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 May 2015**

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

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chairman	Susan Symington's Office	Non-executive Directors
9.00am – 11.45am	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
12.00 Noon – 1.00pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
1.00pm – 1.30pm	Sandwich Lunch	Boardroom, York Hospital	Board of Directors
1.30pm – 2.30pm	Year-end approval of the Annual Report and Accounts	Boardroom, York Hospital	Board of Directors

The values of the Trust are:

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

…with patients at the centre of everything we do

These will be reflected during all discussions in the

York Teaching Hospital NHS
NHS Foundation Trust

Restricted – Management in confidence

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

On: **Wednesday 27 May 2015**

At: **9.00am – 11.45am**

In: **The Boardroom York Hospital**

AGENDA						
No	**Time**	**Item**	**Lead**	**Comment**	**Paper**	**Page**
Part One: General						
1	9.00-9.05	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting.	Chairman			
2		**Apologies for Absence** Mrs B Geary	Chairman			
3		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	7
4	9.05-9.10	**Minutes of the Board of Directors meeting held on 29 April 2015** To review and approve the minutes of the meeting held on 29th April 2015	Chairman		B	13
5		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman			
6	9.10-9.30	**Chief Executive Report** To receive an update on matters relating to general management in the Trust	Chief Executive		C	25

No	Time	Item	Lead	Comment	Paper	Page
Part Two: Quality and Safety						
7	9.30-9.50	**Patient Experience** Community Services	Community Services Director		Verbal	
8		**Community Services Work Programme 2015/16** To receive the Community Work Programme for 2015/16	Community Services Director		D	31
9	9.50-10.20	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing • Terms of Reference of the Committee	Chairman of the Committee		E E1 E2 E3 E4 E5	39 47 81 91 99 107
Part Three: Finance and Performance						
10	10.20 - 10.50	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report • Performance Recovery Plan • Terms of Reference of the Committee	Chairman of the Committee		F F1 F2 F3 F4 F5	115 123 133 145 151 155
10 minute break						

No	Time	Item	Lead	Comment	Paper	Page
Part Four: HR and OD information						
11	11.00-11.15	**Workforce Strategy Committee** To receive the minutes from the meeting held on 21st April 2015	Chair of the Committee		G	167
12	11.15-11.25	**Workforce Challenges –Diverse Workforce** To receive the paper for comment and review	Director of Workforce and Organisational Development		H	181
Part Five: Audit Committee						
13	11.25-11.30	**Audit Committee meeting of 11 May 2015** To receive a report on the reflections of the Audit Committee	Chair of the Audit Committee		I	189
Part Six: Governance						
14	11.30-11.35	**Monitor Self Certification covering condition G6 in the licence** To approve the confirmation included in the document	Director of Finance		J	193
15	11.35-11.40	**Board Resolution – Agreement for Loan funding** The Board is asked to approve the Board resolution	Director of Finance		K	211
Part Seven: Business Case						
16	11.40-11.45	**2015-16/15 - Replacement and 9th Consultant Rheumatologist** The Board is asked to approve the business case	Director of Finance		L	217
Any other business						
17		**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 24 June 2015 in the Boardroom York Hospital				

18		**Any other business** To consider any other matters of business.

Items for decision in the private meeting:

Business case on reconfiguring the community bed stock
Clinical excellence awards
Assurance Framework and Corporate Risk Register

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

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

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York Teaching Hospital NHS
NHS Foundation Trust

Additions: No changes

Changes: No changes

Deletions: No changes

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Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	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	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

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

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Mrs Sue Holden (Executive Director of Workforce and Organisational Development)		**Director –** SSHCoaching Ltd		**Member -**Conduct and Standards Committee – York University Health Sciences **Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Dr Alastair Turnbull (Executive Director Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representative	Nil
Mr Mike Proctor (Deputy Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	TBA	TBA	TBA	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	TBA	TBA

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	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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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, The York Hospital, on 29 April 2015.

Present:	**Non-executive Directors**	
	Ms S Symington	Chairman
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr M Keaney	Non-executive Director
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Professor D Willcocks	Non-executive Director
	Executive Directors	
	Mr P Crowley	Chief Executive
	Mr A Bertram	Director of Finance
	Mrs B Geary	Chief Nurse
	Mrs S Holden	Director of Workforce and Organisational Development
	Mr M Proctor	Deputy Chief Executive
	Dr A Turnbull	Medical Director
	Mrs J Walters	Chief Operating Officer
	Corporate Directors	
	Mr Brian Golding	Corporate Director of Estates and Facilities
	Mrs S Rushbrook	Corporate Director of Systems and Networks
Attendance:		
	Mrs A Pridmore	Foundation Trust Secretary
	Mr L Daly	Picker Institute for item 15/062
Observers:	Mrs A Bolland	Public Governor – Selby
	Mrs S Miller	Public Governor – Ryedale and East Yorkshire
	Mrs P Worsley	Public Governor – York
	Mrs M Jackson	Public Governor – York

There were also seven representatives from St John's University York

Ms Symington reminded the Board that its purpose was to serve the people in our community.

15/057 Apologies for absence

There were no apologies for absence.

15/058 Declarations of Interests

The Board of Directors **noted** the current list of interests declared. The Board were reminded that if there were any changes to the interests declared they should advise Mrs Pridmore.

15/059 Minutes of the meeting held on the 25 March 2015

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

15/060 Matters arising from the minutes

Ms Raper advised Mrs Rushbrook would be reporting to the May Quality and Safety Committee as opposed to the April meeting as previously reported.

15/061 Report from the Chief Executive

Mr Crowley referred to the CQC inspection and reminded the Board that the Trust was still in the period of inspection. He advised that he had received confirmation from the CQC that the report for factual accuracy checking would be delayed. No new date has been advised as yet. This will impact on the date of the Quality Summit. Mr Crowley advised that he would keep the Board informed of any updates he receives from the CQC.

Mr Crowley advised that Dr Turnbull would be retiring from the Trust on 5th June, it had been hoped that Dr Turnbull would be at the Trust to complete the factual accuracy check on the CQC report, but as a result of the delay in providing the report to the Trust it was unlikely Dr Turnbull would still be in the Trust. Mr Crowley thanked Dr Turnbull for his work in forging the role of Medical Director.

Mr Crowley reflected on the recent time out held with the senior management team of the organisation. He talked about the environment the Trust is working in and advised that this was the first occasion the Trust would plan for a financial deficit for the current year (2015/16). He reported that the operational deficit for the last financial year (2014/15) was slightly higher than £2m. During the year the Trust had seen a deterioration of the underlying position. Mr Crowley explained there will be difficult choices about the priorities of the Trust and a greater focus on discipline in the organisation around the use of finance and assurance in the year ahead. He explained that he would be seeking approval from the Board about a different approach to decision making and it was anticipated this would take a good proportion of the Board in May. He added that this does not include fundamental changes in management such as performance management but is more about seeking approval to drive priorities.

Mr Keaney asked about the progress that had been made against the commitments the Trust had given to Monitor in October 2014. Mr Crowley reminded the Board that the commitments were made to Monitor following the completion of an investigation. The commitments the Trust made were set against a number of caveats which set the context of the performance. Monitor has recently requested some additional information and a telephone call has been arranged with Monitor for 1 May to discuss the performance issues.

Mr Crowley advised that the Trust had been invited to a meeting that was being hosted by NHS England and would discuss performance as a whole system approach. He expected that he and Mrs Walters would be attending the meeting.

Mrs Adams referred to the governance review and suggested that Mr Crowley's comments link into the review. She expressed disappointment with the paper and asked if work would continue to removal duplication of effort and provide clarity on accountability within the integration work plans.

Mr Crowley commented about the Integrated Business Plan and explained the assumptions made in the document were approved in 2012. Since then, the environment had changed and the Trust had adapted to the current challenges.

Mr Ashton asked Mr Crowley to comment on the danger of not becoming too internally focussed. Mr Crowley explained that the Trust is actively engaging with stakeholders. The Board agreed that it would take time to get into the detail, but the changes in the Executive portfolios had helped.

Professor Willcocks commented that as well as being Dementia awareness week, it was also dignity and dying week.

Mrs Symington thanked Mr Crowley for his report.

15/062 In-patient Survey

Mrs Symington welcomed Mr Daley to the meeting and invited him to give his presentation. Mr Daley provided a summary presentation of the results from the in-patient survey. The presentation was supported by the paper included in the Board pack.

Mrs Adams commented that she would like to see the Trust looking at the 'big' areas where changes could be made to improve services, for example cleaning of toilets. She asked why they were not being kept clean. Mr Golding shared Mrs Adams concern. He advised all areas are cleaned in-line with national standards and cleanliness is monitored. He explained that whenever areas fall below standard action plans are put in place to resolve the issues. It was noted that 97% of people who completed the survey felt the toilet areas were clean.

Mrs Geary commented that the results of the survey are consistent with other information used in the Trust including complaints. She added that her team is working with the Directorates to improve patient experience. A review of the Standard Operating Procedure is being undertaken along with the introduction of the Matron Environmental Reviews.

Professor Willcocks asked for themes and priorities at a Directorate level to be developed. Mr Golding reported the Trust was in the final stages of completing the PLACE inspections, which will be presented to Board in due course.

Ms Raper suggested that the results should be managed in the same way the results of the staff survey are being managed. Identify key actions that can be implemented across the whole organisation.

Mr Sweet asked if Mr Daley could confirm the period the survey covered. He advised that it covered up to July 2014.

15/063 Quality and Safety Committee

Ms Raper reported Ms Symington had attended the Committee as an observer along with Justin Keen from Leeds University.

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

Quality Report - She advised that this annual piece of work was a significant issue for the Trust. She advised that there had been some frustration around the process and that Mrs Geary would be reviewing the lessons learnt. Her expectation is that there will be a more robust set of targets around patient experience included in the report in future.

Emergency Department - Ms Raper explained the Trust has continued to fail the target over a large number of months and recently the Committee had reviewed the risk to safety as a result of delays in the Emergency Department. She added that more work had been undertaken around quality particularly since the CQC arrived.

Dr Turnbull advised that the Trust continues to be vigilant around evidence of harm in the Emergency Department. Dr Turnbull explained that following the CQC visit to the Emergency Department a change was made to the streaming of patients. He explained that before the change the streaming was undertaken by a non-clinical member of staff. CQC requested that the Trust change the system so that all patients are triaged by a clinical member of staff to either be seen in the Emergency Department or be seen by the Emergency Doctor. Reception staff will still direct a patient to a Nurse Practitioner for very minor injuries. On 1 April the service with Northern Doctors started to operate in Scarborough.

Mr Sweet asked if there was a mechanism for referring patients back to their GPs. Dr Turnbull explained there was not, he added that it had been considered if a telephone should be installed that linked to the 111 service, but it had been agreed that would not help. He advised that a lot of the patients are seen by the GP on site, no one is turned away without having some clinical review.

EPMA - Ms Raper advised that Mrs Rushbrook would present the mapping document to the Quality and Safety Committee in May. She advised that the Quality and Safety Committee had become aware of an issue around the choice of hardware to be used for the system. Mrs Rushbrook summarised the debates and advised no decision had been made about hardware. She added that the main challenge is the software - Oracle Forum - which is not compatible with Ipad tablets and other types of tablet do not have sufficient battery life to complete a ward round. Mrs Adams commented that she was aware that other organisations used hand held devices, meaning that it should be possible for the Trust to do this too. It was recognised that IT will continue to play a big part in the future

requirements of the Trust. Mrs Rushbrook suggested she gave a presentation to the Board in the future on IT. It was agreed that should be arranged.

Action: Mrs Rushbrook to give a presentation to the Board on IT in the future. Date to be confirmed.

Mortality – Ms Raper asked Dr Turnbull to report to the Board on the Summary Hospital Mortality Indicator (SHMI) figures.

Dr Turnbull tabled a document that detailed the SHMI figures. He advised the SHMI to September 2014 was 103. He reported the figures by site as York 99 and Scarborough 109. Dr Turnbull advised there had been an increase of less than 1%, although any increase is disappointing. Dr Turnbull added that the Trust does remain within expected normal boundaries. Dr Turnbull reported that the Hospital Standard Mortality Ratio (HSMR) for November 2014 was 101 and Risk Adjusted Mortality Index (RAMI) was less than 100. Dr Turnbull advised that the Trust monitored all three indicators and none are giving any specific concern at this time. He added that the aspiration of the Trust was to improve the results in-line with the requirements of the Patient Safety Strategy.

Child Protection Policy – Ms Raper advised that the Quality and Safety Committee had reviewed the policy and she commended the Board to approve the policy. Mrs Geary added that the policy had been re-written and takes into account all legislation. The Board agreed that the policy was a comprehensive policy. The Board approved the policy.

Safer Staffing Report – Ms Raper advised that the Quality and Safety Committee would review the predictor tool at its meeting in May. Mrs Geary advised that the Trust had offered 42 registered nurse posts and a further 24 interviews had taken place. The Board considered the information included in the papers and the comments made. It was noted that the Quality and Safety Committee would comment at the next Board meeting on the predictor tool.

Action: The Quality and Safety Committee to comment at the May Board of Directors on the predictor tool.

15/064 Quarterly Director of Infection Prevention and Control Report

Dr Turnbull presented the report. He reminded the Board that in the last financial year, the threshold for Clostridium Difficile (C-Diff) cases was 59 and the Trust reported 59 cases, so did not exceed its threshold.

Dr Turnbull advised there had been one case of Methicillin-resistant Staphylococcus aureus (MRSA) attributable to the Trust reported during the quarter and a second case has been identified, but not attributed at this stage.

Dr Turnbull advised that the Trust is a regional and national outlier for Meticillin-sensitive Staphylococcus aureus (MSSA). He explained a task and finish group has been formed to train staff on aseptic non-touch techniques. Ms Raper asked if this was refresher training for clinical staff. Dr Turnbull confirmed that in most cases it should be. It was agreed by the Board that this should be included as a topic in the safety walk rounds.

The Board noted the report and the comments made by Dr Turnbull.

15/065 Trust Complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulation 2009

Mrs Geary presented the report and highlighted that the findings were similar to the Picker in-patient survey results. Mrs Geary summarised the information included in the report. She highlighted the number of complaints received during the year and the progress against resolving complaints. The Patient Experience Team is working proactively with the Directorates and the number of Patient Advice and Liaison Service (PALS) contacts has increased during the year. Mrs Geary reported that there would be a change in leadership in the team from June.

Mrs Adams asked about the time patients spend in the Emergency Department and if the Trust should be promoting the 111 service more. Dr Turnbull commented that he was intrigued by the Picker in-patient data which suggested a lower level of satisfaction in the Emergency Department, where the complaint level would suggest that the patient satisfaction in the department was quite high.

Mr Crowley added the Emergency Department is the most accessible part of the system and people are not as concerned about waiting times. He added that there should be constant communication with the public helping them understand the system.

Mr Proctor echoed the comments made by Mr Crowley and added that it was also important to make sure the right people were in the system and working practices were adjusted to changes in the system.

Ms Symington commented that she had visited the ambulance service recently and seen the 111 system working; she felt that when the service was fully understood by patients it would become a very powerful tool for all organisations.

The Board noted the content of the report and the discussion.

15/066 Nurse Revalidation

Mrs Geary presented the report. She outlined the background to the development, and that it would affect all registrants. Mrs Geary outlined the implications particularly around practice, hours and continuous professional development (CPD). She advised 800 nurses a year would need to revalidate and explained that the paper was presented to the Board to raise awareness of the requirement. She added that currently there is a lack of national guidance being released by the NMC, so it is difficult to formulate an approach.

Mrs Holden added that there are things that can be done to help support the system such as using the learning hub to provide a portal on CPD. She believed that the impact of nurse revalidation cannot be overestimated.

The Board discussed the requirements and agreed that oversight should be through the Workforce Strategy Committee and lessons from medical revalidation should be used to develop the processes for nurse revalidation.

The Board noted the paper and the impact of the introduction of nurse revalidation.

Action: The Workforce Strategy Committee to have oversight of the introduction of nurse revalidation.

15/067 Finance and Performance Committee

Mr Keaney highlighted three topics from the Finance and Performance Committee – Finance, Cost Improvement Programme, Agency and locum spend. He commented that the Finance and Performance Committee had reviewed operational performance and Mrs Walters had presented recovery plans, which would be discussed in the Board meeting held in private later in the day. The Finance and Performance Committee had gained assurance from the plans.

Finance – Mr Bertram advised of an underlying £2.1m deficit will be the position in the final accounts adopted by the Board at the end of May. This is the number that Monitor will take as the Trust's final position. Mr Bertram reflected that this was a disappointing position. He reminded the Board of the challenges the Trust has faced during the year, including the hospitals being very busy, spending £1m per day treating patients and nationally ¾ of Trusts are reporting a deficit. He added that the deficit is less than ½% of the Trust's turnover and can be seen as a broadly balanced position, but he was concerned that it reflected a worrying trend, not just for the organisation, but nationally.

Mr Bertram advised there had been successful discussion with the CCG and agreement has been reached on the year-end position. He added all CCGs will deliver their target surplus for the financial year 2014/15. The national view is that successful Trusts work in partnership with their CCGs.

Agency and locum spend – Mr Bertram referred the Board to the expenditure analysis included in the Board papers. He highlighted the level of spend for the period on agency (medical and nursing) was £11.9m and added that the growth in spend is reflected nationally, it was not planned for and is double the level of last year. Mr Bertram advised that the plan for 2015/16 has provided for the full premium element of agency staff.

Mrs Holden commented that the national context is that there is no surplus of staff. If the national strategy is to increase the number of people who train as doctors and nurses, it will take a minimum of three years to have an effect on nursing and 14 years at consultant level. She added recruitment cannot be seen in isolation. She reminded the Board of the different approaches being used to recruit staff including radio advertising, open portal sessions for nursing staff, flexible contracts, development of new roles. She advised that finance and HR are working closely together to support the developments.

Mrs Holden added the in-house staff bank is now able to fill 69% of the vacancies at York and 77% at Scarborough, as the bank staff are Trust staff this means the quality of care is also improving. The Trust has offered bank staff that travel to Scarborough, travel expenses for undertaking bank shifts.

Mrs Holden predicted that agency spend will continue and will actively grow.

Mr Proctor asked about the ability the Trust has to pay bank staff weekly. Mrs Holden advised that the intention is to have the facility in place by July 2015.

