreshed to reflect imrovements in identification, monitoring and reporting of falls and pressure ulcers.
**** - data revised to exclude SIs which have been delogged since declaration

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the year ending 31 March 2016.

At the end of March the Trust is reporting an Income and Expenditure (I&E) deficit of £18.8m against a planned deficit of £7.4m for the year. The Income & Expenditure position places the Trust behind its Operational plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

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

Briefing Note for the Board of Directors Meeting 27 April 2016

Subject: March 2016 (Month 12 Year-end) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for the year ending March 2016

The Trust's I&E account will show a deficit of £18.8m. The Trust's planned deficit position was £7.4m. We have therefore finished the year some £11.4m adversely adrift of our financial plan.

The Board are aware that this reported position includes the full (technical, non-cash) charge of £4.7m associated with the loss of the Whitby Hospital asset transferring ownership to NHS Property Services. Also included in this position are restructuring costs (MARS payments and redundancies) totalling £0.6m and fixed asset impairments of £1.7m. These elements are all excluded in any NHSI assessment of our underlying position. Of note are some movements in these technical adjustments as part of the year end closure and finalisation processes.

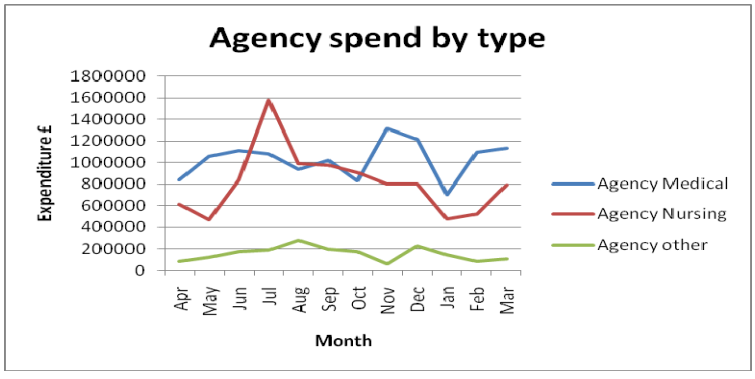
NHSI will assess our normalised operational deficit as £11.8m.

Opening Position	**(£18.8m)**
Less: loss on transfer by absorption re: Whitby hospital	£4.7m
Less: restructuring costs	£0.6m
Less: fixed asset impairment	£1.7m
Monitor Assessed Underlying Deficit	**(£11.8m)**

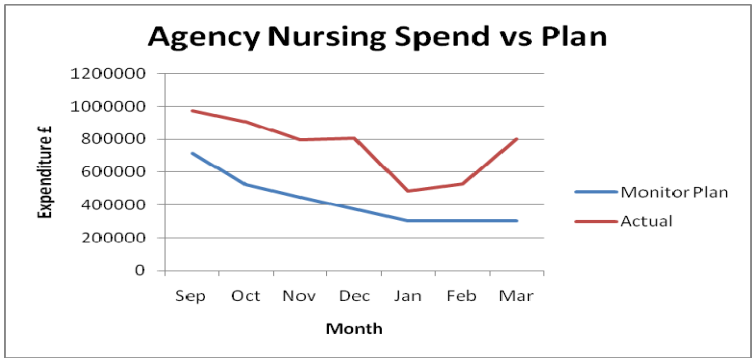
Whilst it is disappointing that our normalised operational deficit is worse than forecasted (£11.2m) I would suggest given the pressures on the Trust this position is within acceptable tolerances.

Expenditure Analysis

Overall in the month of March we have seen an increase in expenditure. This is disappointing, given the continued expenditure controls remaining in force. There has been pressure particularly from agency staffing (medical and nursing). These are areas where, for reasons of safety and continuity of service provision, managing expenditure down to affordable levels is more challenging.



The chart analyses agency spend, looking specifically at staff group. The chart shows a stalling in nurse agency cost reductions in February and an increase in March. Medical agency costs have remained high again in March with pressure coming particularly from junior spend.



This chart looks at agency nursing spend against the Monitor improvement trajectory taking the Trust to the targeted 4% agency spend rate by March 2016. The stalling in progress in February has been replaced with a clear divergence from target in March.

Income Analysis

I am pleased to be able to report to the Board that settlement deals have now been agreed with all commissioners, including S&R CCG. These positions are fully reflected in the reported position.

The performance report contains details of each of the contracts and outturn settlements.

2016/17 Contract Issues

Contract negotiations have been underway for some time now with all the Trust's commissioners. At the time of writing this report, agreement for 2016/17 has been reached with ER CCG and I expect imminent agreement with NHSE (Specialised Commissioning). Advanced discussions are continuing with VOY CCG and S&R CCG in an attempt to bring this matter to a timely resolution but these negotiations have some way still to go.

The main areas of dispute at present include differences in opinion in relation to prevailing activity and growth levels, but mainly in relation to significant QIPP (activity reduction) assumptions being taken by commissioners without apparent substance.

The Board should be aware there is a risk of contract arbitration if agreement cannot be reached before the end of the month. This process is being managed by NHSE and NHSI. The Board will be kept informed of developments in this regard. Any arbitration will not challenge principles of PbR but instead will deliver a binding activity schedule for the purposes of planning and monthly routine payments. PbR will still prevail and monthly activity reconciliations will still be necessary. Arbitration is most likely to flush out unsubstantiated commissioner activity reduction expectations.

Finance Performance Report

April 2016

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

Summary Income and Expenditure Position
Month 12 - The Period 1st April 2015 to 31st March 2016

York Teaching Hospital NHS
NHS Foundation Trust

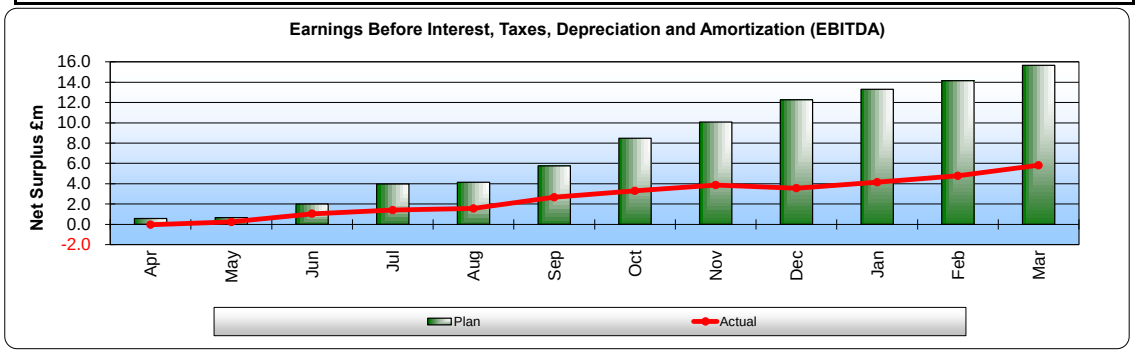
Summary Position:

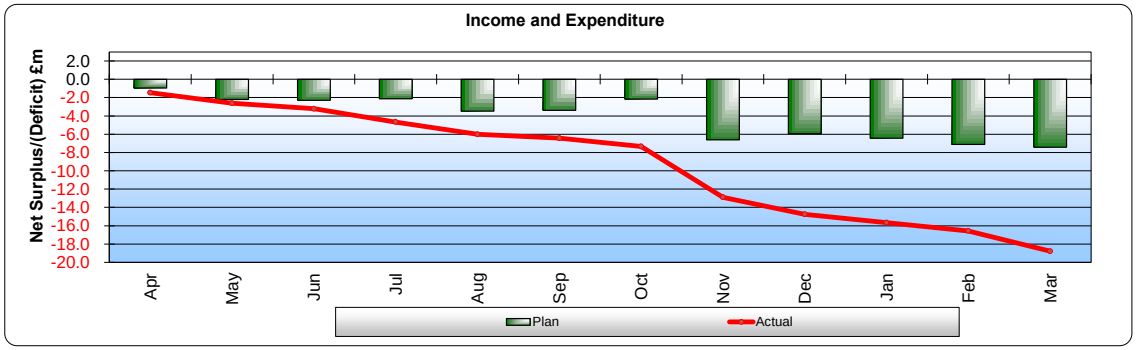
* The Trust is reporting an I&E deficit of £18.8m, placing it £11.4m behind the operational plan.

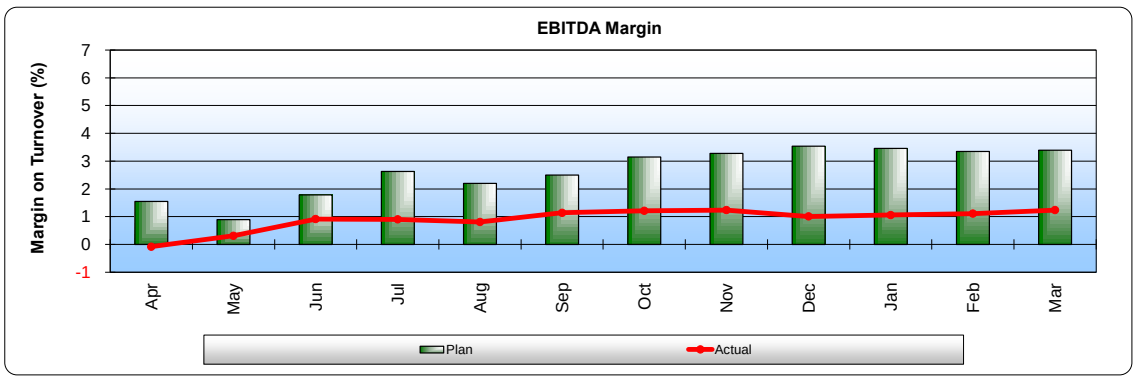
* Income is £8.5m ahead of plan, with clinical income being £3.9m ahead of plan and non-clinical income being £4.6m ahead of plan.

* Operational expenditure is ahead of plan by £18.3m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £5.8m (1.24%) compared to plan of £15.7m (3.40%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	25,509	25,509	24,605	-904	24,525	-984
Planned same day (Day cases)	33,871	33,871	36,960	3,089	36,310	2,439
Non-Elective Income	104,288	104,288	106,012	1,724	107,311	3,023
Outpatients	66,517	66,517	62,933	-3,584	67,689	1,172
A&E	14,883	14,883	14,691	-192	16,039	1,156
Community	33,199	33,199	36,838	3,639	35,571	2,372
Other	132,188	132,188	132,260	72	127,932	-4,256
	410,455	**410,455**	**414,299**	**3,844**	**415,377**	**4,922**
Non-NHS Clinical Income						
Private Patient Income	1,036	1,036	979	-57	973	-63
Other Non-protected Clinical Income	1,890	1,890	1,716	-174	1,848	-42
	2,926	**2,926**	**2,695**	**-231**	**2,821**	**-105**
Other Income						
Education & Training	14,333	14,333	15,532	1,198	15,420	1,086
Research & Development	4,156	4,156	4,844	688	4,573	417
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	600	472	-128	739	139
Other Income	17,716	17,716	20,831	3,116	19,567	1,852
Transition support	10,907	10,907	10,906	-1	10,906	-1
	47,712	**47,712**	**52,584**	**4,872**	**51,205**	**3,494**
Total Income	**461,093**	**461,093**	**469,578**	**8,485**	**469,403**	**8,310**
Expenditure						
Pay costs	-309,937	-309,937	-318,461	-8,524	-318,551	-8,614
Drug costs	-43,608	-43,608	-50,717	-7,109	-49,186	-5,578
Clinical Supplies & Services	-44,479	-44,479	-43,999	480	-44,862	-383
Other costs (excluding Depreciation)	-45,766	-45,766	-49,991	-4,224	-49,442	-3,675
Restructuring Costs	0	0	-595	-595	-578	-578
CIP	-1,647	-1,647	0	1,647	0	1,647
Total Expenditure	**-445,437**	**-445,437**	**-463,763**	**-18,326**	**-462,618**	**-17,181**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**15,656**	**15,656**	**5,815**	**-9,841**	**6,785**	**-8,871**
Profit/ Loss on Asset Disposals	-4,500	-4,500	-4,704	-204	-4,583	-83
Fixed Asset Impairments	-300	-300	-1,717	-1,417	-300	0
Depreciation	-11,000	-11,000	-11,092	-92	-11,000	0
Interest Receivable/ Payable	100	100	130	30	143	43
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-335	-335	-357	-22	-367	-32
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	-19	-19	-19	-19
PDC Dividend	-7,040	-7,040	-6,842	198	-7,040	1
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**-7,419**	**-7,419**	**-18,785**	**-11,366**	**-16,380**	**-8,961**

Contract Performance

Month 12 - The Period 1st April 2015 to 31st March 2016

York Teaching Hospital NHS
NHS Foundation Trust

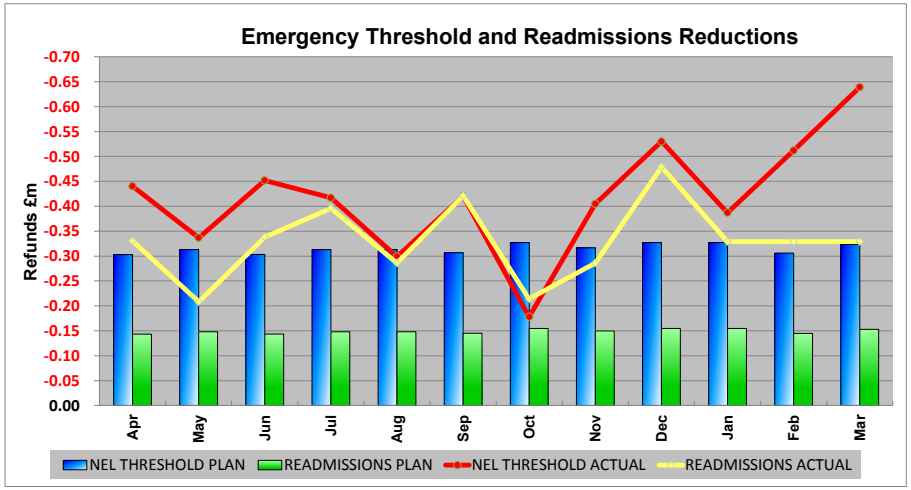
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	194,583	194,583	202,470	7,887
Scarborough & Ryedale CCG	74,977	74,977	78,608	3,631
East Riding CCG	37,600	37,600	40,879	3,279
Other Contracted CCGs	23,222	23,222	22,838	-384
NHSE - Specialised Commissioning	35,241	35,241	36,263	1,022
NHSE - Public Health	14,466	14,466	14,494	28
Local Authorities	6,483	6,483	5,998	-485
Total NHS Contract Clinical Income	**386,572**	**386,572**	**401,550**	**14,978**

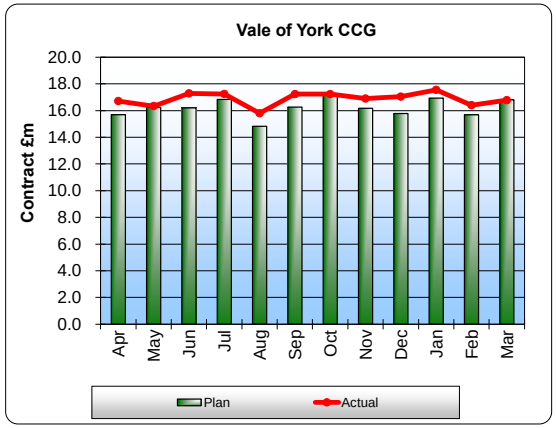
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	10,040	10,040	12,715	2,675
Risk Income	13,843	13,843	-161	-14,004
Total Other NHS Clinical Income	**23,883**	**23,883**	**12,554**	**-11,329**

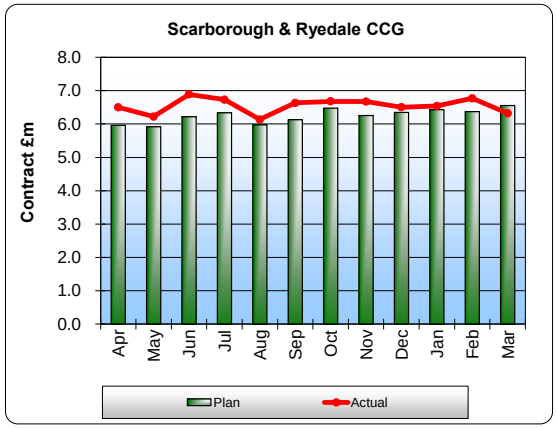
Specialist registrar income moved to other income non clinical	-1467
Winter resilience monies in addition to contract	1,663

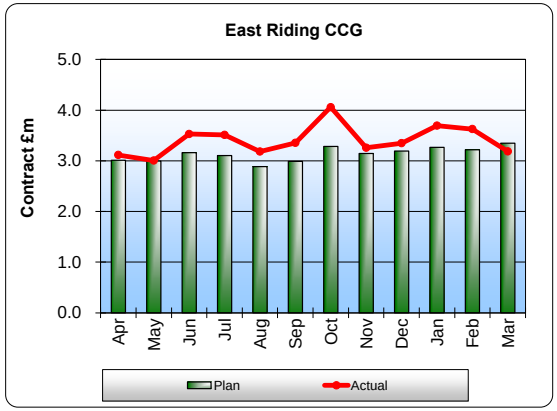
Total NHS Clinical Income	**410,455**	**410,455**	**414,300**	**3,845**

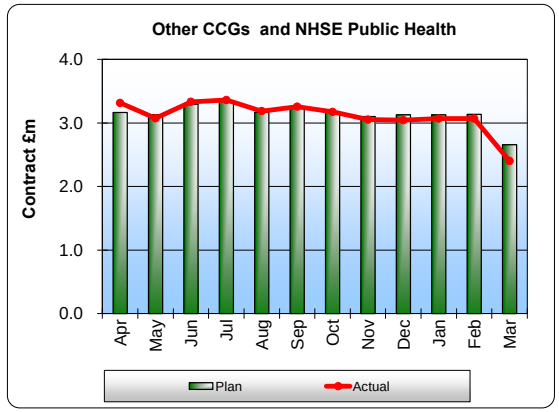
Activity data for March is partially coded (44.01%). February is 91.52% coded and all earlier months are fully coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

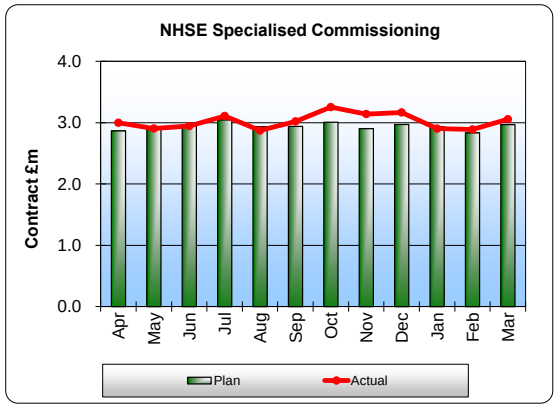


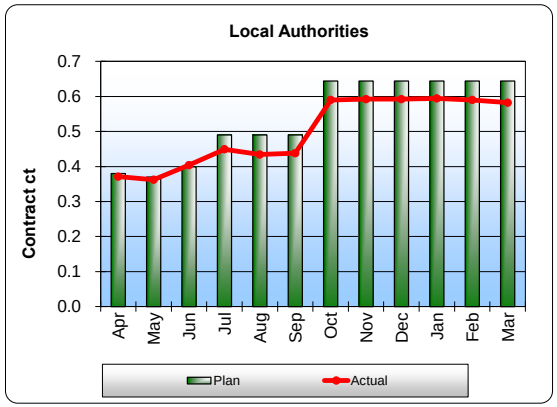












Expenditure Analysis
Month 12 - The Period 1st April 2015 to 31st March 2016

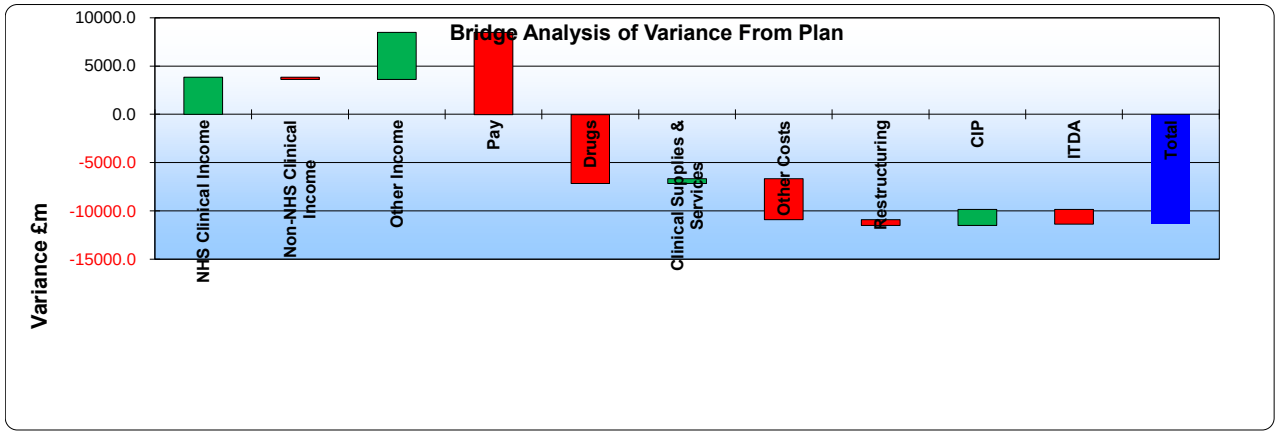
York Teaching Hospital NHS
NHS Foundation Trust

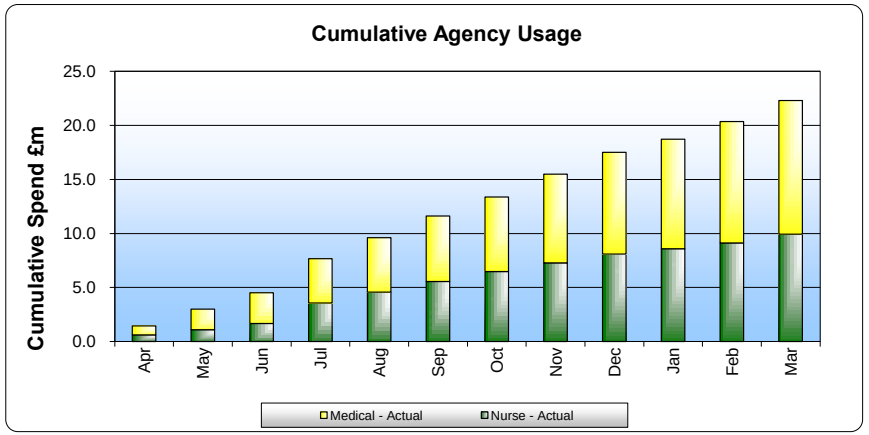
Key Messages:

There is an adverse expenditure variance of £18.3m at the end of March 2016. This comprises:

* Pay budgets are £8.5m adverse, linked to continued high locum and agency costs.
* Drugs budgets are £7.1m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £1.6m ahead of plan.
* Other budgets are £4.3m adverse.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	54,054	54,054	47,993	0	1,786	0	5,771	55,551	-1,496	-1,081	
Medical & Dental	29,255	29,255	25,838	0	204	0	6,592	32,635	-3,379	-3,086	
Nursing, Midwifery & Health Visting	93,537	93,537	80,779	554	363	4,030	9,929	95,655	-2,117	-1,550	
Professional & Technical	9,560	9,560	7,871	133	181	8	470	8,662	897	819	
Scientific & Professional	17,076	17,076	15,684	86	29	2	279	16,080	996	1,004	
P.A.M.s	22,189	22,189	19,681	58	276	3	423	20,440	1,749	1,578	
Healthcare Assistants & Other Support Staff	43,832	43,832	42,120	693	135	43	207	43,197	634	432	
Chairman and Non-Executives	161	161	161	0	0	0	0	161	-1	-1	
Executive Board and Senior Managers	14,570	14,570	13,355	7	0	0	65	13,427	1,143	1,031	
Administrative & Clerical	33,701	33,701	31,962	201	149	41	300	32,653	1,048	966	
Agency Premium Provision	3,717	3,717	0	0	0	0	0	0	3,717	3,407	
Vacancy Factor	-11,715	-11,715	0	0	0	0	0	0	-11,715	-10,202	
TOTAL	**309,937**	**309,937**	**285,445**	**1,731**	**3,123**	**4,126**	**24,036**	**318,461**	**-8,525**	**-6,683**	





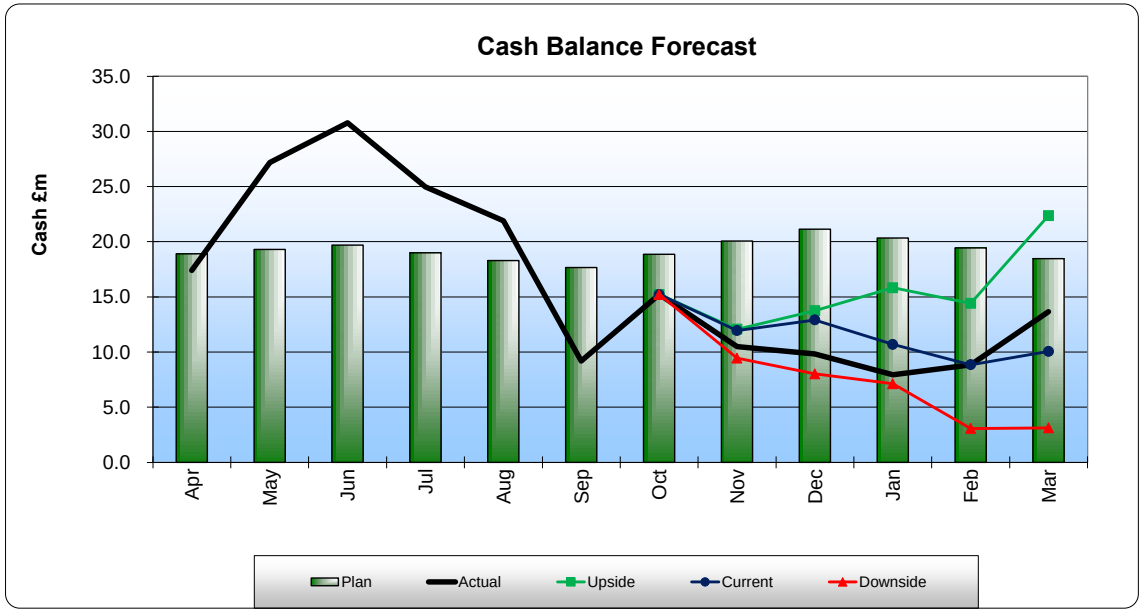
Cash Flow Management

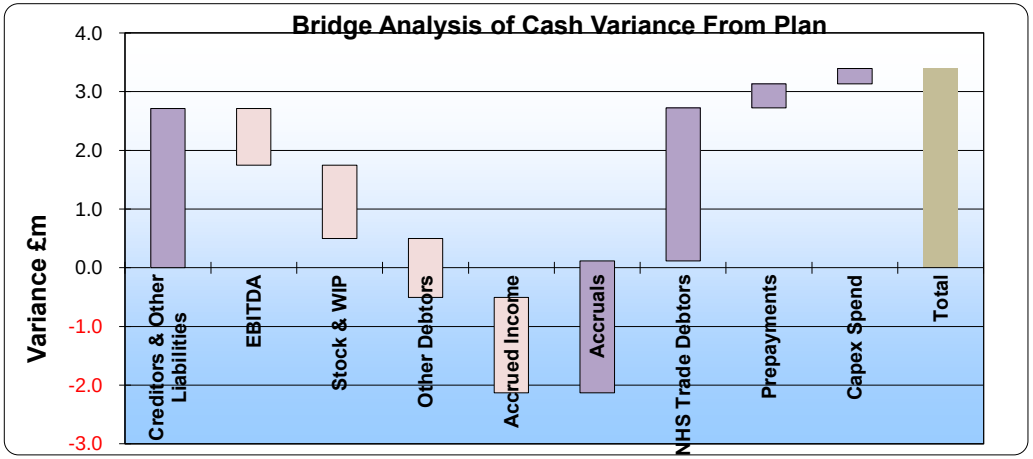
Month 12 - The Period 1st April 2015 to 31st March 2016

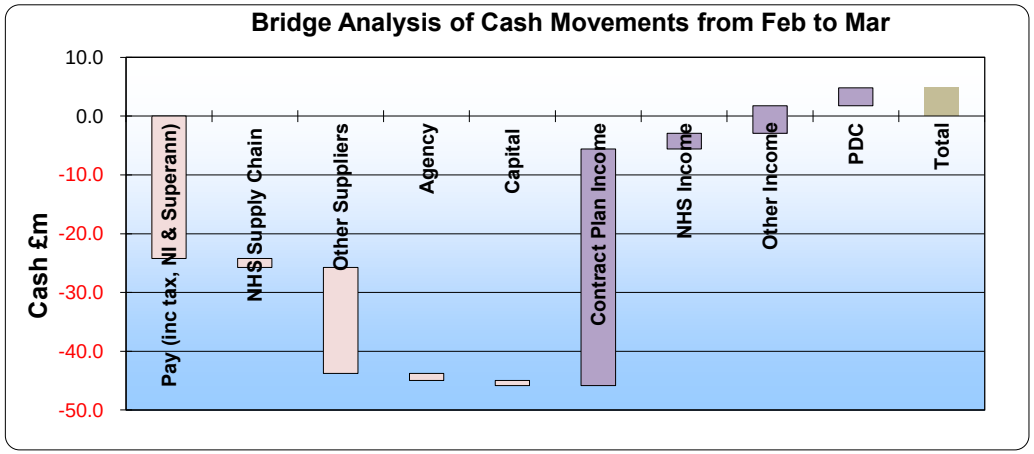
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of March was £13.6m.
* The position was significantly influenced by receipt of the £3m Strategic Capital (PDC).
* The position is below the monitor plan, but ahead of the revised cashflow forecast presented to the board in October.







Cash Flow Management
Month 12 - The Period 1st April 2015 to 31st March 2016

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

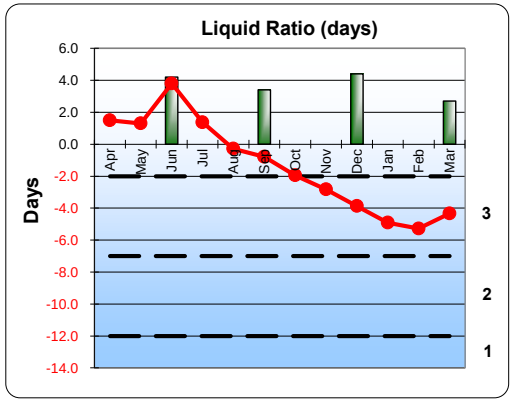
* The receivables balance at the end of March was £12.9m, which is below plan.
* The payables balance at the end of March was £12.1m, which is slightly above plan.
* The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 2 in March, and is reflective of the I&E position.

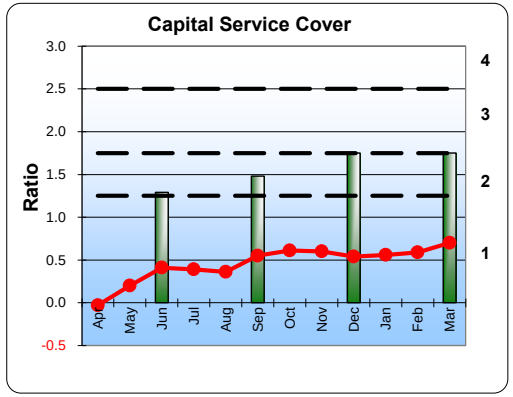
Significant Aged Debtors (+6mths)

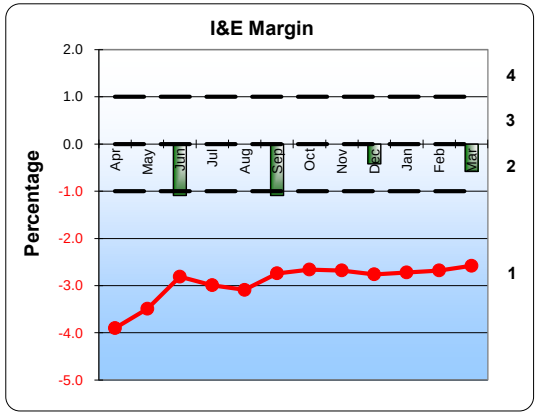
Harrogate and District NHS FT	**£553K**
NHS Vale of York CCG	**£133K**
Leeds and York Partnership NHS FT	**£68K**

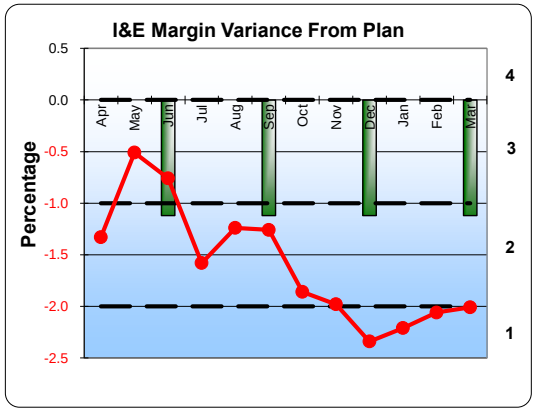
	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	9.79	0.92	0.99	0.45	12.15
Receivables	11.25	0.77	0.16	0.73	12.92

FSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (25%)	4	4	3	3
Capital Service Cover (25%)	2	2	1	1
I&E Margin (25%)	2	2	1	1
I&E Margin Variance From Plan (25%)	2	2	1	1
Overall Financial Sustainability Risk Rating	3	3	2	2







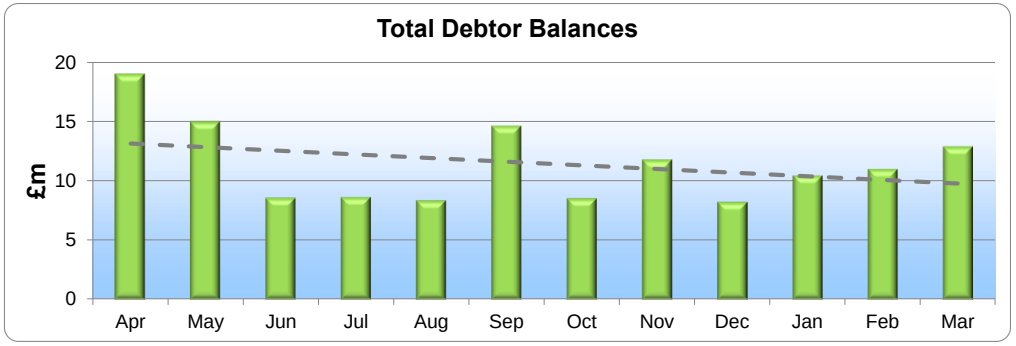


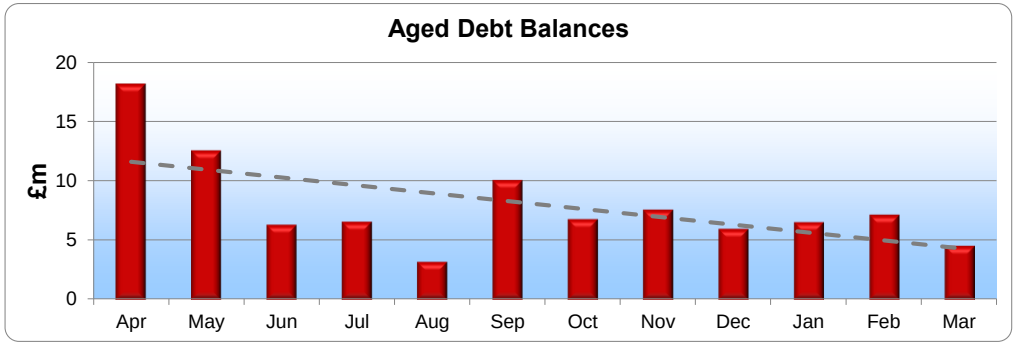
Debtor Analysis
Month 12 - The Period 1st April 2015 to 31st March 2016

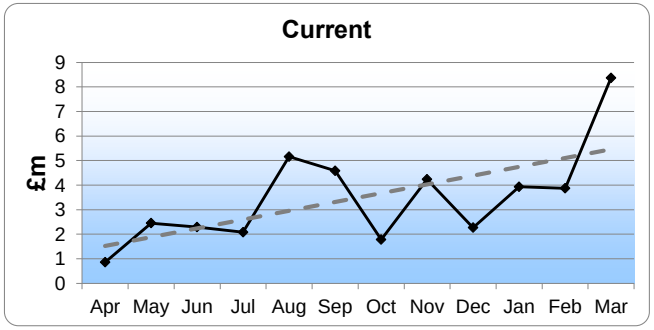
York Teaching Hospital NHS
NHS Foundation Trust

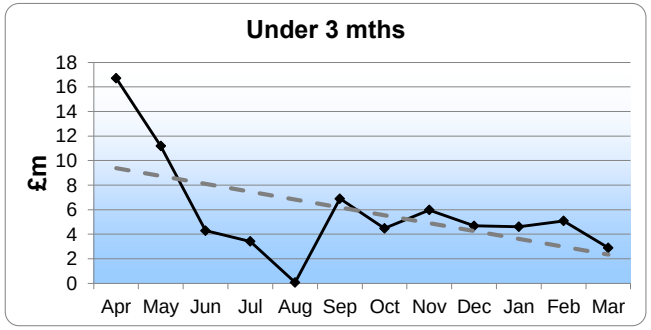
Key Messages:

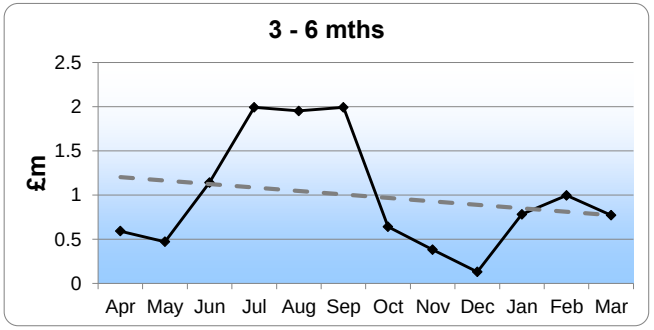
* At the end of March, the overall aged debt balance was £4.5m.
* Current debtors increased significantly, with invoices raised through the year end process.
* With the exception of debtors over 12 months, all other areas reduced from the February position, highlighting the positive debt collection activity.
* Debtors over 12 months remain relatively static. This is mainly influenced through the issues with Harrogate & District FT.

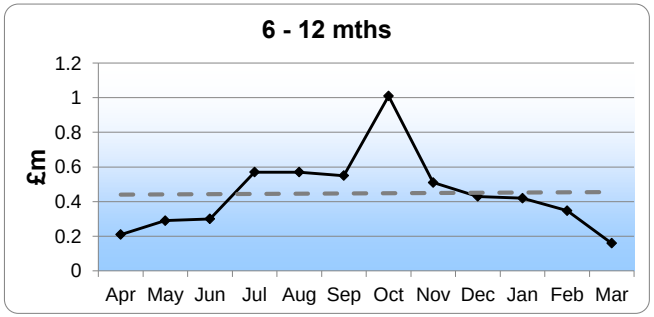


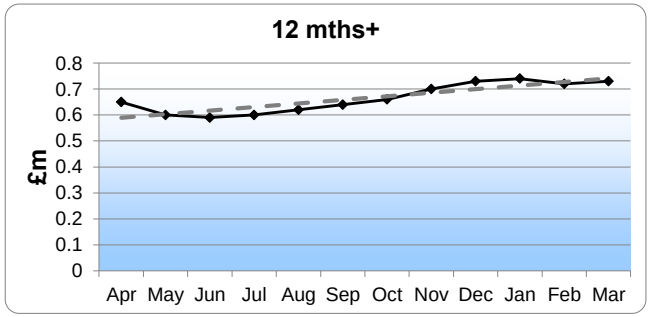












Capital Programme

Month 12 - The Period 1st April 2015 to 31st March 2016

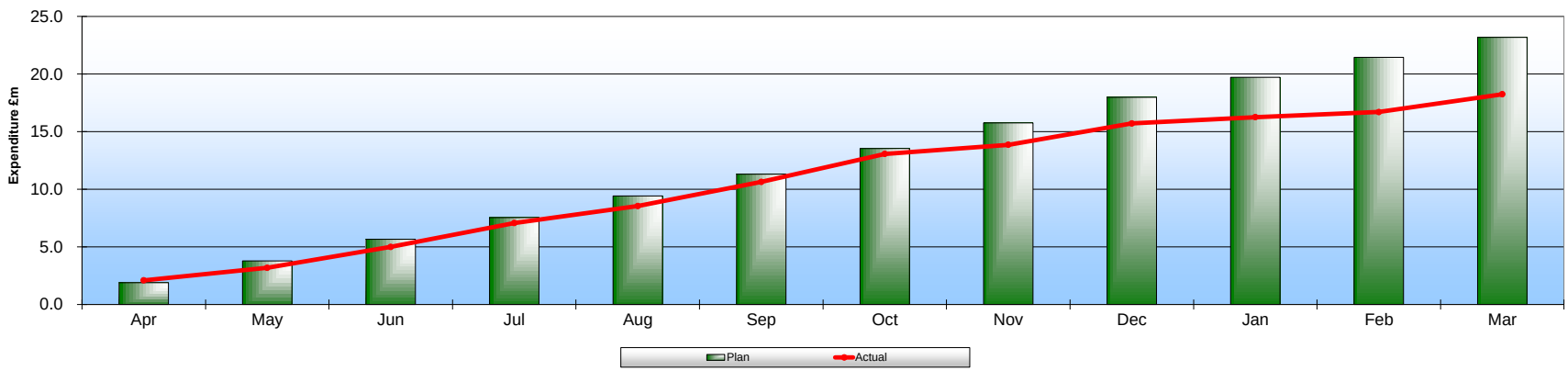
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The total in year spend is £18.236m, this is £4.9m less than the original plan due to the Radiology equipment replacement plan moving into next year but also due to the Capital Programme Executive Group making the decision to delay the start of projects to April 2016 in order to protect the Trusts cash positon.

* The Scarborough and Bridlington Carbon Energy Scheme remains the largest projected in year spend currently at £5.297m.

* Strategic funding has been allocated to existing projects across the Scarborough site, including the Fire Alarm and Lift replacement projects and the upgrade of the IT network.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
CT Scanner replacement- York (Owned)	2,015	1,721	1,721	294	
Fire Alarm System SGH	440	289	289	151	
York ED Phase 2	1,264	498	498	766	
SGH/ Brid Carbon & Energy Project	5,087	5,297	5,297	-210	
Radiology Equipment Upgrade	3,085	92	92	2,993	
IT Wireless Upgrade - Trustwide	1,400	1,207	1,207	193	
Other Capital Schemes	3,655	3,426	3,426	229	
SGH Estates Backlog Maintenance	1,000	665	665	335	
York Estates Backlog Maintenance - York	1,000	1,146	1,146	-146	
Medical Equipment	650	658	658	-8	
IT Capital Programme	1,500	899	899	601	
Capital Programme Management	1,150	1,428	1,428	-278	
Radiology Lift Replacement SGH	440	35	35	405	
York Endoscopy Phase 1&2	-	385	385	-385	
Urology Facilities Malton	-	490	490	-490	
Contingency	500	-	-	500	Contingency funding has been allocated to specific projects
TOTAL CAPITAL PROGRAMME	**23,186**	**18,236**	**18,236**	**4,950**	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	9,614	8,971	8,971	643	
Loan Funding b/fwd	1,386	1,386	1,386	-	
Loan Funding	9,577	6,118	6,118	3,459	
Charitable Funding	739	301	301	438	
Strategic Capital Funding	1,870	1,460	1,460	410	
TOTAL FUNDING	**23,186**	**18,236**	**18,236**	**4,950**	

Efficiency Programme

Month 12 - The Period 1st April 2015 to 31st March 2016

York Teaching Hospital NHS
NHS Foundation Trust

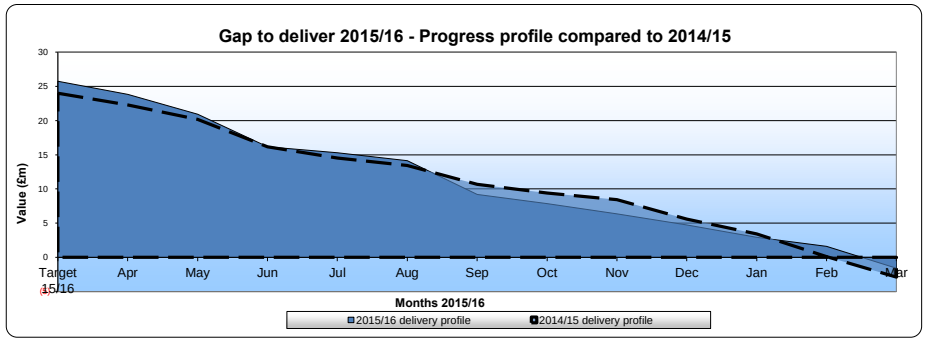
Key Messages:

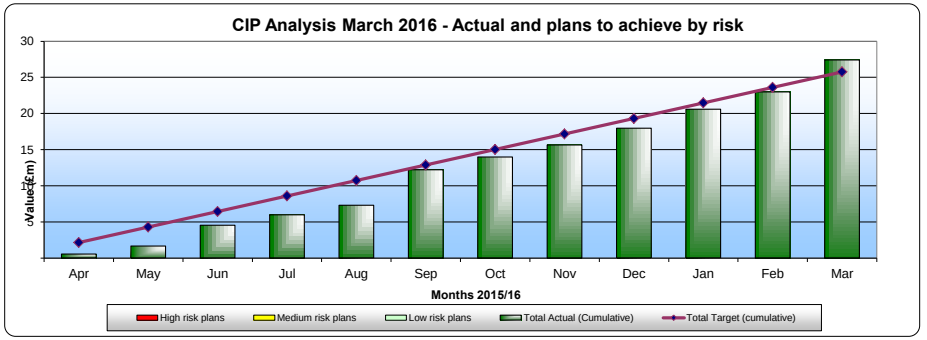
* Delivery - £27.4m has been delivered against the Trust annual target of £25.8m, giving a Surplus for the year of £1.6m.
* Part year Monitor variance - The part year Monitor variance has a surplus of £1.6m.
* In year planning - The 2016/17 planning gap is currently (£5.7m)
* Four year planning - The four year planning gap is (£32.6m). 2016/17 now includes the revised Target figure.
* Recurrent delivery - Recurrent delivery is £10.8m, which is 42% of the 2015/16 CIP target.