Mr Keaney asked about other changes to working patterns including 7 day working and the national pay awards. Mrs Holden explained there is not sufficient money in the system currently to address 7 day working. The Trust has changed its contracts so that they include the requirement to work 7 days when the need arises.

Cost improvement plans (CIP) – Mr Bertram reminded the Board that the target for this year was £24m. He added the target has been overachieved by £2.9m in 2014-15 which is excellent performance when compared to the sector. Mrs Adams asked how the team had achieved the results. Mr Bertram explained that significant work had been completed with the Directorates and budget had been removed where it was not spent. He added the exercise around the budget is undertaken several times during the year. Mr Bertram explained that the challenge is the level of non-recurrent savings, this year less than 50% is recurrent and the effect is that it will push the savings target up next year to an estimated £26m.

Mrs Walters added operational performance is linked to finance. The transformation of delivery of services will help to reduce the costs and as breaches cease the high cost of delivery currently being experience will start to fall.

Ms Raper asked if Mr Bertram was comfortable with the resources and attention being given to the cost improvement programme. Mr Bertram confirmed he was happy with the resources and attention being given to the process.

The Board noted the comments made and the assurance given about the three key topics.

15/068 Draft Financial and Annual Plan 2015/16

Mr Proctor advised the draft plan would be submitted on 14 May 2015 and there were opportunities up to submission for amendments to be made. He asked that if there were any comments, could they be provided by close of play on 8th May.

Mr Bertram explained that the financial information was fundamentally the same information the Board had seen at the meeting in March. He explained the minor changes to the balance sheet and advised that the Trust was declaring a Continuity of Services Rating (CoSR) of 3 which was typical for the sector.

Feedback has been received from Monitor on the short draft version that was submitted a short time ago. Monitor has asked for more detail around the assumptions about the CIP and the narrative information and explanation on research and development. Monitor's key point was on the triangulation of the Trust plans against the CCG plans. The CCGs are under pressure to make savings and work collaboratively and at this stage have asked specifically that the emergency provision is not scaled down.

The Board asked how Monitor uses the plan. Mr Bertram advised they review it and publish it on their website.

The Board approved the financial plan at the March meeting and noted the comments made by Mr Bertram. The Board noted the submission date and any changes to text should be provided by 8th May.

15/069 Capital Programme 2015/16

Mr Golding presented the paper outlining the major achievements over the last 12 months. He explained how the proposed programme for next year had been developed and the split between items that were on the capital programme and those developments the Trust would like to do, but currently there is no identified funding for.

Ms Raper asked if the allocation of funding to schemes was set alongside the risk register. Mr Golding confirmed it was.

Mr Bertram reminded the Board that depreciation funds a significant proportion of the capital programme, this would not be protected if the Trust developed income and expenditure problems. He added that he would seek to protect the strategic capital received as part of the funding from the acquisition but did not know what pressure would be placed on the Trust should this prove necessary to support the Trust's working capital position. Mr Ashton asked Mr Bertram to confirm that the Trust is still awaiting the final £3m. Mr Bertram confirmed that was the case.

Mrs Adams asked about the criteria being used to prioritise the projects and if it was being narrowed to essential work that improves patient safety. Mr Bertram advised that it is difficult to get a balance, but the intention is to create a balance between the projects.

The Board approved the programme and thanked Mr Golding for his clear explanation.

15/070 Audit Committee summary of the meeting held on 26 March 2015

Mr Ashton presented the report. He highlighted that the Audit Committee had noted that a number of audit reports had in past years received significant assurance were now receiving limited assurance. The Audit Committee explored the reasons and was satisfied with the explanation. It was understood that Internal Audit would follow up those key areas where a limited assurance report was given.

Mr Ashton explained the Audit Committee discussed the going concern statement. It is recognised that there is no suggestion that the Trust is not a going concern, but given the challenges that are now in the system it has become clear that the annual statement must be supported by more detail.

Mr Ashton advised that the Audit Committee would follow up on the HR benchmarking.

Mr Ashton also advised that the Board Committees were reviewing their risk registers and ensuring the agenda reflected the risks in the organisation. Ms Symington confirmed she would be working with Mrs Pridmore to develop the relationship with the Board agenda and risk. She noted the comments about the analysis that has been undertaken in the past showing a high consistency between the Board agenda and the risks.

Mr Bertram added that the Finance and Performance Committee reviewed the risk register in the Committee and considered the risks that were not specifically included in the agenda.

The Board noted the report and the assurance given.

15/071 R&D Quarterly Report

Mrs Holden explained that the Board must not lose sight of other work that enhances quality of care. She commended the R and D Report to the Board as a succinct summary of the work undertaken. She outlined the changes being made to centralise and manage the income across the organisation and invest in capacity. Mrs Holden added the Trust is working with York University and Hull and York Medical School (HYMS) to support the Trust's move to university status.

Mrs Adams noted the level of income coming from the research and development work and congratulated the team.

The Board noted the report and the detail included.

15/072 Equality and Diversity Annual Report

Mrs Holden presented the report. She outlined the achievements that have been made during the year and highlighted the challenges that still exist in the system, specifically monitoring of equality and diversity. She advised that the national contract now include equality and diversity monitoring requirements.

Professor Willcocks commented that the work completed already did show excellent progress and she was looking forward to continued improvement over the next 12 months.

The Board noted the report and the comments made.

15/073 Community Services

Mr Proctor referred to the two hubs – Selby and Malton. He outlined the progress made with their introduction. Mr Proctor explained that a review of patients in nursing homes by consultant elderly clinicians alongside GPs had taken place. He added that a new team of Health and Social Care had been put in place to provide re-ablement facilities for up to six week four times a day.

Mr Proctor explained there was no outcome data to present as yet, but during the last 12 weeks of operating up to 19 April 2015 the hubs have:

- Received 320 referrals – 2/3 step up care and 1/3 step down care
- 5000 community contacts
- 60 patients being supported through the service with the average length of use of 13 days.

- 300 patients in nursing homes have been reviewed and a significant number of DNACPR documents have been completed with a number of do not admit to hospital document.

Mr Proctor expressed that the activity level was very good and potentially 200 of the patients being cared for by the service would previously have needed to come into hospital. He added at present the service only covers a limited area of the population, but is making a significant difference.

Mr Proctor advised that the key indicators had now been agreed. The Board asked if the CCGs were happy with the system. Mr Proctor advised the CCG are expecting to see results through the Better Care Fund although at this stage they cannot be seen.

The Board enquired if financial provision had been made in case the hub was not successful. Mr Bertram advised he had received assurance that the service is required by the CCG. Mr Proctor added that the service has not created a new demand, but a different demand which it would be very difficult to remove in part because the CCG would like to prevent admissions.

The Board asked if the teams described were dedicated. Mr Proctor confirmed they were and all were employed by the Trust.

Mr Sweet commented that his impression of the GPs was that they are highly committed to the development and had taken a longer term view.

The Board was assured by the statements made and the information provided.

15/074 Quarter 4 submission to Monitor

Mr Bertram explained the submission to monitor would be made the following day. The submission shows four governance issues already discussed as part of the performance report.

The Board noted the information that would be submitted to Monitor.

15/075 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 27th May 2015, Boardroom, York Hospital.

15/076 Any other business

Ms Symington explained that she would appreciate feedback on the Board as developments and changes are introduced. Mrs Holden was appreciative that there was a break in the middle of the Board. Dr Turnbull asked if it would be possible to on occasions use letters to demonstrate the experience of patients. In his view it was a powerful way of starting a meeting.

Mr Keaney asked for some feedback on the developments at Bridlington Hospital. Mr Crowley advised that the feedback received from patients who have been treated on site has been very positive. There was a discussion at the last Board time out about further

developments that could be made at Bridlington. There is some further work to be undertaken to crystallise the thoughts and discussions.

Dr Turnbull reminded Board members that the Patient Safety Conference would be held on Friday 22 May at the Race Course and all members of the Board were invited.

Ms Symington congratulated Mr Crowley for coming in the top 50 Chief Executives.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	During 2015
15/026 Patient Experience Quarterly Report	Kay Gamble, Head of Patient Experience to bring the draft Patient Experience Strategy	Mrs Geary	April – delayed until June
15/028 End of Life Care	Quarterly End of Life Report to the Board	Dr Turnbull	Quarterly
15/043 Quality and Safety Committee	Prepare a mapping document and presented to the next Quality and Safety Committee.	Mrs Rushbrook	April 2015 moved to May 2015

Action list from the minutes of the 29 April 2015

Minute number	Action	Responsible office	Due date
15/063 Quality and Safety Committee	Presentation on IT to be given to the Board	Mrs Rushbrook	Date to be agreed
15/063 Quality and Safety Committee	The Quality and Safety Committee to comment at the May Board of Directors on the predictor tool.	Ms Raper/ Mrs Geary	June 2015
15/066 Nurse Revalidation	Workforce Strategy Committee to have oversight of the introduction of nurse revalidation	Mrs Geary	Reported on through the Committee reports

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Chief Executive Report

Action requested/recommendation

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

Summary

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

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
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 comments in this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report	Report developed for the Board of Directors.
Risk	No specific risks have been identified in this document.

Resource implications	The paper does not identify resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	May 2015
Version number	Version 1

Board of Directors – 27 May 2015

Chief Executive Report

Overview

I would like to start my report by giving a general overview of our overall current position. We continue to work with a high volume of acutely ill patients and the pressure on our acute sites remains at an extremely high level providing a huge challenge to both our clinical and operational staff. This sustained level of demand and the closure of beds to admissions, particularly in Scarborough due to Norovirus, is also impacting on our ability to manage our elective workload effectively and a growing concern about the increasing level of cancellations that we are experiencing and the distress this can cause to those waiting for treatment.

With regard to our financial position the Finance Director will report that we have finished the first month of the year slightly behind plan, but it is too early to judge the significance of this at this point in the financial year. However, it is clear that we are continuing to face growing pressure on income and expenditure, particularly on temporary staffing, and with difficulties in aspects of our performance most notably with regard to the 4 hour target, turnaround times and diagnostics the position is being compounded by the risk of performance penalties.

Importantly, following the outcome of the General Election, it is clear that our current assumptions and projections are likely to remain unchanged certainly in the short to medium term and it is therefore vital that we now progress as planned with urgency.

We have to accept this is a worrying start to what is likely to be an extremely challenging year and serves to further reinforce the importance of generating a renewed vigour in the management of both our operational and financial management as we considered at Board last month. The executive team are refreshing a number of work programmes and priorities that will provide the nucleus of this work and we will have the opportunity to consider and contribute to this more fully at the short time-out following the Board meeting. I am continuing to brief widely the risks we face as an organisation and the manner in which we communicate our position, our expectations of each other and the importance of individual and collective responsibility during this period cannot be underestimated. The mechanism for this, the advocacy that all Board members can offer and the support we can provide to staff across the organisation will be key to our success.

We continue to keep Monitor briefed on our position and I was encouraged by a recent tripartite meeting involving Monitor, NHS England and local system leaders that was focussed wholly on the whole system planning and response to, in particular, 4 hour and RTT performance across the county. This is a subtle yet profound change in the style of engagement and very welcome. However, we should not allow this to divert us from living up to our own responsibilities and we must at all times focus on what we can and must do to ensure we play our part in full.

In the news

The start of the month was quieter due to the ongoing election restrictions, however the press office still responded to around 20 requests for information during the month.

There was widespread coverage of the Trust's decision to centralise hyper-acute stroke services on the York site. This was a difficult decision but one that we had no choice but to make, albeit on a temporary basis, given the recruitment issues we have faced for stroke consultants. The coverage reported the concerns of some local residents and we will continue to work with local patient groups throughout this change to help them to understand what is happening and to reassure them that safety is the number one priority underpinning such a decision.

The Trust has worked closely with communications and engagement colleagues at the CCGs to ensure consistent messages are delivered across the whole patch, and this is an approach that we will be likely to employ in future months as further decisions are made regarding our services.

Proactive media activity centred around several national awareness campaigns, in particular International Nurses Day and dementia awareness where positive media coverage was gained in the local print and broadcast media and there was additional interest generated through the Trust's social media channels with staff and public alike taking an interest in the activities that are being promoted as part of our work around dementia.

We have also been talking to the media about the positive results of our nursing recruitment campaigns. The team has been working alongside the local universities to encourage newly qualified nurses to join the Trust, and we are also working with them on return to practice courses for nurses who wish to re-join the nursing profession. This has led to 67 nurses being offered jobs within the Trust. They will join the significant number of HCAs (over 100) that have been recruited in recent months. HCA recruitment is going from strength to strength and feedback from the recruitment team is that our applicants really value the open days that are held to introduce them to the role prior to them applying.

Developing an Out of Hospital Care Provider Alliance Board

Significantly, representatives from the Trust, NHS Vale of York CCG, local GP Federations, North Yorkshire County Council, and the voluntary sector met this month to start to shape what a Provider Alliance Board would look like and to understand the governance and operating model we might employ. This will I hope prove to be a watershed in our development as a health and social care community of providers and is the result of many months of diligent negotiation, relationship building, mutual support and shared leadership with CCG and local authority colleagues and I have no doubt of the contribution made to this by our Deputy Chief Executive, Mike Proctor, and Community Services Director, Wendy Scott.

The Deputy Chief Executive will share feedback from this meeting when we meet.

Re-launch of the Cancer Board

Safe, effective, timely and efficient care for Cancer patients is a priority for the Trust and to support this I have been working re-establish the Trust Cancer Board, to be chaired by Mr David Alexander, the Trust's lead cancer clinician.

The Cancer Board has undergone a review over recent months and its membership and

terms of reference have been altered to suit the changing needs of the services we provide.

Jenny Hey, Deputy Chief Operating Officer, Christine Norris, Lead Cancer Manager, and the Lead Cancer Nurse (once appointed) will support David in driving improvements in our cancer services. The Executive Board has endorsed the changes and will ensure lead clinicians have the time and support to contribute in full. This is vital not just to the delivery of cancer services and our wider engagement within the networks but also as a means for senior clinicians to gain experience in management and system leadership and perhaps develop as Clinical directors of the future.

Medical Director

As this is Alastair Turnbull's last Board of Directors' meeting I wanted to place on record my appreciation of his contribution to this Board as Medical Director and to the wider organisation as a consultant and Clinical Director. Alastair joined the Trust as a consultant gastroenterologist in 1994 and was appointed Medical Director in February 2010.
Alastair has made a significant contribution for the benefit of our patients and has shaped our approach to patient safety in such a way that he will leave the organisation on a far stronger footing. Many of you will have attended the Patient Safety Conference on the 22 May which I am sure will have proved to be a huge success and I trust a fitting tribute to the work Alastair has done and the leadership he has provided during a stellar career.

I'm sure you will join me in wishing him every happiness in his retirement.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley Chief Executive**
Date	**May 2015**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Community Service's Work Programme 2015/16

Action requested/recommendation

The Board of Directors is asked to note the work programme for 2015/16.

Summary

This paper describes the Adult Community Services Directorate's work programme for 2015/16. This schedule is not exhaustive but provides an overall summary of key work streams and priorities. For completeness it also includes key work areas and priorities for adult community therapy services.

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	Community Services Improvement Board
Risk	Associated risks have been assessed
Resource implications	Resources implications are detailed in the report
Owner	Wendy Scott, Community Services Director
Author	Wendy Scott, Community Services Director
Date of paper	May 2015
Version number	Version 1

Board of Directors – 27 May 2015

Community Services Work Programme 2015/16

1. Introduction

This paper describes the Adult Community Services Directorate's work programme for 2015/16. It also includes key work areas and priorities for adult community therapy services. This schedule is not exhaustive but provides an overall summary of key work streams and priorities.

2. Background

Both Scarborough and Ryedale (S&R) and Vale of York (VOY) Clinical Commissioning Groups (CCG) have given notice to the Trust on their respective community contracts (existing contracts have been rolled over but are due to expire in April 2016). In early 2015, VOY CCG commenced a procurement process but has since withdrawn this and indicated their intention to continue to commission community services from York Hospital NHS Foundation Trust post 2016. S&R CCG are undecided and have not yet confirmed their intentions.

The Trust has been leading work with VOYCCG and other key stakeholders including City of York Council, North Yorkshire County Council, the Local Medical Committee and York and Selby GP Federation representatives, to establish a Provider Consortium/Alliance Group. This group of Provider members are working together (supported by Capsticks) to develop and agree governance arrangements and terms of reference. It is anticipated that this Provider group will form a vehicle by which the community contract will be managed and monitored. They will inform the development of community services development going forward and seek to explore opportunities to innovate and integrate (where appropriate).

An invitation has been extended to S&R GP Federation representatives to join in this arrangement; as yet they have not indicated their intention to do so.

It is likely that the new Consortium/Alliance Group will be fully operational by July 2015. However, it is also recognised that it will take some time for members to fully understand the complexity of the services provided.

With this in mind and recognising that service development and improvement initiatives must continue during this period of change, the Community Services and AHP Teams have developed a work programme for 2015/16. This will ensure that teams remained focused on key priority areas and help to inform future discussions about next steps.

3. Schedule

- Reconfiguration of the City of York Community Inpatient Units – Whitecross Court, St Helens and Archways Intermediate Care Unit
- Integration of York Intermediate Care and City of York Reablement Services – initial multi stakeholder planning workshops have been arranged for 28th May and 17th June
- Community Mobile Working Project – rapid improvement workshops were undertaken

in April for Community Nursing, a project plan and steering group has been established. Rapid improvement workshops are being planning for Community AHP services, which will report into the established project plan and steering group.
- Single Point of Access Service – work is ongoing to explore opportunities to bring this service 'in house' and create a single front end for community services
- Development of a Scarborough Intermediate Care Service (working with NYCC) – initial scoping work is scheduled for June 2015
- Selby and Malton Care Hub development – work is ongoing to progress and develop these working with key stakeholders
- Community Discharge Liaison Service – a new service that starts in June 2015 (pilot for 12 months)
- Development of a Discharge to Assess Service/Unit pilot (working with both CYC and NYCC) - awaiting a commissioner decision regarding likely timescales

The Directorates also have a number of other development areas that sit outside of the service improvement work programme but are also key priorities for delivery during 2015/16. These include:

- Development of community nursing and AHP (registered and non registered) workforce plans including an educational, training and leadership programme to support this.

- Application of the Calderdale Framework to support the development of non-registered workforce roles. Initial areas of development include the Scarborough Community Nursing Service, the Community Continence Service and the Intermediate Care / Hub Services. The development and roll out of competency frameworks for generic therapy assistants also supports the application of the Calderdale Framework.

- Roll out of electronic observations into community hospital wards and the development and implementation of electronic white boards.

- Redesign/redevelopment of St Monica's Community Unit at Easingwold – during 2015, this will include a CCG led consultation process (supported by the Trust) to determine the future options for the Unit.

- The community urgent hire of equipment pilot will be rolled out across all community nursing teams.

- The Early Warning Trigger Tool will be developed (adapted from the tool used in acute hospitals) and rolled out for use by community nursing teams.

- An overarching community nursing dashboard will be developed and implemented.

- A community AHP dashboard will be developed and implemented.

- Delivery of 2015/16 CQUIN targets – participation in MDT meetings with attendance across all Scarborough and Ryedale GP practices and also Priory Medical Group in York; quarterly assigned action reports will be undertaken and monitored for quality.

- Post discharge phone calls will be undertaken on all patients discharged from community units (and monitored for quality). This will inform service improvements.

- Community documentation will continue to be reviewed to ensure a standardised suite

of assessment documents and care plans. The drug chart documentation project group will continue to address governance in our nursing teams but also in the newly developed integrated teams.

- All AHP documentation has been reviewed and standardised across the community AHP teams and the inpatient units, involving MDT and nursing colleagues as appropriate to ensure best fit with nursing documentation.

- Ensuring community safe staffing levels will be a key priority following the publication of the NICE guidelines (anticipated in February 2016).

- A system and process to support the workforce towards revalidation will be implemented (led by the Chief Nurse Team).

- Community Pressure Ulcer and Falls Reduction strategies will continue to be a priority area. Existing project plans will be refreshed and implemented.

- End of Life training and education will be rolled out across community services and outcomes measured.

- Monthly audit of AHP capacity and demand profiles have been implemented which now allows responsive staffing to variable demand across the teams (so that service delivery is maintained within agreed timescales).

- Development of a community AHP clinical governance structure and governance dashboard that contributes to the community locality governance meetings.

- Development of local pathways and best practice guidelines (e.g. Falls), led by AHP Advanced Clinical Specialists.

- Development of a quarterly in-service training and education programme, led by AHP Advanced Clinical Specialists, to support development of community AHP staff.

- Implementation of a pilot to provide an in-reach falls prevention programme to nursing homes to assess the impact on the incidence of falls and unscheduled admissions, working with Jim Read (GP at Haxby Group Practice) and Ivy Lodge Nursing Home.

- Audits are planned in the following clinical areas:

    - DNA CPR
    - Falls
    - NEWS
    - Pressure Ulcers
    - Training Needs Analysis for non registered workforce
    - AHP audit programme includes documentation, uniform and clinical areas.

<u>Overview of Schemes</u>

York Community Bed Reconfiguration

This project includes a series of interdependent change projects to reconfigure community in patient beds at Whitecross Court, St Helens and Archways. Key drives include efficiency, provision of care closer to home and improved quality and patient experience.

Enabling works include roll out of community board rounds, rolling out of the acute discharge work stream and the review of access criteria.

The main projects are:

- Redesign of Whitecross Court to ensure a 7 day intensive therapy led rehabilitation centre, with the development of a Consultant Therapist in Rehabilitation
- Expansion of the Community Response Team (intermediate care)
- Transfer of the inpatient intermediate care service currently located in Archways to the St Helens estate and closure of the Archways building (closure of 20 beds).

Work has been undertaken with the VOYCCG to agree funding streams to support the work and a business case has been presented to Trust Board.

Project Sponsor: Wendy Scott
Operational Lead: Linda Smith
Improvement Lead: Project Manager to be appointed (fixed term for 12 months)

Integrating York Intermediate Care and Reablement Services

The Trust has been approached by the VOY CCG and City of York Council to undertake a project to integrate Intermediate Care and Reablement Services. We are currently awaiting formal approval in principle to progress this. This project would seek to integrate the existing York Community Response Team (formerly Fast Response and Intermediate Care teams, which only covers the City of York and not the wider VOYCCG boundaries) operated by the Trust with the local authority commissioned reablement services (this will potentially include the existing, commissioned health gain beds).

Details of the project are yet to be agreed but are likely to include:

- Scoping of existing services
- Significant stakeholder engagement
- Designing clinical and operational models for delivery together with a workforce model/plan
- Implementing agreed models, including an OD programme for front line teams

Project Sponsor: Wendy Scott
Operational Lead: Rachel Anderson
Improvement Lead: Steve Reed

Community Mobile Working

Following an unsuccessful funding bid to the National Nurse Technology Fund in 2014 a more limited pilot has been designed to evaluate the benefits of exploiting technology within community services. The learning from this pilot will be used to inform a business case for community services as a whole. The project is predicated on the need for process redesign for community teams, using mobile technology, to achieve improved efficiency and governance.

The key elements are:

- Learning from other areas to understand best practice
- Using Rapid Improvement Events for teams to redesign key processes
- Piloting the new ways of working, utilising mobile technology
- Evaluating the benefits to develop a business case

Project Sponsor: Wendy Scott / Sue Rushbrook

Operational Lead: Sharon Hurst (nursing) and Rachael Smye (AHP's)
Improvement Lead: Kerry Blewitt

Single Point of Access

The initial single point of access project successfully delivered a well evaluated referral management service for community nursing. Negotiations for funding a longer term model are ongoing with commissioners and both the Trust and Yorkshire Ambulance Service are proposing delivery models. However, it is recognised that this model is expensive and in response to this work is underway to explore the potential for an 'in house' solution. Once a decision has been taken on the preferred solution, support will be required for transition and development; the specific elements and required resources will be determined by the identified solution.

Project Sponsor: Wendy Scott / Sue Rushbrook
Operational Lead: Sharon Hurst
Improvement Lead: Kerry Blewitt

Redesign of Scarborough Intermediate Care Services

Scarborough and Ryedale Transformation Board have recognised the need to re-design existing (and limited) intermediate care services serving the population of Scarborough. In order to support the Transformation Board in establishing a vision and subsequent commissioning proposal, the Trust and North Yorkshire County Council have proposed an initial joint scoping exercise.

Details of the exercise are:
- Diagnostic mapping of current services
- Communication with key stakeholders
- GP workshop on 'the future vision'
- Development of a proposal for consideration by the Scarborough and Ryedale Transformation Board

Project Sponsor: Wendy Scott
Operational Lead: Sarah King
Improvement Lead: Kerry Blewitt

Care Hub Pilots

These Hub services launched in January 2015 in Selby and Ryedale.

Phase 1 has seen the Trust develop three initial services as part of an overarching 'Care Hub Pilot Scheme':

- Care home in-reach scheme
- Community Response Teams
- Frailty Clinics.

Phase 2 developments are underway and include:
- Increased medical leadership of hub services, including community geriatrics (linked to NHS Elect project on acute frailty), this will enable the service to manage a different group of patients that might currently be excluded
- Further integration with existing locality teams
- Voluntary sector developments

- Use of technology such as telemedicine.

Project Sponsor: Mike Proctor
Operational Lead: Wendy Scott
Improvement Lead: Steve Reed

Establishing a Community Discharge Liaison Service

Corporate Directors have approved a pilot of a community discharge liaison service which is designed to reduce the length of stay in community units and facilitate complex discharges. This will reduce delays in accessing community beds, increase throughput and importantly improve access for GPs so that they can step up patients into these beds.

The key project elements are:
- Recruitment of the new discharge liaison team
- Working with community staff and ward managers to establish and embed systems and processes and new ways of working
- Standardising the approach with the existing acute discharge liaison services
- Evaluating the impact of the new service

Project Sponsor: Wendy Scott
Operational Lead: Sarah King
Improvement Lead: Amanda Wilson / Kerry Blewitt

Establishing a Discharge to Assess Unit

Discussions are underway with both City of York Council and Vale of York CCG to develop a Discharge to Assess model in York. This will allow patients who are medically fit for discharge but requiring assessment for ongoing social care needs to have this assessment undertaken either at home or in an appropriate environment together with rehabilitation / reablement support to maximise their potential for independence. This benefits both the local authority (in reducing the numbers requiring expensive packages of care and residential care) and the Trust (in conducting assessments outside of the acute bed base).

Early discussions are underway with NYCC and S&R CCG regarding a similar model in Scarborough.

Project Sponsor: Wendy Scott
Operational Lead: Rachel Anderson
Improvement Lead: Steve Reed

4. Recommendation

The Board of Directors is asked to note the work programme for 2015/16.

Author	**Wendy Scott, Community Services Director**
Owner	**Wendy Scott, Community Services Director**
Date	**May 2015**

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York Teaching Hospital NHS
NHS Foundation Trust

Quality & Safety Committee – 19th May 2015 Boardroom, York Hospital

Attendance: Jennie Adams, Philip Ashton, Beverley Geary, Diane Palmer, Anna Pridmore, Ed Smith, Liz Jackson

Apologies: Libby Raper, Alastair Turnbull

	Agenda Item	Comments	Assurance	Attention to Board
1	**Last meeting notes dated 21 April 2015**	The previous minutes were approved as a true and accurate record.		
2	**Matters arising**	The Committee welcomed Ed Smith, Deputy Medical Director who was attending in AJTs absence. **Quality Report** The Committee considered the latest version of the Quality Report. The Quality Priorities had been further amended to reflect the CQUINs now agreed for 2015/16 and some additional detail included, particularly around the Research projects being undertaken by the Trust. The Committee had a robust debate about the nature and purpose of the Quality Priorities and the need for them to act as a catalyst for continuous and measurable improvement in patient care. Specific concerns centred on aspirations around timely senior review of newly admitted patients. The need for the Report to be checked for factual accuracy was also raised and amendments made	The Committee were assured that a small group of senior governance staff will be leading work this year to ensure a more timely and inclusive process for development of future reports. This will include consultation with the Q&S committee on the setting of priorities and will provide robust quarterly monitoring around performance. It was felt that this new process would add considerable value to this element of quality governance. .	LR/JA to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		accordingly. AP confirmed the next stages of finalisation of the Quality Report before it is agreed at Board of Directors. The Report will go on to form part of the Annual Report. **CQC** BG confirmed that the CQC had made an additional visit to the Emergency Department in Scarborough last week to review patient streaming, assessment, documentation and training. The feedback has been positive so far.		
3	**Quality and Safety Performance Report**	The Committee discussed Health Care Associated Infections and the Public Health England Quarterly Report and noted the rise in cases of clostridium difficile and MRSA in April. **Clostridium Difficile** The 2014/15 C-Diff trajectory was achieved, however occurrences have risen in April. ES explained that broad spectrum antibiotics are being used to treat people with severe sepsis. Patients are remaining on these for longer periods of time due to the delays in the senior review. Also there has been constant pressure on bed occupancy from high levels of admissions. Both of these factors may have contributed to the rise in c-diff cases. **MRSA** BG confirmed that MRSA cases were related to non-compliance with colonisation practice.	The committee appreciated the circumstances and assurances given but remained disappointed with the most recent rates of infection. Work is being undertaken around the culture and behaviour of staff.	AJT to take to Board

	Agenda Item	Comments	Assurance	Attention to Board
		MSSA The committee noted that the PHE report confirmed the Trust as a regional outlier for this infection. BG explained that occurrences of MSSA are invasive devise related. BG confirmed that Monitor require monthly reporting on specific figures, including the C-Diff position.	BG confirmed that there are lessons to be learnt around devise management, hand hygiene and record keeping. A task and finish group has been established which will focus on infection prevention practice. Matrons will attend ANTT training and work closely with the infection prevention nurses as part of their newly defined, patient centred, role.	
		Delayed Diagnostic Tests The Committee requested an update on provision of Echocardiography in Scarborough and assurance around the spike in endoscopy waits shown in the data pack.	ES confirmed that huge energy has been focused on to Echocardiography. No harm to patients can be demonstrated. Patients waiting for Endoscopy appears staff related. AP confirmed that the Finance and Performance Committee would be raising this at Board.	
		Emergency Medicine The Committee highlighted the number of patients leaving the ED without being seen and discussed this issue in depth. The Committee queried if the change to the out of hours GP services had contributed to this. ES confirmed that this was not the case and explained that the Emergency Departments are currently very challenged due to	At SGH mitigation has been put in place to manage long wait patients' quality of care. Support workers have been placed in ED and patients staying for long periods of time are being placed on COMFE Rounds. Additional	

	Agenda Item	Comments	Assurance	Attention to Board
		downstream bed availability. **Friends and Family** The Committee queried the disappointing deterioration in the friends and family response rate. BG confirmed that responses are now received by text and card. **Pressure Ulcers** The Committee questioned the sudden increase in newly developed pressure ulcers on both the Community and York sites. **Mortality** The Committee appreciated the information provided around mortality and noted the variance across the different measures.	nursing resource has been put in place to assess patients in the Ambulance queue. AP confirmed that the operational plans had been considered by the Finance and Performance Committee who would be highlighting this at Board of Directors. ES gave assurance that operational pressures had not resulted in significant additional harm events. ES explained that a new approach is being tested in the Scarborough Emergency Department to formalise the discharge of patients, giving them more of an opportunity to provide feedback. BG to investigate further as there was a question around data quality. DP explained that work is ongoing to look at any anomalies within the mortality data – with help from CHKS and our commissioners. The committee looks forward to	 BG to include in briefing paper to Board

	Agenda Item	Comments	Assurance	Attention to Board
			increasing clarity around trends in and levels of mortality.	
4	**Update on Electronic Prescribing Medicines Administration (EPMA)**	The Committee members had recently attended an EPMA meeting and acknowledge the progress that has been made particularly the work to enter the complex formularies on to the electronic system and efforts to offer flexible hardware options.	The Committee were assured of the progress being made and await further updates.	
5	**Supplementary Medical Director Report**	The Committee noted the information contained in the Medical Directors Report, many aspects of which were discussed under item 3. **Grand Round** The committee noted advances in the programme in York. **Audit of the compliance with the Sepsis 6 Bundle** The committee noted the audit around treatment of sepsis patients and the scope to improve compliance. DP explained that elements of this are now a CQUIN.	ES confirmed that the Grand Rounds do take place at Scarborough Hospital. ES confirmed to the Committee that compliance with the sepsis bundle has improved however there is still work to be done in areas where compliance is low. Completion of the bundle within an hour is very challenging and further education/system design is being undertaken.	
6	**Maternity Services – Scarborough**	The committee requested an update on outstanding actions from the recent report and action plan. Monthly departmental meetings are taking place at which the detailed action plan will be reviewed. BG confirmed that the updated action plan would	The Committee were assured by the changes taking place in the department and look forward to reviewing the updated action plan at future Committee meetings. BG confirmed that the culture in	

	Agenda Item	Comments	Assurance	Attention to Board
		come to the Committee quarterly along with the revised departmental risk register. The Committee asked that an exception report also be available to provide additional focus. . The Committee asked that the maternity dashboard be reviewed to include perinatal mortality and unexpected transfers to SCBU.	Scarborough is now changing with the change in leadership. More reporting is taking place and the weekly risk meetings have become more effective.	
7	**Supplementary Chief Nurse Report**	**Safeguarding** The Committee discussed the implications of the Care Act and the Deprivation of Liberty Safeguards. BG explained that further work is being undertaken around the Law Society publication and the Lead Nurse for Safeguarding has been asked to think of recommendations that would fit with an acute provider. **It's my ward** BG confirmed that positive feedback has been received from the band 6 deputy sisters that have attended the 'it's my ward' programme. **Matrons review** The committee noted the Matrons review and expressed support for the extended Matron day proposal in order to increase clinical input into nursing allocations on wards out of hours.	BG gave the committee considerable assurance that the Trust has been an early responder to this new legislation.	
8	**Safer Staffing Report**	The Committee discussed staff nurse recruitment. BG advised the Committee that 57 registered nurse positions have been offered to Nurses qualifying in September, 11 to registered nurses currently employed outside of the region and 18 to return to practice nurses. The Committee noted that a blended approach to overseas recruitment	BG felt that the combination of measures being taken on nurse staffing would start to be reflected on the wards and in the nursing metrics.	BG to include in briefing to Board

	Agenda Item	Comments	Assurance	Attention to Board
		was now being adopted using several agencies to recruit a small but steady stream of nurses. Additional measures to attract nurses to Scarborough have also been approved.		
9	**Terms of Reference of the Committee**	The Committee agreed the Terms of Reference.		LR/JA to take to Board
10	**Any other business**	Following a recent safety walkround, JA requested assurance around preparations for transfer of hyper-acute stroke patients to ASU in York on 1st July. Sis – the need for SI Reports to be dated was reiterated – in order to gain assurance on the timeliness of investigations.	BG advised the Committee that a meeting with Jamie Todd has taken place regarding the staffing pressures on the York site with Scarborough Stroke patients being transferred here. Many options are being looked at including the role of the Stroke Specialist Nurse. DP agreed to add dates	

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Patient Safety & Quality, Report

May 2015

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

Patient Safety and Quality
Executive Summary

York Teaching Hospital NHS
NHS Foundation Trust

12 Serious Incidents (SIs) were declared in April. Five of the SIs were as a result of Category 3 pressure ulcers and four as a result of patient falls incidents.

No Never Events were reported.

Patient falls remains the most frequently reported incident and reduction of falls with harm is a priority for the Trust.

The published SHMI for the period October 2013 to September 2014 is 103, which represents a slight increase.

Seven cases of toxin positive C. difficile were identified in April.
Three cases of MSSA bacteraemia were identified.
Two cases of MRSA were identified.

Two complaints were reported to the Ombudsman.

Compliance with VTE risk assessment was 97.1% in April.

At Scarborough Hospital there was a slight increase the proportion of patients with a stroke who spend their hospital stay on a stroke unit when compared to the previous month, although this figure remains significantly less than the target.

Overall performance with the Emergency Department four hour standard was 87.8% in April.