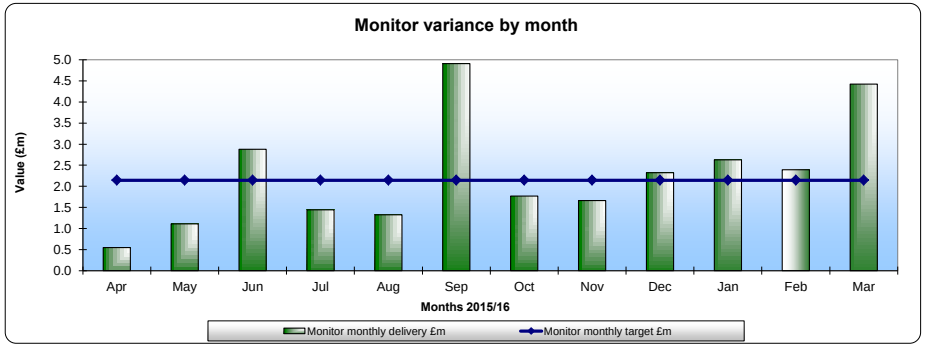
Executive Summary - March 2015	
	Total £m
TARGET	
In year target	25.8
DELIVERY	
In year delivery	27.4
In year delivery (shortfall)/Surplus	1.6
Part year delivery (shortfall)/surplus - monitor variance	1.6
PLANNING	
In year planning surplus/(gap)	1.6
FINANCIAL RISK SCORE	
Overall trust financial risk score	(2 - RED/AMBER)

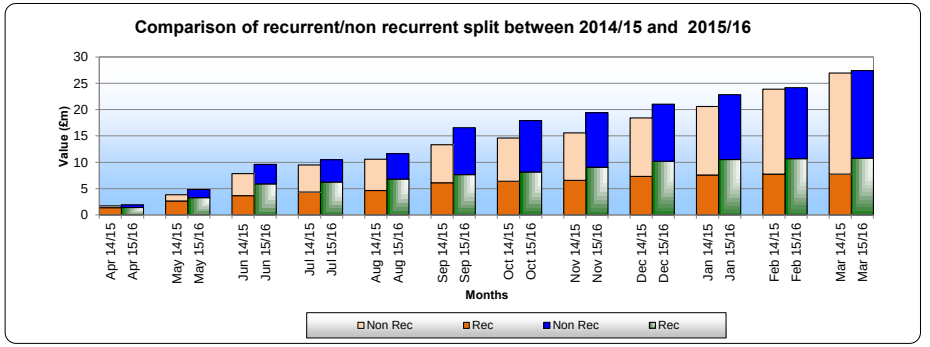
4 Year Efficiency Plan - March 2015					
Year	2016/17	2017/18	2018/19	2019/20	**Total**
	£m	£m	£m	£m	**£m**
Base Target	26.4	15.2	15.2	15.2	**72.0**
Plans	20.7	10.3	4.9	3.6	**39.5**
Variance	-5.7	-4.9	-10.3	-11.6	**-32.6**
%	**78%**	**68%**	**32%**	**24%**	**55%**

Risk Ratings			
Financial			
Score	February	March	Trend
1	12	8	↓
2	5	7	↑
3	3	4	↑
4	5	6	↑
5	1	1	→
Governance			
Score	February	March	Trend
Red	0	0	→
Green	26	26	→







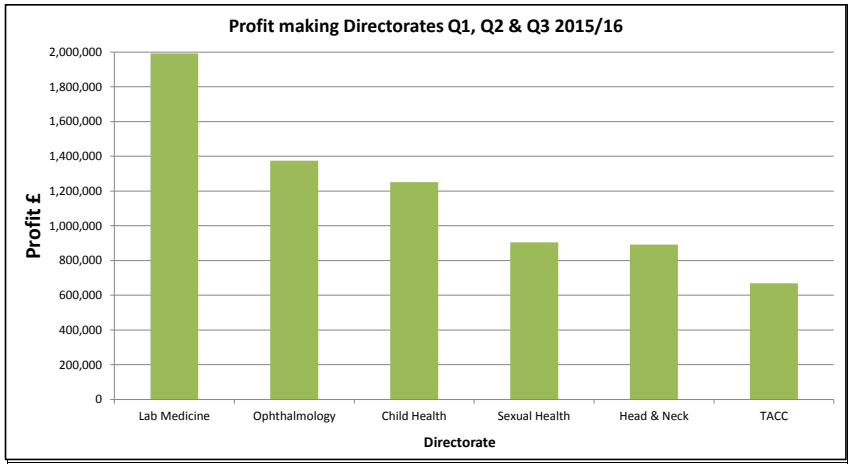


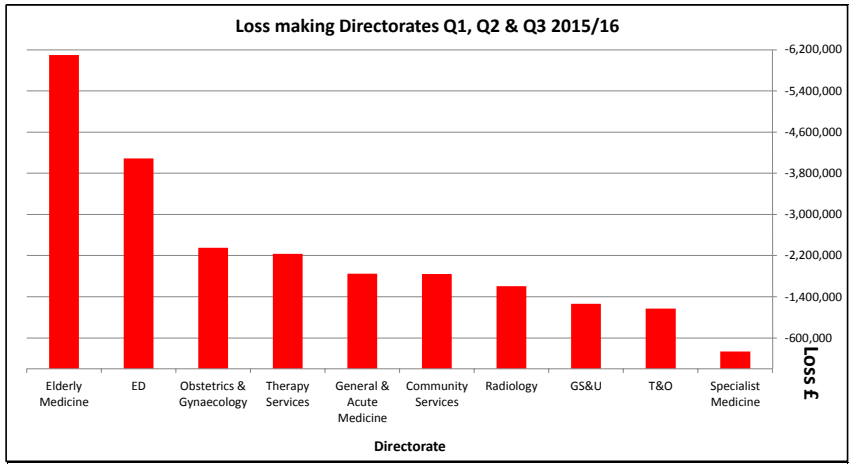
Service Line Reporting
Month 12 - The Period 1st April 2015 to 31st March 2016

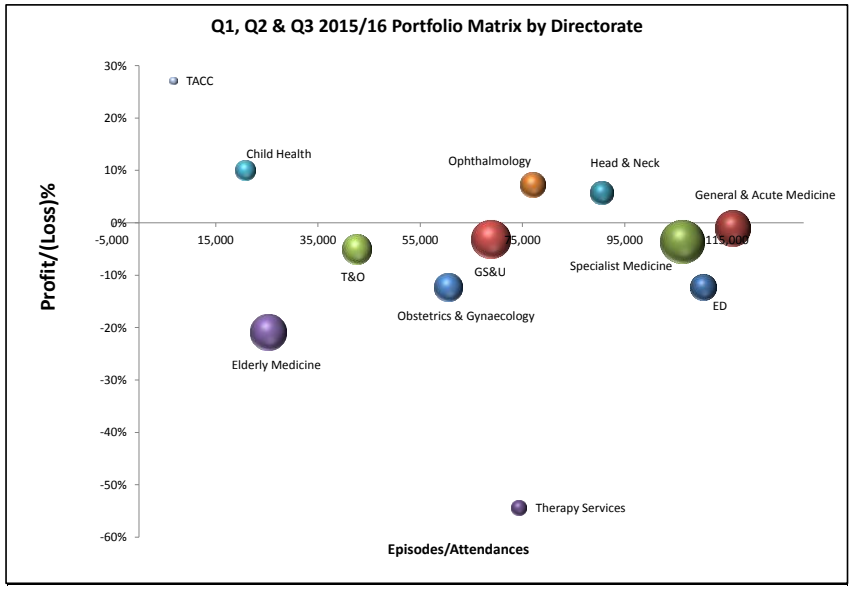
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1, Q2 & Q3 2015/16
* It is expected Q4 2015/16 will be completed towards the end of June 2016
* Directorate teams are being asked, on a quarterly basis, to confirm that the consultant PA's allocations used within the SLR system are correct
* Deep dive work is continuing within a number of Directorates







DATA PERIOD	Q1 , Q2 & Q3 2015/16
CURRENT WORK	* Q4 2015/16 SLR data is now the key focus following the publication of Q3 data. Q4 2015/16 is expected to be completed towards the end of June 2016 * The annual Reference Cost calculation is also a key focus for the team ahead of the final submission date of July 28th * Deep dive work for TACC, Womens Health, Specialist Medicine and General & Acute Medicine is underway to agree the income and expenditure allocation methods * 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
FUTURE WORK	* The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR * Future work around junior doctor PA allocations will improve the quality of the SLR data and also to inform the annual mandatory Education & Training cost collection exercise *Preparatory work for the Education & Training mandatory submission will soon begin ahead of the August deadline

BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.7m**

Executive Pack

March 2016

York Teaching Hospital NHS
NHS Foundation Trust

Executive Summary	Inpatient Elective				Inpatient Non-Elective				Inpatient Day Case				Outpatient (1st Att)				Outpatient (Sub Att)				Non Face-To-Face				Outpatient Procedures			
Specialty	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**	**Year Plan**	**YTD Plan**	**YTD Actual**	**YTD Var**
Accident And Emergency	0	0	0	0	2,910	2,910	3,187	277	0	0	10	10	945	945	199	-746	818	818	80	-738	0	0	0	0	0	0	0	0
Acute Medicine	0	0	14	14	219	219	1,254	1,035	92	92	473	381	774	774	976	202	1,004	1,004	1,061	57	94	94	35	-59	0	0	0	0
Anaesthetics	54	54	61	7	17	17	24	7	1,750	1,750	1,871	121	1,650	1,650	1,980	330	2,466	2,466	2,930	464	0	0	0	0	24	24	122	98
Cardiology	670	670	258	-412	2,841	2,841	2,509	-332	1,098	1,098	1,279	181	12,125	12,125	13,334	1,209	19,537	19,537	16,014	-3,523	155	155	400	245	5,627	5,627	5,792	165
Chemical Pathology	0	0	0	0	0	0	2	2	54	54	34	-20	50	50	133	83	82	82	328	246	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1,254	1,254	1,252	-2	70	70	88	18	0	0	1	1	0	0	0	0
Dermatology	0	0	0	0	8	8	4	-4	365	365	97	-268	7,292	7,292	5,696	-1,596	16,299	16,299	14,588	-1,711	424	424	139	-285	15,441	15,441	19,521	4,080
Ear, Nose And Throat	748	748	752	4	998	998	1,048	50	1,086	1,086	1,256	170	7,810	7,810	7,350	-460	8,307	8,307	9,715	1,408	12	12	30	18	8,987	8,987	9,662	675
Endocrinology	8	8	6	-2	3,698	3,698	2,977	-721	482	482	412	-70	2,203	2,203	1,963	-240	7,137	7,137	7,272	135	506	506	20	-486	0	0	1	1
Gastroenterology	229	229	228	-1	4,901	4,901	5,110	209	9,602	9,602	9,396	-206	6,261	6,261	4,760	-1,501	11,532	11,532	8,703	-2,829	1,026	1,026	1,155	129	60	60	68	8
General Medicine	5	5	12	7	474	474	779	305	2,921	2,921	2,530	-391	92	92	87	-5	133	133	24	-109	18	18	10	-8	79	79	55	-24
General Surgery	2,898	2,898	2,581	-317	7,276	7,276	7,079	-197	10,767	10,767	10,324	-443	15,242	15,242	15,373	131	23,074	23,074	20,281	-2,793	794	794	781	-13	3,999	3,999	3,424	-575
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	25,550	25,550	19,043	-6,507	11,980	11,980	10,948	-1,032	0	0	0	0	0	0	0	0
Geriatric Medicine	6	6	20	14	10,035	10,035	10,758	723	172	172	177	5	3,844	3,844	4,002	158	3,851	3,851	3,431	-420	941	941	275	-666	46	46	39	-7
Gynaecology	822	822	845	23	980	980	1,155	175	1,474	1,474	1,523	49	7,670	7,670	7,617	-53	5,650	5,650	6,408	758	0	0	1	1	4,761	4,761	4,267	-494
Haematology (Clinical)	42	42	45	3	219	219	219	-0	3,973	3,973	4,153	180	1,898	1,898	1,948	50	12,845	12,845	13,590	745	668	668	648	-20	126	126	51	-75
Maxillofacial Surgery	352	352	307	-45	378	378	404	26	1,951	1,951	2,319	368	7,009	7,009	7,300	291	8,372	8,372	9,028	656	0	0	0	0	1,846	1,846	3,022	1,176
Medical Oncology	58	58	48	-10	148	148	141	-7	6,952	6,952	7,926	974	4,186	4,186	4,354	168	22,970	22,970	24,626	1,656	25,582	25,582	20,290	-5,292	90	90	128	38
Nephrology	72	72	96	24	1,606	1,606	1,174	-432	784	784	802	18	791	791	719	-72	8,311	8,311	6,907	-1,404	3,714	3,714	3,589	-125	0	0	0	0
Neurology	14	14	8	-6	207	207	168	-39	811	811	867	56	3,303	3,303	2,839	-464	6,115	6,115	5,334	-781	910	910	723	-187	56	56	0	-56
Obstetrics & Midwifery	24	24	40	16	5,338	5,338	5,631	293	0	0	0	0	46	46	59	13	1,166	1,166	1,289	123	0	0	0	0	168	168	99	-69
Ophthalmology	251	251	276	25	86	86	56	-30	5,385	5,385	6,173	788	16,145	16,145	14,899	-1,246	57,783	57,783	52,245	-5,538	0	0	0	0	12,929	12,929	12,454	-475
Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	1,491	1,491	1,307	-184	1,886	1,886	1,735	-151	0	0	0	0	9,636	9,636	8,980	-656
Paediatrics	65	65	57	-8	7,156	7,156	8,252	1,096	214	214	333	119	5,294	5,294	5,356	62	10,255	10,255	10,284	29	424	424	433	9	670	670	740	70
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1,048	1,048	348	-700	3,938	3,938	1,502	-2,436	418	418	285	-133	0	0	0	0
Plastic Surgery	34	34	45	11	8	8	14	6	338	338	427	89	407	407	618	211	512	512	645	133	0	0	1	1	29	29	110	81
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	629	763	134	441	441	409	-32	0	0	0	0	1,619	1,619	1,266	-353
Rheumatology	6	6	2	-4	14	14	4	-10	2,160	2,160	2,295	135	2,732	2,732	2,762	30	13,097	13,097	15,193	2,096	1,254	1,254	1,386	132	0	0	0	0
Thoracic Medicine	86	86	88	2	3,611	3,611	3,650	39	498	498	650	152	3,859	3,859	3,145	-714	10,544	10,544	9,301	-1,243	134	134	131	-3	296	296	204	-92
Trauma And Orthopaedic Surgery	1,955	1,955	1,900	-55	3,358	3,358	3,162	-196	2,283	2,283	2,620	337	18,700	18,700	18,894	194	27,248	27,248	28,555	1,307	0	0	0	0	1,460	1,460	1,602	142
Urology	1,566	1,566	1,598	32	1,598	1,598	1,664	66	5,844	5,844	9,555	3,711	2,662	2,662	5,223	2,561	4,243	4,243	9,590	5,347	14	14	35	21	3,788	3,788	314	-3,474
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6,332	6,332	6,741	409	0	0	0	0	8,090	8,090	9,309	1,219	35,308	35,308	27,558	-7,750	0	0	0	0	9,460	9,460	9,930	470
Gynaecology Zero Tariff	4	4	2	-2	362	362	318	-44	2	2	3	1	4	4	1	-3	42	42	25	-17	0	0	0	0	20	20	14	-6
Total	**9,969**	**9,969**	**9,289**	**-680**	**64,778**	**64,778**	**67,484**	**2,706**	**61,058**	**61,058**	**67,505**	**6,447**	**171,056**	**171,056**	**163,609**	**-7,447**	**337,016**	**337,016**	**319,687**	**-17,329**	**37,088**	**37,088**	**30,368**	**-6,720**	**81,217**	**81,217**	**81,865**	**648**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Efficiency Programme Update – March 2016

Action requested/recommendation

The Committee is asked to note the March 2016 position.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2015/16 target is £25.8m and final delivery, as at March 2016, is £27.4m.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report Finance & Performance Committee.

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

Briefing note for the Board of Directors Meeting 27th April 2016

Subject: March 2016 - Efficiency Position
From: Steven Kitching, Head of Corporate Finance & Resource Management

Summary reported position for March 2016

Current position – highlights

Delivery - Overall delivery is £27.4m in March 2016 which is (106%) of the £25.8m annual target; there has been a £3.2m improvement in the position in the month. This is a significant achievement for the Trust and compares favourably with the 2014/15 out turn position of £26.9m.

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

In year planning – The current planning position for 2016/17 is £20.7m against a target figure of £26.4m, leaving a planning shortfall of (£5.7m).

Four year planning – The four year planning gap is (£32.6m) this position has been moved on a year to reflect the target of £26.4m in 2016/17 and I would expect some movement in this figure until the new plans settle down in April and May.

Recurrent vs. Non recurrent – Of the £27.4m delivery, £10.8m (42%) has been delivered recurrently. Recurrent delivery is £3.1m ahead of the same position in March 2015, which has been encouraging.

The Committee should note that a specific piece of work is underway with the Director and Deputy Director of Finance to identify consistent areas of non-recurrent delivery by Directorate, which will then be removed as recurrent. This work is to be completed by the end of Q1 2016/17.

Quality Impact Assessments (QIA) – The current QIA process is currently being reviewed for the new financial year and Mr Khafagy, Consultant Urologist, has agreed to provide an overview and input to this process, to ensure it remains fit for purpose.

Year end summary – The over delivery of our efficiency target is a significant achievement once again and is a testament to the team and the continued engagement of the Directorate and wider Finance teams. The challenge as ever continues to increase, with another increase in the base target to £26.4m for 2016/17, which is driven primarily by our level of non-recurrent carry forward. As described above we have a plan to provide some mitigation against the carry forward, by identifying consistent non recurrent delivery and converting this to recurrent over the first quarter of the new financial year.

RISK SCORES - MARCH 2016 -APPENDIX 1

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

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
			%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
WOMENS HEALTH	2,239	4,041	35%	1	35%	1	20%	1	66%	1	4	1
EMERGENCY MEDICINE	1,126	2,463	43%	1	43%	1	42%	1	42%	1	4	1
SPECIALIST MEDICINE	2,884	6,704	61%	1	61%	1	30%	1	66%	1	4	1
GEN MED SCARBOROUGH	1,150	2,475	65%	1	65%	1	55%	1	54%	1	4	1
RADIOLOGY	2,410	4,020	71%	1	71%	1	52%	1	54%	1	4	1
HEAD AND NECK	625	1,833	94%	2	100%	3	26%	1	65%	1	7	1
COMMUNITY	1,562	4,007	85%	1	85%	1	54%	1	125%	5	8	2
GS&U	2,087	5,273	101%	3	101%	3	55%	1	66%	1	8	2
OPHTHALMOLOGY	870	2,438	100%	3	100%	3	65%	2	55%	1	9	2
TACC	2,959	7,175	100%	3	100%	3	67%	3	64%	1	10	2
CHILD HEALTH	1,335	2,870	111%	4	111%	4	52%	1	86%	1	10	2
MEDICINE FOR THE ELDERLY	1,424	3,723	111%	4	111%	4	46%	1	91%	2	11	2
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,612	3,700	120%	4	120%	5	62%	2	86%	1	12	3
GEN MED YORK	1,949	5,235	101%	3	101%	3	64%	2	122%	5	13	3
SEXUAL HEALTH	470	1,040	158%	5	158%	5	11%	1	139%	5	16	4
LAB MED	1,144	3,247	161%	5	161%	5	78%	4	105%	3	17	4
ORTHOPAEDICS	1,354	3,646	187%	5	187%	5	64%	2	129%	5	17	4
PHARMACY	-189	503	140%	5	120%	5	120%	5	263%	5	20	5
CORPORATE												
OPS MANAGEMENT YORK	695	1,090	61%	1	61%	1	0%	1	69%	1	4	1
SNS	1,117	2,139	101%	3	101%	3	55%	1	73%	1	8	2
CHIEF NURSE TEAM DIRECTORATE	378	695	101%	3	101%	3	23%	1	55%	1	8	2
ESTATES AND FACILITIES	3,088	7,650	102%	3	100%	3	52%	1	121%	5	12	3
MEDICAL GOVERNANCE	103	222	222%	5	222%	5	18%	1	105%	3	14	3
FINANCE	151	890	417%	5	417%	5	163%	5	71%	1	16	4
CHAIRMAN & CHIEF EXECUTIVES OFFICE	18	407	1992%	5	1992%	5	965%	5	89%	1	16	4
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	768	1,536	136%	5	136%	5	62%	2	126%	5	17	4
TRUST SCORE	**33,331**	**79,022**	**106%**	**3**	**106%**	**4**	**42%**	**1**	**89%**	**1**	**9**	**2**

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Operational Performance Recovery Plan

Monthly Status Summary

This monthly summary provides a highlight report detailing progress against the trajectories set out in the April 2015 'Operational Performance Recovery Plan'. It clearly identifies if the Trust is on or off trajectory and provides narrative reasons for this.

The report gives a timely update and is therefore reliant on soft operational intelligence as well as data. Some assumptions have to be made in the development of this report.

It should be noted that any data provided in this report is not validated and could be subject to change.

Operational Performance Recovery Plan

Monthly Status Summary: March 2016

ED

Trajectory:
90% Q4

- **Performance**: **Off trajectory:** 4hr Perf (all types): 83.43%.
- **Achievements:** Work is on-going in realtion to a fully-managed primary care 'front door' model with the CCG at YH. The CCG is aiming for this to be operational by Q2 2016/17. Significant bed closures at SGH following a norovirus outbreak have placed a strain on capacity at SGH, with up to 6 wards affected and bed occupancy peaking at 99.62% during March. the number of closed beds have fallen towards the end of the month, however bed occupancy remains high.
- **Risks:** The Trust has failed the ED 4 hour target for the 24th consecutive month, achieving 83.43% with a total of 2785 breaches across the Trust in March, resulting in £201,480 of fines for 4 hr ED breaches. There were 222 Ambulance Handovers >30mins and 224>60 mins in March, resulting in £268,000 of fines. Q4 performance was 84.91%.

18 weeks admitted

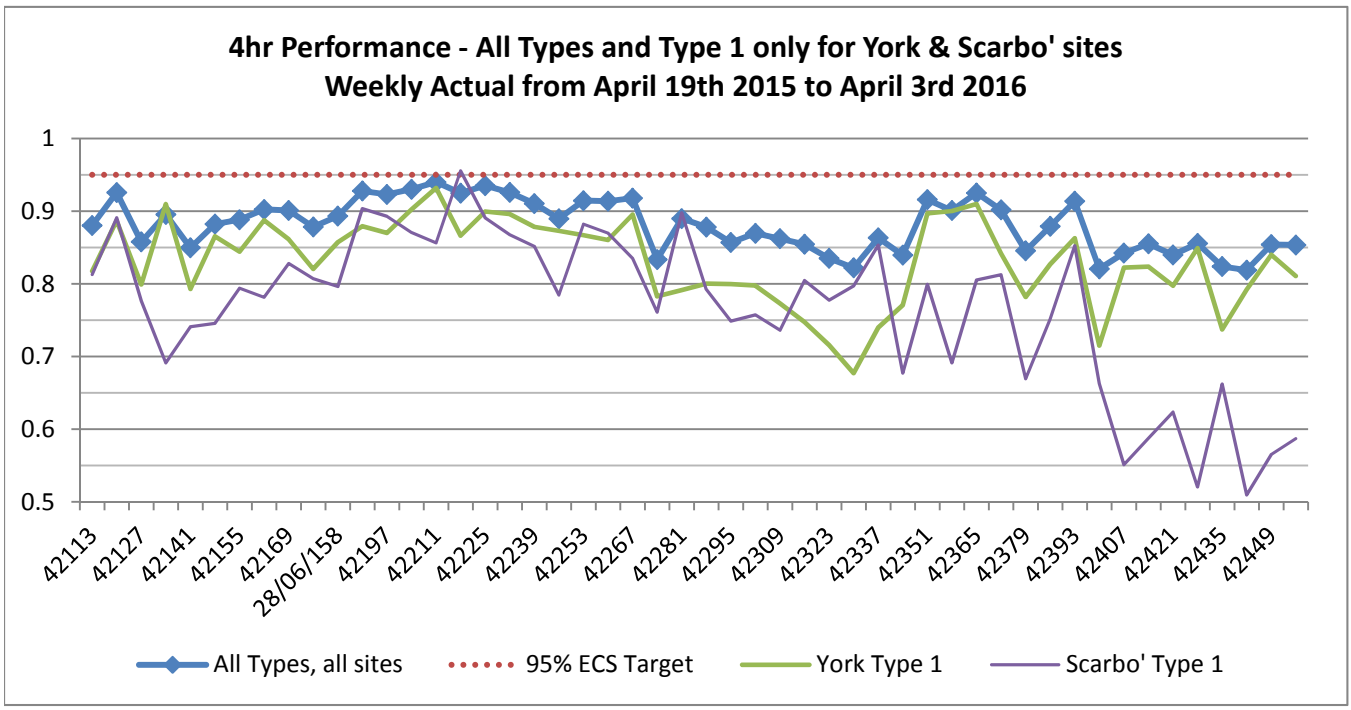
Trajectory:
Backlog 240
Dec 15

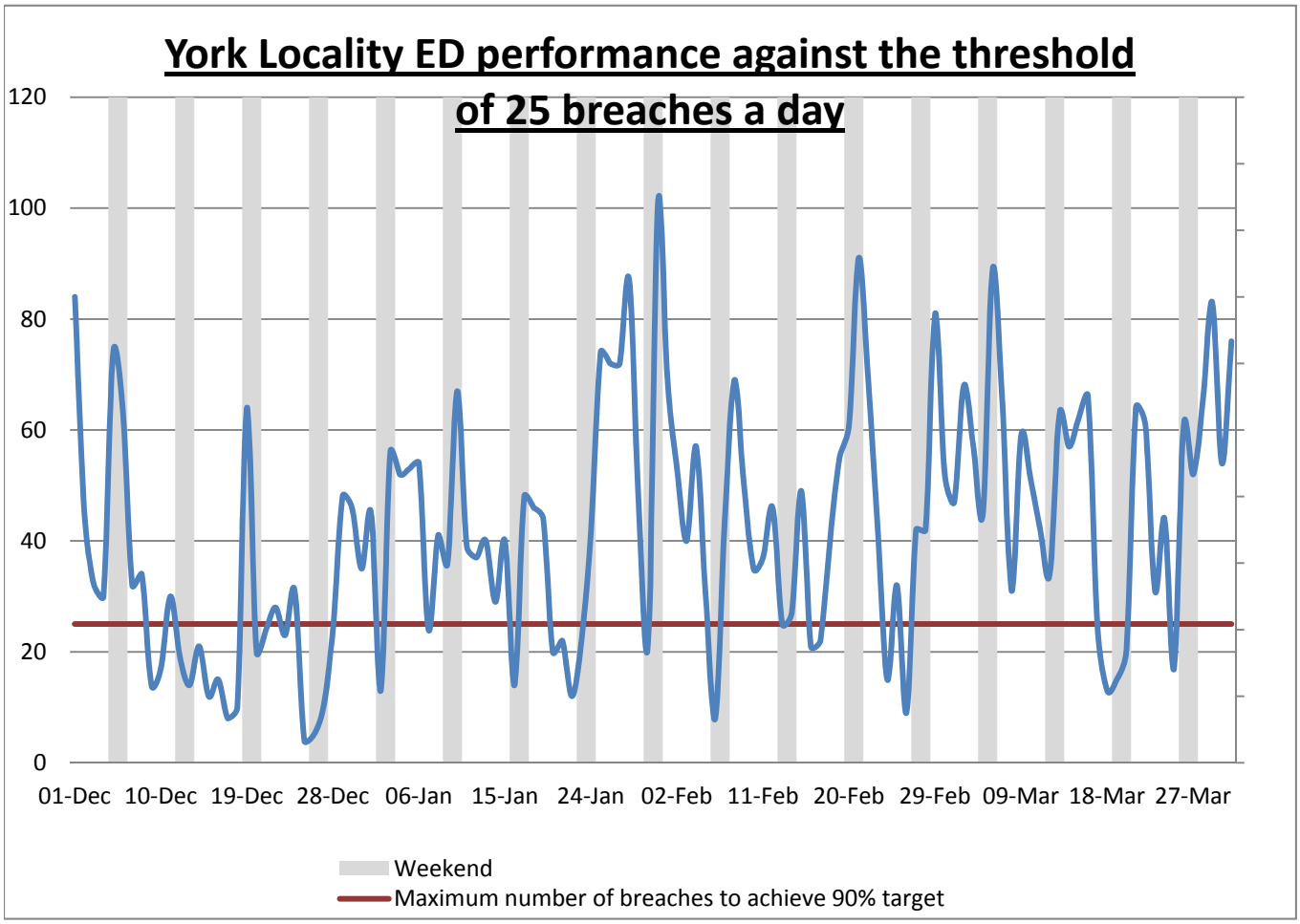
- **Performance**: **Off trajectory Backlog: 896**
  On Trajectory:Incomplete: 92.19%
- **Achievements:** The recent bed closures due to infection at SGH have significantly limited elective capacity at SGH, this was a contributing factor towards the increase in the admitted backlog. The Trust continues to benchmark well against this standard nationally; an average of 92% in Jan compared to the Trust's aggregate of 93.5%.
- **Risks**: The Trust's admitted backlog has increased by 154 this month (20.8%). Further reduction in the backlog is not expected in April; as surgical capacity has been reduced as a result of the restriction on non-framework agency staff, and the 4 days of planned Junior Doctors strikes. Several specialties are predicting an increase in their admitted backlog during this time, however it is expected that we will continue to meet the 92% standard on aggregate.

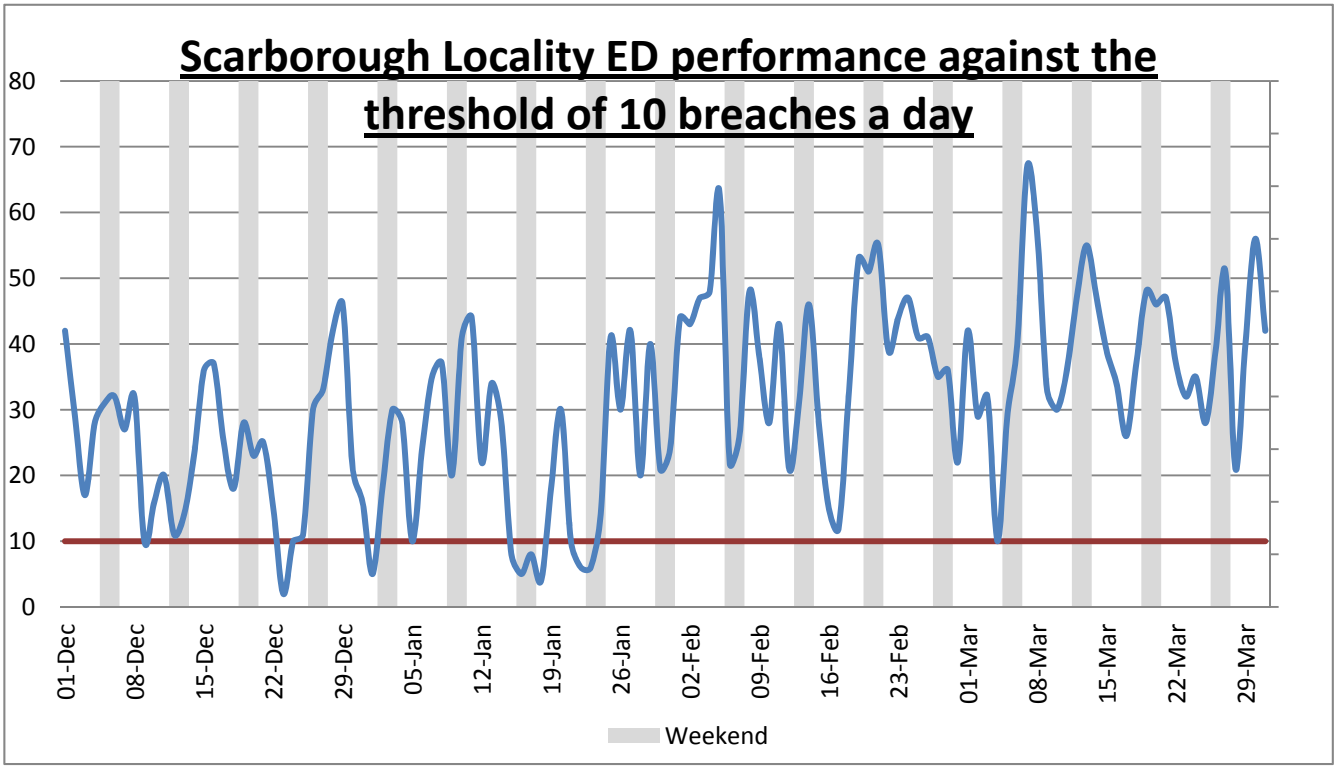
Cancer

Trajectory:
Q1 FT/62 day

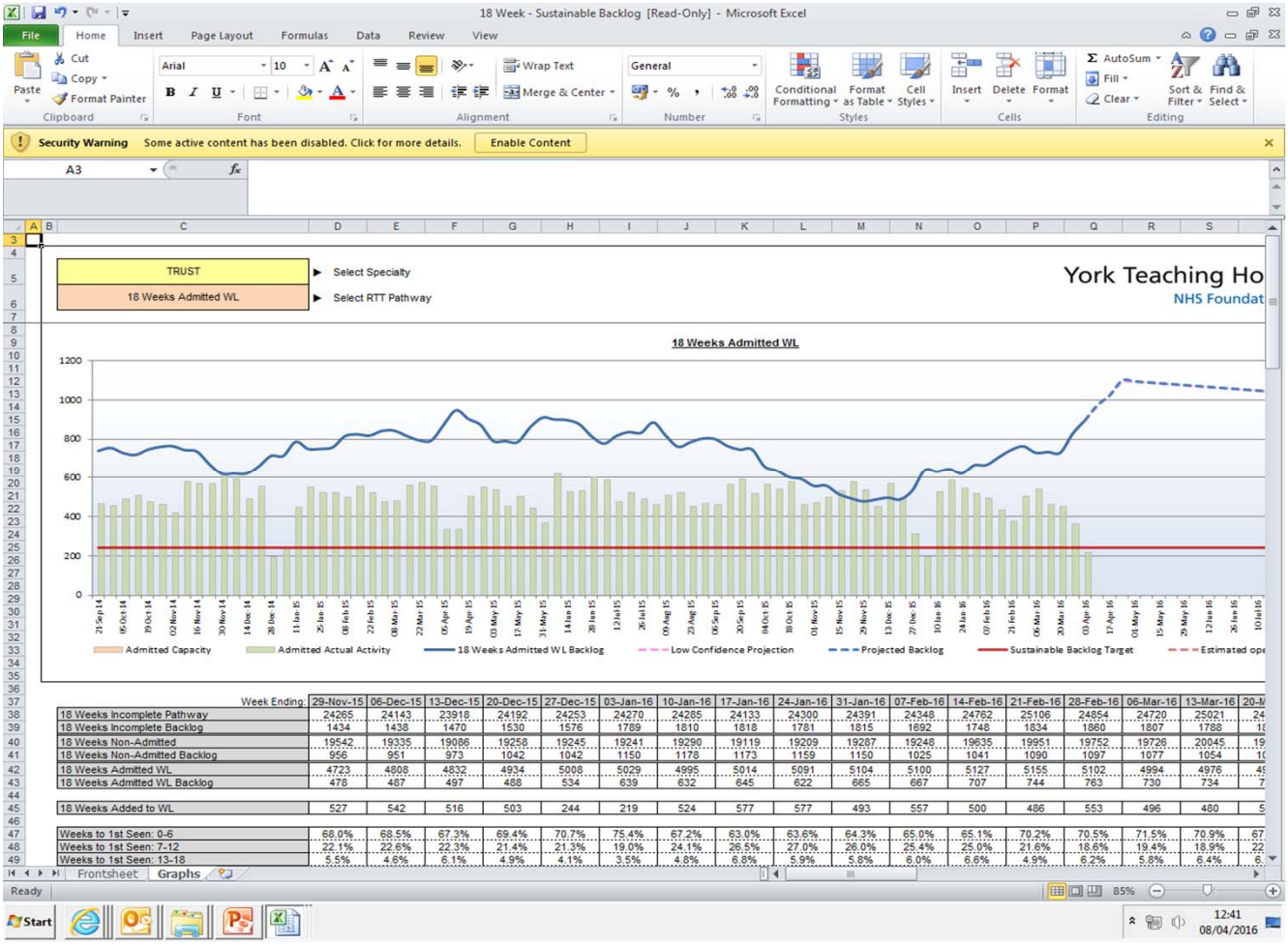
- **Performance**: **Q4TD**: **Off trajectory 62 Day: 84.1%;**
  On trajectory FT: 93.9%
- **Achievements**: Just over 72% of all patient breaches in February were due to complex diagnostic pathways or patient choice. The Trust continues benchmark well against national performance, which was 81% in Jan. The Trust has also exceeded its own internal performance from Feb 15 (71.08%) The Trust is currently achieving the 14 day fast track target Q4 to date.
- **Risks**: delays are still frequent for lung patients trannsferred to HUll, with 2 of 3 breaches patients sent to HUll having insuffieient elective cpacity as the cause. This has eben escalated to their Chief Operating Officer.


4hr Performance - All Types and Type 1 only for York & Scarbo' sites
Weekly Actual from April 19th 2015 to April 3rd 2016
1
0.9
0.8
0.7
0.6
0.5
42113
42127
42141
42155
42169
28/06/158
42197
42211
42225
42239
42253
42267
42281
42295
42309
42323
42337
42351
42365
42379
42393
42407
42421
42435
42449
All Types, all sites
95% ECS Target
York Type 1
Scarbo' Type 1


York Locality ED performance against the threshold of 25 breaches a day
120
100
80
60
40
20
0
01-Dec
10-Dec
19-Dec
28-Dec
06-Jan
15-Jan
24-Jan
02-Feb
11-Feb
20-Feb
29-Feb
09-Mar
18-Mar
27-Mar
Weekend
Maximum number of breaches to achieve 90% target



18 Week Admitted Backlog Trajectory



York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Review of Internal Trust Winter Plan 2015/16

Action requested/recommendation

To support the following recommendations from the report:

1. Planning for Winter 2016/17 should start now, and be a continuous process over the year.
2. Ambulatory care services at both sites should operate from 8 to 8 seven days throughout the whole year
3. Focussing on 7 day services and the achievement of the "Keogh" standards at both sites should be a priority to have in place for next Winter
4. Closer partnership working with social care and nursing/residential home sector to help facilitate discharges over the Winter period.
5. Realign the inpatient wards along the same lines as was undertaken this Winter
6. Focus throughout the year, but especially next Winter on increasing day surgery rates
7. Agree the long term plan for elective services at Bridlington, and continue to transfer safely procedures now from York and Scarborough that can be done in Bridlington
8. More face to face communication in ward/service area meetings from directorate matrons and operational staff to explain what is going to happen over Winter
9. A specific area on the intranet setting out the plans
10. A specific easy to understand piece of emailed communication (e.g. an electronic leaflet) setting out what the plans are
11. Confirm and communicate any enhanced rates to staff working extra shifts early and continually promote it
12. Consider establishing a Trustwide "Winter Budget", that is corporately held and managed

Summary

A complete executive summary is available on page 3 of the report.

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

4. Improve our facilities and protect the environment ☐

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Report has not been discussed in any other forum
Risk	Risk of not implementing the recommendations in this paper would likely result in further performance and flow challenges for the Trust next Winter
Resource implications	None
Owner	Juliet Walters, Chief Operating Officer
Author	Mark Hindmarsh, Head of Operational Strategy
Date of paper	April 2016
Version number	1.0

York Teaching Hospital NHS Foundation Trust

Review of Internal Trust Winter Plan 2015/16

April 2016

Contents

EXECUTIVE SUMMARY

This executive summary is comprised of the headline messages taken from the summary sections in this report.

Performance summary

Emergency care performance in 2015/16 was worse than the same period in 2014/15. RTT performance began the Winter in a much improved position, but has deteriorated since so that the RTT backlog is now only in a marginally better position than this point in 2015. Cancer performance is significantly improved compared to the same period in 2014/15, with every single one of the standards being achieved in December 2015.

Factors influencing performance - York Hospital

- ED attendances in December, January & February 2015/16 were up 3.8% compared to the same period in 2014/15.
- Year to date data to the end of February 2016 shows an increase of 8.18% in non-elective medical and elderly admissions compared to the same period in the previous year.
- At the point of admission, a smaller proportion of patients had a NEWS of 5 or more in five of the six months of Winter in 2015/16 compared to 2014/15 (a possible indicator that patients were less sick this year than last).
- Despite this, a greater proportion of patients were admitted following ambulance arrival in 2015/16 compared to 2014/15 (except January). The increase ranged from 2 to 5%.
- There were 2,749 more “closed bed days” (largely due to the presence of hospital infections) in Winter 2015/16 than in 2014/15.
- On average, bed occupancy levels were 1.17% higher in Winter 2015/16 compared to 2014/15.
- At its peak, nearly 1,000 bed days were lost in a single month due to patients with a delayed transfer of care

Factors influencing performance - Scarborough Hospital

- There was a 10% increase in attendances at Scarborough ED in the three months December, January and February 2015/16 compared to the same period in the previous year. However, this figure includes the newly opened UCC and so is not a like for like comparison.
- Year to date data to the end of February 2016 shows a 2.63% growth in medical and elderly admissions compared to the same period the previous year.
- At the point of admission, a smaller proportion of patients had a NEWS of 5 or more in five of the six months of Winter in 2015/16 compared to 2014/15 (a possible indicator that patients were less sick this year than last).
- Despite this, a higher proportion of patients were admitted following ambulance arrival in each month of 2015/16 compared to 2014/15 (except January). The increase ranged from 2 to 5%.
- Scarborough experienced over 2,300 more closed bed days in the Winter period of 2015/16 compared to the same period in 2014/15. These bed losses were seen mainly in March.
- On average, bed occupancy levels were 1.29% lower in Winter 2015/16 compared to 2014/15 – however this figure does not take into account beds that were closed due to infection.
- In five of the six months of Winter 2015/16, over 100 bed days were lost each month due to patients with a delayed transfer of care.

Achievement of Winter aims and objectives - York Hospital

- In the Winter periods of both 2014/15 and 2015/16 the number of patients under the care of Elderly Medicine was at its lowest on Christmas Eve (198 Vs 205) and at its maximum the first Monday back after the holiday period (291 Vs 298).
- The hospital achieved 20% of its beds empty on Christmas Eve as planned, meeting a key NHS England standard
- Despite having extra staff and services in place, fewer patients were discharged on specific days that additional staff were in place in 2015/16 than on the corresponding day in 2014/15 when additional staff were not in place. However the severe floods that hit York over the Christmas period may have also impacted on this.
- More than 1,700 patients have been through the York Ambulatory care service over from November 2015 to March 2016, helping to maintain flow in the hospital and reduce admissions.
- Overall, the same amount of elective surgery was done in York in 2015/16 compared to the previous year, but a great proportion of it was done on a daycase basis.
- Overall, there were 13% fewer elective surgical cancellations at York Hospital in 2015/16 compared to 2014/15 – but within this more patients were cancelled on the day in 2015/16
- Despite the pressures, 91% of staff felt that the Trust provided either the same or a better level of care to patients this year compared to last.

Achievement of Winter aims and objectives - Scarborough Hospital

- In the Winter periods of both 2014/15 and 2015/16 the number of patients under the care of Elderly Medicine was at its lowest on Christmas Eve (72 Vs 85). The maximum was reached on the first Monday back after the holiday period in 2016 (118) but on the 18th January in 2015 (123).
- Scarborough hospital achieved more than 26% of its beds empty on Christmas Eve as planned, meeting a key NHS England standard,
- Despite having extra staff and services in place, fewer patients were discharged on specific days that additional staff were in place in 2015/16 than on the corresponding day in 2014/15 when additional staff were not in place.
- Nearly 400 patients have been through the Scarborough Ambulatory care service in January, February and March 2016, helping to maintain flow in the hospital and reduce admissions.
- Overall, 218 more elective surgery procedures were done in Scarborough in 2015/16 compared to the previous year, and a greater proportion of it was done on a daycase basis.
- Overall, there were 67% fewer elective surgical cancellations at Scarborough Hospital in 2015/16 compared to 2014/15
- An extra 218 elective surgical cases were undertaken over Winter in Bridlington in 2015/16 compared to 2014/15
- Despite the pressures, 95% of staff at Scarborough felt that the Trust provided either the same or a better level of care to patients this year compared to last.

Summary of recommendations for Winter 2016/17

1. Planning for Winter 2016/17 should start now, and be a continuous process over the year.
2. Ambulatory care services at both sites should operate from 8 to 8 seven days throughout the whole year
3. Focussing on 7 day services and the achievement of the “Keogh” standards at both sites should be a priority to have in place for next Winter

4. Closer partnership working with social care and nursing/residential home sector to help facilitate discharges over the Winter period.
5. Realign the inpatient wards along the same lines as was undertaken this Winter
6. Focus throughout the year, but especially next Winter on increasing day surgery rates
7. Agree the long term plan for elective services at Bridlington, and continue to transfer safely procedures now from York and Scarborough that can be done in Bridlington
8. More face to face communication in ward/service area meetings from directorate matrons and operational staff to explain what is going to happen over Winter
9. A specific area on the intranet setting out the plans
10. A specific easy to understand piece of emailed communication (e.g. an electronic leaflet) setting out what the plans are
11. Confirm and communicate any enhanced rates to staff working extra shifts early and continually promote it
12. Consider establishing a Trustwide “Winter Budget”, that is corporately held and managed

Introduction

The Trust Internal Winter Plan was presented to the Trust Board in October 2015. This followed several months of working with directorate management, medical and nursing leads, learning from previous Winters and four all staff engagement and listening events, which were attended by over 100 staff. At the Trust Board presentation, it was requested that a review of the plan should be undertaken in Spring of 2016 to examine how successful the plan had been, and to identify learning for the following Winter. This review is set out in this paper.

Scope and structure of this review

For the purposes of this paper the "Winter Period" is defined as October to March. There are some data sets presented in this report that do not cover this exact period, and where this is the case it is either explained in the narrative or footnotes around the chart.

The Trust Winter Plan for 2015/16 set out the following aims and objectives:

- Inpatients who are medically fit and ready for discharge are not delayed in a Trust bed due to the absence of a service run by the Trust.
- The Trust continues to run an effective elective surgical service. This means that:
    - Fewer patients are cancelled at short notice than last year
    - No patients having surgery for cancer or who are deemed urgent or emergency should have their procedure cancelled.
- There is a clearer plan, communicated to staff around the changes to escalation wards. Nursing staff are supported and prepared for these changes.
- The Trust does not need to declare a major incident

This report will set out achievement against the above objectives. In addition, this paper will provide a comprehensive review of Winter, which will also encompass the following areas:

1. High level review of Trust performance and activity
2. Review of achievement against Winter Plan Aims and Objectives (including investigation into the impact of specific initiatives that were put in place this Winter)
3. Staff feedback
4. Learning and recommendations for next year

This review will also cover other issues that have come to light over the course of Winter that were not explicitly addressed in the original plan, that may be worthwhile considering in future years.

Listening to staff

As part of the development of the Winter Plan, four all staff engagement events were held (two on each main hospital site) hosted by the medical director, chief nurse and chief operating officer. Over 100 staff attended and fed back directly their thoughts and comments which were enacted on in the plan.