Diane Palmer
Deputy Director of Patient Safety

Mortality

Indicator	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
SHMI – York locality	105	105	102	99	96	93	93	95	98	99
SHMI – Scarborough locality	117	112	106	108	108	104	105	107	108	109
SHMI – Trust	**108**	**107**	**104**	**102**	**101**	**97**	**98**	**99**	**102**	**103**

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

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

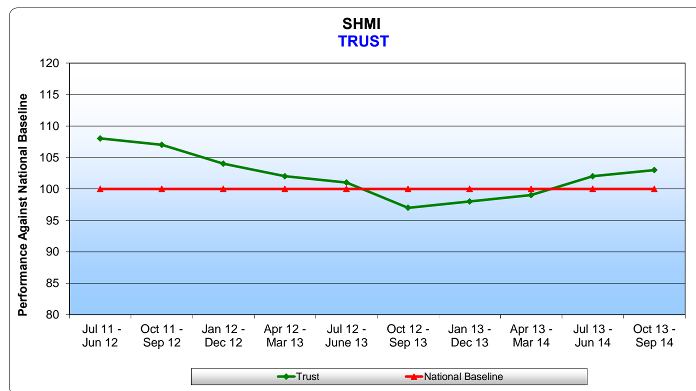
Analysis of Performance
The latest SHMI report for the period October 2013 to September 2014 indicates the Trust to be in the 'as expected' range. In January 2014 the York site saw a spike in the number of patient deaths which was outside normal range, this time period is contained in the latest SHMI release.

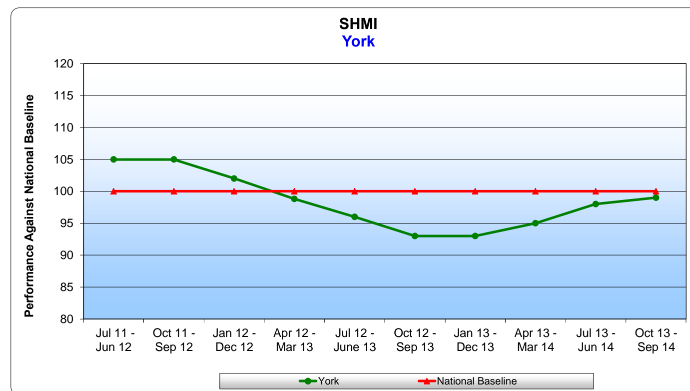
Analysis of SHMI categories is ongoing to identify differences between the York and Scarborough sites, together with any areas of ‘excess deaths’ where audits will be undertaken.

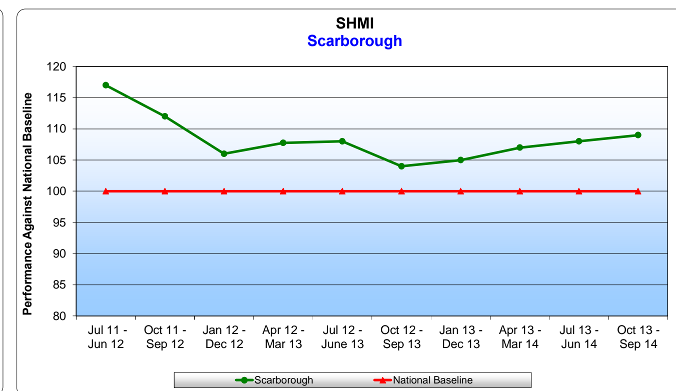
Following a spike in deaths during January 2015, the subsequent three months have seen deaths fall within expected range. Overall inpatient deaths were up 7.76% (2014-15) compared to 2013-14 with the highest percentage increase has been in those diagnosed with Other Bacterial Diseases, Hypertensive Diseases & those with Influenza & Pneumonia (based on ICD-10 diagnostic chapters with more than 50 deaths in Apr-Dec 2013 & 2014).

Mortality

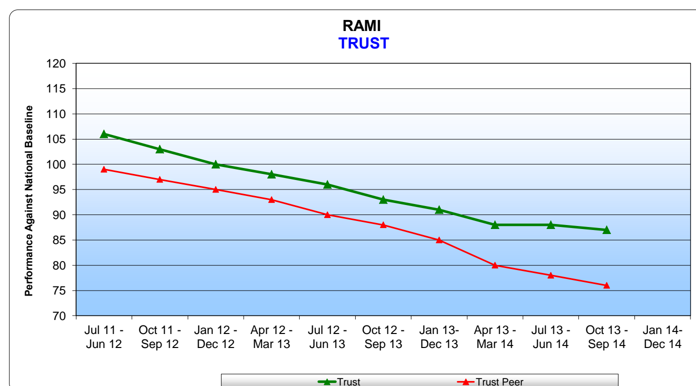
Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sept 13	Jan 13 - Dec 13	Apr 13 - Mar 14	July 13 - June 14	Oct 13 - Sept 14
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	102	101	97	98	99	102	103
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	99	96	93	93	95	98	99
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	108	108	104	105	107	108	109

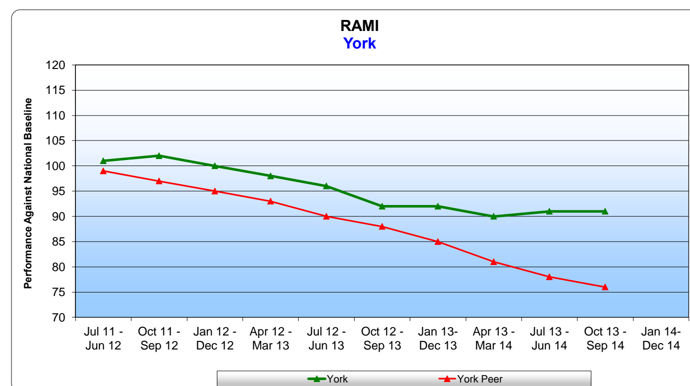


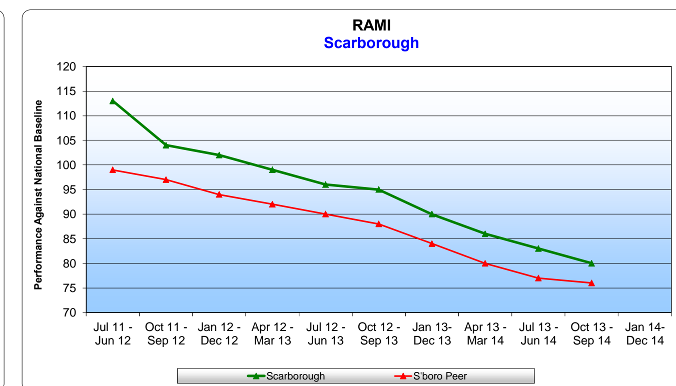




Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sept 14
Mortality – RAMI (TRUST)	**none - monitoring only**	98	96	93	91	88	88	87
Mortality – RAMI (YORK)	**none - monitoring only**	98	96	92	92	90	91	91
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	99	96	95	90	86	83	80

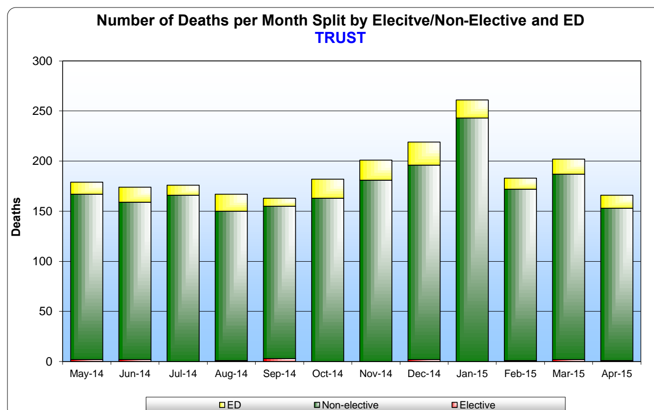


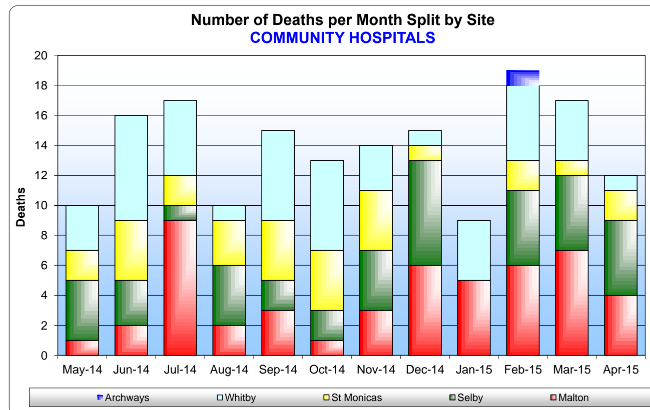




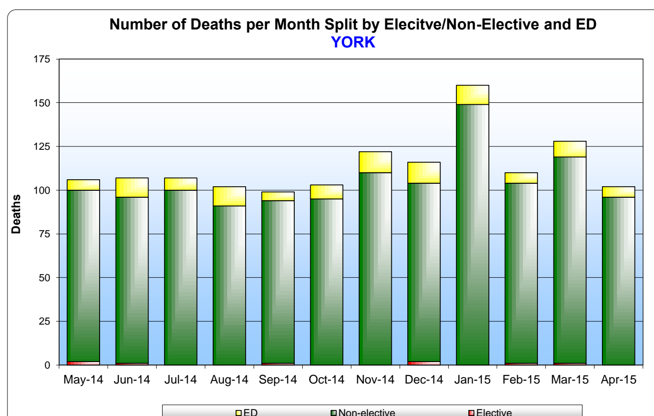
Mortality

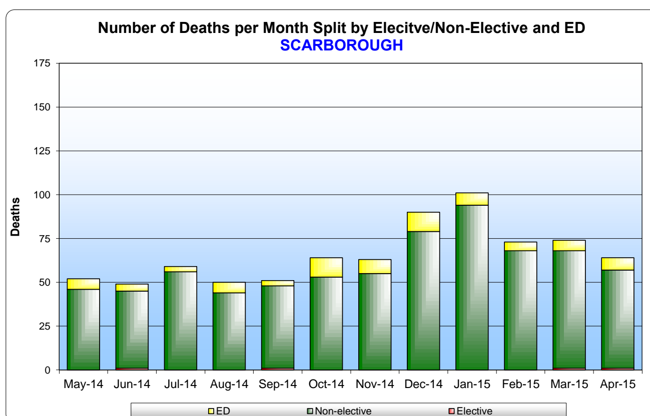
Indicator	Consequence of Breach (Monthly unless specified)	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Feb	Mar	Apr
Number of Inpatient Deaths (excludes deaths in ED)	None - Monitoring Only	480	471	540	602	172	187	153

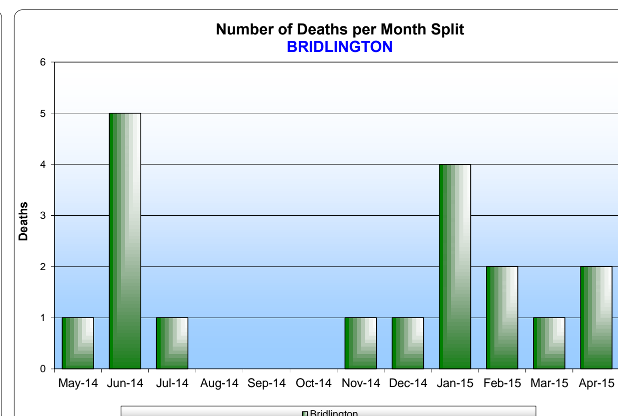




Month	Malton	Selby	St Monicas	Whitby	Archways	Bridlington
May-14	1	4	2	3	0	1
Jun-14	2	3	4	7	0	5
Jul-14	9	1	2	5	0	1
Aug-14	2	4	3	1	0	0
Sep-14	3	2	4	6	0	0
Oct-14	1	2	4	6	0	0
Nov-14	3	4	4	3	0	1
Dec-14	6	7	1	1	0	1
Jan-15	5	0	0	4	0	4
Feb-15	6	5	2	5	1	2
Mar-15	7	5	1	4	0	1
Apr-15	4	5	2	1	0	2







Litigation

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

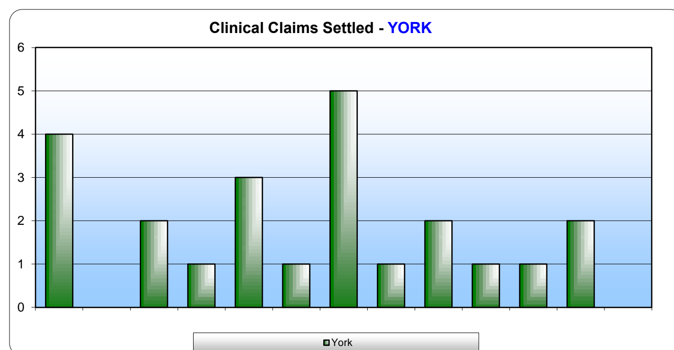
Two clinical claims were attributed to York and one clinical claim attributed to Scarborough were settled in April.

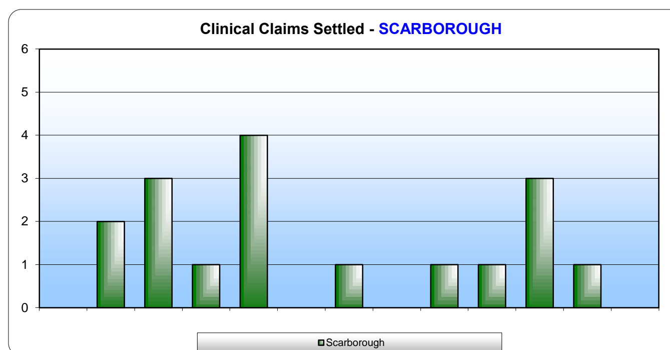
In April, eleven clinical negligence claims for York site were received and seven were received for Scarborough. York & Scarborough had four and two withdrawn/closed claims respectively.

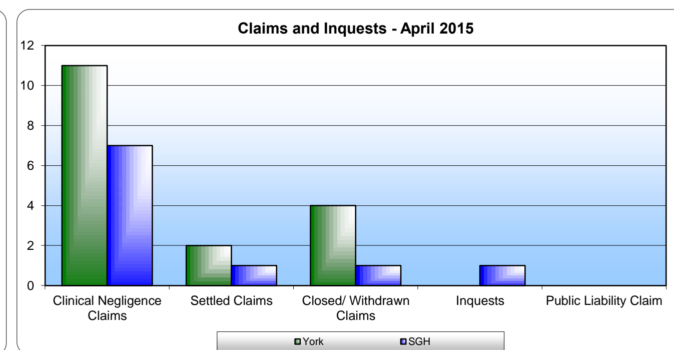
There was one Coroner's Inquests heard in April at Scarborough.

Litigation

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







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

Incident Type	Total Damaged	Total Number Reported	Number (York)	Number (Sboro)
Failure to investigate further	£2,323,090	19	9	10
Failure to refer to other speciality	£2,047,500	4	4	0
Inadequate surgery	£1,286,816	16	8	8
Delay in treatment	£1,266,000	4	2	2
Lack of appropriate treatment	£387,868	7	2	5
Inappropriate discharge	£333,000	4	1	3
Inadequate examination	£297,347	7	4	3
Lack of monitoring	£230,000	2	1	1
Failure to adequately interpret radiology	£108,113	12	7	5
Inadequate nursing care	£93,500	10	5	5
Not known	£60,000	3	0	3
Inadequate procedure	£58,880	4	2	2
Results not acted upon	£49,500	7	6	1
Failure to diagnose/delay in diagnosis	£48,000	2	1	1
Inadequate interpretation of cervical smear	£37,500	1	1	0
Intraoperative burn	£30,000	4	3	1
Anaesthetic error	£27,500	1	1	0
Inadequate consent	£26,500	3	2	1
Failure to retain body part	£25,000	1	1	0
Lack of risk assessment/action in relation to fall	£24,250	2	2	0
Prescribing error	£22,500	2	2	0
Failure to act on CTG	£13,500	1	1	0
Lack of risk assessment/action in relation to pressure ulcer	£7,000	1	1	0
Maintenance of equipment	£5,000	1	1	0

Patient Experience

Complaints
Complaints registered in York relate to York Hospital and Community Services.
Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.
There were 26 new complaints registered to the York site and 17 to the Scarborough site in April.

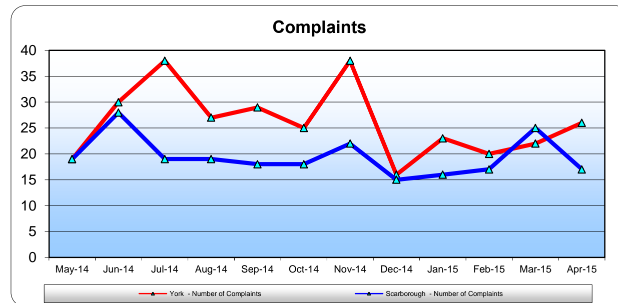
PALS contacts
There were 430 PALS enquiries at York Hospital in April, Scarborough figures are not currently available

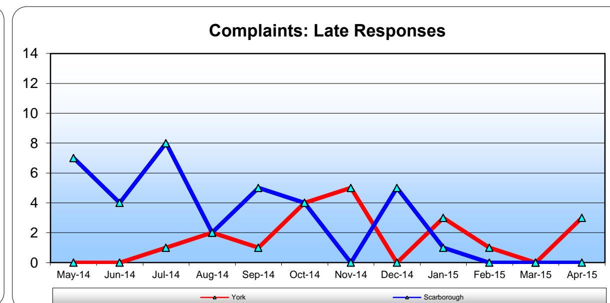
New Ombudsman Cases
Two attributable to York during April.

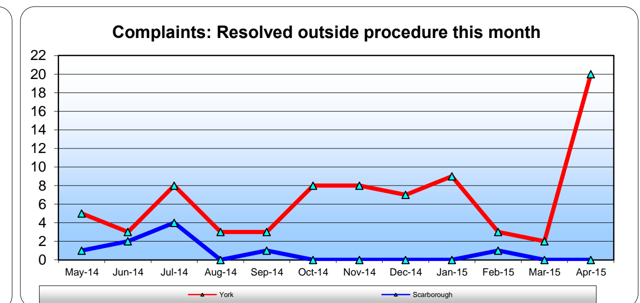
Complaints – Late Responses
Three recorded in April at York.