In reviewing the plan, an online Survey Monkey questionnaire was advertised and circulated to all staff in the Trust to ask for their views on how the winter plan had been enacted, what worked and what could be improved for next year. A total of 376 staff (58% from York, 32% from Scarborough and 10% from other locations) responded to the survey which was undertaken in early April 2016. The full questions and demographic breakdown of respondents can be seen in the appendix section of this paper. For the purposes of this paper, results are analysed in the relevant site specific section.

REVIEW OF PERFORMANCE AND OTHER INFLUENCING FACTORS OVER WINTER 2015/16

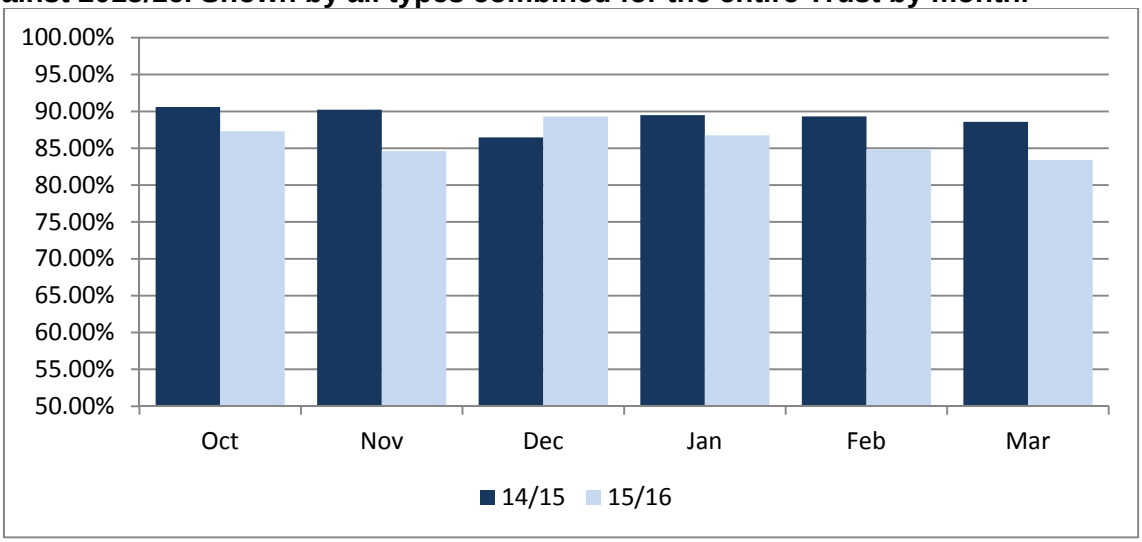
The Trust Winter Plan aimed to maintain and support operational performance across emergency and elective care, while managing within the Trust bed base. This section sets out how the Trust performed over the Winter months against some of the standard performance measures, in order to provide the context and background for further detailed appraisal of the plan.

Performance

Emergency care – Emergency care standard

The chart below shows the monthly achievement for the entire Trust against the 4 hour emergency care standard, for each month in 2014/15 and again in 2015/16.

Chart 1. Performance against Emergency Care Standard during the Winter of 2014/15 against 2015/16. Shown by all types combined for the entire Trust by month.

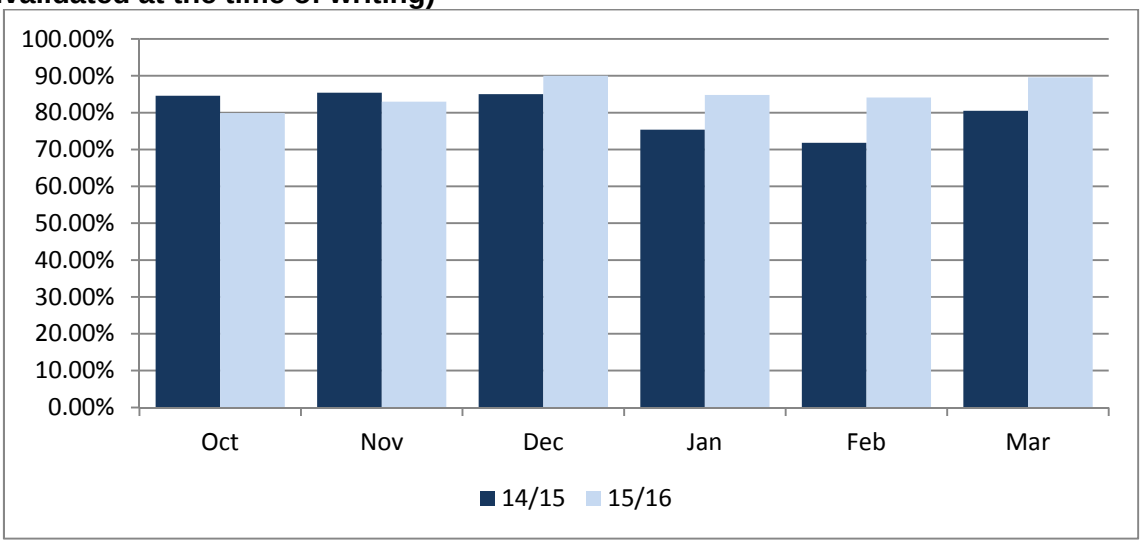


The data shows that the Trust failed to achieve the target 95% standard in any month over the Winter period in this year or last. Performance in December was strongest, but deteriorated in the early months of 2016. Some of the reasons for this deterioration are set out from page 6 onwards.

Cancer – 62 day treatment standard

The chart below sets out the performance (against a target of 85%) of the proportion of patients with a new cancer diagnosis commenced their treatment within 62 days of their referral.

Chart 2. Trustwide percentage achievement of the 62 day cancer treatment standard in October to March 2014/15 and for the same period in 2015/16. (March 2016 data is unvalidated at the time of writing)

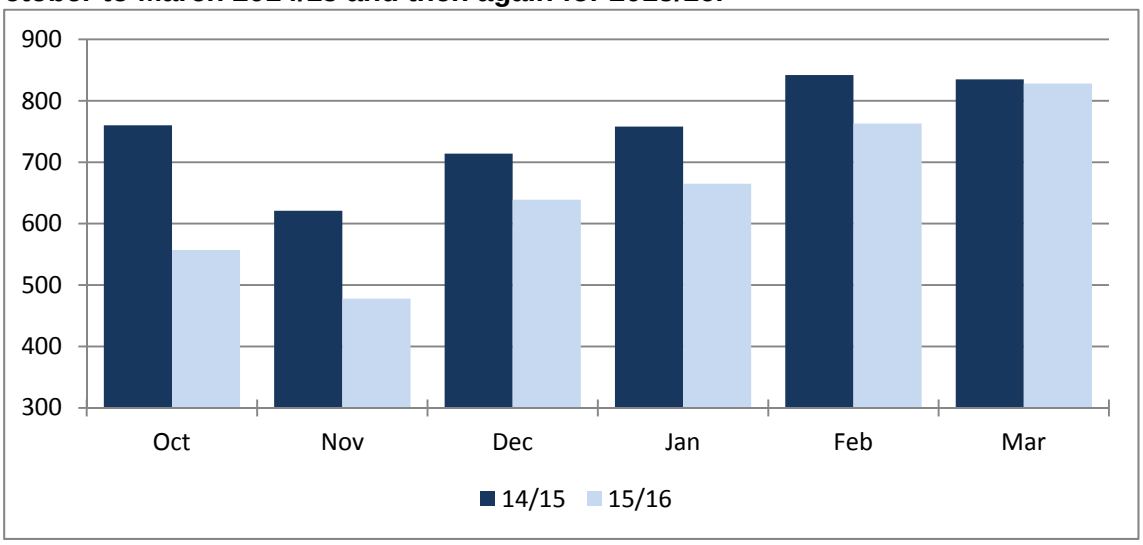


The performance against the 62 day cancer standard was significantly improved in December, January, February and March this year compared to the same month last year, and the 85% standard was also achieved in each of those months. In additional to this, the Trust achieved all the other six cancer standards in December, January and February – the first time this has occurred since 2013.

Elective care - Referral to treatment

The chart below sets out the size of the 18 week referral to treatment (RTT) backlog in each of the months of October to March 2014/15 and then again for the same months in 2015/16.

Chart 3. Number of patients waiting for an elective procedure who have already waited over 18 weeks from their GP referral for that procedure. Data is for each of the months October to March 2014/15 and then again for 2015/16.



Following this Winter, the Trust's 18 week backlog is 10 patients smaller than it was in the same month, following Winter last year. However, the growth in the backlog, from the low-point in November has followed the same trajectory in December, January and February as

the previous year, growing month on month as the Winter pressures have built. In 2014/15 by March the backlog has started to decrease, but in 2015/16 it appears to be continuing to grow.

Performance summary

In summary, emergency care performance in 2015/16 was worse than the same period in 2014/15. RTT performance began the Winter in a much improved position, but has deteriorated since so that the RTT backlog is now only in a marginally better position than this point in 2015. Cancer performance is significantly improved compared to the same period in 2014/15, with every single one of the standards being achieved in December 2015.

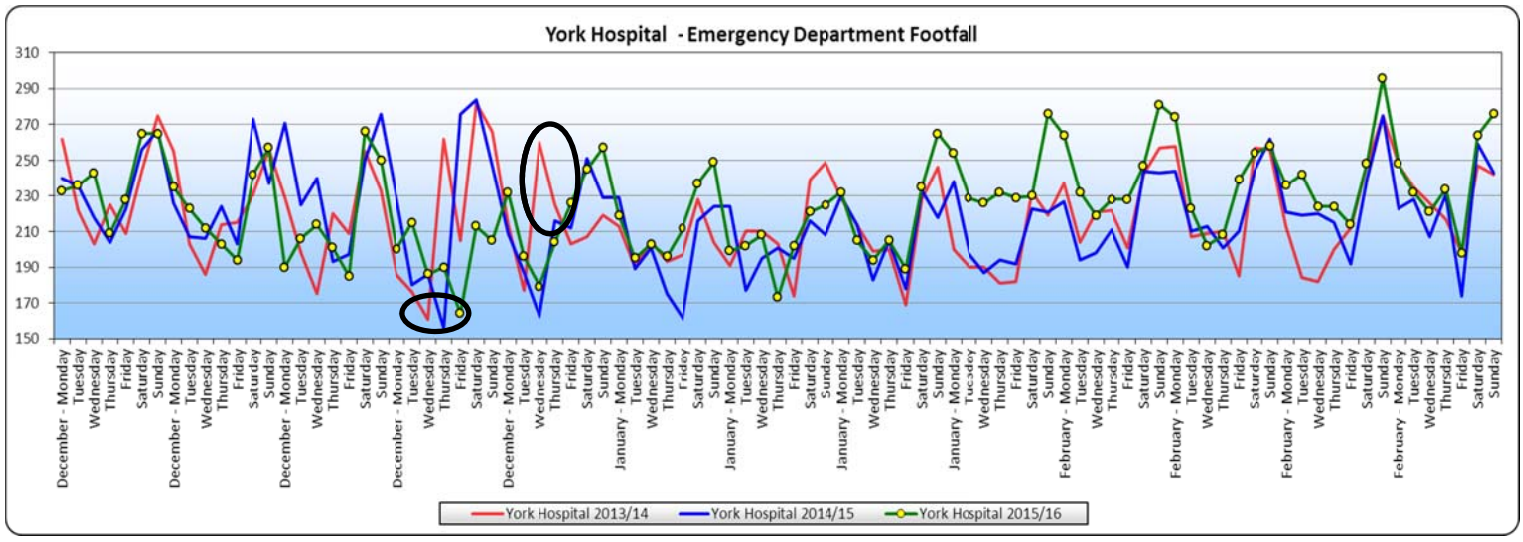
Some of the factors that had a direct impact on performance across these areas are addressed in the following section.

Other factors influencing performance

York Hospital

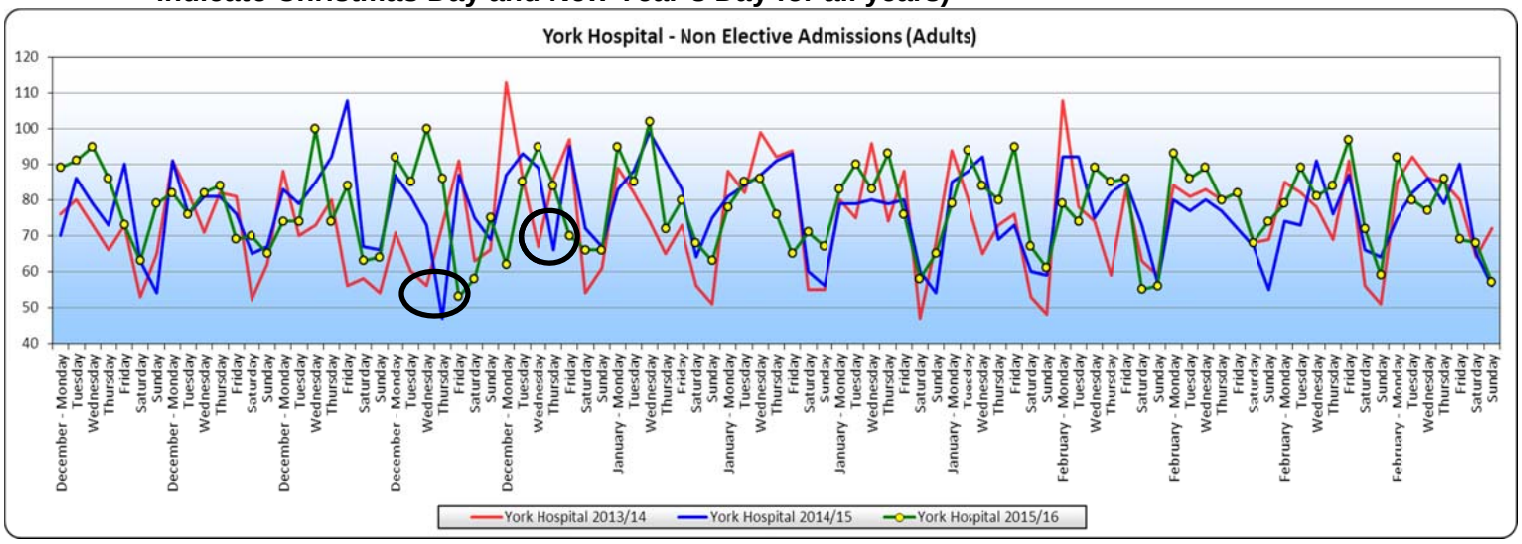
The following two sections set out the other factors that have had a significant influence on non-elective performance over the Winter on both sites. This information is important to provide context and support the analysis of how successful the Winter plan initiatives were.

Chart 4. York Hospital Daily Emergency Department Footfall from December to February for the years 2013/14, 2014/15 and 2015/16. (Points highlighted in circles, indicate Christmas Day and New Year's Day for all years)



Looking at this entire three month period as a whole, there were 667 more attendances in 2015/16 compared to 2014/15, a 3.4% increase. The chart seems to indicate that the increase in attendances was largely in the period following the Christmas and New Year's holidays.

Chart 5. York Hospital Daily number of adult non-elective admissions from December to February for the years 2013/14, 2014/15 and 2015/16. (Points highlighted in circles, indicate Christmas Day and New Year's Day for all years)



Looking at this entire three month period as a whole, there were 81 more non-elective admissions in 2015/16 compared to 2014/15, a 1.6% increase. However, data showing the percentage change in elderly and medical non-elective admissions for year to end of February 2016 compared to the same period in the previous year shows a much greater increase of 8.18% at York.

The National Early Warning Score (NEWS) is a nationally recognised standardised clinical assessment that takes place at all hospitals to provide the clinical teams with an indication of how sick an individual patient is. The higher the score the sicker the patient is. The chart below shows the proportion of patients who had a NEWS at the point of admission of 5 or more and compares 2014/15 to 2015/16.

Chart 6. Proportion of patients with a NEWS of 5 or greater at the point of admission to hospital. Chart shows proportion for each of the months October to March 2014/15 and 2015/16 (patients that did not have a NEWS recorded on CPD are excluded from this data)

The data indicates that in five of the six months in the chart patients in 2014/15 were sicker at the point of admission than compared to the equivalent month in 2015/16. Despite this data the following charts look at the conversion rates of patients attending ED – which is another marker of sickness on arrival. The following two charts set this out.

Chart 7. Number of monthly admissions to York Hospital and conversion rate of attendances resulting in an admission from February 2014 to February 2016. (data not available for March 2016).

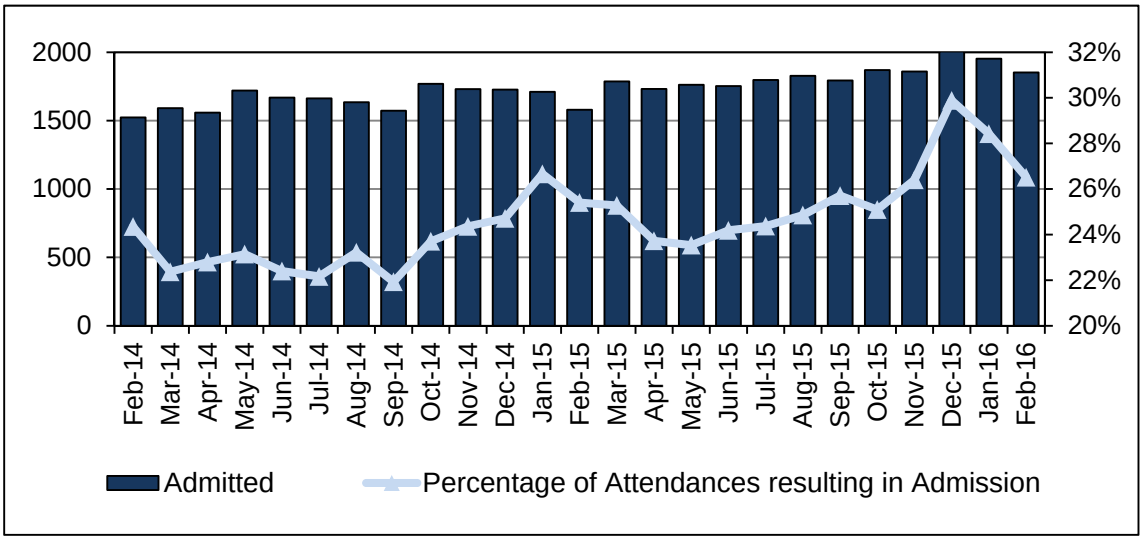
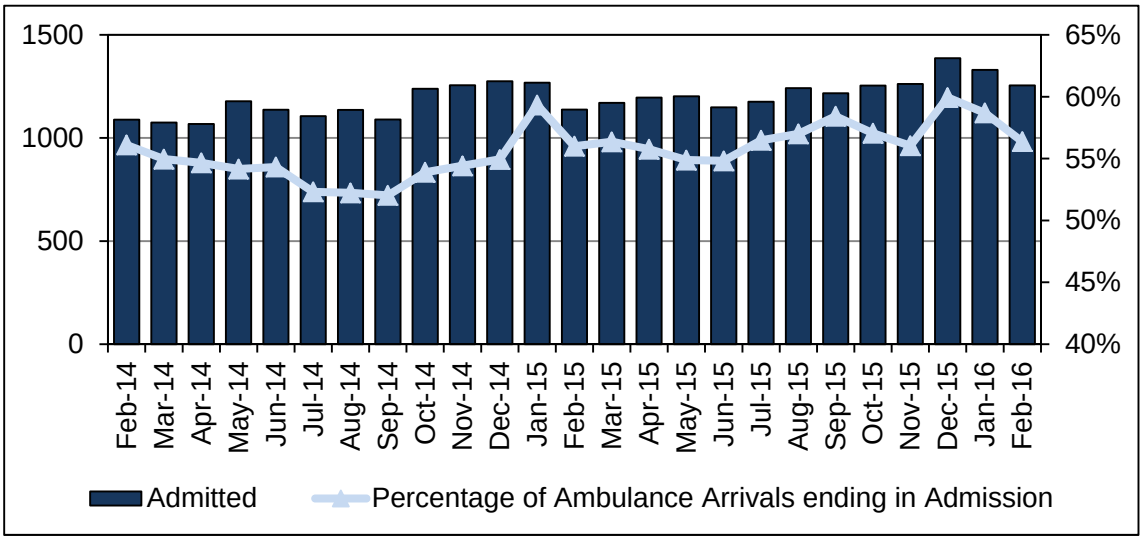


Chart 8. The number of admitted patients at York Hospital following arrival at the Hospital by ambulance, and the percentage admission rate following ambulance arrival shown by month from February 2014 to February 2016 (data not available for March 2016).

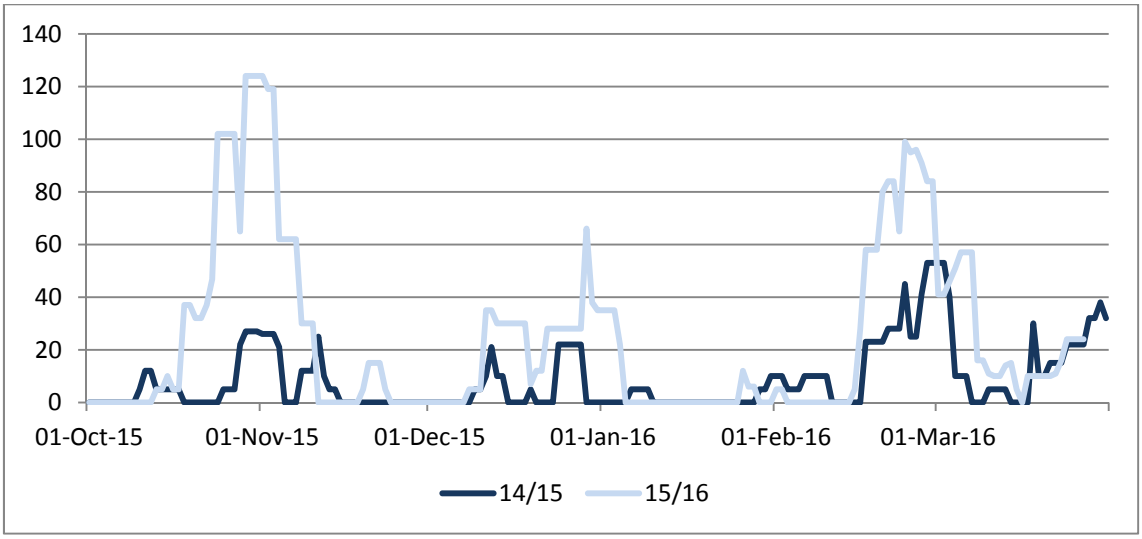


There has been a steady increase in admission rates following attendance at ED in the last 24 months, for both patients arriving by ambulance and not by ambulance. This indicates that patients arriving at the hospital are increasingly sick upon arrival, thus needing additional care upon arrival.

York Hospital experienced significantly more bed closures over this Winter compared to last. The vast majority of these will have been due to the presence of infections on the wards. To

be clear, the term “bed closure” is not a measure of how many empty beds there are that cannot be used for newly admitted patients. A “closed bed” may or may not have a patient in it, if it is empty it cannot be used for new admissions, if it has a patient in it, then other facilities off site may refuse to accept the patient if they are ready for discharge for fear of spreading an infection to their unit. Bed closures due to infections serve to inhibit discharges, reduce the number of beds available for new admissions and slow patient flow in the hospital. The chart below shows the number of “closed beds” each day over the Winter period in 2014/15 and again for 2015/16.

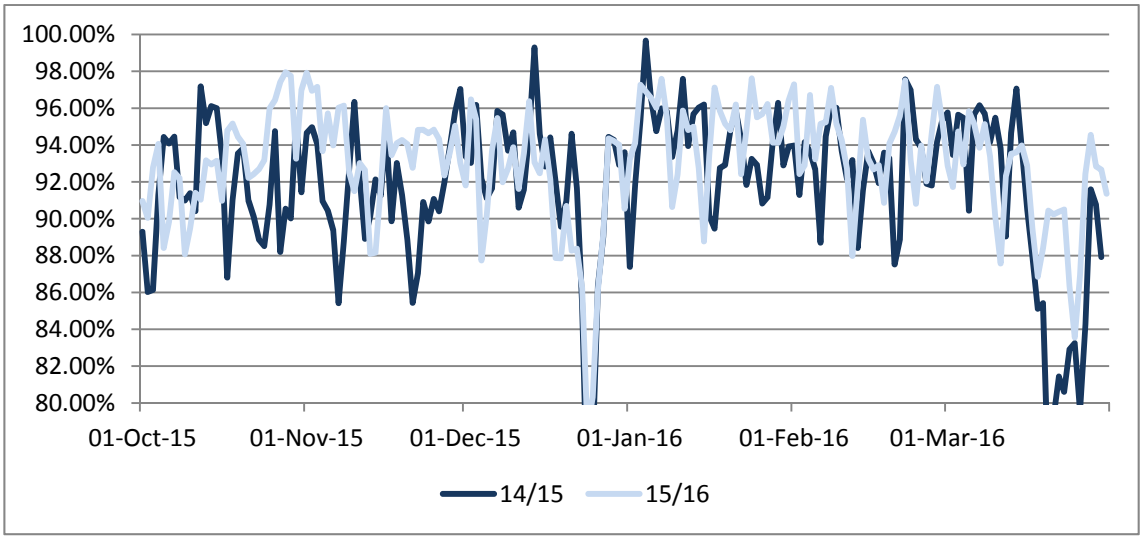
Chart 9. Daily number of beds closed at York Hospital from October to March in 2014/15 and in 2015/16.



In every month, the number of beds closed at York Hospital in 2015/16 outstripped those in 2014/15. In total for the 6 month period October to March there were 2,749 more bed days lost to closed beds this year compared to last.

Bed occupancy rates provide a perspective on how much demand is being placed on the hospital acute beds. National bodies generally recommend rates to be below 85 to 90% to allow for flow to be maintained, reduce the risk of infections and to allow for patients to be distributed to the correct specialty ward. The chart below compares bed occupancy rates for this Winter period compared to last.

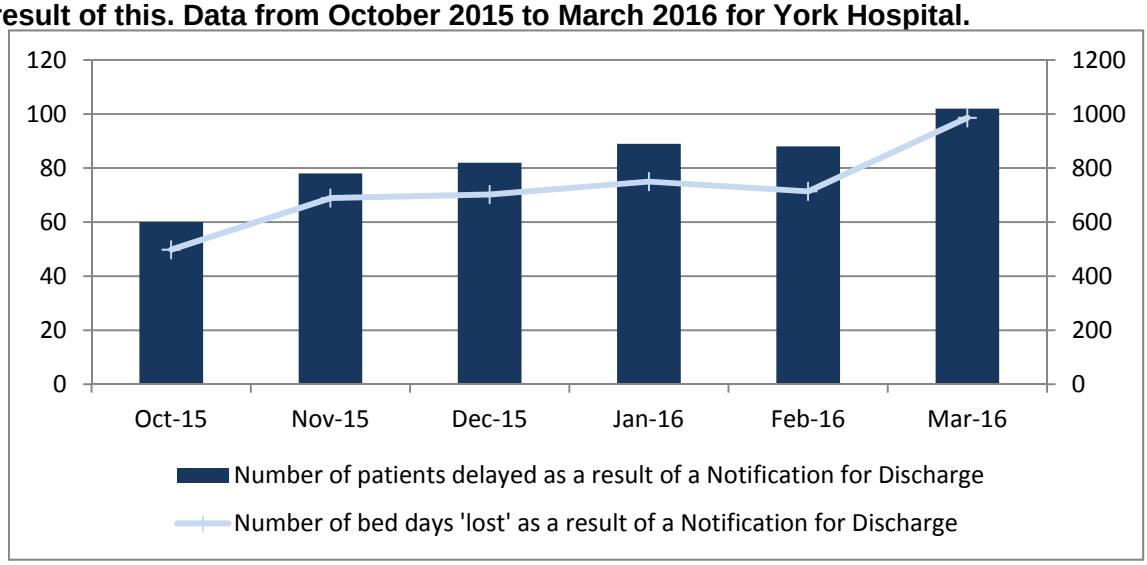
Chart 10. Percentage bed occupancy rates for York Hospital from October to March in 2014/15 and 2015/16.



In both 2014/15 and 2015/16 bed occupancy levels are significantly above the levels recommended nationally. On average, occupancy levels were up from 91.87% to 93.04% this Winter compared to last, a rise of 1.17%.

Patients experiencing a “Delayed Transfer of Care” (DToC), are patients for whom Adult Social Services have been notified that the patient requires on-going care outside the hospital, but arrangements have not yet been put in place to support the patient. While those arrangements are put in place, the patient waits in a hospital bed. It is widely reported and well understood that this is a growing problem for the Trust and the chart below sets out the number of patients delayed and the number of “lost bed days” , i.e. the total number of days that patients were waiting in a bed between the day that social care were notified of the need to make arrangements for the patient and the day they were actually discharged.

Chart 11. Number of patients delayed in a bed at York Hospital waiting for social care arrangements to be made, and a count each month of the number of bed days lost as a result of this. Data from October 2015 to March 2016 for York Hospital.



York Hospital had between 60 to 102 patients a month delayed waiting for social care to arrange care in the community. In March 2016 this resulted in nearly 1,000 lost beds days. It should also be noted that the patients in this data set are the “official delays” – there are further patients in the hospital bed base (the data for which is not reported officially) who are waiting for other things out of hospital to be arranged, such as a private nursing home placement. These lost beds severely hamper the ability of the hospital to continue to provide a good elective care service and maintain the flow through the hospital of non-elective care. Comparator data for the same period 2014/15 is not available due to changes in the way in which it is recorded.

All of the factors discussed in this section have an impact both on the emergency care standards and elective care standards – principally as they all have an impact on the availability of beds. However, another factor that impacted solely on elective care performance over the Winter were issues relating to the availability of theatre staff. The issue occurred largely at York Hospital, where multiple lists each week have been cancelled because the theatre staff required to safely run the theatre list have not been available. This

has also have a significant impact on our referral to treatment backlog and our ability to treat patients electively in a timely way.

York Hospital summary

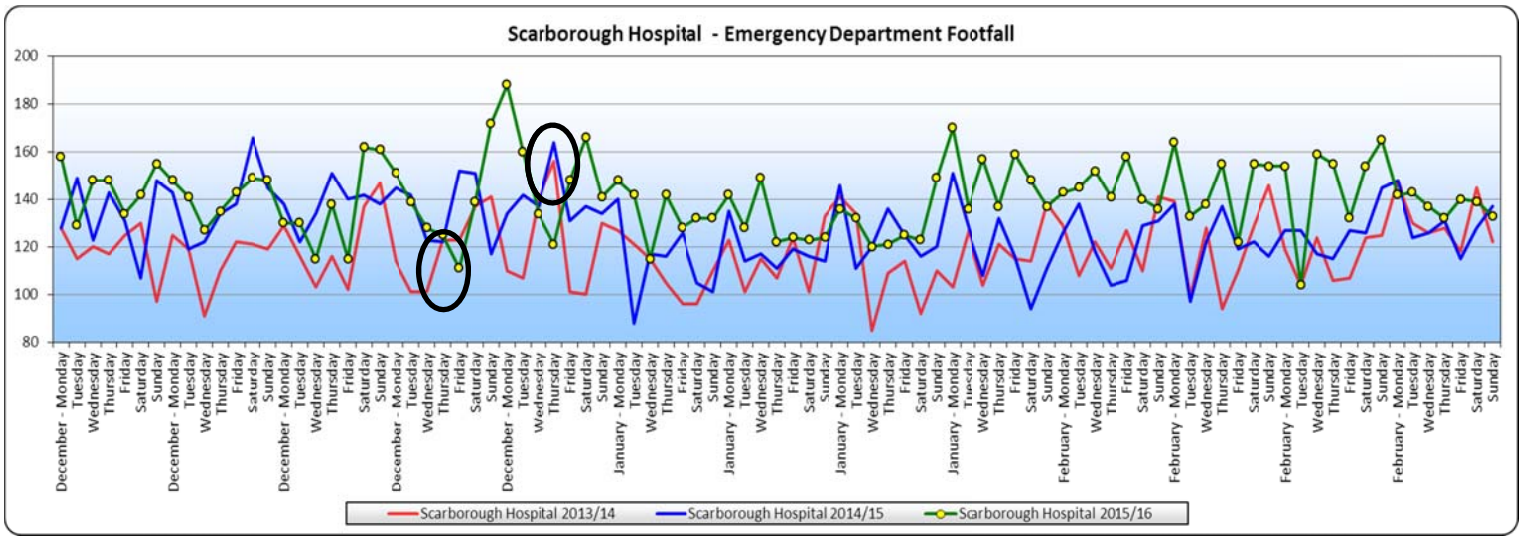
This short section sets out the headline messages from this section:

- ED attendances in December, January & February 2015/16 were up 3.8% compared to the same period in 2014/15.
- Year to date data to the end of February 2016 shows an increase of 8.18% in non-elective medical and elderly admissions compared to the same period in the previous year.
- At the point of admission, a smaller proportion of patients had a NEWS of 5 or more in five of the six months of Winter in 2015/16 compared to 2014/15 (a possible indicator that patients were less sick this year than last).
- Despite this, a greater proportion of patients were admitted following ambulance arrival in 2015/16 compared to 2014/15 (except January). The increase ranged from 2 to 5%.
- There were 2,749 more "closed bed days" (largely due to the presence of hospital infections) in Winter 2015/16 than in 2014/15.
- On average, bed occupancy levels were 1.17% higher in Winter 2015/16 compared to 2014/15.
- At its peak, nearly 1,000 bed days were lost in a single month due to patients with a delayed transfer of care

Scarborough Hospital

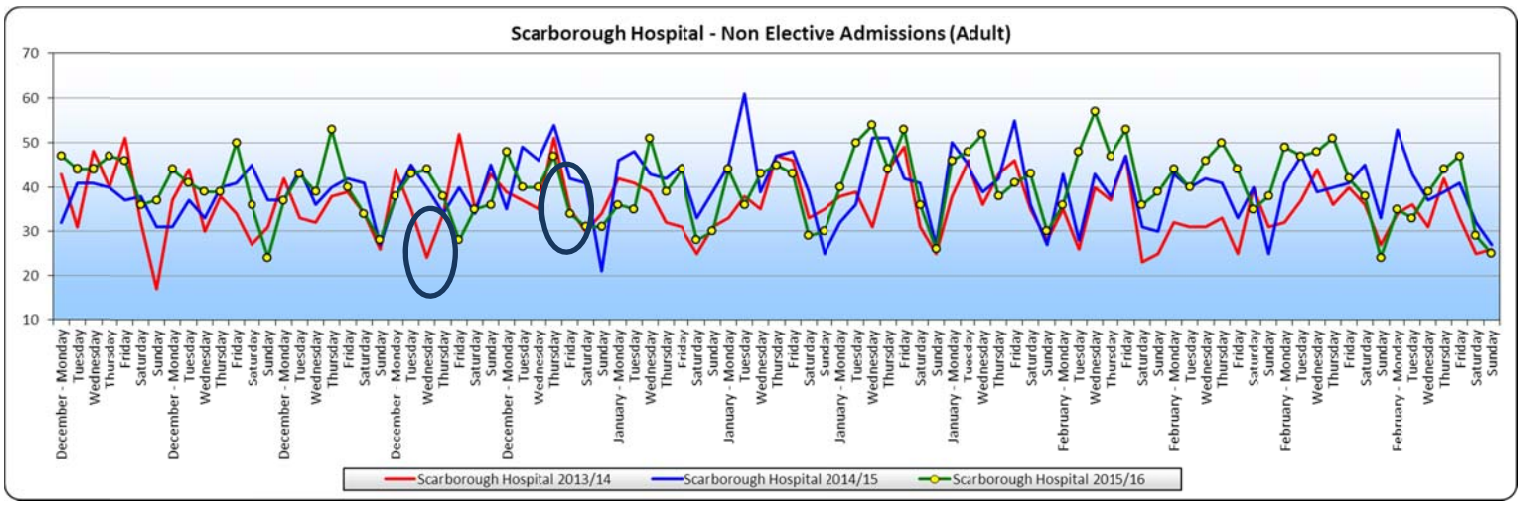
This section sets out the number of attendances at the hospital's Emergency Department and the number of patients admitted non-electively each day over the Winter period.

Chart 12. Scarborough Hospital Daily Emergency Department Footfall from December to February for the years 2013/14, 2014/15 and 2015/16. Data includes patients triaged to Yorkshire Doctors Urgent Care Centre (Points highlighted in circles, indicate Christmas Day and New Year's Day for all years).



It is important to note that the data in this chart is not a like-for like annual comparison as the 2015/16 data includes all attendances at the Yorkshire Doctors urgent care centre – so the increase in attendances observed was predictable. It also means that the patients who are in the ED are now also sicker, as a result of streaming patients to the Urgent Care Centre.

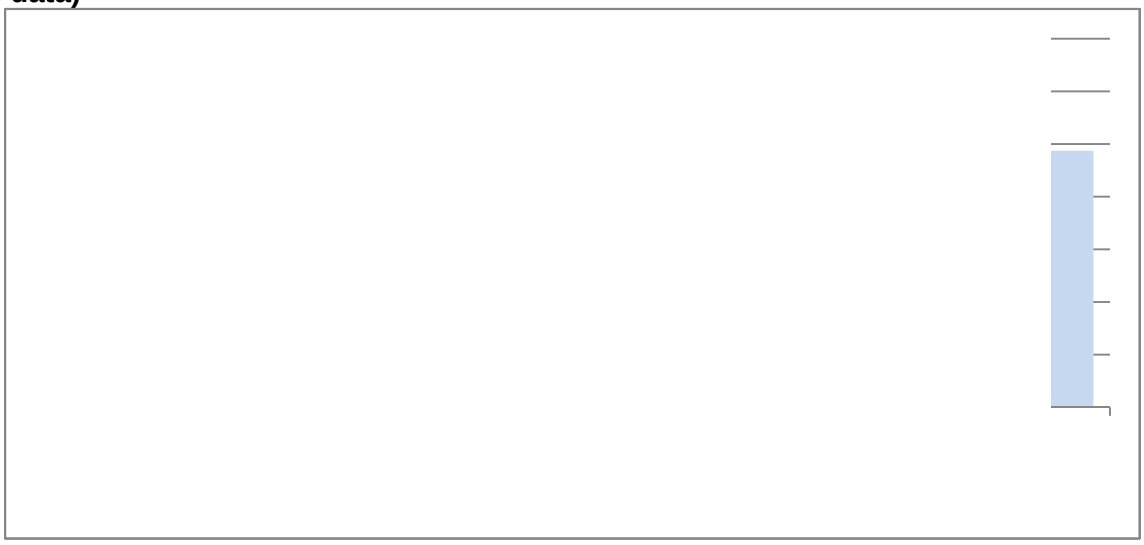
Chart 13. Scarborough Hospital Daily number of adult non-elective admissions from December to February for the years 2013/14, 2014/15 and 2015/16. (Points highlighted in circles, indicate Christmas Day and New Year's Day for all years)



Looking at this entire three month period as a whole, there were 184 more non-elective admissions in 2015/16 compared to 2014/15, a 5.2% increase. However, data showing the percentage change in elderly and medical non-elective admissions for year to end of February 2016 compared to the same period in the previous year also shows an increase of 2.63% at Scarborough, demonstrating how this increase has been sustained throughout the year.

The chart below shows the proportion of patients each month in 2014/15 and then again in 2015/16 that had a NEWS of 5 or more at the point of admission to Scarborough Hospital.

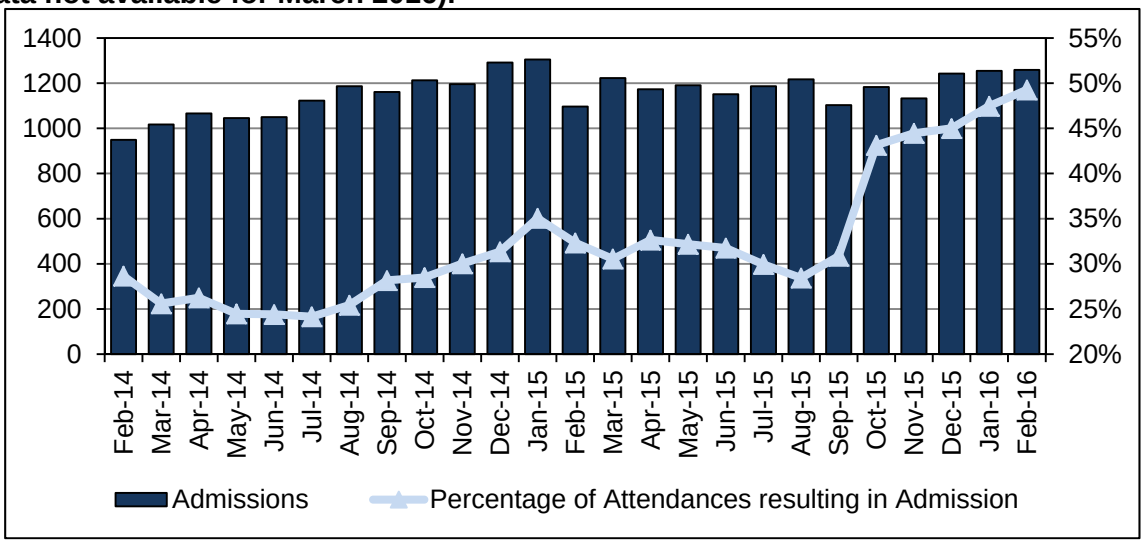
Chart 14. Proportion of patients with a NEWS of 5 or greater at the point of admission to hospital. Chart shows proportion for each of the months October to March 2014/15 and 2015/16 (patients that did not have a NEWS recorded on CPD are excluded from this data)



The data in the chart above indicates that in five of the six months of the Winter period, there was a higher proportion of patients with a NEWS of 5 or more being admitted to Scarborough Hospital in 2014/15 compared to the same month in 2015/16. The following two charts look

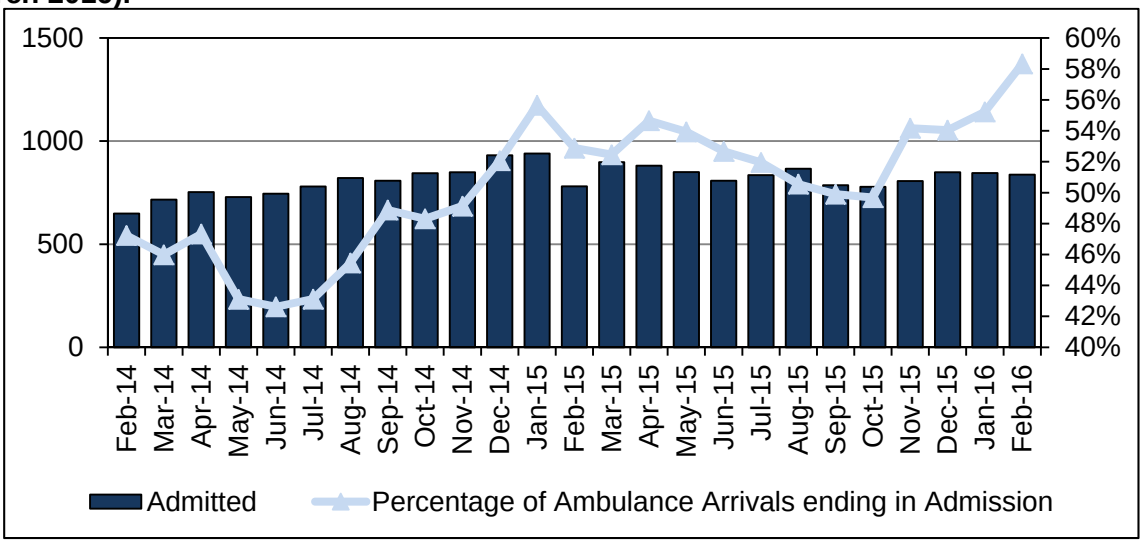
at the admission rates or all those attending the Emergency Department and the admission rates for those patients attending the hospital via an ambulance – another important marker of how sick patients are upon arrival at hospital.

Chart 15. Number of monthly admissions to Scarborough Hospital and conversion rate of attendances resulting in an admission from February 2014 to February 2016 (data not available for March 2016).



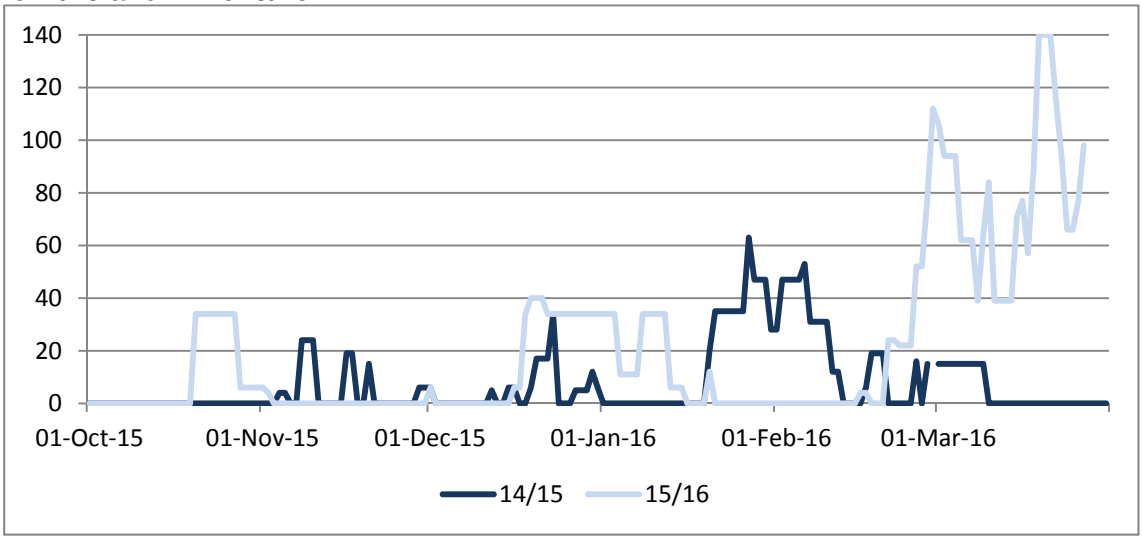
The conversion of attendances to admissions has continued to remain higher in 2015-16 than was seen in 2014-15 however no month this financial year had seen conversion rates that were seen in January 2015 until October to February 2016. This rise is due to the move of minor injuries to the UCC and thus patients seen at Scarborough ED patients are more likely to require admission than before. If patients being streamed to the UCC are left in the above dataset, the conversation rate to admission is around 28%.

Chart 16. The number of admitted patients at Scarborough Hospital following arrival at the Hospital by ambulance, and the percentage admission rate following ambulance arrival shown by month from February 2014 to February 2016 (data not available for March 2016).



Scarborough Hospital experienced significantly more bed closures over this Winter compared to last – especially during February and March. The vast majority of these will have been due to the presence of infections on the wards. The chart below shows the number of "closed beds" each day over the Winter period in 2014/15 and again for 2015/16.

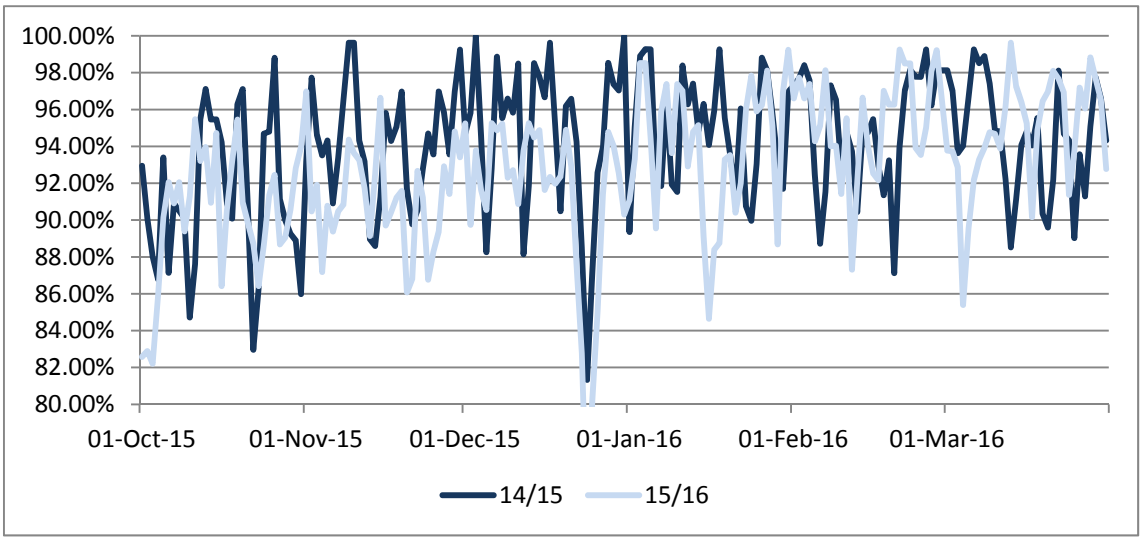
Chart 17. Daily number of beds closed at Scarborough Hospital from October to March in 2014/15 and in 2015/16.



Looking at the this six month Winter period this year compared to last, Scarborough hospital experienced an additional 2,327 days of closed bed days.

The final chart in this section below sets out bed occupancy levels for Winter this year and last at Scarborough Hospital.

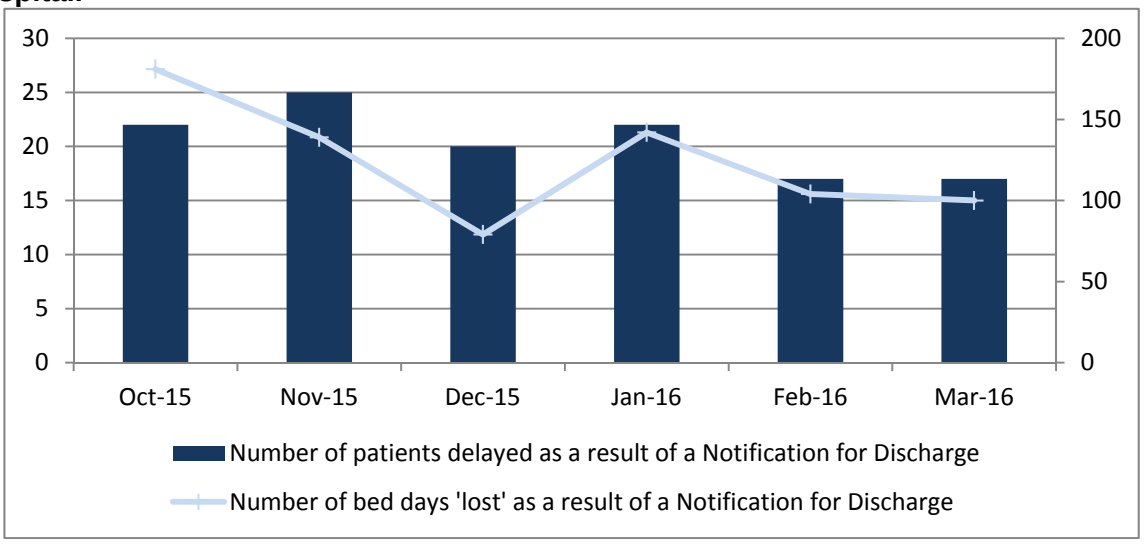
Chart 18. Percentage bed occupancy rates for Scarborough Hospital from October to March in 2014/15 and 2015/16.



On average bed occupancy levels during this Winter at Scarborough hospital were 92.79% compared to 94.08% the previous Winter, a decrease of 1.29%. However, these figures do include beds that were actually closed due to infections, i.e. there will be beds that were empty included in these figures that were in fact closed and not available to the hospital due to infection. If these beds were incorporated into these figures, then the occupancy levels for 2015/16 are likely to have been significantly higher than those for 2014/15.

The chart below sets out the number of patients experiencing a DToC and the number of "lost bed days", i.e. the total number of days that patients were waiting in a bed between the day that social care were notified of the need to make arrangements for the patient and the day they were actually discharged.

Chart 19. Number of patients delayed in a bed at Scarborough Hospital waiting for social care arrangements to be made, and a count each month of the number of bed days lost as a result of this. Data from October 2015 to March 2016 for Scarborough Hospital.



Scarborough Hospital had between 17 to 25 patients a month delayed waiting for social care to arrange care in the community. At its peak, this resulted in over 180 lost beds days in a single month. As with York, it should also be noted that the patients in this data set are the "official delays" – there are further patients in the hospital bed base (the data for which is not reported officially) who are waiting for other things out of hospital to be arranged, such as a private nursing home placement. These lost beds severely hamper the ability of the hospital to continue to provide a good elective care service and maintain the flow through the hospital of non-elective care. Comparator data for the same period 2014/15 is not available due to changes in the way in which it is recorded.

Overall at Scarborough Hospital, comparing this Winter to last there were more attendances at ED, more admissions, and more bed days lost due to infections on the wards. This data set shows a site under increasing pressure to provide emergency care.

Scarborough Hospital summary

The headline messages from this section are:

- There was a 10% increase in attendances at Scarborough ED in the three months December, January and February 2015/16 compared to the same period in the previous year. However, this figure includes the newly opened UCC and so is not a like for like comparison.
- Year to date data to the end of February 2016 shows a 2.63% growth in medical and elderly admissions compared to the same period the previous year.
- At the point of admission, a smaller proportion of patients had a NEWS of 5 or more in five of the six months of Winter in 2015/16 compared to 2014/15 (a possible indicator that patients were less sick this year than last).

- Despite this, a higher proportion of patients were admitted following ambulance arrival in each month of 2015/16 compared to 2014/15 (except January). The increase ranged from 2 to 5%.
- Scarborough experienced over 2,300 more closed bed days in the Winter period of 2015/16 compared to the same period in 2014/15. These bed losses were seen mainly in March.
- On average, bed occupancy levels were 1.29% lower in Winter 2015/16 compared to 2014/15 – however this figure does not take into account beds that were closed due to infection.
- In five of the six months of Winter 2015/16, over 100 bed days were lost each month due to patients with a delayed transfer of care.

WERE THE AIMS AND OBJECTIVES OF WINTER PLAN 2015/16 ACHIEVED?

This section aims to establish whether or not the implementation of the Winter Plan was successful against the aims and objectives presented to the Board in October 2015. It also sets out to analyse the impact of specific interventions and operational changes that were put into place as part of the plan to help inform future plans. York Hospital and then Scarborough Hospital are addressed separately.

York Hospital

Maintaining discharges

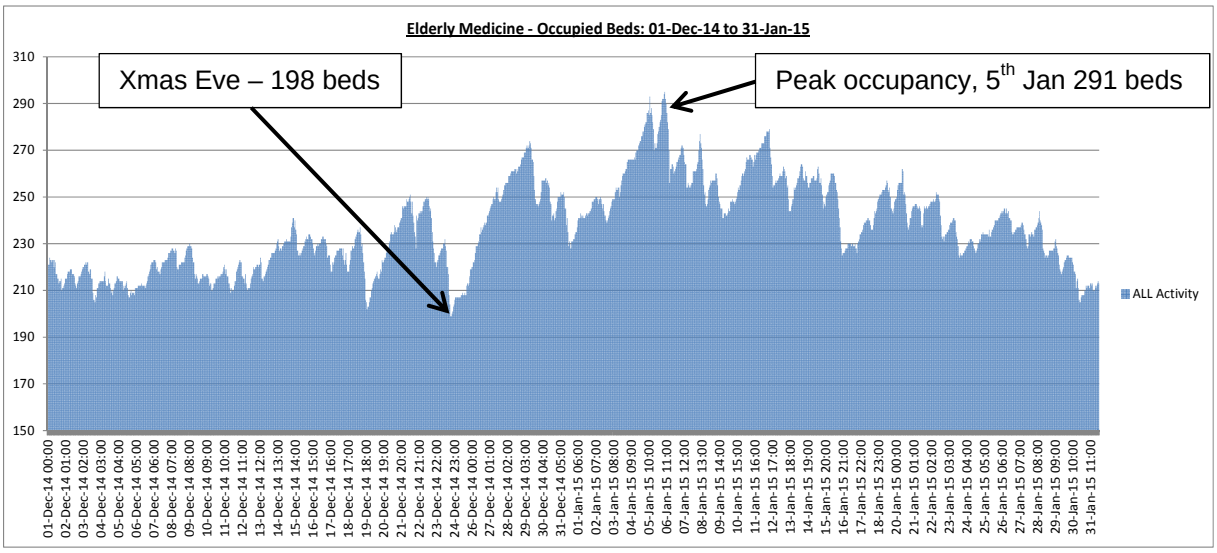
A series of initiatives were put in place over Winter at York with the explicit aim of supporting discharge levels from inpatient wards and avoiding admissions in the first place. These initiatives included:

- Additional medical and surgical consultant presence on the inpatient wards on weekend and bank holiday days to see the sickest patients and to help identify patients for discharge.
- Reduction of non-urgent outpatient clinic work in both the therapies and medical directorates to free clinical staff up to be present on inpatient wards
- Ambulatory care and Rapid Access Therapies service (RATS) open to support admission avoidance every day (except Christmas Day and New Year's Day for Ambulatory Care).
- Increased availability of radiological investigations out of hours and at weekends

In order to better understand the impact of these initiatives a series of data sets have been analysed, and these are set out below.

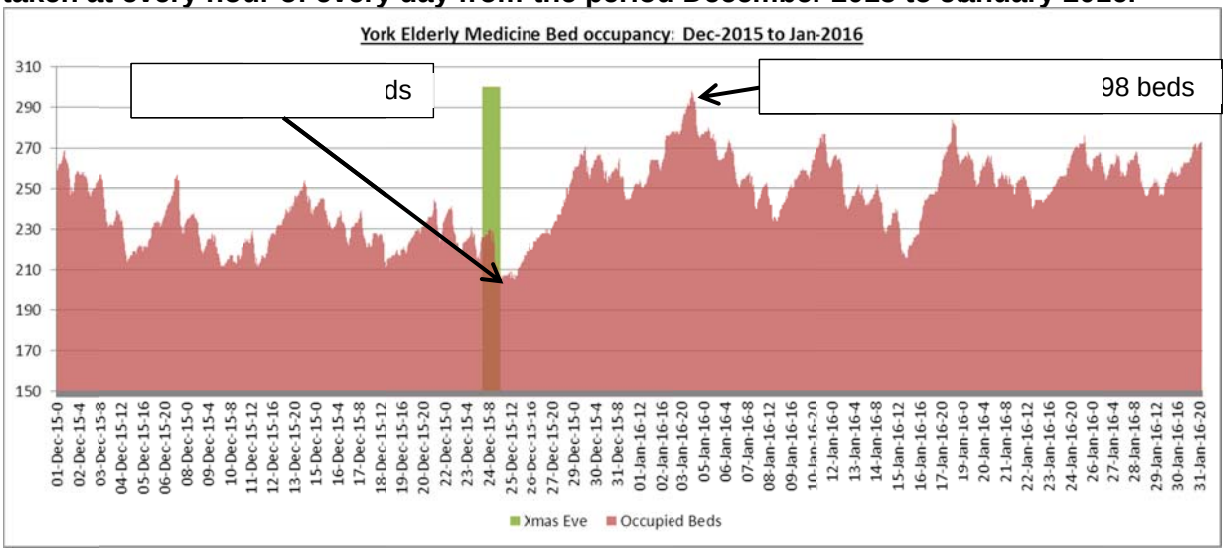
In presentations to Trust Board and other groups, the chart below was regularly used to highlight the growing pressure the elderly medical specialty finds itself under over during Winter. Following a high number of discharges just before Christmas, bed occupancy levels grow over the holiday period and peak on the first Monday of January after the holiday period. In the example below, bed occupancy levels then gradually recover over the course of the remainder of January.

Chart 20. Count of the number of inpatients under the specialty of "elderly medicine" taken at every hour of every day from the period December 2014 to January 2015.



In 2015/16 our aim was to level out the extremes seen in the above chart. Increased admission avoidance services coupled with increased consultant presence over the holiday period in particular should result in a flattening out of this chart, with better flow being achieved over the whole period. Unfortunately, given the impact of increases in non-elective admissions, bed closures etc. the pattern remained similar to that observed in 2015.

Chart 21. Count of the number of inpatients under the specialty of "elderly medicine" taken at every hour of every day from the period December 2015 to January 2016.



The previous two charts are remarkably similar. Both the low and high bed occupancy points were observed on the corresponding day this year, and when they did occur, they were within 7 patients of last year. This year, by the end of January bed occupancy levels had still not returned to "normal" levels (which are circa 200 beds). However, this needs to be taken in the context of increased non-elective admissions and bed closures.

The Trust was notified in December of 2015 that NHS England required all acute admitting hospital sites to have at least 20% of their beds empty by midnight on Christmas Eve. The York Hospital site achieved this, and had 21.5% of it's beds empty by this time, giving some capacity for admissions over the Bank holiday period.

In 2015/16 compared to 2014/15 significantly more consultants, junior doctors, therapists and staff running other support services attended the hospital to see inpatients and support discharges at weekends and on bank holidays. The chart below looks at a series of individual days on which it was known additional staff were onsite to support non-elective inpatient work in 2015/16. The discharge levels on those days are noted and then compared to discharge levels from the equivalent day in the previous year to act as an indicator as to the impact of the additional staff that were present on those days.

Table 22. Count of non-elective medical discharges on comparable days in 2014/15 and 2015/16 from York Hospital (figures exclude deaths, maternity, paeds and elderly)

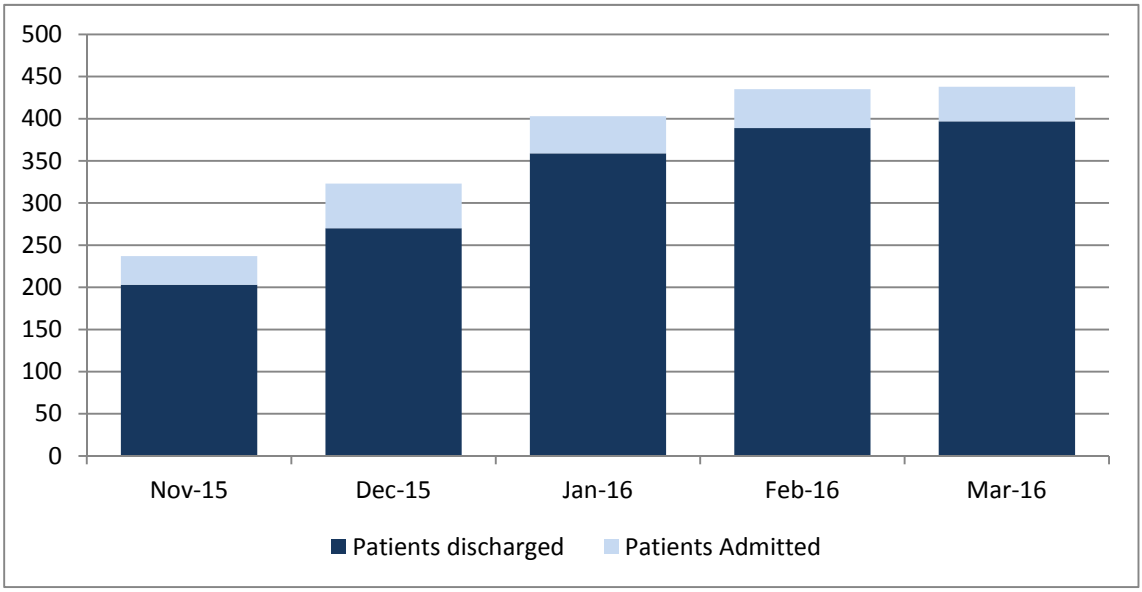
Date	Count of Non-elective Discharges 2014/15	Count of Non-elective Discharges 2015/16
Boxing Day	24	24
Day after Xmas Long Weekend (Tue 29th/Mon 28th December)	56	33
New Year's Day	40	41
Grand Total	**120**	**98**

Overall the table shows that fewer patients were discharged in 2015/16 than over the same three days in 2014/15, despite the additional resources that were present on site at York Hospital. It would appear therefore that the additional resources that were agreed served to absorb the additional pressure the sites was experiencing.

The impact that flooding in the centre of York had on the ability to discharge patients over this period is also unknown – making like for like comparison of this year compared to last difficult. It is known that there was significant loss of intermediate care capacity in the social care sector over this period due to flooding and that transport, both public and private would have been more difficult, but it is difficult to quantify the impact of this.

The York Ambulatory care service was established over the Summer of 2015. The chart below shows the total number of patient admitted to the service each month. The vast majority of these patients in previous years will have been admitted to the acute medical ward, and so the figures represented below represent real reductions in the demand for a hospital inpatient acute bed. Over 95% of these patients will avoid entirely the need for a bed helping maintain flow in the hospital and reduce pressure on acute services.

Chart 23. Number of patients being admitted to the ambulatory care service at York Hospital each month over the Winter period in 2015/16, shown by those subsequently admitted to a main acute bed and those that were then discharged



The ambulatory care service at York has been able continually show increases in activity, adopting more pathways, seeing and turning around more patients on the day month on month. More than 1,700 patients have accessed this service since November. This has

undoubtedly helped to improve flow in the hospital and reduce the pressure on acute beds over the Winter.

Elective surgical service

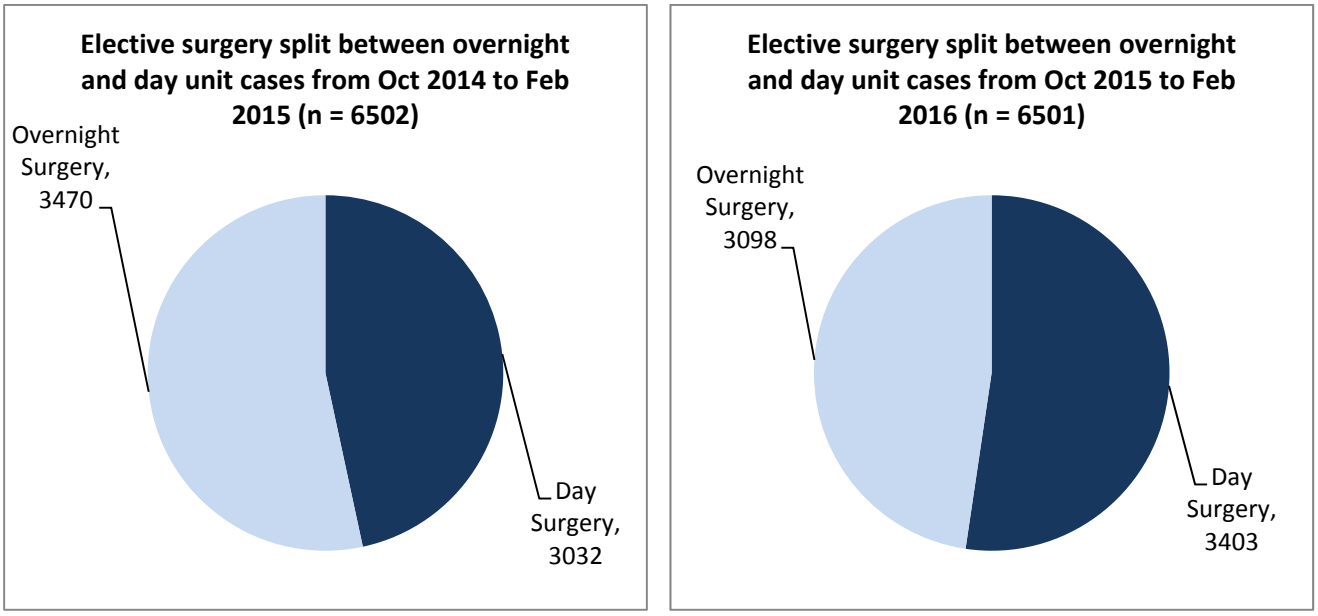
The following initiatives were put in place to support the effective running of an elective surgical service over the Winter period:

- Increased bookings of day surgery and reduced levels of surgery requiring overnight accommodation in the main hospital inpatient bed areas
- Reduced bookings overall of non-urgent elective surgery
- Planned opening of enhanced stay area (ESA) and day unit on Friday evenings and some weekends
- Transfer of some elective work to Bridlington (Orthopaedics only)

The reminder of this section looks at the impact that these initiatives had on the ability of York Hospital to continue to run it's elective surgical service over the Winter.

The pie charts below show the overall number of elective cases performed from October to February in 2014/15 and then in 2015/16, split by overnight and day surgery procedures.

Chart 24. Count of elective surgical procedures split by overnight and day case surgical procedures in the period October to February in 2014/15 and in 2015/16.



In the five month period October to February 2014/15 there was a significant increase of 371 more day case procedures in 2015/16 compared to the year before. Given the additional weekend opening and the overall switch away from generally more complex overnight cases to day cases, the expectation was to see an overall increase in elective procedures this year compared to last. Additional site pressures, including bed closures and increases in non-elective admissions had a significant impact on the Trust ability to undertake elective activity as planned over Winter.

Some York based activity was transferred to Bridlington Hospital, which did see a significant increase in activity over the Winter. This is set out in the following section.

Another one of the aims of the Winter Plan related to seeing fewer short notice elective cancellations. The table below shows the number of on the day cancellations for each month

over Winter 2014/15 and Winter 2015/16. The table is separated into two parts showing on the day cancellations and cancellations within 48 hours of the planned procedure.

Table 25. Number of on the day surgical cancellations and the number of surgical cancellations within 48 hours of the procedure by month in 2014/15 against 2015/16 for York Hospital.

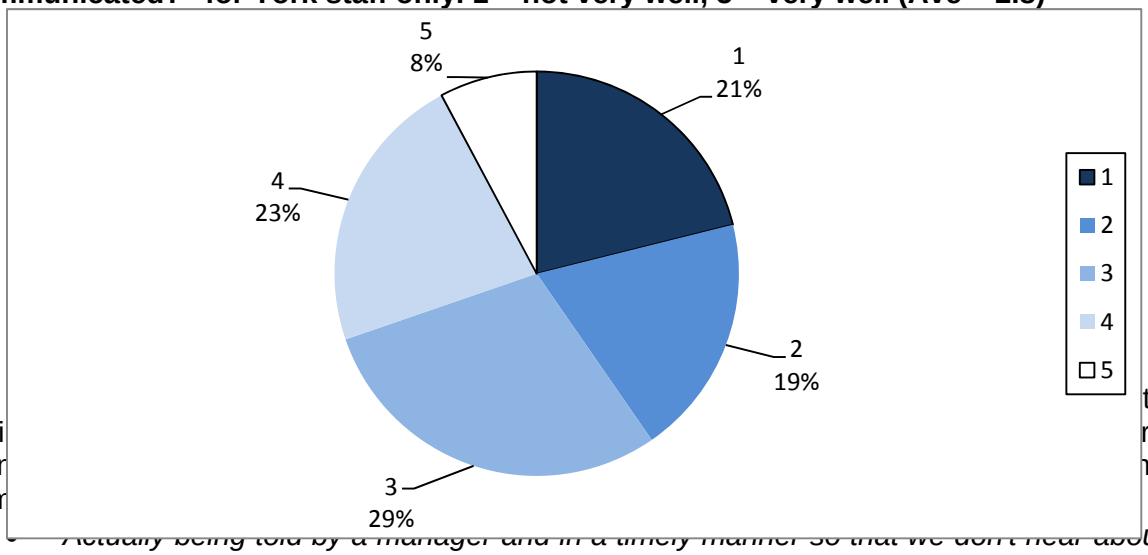
Cancellations on the day of procedure due to bed shortages		
	2014/15	**2015/16**
October	0	34
November	3	35
December	17	18
January	45	19
February	41	25
Total on the day	**106**	**131**
Cancellations within 48 hours of procedure due to bed shortages		
	2014/15	**2015/16**
October	0	62
November	5	66
December	54	23
January	92	19
February	119	26
Total within 48 hours	**270**	**196**
Grand total of short notice cancellations	**376**	**327**

Overall the plan achieved its aim of reducing few short notice surgical cancellations this year compared to last by 49 (reduction of 13%). However, although the overall aim was met, in 2015/16 there were 25 more patients cancelled on the same day of their procedure compared to the previous year and overall there were still over 300 patients cancelled at short notice.

Communication with staff

218 members of staff based in York (58% of total) completed the Review of Winter survey that was advertised to staff to complete in early April. Staff were asked for their views on communication of the plan, what worked well, what didn't work well and how the plan could be improved for next year. The questionnaire was built in a way so that staff could both rate questions on a scale and feedback their comments in "free text" boxes. All of these comments are available to be seen in the appendix section of this report.

Chart 26. Staff response to the question "How well was the Winter Plan shared and communicated?" for York staff only. 1 = not very well, 5 = very well (Ave = 2.8)



On th
noti re
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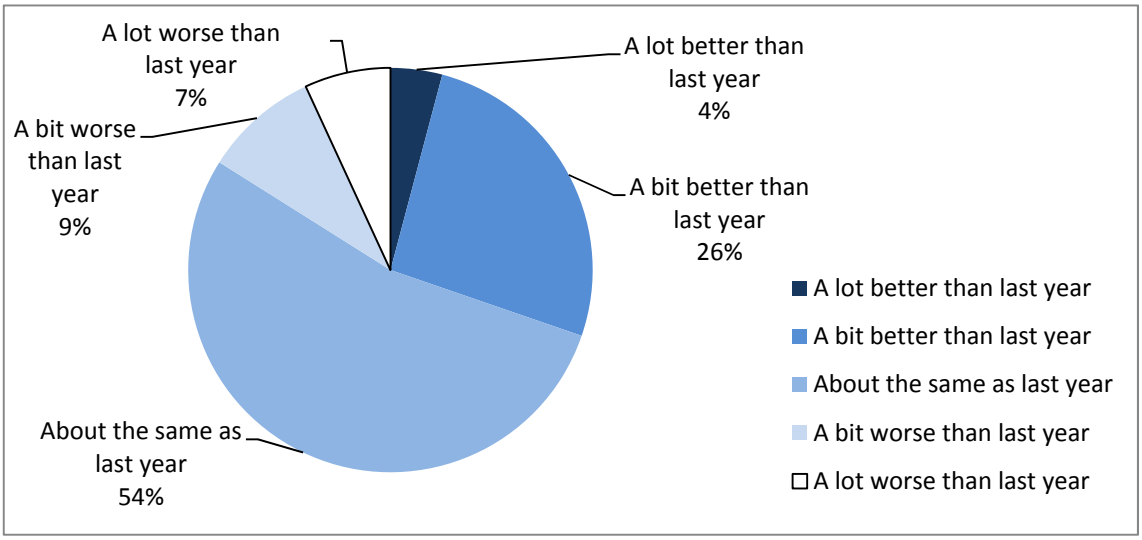
com

- *Actually being told by a manager and in a timely manner so that we don't hear about it through the gossip chain"*
- *"Front line staff could do with a more detailed explanation in layman terms - in a newsletter dedicated to the Winter plan only? Drop in Workshops?"*

The following chart shows the staff responses to a question about how well we managed our elective patients this Winter compared to last.

Chart 27. Staff responses to the question "Compared to last winter, how well do you think we managed elective patients (both cancer, urgent and routine)? York respondents only.



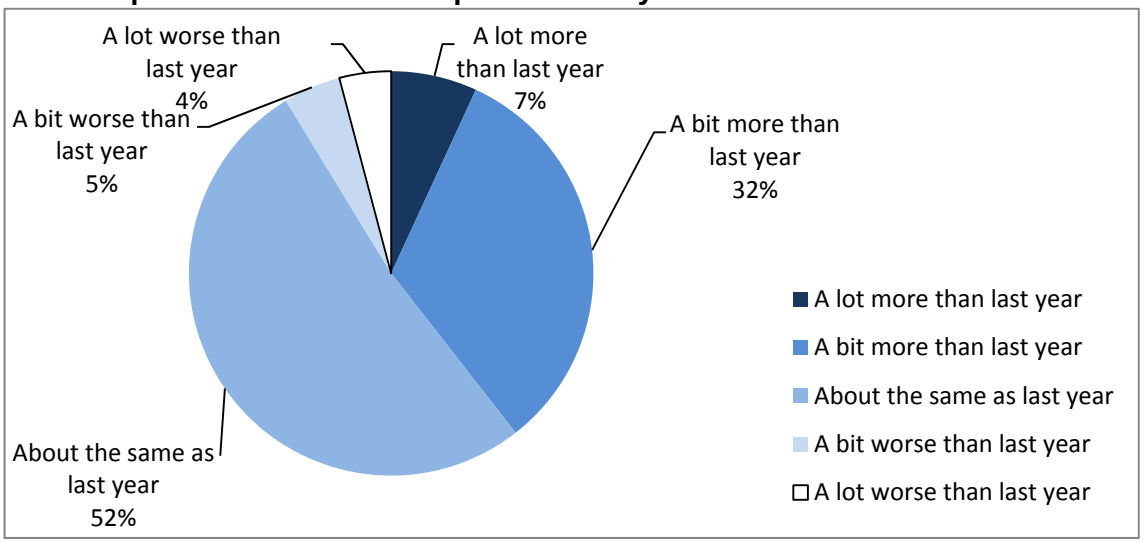
Overall, 30% of staff thought we managed our elective care services at York hospital better this year than last, with only 16% stating it was worse. Comments relating to this question included:

- *"Identifying discharges day before, plan more weekend work for ESA for elective patients"*
- *"You were lucky that we didn't have as bad a winter as last year"*
- *"The current system of managing our elective throughput is archaic and no longer fit for purpose. It worked for many years but the current, unprecedented pressures*

mean that it no longer works. We need to rethink the entire strategy from start to finish. No organisation in the world has ever successfully run an elective programme with 100% (or near as makes no difference) bed occupancy. We would save money in the long run if we invested more up front in the service - more beds, more staff, better monitoring, short-notice procedures waiting list, etc."

Staff we also asked if the additional staff and services we had in place this year compared to the previous year made a difference to patient care, and then were also asked how we might go about incentivising staff to work these additional/extra shifts next year. The chart below sets out the staff responses to this:

Chart 28. Staff responses to the question "Many additional staff worked on Bank Holidays over Christmas and New Year and on weekends throughout the winter period to support both elective and non-elective services. Do you think that this made a difference to patient care?" York respondents only.

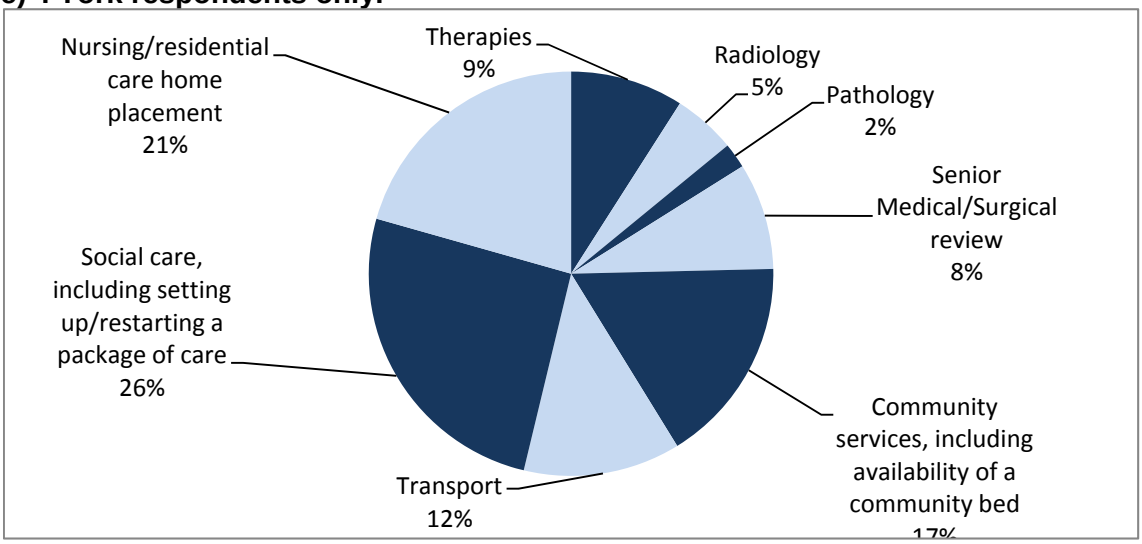


39% of respondents thought that the additional staff and services we had I place did make a difference this Winter, compared to only 9% who thought it was worse than last year. The staff comments on how to incentivise them to work over Winter were particularly wide ranging. The two comments below are a good illustration of the range:

- *"Bank holidays are awful for nursing staff because they are like weekends - not enough support from other sources medical, admin, imaging etc. All tasks are left to us and there simply aren't enough of us. Give us more support. And for the love of God don't think of taking our enhancements away."*
- *"By not making them work the extra bank holiday hours. It's not needed and costs the Trust money."*

Finally ward based staff specifically were asked where they thought the biggest gaps in service provision were over the Winter months. The results are set out below:

Chart 29. Staff responses to the question: "WARD STAFF ONLY: In your opinion where were the most significant gaps in service provision over winter (Tick up to three)". York respondents only.



The data indicates that in the view of our ward based staff at York, the biggest gaps in the provision of service over the Winter are in accessing nursing and residential care home places and accessing social care.

Avoid a major incident

No major incidents were declared on the York Hospital site during the Winter. However it is worth noting that due to the bed occupancy pressures on site, the Trust did declare a total of 18 12 hour trolley waits in the Emergency Department in Q3 and Q4. All of these incidents have been declared as serious incidents and will be investigated as such.

York summary

This short section summary sets out the headline messages and findings following the review of Winter at the York Hospital site.

- In the Winter periods of both 2014/15 and 2015/16 the number of patients under the care of Elderly Medicine was at its lowest on Christmas Eve (198 Vs 205) and at its maximum the first Monday back after the holiday period (291 Vs 298).
- The hospital achieved 20% of its beds empty on Christmas Eve as planned, meeting a key NHS England standard
- Despite having extra staff and services in place, fewer patients were discharged on specific days that additional staff were in place in 2015/16 than on the corresponding day in 2014/15 when additional staff were not in place.
- However the severe floods that hit York over the Christmas period may have also impacted on this.
- More than 1,700 patients have been through the York Ambulatory care service over from November 2015 to March 2016, helping to maintain flow in the hospital and reduce admissions.
- Overall, the same amount of elective surgery was done in York in 2015/16 compared to the previous year, but a great proportion of it was done on a daycase basis.
- Overall, there were 13% fewer elective surgical cancellations at York Hospital in 2015/16 compared to 2014/15 – but within this more patients were cancelled on the day in 2015/16

- Despite the pressures, 91% of staff felt that the Trust provided either the same or a better level of care to patients this year compared to last.

Scarborough Hospital

Maintaining discharges

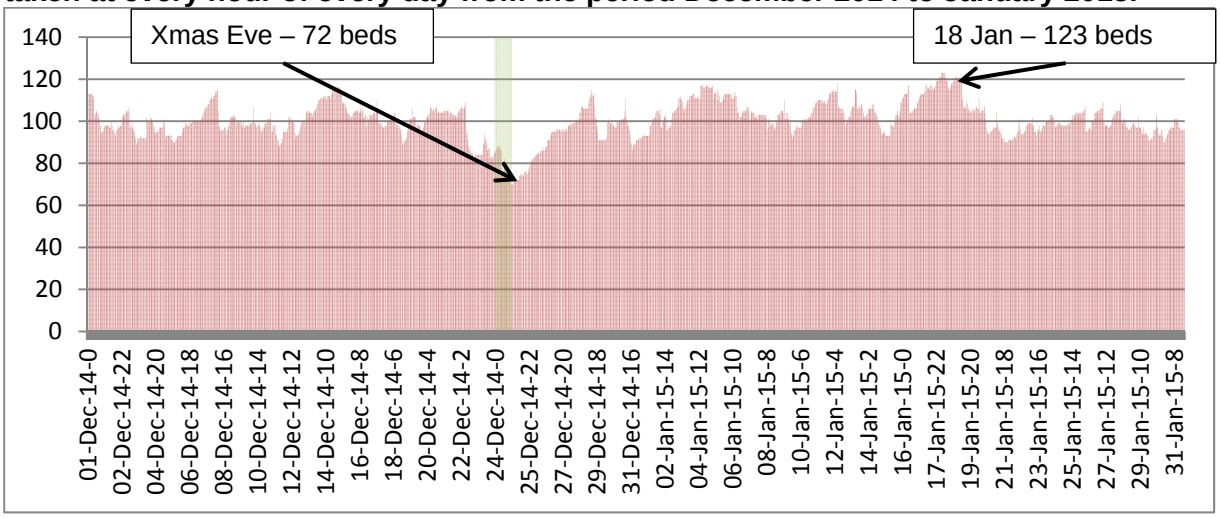
The Winter Plan detailed a series of operational changes to how the hospital would function over the Winter period. Some of these changes included:

- Additional consultant ward rounds on weekends and bank holiday days
- Some outpatient clinic sessions cancelled and converted to ward rounds instead.
- Ambulatory care service in place in new space to support admission avoidance
- Increased cover from support services directorates on normal and non-normal working days to prioritise inpatient work

The following charts act as a proxy indicator as to the impact of some of the initiatives that were put in place on site to support the hospital.

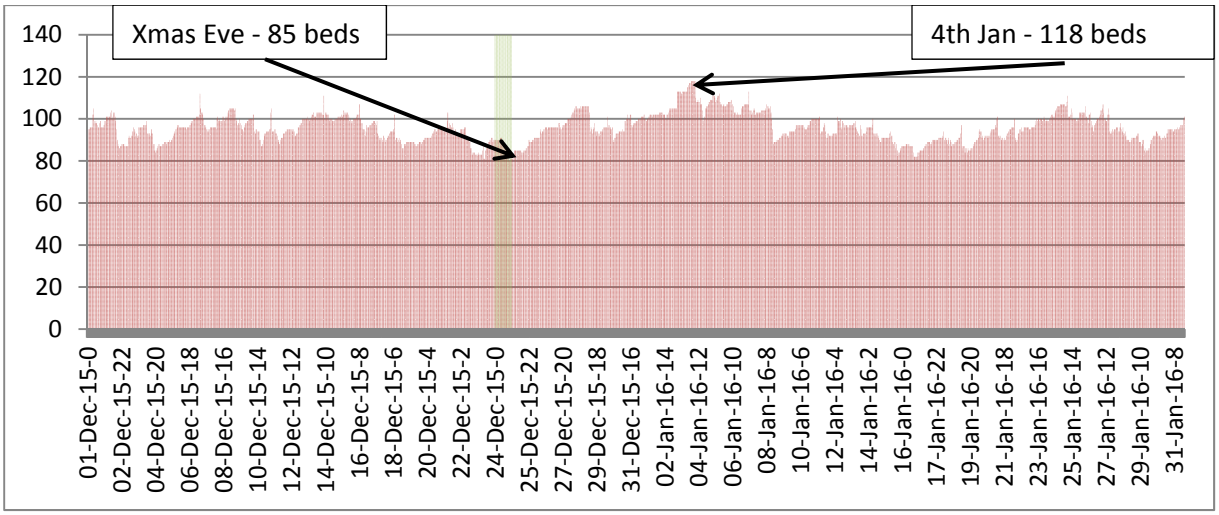
The following two charts show how the number of patients, under the care of the elderly medicine specialty changes over the period December to January in 2014/15 and then in 2015/16. As with York Hospital, the lowest number of patients under the care of elderly medicine is achieved on Christmas Eve. See below:

Chart 30. Count of the number of inpatients under the specialty of "elderly medicine" taken at every hour of every day from the period December 2014 to January 2015.



The highest number of patients under the care of elderly medicine at Scarborough Hospital occurred on the 18th January 2015 – 51 patients more than on Christmas Eve. The chart below shows the same type of data but for December to January 2015/16.

Chart 31. Count of the number of inpatients under the specialty of "elderly medicine" taken at every hour of every day from the period December 2015 to January 2016.



The chart above shows the elderly medicine peak occurring on the first working day back after the New Year's weekend (as in York). However, the peak is not has high as in the previous year, nor in percentage terms is it as stark as the peak observed at the York site.

Additional input from the Scarborough medical team was agreed for specific days, particularly over the Christmas/New Year holiday period. The chart below looks at the number of non-elective patients discharged on those individual days in 2014/15 and the equivalent day in 2015/16 in an attempt to understand the impact of having the additional staff on site to support the inpatient wards.

Table 32. Count of non-elective medical discharges on comparable days in 2014/15 and 2015/16 from Scarborough Hospital (figures exclude deaths, maternity, paeds and elderly)

Date	Count of Non-elective Discharges 2014/15	Count of Non-elective Discharges 2015/16
Boxing Day	15	12
Day after Xmas Long Weekend (Tue 29th/Mon 28th December)	25	23
New Year's Day	23	23
Grand Total	**63**	**58**

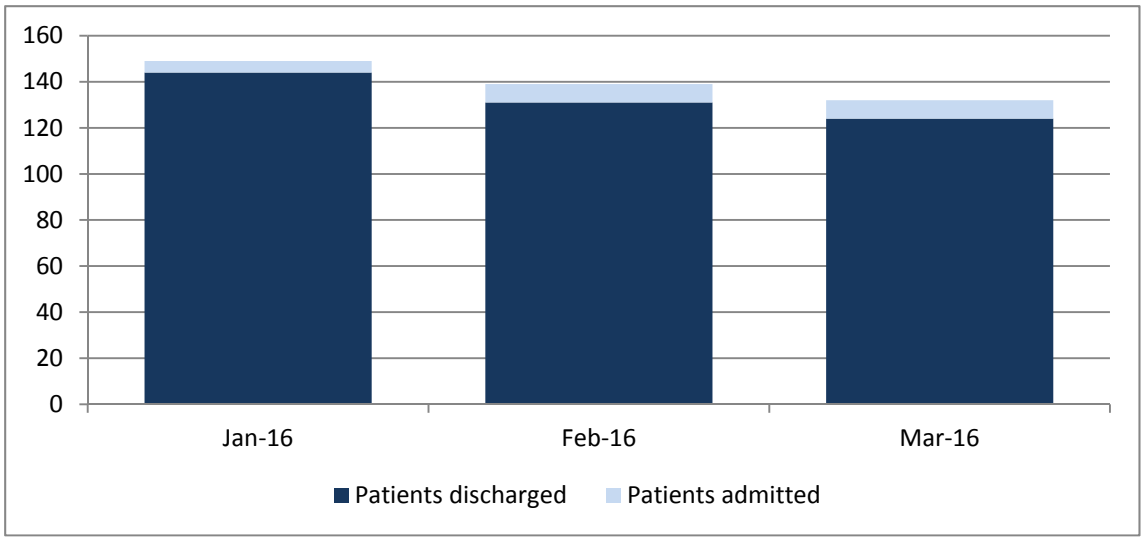
The data in the above chart shows that fewer patients were discharged on these three specific days in 2015/16 compared to the equivalent day in the previous year. Simply having extra staff in place on these days did not result in the increased discharge rate that might have been expected.

As with the York Hospital site, Scarborough was required by NHS England to ensure that at least 20% of its beds were empty by midnight on Christmas Eve. Scarborough Hospital did achieve this by having 26.5% of it's available beds empty by this time.

The Scarborough Ambulatory care service began in late December 2015, with full data being available from January 2016. Patients attending the service are by en large patients that previously would have been admitted to an acute hospital bed for their care. Most of these patients would have remained in the hospital for at least one night, adding further pressure to the hospital bed base. Given that only a very small proportion of patients require a bed following an attendance at the ambulatory care service, the data contained in the chart below

represents the number of patients how did have an admission avoided over the Winter period.

Chart 33. Number of patients being admitted to the ambulatory care service at Scarborough Hospital each month over the Winter period in 2015/16.



The service has been successful in turning patients around and has managed to reduce demand for acute beds by well over 100 patients per month in Scarborough.

Elective surgical service

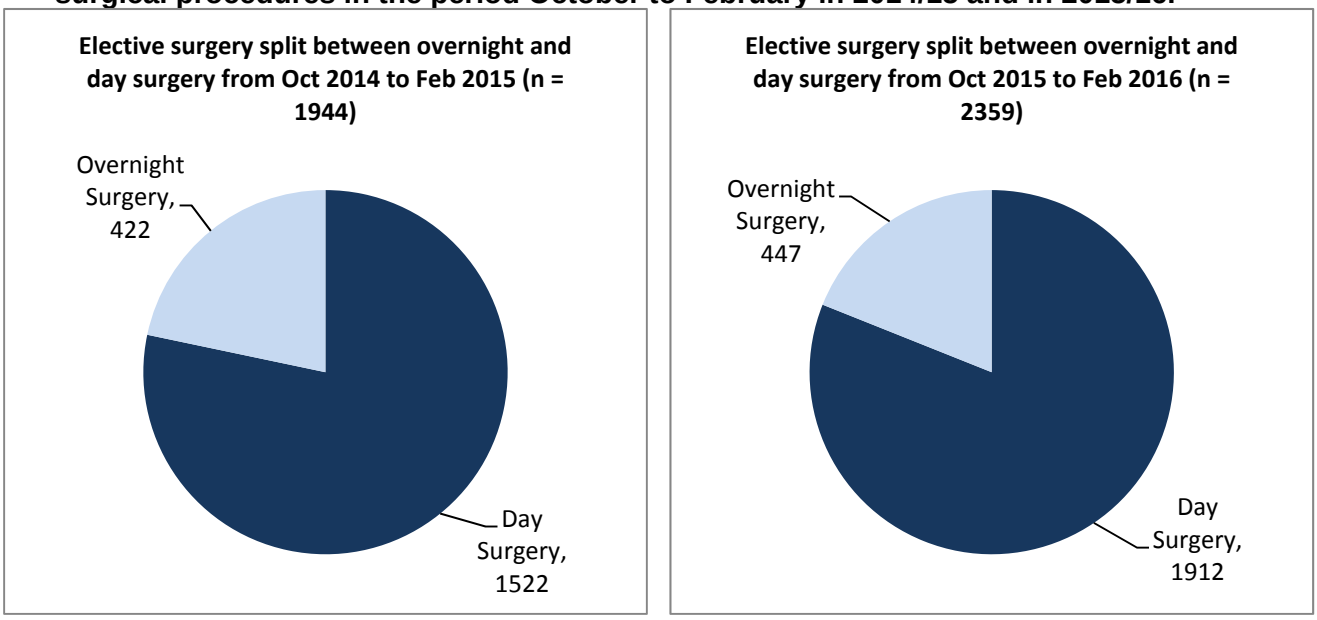
One of the aims of the Winter Plan was to continue to run an effective elective surgical service over the Winter months. At Scarborough, several actions were taken in order to support the site to achieve this. These included:

- Aspen ward was intended to remain as a day case admission unit
- All 30 weekly surgical lists at Bridlington were to be fully utilised and booked. Bridlington was to accept elective bookings from both Scarborough and York Hospitals.
- Specialties shifted more work to day case rather than cases requiring an overnight stay and there were some planned reductions in non-urgent bookings put in place

The remainder of this section focusses on how successful the Winter Plan was in maintaining a quality elective surgical service and implementing the above changes.