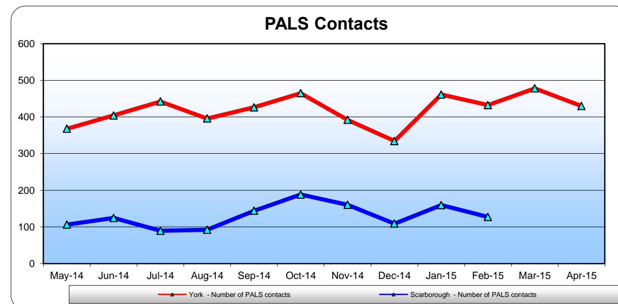
Patient Experience

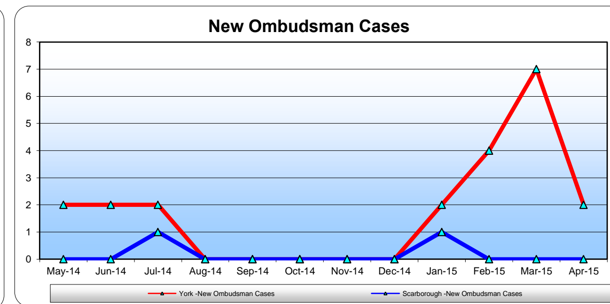
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Complaints	York	19	30	38	27	29	25	38	16	23	20	22	26
	Scarborough	19	28	19	19	18	18	22	15	16	17	25	17
PALS contacts	York	368	404	442	396	426	465	392	334	461	432	478	430
	Scarborough	106	124	89	92	144	188	160	109	159	127	N/A	N/A
New Ombudsman Cases	York	2	2	2	0	0	0	0	0	2	4	7	2
	Scarborough	0	0	1	0	0	0	0	0	1	0	0	0
Complaints - Late Responses	York	0	0	1	2	1	4	5	0	3	1	0	3
	Scarborough	7	4	8	2	5	4	0	5	1	0	0	0
Complaints - Resolved outside procedure this month	York	5	3	8	3	3	8	8	7	9	3	2	20
	Scarborough	1	2	4	0	1	0	0	0	0	1	0	0











York Teaching Hospital NHS Foundation Trust

Patient Experience

April 2015

Complaints by Directorate/Division (Datix)	York	S'boro	Total
Allied Health Professionals	0	0	0
Child Health (Y)	1	1	2
Clinical Support Services (S)	0	0	0
Community Services (Y)	1	0	1
Corporate (Y,S)	0	0	0
Elderly Medicine (Y)	2	2	4
Emergency Medicine (Y)	2	2	4
Facilities (Y,S)	1	0	1
General Surgery and Urology (Y), Surgery (S)	2	3	5
Head and Neck and Ophthalmology (Y)	4	2	6
Medicine (General and Acute, Y), Medicine (S)	6	4	10
Obstetrics and Gynaecology (Y)	1	1	2
Operations (Y)	0	0	0
Orthopaedics (Y)	3	0	3
Pharmacy (Y)	0	0	0
Physiotherapy (Y)	0	0	0
Radiology (Y)	0	0	0
Sexual Health (Y)	0	0	0
Specialist Medicine (Y)	3	0	3
Theatres Anaesthetics and CC(Y)	0	2	2
Total	26	17	43

Complaints by Subject (Datix)	York	S'boro	Total
Admissions, discharge and transfer arrangements	1	0	1
Aids, appliances, equipment, premises	0	0	0
All aspect of clinical treatment	18	12	30
Appointment delay/cancellation (inpatient)	1	0	1
Appointments delay/cancellation (outpatient)	0	2	2
Attitude of staff	1	2	3
Communication/information to patients (written and oral)	3	1	4
Complaints handling	0	0	0
Consent to treatment	0	0	0
Failure to follow agreed procedure	0	0	0
Hotel services, including food	0	0	0
Mortuary and post mortem arrangements	0	0	0
Other	0	0	0
Patients' privacy and dignity	2	0	2
Patients' property and expenses	0	0	0
Patients' status, discrimination	0	0	0
Personal records	0	0	0
Policy and commercial decision of Trust	0	0	0
Total	26	17	43

PALS Contact by Subject	York	S'boro	Total
Action Plan	2	n/a	
Aids / appliances / equipment	3	n/a	n/a
Admissions, discharge, transfer arrangements	9	n/a	n/a
Appointments, delay/cancellation (inpatient)	17	n/a	n/a
Appointments, delay/cancellation (outpatient)	29	n/a	n/a
Staff attitude	19	n/a	n/a
Any aspect of clinical care/treatment	69	n/a	n/a
Communication issues	31	n/a	n/a
Compliment / thanks	34	n/a	n/a
Environment / premises / estates	6	n/a	n/a
Foreign language	1	n/a	n/a
Failure to follow agreed procedure (including consent)	0	n/a	n/a
Hotel services (including cleanliness, food)	0	n/a	n/a
Requests for information and advice	158	n/a	n/a
Medication	3	n/a	n/a
Other	4	n/a	n/a
Car parking	1	n/a	n/a
Privacy and dignity	2	n/a	n/a
Property and expenses	19	n/a	n/a
Personal records / Medical records	11	n/a	n/a
Safeguarding issues	2	n/a	n/a
Signer	2	n/a	n/a
Support (eg benefits, social care, vol agencies)	4	n/a	n/a
Patient transport	4	n/a	n/a
Totals:	430	n/a	n/a

Friends and Family

Indicator		Target	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Inpatients – York	York IP Response Rate	Monitoring Only	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%	45.4%	16.0%
Inpatients – Scarborough	Scarborough IP Response Rate		27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%	55.8%	16.4%
Inpatients - Bridlington	Bridlington IP Response Rate		60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%	69.5%	56.0%
Inpatients – Combined	**Trust IP Response Rate**		**34.2%**	**41.7%**	**40.2%**	**37.6%**	**38.2%**	**44.1%**	**38.4%**	**37.7%**	**44.7%**	**49.4%**	**18.6%**
ED – York	York ED Response Rate	Monitoring Only	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%	19.2%	8.3%
ED - Scarborough	Scarborough ED Response Rate		45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%	29.8%	6.7%
ED – Combined	**Trust ED Response Rate**		**33.9%**	**22.8%**	**20.0%**	**16.7%**	**15.9%**	**21.5%**	**16.0%**	**19.3%**	**21.6%**	**22.8%**	**7.8%**
Maternity – Antenatal		None	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.6%	27.6%	36.0%	26.4%
Maternity – Labour and Birth			32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%	31.0%
Maternity – Post Natal			37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%	30.4%
Maternity – Community			24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%	24.3%

The FFT Steering Group and project workstreams continue to meet and take forward the implementation and development of FFT across the Trust. The focus for the Trust, in addition to roll out is to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of what the Trust is doing to improve their experience of our Services.

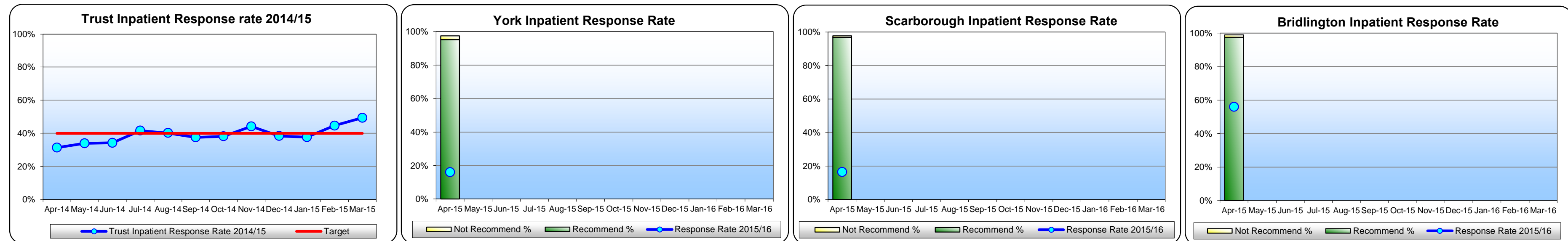
In 2015/16 Friends & Family is no longer a CQUIN but will be monitored under Schedule 4 of the Trust's Commissioner contracts. From April 2015 Day Cases and patients under 16 are included in the Inpatient performance, this is as per national guidelines.

Friends & Family: Inpatients & ED

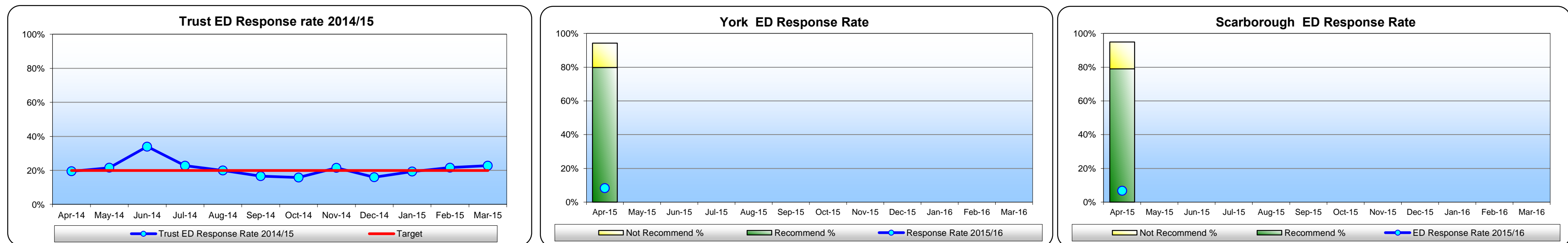
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previously daycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour and postnatal service to your family & 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 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Apr-15	May-15	Jun-15
Combined Inpatient Response Rate (including daycases)	None - Monitoring Only	none	33.20%	39.80%	40.10%	43.90%	18.64%		
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	35.70%	35.58%	36.39%	39.00%	16.01%		
York Inpatient Recommend %	None - Monitoring Only	none					95.17%		
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	40.58%	42.52%	42.25%	49.44%	16.37%		
Scarborough Inpatient Recommend %	None - Monitoring Only	none					96.81%		
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	77.40%	80.68%	78.19%	78.06%	55.98%		
Bridlington Inpatient Recommend %	None - Monitoring Only	none					97.51%		

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



Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Apr-15	May-15	Jun-15
Combined Emergency Department Response Rate	None - Monitoring Only	none	25.10%	19.90%	17.70%	21.30%	7.78%		
York Emergency Department Response Rate	None - Monitoring Only	none	14.30%	10.85%	13.00%	16.08%	8.29%		
York Emergency Department Recommend %	None - Monitoring Only	none					79.81%		
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	32.91%	34.90%	26.46%	31.44%	6.68%		
Scarborough Emergency Department Recommend %	None - Monitoring Only	none					78.98%		



Headline Scores

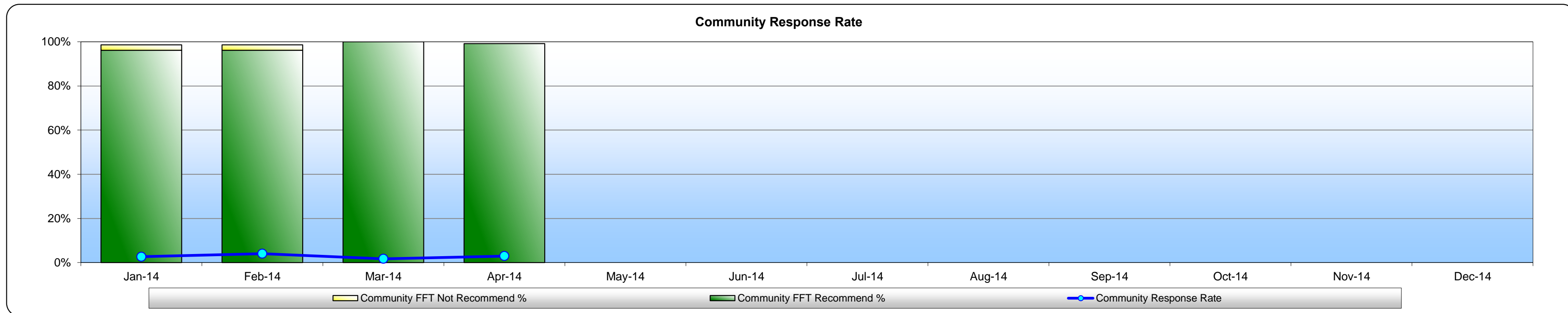
$$\textbf{Recommend (\%)} = \frac{\text{Extremely Likely + Likely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$$

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

Friends & Family: Community

FFT Implemented in Community since January 2015

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-15	May-15	Jun-15
Community Response Rate	None - Monitoring Only	none					2.95%		
Community FFT Recommend %	None - Monitoring Only	none					99.15%		
Community FFT Not Recommend %	None - Monitoring Only	none					0.00%		

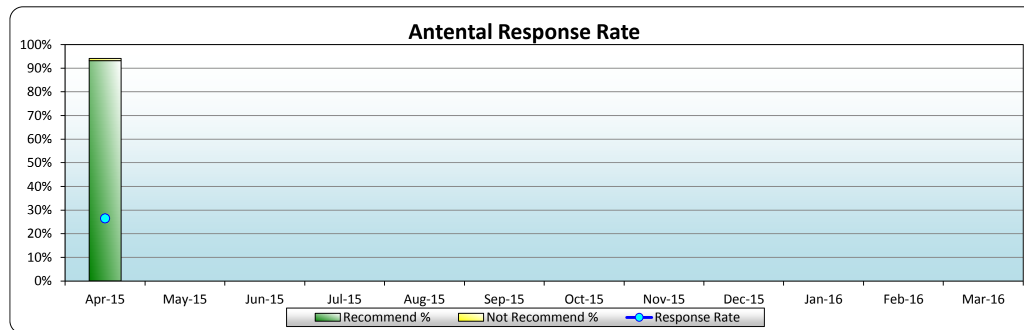


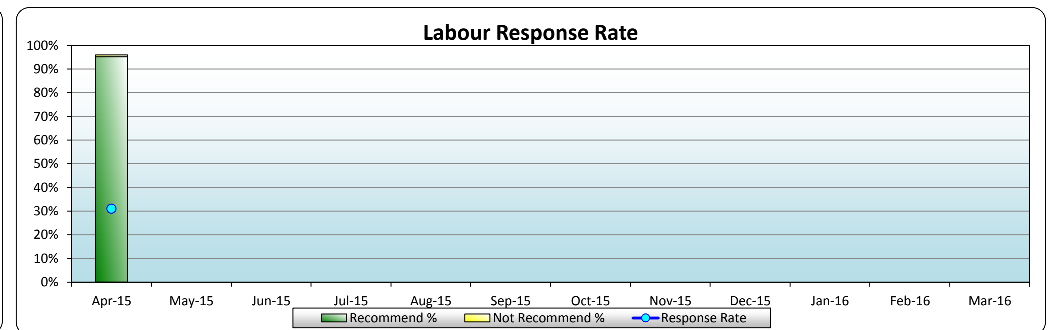
Service/Area	Consequence of Breach (Monthly)	Threshold	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-15	May-15	Jun-15
Community Inpatient Services	None - Monitoring only	None					53		
Community Nursing Services	None - Monitoring only	None					22		
Rehabilitation & Therapy Services	None - Monitoring only	None					0		
Specialist Services	None - Monitoring only	None					19		
Children & Family Services	None - Monitoring only	None					4		
Community Healthcare Other	None - Monitoring only	None					19		

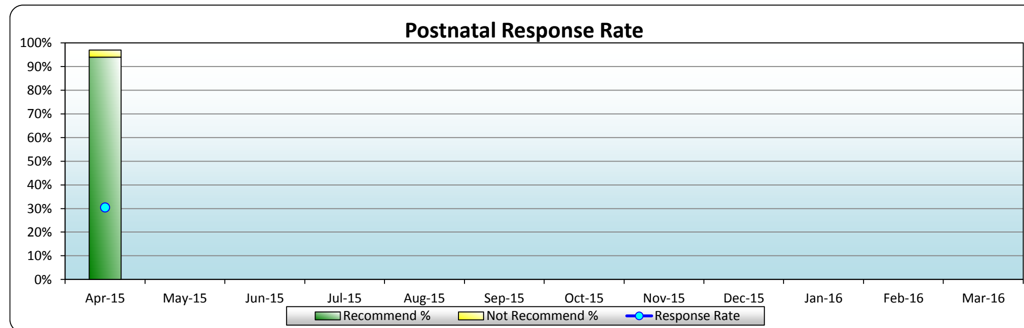
Friends & Family: Maternity

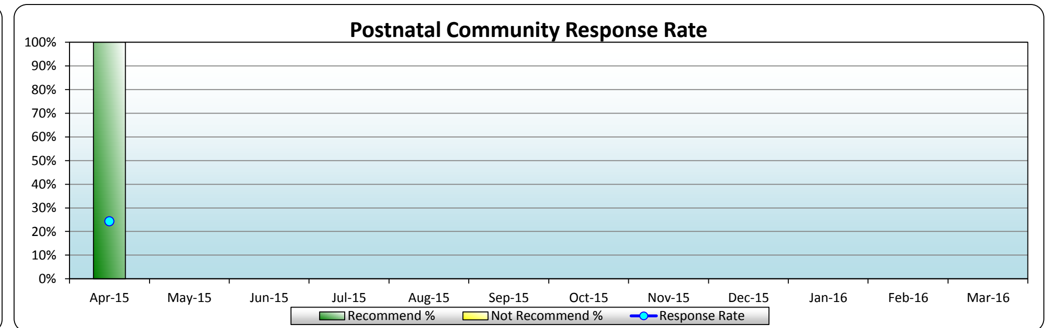
York Teaching Hospital NHS Foundation Trust

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Apr	May	Jun
Antenatal Response Rate	None - Monitoring only	none	33.6%	32.4%	38.3%	31.4%	26.41%		
Antental % Recommend	None - Monitoring only	none					93.20%		
Labour and Birth Response Rate	None - Monitoring only	none	36.40%	18.60%	23.50%	28.84%	31.02%		
Labour and Birth % Recommend	None - Monitoring only	none					95.20%		
Postnatal Response Rate	None - Monitoring only	none	41.1%	24.8%	30.6%	30.9%	30.40%		
Postnatal % Recommend	None - Monitoring only	none					94.00%		
Postnatal Community Response Rate	None - Monitoring only	none	31.60%	20.00%	18.70%	19.87%	24.32%		
Postnatal Community % Recommend	None - Monitoring only	none					100.00%		









2014/15 Performance

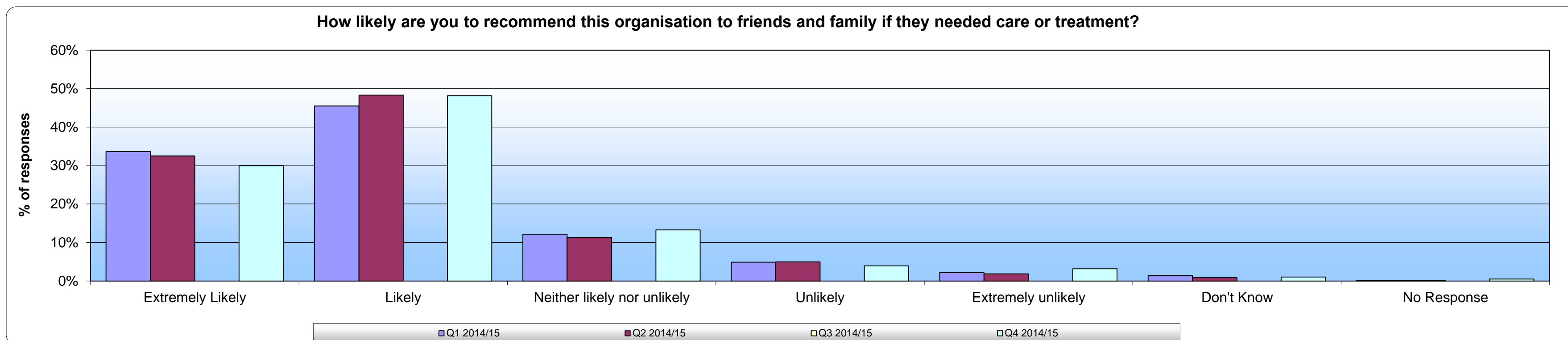
Indicator	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Antenatal Response Rate	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.5%	27.6%	36.0%
Labour and Birth Response Rate	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%
Postnatal 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

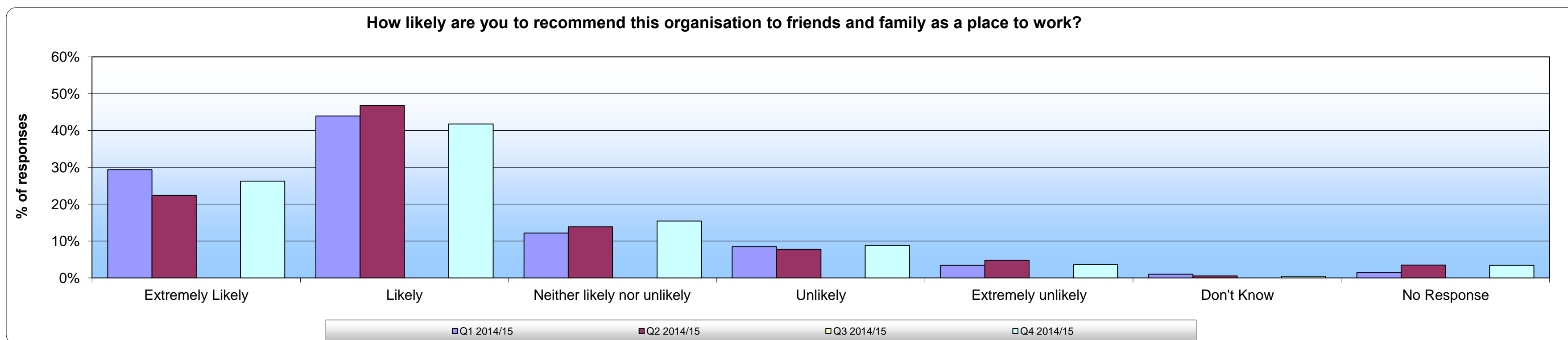
York Teaching Hospital NHS Foundation Trust NHS

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

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	8%	8%	Not Available	38%
Number of Trust employees who responded to the survey	None - Monitoring Only	none	673	704	Not Available	407



How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	33.6%	45.5%	12.2%	4.9%	2.2%	1.5%	0.1%
Q2 2014/15	32.5%	48.3%	11.4%	5.0%	1.8%	0.9%	0.1%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%



How likely are you to recommend this organisation to friends and family as a place to work?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	29.4%	44.0%	12.2%	8.5%	3.4%	1.0%	1.5%
Q2 2014/15	22.4%	46.9%	13.9%	7.8%	4.8%	0.6%	3.6%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%

Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 12 SIs reported in April:
Sub Optimal Care of the Deteriorating Patient; 1 Scarborough
Surgical Error; 1 Scarborough
Missed Diagnosis; 1 Scarborough
Slips Trips Falls 4; 2 York & 2 Scarborough
Pressure Ulcers 5; 1 Scarborough & 4 Community

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During April there were 147 reports of patients falling at York Hospital, 81 patients at Scarborough and 55 patients within the Community Services. This is a decrease from the number reported in March. These figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during April was 1,302; 648 incidents were reported on the York site, 463 on the Scarborough site and 191 from Community Services. This is a 6.5% decrease from April.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 1302 incidents awaiting sign-off by the Directorate Management Teams. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)
During April 60 pressure ulcers were reported to have developed on patients since admission to York Hospital, 10 pressure ulcers were reported to have developed on patients since admission to Scarborough and 28 pressure ulcers were reported as having developed on patients in our community hospitals or community care.
These figures should be considered as approximations as not all investigations have been completed.

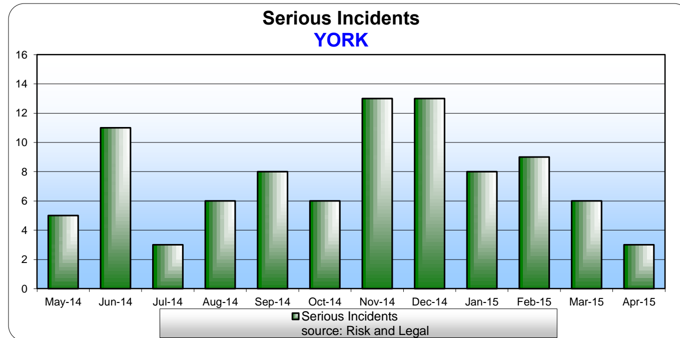
Degree of Harm: Serious/Severe or Death (source: Datix)
During April a total of 2 patient incidents were reported which resulted in serious or severe harm with zero resulting in death.

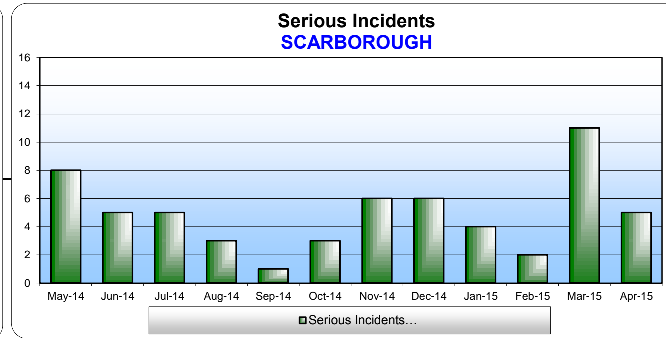
Medication Related Issues (source: Datix)
During April there was a total of 128 medication related incidents reported, although this figure may change following validation. A change of recording was made in December 2014 to improve capture of Medication Related Issues.

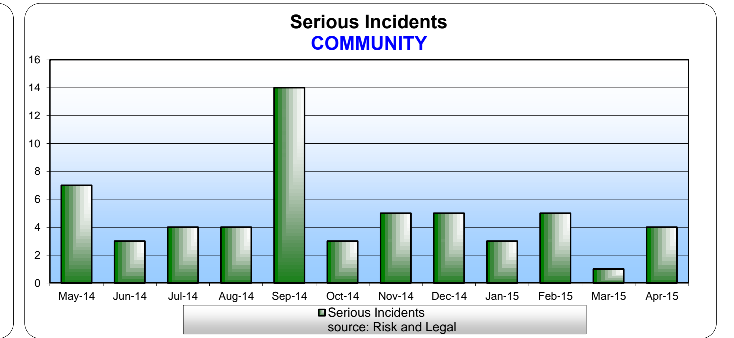
Never Events - none

Measures of Harm

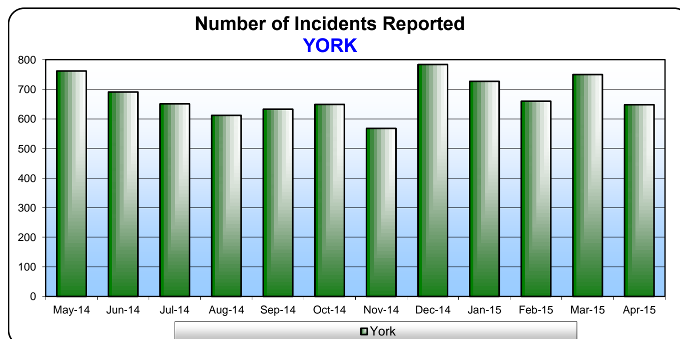
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Serious Incidents source: Risk and Legal	York	5	11	3	6	8	6	13	13	8	9	6	3
	Scarborough	8	5	5	3	1	3	6	6	4	2	11	5
	Community	7	3	4	4	14	3	5	5	3	5	1	4

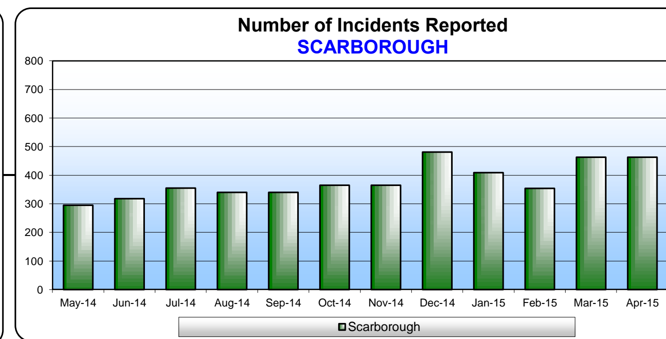


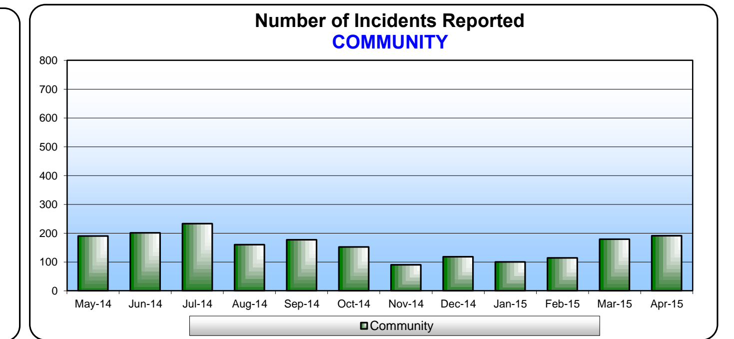




Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Number of Incidents Reported source: Risk and Legal	York	762	691	651	612	633	649	568	784	727	660	750	648
	Scarborough	295	318	355	340	340	365	365	481	409	354	463	463
	Community	190	201	233	160	177	152	90	118	100	114	179	191
Number of Incidents Awaiting sign off at Directorate level		1394	1877	-	1870	1497	1408	858	272	1444	516	546	1302

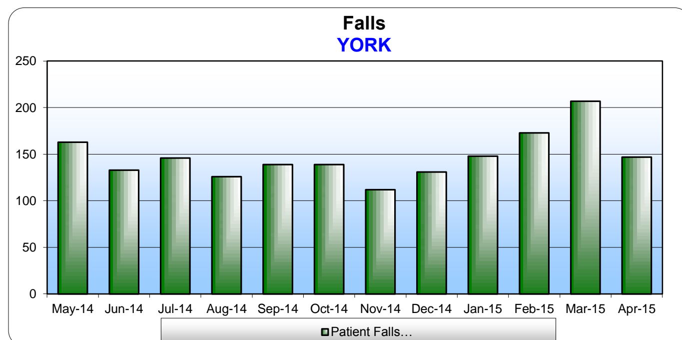


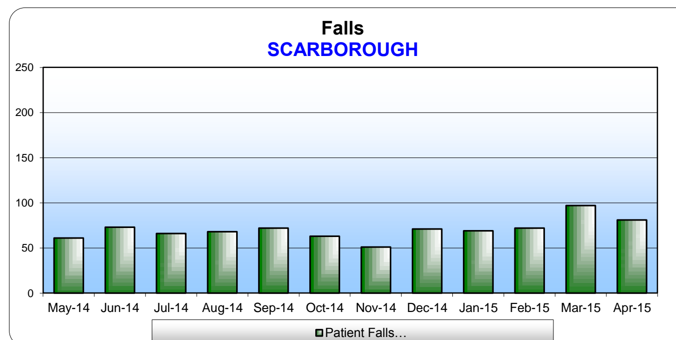


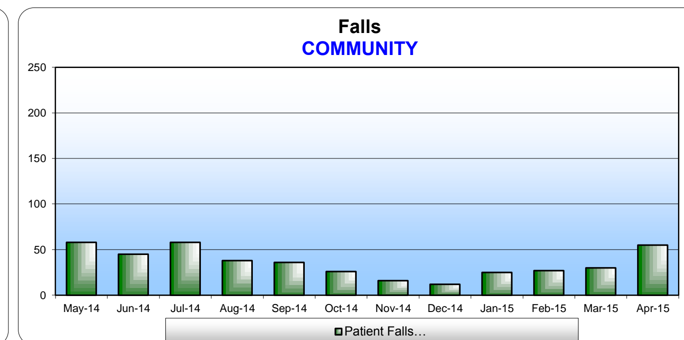


Measures of Harm

Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Patient Falls source: DATIX	York	163	133	146	126	139	139	112	131	148	173	207	147
	Scarborough	61	73	66	68	72	63	51	71	69	72	97	81
	Community	58	45	58	38	36	26	16	12	25	27	30	55

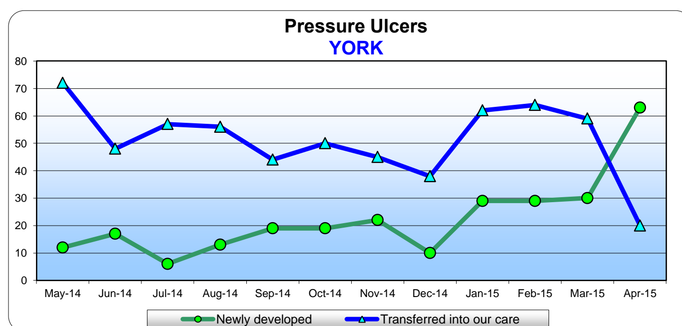


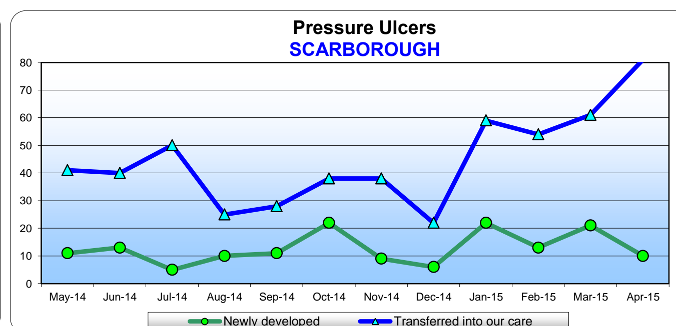


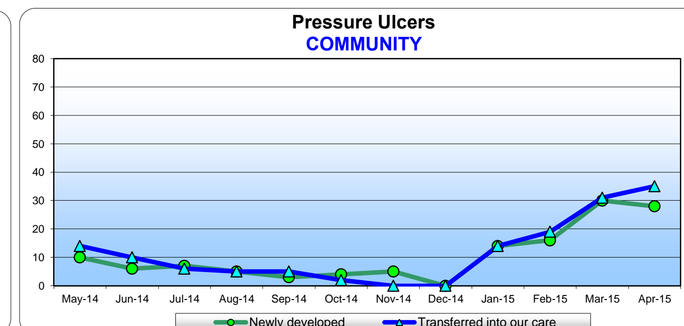


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Pressure Ulcers source: DATIX	York	Newly developed	12	17	6	13	19	19	22	10	29	29	30	63
		Transferred into our care	72	48	57	56	44	50	45	38	62	64	59	20
	Scarborough	Newly developed	11	13	5	10	11	22	9	6	22	13	21	10
		Transferred into our care	41	40	50	25	28	38	38	22	59	54	61	81
	Community	Newly developed	10	6	7	5	3	4	5	0	14	16	30	28
		Transferred into our care	14	10	6	5	5	2	0	0	14	19	31	35



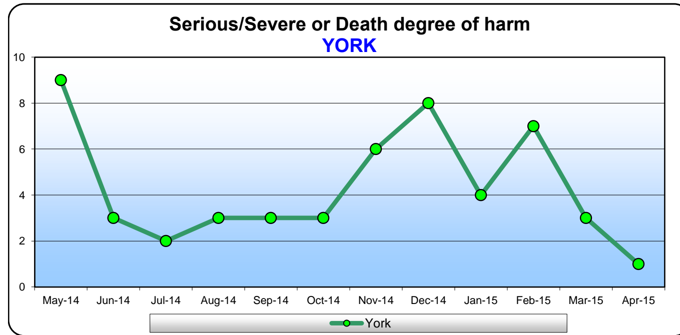


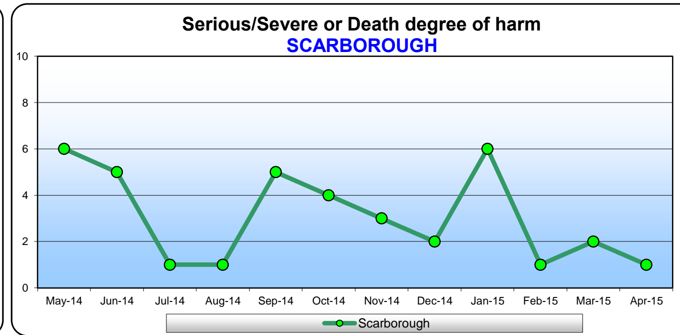


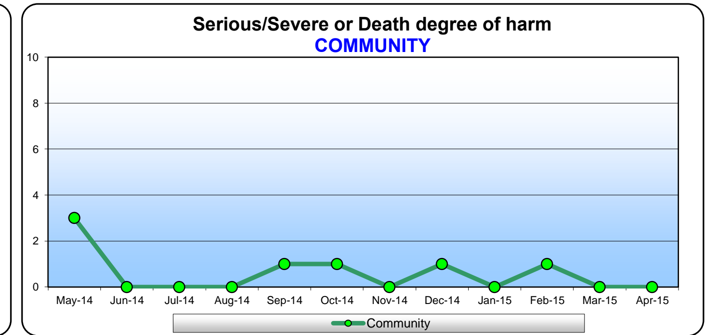
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