The chart below shows the total amount of elective surgery undertaken each month at Scarborough in 2014/15 compared to 2015/16 split by overnight and day surgery procedures.

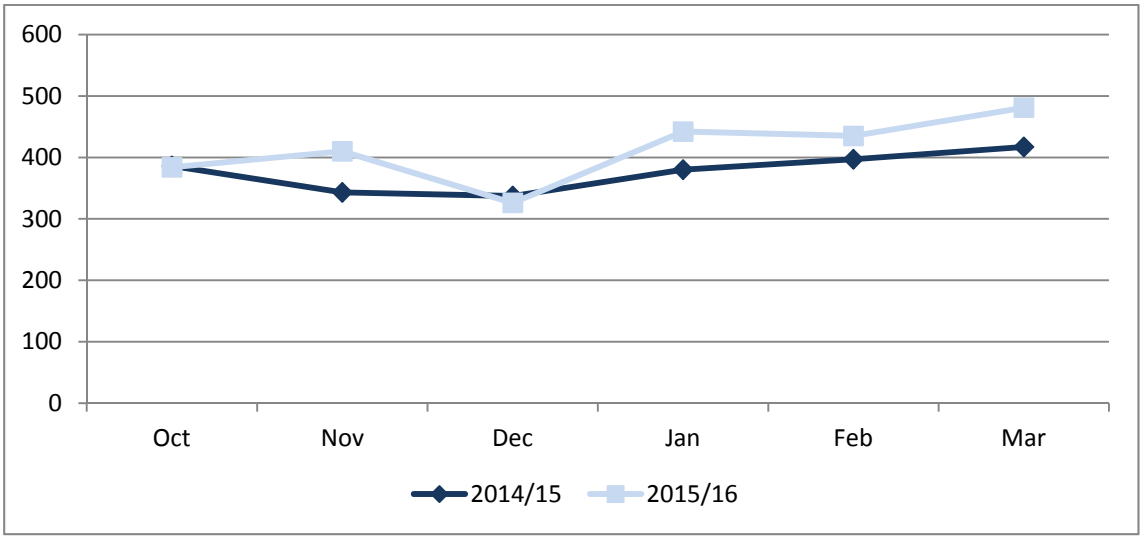
Chart 34. Count of elective surgical procedures split by overnight and day case surgical procedures in the period October to February in 2014/15 and in 2015/16.



The data in the above indicates that Scarborough Hospital was successful in undertaking more elective surgery this Winter compared to the previous. In total, an additional 415 procedures were undertaken this year compared to last, an overall increase of 21%. Inline with the plan, the proportion of day case procedures being undertaken in 2015/16 also increased from 78% in 2014/15 to 81% in 2015/16.

There was also significant additional work undertaken at Bridlington this Winter in line with specialty plans. The chart below shows the volume of elective activity undertaken each month from October to February in 2014/15 and 2015/16 at Bridlington.

Chart 35. Total volume of elective surgical activity at Bridlington Hospital in each of the months from October to March in 2014/15 and 2015/16



The data indicates that in four of the six months the activity at Bridlington was significantly up on the same month in the previous year, and in the other two months activity was the same. Overall comparing the six months of 2014/15 to the same six months of 2015/16 an

additional 218 cases were done at Bridlington, a 9.6% increase on the same six month in the previous year. It should be noted that this increased work at Bridlington will comprise of work transferred from both York and Scarborough Hospital.

Table 36. Number of on the day surgical cancellations and the number of surgical cancellations within 48 hours of the procedure by month in 2014/15 against 2015/16 for Scarborough Hospital.

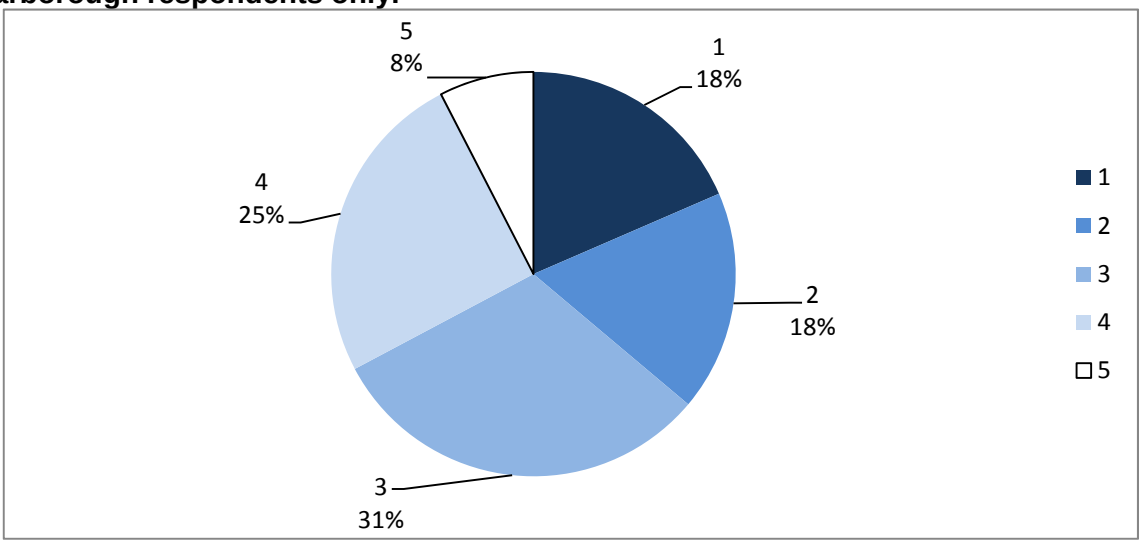
Cancellations on the day of procedure due to bed shortages		
	2014/15	**2015/16**
October	6	1
November	11	0
December	25	13
January	32	1
February	14	23
Total on the day	**88**	**38**
Cancellations within 48 hours of procedure due to bed shortages		
	2014/15	**2015/16**
October	37	1
November	36	0
December	56	16
January	77	1
February	45	55
Total within 48 hours	**251**	**73**
Grand total of short notice cancellations	**339**	**111**

Overall the Winter plan achieved it's aim of reducing short notice elective surgical cancellations at Scarborough by cancelling 228 fewer cases this Winter compared to the previous – a reduction of 67%. Unlike York, this reduction in cancellations was seen in both on the day cancellations and those cancelled 48 hours prior to the procedure.

Communication with staff

119 members of staff based in Scarborough (31% of total) completed the Review of Winter survey that was advertised to staff to complete in early April. The chart below shows their responses around how well the plan was communicated.

Chart 37. Staff response to the question "How well was the Winter Plan shared and communicated?" for Scarborough staff only. 1 = not very well, 5 = very well. Scarborough respondents only.

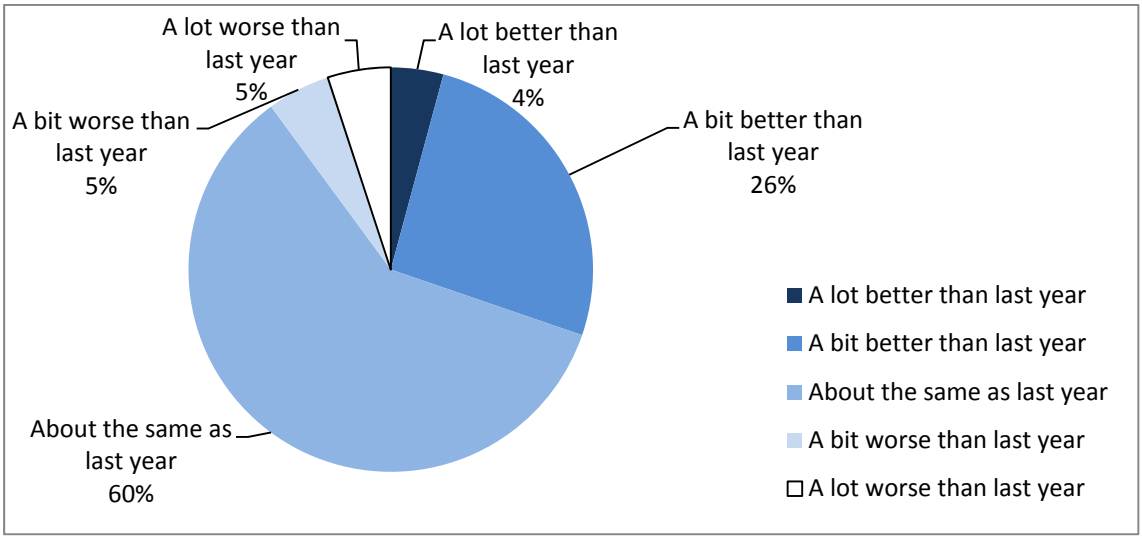


On average at Scarborough staff scored the communication of the plan at 2.9 out of 5. However, it is valuable to note that 76% of staff at Scarborough said they knew about changes to the ward base that were going to take place over Winter. Comments staff made in relation to improving communication of the plan included:

- *"This year, communication was very good. - We were invited to the WP meetings (by Emma George), although there was little for us to action - it was very helpful to know what proactive plans were being made."*
- *"More face to face awareness sessions"*

The following chart shows the staff responses to a question about how well we managed our elective patients this Winter compared to last.

Chart 38. Staff responses to the question "Compared to last winter, how well do you think we managed elective patients (both cancer, urgent and routine)? Scarborough respondents only.

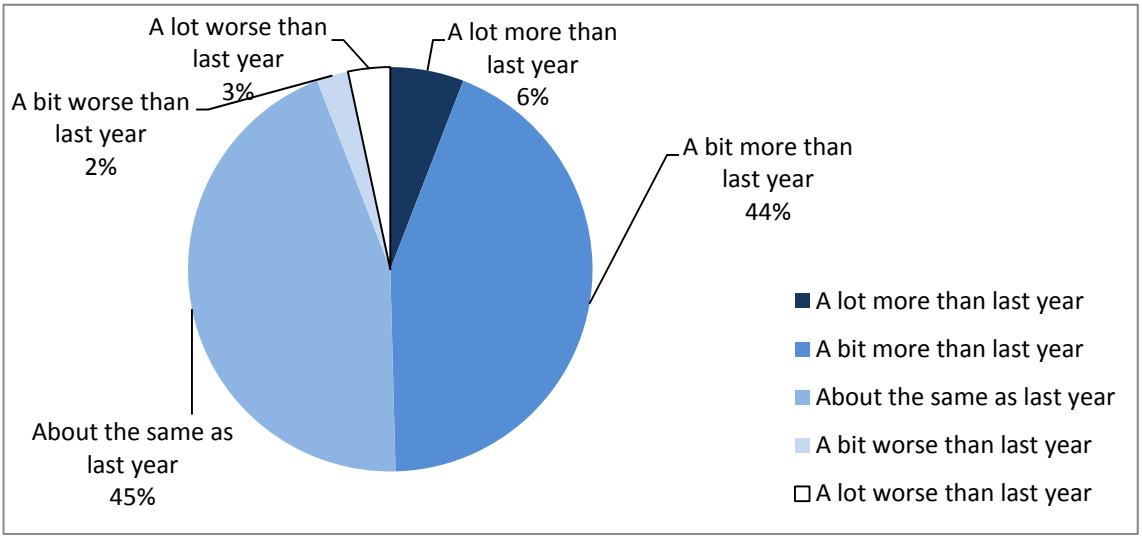


Overall, 30% of staff thought we managed our elective care services at Scarborough hospital better this year than last, with only 10% stating it was worse. Comments relating to this question included:

- *"electives compromised by the lack of sufficient escalation areas for acute care on the Scarborough site. Could more use be made of Bridlington by expanding the criterion for surgery on that site?"*

Staff we also asked if the additional staff and services we had in place this year compared to the previous year made a difference to patient care, and then were also asked how we might go about incentivising staff to work these additional/extra shifts next year. The chart below sets out the staff responses to this:

Chart 39. Staff responses to the question "Many additional staff worked on Bank Holidays over Christmas and New Year and on weekends throughout the winter period to support both elective and non-elective services. Do you think that this made a difference to patient care?" Scarborough respondents only.

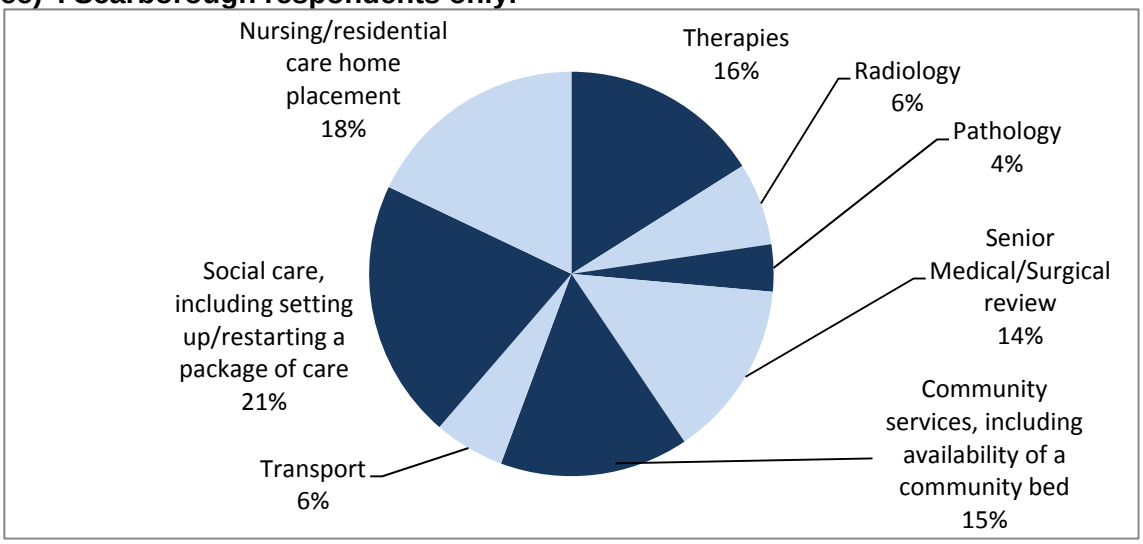


50% of respondents thought that the additional staff and services in place did make a difference this Winter, compared to only 5% who thought it was worse than last year. Overall 95% of patients thought care was either the same or better. The two comments below provide a good illustration of the range of comments received:

- *"Pay us better, and don't work us to death in our normal hours"*
- *"Listen and work with staff to make working arrangements more attractive (staffing levels, managerial action to remove barriers to staff doing their job - offering more money or financial incentives/penalties will not provide consistency."*

Finally ward based staff specifically were asked where they thought the biggest gaps in service provision were over the Winter months. The results are set out below:

Chart 40. Staff responses to the question: "WARD STAFF ONLY: In your opinion where were the most significant gaps in service provision over winter (Tick up to three)". Scarborough respondents only.



The data indicates that in the view of our ward based staff at Scarborough, the biggest gaps in the provision of service over the Winter are in accessing nursing and residential care home places and accessing social care (39%)

Other comments in response to this question included:

- *"General staffing on the wards over this winter period have been shockingly low and can sometimes be very difficult to deal with."*

Avoid a major incident

No major incidents were declared on the Scarborough Hospital site during the Winter. However it is worth noting that due to the pressures on site, the Trust did declare a total of 31 12 hour trolley waits in the Emergency Department in Q3 and Q4. All of these incidents have been declared as serious incidents and will be investigated as such.

Scarborough summary

- In the Winter periods of both 2014/15 and 2015/16 the number of patients under the care of Elderly Medicine was at its lowest on Christmas Eve (72 Vs 85). The maximum was reached on the first Monday back after the holiday period in 2016 (118) but on the 18th January in 2015 (123).
- Scarborough hospital achieved more than 26% of its beds empty on Christmas Eve as planned, meeting a key NHS England standard,
- Despite having extra staff and services in place, fewer patients were discharged on specific days that additional staff were in place in 2015/16 than on the corresponding day in 2014/15 when additional staff were not in place.
- Nearly 400 patients have been through the Scarborough Ambulatory care service in January, February and March 2016, helping to maintain flow in the hospital and reduce admissions.
- Overall, 218 more elective surgery procedures were done in Scarborough in 2015/16 compared to the previous year, and a greater proportion of it was done on a daycase basis.
- Overall, there were 67% fewer elective surgical cancellations at Scarborough Hospital in 2015/16 compared to 2014/15

- An extra 218 elective surgical cases were undertaken over Winter in Bridlington in 2015/16 compared to 2014/15
- Despite the pressures, 95% of staff at Scarborough felt that the Trust provided either the same or a better level of care to patients this year compared to last.

LEARNING FOR NEXT WINTER

Recommendations and learning

It is difficult to prove conclusively the impact of short term operational changes to services. In some areas, the data and information gathered in this paper shows that some changes did make a difference, others may have served to offset increased demand and others look like they made minimal or no difference. These short term changes take time to set up and are often difficult to arrange. The changes that make a real difference are ones that will work across the system, and take time for protocols and be agreed and trust to be built up between parties.

The principal recommendation from this paper therefore is that changes begin to be made now, that will be in place on a continuous basis throughout the year in time for next Winter. In effect the Winter Plan for 2016/17 should start now.

The remainder of this paper sets out other further recommendations and learning and is broken down to subsections.

Improving acute care

The focus in this years Winter plan around maintaining discharges throughout the week and putting in place new admission avoidance services was an attempt to keep hospital flow going and avoid the major incident of 2014/15. The focus next year needs to be on scaling up these services to ensure that they not only give the sites better resilience to cope with bed closures and increased admissions, but can actually serve to improve performance on a continuous basis.

Specifically this should include:

- Ambulatory care services at both sites operating from 8 to 8 seven days throughout the whole year
- Focussing on 7 day services and the achievement of the “Keogh” standards at both sites should be a priority to have in place for next Winter

Partnership and multi-agency working

Staff on both sites reported that the biggest gaps in services over the Winter were not with the absence of any Trust service, but difficultly they had in accessing social care and transferring patients into nursing and residential care. Anecdotally, we know that over Winter (and other times of the year) we have several wards of patients medically fit for discharge but who are unable to move out of the Trust. There should be an explicit piece of work undertaken to work with these agencies to improve this position.

Elective care

The clearest success story of this Winter was around the changes to elective care, especially at Scarborough. More day case work, more surgery overall, far fewer cancellations and better use of Bridlington have all fed into some of the positive views of staff. It is disappointing that these things have not all fed through into the RTT position, but this has also been impacted on by the closed beds and issues with theatre staffing. Next year the Trust should:

- Realign the inpatient wards along the same lines as was undertaken this Winter
- Focus throughout the year, but especially next Winter on increasing day surgery rates
- Agree the long term plan for elective services at Bridlington, and continue to transfer safely procedures now from York and Scarborough that can be done in Bridlington

Communications

In the staff survey, many staff commented constructively on how to improve how we explain to them our plans for Winter. Amongst their suggestions the aspects to take forward include:

- More face to face communication in ward/service area meetings from local managers to explain what is going to happen over Winter
- A specific area on the intranet setting out the plans
- A specific piece of emailed communication (e.g. an electronic leaflet) setting out what the plans are

Staffing

The Trust is continuing to recruit nurses to its ward base to address its current nurse vacancy levels. Many staff that responded to the survey commented on how difficult the Winter had been in this regard, and this must continue to be a priority to address over the year ahead of next Winter.

Staff also suggested that if earlier and clearer terms and conditions for additional Winter shifts were set out by the Trust they were more likely to be taken up. The additional bank rate of 15% reportedly made a difference, but others reported they did not know about it – and this should be advertised more readily to staff – particularly in nursing but across all professions.

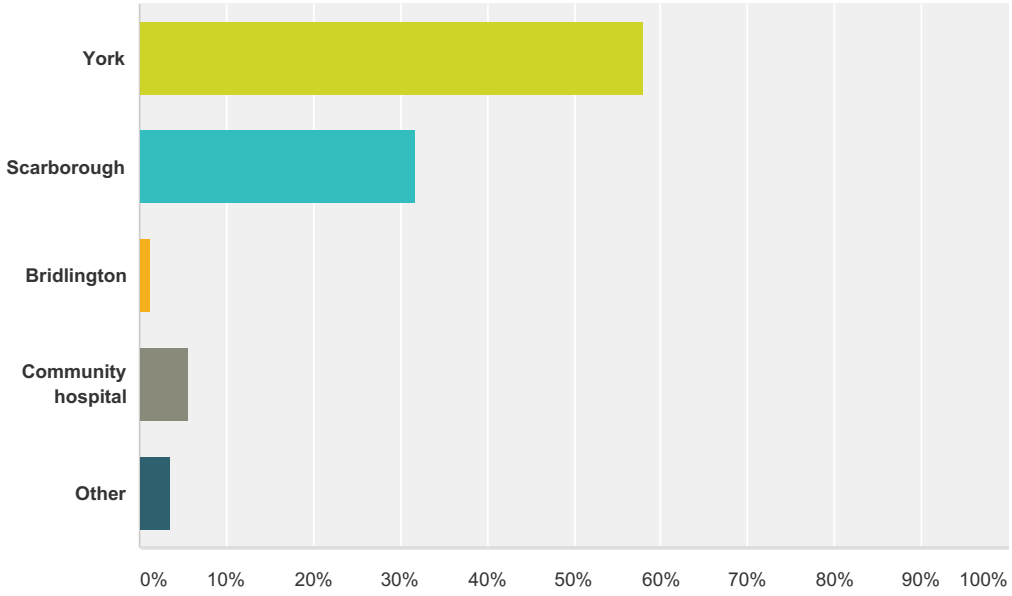
To help support this, the Trust should consider establishing a centralised "Winter budget", comprised of monies that have been used this winter to pay agencies, pay enhanced rates to nursing staff and some "Winter ward" monies that sit within other budgets etc. If a centralised budget were established it would also allow the Trust to clearly set the terms and conditions for all staff working extra hours (including medical staff) over Winter well in advance, and within a certain financial envelope.

Summary of recommendations

1. Planning for Winter 2016/17 should start now, and be a continuous process over the year.
2. Ambulatory care services at both sites should operate from 8 to 8 seven days throughout the whole year
3. Focussing on 7 day services and the achievement of the "Keogh" standards at both sites should be a priority to have in place for next Winter
4. Closer partnership working with social care and nursing/residential home sector to help facilitate discharges over the Winter period.
5. Realign the inpatient wards along the same lines as was undertaken this Winter
6. Focus throughout the year, but especially next Winter on increasing day surgery rates
7. Agree the long term plan for elective services at Bridlington, and continue to transfer safely procedures now from York and Scarborough that can be done in Bridlington
8. More face to face communication in ward/service area meetings from directorate matrons and operational staff to explain what is going to happen over Winter
9. A specific area on the intranet setting out the plans
10. A specific easy to understand piece of emailed communication (e.g. an electronic leaflet) setting out what the plans are
11. Confirm and communicate any enhanced rates to staff working extra shifts early and continually promote it
12. Consider establishing a Trustwide "Winter Budget", that is corporately held and managed

Q1 Where are you based?

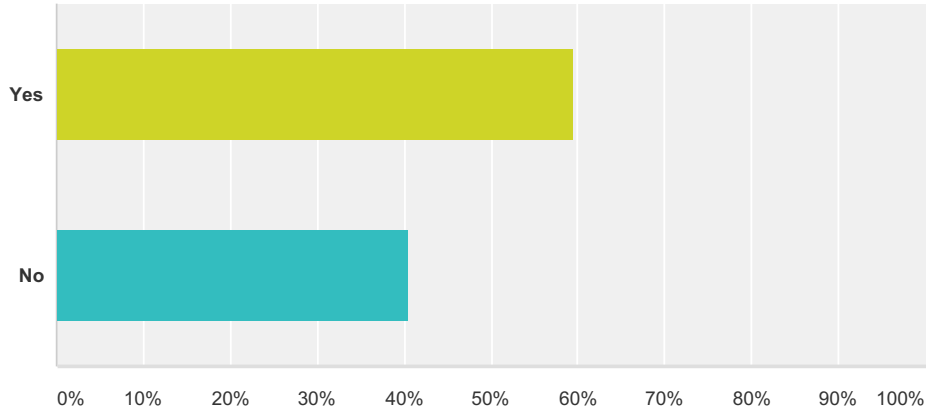
Answered: 376 Skipped: 0



Answer Choices	Responses	
York	**57.98%**	218
Scarborough	**31.65%**	119
Bridlington	**1.33%**	5
Community hospital	**5.59%**	21
Other	**3.46%**	13
Total		**376**

Q2 Are you directly involved in delivering patient care?

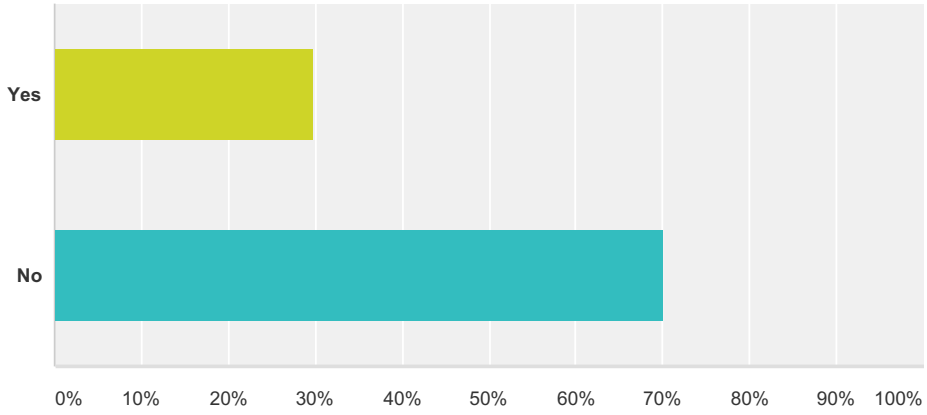
Answered: 376 Skipped: 0



Answer Choices	Responses	
Yes	**59.57%**	224
No	**40.43%**	152
Total		**376**

Q3 In your role, are you based predominantly on an inpatient ward?

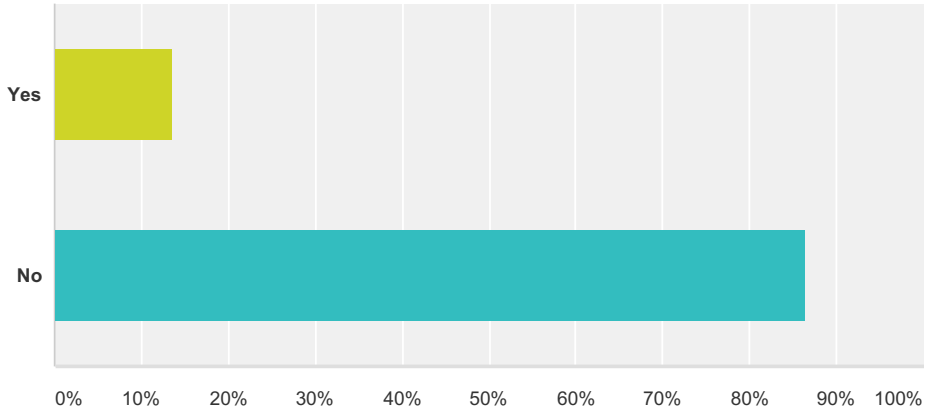
Answered: 376 Skipped: 0



Answer Choices	Responses	
Yes	**29.79%**	112
No	**70.21%**	264
Total		**376**

Q4 Was this your first experience of Winter in this Trust?

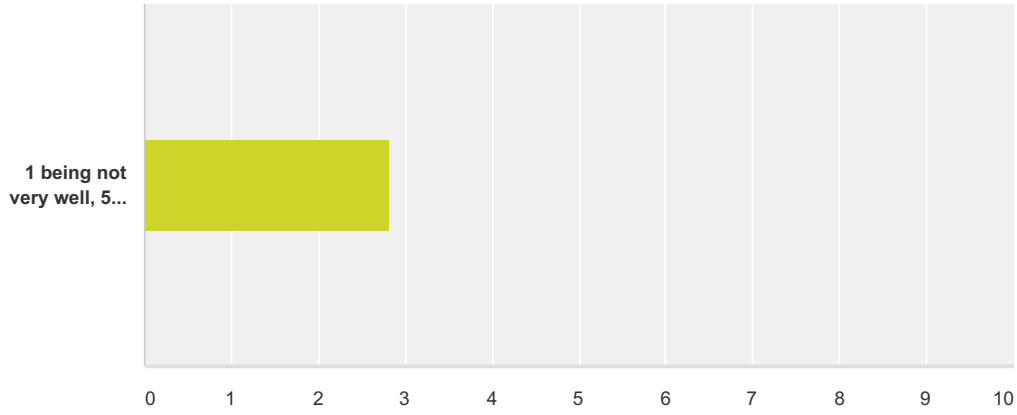
Answered: 376 Skipped: 0



Answer Choices	Responses	
Yes	**13.56%**	51
No	**86.44%**	325
Total		**376**

Q5 How well was the Winter plan shared and communicated?

Answered: 376 Skipped: 0



	1	2	3	4	5	Total	Weighted Average
1 being not very well, 5 being very well	**19.68%** 74	**18.35%** 69	**30.05%** 113	**23.67%** 89	**8.24%** 31	376	2.82

Q6 How could this be improved next year?

Answered: 185 Skipped: 191

#	Responses	Date
1	worked really well this year.	4/13/2016 12:00 PM
2	More info. Didn't really know of the winter plan and I'm a team manager!	4/13/2016 10:06 AM
3	A series of open meetings	4/13/2016 8:06 AM
4	Inform the staff on the frontline better, I am unsure if an email was sent out or if staff were informed about it on the safety brief. My only awareness was that they opened an extra ward in the hospital. I am unaware of any other plans.	4/13/2016 7:27 AM
5	extra beds and extra nurses	4/12/2016 4:51 PM
6	The emergency gynae clinic reached final stages before ultrasound were informed that cover would be required. Ultrasound heard about it on the grapevine instead of by direct management notification. All affected departments should be involved inplanning and notified of required cover in future.	4/12/2016 4:32 PM
7	Send emails, add to staff matters. Staff can't always be released to attend face to face sessions	4/12/2016 1:18 PM
8	Better verbal communication of the plan delivered to the team rather than just emailed. No provision showing in the winter plan for urology.	4/12/2016 11:15 AM
9	Better communication- dont really know what it was! All very last minute orders!	4/12/2016 11:08 AM
10	Specific letter or contact to all frontline staff individually from CEO to state how much their engagement is valued etc	4/12/2016 8:39 AM
11	It could have it's own section on Staff Room so people can read it and refer to it.	4/12/2016 7:57 AM
12	notice in staff rooms	4/12/2016 4:58 AM
13	Increased transparency when delivering information to staff on the ground floor.	4/11/2016 5:00 PM
14	plans appeared last minute, could do with more pre-planning.	4/11/2016 4:20 PM
15	?	4/11/2016 4:05 PM
16	better planning and communication	4/11/2016 2:15 PM
17	Front line staff could do with a more detailed explanation in layman terms - in a newsletter dedicated to the Winter plan only? Drop in Workshops?	4/11/2016 1:06 PM
18	communication	4/11/2016 10:44 AM
19	generic email to all staff	4/11/2016 10:38 AM
20	Plan was sent around but the updates were not sent in one document. When I briefed my team it was already out of date. Directorates liaised with waiting list, however, there was little communication to the waiting list manager - I found out via the team which I feel was not professional or correct.	4/11/2016 10:23 AM
21	more information on the staff site	4/11/2016 10:10 AM
22	Weekly updates should be announced via email so everyone is aware of the current situation	4/11/2016 10:08 AM
23	More information of the plan details and proposed purpose readily available to staff.	4/11/2016 9:50 AM
24	Forward planning about elective surgery on Scarboro site needs to be better. Constant on the day cancellations very bad for all.	4/11/2016 9:44 AM
25	Good chartered plans to be made by medics as they know how the ward works better.	4/11/2016 9:41 AM
26	Recruiting more staff to open up more wards to look after the patients rather than them been in A&E	4/11/2016 9:31 AM
27	More face to face awarenss sessions	4/11/2016 9:28 AM
28	open communication channels	4/11/2016 8:26 AM
29	Staff need time to plan communicating winter plans earlier in the year would be of benefit.	4/11/2016 8:10 AM
30	notify staff at floor level instead of expecting them to know what is going on and only actually informing management who are never on the 'shop' floor	4/11/2016 3:07 AM

31	Earlier communication with staff especially if they are having to change ward.	4/10/2016 8:10 PM
32	mild winter plans not needed as diddnt affect us	4/10/2016 7:35 PM
33	winter was very mild. didn't really affect us	4/10/2016 7:33 PM
34	More permanent staff, information tiered down throughout the levels of management to ground floor staff with plenty notice to allow staffing to be organised and therefore safely meeting staffing : patient ratios	4/10/2016 6:07 PM
35	Regular updates via email, staff meetings on the wards/ work areas to keep updated and to help suggest how things could be better that include ALL bands.	4/10/2016 4:03 PM
36	Better communication within depts / from line managers...	4/10/2016 11:55 AM
37	i didnt feel there was a plan in place,i felt it was like the previous years iof just "wait and see", no change to every other winter, understaffed, wards and corridors full	4/10/2016 9:08 AM
38	When you work on the ward you don't get time to read your email	4/9/2016 5:25 PM
39	WE HAD NO EXTRA HELP IN THE COMMUNITY	4/9/2016 5:12 PM
40	effective communication by management. Not just by email as it is very often that we do not get time to read them until days or even a week later by then it is too late. A notice board would be good staff told to read and sign or communicated to staff at each handover to be done every shift change by sisters for at least a week so that all staff are notified.	4/9/2016 8:54 AM
41	earlier and clearer planning and discussion with ward staff.	4/9/2016 8:42 AM
42	More staff are needed to ensure the winter ward is appropriately staffed and not staffed with staff from other wards leaving them short staffed	4/9/2016 2:51 AM
43	more information for staff	4/8/2016 10:29 PM
44	earlier information and more community based info would be good as very hospital orientated	4/8/2016 5:10 PM
45	Better communication and earlier planning	4/8/2016 4:37 PM
46	The hospital needs to employ more therapy staff, we do not have enough throughout the year never mind at Christmas when we are at our busiest	4/8/2016 1:11 PM
47	Discuss with people involved with placing pts into beds. They have prev experience of winter pressure. Not managers in offices who are not involved delivering the service.	4/8/2016 12:35 PM
48	better communication from senior management without using the usual jargon	4/8/2016 12:21 PM
49	Better coomunication, more beds	4/8/2016 11:43 AM
50	Posters in every department	4/8/2016 7:26 AM
51	Staffing a big issue with the escalation areas. Staffed moved from other areas to staff escalation beds. this put strain on all areas at a time when we see many of our most ill patients. there needs to be better planning for staffing the escalation beds that doesn't impact the other areas.	4/7/2016 11:35 PM
52	More nursing staff	4/7/2016 2:11 PM
53	I was vaguely aware of it so it could be better disseminated	4/7/2016 2:08 PM
54	Intranet front page and stay on that page start to be circulated and talked about from the end of September	4/7/2016 12:39 PM
55	the opening of the winter ward was not shared with staff until about a week before it was due to open, and the staff due to work on it were not given any off duty until the week that it opened. as the winter ward opens each year to help with the pressures perhaps it might help if the admin sort of side of it began earlier (such as allocating members of staff to staff it and their off duty)	4/7/2016 7:49 AM
56	never heard of winter plan	4/7/2016 12:52 AM
57	mesage on teh intranet with a timetable of ward closures/openimng e.g. G1 became elderly Med - but not sure when sdwitching back to Gynae etc. Should be easy to find on teh intranet - or if not could it be put in a public folder on one of teh computer drives as the intranet is very difficult to use.	4/6/2016 3:53 PM
58	continued feedback from directorates to all staff	4/6/2016 3:28 PM
59	request more information.	4/6/2016 3:17 PM
60	MORE AVAILABLE BEDS	4/6/2016 2:30 PM
61	start planning in August to go live with winter beds/staffing for the 1 October as it always appears to be done in a rush	4/6/2016 2:23 PM

62	Car Parking! Nightmare! now York Trust staff are parking on double yellow lines all around Bootham Park Hospital and when trying to drive along an already narrow road the weather conditions and darkness are causing alot of near misses with cyclists and car collisions. This needs to be policed to prevent someone from getting seriously hurt.	4/6/2016 1:21 PM
63	1. getting social services to agree to review patients, even when the ward is shut. 2. whenasked, socual services to see patient within 48 hours	4/6/2016 11:52 AM
64	More forward planning so that wards can work around the secondment of staff to the winter areas. Very short notice this year created more problems.	4/6/2016 11:44 AM
65	Giving staff time to read emails!	4/6/2016 11:37 AM
66	A meeting / breakout session was held asking for ideas. Those who attended did not get any feed back from this meeting from the many many ideas generated. In fact i dont recollect any of those ideas being used during the winter pressures	4/6/2016 11:10 AM
67	communicate to all staff no matter what their level	4/6/2016 10:55 AM
68	clearer rules and plannin on what to do if we cant physically get into work	4/6/2016 10:42 AM
69	Plans been put in place sooner to allow smoothe organisation.	4/6/2016 10:42 AM
70	Unsure	4/6/2016 10:25 AM
71	Planning for the winter plan should start earlier than later in order to maintain staffing levels on a basis for patient demand.	4/6/2016 9:18 AM
72	emailed to staff.	4/6/2016 8:41 AM
73	thought that this year was an improvement on last year...more organised, more communication across the hospital.	4/6/2016 8:38 AM
74	involve all MDT members in decision making and have a clear plan for winter pressures to open and close in order to emply the staff needed to cover the extra beds	4/6/2016 8:27 AM
75	open winter pressure ward earler and staff it fully. Staff AMU to its full quota as it has a great impact on patient flow and quality of care.	4/6/2016 8:26 AM
76	medical doctors need to be allocated to wards used for winter bed pressures as it is difficult to get medical patients reveiwed	4/6/2016 6:43 AM
77	If message is important it gets swept up in the large amount of unimportant emails etc. Rating an email as high importance does not work. Reduce the noise.	4/5/2016 5:35 PM
78	none	4/5/2016 4:45 PM
79	Let all specialist nurses be involved	4/5/2016 4:21 PM
80	Organised earlier with everyone very clear of the plan for inpatients and the implications for outpatient clinics	4/5/2016 3:34 PM
81	This is difficult to say with the community setting, as it is very weather dependent for traveling purposes	4/5/2016 3:23 PM
82	OK for general awareness purposes	4/5/2016 3:12 PM
83	tell us	4/5/2016 3:12 PM
84	Clearer descriptive icons for delays on the white electric boardrounds - feel this is now in place and will be really useful for DMs and bed mngrs to see where issues are.	4/5/2016 1:49 PM
85	car park and paths gritted, cleared of slush to prevent wet uniforms from car splashes in morning/evening walking from car park to main entrance	4/5/2016 1:23 PM
86	open more beds and anticipate the surge in emand is not just at winter but is now all year round. SGH needs more medical beds open	4/5/2016 1:07 PM
87	more personal information	4/5/2016 12:03 PM
88	Do it in advance and learn from the things that don't work rather than do them again the following year	4/5/2016 12:01 PM
89	By pod cast to all staff	4/5/2016 11:22 AM
90	Planning needs to start much earlier. staff could be given training in advance so they can be confident and competent so they can assist in areas they are sent to help.	4/5/2016 10:58 AM
91	Better communication!	4/5/2016 10:56 AM
92	Sending out stand alone details	4/5/2016 10:51 AM

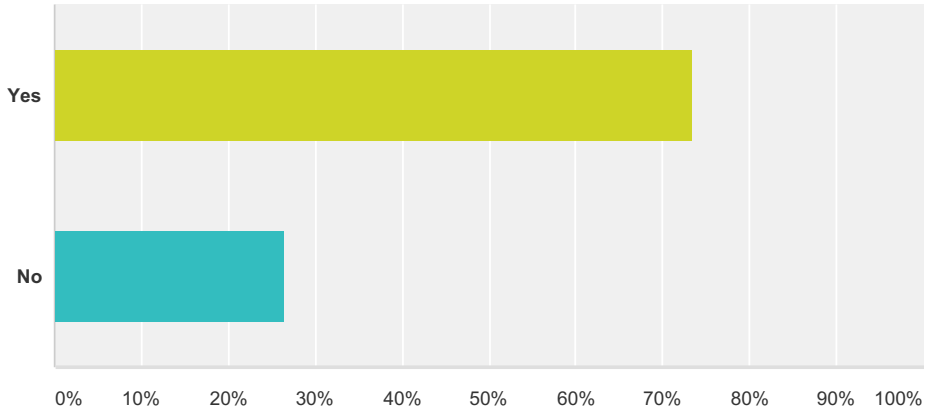
93	Clearer access to plan via intranet.	4/5/2016 10:41 AM
94	Continuous updated communication to all areas within the Trust	4/5/2016 10:39 AM
95	Consider that lots of us work in the community, and not all protected in a hospital. We have weather and travelling conditions to contend with too	4/5/2016 10:29 AM
96	cross directorate plans led by one person - ideally a dep COO	4/5/2016 9:42 AM
97	I think the e-mail was effective enough.	4/5/2016 9:32 AM
98	More acceptance when people genuinely cant get in	4/5/2016 9:30 AM
99	Email exactly what is going to happen, in plain English, not management talk.	4/5/2016 9:18 AM
100	Over reliance on email, not enought verbal communication	4/5/2016 9:08 AM
101	Directorates need to ensure staff at ward level understand the essence of what is in the plan and how that will help support them through the busy period.	4/5/2016 9:08 AM
102	Involve staff in discussions and give feedback on ideas	4/5/2016 8:59 AM
103	This year, communication was very good. - We were invited to the WP meetings (by Emma George), although their was little for us to action - it was very helpful to know what proactive plans were being made.	4/5/2016 8:56 AM
104	forward planning and cascade information to all levels of staff	4/5/2016 8:35 AM
105	I was not aware of a winter plan being in place. If communications were aimed at ward staff, I may not have taken note.	4/5/2016 8:24 AM
106	more emails on a regular basis and not just word of mouth through matrons etc	4/5/2016 8:23 AM
107	always appears to be a last minute discision	4/5/2016 7:49 AM
108	better communication with those involved	4/5/2016 6:53 AM
109	Effective communication.	4/5/2016 6:48 AM
110	Actually being told by a manager and in a timely manner so that we don't hear about it through the gossip chain	4/5/2016 3:23 AM
111	More involvement of ground level staff. Information in staff areas. Email to staff.	4/5/2016 2:17 AM
112	open the winter war earlier and maybe an other ward	4/5/2016 2:15 AM
113	The Trust is fully aware that in-patient numbers increase in the Scarborough area due to the number of elderly people living in the area. Year on year there are not enough beds available in the hospital. The hospital runs at full capacity during the summer months and then the winter beds are not available until half way through the winter. The weather has not been particularly bad this winter - who knows what would have happened if the temperatures had plummeted? The trust needs to improve staffing levels to ensure safe staffing levels are maintained across all areas during the busiest time of the year. The enhanced bank shift payments have been a welcomed bonus which has encouraged substantive staff to work extra shifts to improve staffing levels. It would be helpful for staff working bank shifts to be reassured that they will work in the area that they have agreed to work in and not be moved to an unfamiliar area.	4/5/2016 1:33 AM
114	maternity took alot of the gynae workload a/n and p/n readmissions without any extra staffing.	4/5/2016 12:15 AM
115	Information provided to all staff via poster as well as email, during busy periods not always able to check emails to read information, if on bulletin board maybe able to read on break?	4/4/2016 10:08 PM
116	more planning	4/4/2016 7:35 PM
117	'Screen grab' on white boards as expected staff to have access to computer on a regular basis	4/4/2016 6:38 PM
118	Clarity of plans. Put someone in charge of plans. Continuity. Arrangements made beforehand rather than in retrospect.	4/4/2016 5:29 PM
119	get suggestions from nursing staff who are actually on the front line	4/4/2016 5:13 PM
120	staff and beds needed better discharge planning from doctors required as all done slap dash causing readmissions because beds were needed	4/4/2016 4:26 PM
121	Concise email so we know it has been thought about.	4/4/2016 4:17 PM
122	Via line manager	4/4/2016 4:14 PM
123	More effort required	4/4/2016 4:06 PM
124	Tell us about the winter plan and get more staff over the winter months	4/4/2016 4:06 PM

125	Earlier initiation of planning, earlier communication & implementation of plan, Hold more people to account for not delivering there plan or being able to explain mitigation for the plan.	4/4/2016 4:03 PM
126	Not sure	4/4/2016 3:37 PM
127	Increased information thro email about plans before they are decided so there can be some feedback before decisions are made	4/4/2016 3:10 PM
128	I didnt even know we had a plan. E-mail all staff and check acknowledgments?	4/4/2016 3:07 PM
129	Not sure all the information got down to the shop floor. make the department managers formaly brief whats going on. Produce a small briefing pack to help them?	4/4/2016 3:05 PM
130	planned earlier in advance, all staff (senior and junior medical staff, nurse, PT, OT etc) appointed to post prior to opening and everyone aware	4/4/2016 3:04 PM
131	Improved forward planning and frontline staff allocation	4/4/2016 2:55 PM
132	Any external links (i.e. not from the hospital network) where we could view the plan in an emergency - Facebook, a link on Google docs??	4/4/2016 2:51 PM
133	Briefings to staff, a seperate area for dealing with flu, sleep areas for staff who may get snowed in	4/4/2016 2:47 PM
134	A breif synopsis of the plan circulated to all staff	4/4/2016 2:44 PM
135	I don't know what the winter plan is, so I don't know how it could be improved.	4/4/2016 2:30 PM
136	more information sooner, rather than finding out by the 'Grapevine.'	4/4/2016 2:26 PM
137	use of email to provide a detailed plan including any new service changes. Information to be delivered in a timely manner to all - not just same day changes to processes.	4/4/2016 2:22 PM
138	More consultation with staff who do not have time to attend workshops (email?)	4/4/2016 2:14 PM
139	regular email updates?	4/4/2016 2:14 PM
140	Better emails	4/4/2016 2:11 PM
141	Not intimately aware of the plan to make suggestions for improvement. Maybe communication of the plan it its own right is an improvement	4/4/2016 2:04 PM
142	Better communication	4/4/2016 2:02 PM
143	remember community staff a little more not just ward staff	4/4/2016 1:57 PM
144	Communication?	4/4/2016 1:44 PM
145	I didn't even know there was a winter plan. I suppose hearing about it would be a start.	4/4/2016 1:40 PM
146	n/a	4/4/2016 1:37 PM
147	more communication via intranet	4/4/2016 1:37 PM
148	Elective Wards for T&O should be ringfenced in York	4/4/2016 1:33 PM
149	talk to staff properly about plans, in advance	4/4/2016 1:33 PM
150	Start planning now. Put plans in for a winter ward now and start allocating staff.	4/4/2016 1:31 PM
151	Earlier notification of plans	4/4/2016 1:30 PM
152	I was totally unaware of a winter plan. Pass it on to clerical staff...they need to know too!!	4/4/2016 1:30 PM
153	Cascade it to us and let us know there was a winter plan.	4/4/2016 1:29 PM
154	Tell everyone about it.	4/4/2016 1:29 PM
155	Details given in Staff Brief/Posters around the Trust	4/4/2016 1:26 PM
156	Ancillary services need to be notified earlier. eg. lunches requeseted at lunchtime rather than the Catering Department being told earlier in the morning.	4/4/2016 1:21 PM
157	Information events	4/4/2016 1:19 PM
158	by providing clear instructions to all staff	4/4/2016 1:18 PM
159	Plan now. Not last minute cancelling activities	4/4/2016 1:15 PM
160	To have therapies appointed prior to winter. need money for locums to cover as we don't have a therapy bank.	4/4/2016 1:14 PM

161	gritters early in the morning	4/4/2016 1:13 PM
162	What Winter Plan?	4/4/2016 1:12 PM
163	Advertise it more in staff resources eg Staff Bullletin	4/4/2016 1:12 PM
164	The infomation been given was nto consistant across directorates. I was aware of a winter plan from one directorate whilst the other did not notify me at all.	4/4/2016 1:12 PM
165	I work in outpatients so not involved with the workings of the ward. I believe Staff Bulletins gave information and the ward closures are well advertised.	4/4/2016 1:08 PM
166	Issues around telephone lines being down and no communication to wards to state this.	4/4/2016 1:06 PM
167	was it on staff room?	4/4/2016 1:02 PM
168	Having a plan that can actually be delivered	4/4/2016 1:02 PM
169	Any communication!	4/4/2016 1:00 PM
170	communicated well	4/4/2016 12:56 PM
171	communication, I knew nothing about any plans	4/4/2016 12:52 PM
172	Better information on plans for more than clinical areas.	4/4/2016 12:51 PM
173	Training for discharge liasion officer needs to be much better	4/4/2016 12:51 PM
174	NOT INVOLVED	4/4/2016 12:50 PM
175	clear plan emailed.	4/4/2016 12:45 PM
176	Need more nursing staff and beds. Also need better planning by doctors of patients who can be discharged.	4/4/2016 12:43 PM
177	More communication with medical teams and ward based staff	4/4/2016 12:41 PM
178	All Good	4/4/2016 12:41 PM
179	Include non ward based staff in communications	4/4/2016 12:40 PM
180	Ensure everyone knows the same plan as I heard a lot of different things from different people.	4/4/2016 12:35 PM
181	This may be as I startted in January but I had not heard of the Winter Plan until this moment	4/4/2016 12:34 PM
182	Early confirmation of the plan would facilitate a more co-ordintated communication plan. A central point where information about changes could be held so people could access it if they needed to see a summary of changes.	4/4/2016 12:33 PM
183	It was shared well by email	4/4/2016 12:32 PM
184	The plan should be communicated as a Trustwide entity, not left to directorates to communicate their individual bits	4/4/2016 12:30 PM
185	More Communication for the public	4/4/2016 12:30 PM

Q7 At both sites, elective wards were reallocated to acute and medical wards as part of the winter plan. We also opened additional beds. Were you aware of this?

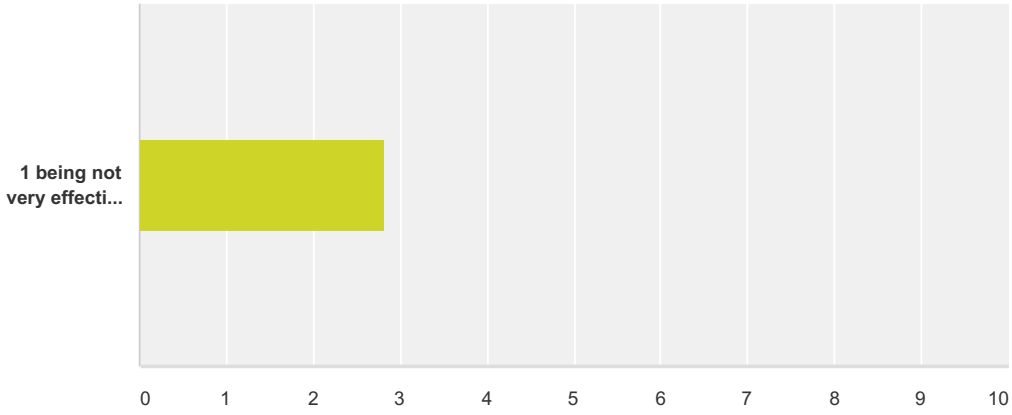
Answered: 376 Skipped: 0



Answer Choices	Responses	
Yes	**73.40%**	276
No	**26.60%**	100
Total		**376**

Q8 How effective was this in managing the increase in demand?

Answered: 376 Skipped: 0



	1	2	3	4	5	Total	Weighted Average
1 being not very effective, 5 being very effective	**11.70%** 44	**19.41%** 73	**47.87%** 180	**18.09%** 68	**2.93%** 11	376	2.81

Q9 How might we improve this?

Answered: 166 Skipped: 210

#	Responses	Date
1	Build a new hospital!!	4/13/2016 8:06 AM
2	Perhaps if an extra ward was open for longer, this would ease the pressure on the hospital over a longer period of time and patients and staff would have a better experience because it is not just a short term fix	4/13/2016 7:27 AM
3	Have a designated older persons assessment unit off site or close by to help with admissions with xray, blood taking facilities etc. Easier/quicker discharge process Increase consultant ward rounds like surgical wards to discharge quicker	4/12/2016 1:18 PM
4	Unsure but we still had to cancel most elective patients so it didnt work	4/12/2016 11:08 AM
5	Ensure elective capacity protetcted.	4/12/2016 10:56 AM
6	Overall benefit was lost in general chaos of Scarborough Hospital	4/12/2016 8:39 AM
7	handover patients to wards with plenty of notice to ensure bed ready	4/12/2016 4:58 AM
8	more staffing on trauma wards	4/11/2016 4:10 PM
9	Open wards that are unused	4/11/2016 4:05 PM
10	better planning, talking with staff	4/11/2016 2:15 PM
11	Protecting ESA was key to getting elective work through and this worked mostly, Ward 15 was problematic due to acuity of patients and not knowing about discharges until after ward rounds on the morning caused delays to theatre start times, identifying potential discharges day before would help. There has been many cancellations of elective work due to theatre staff shortages throughout the winter - if we had put through the planned activity we may have had more cancellations due to bed shortages. This needs factoring into next years plan.	4/11/2016 1:06 PM
12	communication	4/11/2016 10:44 AM
13	Senior presence (consultant level) with knowledge was historically always available in A&E. In my opinion the staff now available do not have the same level of expertise and authority. This leads to an reluctance to make the necessary decissions this in turn leads to delays. Also little has been done to educate the public on what is an "emergency". A&E is frequently filled with non-urgent injuries this again slows the system.	4/11/2016 10:38 AM
14	I think if there was a medical discharge ward round AM working in a similar way to the surgical discharge team it might help with flow.	4/11/2016 10:23 AM
15	increased staffing levels in advance leading to better patient management from admission to discharge instead of crisis management	4/11/2016 10:10 AM
16	Increased capacity	4/11/2016 9:50 AM
17	more beds, more nurses. Moving more elective surgery to Bridlingon.	4/11/2016 9:44 AM
18	Good practical ways and methods to be made	4/11/2016 9:41 AM
19	unsure as it is not an area I work in	4/11/2016 9:40 AM
20	More staff	4/11/2016 9:31 AM
21	Too many delays in discharges, due to lack of medical and nursing time and slow response by socail services	4/11/2016 8:26 AM
22	Need a bigger elderly base and more FREDA staff this would help the turnaround	4/11/2016 8:10 AM
23	stop using community beds as nursing home beds. ensure timely referals are made to social services AND followed up	4/11/2016 3:07 AM
24	On community difficult to assess	4/10/2016 7:35 PM
25	didn't notice as on community	4/10/2016 7:33 PM
26	Improving plans to meet projected targets - winter escalation beds only had staffing for 20 patients and were then subjected to regular increases to 30 patients with no adequate staffing plans, patient safety was then effectively compromised as a result, leaving staff feeling unsafe in their working environment. This then increased levels of stress and discord within the team, leaving us vulnerable to potential serious incidents.	4/10/2016 6:07 PM

27	Employing a safe number of staff to cope with the increased number of beds.	4/10/2016 4:03 PM
28	Opening wards / additional beds sooner to increase flow more speedily from ED to AMU then onto other wards. Especially when Scarborough ED is diverted to York ED.	4/10/2016 11:55 AM
29	Appropriate staffing levels continued to not be met, Extra beds are inneffective if there is not proper cover for them.	4/9/2016 10:46 PM
30	Cannot comment do not work in adults	4/9/2016 9:04 PM
31	My ward beds are always full, whether winter or summer. Our problem was staffing, and getting patients safely discharged to community care.	4/9/2016 5:25 PM
32	As usual in the community, you just get on with it.	4/9/2016 5:12 PM
33	Again by effective communication	4/9/2016 8:54 AM
34	discuss with staff on ground to get realistic view on what is needed.	4/9/2016 8:42 AM
35	by allowing patients to be proplerly ready to go home	4/8/2016 10:29 PM
36	again did not include any community involvement or contingent	4/8/2016 5:10 PM
37	Better discharge planning ie EDN 'S, TTO'S ordered appropriately	4/8/2016 4:07 PM
38	More Therapists are required to cover temporary wards as we are unable to cover allocated wards and extra wards without addition to the therapy team	4/8/2016 3:52 PM
39	Increase staffing levels and a 7 day therapy service	4/8/2016 1:11 PM
40	Closing G1 to gyn pts was not appropriate and didnot work well. Gyn pts were not managed well as a result! We never have sufficient capacity, hence pts are on trollies in A/E longer than they should be. Opening ward 24 would have worked well if they had had adequate staff to run at 30 beds not 20 beds.	4/8/2016 12:35 PM
41	still have large staff shortages and lessons do not seem to be learnt from previous years	4/8/2016 12:21 PM
42	More better use of community hospital beds	4/8/2016 11:43 AM
43	It should have been and did help when able to staff it and ergo, actually open it, but how much did we spend on additional staff to make this happen?	4/8/2016 7:26 AM
44	more elective work undertaken at BDH, Kent ward very underutilised	4/7/2016 11:35 PM
45	more nurses...	4/7/2016 4:01 PM
46	I work in the community so I was not personally aware of how effective this was.	4/7/2016 2:08 PM
47	Getting the medical cover right for these wards eg ASH did not have a dedicated consultant team yet the plan was for it to be a medical ward	4/7/2016 12:39 PM
48	Improved discharge facility/pathway	4/7/2016 10:15 AM
49	I don't know how effective it was - I don't recall any feedback on this. There needs to be a 'don't know option'	4/7/2016 9:11 AM
50	As I work in paediatrics N/A	4/7/2016 9:01 AM
51	EMPLOY MORE STAFF!!	4/7/2016 8:20 AM
52	ongoing problem more beds needed	4/6/2016 3:28 PM
53	no information available.	4/6/2016 3:17 PM
54	Unable to comment as not directly involved in inpatient care delivery	4/6/2016 2:57 PM
55	STILL NOT ENOUGH BEDS AVAILABLE WHEN DEMAND WAS CONSISTENTLY HIGH	4/6/2016 2:30 PM
56	increase ward establishments so staff not moved about unless following their speciality	4/6/2016 2:23 PM
57	This was the worst winter ever for the inpatient wards, patients were always in the wrong areas and patient care suffered. Stop electives for 1 month from Christmas.	4/6/2016 11:44 AM
58	Too many patient moves so there was no consistant discharge planning. Patients could not go home as they did not have senior reviews due to lack of senior medics being available.	4/6/2016 11:10 AM
59	no cover for staff on LTS or bank staff for vacancy gaps especially senior team members	4/6/2016 10:55 AM
60	to have a step down ward again	4/6/2016 10:44 AM
61	doesnt effect my work so wouldnt expect to know it had happened or how it impacted	4/6/2016 10:42 AM

62	Unsure	4/6/2016 10:25 AM
63	Staffing these areas is crucial to achieve demands of winter pressures. Realistically those working in these areas must be acknowlwdged as soon as possible along with medical cover I.E Doctor and junior doctor along with facilities and equipment to to run these areas appropiately and safely.	4/6/2016 9:18 AM
64	not known	4/6/2016 8:41 AM
65	Employ the right amount of therapists to cover all areas, some areas CCU, Aspen, Ash are not funded for therapy but have a consistently high caseload, which is unmanageable and demoralising for staff trying to see everyone and being spread too thin.	4/6/2016 8:27 AM
66	most patients who misuse the a & e do not listen to th news or read newspapers - they are the ones who need to be reached to where most appropriate to go for there needs	4/5/2016 5:44 PM
67	Reduced capacity for the "normal" work is a failure in contingency planning.	4/5/2016 5:35 PM
68	none	4/5/2016 4:45 PM
69	Have answered 3 because can't submit without a response, but I don't know the effect - not needed for my role	4/5/2016 3:12 PM
70	i work in the community so questions aren't all relevant to me , would be good to have survey for community staff.	4/5/2016 1:59 PM
71	better communication by receiving wards to contact appropriate medical teams and services and not just the last person they saw on the ward!	4/5/2016 1:49 PM
72	ensure people go to their GP/stay at home if they have a cold, rather than taking up a hospital bed and bringing in infections especially over winter when immune systems are more vulnerable, especially those of the elderly, which can be given to someone who genuinely needs to be in hospital	4/5/2016 1:23 PM
73	You need more medical beds with some capacity in the system available all the time. It is not sufficient to come up with a 'winter plan' which doesn't address this fundamental underlying issue.	4/5/2016 1:07 PM
74	open more wards	4/5/2016 12:03 PM
75	The trust needs to recognise that the wards that change function still need staff, including junior medical staff	4/5/2016 12:01 PM
76	needs bigger bed base at scarborough throughout the year, as year on year there is a greater demand as more housing estates are being built (at least 12 large estates in the last 10 years with more in the pipeline) as well as some of the Caravan parks are now opening 12 months instead of the original 9 months.	4/5/2016 11:22 AM
77	staff are moved to work on the winter ward from their own areas, they get to the winter ward, often with little training in that area, and are then moved to an acute area where they feel stressed because they are unable to undertake regular duties in the acute area due to lack of experience. In the meantime, other staff who work on routinely in the acute ward areas are left in their own acute area often when their staffing levels are good. Everything needs to be planned in advance - training is the key.	4/5/2016 10:58 AM
78	Open extra beds sooner and hopefully this will not have such an impact on surgical routine bed requirements	4/5/2016 10:56 AM
79	more staff	4/5/2016 10:51 AM
80	Review the type and frequency of demand to key areas (Medicine, Surgery, etc) during winter period and identify where	4/5/2016 10:41 AM
81	More staff needed as staff where been taken from other wards to cover	4/5/2016 10:18 AM
82	ensure criteria for admission to wards flexible - ensure beds for e.g. on DToC wards are filled during core working hours - keep an electronic waiting list for these beds - that two people have responsibility for keeping up to date so that all can access and use - out of hours where necessary	4/5/2016 9:42 AM
83	Carry on trying to deter people from using emergency services for minor issues increase social care beds as a large amount of beds that could be used for poorly patients are being used for social care patients or patients who we can't get home through the night due to having no transport.	4/5/2016 9:32 AM
84	more beds	4/5/2016 9:25 AM
85	Get more nurses to staff the wards that are open, areas were not available due to lack of staff.	4/5/2016 9:18 AM
86	Better discharge planning on the winter ward, more & consitant therapy cover.	4/5/2016 9:08 AM
87	Going into winter with less gaps on nurse's on shift. staff all planned escalation areas (ward 24 only staffed to 20 not 30 due to staff shortages)	4/5/2016 9:08 AM
88	For more beds to be available	4/5/2016 8:56 AM

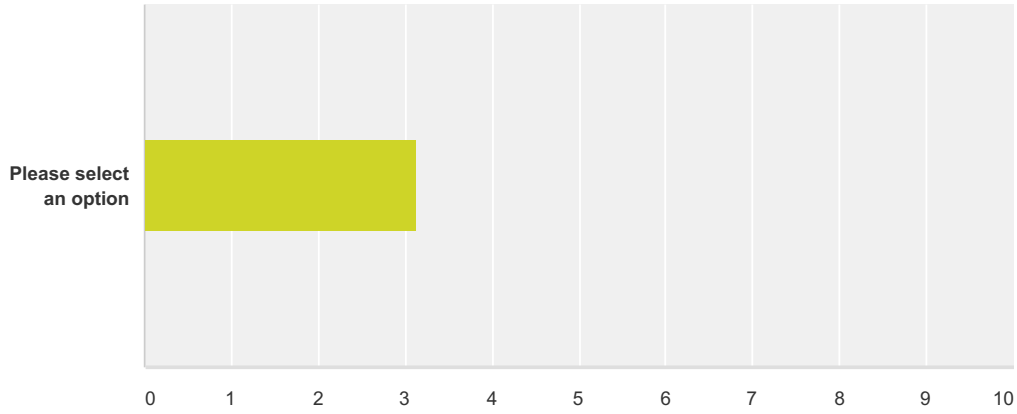
89	over staff the downstream wards to support discharge and allow better patient flow throughout	4/5/2016 8:35 AM
90	Unable to comment as i do not work in a ward environment	4/5/2016 8:24 AM
91	all medical wards need more drs and staff to discharge pts esp at weekends. a hosp is not like a shop with shop hours. pharmacy needs to be open more esp on a weekend.	4/5/2016 8:23 AM
92	dont have too many people involved but communicate well	4/5/2016 6:53 AM
93	More beds. More staff. Utilise Discharge Lounge Extend Patient Transport Hours/More patient transport. Increased Pharmacy hours	4/5/2016 6:48 AM
94	Actually having more beds rather then changing the speciality of the beds (that doesn't actually increase the number of beds open in the hospital)	4/5/2016 3:23 AM
95	Ward 29 worked well after intial teething problems but G! has not worked at all. Criteria too strict. Often had empty beds	4/5/2016 2:17 AM
96	Patient numbers and A&E breaches show that this has not been as successful as planned.	4/5/2016 1:33 AM
97	as above.	4/5/2016 12:15 AM
98	To look at staff allocation as medical patients are admitted to surgical wards with little or no experience of providing nursing care to patients with these conditions. Ensure physicians are allocated on patient speciality and not just by ward	4/4/2016 6:38 PM
99	Patient volume was underestimated. Patient discharge was often delayed causing bed shortages.	4/4/2016 5:29 PM
100	don't block elective beds with acutes who don't go home then have to be transferred later in week back to acute wards	4/4/2016 5:13 PM
101	Consider therapies when using wards in a different way or opening additional winter pressure wards, as therapists are having to manage regular workload and provide additional cover to these wards.	4/4/2016 5:09 PM
102	Open more beds. Look at more agressive discharge planning - it must be cheaper to have an urgent home care team.	4/4/2016 4:42 PM
103	need more staff and more beds to prevent inpproptiate discharges and readmissions following day	4/4/2016 4:26 PM
104	I wasn't at the acute hospitals but did notice an increase in inappropriate admissions to the community hospital with patients requiring a level of medical care we are not set up to provide. e.g a patient one day out of ITU for an OOH arrest. A lady NEWSing an 8 with her CAP and a lady with COPD known to retain oxygen who was sent without having had a gas in the past week with increasing confusion. We do not have bloods or gases on site so these aptients are not manageable in the community.	4/4/2016 4:17 PM
105	I do not know	4/4/2016 4:14 PM
106	More staff	4/4/2016 4:06 PM
107	j	4/4/2016 4:06 PM
108	Have a better understanding of when to implement the winter plan	4/4/2016 4:03 PM
109	Not sure	4/4/2016 3:37 PM
110	Its a case of more staff, more beds and more available services - very difficult	4/4/2016 3:25 PM
111	Increase in demand needs to be managaged thro increased resources in the community and at the front door. Increase elderly care beds with associated support services - therapists etc	4/4/2016 3:10 PM
112	As I didnt know about it I cant state how effective it was.	4/4/2016 3:07 PM
113	Earlier planning and notice to the staff involved	4/4/2016 3:04 PM
114	Didn't change services I am involved in	4/4/2016 2:55 PM
115	Don't know	4/4/2016 2:51 PM
116	Open more beds in non emergency ward areas	4/4/2016 2:47 PM
117	Work with commissioners and external provider agencies to ensure that there is an increase in capacity outside of the hospital.	4/4/2016 2:44 PM
118	open sooner, staff appropriatly do not rely on agency staff. provide adequate medical cover for wards	4/4/2016 2:33 PM
119	Have more staff to improve patient flow and turnover, have more beds (with the extra staff needed	4/4/2016 2:30 PM
120	criteria very specific for some areas, causing difficulties when capacity at a premium.	4/4/2016 2:26 PM

121	increasing the role of community therapy and nursing team - communicating with us to see if we have capacity to support patients at home. Use of 101 prospect mount road and silver birches rehabilitation units - we have had vacant beds here for the majority of the winter period! Education and change of culture is needed in the acute setting to promote early supported discharge - i.e who is safe to d/c into the community if they have communicated well with external teams to find out available capacity.	4/4/2016 2:22 PM
122	Elective surgical patients ned to be informed earlier about cancellations for their surgey	4/4/2016 2:21 PM
123	Unfortunately influx of poorly patients seemed to fall after 'winter' set aside time this year	4/4/2016 2:14 PM
124	NEED MORE INPATIENT BEDS	4/4/2016 2:14 PM
125	more staff required in sub services	4/4/2016 2:11 PM
126	York hospital is far too small to accomodate the growing number of people moving to the area.	4/4/2016 2:08 PM
127	No idea	4/4/2016 2:04 PM
128	Not directly involved so unable to offer an opinion	4/4/2016 2:02 PM
129	n/a	4/4/2016 1:57 PM
130	Increase the staff to cover the ward	4/4/2016 1:44 PM
131	I can't comment on this as I am not clinical in my role, but seeing as I knew nothing about the winter plan, I have chosen option 1.	4/4/2016 1:40 PM
132	n/a	4/4/2016 1:37 PM
133	Use bootham Park - temporarily but not use Surgical wards on any site.	4/4/2016 1:33 PM
134	as a maternity worker winter wards doesnt really effect our pratice	4/4/2016 1:31 PM
135	This was very reactive and not proactive. These plans appears to happen after the horse had bolted	4/4/2016 1:31 PM
136	Better / earlier communication of planned ward moves.	4/4/2016 1:31 PM
137	Don't know for Question 8	4/4/2016 1:29 PM
138	Unable to answer as I'm not in a patient area.	4/4/2016 1:29 PM
139	Need a 'don't know' option	4/4/2016 1:19 PM
140	non-clinical staff have been requested for addtional cover but there is lack of clear notification from manager	4/4/2016 1:18 PM
141	Stock of spare beds on all sites	4/4/2016 1:15 PM
142	Plan Now	4/4/2016 1:15 PM
143	As above	4/4/2016 1:14 PM
144	Keep those extra beds open. There are not enough beds in this hospital. Anybody who regularly sets foot on the wards can see the intolerable pressures the staff are under.	4/4/2016 1:12 PM
145	I am not sure you can, i feel like that is a good plan however the volume of patients is the main issue, we simply do not have the capacity on some days	4/4/2016 1:12 PM
146	I have no idea	4/4/2016 1:08 PM
147	I can't answer this as not relevant to my post but it wouldn't let me put nothing	4/4/2016 1:02 PM
148	Working with partners in primary care and in social care to help reduce demand. the increase in acuity and in demand was too great to be accomodated within the current bed base and with the current numbers of staff (especially nursing staff). Whatever the plan was it wasn't good enough	4/4/2016 1:02 PM
149	??	4/4/2016 1:00 PM
150	Unaware of quite how successful it was though haven't heard of as many problems as previous years	4/4/2016 12:56 PM
151	Don't know, I didn't know anything about it	4/4/2016 12:52 PM
152	-	4/4/2016 12:51 PM
153	Increase staff levels to safer levels to help staff provide effective care allowing speedier recovery rates there by improving patient flow and meeting demands quicker and safer.	4/4/2016 12:49 PM
154	more acute and medical capacity required and also proctected elective bed base especially in SGH	4/4/2016 12:45 PM

155	Just need more nursing staff and beds. Need more community services to support patients at home	4/4/2016 12:43 PM
156	More advance planning. Structure. Engagement	4/4/2016 12:41 PM
157	All Good	4/4/2016 12:41 PM
158	N/A	4/4/2016 12:40 PM
159	n/a as I didn't know about it	4/4/2016 12:34 PM
160	Not clear this improved the increase in demand as these beds had previoulsy been used for acute and medical demand just unofficially. Imporvement would be to identofu additional capacity elswehere for elective cases (ie. larger dayunit/ESA, bridlington, private providers, etc)	4/4/2016 12:33 PM
161	open a new ward at SGH	4/4/2016 12:32 PM
162	As I work in outpatients I was not aware of this	4/4/2016 12:32 PM
163	cant comment as not directly involved	4/4/2016 12:31 PM
164	DTOC ward did not work well (G1)	4/4/2016 12:31 PM
165	Still not enough acute beds.	4/4/2016 12:30 PM
166	OPen more wards in Bridlington	4/4/2016 12:30 PM

Q10 Compared to last winter, how well do you think we managed elective patients (both cancer, urgent and routine)?

Answered: 376 Skipped: 0



	A lot worse than last year	A bit worse than last year	About the same as last year	A bit better than last year	A lot better than last year	Total	Weighted Average
Please select an option	**6.12%** 23	**7.71%** 29	**56.38%** 212	**25.80%** 97	**3.99%** 15	376	3.14

Q11 How might we improve this?

Answered: 120 Skipped: 256

#	Responses	Date
1	As above	4/13/2016 8:06 AM
2	Unable to comment	4/13/2016 7:27 AM
3	Older persons or those not requiring to go to ED to go straight to the older persons assessment unit. Increase capacity/staff in ambulatory care	4/12/2016 1:18 PM
4	It started later the elective cancellations than last year.	4/12/2016 11:08 AM
5	Bridlington, Bridlington, Bridlington (and keeping fingers crossed re lower pressures overall).	4/12/2016 8:39 AM
6	patients seem to linger on care of the elderly wards if they have mental health issues awaiting placements in suitable homes this seems to take far too long	4/12/2016 4:58 AM
7	Identifying discharges day before, plan more weekend work for ESA for elective patients.	4/11/2016 1:06 PM
8	communication	4/11/2016 10:44 AM
9	My first year so no information given	4/11/2016 10:11 AM
10	unable to comment	4/11/2016 10:10 AM
11	more capacity	4/11/2016 9:50 AM
12	more staff- trained ones, more doctors	4/11/2016 9:41 AM
13	same as above	4/11/2016 9:40 AM
14	More beds and staff to care for the patients both pre op and post op.	4/11/2016 9:31 AM
15	Ring fence surgical bed base to treat elective surgical patients allowing the rest of the bed base to be used for Medicine and Elderly.	4/11/2016 9:28 AM
16	more staff	4/11/2016 8:10 AM
17	as i understand it from colleagues many routine operations were cancelled	4/11/2016 3:07 AM
18	as above	4/10/2016 7:35 PM
19	as above.	4/10/2016 7:33 PM
20	There is a lack of communication in this trust from managers to the staff that work the floor.	4/10/2016 4:03 PM
21	Cannot comment	4/9/2016 9:04 PM
22	We prioritise end of life patients. Some patients needing dressings do not like the change in timings to accomodate this.	4/9/2016 5:12 PM
23	more beds/more staff!	4/9/2016 8:42 AM
24	Increase staffing levels and a 7 day therapy service	4/8/2016 1:11 PM
25	Need more acute beds	4/8/2016 12:35 PM
26	plans kept being changed at the last minute, ie electives were planned and then cancelled when it was realised that the increase in emergency admission meant that elective patients could no longer be accomodated	4/8/2016 12:21 PM
27	It feels as if we run at 98-100% capacity, with not being able to tell when the really busy periods are going to come and constantly going on divert from Scarborough, of course electives are going to be cancelled and cause chaos to peoples carefully planned lives.	4/8/2016 7:26 AM
28	not able to answer as I work in the community, I have not heard that it was worse than last year, so assume that it was better	4/7/2016 2:08 PM
29	electives compromised by the lack of sufficient escalation areas for acute care on the Scarborough site. Could more use be made of Bridlington by expanding the criterion for surgery on that site	4/7/2016 12:39 PM

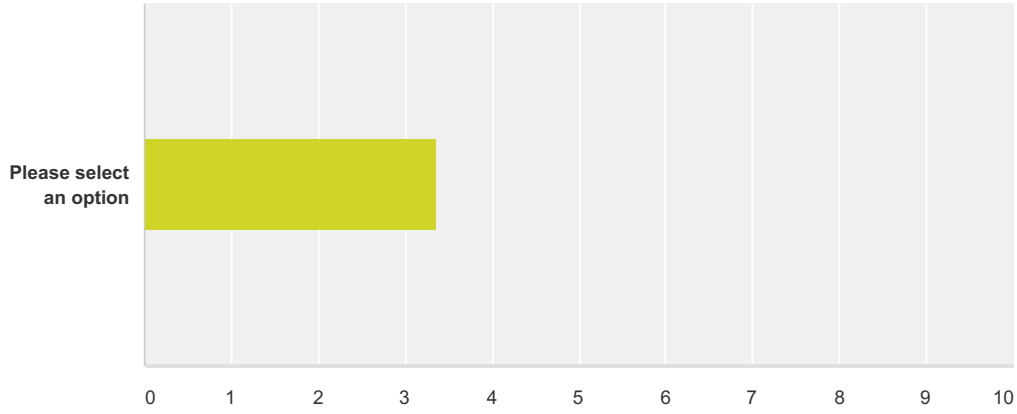
30	I don't work in elective care so I can't comment on how well the situation was managed. There needs to be a 'don't know option'	4/7/2016 9:11 AM
31	Improve staffing levels.	4/7/2016 9:01 AM
32	EMPLOY MORE STAFF!!!	4/7/2016 8:20 AM
33	cancel them the day before rather on the day - don't book 40+ pts to a 22 bed ward	4/6/2016 3:53 PM
34	elective surgery reallocated in advance to other hospitals	4/6/2016 3:28 PM
35	submit more infomation.	4/6/2016 3:17 PM
36	MORE PROVISION FOR EMERGENCY ADMISSIONS	4/6/2016 2:30 PM
37	Employ more staff	4/6/2016 1:21 PM
38	more beds	4/6/2016 11:52 AM
39	As above.	4/6/2016 11:44 AM
40	I cannot answer this question	4/6/2016 11:10 AM
41	Allow teams to get bank staff in to ease pressures to the team and deliver the care commissioned to do	4/6/2016 10:55 AM
42	Think about how patients are prioritorised and how information to patients is disseminated.	4/6/2016 10:25 AM
43	not known as didnt work in trust last year.	4/6/2016 8:41 AM
44	this quastion is not relevant to me	4/6/2016 8:26 AM
45	To use ESA effectively ie not fill with outliers or acutes over the weekends when it is closed.	4/5/2016 11:53 PM
46	employ more staff	4/5/2016 5:44 PM
47	no idea	4/5/2016 5:35 PM
48	Wasn't here last year so don't know.	4/5/2016 5:18 PM
49	na	4/5/2016 4:45 PM
50	First winter	4/5/2016 4:03 PM
51	Unknown	4/5/2016 3:34 PM
52	See answer to q9	4/5/2016 3:12 PM
53	You need more medical beds with some capacity in the system available all the time. It is not sufficient to come up with a 'winter plan' which doesn't address this fundamental underlying issue.	4/5/2016 1:07 PM
54	more 4 x 4 vehicles for district nurses	4/5/2016 12:03 PM
55	See comments above - staff, staff, staff	4/5/2016 12:01 PM
56	as before bigger bed base and more front line staff.	4/5/2016 11:22 AM
57	Doctors from junior to senior level need to learn to prioratise better and communicate the urgency so that all staff become aware and lists can be changed to accommodate this. This would also help to stop theatre running late perhaps if the urgent patients were listed first instead of last and then the goodwill of staff is needed to finish the list late.	4/5/2016 10:56 AM
58	more staff	4/5/2016 10:51 AM
59	Provide a surgical day unit with Parker knoll chairs (other reclining chairs are available) and recovery trolleys in an area that is protected from being converted into a bed base. Relocate high volume, low risk procedures such as Ophtalmology to another site (Bridlington) to focus on lower volume, higher complexity/risk procedures at Scarborough.	4/5/2016 10:41 AM
60	I put the middle one as I don't know, I don't see that side of things.	4/5/2016 9:32 AM
61	more medical beds	4/5/2016 9:25 AM
62	18 weeks backlog is growing, operations cancelled, this should be better planned.	4/5/2016 9:18 AM
63	The winter ward was better organised this year.	4/5/2016 9:08 AM
64	More routein work moving to bridlington site to reduce demand.	4/5/2016 9:08 AM
65	as above	4/5/2016 8:35 AM

66	Unable to comment	4/5/2016 8:24 AM
67	as above plus a consultant and drs for outliers. due to too many pts the consultants and drs are very argumentative about who they have to see and why!	4/5/2016 8:23 AM
68	You were lucky that we didn't have as bad a winter as last year	4/5/2016 3:23 AM
69	Needs to be an overview. For example too many patients needing say NEU but as each surgeon only has one patient each this doent seem to get flagged.	4/5/2016 2:17 AM
70	I am unable to comment on this.	4/5/2016 1:33 AM
71	poor care for gynae women	4/5/2016 12:15 AM
72	was not here last year cannot comment	4/4/2016 10:08 PM
73	Emphasis on appropriate admissions instead of admissions to avoid missing deadlines.	4/4/2016 5:29 PM
74	as above	4/4/2016 5:13 PM
75	Last year I was aware many electives were cancelled due to the crisis, I am not aware this was an issue this year, however, last winter I was working on A&E and this winter I have been in the community hospital.	4/4/2016 4:17 PM
76	I wasn't here the year before	4/4/2016 4:14 PM
77	I wasn't here last winter	4/4/2016 4:14 PM
78	I don't know I wasn't here last year	4/4/2016 4:06 PM
79	Although i believed it was better in my area than last year, i believe other directorates could have planned & implemented their winter plans alot sooner and they could of been more robust.	4/4/2016 4:03 PM
80	Not sure	4/4/2016 3:37 PM
81	Ticked this because it wouldnt let me leave it blank - i dont know how it was managed	4/4/2016 3:10 PM
82	Don't know	4/4/2016 2:51 PM
83	Unknown	4/4/2016 2:47 PM
84	improve flow throughout the departments. the ED is far too small to accomodate all the patients when there is no flow out.	4/4/2016 2:33 PM
85	Protect elective work this may involve using external contracts and also more diverts to other hospitals of ED patients when we are experiencing high ED activity	4/4/2016 2:32 PM
86	I don't know, I wasn't here last year.	4/4/2016 2:30 PM
87	not known as little communication recieved regarding these services	4/4/2016 2:22 PM
88	Staffing	4/4/2016 2:14 PM
89	MORE INPATIENT BEDS	4/4/2016 2:14 PM
90	pharmacy managed well as many changes in the service availability have been provided	4/4/2016 2:11 PM
91	No idea	4/4/2016 2:04 PM
92	Not directly involved so unable to offer an opinion	4/4/2016 2:02 PM
93	n/a	4/4/2016 1:57 PM
94	Protect elective beds particularly urgent planned surgery for cancer.	4/4/2016 1:42 PM
95	Again, I cannot comment.	4/4/2016 1:40 PM
96	n/a	4/4/2016 1:37 PM
97	May sure we have enough nurses booked in for work - maybe employ some nurses on annualised hours contract with specific emphasis on these months	4/4/2016 1:33 PM
98	Start planning for winter wanrd now. Have staff allocated now	4/4/2016 1:31 PM
99	Need a don't know for question 10. I am not clinical.	4/4/2016 1:29 PM
100	Unable to answer as I don't work in a patient area.	4/4/2016 1:29 PM
101	Ask on the ward staff directly.	4/4/2016 1:24 PM

102	Need a 'don't know' option	4/4/2016 1:19 PM
103	Plan Now	4/4/2016 1:15 PM
104	The current system of managing our elective throughput is archaic and no longer fit for purpose. It worked formany years but the current, unprecendented pressures mean that it no longer works. We need to rethink the entire strategy from start to finish. No organisation itn he world has ever successfully run an elective programme with 100% (or near as makes no difference) bed occupancy. We would save money in the long run if we invested more up front in the service- more beds, more staff, better monitoring, short-notice procedures waiting list, etc, etc.	4/4/2016 1:12 PM
105	I have no idea	4/4/2016 1:08 PM
106	I can't answer this as not relevant to my post but it wouldn't let me put nothing	4/4/2016 1:02 PM
107	see above. The plan doesn't work, largely because the environment in which it is trying to operate is not conducive to safe and effective patient care	4/4/2016 1:02 PM
108	Communication / staff training in outpatients	4/4/2016 1:00 PM
109	No suggestions	4/4/2016 12:56 PM
110	Don't have anything to do with the above question	4/4/2016 12:52 PM
111	-	4/4/2016 12:51 PM
112	NOT INVOLVED	4/4/2016 12:50 PM
113	Stop elective work at Scarborough.	4/4/2016 12:43 PM
114	Management of bed base and capacity for elective work streams	4/4/2016 12:41 PM
115	All Good	4/4/2016 12:41 PM
116	Recruit more permanent staff	4/4/2016 12:40 PM
117	n/a	4/4/2016 12:34 PM
118	As above	4/4/2016 12:32 PM
119	I do not know as this was my first winter	4/4/2016 12:32 PM
120	Review how elective treatement can work better.	4/4/2016 12:30 PM

Q12 Many additional staff worked on Bank Holidays over Christmas and New Year and on weekends throughout the winter period to support both elective and non-elective services. Do you think that this made a difference to patient care?

Answered: 376 Skipped: 0



	A lot worse than last year	A bit worse than last year	About the same as last year	A bit more than last year	A lot more than last year	Total	Weighted Average
Please select an option	**4.26%** 16	**3.99%** 15	**50.27%** 189	**34.84%** 131	**6.65%** 25	376	3.36

Q13 How might we incentivise more staff to work changed or additional working patterns to provide more consistent cover?

Answered: 187 Skipped: 189

#	Responses	Date
1	days off in lue as long as time available for them to take this.	4/13/2016 12:00 PM
2	Pay them a better rate. Overtime was previously abolished except for short notice shifts. To pay regular staff overtime for plannned extra shifts would still be cheaper than agency. Also need to retain or even enhance unsocial hours payments	4/13/2016 8:06 AM
3	Pay them extra for working extra not just their normal rate - we need incentive especially when we are understaffed anyway	4/13/2016 7:27 AM
4	Pay them appropriately for their time. They are missing out on special times with their loved ones and this should be compensated for.	4/12/2016 4:32 PM
5	Pay more	4/12/2016 2:20 PM
6	Offer double pay rather than have agency staff	4/12/2016 1:18 PM
7	More Money	4/12/2016 11:08 AM
8	2 for 1 days off in lieu.	4/12/2016 8:39 AM
9	Paying double time.	4/12/2016 7:55 AM
10	encouraging own staff to be flexible and work on their own wards where they are familiar and are most efficient but reward as overtime rates if working over full time hours	4/12/2016 4:58 AM
11	more training for staff that arent ward based.	4/11/2016 5:15 PM
12	Staff areas properly instead of constantly moving people about from ward to ward.	4/11/2016 5:00 PM
13	money / time off	4/11/2016 4:20 PM
14	Give staff more convinient shifts to suit them, and try to give peopole a choice of what they wish to work over the winter season.	4/11/2016 4:05 PM
15	Extra time off at a time chosen by them i.e. not made to have the time off at a particular time. Enhanced pay.	4/11/2016 12:21 PM
16	Pay incentives, TOIL	4/11/2016 11:59 AM
17	treat staff with more respect	4/11/2016 10:44 AM
18	Evidence based practise! prove the requirement. Pts having a worse outcome on a weekend is not due to a lack of resources, imaging ect as 24 hr cover is provided when requested. The issue is the reduction in senior staff "Consultants" "registrars" leaving the hospital in the charge of junior staff who are unable or reluctant to make the decision required.	4/11/2016 10:38 AM
19	It cannot be just about pay - pay is an incentive, but staff get tired. To give people time off after a busy period will also have a knock on affect. Giving staff the choice of pay or time (if double pay, is it double time off hours??) Move to 7 day working, more staff working part time hours - giving greater flexibilityy for staff who want to work extra - paying them is cheaper than agency.	4/11/2016 10:23 AM
20	provide more support and training in advance particularly for non ward based staff	4/11/2016 10:10 AM
21	Offer increased pay on the days required (or other benefits e.g. hol)	4/11/2016 9:50 AM
22	Good rates of pay for all staff.	4/11/2016 9:41 AM
23	same as above	4/11/2016 9:40 AM
24	Not have to cancel operations.	4/11/2016 9:31 AM
25	Regular feedback and publication of their help to show how valued it is. Increased pay benefits and flexibility for time off to recuperate after all the extra work.	4/11/2016 9:28 AM

26	nurses are moved to areas out of speciality to often and then they are less ikely to offer to cover extra shifts	4/11/2016 8:26 AM
27	Staff feel pressured into moving to cover winter wards. More notice and the opportunity to improve skills would help. More support is needed.	4/11/2016 8:10 AM
28	Treat staff with more respect. Do not allow institutional bullying and threatening of staff....Do as I say or be disciplined.	4/11/2016 3:07 AM
29	no extra cover on community	4/10/2016 7:35 PM
30	as above	4/10/2016 7:33 PM
31	Employ more of us, there aren't enough of us to cover the sheer amount of patients coming through the doors, potentially also more support to staff who come to wards to assist in the short periods would encourage people to come back on another occassion, as it is very stressful being moved to a specialty outwith your normal, which is then made worse when you are not supported within the new team.	4/10/2016 6:07 PM
32	If staff recieved overtime pay they might be more enclined to do shifts on their own ward. Staff often dont want to do extra shifts as they get moved to areas where they are not confident/ comfortable.	4/10/2016 4:03 PM
33	DO NOT TAKE AWAY ENHAnCE PAY	4/10/2016 1:02 PM
34	Ensure enhanced rates of pay remain for unsocial hours and weekend work....	4/10/2016 11:55 AM
35	work out if someone works x amount of time that they will get more time off elsewhere, don't get agency staff in which costs more, give the staff you have an extra day annual leave as even this is chapear than agency if they work so many extra shifts!	4/10/2016 9:08 AM
36	Cannot comment	4/9/2016 9:04 PM
37	Bank holidays are awful for nursing staff because they are like weekends - not enough support from other sources medical, admin, imaging etc. All tasks are left to us and there simply aren't enough of us. Give us more support. And for the love of God don't think of taking our enhancements away.	4/9/2016 5:25 PM
38	Only volunteers helped when Tadcaster bridge colapsed and Tadcaster health centre was flooded. Not even a phone call from Managment to ask how we were coping. Good job staff on the floor have enough sense to reorganise themselves. Do managment not realise, we still work bank hols and weekends.?	4/9/2016 5:12 PM
39	by agreeing that those staff who work changed or additional working patterns in times of need get first choice of time off at Christmas and new year or to offer them paid time only but with a day in leu to be taken when they want it	4/9/2016 8:54 AM
40	perhaps by example-higher echelons of hospital all left building by 4pm on a Friday.	4/9/2016 8:42 AM
41	More appropriately qualified staff are needed across the trust to ensure staff are not need to be moved from wards that are already short staffed	4/9/2016 2:51 AM
42	by having more staff exspecially in community hospitials	4/8/2016 10:29 PM
43	By ensuring wards are fully staffed at all times. ie recruiting sooner rather than later so there are minimal gaps between staff leaving and starting	4/8/2016 4:07 PM
44	Double time on bank holidays and a day off in lieu	4/8/2016 1:11 PM
45	Pay, or other days off!	4/8/2016 12:35 PM
46	actually having more staff would be a start, better pay and conditions and more approchable management	4/8/2016 12:21 PM
47	Stop e rostering	4/8/2016 11:43 AM
48	Provide free parking	4/8/2016 10:56 AM
49	If you paid staff some overtime to come in and work at crisis times, our own staff would come in rather than the flat rate of the bank. We always will cover the bank holidays and Sundays as the staff get paid more and nights, but weekday shifts, no financial incentive - the trust relies far too much on "good will" and its fast running out.	4/8/2016 7:26 AM
50	pay overtime more readily. overtime tends to be paid more readily to specialist areas it needs to be across the board and even availble to work in areas other than where they are normally based. e-rostering has aslo had a negative impact as staff are reporting getting a much poorer work life balance since its introduction and are therefore less willing to work extra.	4/7/2016 11:35 PM
51	pay more	4/7/2016 4:01 PM
52	By not making them work the extra bank holiday hours. It's not needed and cost the Trust money.	4/7/2016 3:22 PM
53	By listening to staff preferences and letting them choose specific shifts, this way, they will be happier to help cover when needed	4/7/2016 2:11 PM