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

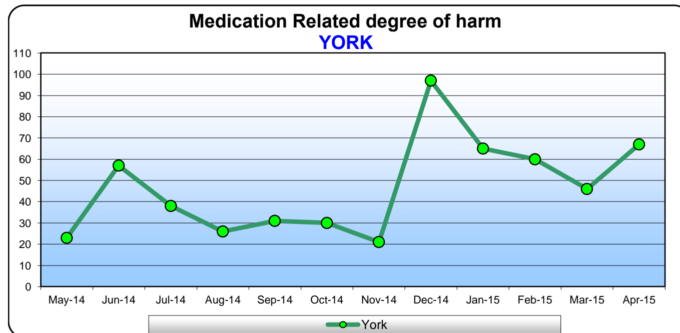


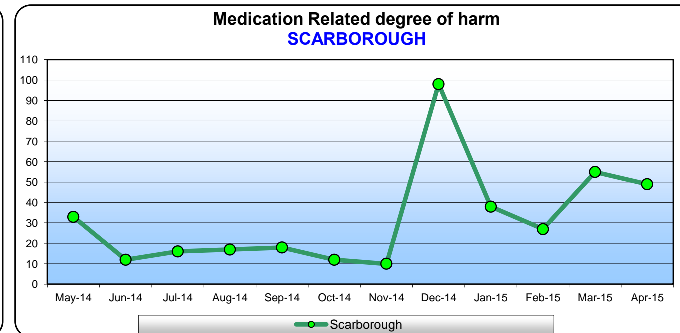


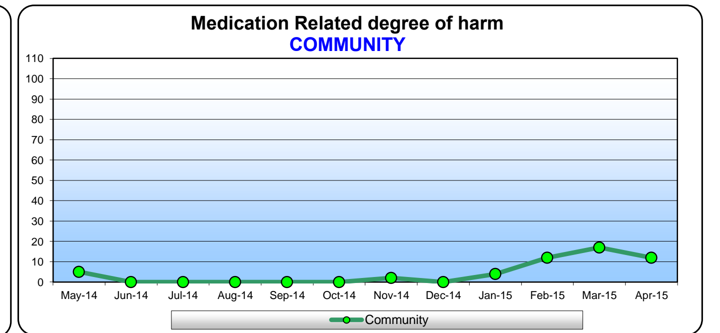


Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Degree of harm: Medication Related Issues source: Datix	York	23	57	38	26	31	30	21	97	65	60	46	67
	Scarborough	33	12	16	17	18	12	10	98	38	27	55	49
	Community	5	0	0	0	0	0	2	0	4	12	17	12

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

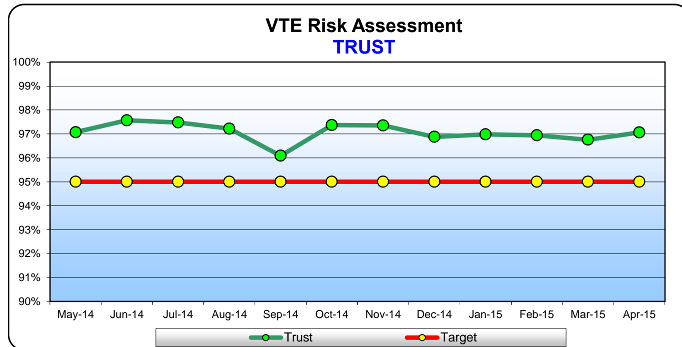


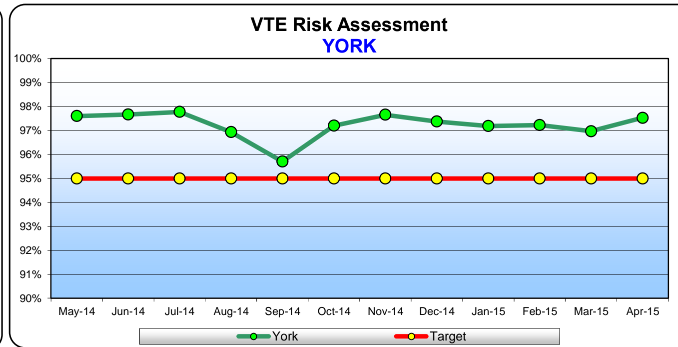


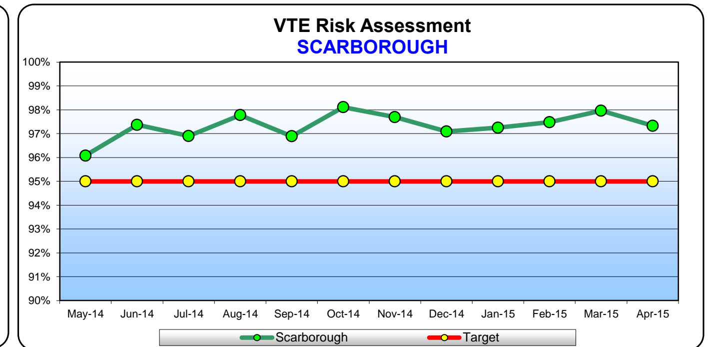


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Feb	Mar	Apr
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	90%	96.8%	96.9%	97.1%	96.9%	96.9%	96.8%	97.1%
		York	90%	97.7%	96.8%	97.4%	97.1%	97.2%	97.0%	97.5%
		Scarborough	90%	94.9%	97.2%	97.6%	97.6%	97.5%	98.0%	97.3%







Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during April indicated 3.75% for Scarborough and 1.63% for York .

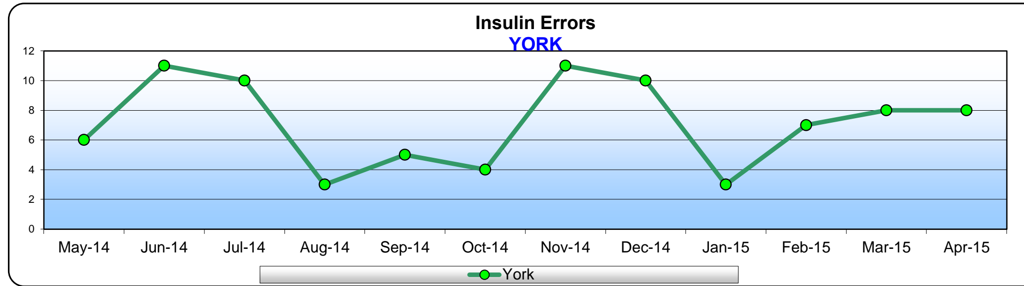
Prescribing Errors
There were 20 prescribing related errors in April; 11 from Scarborough, 8 from York and 1 from Community.

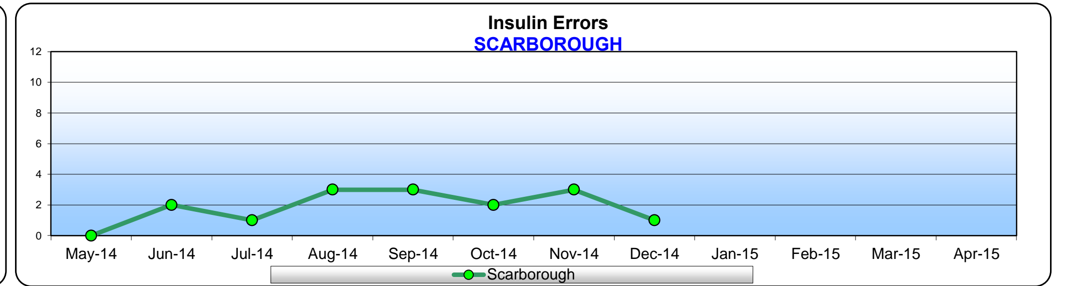
Preparation and Dispensing Errors
There were 20 preparation/dispensing errors in April; 8 from Scarborough, 10 from York and 2 from Community.

Administrating and Supply Errors
There were 57 administrating/supplying errors in April; 31 from York, 21 from Scarborough and 5 from Community.

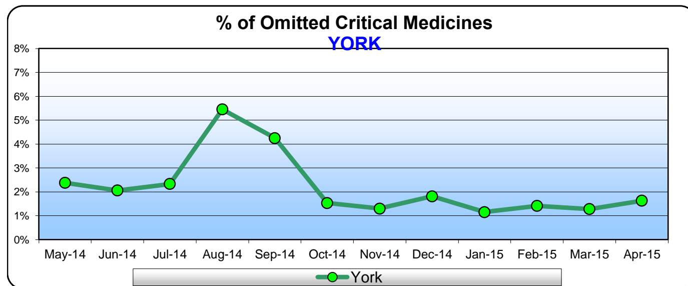
Drug Administration

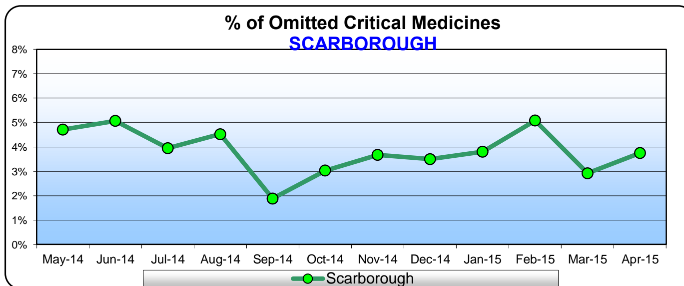
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Insulin Errors source: Datix (one month behind)	York	6	11	10	3	5	4	11	10	3	7	8	8
	Scarborough	0	2	1	3	3	2	3	1	Not Available	Not Available	Not Available	Not Available

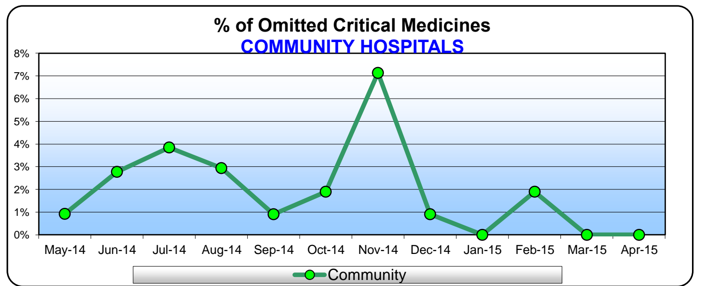




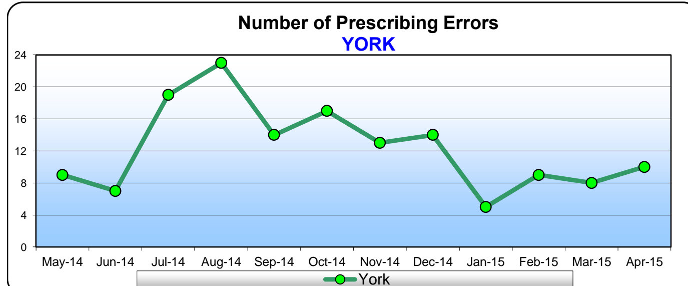
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Number of Omitted Critical Medicines source: Datix	York	11	9	10	20	18	7	6	8	6	6	6	7
	Scarborough	9	11	9	9	4	7	9	9	9	12	7	9
	Community Hospitals	1	3	4	3	1	2	7	1	0	2	0	0

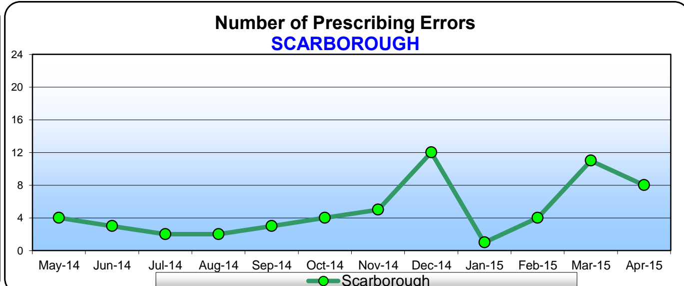


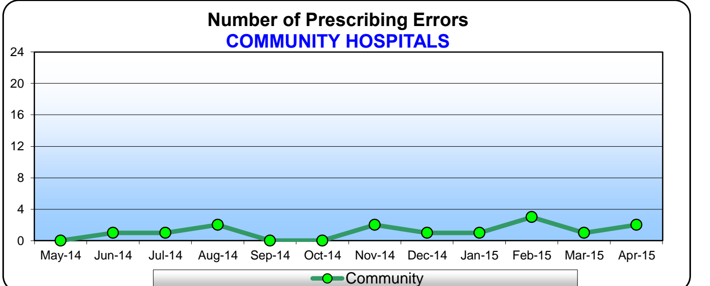




Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Number of Prescribing Errors source: Datix	York	9	7	19	23	14	17	13	14	5	9	8	10
	Scarborough	4	3	2	2	3	4	5	12	1	4	11	8
	Community Hospitals	0	1	1	2	0	0	2	1	1	3	1	2

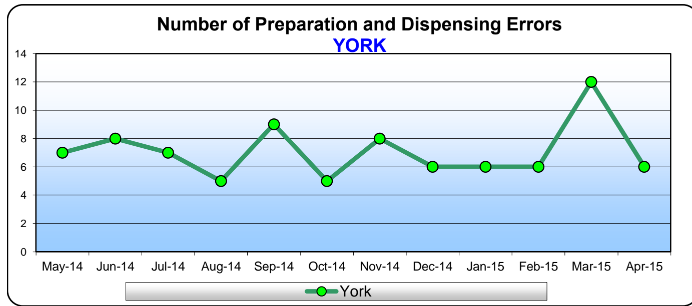


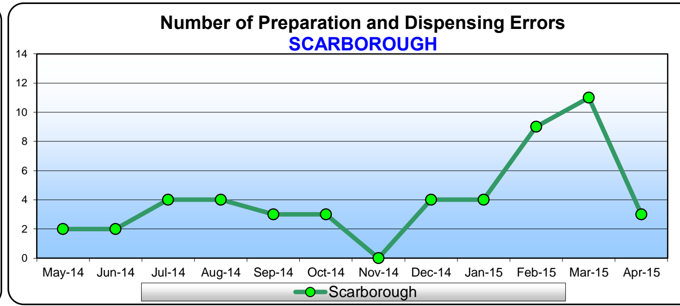


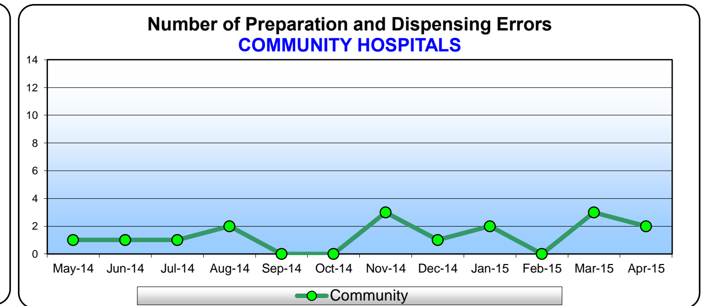


Drug Administration

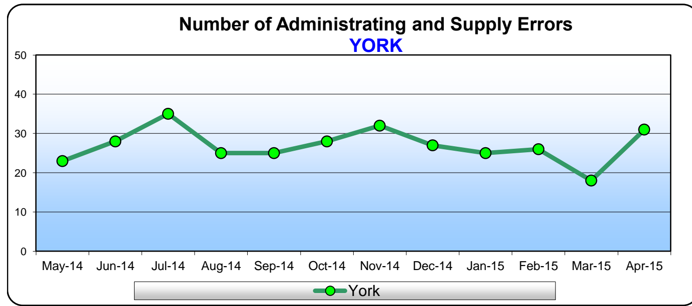
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Number of Preparation and Dispensing Errors source: Datix	York	7	8	7	5	9	5	8	6	6	6	12	6
	Scarborough	2	2	4	4	3	3	0	4	4	9	11	3
	Community Hospitals	1	1	1	2	0	0	3	1	2	0	3	2

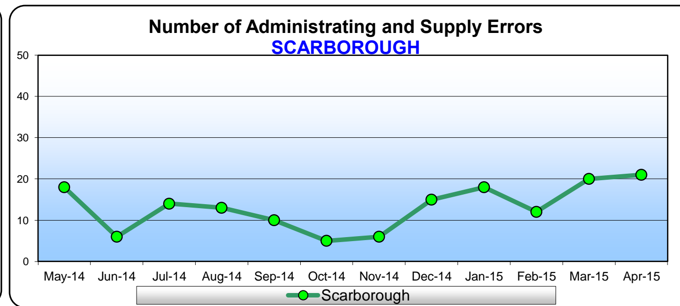


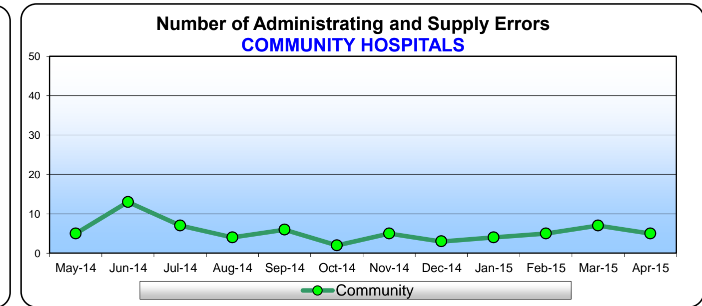




Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
Administrating and Supply Errors source: Datix	York	23	28	35	25	25	28	32	27	25	26	18	31
	Scarborough	18	6	14	13	10	5	6	15	18	12	20	21
	Community Hospitals	5	13	7	4	6	2	5	3	4	5	7	5







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: 94.6%
- Scarborough: 91.3%
- Community Hospitals: 91.4%
- Community care: 96.6%

VTE

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

- York: 0.4%
- Scarborough: 0.7%

Harm from Catheter Associated Urinary Track Infection

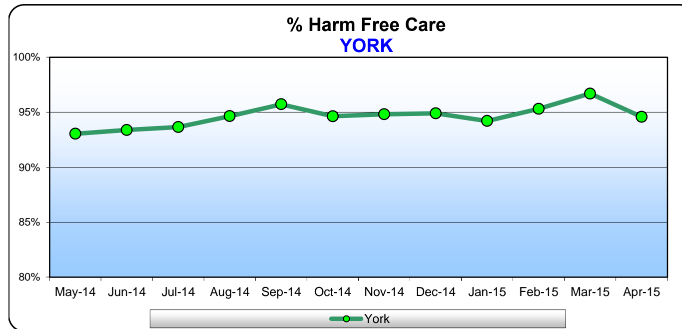
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