54	pay them more	4/7/2016 2:08 PM
55	there needs to be more consistency in the role of these staff but we also need to consider the additional hospital services eg pharmacy and review the service they are able to offer. Need also to link into the community services and have more transparency relating to the weekend and BH support that is available in the community	4/7/2016 12:39 PM
56	The problem solving and the decision making re solutions on working patterns needs to be generated from the staff ie the clinicians / nurses who run and provide the service - not just the team leaders. Too many decisions are made by managers and then imposed on staff - and when there is an attempt to involve staff in decision making there is frequently a sense that a decision has already been made and so it lacks sincerity which staff pick up on and then feel unwilling to participate. The more managers try to problem solve and impose upon the staff what they think the answer is, the less willing the staff will be to engage in that process. So the way to incentivise staff is to ensure that they have control over the decision making about where they work, the hours and so on. This is something that needs to apply all the time across the whole year, not just applied at Christmas. Nearly every day I witness the Ward Sister being asked to send staff to cover other wards, so there is tremendous sense of anxiety about ward cover on a day-to-day basis. When staff have spent the whole year feeling torn about being moved off the ward they are based on, and the ward they are based on is usually where staff loyalty lies, it all contributes to how they feel about providing more cover at Christmas. Other ideas that might work include offering a lieu day for working over Christmas or New Year or maybe a system where you can build up credits for working those days that could be redeemed in some way. The primary problem of course is that Christmas and New Year is considered sacred time by most people and for many people there is nothing that can make up for missing that family time. There needs to be a 'don't know option'	4/7/2016 9:11 AM
57	until there is an overall improvement in staffing levels staff are not incentivised to work additional shifts. As a specialist nurse, I was rostered onto the ward for one shift per week. My own workload suffered as a consequence of this.	4/7/2016 9:01 AM
58	Pay them proper overtime and actually allow them to take back time earned in lieu	4/7/2016 8:20 AM
59	we needed the bank cover because our ward staff were taken to run the winter ward, which left the ward short staffed.	4/7/2016 7:49 AM
60	You need more staff - staff working long hours get sick.	4/6/2016 3:53 PM
61	ensure staff feel valued and praised	4/6/2016 3:28 PM
62	INCREASE REGULAR CONTRACTED STAFF	4/6/2016 2:30 PM
63	employ more staff! instead of getting your existing staff to do extra!	4/6/2016 2:23 PM
64	not ward based so unable to comment	4/6/2016 1:52 PM
65	Pay increase or extra holiday.	4/6/2016 1:21 PM
66	minimise ward transfer. besides being unsafe for patients, it also lenghtens the lenght of stay.	4/6/2016 11:52 AM
67	If wards were fully staffed this would not be such an issue. Recruitment has to be a priority.	4/6/2016 11:44 AM
68	didn't notice any extra staff.	4/6/2016 11:37 AM
69	By not bringing down staff moral. By speaking to staff not just enforcing. By listening to staff, we have a huge amount of experience and are not idiots who will follow just because you say so. You MUST inform the staff, I feel this is not being done. You MUST apologise when you ie....managment get things wrong, this will hunamise the organisation. The only way to get change is to lead from the front and ask people what they feel is acceptable as for some it may a mean a change to set working patterns.Please recognise the skills we have and dont just put us where we will feel uncomfortable or unused this will only add to the pressure we come up against on a daily basis dealing with patients, family and others.It maybe helpful for senior managers to come to ground level on a requlr basis, unannounced and informal and speak with staff about their winter concerns and possible solutions. I feel that this has become a faceless organisation, forgetting that without the staff where would it be?	4/6/2016 11:10 AM
70	offer double pay and a day of in Lieu	4/6/2016 10:55 AM
71	As this year increasing pay for bank work in addition to own shifts	4/6/2016 10:44 AM
72	fleiability on whether to take time back (when we want) or have the addtional money. i would be happy to work these as long as i could have time back in the school holidays for instance	4/6/2016 10:42 AM
73	Better additional pay.	4/6/2016 10:42 AM
74	Training Pay and overtime Utilise staff properly from other areas	4/6/2016 10:25 AM
75	Half day off in lieu of every full extra shift worked? Time and a half pay? Who knows.	4/6/2016 9:43 AM
76	Offer overtime payments very clearly to staff.	4/6/2016 9:18 AM
77	increased pay	4/6/2016 8:41 AM

78	pay them more !!	4/6/2016 8:38 AM
79	Offer days off in Lieu and extra pay, especially those staff who are full time. Have correct amounts of staff emplolyed to rovide a good quality service. Have more therapy funded to cover all areas/specialities required to provide a good quality service to all patients, not just those who happen to be on wards with therapy based there.	4/6/2016 8:27 AM
80	There should be a 7 day service for all aspects of the hospital to ensure things dont slow down at the weekend.	4/6/2016 8:26 AM
81	offer the staff overtime rate of pay.full time staff feel disheartened when agency staff earn 3 times per hour more	4/6/2016 6:43 AM
82	I don't think you can, staff already work enough and get burnt out with demand on the wards and to expect staff to do more shifts is unsafe.	4/5/2016 11:53 PM
83	by not having an e rota system - for a health provider it seems a very un healthly way to run a service that requires lifes to be saved	4/5/2016 5:44 PM
84	More pay! time in lieu. Locum rate caps will deter people in giving up precious time in the furture.	4/5/2016 5:35 PM
85	A monentary incentive would help	4/5/2016 4:45 PM
86	Better pay enhancement might induce specialist nurses work additional or changed patterns	4/5/2016 4:21 PM
87	Free costa coffee breaks	4/5/2016 3:34 PM
88	See answer to q9	4/5/2016 3:12 PM
89	recognition	4/5/2016 3:12 PM
90	Its part of our role as staff to provide 7 day service - as long as its fair and all staff within a team expected to work then that's enough.	4/5/2016 1:49 PM
91	Pay them at the market rate at which it takes to recruit them Treat them with respect in their day to day role so that the already heavily stretched goodwill does not evaporate completely	4/5/2016 1:07 PM
92	Employ enough staff rather than expect more from the ones that remain. Ensure all services run - radiology, social work, care packages	4/5/2016 12:01 PM
93	pay better wages	4/5/2016 11:30 AM
94	more staff so this could be spread out more.	4/5/2016 11:22 AM
95	ensure the staff are confident and competent to work in these areas - training again is the key.	4/5/2016 10:58 AM
96	Why not go back to basics and employ staff who would much rather just work week-ends or nights with the proviso that they have to work a "normal" shift every 3 -4 months to keep essential skills up to date. That way you are not constantly asking staff to work extra shifts and wareing them down by working to many hours and taking saick time because of it. If staff were questioned when in an ideakl world what shifts they would like to work I am sure that you could between us all cover all shifts. We do after all want to work here and working a shift pattern will help the Trust as well as the staff.	4/5/2016 10:56 AM
97	Pay them more	4/5/2016 10:51 AM
98	Listen and work with staff to make working arrangements more attractive (staffing levels i, managerial action to remove barriers to staff doing their job - offering more money or financial incentives/penalties will not provide consistency.	4/5/2016 10:41 AM
99	Increase permanent staff levels.	4/5/2016 10:39 AM
100	make everyone work a full shift, don't let people use their lunch hour to finish early. Don't grant annual leave to staff on the day, they said they would work, so make them.	4/5/2016 10:29 AM
101	to be able to get a little bit of additional pay	4/5/2016 10:18 AM
102	promote ability to take TIOL, pay decent rates when is weekends/holiday time	4/5/2016 9:42 AM
103	More money is probable the only logical answer there.	4/5/2016 9:32 AM
104	Over extra pay for overtime.	4/5/2016 9:18 AM
105	The 15% & paying substantive pay helped but a lot of people didn't know this, over relience on email.	4/5/2016 9:08 AM
106	pay overtime rates for all staff	4/5/2016 9:08 AM
107	Additional WP hourly rate % increase.	4/5/2016 8:56 AM
108	Immediately end the staff working long days this will stop them from developing exhaustion and stop the hospital from slowing down from 6 pm till 10 pm creating huge flow problems which effect patient safety and care delivery.	4/5/2016 8:35 AM

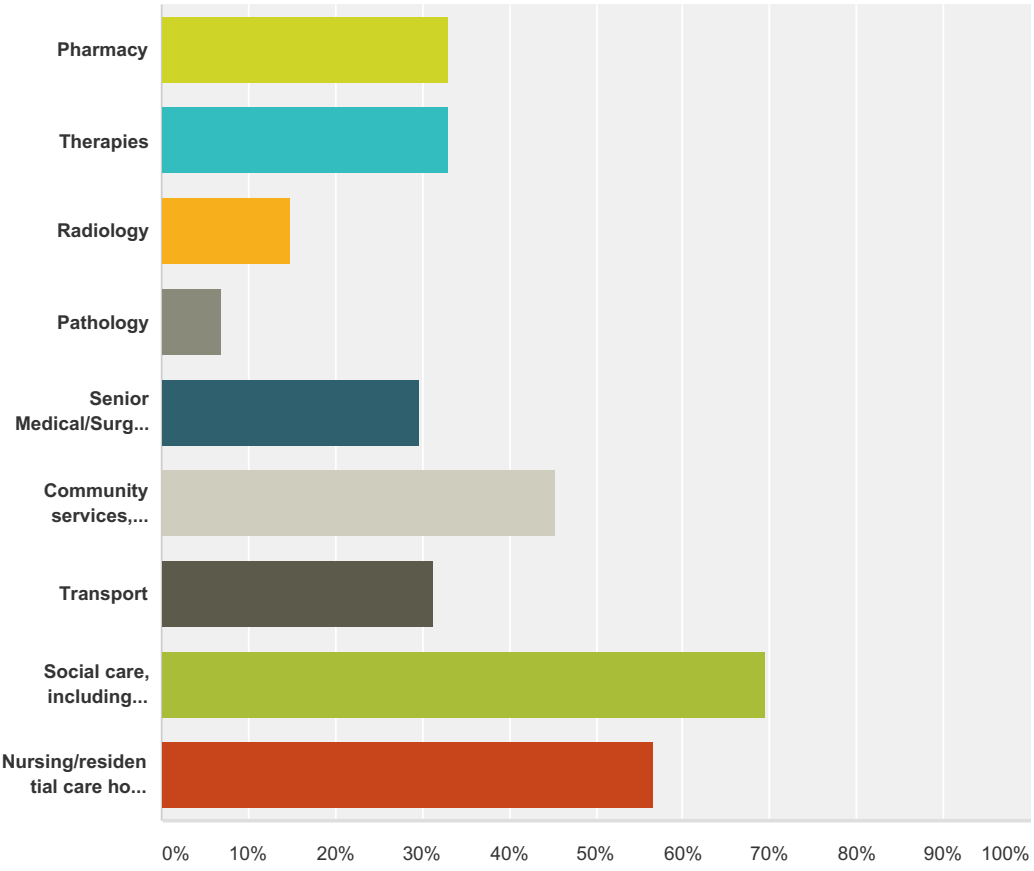
109	to appreciate what staff do and to provide more consistant supportive cover esp more drs/consultants at the weekends to assist in discharge planning.	4/5/2016 8:23 AM
110	To have a more flexible approach to standard work patterns.	4/5/2016 7:56 AM
111	i feel the trust needs to pay a decent hourly rate for staff to work over and above usual full time hours especially wnen workload more stressfull during the winter .	4/5/2016 7:49 AM
112	better pay for the work undertaken a one off bonus	4/5/2016 6:53 AM
113	Overtime pay. More flexible working hours. Rolling rota.	4/5/2016 6:48 AM
114	Stop robbing Peter to pay Paul with the staff, build up better trust amoung the staff. Actually staff the wards well with permanent staff and stop relying so heavily on agency.	4/5/2016 3:23 AM
115	By having wards fully staffed to start with when other staff come to help they would feel they have more support! Link staff to appropriate wards where knowledge would be best used	4/5/2016 2:17 AM
116	Ensure that staff work in the area that they have agreed to work. It is sole destroying to be moved from a familiar area to an unfamiliar area. It is unsafe for the patient and the registered practitioner.	4/5/2016 1:33 AM
117	Better Pay is always an incentive. Its the only way to get people to work.	4/5/2016 12:15 AM
118	A thankyou from management?????? enhancements, day off in lieu, extra annual leave	4/4/2016 10:08 PM
119	Increase pay / split shifts.	4/4/2016 10:07 PM
120	Consistency with over-time offered to staff as varies between areas.	4/4/2016 6:38 PM
121	Hire more staff so the extra shifts required are divided between more people.	4/4/2016 5:29 PM
122	add additional incremental pay to bank staff more of our own staff would pick up outstanding shifts if paid better aposed to paying large agency fee	4/4/2016 5:23 PM
123	offer trust staff more money to pick up bank shifts instead of relying on agency who charge even more.	4/4/2016 5:13 PM
124	enhanced pay automatically getting increment in pay for that year (instead of applying for it) if staff volunteer for extra / changed shifts	4/4/2016 5:09 PM
125	fair reimbursement and appropriate rest periods for al staff	4/4/2016 4:26 PM
126	With the new contracts coming in August I have no idea! But currently I would say keeping a competitive locum pay rate and offering more days off in leiu for working urgent shifts, particularly nights.	4/4/2016 4:17 PM
127	I wasn't here the year before!	4/4/2016 4:14 PM
128	I don't actually know how those that did they were incentivised.	4/4/2016 4:14 PM
129	Pay us better, and don't work us to death in our normal hours	4/4/2016 4:06 PM
130	Give FY1s more than £20/hour for on-call locum shifts.	4/4/2016 4:06 PM
131	provide enhanced payments and or additional leave	4/4/2016 4:03 PM
132	Offer more recognition for staff members, Introduce a more friendly working enviroment work as a team to develop the trust	4/4/2016 4:03 PM
133	pay them more!	4/4/2016 3:57 PM
134	We shouldn't be asking staff to work over their contracted hours other than in emergencies. If we know we need more staff to provide proper patient care we should employ more staff.	4/4/2016 3:57 PM
135	Better Pay (paying the lower banded staff the living wage would help)	4/4/2016 3:37 PM
136	Pay over time	4/4/2016 3:25 PM
137	Money Annual Leave	4/4/2016 3:10 PM
138	Pay overtime	4/4/2016 3:07 PM
139	offer a 3 for 2 on bank holidays worked or some other incentive. Don't move staff off their own wards when they have come in to help out and then end up being moved to other wards top support them - it is a disincentive to offer to do extra shifts.	4/4/2016 3:04 PM
140	Demonstrate the difference in workflow/patient flow and the impact not doing it will have on them in the future weeks/months	4/4/2016 2:55 PM

141	Reward with more time off i.e. time owing/flexitime	4/4/2016 2:51 PM
142	Increased salary for unsocial hours, appropriate amount of staff available so not just relying on a few. Give staff more time off in summer as its quieter if they work more in winter	4/4/2016 2:47 PM
143	Ask staff what they're prepared to do.	4/4/2016 2:44 PM
144	increase pay to match that of agency pay. give days lieu show actual appreciation from corporate level-be visible on bank hols etc as most managers/non clinical staff are off for prolonged periods. make non clinical staff work to help on wards with non clinical tasks	4/4/2016 2:33 PM
145	good to offer enhanced rates for internal bank staff this needs to happen all the time. Offer staff free meals when working additional shifts.	4/4/2016 2:32 PM
146	Offer them decent pay for additional shifts, don't make them work multiple holidays in a row.	4/4/2016 2:30 PM
147	By not being as prescriptive with their rosters.	4/4/2016 2:26 PM
148	increase staff capacity/numbers to enable 7 day sevices without simply spreading a current effective 5 day service to 7 days.	4/4/2016 2:22 PM
149	satff are exhausted they should not be encouraged to work extra	4/4/2016 2:21 PM
150	Therapies cover the same	4/4/2016 2:14 PM
151	? More money but definitely some recognition - 'winter pressures winners' of M&S vouchers monthly or something.	4/4/2016 2:14 PM
152	do not know	4/4/2016 2:11 PM
153	Treat them well all year, then they will be happy to work extra, at the moment staff morale is so low, all it seems is take take with no give	4/4/2016 2:08 PM
154	Time owing at less busy times	4/4/2016 2:06 PM
155	I find additional Pay is always a good incentive for many people	4/4/2016 2:04 PM
156	Not directly involved so unable to offer an opinion	4/4/2016 2:02 PM
157	offer existing staff additional hours first at an enhanced rate	4/4/2016 1:46 PM
158	pharmacy should be open longer hours on weekends and bank holidays	4/4/2016 1:45 PM
159	Give better pay	4/4/2016 1:44 PM
160	Pay more.	4/4/2016 1:42 PM
161	As above.	4/4/2016 1:40 PM
162	pay travel costs	4/4/2016 1:37 PM
163	Benefits ie salary, or other employment benefits.	4/4/2016 1:33 PM
164	Ensure AfC terms and conditions are properly fulfilled for staff working overtime, or better still, improve on AfC and offer double pay/triple pay for certain shifts	4/4/2016 1:33 PM
165	Have more staff to start with and offer more pay or time off if they prefer.	4/4/2016 1:30 PM
166	Need a don't know for question 12 as not clinical	4/4/2016 1:29 PM
167	Unable to answer because I'm not directly involved with the wards and patient areas.	4/4/2016 1:29 PM
168	Give them a big notice period so they can plan for the holidays. Ask for willing people to come forward, draw names from a hat. Bank shifts payment terms.	4/4/2016 1:24 PM
169	Need a 'don't know' option	4/4/2016 1:19 PM
170	Knowing that there is a plan 12 months ago	4/4/2016 1:15 PM
171	By paying them what they are worth. By treating staff with respect- train them, empower them.	4/4/2016 1:12 PM
172	7 day working week?	4/4/2016 1:12 PM
173	Proper over time pay.	4/4/2016 1:06 PM
174	Additional basic staff numbers.	4/4/2016 1:02 PM

175	By valuing them and showing them in actions and not just words that this is the case. i.e. working in well supported and properly staffed clinical environments with a strong emphasis on education and time to reflect and learn. there is little evidence that this is the case currently, espeically in the acute parts of the trust.	4/4/2016 1:02 PM
176	?	4/4/2016 1:00 PM
177	Unsure of above	4/4/2016 12:56 PM
178	Don't know don't work on wards.	4/4/2016 12:52 PM
179	-	4/4/2016 12:51 PM
180	reward and recognition	4/4/2016 12:51 PM
181	Give more genuine praise, recognition, and support/empathy from more visible prescence of management (middle to top) on difficult days.	4/4/2016 12:49 PM
182	The nurse bank pay incentives have helped recruit more internal staff on the Bank to work extra hours. We need to keep that up, and make it more attractive than joining agencies.	4/4/2016 12:45 PM
183	Need consistent 7 day working for all staff groups.	4/4/2016 12:43 PM
184	Ask them if they really care about delivering good healthcare.	4/4/2016 12:41 PM
185	raised pay for those hours	4/4/2016 12:32 PM
186	flexible working patterns	4/4/2016 12:31 PM
187	Time off in lieu, increase in hourly rate?	4/4/2016 12:30 PM

Q14 FOR WARD BASED STAFF ONLY: In your opinion where were the most significant gaps in service provision over winter (Tick up to three)

Answered: 115 Skipped: 261



Answer Choices	Responses	
Pharmacy	**33.04%**	38
Therapies	**33.04%**	38
Radiology	**14.78%**	17
Pathology	**6.96%**	8
Senior Medical/Surgical review	**29.57%**	34
Community services, including availability of a community bed	**45.22%**	52
Transport	**31.30%**	36
Social care, including setting up/restarting a package of care	**69.57%**	80
Nursing/residential care home placement	**56.52%**	65
Total Respondents: 115		

#	Other (please specify)	Date
1	How short sighted is this question? Your biggest percentage of workforce is in nursing, yet this group is not even given a selection of its own but is included with residential care home placement. Do you have any real idea about what is happening in the Trust?	4/13/2016 8:06 AM
2	Nursing staff - why is hospital nursing not included on the above list	4/13/2016 7:27 AM
3	General staffing on the wards over this winter period have been shockingly low and can sometimes be very difficult to deal with.	4/11/2016 4:05 PM
4	Theatre staff vacancy	4/11/2016 1:06 PM
5	Not enough nursing staff	4/9/2016 5:25 PM
6	Maternity	4/9/2016 8:54 AM
7	Nurses and HCAs on the wards	4/7/2016 7:49 AM
8	Staffing, staffing ratios	4/6/2016 9:18 AM
9	Respite and step down beds with community therapy to do rehab	4/6/2016 8:27 AM
10	staff to cover the ward	4/6/2016 8:26 AM
11	pharmacy	4/5/2016 11:53 PM
12	Availibility of medical beds	4/5/2016 1:07 PM
13	Junior doctor support - stop defaulting all medical care to 'seniors'	4/5/2016 12:01 PM
14	dont know	4/5/2016 7:54 AM
15	Acute beds	4/4/2016 4:17 PM
16	Surgery	4/4/2016 1:15 PM
17	Nursing staff also a problem	4/4/2016 12:43 PM
18	gynae as G1 changed its ward type so no specific gynae ward for referrals to be made to for inpatients	4/4/2016 12:42 PM

Q15 If you could choose one thing to focus on and to improve in next year's Winter plan what would it be?

Answered: 191 Skipped: 185

#	Responses	Date
1	More TRAINED nurses!!! In relation to question 14, I realise the Trust has tried to recruit nurses and there is a shortage, but efforts should be made now to try and build up staffing not bring foreign nurses into the Trust at the start of winter when we are all too busy to support their development. There is also far too much reliance on agency staff who we also need to support as they do not know the hospital and do not function in the same way as a permanent member of staff. Though we do have a few very good agency nurses.	4/13/2016 8:06 AM
2	Enough trained nursing staff on the wards to provide decent care - not ran on skeleton staff and agency who are unfamiliar with the hospital and therefore rely heavily on the trust nursing staff - adding at times more stress.	4/13/2016 7:27 AM
3	Better forward planning of additional staffing.	4/12/2016 4:32 PM
4	Making plans now to increase older persons provision of care. More consultant cover to do ward rounds More staff as outlined above	4/12/2016 1:18 PM
5	more beds for urgent elective surgery	4/12/2016 11:15 AM
6	Provision of beds	4/12/2016 11:08 AM
7	Get community on board quicker to ensure bed blocking is reduced.	4/12/2016 10:56 AM
8	Decision makers in key positions on the wards. Radiology access at weekends and bank hols	4/12/2016 8:39 AM
9	Have more staff	4/12/2016 6:35 AM
10	senior reveiw of patients	4/12/2016 4:58 AM
11	staffing and beds	4/11/2016 5:15 PM
12	Inform staff from the outset exactly what they are expected to do, where they will be working and what the ward will look like.	4/11/2016 5:00 PM
13	out of hours acute gynae admissions and not spreading gynae inpatients all over the hospital.	4/11/2016 4:20 PM
14	Staffing problems and shift patterns.	4/11/2016 4:05 PM
15	a fully staffed hospital	4/11/2016 1:06 PM
16	nursing/ residential care and community therapy follow up	4/11/2016 12:58 PM
17	Reducing ED attendances	4/11/2016 11:59 AM
18	better communication and better planning	4/11/2016 10:44 AM
19	more senior staff concentrating on reviewing and discharging staff.	4/11/2016 10:38 AM
20	staffing levels	4/11/2016 10:10 AM
21	Infection prevention - I think we should be much stricter with visitors. Pts MUST wash/gel. Children visitors with colds must not be allowed on the wards.	4/11/2016 10:08 AM
22	Community AHP Paediatric Services - therapies should not be required to "cover" over the Christmas period. We are treated like nursing or ward staff which we are not and our holidays are limited due to ridiculous rules about how much leave you are allowed to take over Christmas and New Year. This is the perfect time to take annual leave as schools are closed and families are busy and do not need or expect clinic appointments at this time. It is a good time for staff to be allowed time off to spend with their own families and have a good work life balance.	4/11/2016 9:56 AM
23	Ring fence beds for fast track cases so these are never cancelled.	4/11/2016 9:50 AM
24	electronic shared patient's records that all of the doctors have instant access to, and "must" review before seeing a patient, this is becasue doctors never appear to know what the other doctor has said or done, this is from personal experiences	4/11/2016 9:40 AM
25	To work better as a team.	4/11/2016 9:31 AM

26	Ensuring elective surgical activity is maintained throughout the winter period.	4/11/2016 9:28 AM
27	make use of an area for patients who are delayed waiting for placements in care or care packages to free up acute beds	4/11/2016 8:26 AM
28	Provide more step down beds for elderly patients.	4/11/2016 8:10 AM
29	Just general respect of your staff as I have never worked anywhere I have felt so under valued.	4/11/2016 3:07 AM
30	Communication and correctly allocating patients to wards.	4/10/2016 8:10 PM
31	Winter uniform for community staff	4/10/2016 7:35 PM
32	winter uniform for community staff	4/10/2016 7:33 PM
33	More permanent staff.	4/10/2016 6:07 PM
34	care in the community to allow pts to be disharged out of the hospital and not 'block beds'.	4/10/2016 4:03 PM
35	for community provide 4x4	4/10/2016 1:02 PM
36	Ensure Community Services are FULLY STAFFED to enable hospital teams to speed up pt d/c and / or prevention hospital admission in the first place.. This would help with pt flow and save the acute trust mone!! It would also improve pt experience...	4/10/2016 11:55 AM
37	availability of supplies like appropriate face masks; consistency with infection control policies and protocols with regards to managing limited isolation rooms and critical care bed capacity; provision of adequate staffing and allowing back up for sickness when more respiratory infections are likely to happen at this season; more flexible approach to accessing bank or agency staff.	4/9/2016 11:33 PM
38	Eldery patient flow (specifically ones with social service / complex discharge planning needs)	4/9/2016 10:46 PM
39	We need to keep ahold of the wonderful nurses that are leaving in droves. Focus on staff retention, because posts aren't being filled. Also, what is the point of a ward having an f2, acp, specialist nurse and a consultant Monday to Friday, and NONE of that over the weekend. Just one stressed junior covering multiple wards.	4/9/2016 5:25 PM
40	Getting a community bank.	4/9/2016 5:12 PM
41	Ensure that any plan is effectively communicated to ALL staff and that before winter hits next year a plan be already in place	4/9/2016 8:54 AM
42	realistic foresight.	4/9/2016 8:42 AM
43	Having Physio and OT cover at the weekends would help ensure patients can receive timely discharge	4/9/2016 2:51 AM
44	appropriate patients for the amount of staff	4/8/2016 10:29 PM
45	involvement of community in planning and community beds available	4/8/2016 5:10 PM
46	Recruitment	4/8/2016 4:07 PM
47	Locum therapists or additional funding for therapies to add input to temporary wards	4/8/2016 3:52 PM
48	Increase the number of therapies, implement a 7 day service for therapies and close winter pressure wards when they due to close and not keep them open indefinitely	4/8/2016 1:11 PM
49	Staffing/ beds avaiable	4/8/2016 12:35 PM
50	proper levels of staffing - not having to rely on agency staff, keeping staff on the same ward so they don't have to keep having multiple handovers, additional admin staff on the wards to support the medical staff	4/8/2016 12:21 PM
51	Open more beds	4/8/2016 11:43 AM
52	Reward the permanent staff financially and instead of exspensive agency staff we could get more from "our own" staff, and talking about taking away out of hours payments will be the final nail in the Trusts coffin	4/8/2016 7:26 AM
53	Staffing	4/7/2016 11:35 PM
54	facilitate the public to go to their gp or pharmacist instead of going to A&E, to reduce the spread of infection	4/7/2016 2:08 PM
55	Getting the staffing in place early to support the plan	4/7/2016 12:39 PM
56	More capacity, through increased throughout out recognition of higher acuity patterns that require increased bed base in acute setting	4/7/2016 10:15 AM

57	Why not try using the computer screen savers to update staff through the day on the bed status - there seems to be a lot of repetition from managers providing bed status information and asking about discharges which creates tension on the wards - the ward staff are always aware of the need to discharge patients quickly and efficiently and don't need to be reminded by managers!	4/7/2016 9:11 AM
58	As before, until there is an increase in staff resources, staff motivation and levels of sickness will not improve.	4/7/2016 9:01 AM
59	Employing an appropriate level of staff and stop expecting so much from the staff already on the wards. Pay a correct overtime rate and stop disrespecting our staff by employing agency staff who are on up to 3x what ours are on but are nowhere near well enough trained to work on our wards	4/7/2016 8:20 AM
60	More staff	4/7/2016 7:52 AM
61	If possible wards are fully staffed to ensure patient safety .	4/7/2016 5:36 AM
62	staffing	4/6/2016 3:53 PM
63	reallocation of elective surgery not cancellations	4/6/2016 3:28 PM
64	(letting the government know we can't achieve what they're expecting without extra funds) improve conditions for permanent staff to improve recruitment as well as retention of staff	4/6/2016 2:57 PM
65	INCREASE BED STOCK AND REGULAR STAFFING LEVELS	4/6/2016 2:30 PM
66	Ensuring TTos are on time	4/6/2016 2:28 PM
67	plan early especially staff employment/moving don't rely on existing staff taking up extra shifts	4/6/2016 2:23 PM
68	more staff employed accross the whole trust	4/6/2016 1:52 PM
69	Pay over time when staff volunteer to work outside their usual pattern of working.	4/6/2016 1:21 PM
70	increase pharmacy working times	4/6/2016 11:52 AM
71	Staffing.	4/6/2016 11:44 AM
72	More appropriately qualified permanent staff. Less Agency.	4/6/2016 11:37 AM
73	Stop the constant changing of terms /words used.This is confusing and possibly costly.	4/6/2016 11:10 AM
74	staffing	4/6/2016 10:55 AM
75	Bed washing team Pharmacy opening earlier	4/6/2016 10:44 AM
76	Communicating the plan as soon as possible to allow any changes to be implemented in a smoothe/timely/ less disruptive manner.	4/6/2016 10:42 AM
77	Concentrate on how to reduce elective surgery Support junior Drs	4/6/2016 10:25 AM
78	Staffing those areas used as esculation wards and to maintain a set number of beds with the correct staffing numbers.	4/6/2016 9:18 AM
79	more trained nurses on the acute medical and elderly wards.	4/6/2016 8:38 AM
80	Increase in therapy funding to cover all wards and departments, some are not funded therefore staff covering do not have the time to do the quality work required.	4/6/2016 8:27 AM
81	to have a designated consultant and team for escalation areas	4/6/2016 6:43 AM
82	More physio's / ot's on duty at weekends.	4/5/2016 11:53 PM
83	rota & staffing	4/5/2016 5:44 PM
84	its not just winter!	4/5/2016 5:35 PM
85	my first winter	4/5/2016 4:45 PM
86	Enable staff to work overtime to make up short fall in services which not only helps the hospital and patient but helps the nurse who hasnt had a pay rise in years and would encourage an increase in working at short notice. this is still cheaper than using agency staff!!	4/5/2016 4:21 PM
87	Not all out-patient work to be cancelled as this had a knock on affect to some of our vunerable patients not recieving a service. Our waiting lists subsequently went up putting more strain on staff to ensure urgent needs were met.	4/5/2016 3:38 PM
88	Clear plan of what happens to reduced outpatient clinics due to staff on ward and an understanding of how this impacts in Jan and feb	4/5/2016 3:34 PM

89	Community staff to be aware of how to drive in the snowy/icy conditions that regularly effect rural North Yorkshire. They also need to be prepared with their winter kit (shovel, flask and spare warm clothing)	4/5/2016 3:23 PM
90	Focus on a community plan and have survey for community staff!!!!!!!	4/5/2016 1:59 PM
91	Talking to patients at every opportunity about EDD - so they are aware from admission we are thinking about earliest possible opportunity to get home!	4/5/2016 1:49 PM
92	Increasing baseline capacity in the system to cope with unpredictable but regular surge in medical demand.	4/5/2016 1:07 PM
93	better weather	4/5/2016 12:03 PM
94	Staff	4/5/2016 12:01 PM
95	bigger bed base and more staff.	4/5/2016 11:22 AM
96	More staff . . .	4/5/2016 10:56 AM
97	full compliment of staff 24 hours 7 days a week	4/5/2016 10:51 AM
98	Improved and clearer working practices with GP and Social services to manage patients outside of the hospital.	4/5/2016 10:41 AM
99	Increase staff level.	4/5/2016 10:39 AM
100	Consider the fact that it's dark, and that it can be very difficult for lone workers to actually find a person's property before we begin the visit, please give us more time to do this safely	4/5/2016 10:29 AM
101	To be able to have more staff to cover the winter pressure wards	4/5/2016 10:18 AM
102	having enough medical (medicine and elderly) staff to see the numberof patients in the trust	4/5/2016 9:42 AM
103	early start of winter planning	4/5/2016 9:25 AM
104	Long waits in ED.	4/5/2016 9:18 AM
105	Better provision of social care as beds we're often blocked for days/weeks.	4/5/2016 9:08 AM
106	Better service provision that is home based. This includes intermediate care and district nusing over night on the SH site and domicilary home care provision for the york site.	4/5/2016 9:08 AM
107	Discharge improved	4/5/2016 8:51 AM
108	staffing of nurses HCAs earlier in the year so it does not appear to be last minute. do not deplete the wards of staff	4/5/2016 8:35 AM
109	Review all those who have had an admission promptly following discharge to reduce the risk of re-admission	4/5/2016 8:30 AM
110	more consultants and drs in the medical side.	4/5/2016 8:23 AM
111	pts out layed must be appropriate to the ward they are to be outlayed in .	4/5/2016 7:49 AM
112	ask the people who involved on the base level before alterations are introduced	4/5/2016 6:53 AM
113	Patient flow from admission to discharge.	4/5/2016 6:48 AM
114	In York keep Ward 24 open all year round and staff appropriately	4/5/2016 3:23 AM
115	Better planning and asking people on the ground floortheir ideas! WE know this happens every year yet we never seem to be prepared! Too much talking at higher level and not enough actually doing!	4/5/2016 2:17 AM
116	medical and nursing staffing levels	4/5/2016 1:33 AM
117	need ,more respite care placements with rehab potential move elderly patients more quickly	4/5/2016 1:26 AM
118	No idea	4/5/2016 12:15 AM
119	Appropriate staffing levels to provide better care for patients	4/4/2016 10:07 PM
120	get organised	4/4/2016 7:35 PM
121	Medical cover for outliers	4/4/2016 6:38 PM
122	Staffing	4/4/2016 5:29 PM
123	patient flow	4/4/2016 5:13 PM
124	Better links with social care, faster response times, having social work presence in house consistently every day.	4/4/2016 5:09 PM
125	more social care provision and prevention of inappropriate admissions. care homes just not coping with care of the elderly and no medical conditions yet admitted inappropriately	4/4/2016 4:26 PM

126	More nurses and HCAs.	4/4/2016 4:17 PM
127	teamwork	4/4/2016 4:14 PM
128	Improve social services in relation to discharge planning	4/4/2016 4:06 PM
129	The weather	4/4/2016 4:03 PM
130	Start planning alot earlier acknowledging the mistakes from previous years and working on fixes for the next year	4/4/2016 4:03 PM
131	Having enough beds on the wards.	4/4/2016 3:57 PM
132	Better pay for staff working the shifts.	4/4/2016 3:37 PM
133	Improving weekend services	4/4/2016 3:25 PM
134	Liaising very closely with social services to ensure they have the same attitude over this period	4/4/2016 3:15 PM
135	Make plans with the community services - ensure their services are at full capacity and staffed over the weekends and bank holidays.	4/4/2016 3:10 PM
136	Acutally ask people if they are entitled to free care and charge those not entitled. I met an American last week who stated he recieved free care in York hospital and was just told "dont offer to pay, it creates too much paperwork" when he was in A/E, eventhough he had insurace and was happy to pay.	4/4/2016 3:07 PM
137	more effective use of e-rostering	4/4/2016 3:05 PM
138	need to reduce the delay in provision of packages of care for patients who are fit to be discharged.	4/4/2016 3:04 PM
139	More staff on site	4/4/2016 3:00 PM
140	Social care packages need to be available	4/4/2016 2:55 PM
141	I learnt what was going on through the local press. Just let staff know where we can pick up the info conveniently	4/4/2016 2:51 PM
142	Liaise with community areas to see if patients can be taken there if beds running out in Hospital e.g. archways	4/4/2016 2:47 PM
143	More effective working with external stakeholders.	4/4/2016 2:44 PM
144	set up sooner and staff sooner.	4/4/2016 2:33 PM
145	Improving discharge times daily - with more discharges happening in mornings	4/4/2016 2:32 PM
146	The plan to be distibuted much earlier to allow discussion.	4/4/2016 2:26 PM
147	ask what the community therapy team can provide - include us in decision making to map service provision	4/4/2016 2:22 PM
148	communication to general public	4/4/2016 2:21 PM
149	Numerous patients awaiting social care blocking acute beds	4/4/2016 2:14 PM
150	More staff	4/4/2016 2:08 PM
151	Ensure the communication is effective and targeted at those people who need to know its intimate detail	4/4/2016 2:04 PM
152	community staff are affected all the time not just journey to and from work this should be remembered	4/4/2016 1:57 PM
153	communicate the plan early and keep staff informed of progress - better/worse than previous year	4/4/2016 1:46 PM
154	Getting all people to appreciateand engage with acknowledging that they can have an impact. Work within the out patient setting included.	4/4/2016 1:45 PM
155	pharmacy open longer hours into evenings and longer on weekends Also staffing levels on wards is poor therefore discharge may be delayed, offer staff nurses and healthcare assistants better incentives for overtime and more staff would be willing to cover shifts rather than paying agency staff	4/4/2016 1:45 PM
156	having the extra staff ready for the start of the winter plan	4/4/2016 1:44 PM
157	Open beds earlier. Communicate better with community services. Perhaps look at funding carers in the community to ease short fall or discuss how contracts with care agencies would allow for short fast interventions.	4/4/2016 1:42 PM
158	Communication between Theatres, Consultants, DMs, DDMs, and wards	4/4/2016 1:33 PM
159	This survey needs a 'don't know' box. Questions 8, 10 and 12 had to have an answer but I've no idea so put 3. Please ignore those answers.	4/4/2016 1:30 PM
160	Inform everyone what it is	4/4/2016 1:30 PM
161	Cascade the winter plan fully.	4/4/2016 1:29 PM

162	Make everyone aware of it.	4/4/2016 1:29 PM
163	Wider communication	4/4/2016 1:26 PM
164	All departments being more involved, nut just the clinical areas.	4/4/2016 1:21 PM
165	communicating all staff with clear expectations	4/4/2016 1:18 PM
166	Think of where and how elective (money making) surgery continue and not being cancelled ie., perhaps have it done in other sites. Making way wards / community hospitals to take non acute and social care patients. Please plan early	4/4/2016 1:15 PM
167	Every in-patient in this hospital must be reviewed by a Consultant every single day. No exceptions- mandate it from the board. Request CD's to come up with a plan to make this happen.	4/4/2016 1:12 PM
168	Transport available to cope with floods and snow.	4/4/2016 1:06 PM
169	info out to specifically community staff who travel out on visits a lot	4/4/2016 1:02 PM
170	Free up additional ward areas for overflow, more nurses/Dr's to manage these areas. Waiting times for radiology and results reporting need to be urgently improved.Histology results waiting times often too long.	4/4/2016 1:02 PM
171	Enough nurses to cope with demand	4/4/2016 1:02 PM
172	Communication	4/4/2016 1:00 PM
173	More staff to cope with increasing work load	4/4/2016 12:54 PM
174	Less managers more Dr's	4/4/2016 12:52 PM
175	Winter funding for pharmacy for escalation areas and winter pressures - there was none this year!	4/4/2016 12:52 PM
176	not to force staff to be discharge liasion officers.	4/4/2016 12:51 PM
177	The system is broken and on the brink of collapse	4/4/2016 12:48 PM
178	protecting some elective bed base in SGH	4/4/2016 12:45 PM
179	Biggest pressure older people that don't need to be in hospital but there's nowhere for them to be looked after.	4/4/2016 12:43 PM
180	improve gynae provision as admitting some women to antenatal ward (for example women awaiting termination of pregnancy) is inappropriate and unkind	4/4/2016 12:42 PM
181	Start planning now!!! Pressures are now for a full year not just winter	4/4/2016 12:41 PM
182	Remind Staff that Patients come first.	4/4/2016 12:41 PM
183	Improve the flow through the hospital	4/4/2016 12:40 PM
184	dont know as not directly involved with wards, just outpatient clinics	4/4/2016 12:36 PM
185	There is such a shortage of community beds, perhaps this could be expanded	4/4/2016 12:35 PM
186	We need to really focus on having no delayed transfers of care on teh acute sites. The hospital should not have any patients in the acute bed stock who are medically fit.	4/4/2016 12:33 PM
187	contingency to inlude spare beds	4/4/2016 12:32 PM
188	It was difficult to fill in this questionnaire as a new employee as many of the questions were compulsorary and then asked me to refer back to previous years which I could not do so I have given a neutral response for these.	4/4/2016 12:32 PM
189	reduce delayed discharges	4/4/2016 12:31 PM
190	Increased assess and treat areas to avoid admissions	4/4/2016 12:30 PM
191	Open more wards in Bridlington	4/4/2016 12:30 PM

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Monitor Return Q4

Action requested/recommendation

The Board is asked to approve the submission to Monitor for Q4.

Summary

The Trust is required to submit the quarter 4 return at the end of the month.

The position being submitted is as follows:

Financial sustainability Risk Rating (FRSS) The finance report and attached appendix shows the position.

Governance – there are a number of targets that have not been achieved this quarter including:

A&E 4 hour target

(Please note that the figures included in the return for Cancer are un-validated and will be confirmed during May).

Attached are copies of the submission documents.

The Trust continues to comply with the standard licence conditions as required by the Risk Assessment Framework and Monitor Provider Licence.

The Chair and Chief Executive will review the final supporting letter on behalf of the Board and confirm the letter prior to the submission being made to Monitor.

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

Implications for equality and diversity

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

This report is for approval 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	Patrick Crowley, Chief Executive
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	April 2016
Version number	Version 1

Summary of Financial Statements for York Teaching Hospital NHS Foundation Trust

	units	sense	Audited For PrevYE ending 31-Mar-15	Plan For Month ending 31-Mar-16	Actual For Month ending 31-Mar-16	Variance For Month ending 31-Mar-16	Plan For YTD ending 31-Mar-16	Actual For YTD ending 31-Mar-16	Variance For YTD ending 31-Mar-16	Plan For Year ending 31-Mar-16
Summary Income and Expenditure Account										
Operating income (inc in EBITDA)										
NHS Clinical income	£m	(+ve)	397.002	34.077	-	(34.077)	404.804	379.165	(25.639)	404.804
Non-NHS Clinical income	£m	(+ve)	2.679	0.231	(0.018)	(0.249)	2.776	2.695	(0.081)	2.776
Non-Clinical income	£m	(+ve)	52.031	3.777	5.194	1.417	45.328	52.113	6.785	45.328
Total	£m		**451.712**	**38.086**	**5.176**	**(32.909)**	**452.907**	**433.973**	**(18.935)**	**452.907**
Operating expenses (inc in EBITDA)										
Employee expense	£m	(-ve)	(300.151)	(24.867)	(26.373)	(1.507)	(295.371)	(318.461)	(23.090)	(295.371)
Non-Pay expense	£m	(-ve)	(136.422)	(11.903)	(12.676)	(0.774)	(142.483)	(144.707)	(2.224)	(142.483)
PFI / LIFT expense	£m	(-ve)	-	-	-	-	-	-	-	-
Total	£m		**(436.573)**	**(36.769)**	**(39.050)**	**(2.280)**	**(437.854)**	**(463.168)**	**(25.314)**	**(437.854)**
EBITDA	£m		15.139	1.316	(33.874)	(35.190)	15.053	(29.195)	(44.249)	15.053
EBITDA Margin %	%		3.35%	3.46%	(654.42%)	(657.88%)	3.32%	(6.73%)	(10.05%)	3.32%
Operating income (exc from EBITDA)										
Donations and Grants for PPE and intangible assets	£m	(+ve)	0.634	0.050	(0.206)	(0.256)	0.600	0.472	(0.128)	0.600
Operating expenses (exc from EBITDA)										
Depreciation & Amortisation	£m	(-ve)	(10.850)	(0.917)	(1.008)	(0.091)	(11.000)	(11.091)	(0.091)	(11.000)
Impairment (Losses) / Reversals	£m	(+/-ve)	(3.757)	(0.300)	(1.717)	(1.417)	(0.300)	(1.717)	(1.417)	(0.300)
Restructuring costs	£m	(-ve)	(0.355)	-	(0.013)	(0.013)	-	(0.595)	(0.595)	-
Total	£m		**(14.962)**	**(1.217)**	**(2.738)**	**(1.521)**	**(11.300)**	**(13.403)**	**(2.103)**	**(11.300)**
Non-operating income										
Finance income	£m	(+ve)	0.163	0.008	0.008	0.000	0.100	0.131	0.031	0.100
Gain / (Losses) on asset disposals	£m	(+/-ve)	-	-	-	-	-	0.003	0.003	-
Gain on transfers by absorption	£m	(+ve)	-	-	(0.118)	(0.118)	(4.500)	(4.707)	(0.207)	(4.500)
Other non - operating income	£m	(+ve)	-	-	-	-	-	-	-	-
Total	£m		**0.163**	**0.008**	**(0.110)**	**(0.118)**	**(4.400)**	**(4.573)**	**(0.173)**	**(4.400)**
Non-operating expenses										
Interest expense (non-PFI / LIFT)	£m	(-ve)	(0.354)	(0.027)	(0.037)	(0.010)	(0.323)	(0.356)	(0.033)	(0.323)
Interest expense (PFI / LIFT)	£m	(-ve)	-	-	-	-	-	-	-	-
PDC expense	£m	(-ve)	(6.238)	(0.587)	(0.389)	0.198	(7.040)	(6.842)	0.198	(7.040)
Other finance costs	£m	(-ve)	(0.023)	-	-	-	-	(0.019)	(0.019)	-
Non-operating PFI costs (e.g. contingent rent)	£m	(-ve)	-	-	-	-	-	-	-	-
Losses on transfers by absorption	£m	(-ve)	-	-	-	-	-	-	-	-
Other non-operating expenses (including tax)	£m	(-ve)	-	-	-	-	-	-	-	-
Total	£m		**(6.615)**	**(0.614)**	**(0.426)**	**0.188**	**(7.363)**	**(7.218)**	**0.145**	**(7.363)**
Surplus / (Deficit) after tax	£m		**(5.641)**	**(0.456)**	**(37.353)**	**(36.897)**	**(7.410)**	**(53.918)**	**(46.508)**	**(7.410)**
Profit/(loss) from discontinued Operations, Net of Tax	£m	(+/-ve)	-	-	-	-	-	-	-	-
Surplus / (Deficit) after tax from Continuing Operations	£m		**(5.641)**	**(0.456)**	**(37.353)**	**(36.897)**	**(7.410)**	**(53.918)**	**(46.508)**	**(7.410)**
Memorandum Lines:										
Surplus / (Deficit) before impairments and transfers	£m		(1.884)	(0.156)	(35.518)	(35.363)	(2.610)	(47.494)	(44.885)	(2.610)
One off income/costs	£m		(4.112)	(0.300)	(1.848)	(1.548)	(4.800)	(7.015)	(2.215)	(4.800)
Normalised Surplus / (Deficit)	£m		(1.529)	(0.156)	(35.505)	(35.349)	(2.610)	(46.902)	(44.293)	(2.610)
Normalised Surplus / Deficit Margin %	%		(0.34%)	(0.41%)	(713.14%)	(712.73%)	(0.58%)	(10.79%)	(10.22%)	(0.58%)

Summary Statement of Financial Position

Non-current Assets										
Intangible assets	£m	(+ve)	1.716	3.403	-	(3.403)	3.403	-	(3.403)	3.403
Property, Plant & Equipment	£m	(+ve)	225.882	233.081	-	(233.081)	233.081	-	(233.081)	233.081
On-balance sheet PFI	£m	(+ve)	-	-	-	-	-	-	-	-
Other	£m	(+ve)	1.087	1.087	-	(1.087)	1.087	-	(1.087)	1.087
Total	£m		**228.685**	**237.571**	**0.000**	**(237.571)**	**237.571**	**0.000**	**(237.571)**	**237.571**
Current Assets										
Cash and cash equivalents	£m	(+ve)	18.493	18.465	-	(18.465)	18.465	-	(18.465)	18.465
Other current assets	£m	(+ve)	28.123	27.273	-	(27.273)	27.273	-	(27.273)	27.273
Total	£m		**46.616**	**45.738**	**0.000**	**(45.738)**	**45.738**	**0.000**	**(45.738)**	**45.738**
Current Liabilities										
Overdrafts and drawdowns in committed facilities	£m	(-ve)	-	-	-	-	-	-	-	-
PFI / LIFT leases	£m	(-ve)	-	-	-	-	-	-	-	-
Other borrowings	£m	(-ve)	(1.313)	(2.001)	-	2.001	(2.001)	-	2.001	(2.001)
Other current liabilities	£m	(-ve)	(32.483)	(33.657)	-	33.657	(33.657)	-	33.657	(33.657)
Total	£m		**(33.796)**	**(35.658)**	**0.000**	**35.658**	**(35.658)**	**0.000**	**35.658**	**(35.658)**
Non-current Liabilities										
PFI / LIFT leases	£m	(-ve)	-	-	-	-	-	-	-	-
Other borrowings	£m	(-ve)	(11.539)	(20.095)	-	20.095	(20.095)	-	20.095	(20.095)
Other non-current liabilities	£m	(-ve)	(1.115)	(1.115)	-	1.115	(1.115)	-	1.115	(1.115)
Total	£m		**(12.654)**	**(21.210)**	**0.000**	**21.210**	**(21.210)**	**0.000**	**21.210**	**(21.210)**
Reserves	£m	(+ve)	228.851	226.441	174.933	(51.508)	226.441	174.933	(51.508)	226.441

Summary Statement of Cash Flows

Surplus (Deficit) from Operations	£m		0.811	0.150	(36.817)	(36.967)	4.353	(42.127)	(46.480)	4.353
Operating activities										
Non-operating and non-cash items in operating surplus/(deficit)	£m	(+/-ve)	14.610	1.216	2.725	1.509	11.300	12.808	1.508	11.300
Operating Cash flows before movements in working capital	£m		**15.421**	**1.366**	**(34.093)**	**(35.458)**	**15.653**	**(29.319)**	**(44.972)**	**15.653**
Movements in working capital	£m	(+/-ve)	9.240	0.027	(0.447)	(0.474)	0.052	(0.800)	(0.852)	0.052
Increase/(Decrease) in non-current provisions	£m	(+/-ve)	-	-	(1.180)	(1.180)	-	(1.115)	(1.115)	-
Net cash inflow/(outflow) from operating activities	£m		**24.661**	**1.393**	**(35.720)**	**(37.112)**	**15.705**	**(31.234)**	**(46.939)**	**15.705**
Investing activities										
Capital Expenditure (Accruals basis)	£m	(-ve)	(22.280)	(2.852)	-	2.852	(23.186)	(17.420)	5.766	(23.186)
Increase/(decrease) in Capital Creditors	£m	(+/-ve)	(1.977)	1.173	-	(1.173)	1.173	(0.796)	(1.969)	1.173
Proceeds on disposal of PPE, intangible assets and investment property	£m	(+ve)	-	0.500	-	(0.500)	0.500	0.237	(0.263)	0.500
Other cash flows from investing activities	£m	(+/-ve)	0.163	0.009	-	(0.009)	0.100	0.122	0.022	0.100
Net cash inflow/(outflow) from investing activities	£m		**(24.094)**	**(1.170)**	**0.000**	**1.170**	**(21.413)**	**(17.857)**	**3.556**	**(21.413)**
Financing activities										
Public Dividend Capital repaid	£m	(-ve)	-	-	-	-	-	-	-	-
Repayment of borrowings	£m	(-ve)	(1.125)	(0.006)	-	0.006	(1.258)	(1.252)	0.006	(1.258)
Capital element of finance lease rental payments	£m	(-ve)	(0.107)	-	-	-	(0.054)	(0.054)	-	(0.054)
Interest element of finance lease rental payments	£m	(-ve)	-	-	-	-	-	-	-	-
Interest paid on borrowings	£m	(-ve)	(0.333)	(0.027)	-	0.027	(0.324)	(0.364)	(0.040)	(0.324)
Other cash flows from financing activities	£m	(+/-ve)	(5.771)	(3.520)	-	3.520	7.316	5.399	(1.917)	7.316
Net cash inflow/(outflow) from financing activities	£m		**(7.336)**	**(3.553)**	**0.000**	**3.553**	**5.680**	**3.729**	**(1.951)**	**5.680**
Opening cash and cash equivalents less bank overdraft	£m	(+/-ve)	25.262	21.796	8.851	(12.945)	18.493	18.493	-	18.493
Net cash increase / (decrease)	£m		(6.769)	(3.330)	(35.720)	(32.389)	(0.028)	(45.362)	(45.334)	(0.028)
Changes due to transfers by absorption	£m	(+/-ve)	-	-	-	-	-	-	-	-
Closing cash and cash equivalents less bank overdraft	£m		**18.493**	**18.465**	**(26.869)**	**(45.334)**	**18.465**	**(26.869)**	**(45.334)**	**18.465**

Financial Sustainability Risk Rating

Capital Service Cover

Revenue Available for Capital Service	£m		15.302				15.153	(29.065)	(44.218)	15.153
Capital Service	£m		(7.847)				(8.675)	(8.524)	0.151	(8.675)
Capital Service Cover metric	0.0x		1.95				1.75	(3.41)	(5.16)	1.75
Capital Service Cover rating	Score		**3**				**2**	**1**		**2**

Liquidity

Working Capital for FSRR	£m	(+/-ve)	5.743				3.240	-	(3.240)	3.240
Operating Expenses within EBITDA, Total	£m		(436.573)				(437.854)	(463.168)	(25.314)	(437.854)
Liquidity metric	Days		4.736				2.664	-	(2.664)	2.664
Liquidity rating	Score		**4**				**4**	**4**		**4**

I&E Margin

Normalised Surplus/(Deficit)	£m	(+/-ve)	(1.529)				(2.610)	(46.902)	(44.293)	(2.610)
Adjusted Total Income for FSRR	£m	(+ve)	452.509				453.607	434.575	(19.032)	453.607
I&E Margin	%		(0.34%)				(0.58%)	(10.79%)	(10.22%)	(0.58%)
I&E Margin rating	Score		**2**				**2**	**1**		**2**

I&E Margin Variance

I&E Margin	%						(0.58%)	(10.79%)	(10.22%)	(0.58%)
I&E Margin Variance From Plan	%		-1.12%				(1.12%)	-10.22%		(1.12%)
I&E Margin Variance From Plan rating	Score						**2**	**1**		**2**

Overall Financial Sustainability Risk Rating	Score						**3**	**2**		**3**
Continuity of Service Risk Rating	Score		**4**							

CIPs

CIPs as a percentage of opex within EBITDA less PFI expenses	%		6.51%	5.52%	10.17%	4.66%	5.56%	5.59%	0.03%	5.56%
CIPs	£m	(+ve)	30.414	2.147	4.423	2.276	25.755	27.403	1.647	25.755

Monitor targets and trajectories for quarter 4

Target or Indicator (per Risk Assessment Framework)	Target	Score	
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	93.0%	Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	85.0%	Not met
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	86.1%	Achieved
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	96.9%	Achieved
Cancer 31 day wait for second or subsequent treatment - surgery	94%	94.1%	Achieved
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	98.8%	Achieved
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	0.0%	Not relevant
Cancer 31 day wait from diagnosis to first treatment	96%	98.8%	Achieved
Cancer 2 week (all cancers)	93%	93.6%	Achieved
Cancer 2 week (breast symptoms)	93%	94.2%	Achieved
C.Diff due to lapses in care (YTD)	59	48	Achieved
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)		65	
C.Diff cases under review		10	
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	N/A	Achieved

Community care - referral to treatment information completeness	50%	100.0%	Achieved
Community care - referral information completeness	50%	73.5%	Achieved
Community care - activity information completeness	50%	98.8%	Achieved
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No
Date of last CQC inspection	N/A		31/03/2015
CQC compliance action outstanding (as at time of submission)	N/A		Yes
CQC enforcement action within last 12 months (as at time of submission)	N/A		No
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		Yes
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No
Overall rating from CQC inspection (as at time of submission)	N/A		Requires improvement
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		No
Trust unable to declare on going compliance with minimum standards of CQC registration	N/A		No
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A		N/A

Click to go to index

In Year Governance Statement from the Board of York Teaching Hospital NHS Foundation

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)	Board Response
For finance, that:	
The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.	Confirmed
The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.	Confirmed
For governance, that:	
The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	Confirmed
Otherwise:	
The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Table 3) which have not already been reported.	Confirmed
Consolidated subsidiaries:	
Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.	0

Signed on behalf of the board of directors

Signature	Sign Here.	Signature	Sign Here.
Name	Susan Symington	Name	Patrick Crowley
Capacity	Chair	Capacity	Chief Executive
Date		Date	

Responses still to complete: 0

Notes:

Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.
In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.
This may include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.
Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A

B

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Annual self-assessment – Monitor Licence

Action requested/recommendation

The Board is asked to note the contents of the annual self-assessment against the Monitor Licence.

Summary

Part of the Trust's governance arrangements includes compliance with the Monitor Licence requirements.

Annually the Corporate Directors undertake a self-assessment against the Trust's compliance with the Licence.

Attached is the document summarising the completion of that work.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Corporate Directors
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	April 2016
Version number	Version 1

Actions to ensure compliance with the Monitor licence

Condition	Action	Evidence	Completed	Party responsible
G1 provision of information	Monitor will request information from time to time which must be accurate, complete and not misleading.	Submission of information	Continuous	All Directors
G2 publication of information	As directed by Monitor the Trust must publish information	Website, Board papers, CoG papers	Continuous	All Directors
G3 payment of fees	Trust must pay Monitor fee as required within 28 days of it becoming payable	Payment of the invoice	As and when	Finance Director
G4 Fit and proper person	All those with the title of Director or equivalent shall complete the fit and proper person test and a register will be kept. This includes the Governors. This will be updated on an annual basis as part of the year end process.	Confirmation from each of the Board members that they are fit and proper persons. Request sent to all Governors to confirm, documents are being returned completed.	Completed	Chief Executive
G4 Fit and proper person	Term to be added to all Directors' employment contracts to state that a Director will have their employment as a Director summary terminated in the event of not being able to satisfy the fit and proper person test. This should be extended to those considered to be equivalent to a director, but not using the title.	Exec Contracts	Completed	Director of Corporate Learning and Development

Condition	Action	Evidence	Completed	Party responsible
G5 Monitor guidance	When Monitor releases guidance. The Trust is required to comply with that guidance or explain why it cannot comply. On the release of guidance a review will be undertaken and if there are any areas where the Trust cannot comply they will be reported to the Board. Where necessary a statement will be sent from the Board to Monitor to explain why the Trust is not complying with the guidance.	List of guidance document published during the year are checked against the year end.	Completed	Chief Executive
G6 System for compliance	The Trust is required to take reasonable precautions against the risk of failure to complying with the licence and the conditions imposed under the NHS acts and required to have regard to the NHS Constitution No later than 2 months from the end of the financial year, the Trust must prepare and submit to Monitor a certificate to the effect that the Trust during the previous financial year has complied with the conditions in the licence. Trust must publish each certificate within 1 month of submission to Monitor in such a manner as would bring to the attention of anyone who may be interested.	Corporate Governance statement identifies any risks to compliance with the licence Inclusion of the FT4 assurance statements in the Annual Governance Statement	May every year June CoG	Chief Executive
G7 Registration with the CQC	Trust must at all times be registered with the CQC	Certificates and reports from CQC and Trust	continuous compliance	Chief Nurse

Condition	Action	Evidence	Completed	Party responsible
G7 Registration with the CQC	Trust to advise Monitor if the Trust does not maintain the CQC registration - the Trust must notify Monitor within 7 days	System in place. Monitor notified when CQC attend the Trust and advised of the outcome on receipt of a final report from CQC Monitor is advised of the report and provided with a copy. If there is a concern highlighted by CQC at their informal feedback, the Trust will review and advise Monitor as appropriate	Not occurred	Chief Executive
G8 Patient eligibility and selection criteria	Set transparent eligibility and section criteria and apply those criteria in a transparent way to persons who, having a choice of person from whom to receive health care services. Publish the criteria in such a manner as will make them accessible to those that are interested.	Development of directory of services supporting choose and book	Complete	All Directors
G9 Application of Continuity of Services	Condition applies whenever the trust is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service	NHS standard contract and services	Completed	Finance Director

Condition	Action	Evidence	Completed	Party responsible
G9 Application of Continuity of Services	The Trust shall give Monitor not less that 28 days notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to which no extension or renewal has been agreed.	NHS standard contract and services	Completed	Finance Director
G9 Application of Continuity of Services	The Trust shall make available free of charge to any person a statement in writing setting out the description and quality of service which it is under a contractual or other legally enforceable obligation to provide as a Commissioner Requested Service	NHS standard contract and services	Completed	Finance Director
G9 Application of Continuity of Services	Within 28 days of a change to the description or quantity of services which the Trust is under a contractual obligation to provide as Commissioner Requested Services, the Trust shall provide to Monitor in writing a notice setting out the description and quantity of all services it is obliged to provide as CRS.	NHS standard contract and services	Completed	Finance Director
P1 Recording of information	If required by Monitor the trust shall obtain, record and maintain sufficient information about the cost which it expends in the course of providing services for the purpose of the NHS and other relevant information. The Trust will establish, maintain and apply such systems and methods fro the obtaining, recording and maintaining of such information about those costs and other relevant information.	Trust supplies Monitor with information when requested. There are designated people in place that have access to Monitors system to upload information	Complete	Finance Director

Condition	Action	Evidence	Completed	Party responsible
P1 Recording of information	The Trust is required to use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.	Internal Audit review of costing	Complete	Finance Director
P1 Recording of information	If the Trust sub contracts to the extent allowed by Monitor the Trust shall ensure the sub- contractors obtains, records and maintains information about the costs which it expends in the course of providing services as a sub contractor, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of information. The sub contractor will supply that information to Monitor as required within a timely manner.	Contact documents	Complete	Finance Director
P1 Recording of information	The Trust will keep the information for not less than six years	Information Governance policy on the retention of documents	Completed	All Directors
P2 Provision of information	As G1 The Trust will supply Monitor with information as required.	Routine report submission	Complete	Finance Director
P3 Assurance report on submissions to Monitor	If Monitor requires the Trust to provide an assurance report in relation to a submission of information under P2 or by a third party. An Assurance Report must be completed by a person approved by Monitor or qualified to act as an auditor.	Routine report submission	Complete	Finance Director

Condition	Action	Evidence	Completed	Party responsible
P4 Compliance with the National Tariff	The Trust shall only provide healthcare services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor.	NHS Standard contract and services	Complete	Finance Director
P5 Constructive engagement concerning local tariff modifications	The Trust is required to engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of 2012 Act (around price).	NHS Standard contract and services	Complete	Finance Director
C1 The right of patients to make choices	The Trust shall ensure that at every point where a patient has a choice under the NHS Constitution or a choice of provider conferred locally by commissioners, the patient is notified of that choice and told where they can find that information. The information provided must not be misleading. The information cannot prejudice any patient. **Note: The Trust is strictly prevented from offering or giving gifts, benefits in kind or pecuniary or other advantage to clinicians, other health professionals, Commissioners or their administrative or other staff as inducement to refer patients to commission services.**	System in place	Complete	Chief Executive

Condition	Action	Evidence	Completed	Party responsible
C2 Completion oversight	The Trust shall not enter into any agreement or arrangement that prevents or distort competition in the provision of healthcare.	NHS Standard contract and services	Complete	Director of Finance
IC1 Provision of Integrated Care	The Trust shall not do anything that would be regarded as against the interests of people who use healthcare services. The Trust shall aim to achieve the objectives as follows: - Improving the quality of health care services - Reduce inequalities between persons with respect to their ability to access services and the outcomes achieved for them.	Values of the Trust and the development of the Annual Plan	Complete	Chief Executive
CoS1 Continuing provision of Commissioner Requested Services	The Trust is not allowed to materially alter the specification or means of provision of any CRS services except: By agreement in writing from the Commissioner If required to do so by, or in accordance with its terms of authorisation.	NHS Standard contract and services	Complete	Finance Director
CoS2 Restriction on the disposal of assets	Keep an asset register up to date which shall list every relevant assed used by the Trust. The Trust shall not dispose of or relinquish control over any relevant asset except with consent of Monitor.	Internal Audit Reports Routine report submissions	Complete	Finance Director

Condition	Action	Evidence	Completed	Party responsible
	The Trust will supply Monitor with a copy of the register if requested			
CoS3 Standards of corporate governance and financial management	Trust is required at all times to maintain, adopt and apply systems and standards of corporate governance and of risk management which reasonably would be regarded as: Suitable for a provider of the CRS provided by the Trust Providing reasonable safeguards against the risk of the Trust being bale to carry on as a going concern	Corporate governance systems that are currently in place along with all the financial management systems	Completed	Chief Executive Finance Director
CoS3 Standards of corporate governance and financial management	The Trust shall have regard to: Guidance from Monitor Trust rating using risk rating methodology Desirability of that rating being not less than the level regarded by Monitor as acceptable	Trust has produced analysis documents against guidance to demonstrate compliance or explanation against guidance documents. These are signed off by Board	Completed	Chief Executive Finance Director
CoS4 Undertaking from the ultimate controller	The Trust shall procure from each company or other person which the trust knows or reasonably ought to know is at any time its ultimate controller	Not applicable	Not applicable	Not applicable
CoS5 Risk pool levy	The Trust shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers, including sums payable by way of levy imposed and any interest payable. If no date given then within 28 days	NHS Standard contract and services	Completed	Finance Director

Condition	Action	Evidence	Completed	Party responsible
CoS6 co-operation in the event of financial stress	If Monitor gives notice in writing to the Trust that it is concerned about the ability of the Trust to carry on as a going concern, The Trust shall: Provide information as Monitor my director to commissioners and to such other persons as Monitor may direct Allow such persons as Monitor may appoint to enter premises Cooperate with such persons	System in place	Complete	Chief Executive
CoS7 Availability of resources	The Trust will at all times act in a manner calculated to secure the required resources Trust not later than 2 months after the year end shall submit to Monitor a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificated using one of the following statements: After making enquires the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Routine report submission Quarterly submission. Corporate governance report written on an annual basis Annual Going Concern Statement	Complete	Finance Director All Directors Finance Director

	or after making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in the certificate. However, they would like to draw attention to the following factors which may cast doubt ion the ability of the Licensee to provide CRS. **or** In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. The Trust shall submit to Monitor with that certificate a statement of the main factors which the Director of the Trust have taken into account in issuing that certificate. The certificate must be approved by a resolution of the BoD and signed by a Director the Trust pursuant to that resolution. Trust must tell Monitor immediately the Directors become aware of circumstances that cause them to no longer have the reasonable expectation referred to in the certificate Trust must publish the certificate			

Condition	Action	Evidence	Completed	Party responsible
FT1 Information to update the register of NHSFT	Trust must supply to Monitor or make sure they are available to Monitor the following: Current version of the Constitution Most recent published accounts and auditor report on them Most recent annual report Amended Constitutions must be supplied within 28 days Comply with any Direction given by Monitor When submitting documents to Monitor Trust must provide a short written statement describing the document and specifying its electronic format and advising that the document is being sent for the purpose of updating the register.	The Constitution is sent to Monitor following the approval of any changes agreed by the Council of Governors.	Completed	Foundation Trust Secretary
FT2 Payment to Monitor in respect of registration and related costs	See earlier conditions	Payment of the invoice	Completed	Finance Director

Condition	Action	Evidence	Completed	Party responsible
FT3 provision of information to advisory panel	Trust must comply with any request from Monitor	Not occurred to date, but Trust would comply with any request from Monitor	Completed	All Directors
FT4 NHSFT governance arrangements	Trust will apply the principles, systems and standards of good corporate governance The Trust will have regard to such guidance as Monitor may issue Comply with the following conditions Trust will establish and implement: An effective Board and committee structure Clear responsibilities for its Boards and committees reporting to the Board and for staff reporting to the Board and those committees.	Detail included in the Annual Governance Statement and Corporate Governance Statement Proposal put forward for a well led review to be undertaken	Complete	Board of Directors

Condition	Action	Evidence	Completed	Party responsible
	Have clear lines of accountabilities throughout the organisation The Trust shall establish and effectively implement systems and processes to: Ensure compliance with the duty to operate efficiently, economically and effectively. For timely and effective scrutiny and oversight by the Board of the Trust's operations. Ensure compliance with health care standards binding on the trust including but not restricted to standards specified by the SoS, the CQC and NHS Commissioning Board and statutory regulators of health care professionals For effective financial decision-making, management and control. To obtain and disseminate accurate, comprehensive, timely and up to date info for BoD and Committee decision making. To identify and manage material risks to compliance. To generate and monitor delivery of business plans. To ensure compliance with all applicable legal requirements.			

	The Trust shall submit to Monitor within 3 months of the year end. A corporate governance statement by and on behalf of its Board confirming compliance with this condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this condition in the next financial year and any action it proposed to take to manage such risks. If required by Monitor a statement from the External Auditors will be included.			

York Teaching Hospital NHS
NHS Foundation Trust

M

Workforce & Organisational Development Committee

Minutes & Action Plan

For meeting on
11th April 2016

09.00 – 11.00
Board Room, 2nd Floor, York Hospital

Minutes

Present: Dianne Willcocks, Non-Executive Director (Chair) - DW
Polly McMeekin, Deputy Director of Workforce - PM
Mike Proctor, Deputy Chief Executive - MP

Apologies: Sue Symington, Chairman
Anna Pridmore, Foundation Trust Secretary
Libby Raper, Non-Executive Director

In attendance: Tracy Astley, PA

Item

1 Minutes from previous meeting

It was agreed that this was a fair representation of the meeting and minutes were signed off.

2 Matters arising

- December/January Action Sheet – need to be redirected to appropriate group(s). Will take to May meeting to discuss.
- Medical Staffing – discuss this at May/June meeting.
- WOD Strategy document– it was noted that further discussions had taken place by email and face to face since the last meeting.

3 Workforce & Organisational Development Strategy

Group discussed the strategy document and noted the following:-

- An Excellent Place to Work – finished.
- Recruitment & Retention – to consider further Staff Engagement.
- Learning – "Knowledgeable Leadership", check the meaning of this. Overall needs rewording.
- Research – Three areas of focus – (a) Curiosity led organisation, (b) Network (c) Commercial Work. The strategy will be agreed together with the new Head of Research, Lydia Harris.
- Health & Wellbeing – (a) Art – need to include getting patients to create. (b) Reorder bullet points in order of priority.
- Developing Our Staff & Our Organisation – further consideration required.
- To re-order to improve flow of document to assist reader.

Document will be looked at again in May by committee and finalise ready to go to Board of Directors end of May.

4 Terms of Reference

Sub-Board Committees may become bi-monthly to be determined imminently by the Chief Executive and the Chairman. MP suggested staggering these with Q&S and F&P so that the Board can concentrate on specific committees. All agreed. It was also suggested that Anna Pridmore write a Terms of Reference for each committee, 3-5 core strategies for us to concentrate on, and then we might add on 2-3 more at the May meeting.

5 CQC

- Staffing numbers – HR working closely with the Chief Nursing Team to continue recruitment. Prepping nurses from York University with interview skills, etc., to hopefully recruit them to this organisation. There are also interviews on-going with European nurses. Plan is to over recruit to replace staff we lose each month, around 13 at present.
- ACPs/Consultants – discussions on-going on recruitment and retention with regards to alternative methods. No benchmark but use suitable models for that particular area to attract recruitment.
- Paediatric Nursing – Action List needs updating.
- Appraisals – PM is challenging the team to be notified when appraisal results come in. Pay Progression should have a positive impact.

6 Living Wage

DW enquired whether the recipients of the 2014 Living Wage uplift also receive the 1% cost of living uplift. They do not. DW asked for an update to be provided in the Workforce Board report this month.

7 Workforce metrics and update report

NHS Health & Wellbeing CQUIN – All bullet points are being worked through at the moment and actions being put in place to meet the criteria to qualify for funding.

8 Junior Doctors Contract

- DW requested numbers of doctors on training, how long they stay, etc. PM will get report from Anne Devaney as this was discussed at private Board.
- PM highlighted one significant change is appointing a “Safe Hours Guardian”. It has been agreed that this post and the “Freedom to Speak Up” post should be combined to make 1 FTE, who reports directly to the Chief Executive. Job Description has been generated from the “Freedom to Speak Up” guidance and advertisement will be released within the next month.
- DRS software not yet available to run the rotas.
- PM informed that Gail Cheesbrough is costing at the moment regarding implementing the Junior Doctors Contract and gave an

overview of breaching issues.

9 Staff Survey

PM gave overview of staff survey. It was also confirmed that Margaret Milburn, E&D and Inclusion Officer is now being managed by Sarah Vignaux, due to Lydia Larcum going on maternity leave soon.

10 Any Other Business

- MP reiterated that the strategy of the committee needs to be specific due to the group discussing three papers in this meeting that have already been presented at the Board. It was agreed that the committee need to anticipate Board papers and take ownership for particular items that need further development.
- PM updated committee on the progress made relating to reducing agency. She had a meeting with Pulse which is a Framework agency but are not in line with the price caps. Monitor is aware of this and is focussing on Trusts that are doing this.

Time and date of next meeting is arranged for Wednesday 18th May at 11.30am – 1.30pm in the Post Graduate Classroom 4, 5th floor Admin Block, York Hospital.

Action Plan: Workforce & Organisational Development Committee
Date of Meeting - 11th April 2016

Item	Issue	Action	Timescale	Who responsible	Progress
2	Matters arising	Bring to May group the December /January Action sheet for redirection.	May meeting	PM/TA	
3	Workforce & Organisational Development Strategy	PM to work on paper and modify on recommendations from comments made at committee meeting.	May meeting	PM	
4	Terms of Reference	AP to write a ToR for each committee (WOD, F&P, Q&A) with 3-5 core strategies then committees add others.	May meeting	AP	
5	CQC	Paediatric Nursing – action list needs updating. Safeguarding – completion date needs altering to on-going.	Immediately Immediately	AP AP	
8	Junior Doctors Contract	PM to get report from Anne Devaney and send to DW.	Immediately	PM	

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 April 2016

Workforce Report – April 2016

Action requested/recommendation

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

Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	Board of Directors
Risk	No risk

Resource implications	There are Human Resources implications identified throughout this report.
Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	April 2016
Version number	Version 1

Board of Directors – 27 April 2016

Workforce Report – April 2016

1. Introduction and background

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

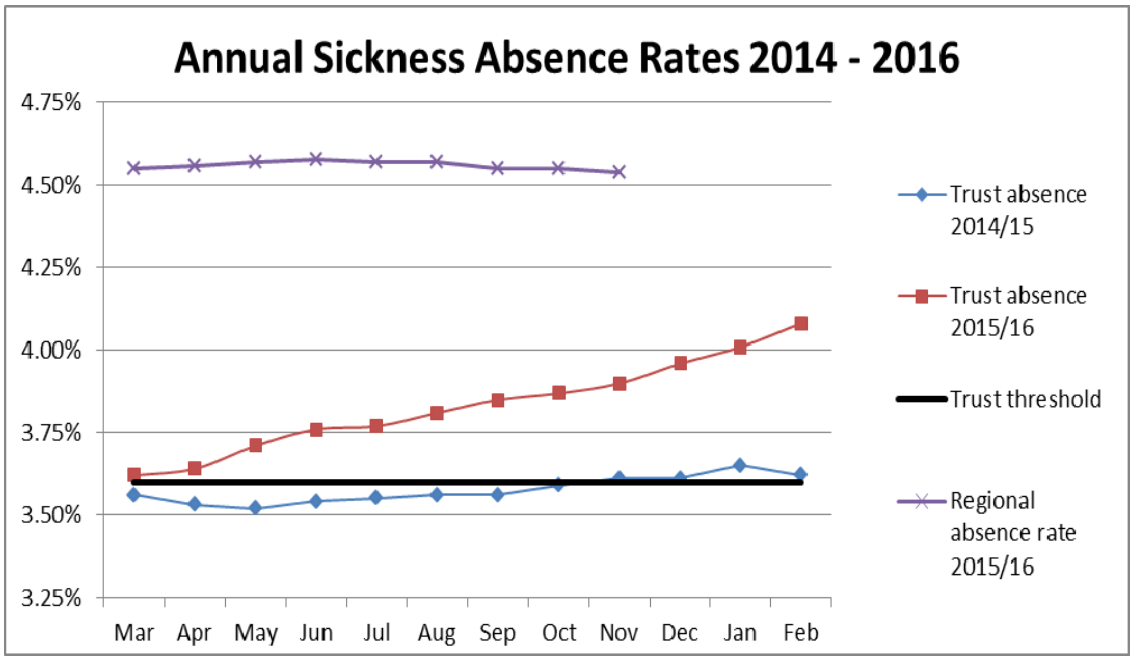
- An increase in the annual sickness absence rate of 0.67% over the last year. This continues to be lower than the regional rate but remains a concern. The report details the increase in associated employee relations activity to support in the management of sickness;
- A slight reduction in the annual turnover rate for the first time in nine months;
- Following the decision to impose the new junior doctor contract from August, two periods of industrial action took place in March and April with a further period, including a full withdrawal of labour planned for 08:00 on 26 April 2016 to 08:00 on 28 April 2016.
- Activity remains high to ensure compliance with rules around agency usage, particularly since the introduction of the third phase of the rules on 1 April 2016.
- A new Pay Progression Policy, covering all staff on Agenda for Change terms and conditions of service went live on 1 April 2016.

2. Workforce Report

2.1 Sickness Absence

Graph 1 – Annual sickness absence rates

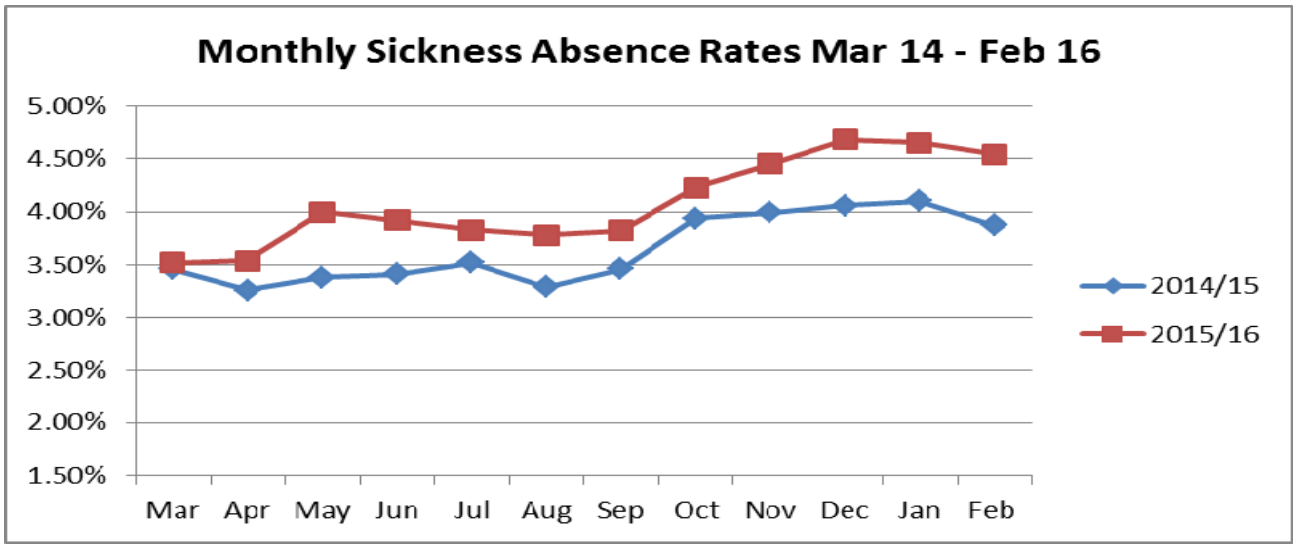
The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. Although the Trust's absence rate continues to be well below the regional absence rate the cumulative annual absence rate has increased in each of the last 11 months and has been above 4% for the last two months.



Source: Electronic Staff Record and HSCIC

The graph below shows the monthly absence rates from March 2014 to February 2016. Whilst this demonstrates similar patterns (i.e. seasonal variations) in both years, it also shows that in every month of the last year, the absence rate is higher than it was in the same month of the previous year. The monthly absence rate in February 2016 was 4.54%, whilst in February 2015 the rate was 3.87%.

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record and HSCIC

To address the increasing absence rates, a number of actions are being taken;

- Chief Executive communication to senior staff regarding the importance of positive management of sickness absence
- The Trust's sickness absence policy is being assessed for effectiveness, changes will be discussed with staff side in due course;
- Sickness absence training for managers is being re-provided;
- HR is working with directorates to overcome local barriers preventing effective sickness absence management;
- The Trust's participation in the NHS England 'Healthy Workforce' project will increase accessibility of services linked to mental health and MSK for staff.

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

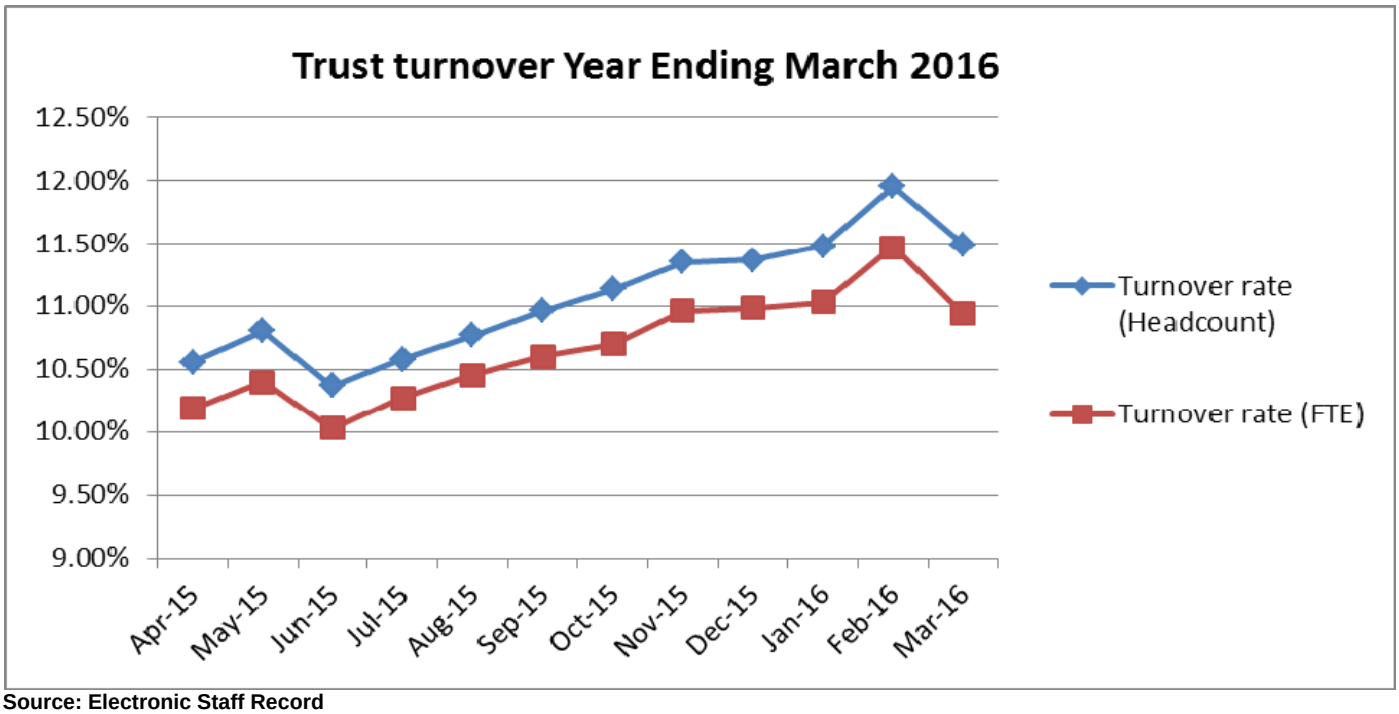
Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 20.23% of all absence days lost	Gastrointestinal – 19.19% of all absence episodes
MSK problems, inc. back problems –18.13% of all absence days lost	Cold, cough, flu – 15.85% of all absence episodes
Gastrointestinal –8.67% of all absence days lost	Anxiety/stress/depression –9.31% of all absence episodes

2.3 Turnover

The turnover rates shown 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 annual turnover rate reduced in March 2016 for the first time in nine months. Based on full time equivalent leavers the turnover rate for February 2016 was 10.94%; based on headcount the rate was 11.49%. This equates to 895 leavers in the 12 month period.
More than two thirds of leavers (67.56%) left due to voluntary resignation, including 80 who left due to relocation and 32 for a promotion, of these eight moved to another NHS Organisation in the Yorkshire and Humber region. More than a quarter of leavers were retirees, including 37 flexi retirements.

Graph 3 – Overall Turnover Rates



Source: Electronic Staff Record

2.4 Medical Workforce

Industrial action

Following the decision to impose the new junior doctor contract after the unsuccessful negotiations, the British Medical Association announced a series of dates where members would be taking industrial action. The first two of these were 48 hour strikes where only emergencies would be covered which took place from 08:00 on Wednesday 9 March 2016 to 08:00 on Friday 11 March 2016 and 08:00 on Wednesday 6 April 2016 to 08:00 on Friday 8 April 2016. It is understood that around half of those junior doctors expected at work during the most recent period of action participated in the industrial action.

A further episode of industrial action is planned for 08:00 on Tuesday 26 April 2016 to 08:00 on Thursday 28 April 2016. The BMA has formally notified the Trust this episode of industrial action will include 18 hours of a full withdrawal of labour. NHS England has published guidance to mitigate against the loss of junior doctor capacity during this period of action and the operations management team is developing mitigation plans to ensure patient safety is not compromised.

2.5 Temporary staffing

Temporary nurse staffing

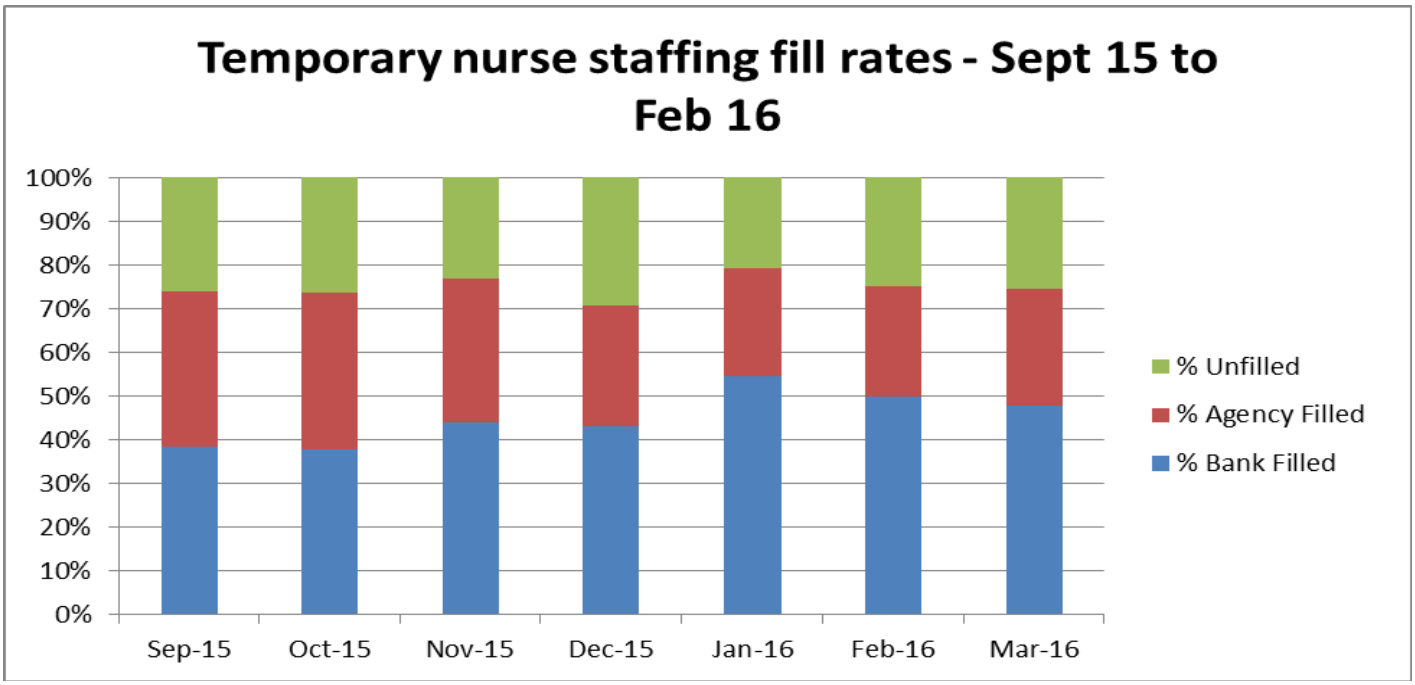
The new benefits which were introduced in November 2015 to incentivise work on the internal bank continue to have a positive impact on bank fill rates. Throughout January and February 2016, bank fill rates as a proportion of demand for temporary staffing shifts were in excess of 50%.

Whilst the fill rate as a proportion of demand dropped slightly in March to 48%, the overall demand for temporary staffing increased by more than 13%. This meant that in March almost 2,500 more bank hours were worked than in February. The number of bank hours worked in March was the equivalent of 188 FTE staff.

Agency fill rates for nursing temporary staffing demand also continue to be lower than in the first part of the year. Between April and October 2015, monthly average agency fill rates were 35.5%. The average agency fill rates between November 2015 and March 2016 were 24.8%.

The new benefits introduced at the end of last year included a 15% uplift in rates for bank work undertaken by substantive staff during the winter period (1 December 2015 to 31 March 2016). Given how successful this has been and the need to continue to drive down agency usage it was agreed to extend this offer until the end of May 2016.

Graph 5 – Nursing Temporary Staffing Fill Rates



Source: HealthRoster

Agency usage reporting to NHS Improvement

There continues to be a requirement to report on a weekly basis to NHS Improvement all agency usage which is not compliant with the rules that have been introduced in phases since November 2015. The third and final phase was introduced on 1st April 2016. These rules relate to use of off framework agencies and price caps on agency use for all staff groups.

All shifts and bookings which are required to be reported to NHS Improvement are subject to senior level scrutiny and are only approved where there would be a patient safety implication of leaving the shift unfilled. Retrospective review of all the shifts breaching the new regulations will be considered

weekly by the Executive Team. Allocation of the Transformation and Sustainability monies is dependent on demonstrating compliance with the rules.

Teams across HR, senior nursing, procurement, operations and finance continue to work closely to ensure compliance with the rules, including negotiations with agency suppliers. In the first week after the introduction of the final phase of the rules, there was a reduction in the number of nursing shifts to be reported in the submission to NHS Improvement.

2.6 Employee Relations Activity

The table below describes the number and type of employee relations activity each month since September 2015.

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

Employee Relations Activity	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**	**Mar 2016**
Number of Disciplinaries (including investigations)*	18	15	9	12	6	12	9
Number of Grievances	6	7	8	7	10	13	11
Number of Formal Performance Management Cases (Stage 2 and 3)*	3	4	7	8	6	5	6
Number of Employment Tribunal Cases*	5	7	4	5	6	4	4
Number of active Organisational Change cases in consultation (including TUPE)	18	12	9	6	4	7	8
Number of long term sick cases ongoing	Not previously reported	142	139	188	251	224	234
Number of short term sick cases (Stage 2 and 3)	Not previously reported	123	136	147	111	153	136

Increases in sickness absence rates have been detailed in section 2.1 above and the increases in activity in relation to the management of sickness absence is demonstrated in the table above. The table also details increases in activity in other areas of employee relations.

In the quarter January to March there were 48 sickness cases which progressed to stage 3 of the Absence Management process. The outcomes of these cases was as follows;

- Monitoring – 26 cases
- Removed from monitoring – 17 cases
- Dismissed – 3 cases
- Redeployment – 1 case
- Long term sickness – 1 case

Estimated suspension costs for the quarter have reduced from £13,094 in the previous quarter to £10,076.

2.8 Staff Survey 2015 – Corporate Action Plan

Similar to last year's approach the broad themes of the staff survey have been analysed and three key areas have been highlighted below. It is recommended that each of these points should be acknowledged and addressed as corporate priorities.

Satisfied with the quality of care they give to patients

This was one of the Key Findings which was in the bottom ranking scores when compared to other acute and community trusts and continues to reflect the pressures many staff feel in the workplace. A key action will be to encourage staff to provide feedback specifically linked to how they feel they could provide better care. The executive team are considering how to improve engagement in this area.

Recommend the organisation as a place to work

This Key Finding contributes to the Overall Staff Engagement score which placed us 'average' when compared to other acute and community trusts. This score marginally improved from the 2014 survey.

Linked to efforts to improve the score in this area is our continued to commitment to the staff engagement agenda and in particular a focus in the coming year on improving appraisal rates. Appraisal completion was an area in the 2015 survey where the Trust score was in the bottom ranking compared to other acute and community trusts and also an area that had deteriorated in comparison to the previous year.

Discrimination, Bullying & Harassment

Whilst overall the number of staff reporting that they have personally experienced discrimination in the last 12 months had slightly reduced and benchmarked us below (better than) average, of those staff who had experienced discrimination, 22% said that this was on the grounds of ethnic background and 22% said on the grounds of gender. This increased respectively from 18% and 17% last year.

This issue will be referred to the Trusts Fairness Forum to re-evaluate its approach and set out an action plan.

By concentrating on these issues a greater focus can be given to them. It allows for a more consistent message to be shared with the organisation and greater impact created. This will allow for more visible action to be undertaken, ensuring staff feel that their feedback has been taken on board and subsequent actions taken.

2.9 Pay progression policy

Further to agreement with trade union representatives the Trust's new Incremental Pay Progression Policy went live on 1 April 2016 for all staff on Agenda for Change terms and conditions of service. The policy provides that annual incremental pay rises will no longer be automatic but dependent upon satisfactory performance, conduct, behaviours and meeting all essential training requirements for the role. All employees to whom the policy applies now need to apply for their increment, demonstrating that they have achieved the required level of performance. This new requirement should shift the emphasis from entitlement to personal responsibility.

Significant efforts have been made to communicate the new policy including drop in sessions, two payslips messages and one payslip attachment, Frequently Asked Questions and bespoke support for line managers.

It is anticipated that this change in policy should improve compliance with statutory/mandatory training and appraisal rates.

2.10 Recruitment

The Trust went live with centralised recruitment on 1 January 2016. This new model of working affords the HR Department to fully support directorates with innovative and bespoke recruitment campaigns. Following successful open day events to recruit Healthcare Assistants and medical roles in Paediatrics and Specialist Medicine; a larger scale Trust wide recruitment market place event took place on Saturday 23 April 2016.

Those attending the event were able to find out more about vacancies in many different departments and across a range of staff groups. Department and ward tours were also available and for some roles such as nursing interviews were held on the day.

To attract greater numbers to this event; information was also available about charity volunteering roles, apprenticeship positions and details about the full range of benefits offered to individuals employed by the Trust.

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	**April 2016**