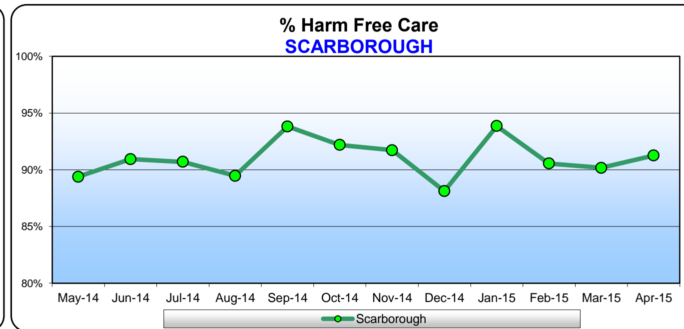
- York: 0.9%
- Scarborough: 2.8%
- Community Hospitals: 0%
- Community Care: 0.2%

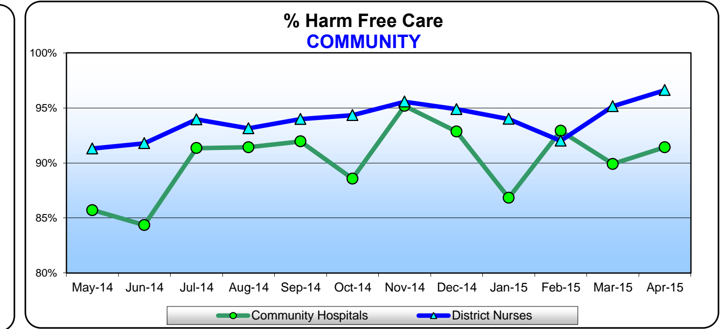
Safety Thermometer

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

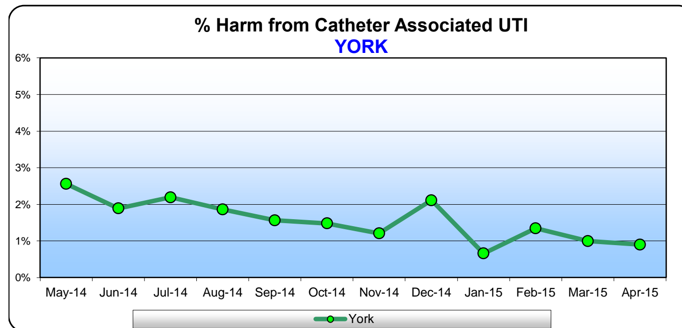
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
% of Harm Free Care source: Safety Thermometer	York	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%	94.2%	95.3%	96.7%	94.6%
	Scarborough	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%	93.9%	90.6%	90.2%	91.3%
	Community Hospitals	85.7%	84.4%	91.4%	91.4%	92.0%	88.6%	95.2%	92.9%	86.8%	92.9%	89.9%	91.4%
	District Nurses	91.3%	91.8%	94.0%	93.1%	94.0%	94.4%	95.6%	94.9%	94.0%	92.0%	95.2%	96.6%

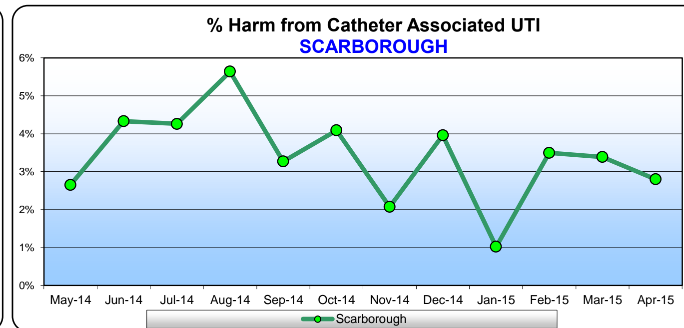


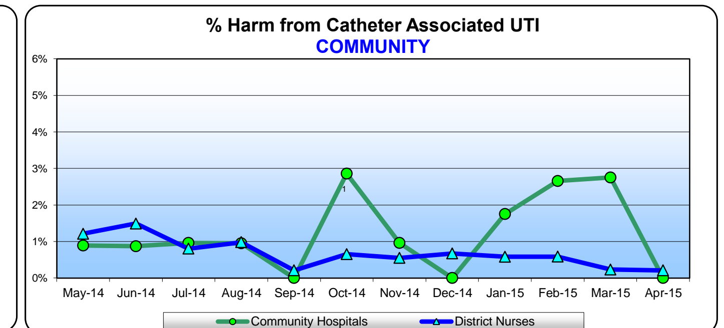




Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%	0.7%	1.3%	1.0%	0.9%
	Scarborough	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%	1.0%	3.5%	3.4%	2.8%
	Community Hospitals	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%	1.8%	2.7%	2.8%	0.0%
	District Nurses	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%	0.6%	0.6%	0.2%	0.2%



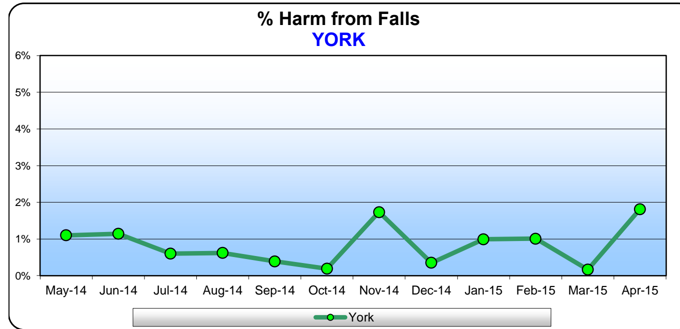


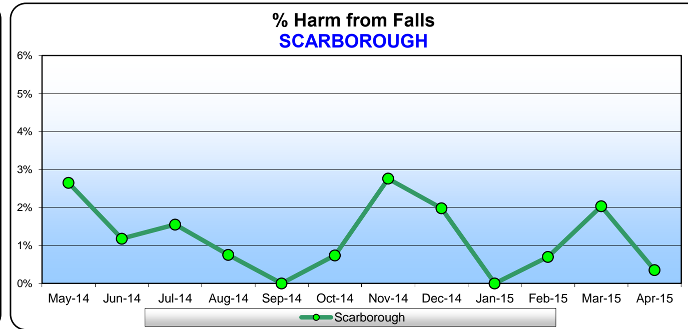


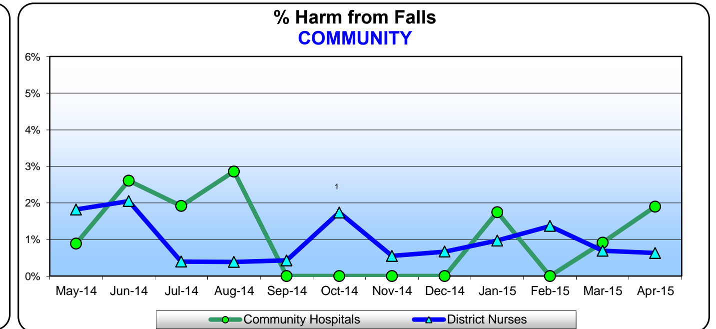
Safety Thermometer

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

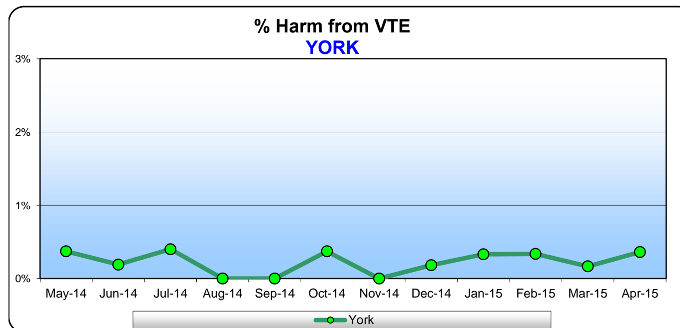
Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
% of Harm from Falls source: Safety Thermometer	York	1.1%	1.1%	0.6%	0.6%	0.4%	0.2%	1.7%	0.4%	1.0%	1.0%	0.2%	1.8%
	Scarborough	2.7%	1.2%	1.6%	0.8%	0.0%	0.7%	2.8%	2.0%	0.0%	0.7%	2.0%	0.4%
	Community Hospitals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

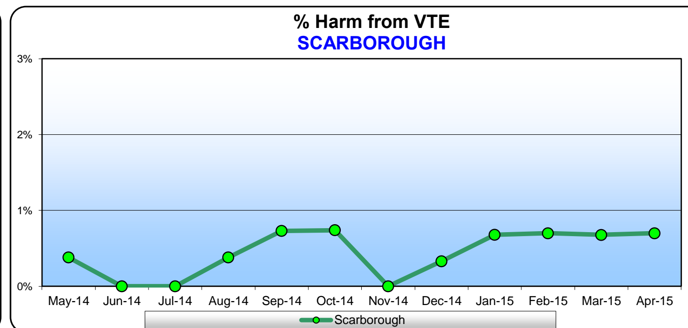


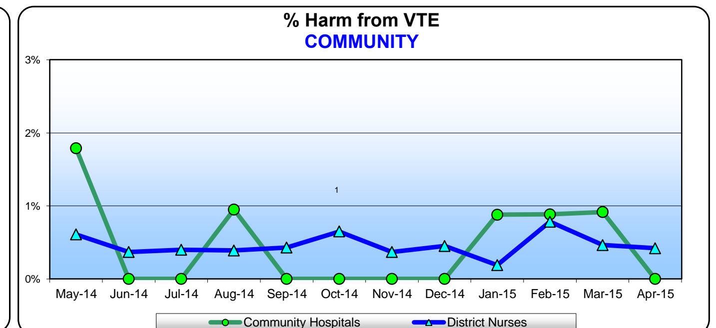




Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
% of VTE source: Safety Thermometer	York	0.4%	0.2%	0.4%	0.0%	0.0%	0.4%	0.0%	0.2%	0.3%	0.3%	0.2%	0.4%
	Scarborough	0.4%	0.0%	0.0%	0.4%	0.7%	0.7%	0.0%	0.3%	0.7%	0.7%	0.7%	0.7%
	Community Hospitals	1.8%	0.0%	0.0%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







York Teaching Hospital NHS
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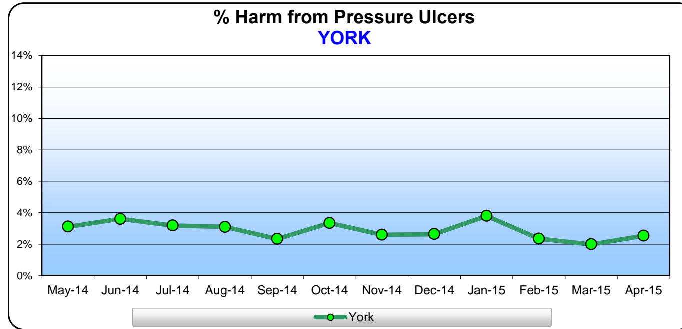
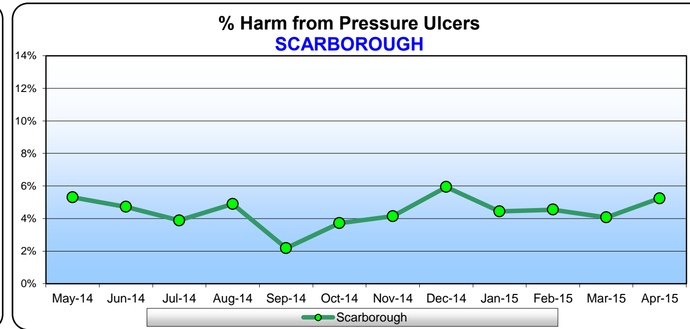
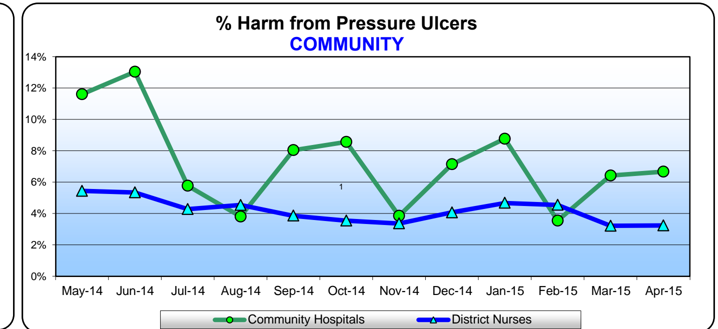
Safety Thermometer

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

Indicator		May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15
% of Pressure Ulcers source: Safety Thermometer	York	3.1%	3.6%	3.2%	3.1%	2.3%	3.3%	2.6%	2.6%	3.8%	2.3%	2.0%	2.5%
	Scarborough	5.3%	4.7%	3.9%	4.9%	2.2%	3.7%	4.1%	5.9%	4.4%	4.5%	4.1%	5.2%
	Community Hospitals	11.6%	13.0%	5.8%	3.8%	8.0%	8.6%	3.9%	7.1%	8.8%	3.5%	6.4%	6.7%
	District Nurses	5.4%	5.3%	4.3%	4.5%	3.9%	3.6%	3.4%	4.1%	4.7%	4.6%	3.2%	3.2%







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Never Events

Indicator	Consequence of Breach	Threshold	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Feb	Mar	Apr
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	0	0	0	0
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>0	0	0	0	0	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Entrapment in bedrails		>0	0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0	0
Severe scalding of Service Users		>0	0	0	0	0	0	0	0
MATERNITY									
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0	0

York Teaching Hospital NHS
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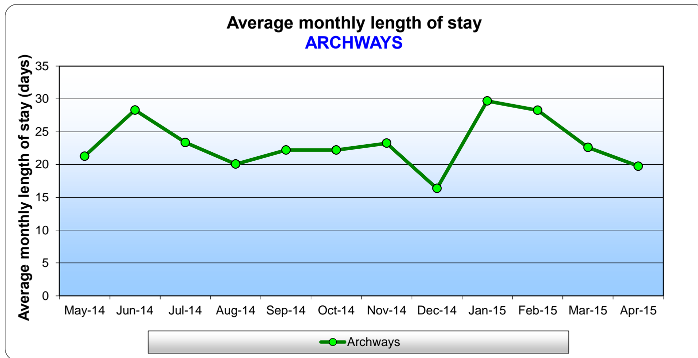
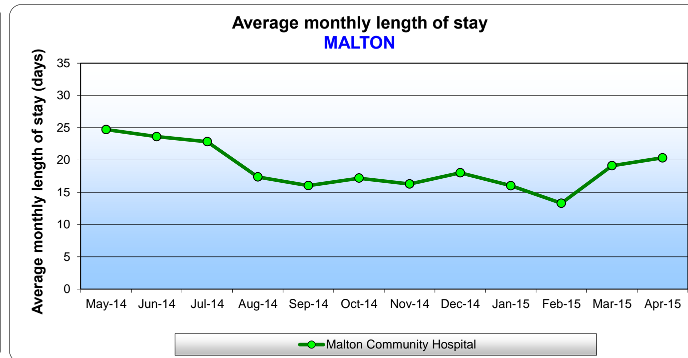
Patient Safety Walkrounds – April 2015

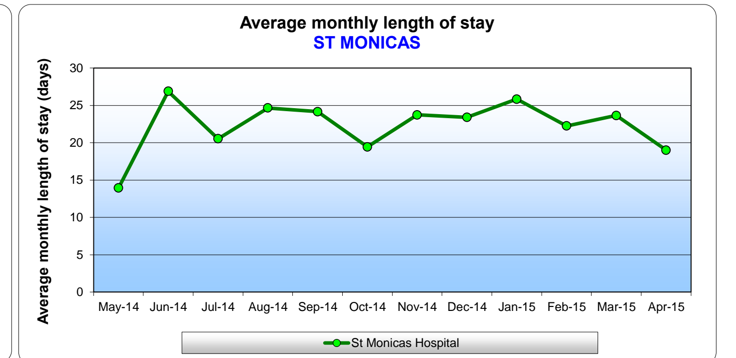
Date	Location	Participants	Actions & Recommendations
05/03/2015	Critical Care Unit, ESA (Ash Ward) & Pre Assessment	Patrick Crowley - Director Tariq Hoth – Clinical Director Gemma Ellison – Directorate Manager Beth Horsman – Matron Mike Keaney - NED	Report to follow
02/04/2015	Theatres, Endoscopy, Outpatients and Aspen	Bev Geary - Director John Mensah – Deputy Clinical Director Pauline Guyan – Matron Mike Keaney - NED	Carpets in endoscopy store room and staff room - awaiting removal Decontamination machines - Staff able to make decisions on when machines can be used but are instructed to wait for authority from IP. This causes delays to lists while scopes are transferred to York for decontamination – DM to contact IP to understand rationale. Replacement of washers – Lifespan is unknown –DM to seek further information. 3rd Clinical room required – BC in place. Staffing - current shortage reduces time for planning - short, medium and long term strategy – DM to develop.
08/04/2015	Ward 34, Sleep Service & Cardiac Rehab	Mike Proctor - Director Nigel Durham – Clinical Director Sharon Lewis – Directorate Manager Mike Sweet – NED Matron unavailable	Report to follow
16/04/2015	St Monicas - Easingwold	Alastair Turnbull – Director Rachel Anderson – Locality Manager (covering Gerry Rook) Audrey Willis – Ward Manager Libby Raper - NED	Under Occupancy – this issue remains from the previous visit in December 2013. Arises in part from a reluctance by local general practitioners to admit patients not registered in their practices - To be discussed by Dr Turnbull at Corporate Directors, GPs to be encouraged where appropriate to accept all local patients. Environmental issues - remain in respect of difficulty in cleaning curtains hanging high in the ward areas. Ward Sister to contact IPC Team and consider curtains with light reducing film. Discharge Medication - EDNs are not currently in use as GPs are not trained and a copy of the drug chart is sent to pharmacy, potentially resulting in errors. This is to be discussed with York Hospital Pharmacy and Systems & Networks Team. Variable DNACPR Practice - at times decisions are delayed or the documents are incomplete due to (understandable) delays and difficulties in medical attendance. Dr Turnbull is to discuss at the DNACPR Group accelerating the programme for training senior nurses in DNACPR decision making.
21/04/2015	Lilac, Maple, Lloyd and Willow Wards	Patrick Crowley - Director Stevan Stojkovic – Clinical Director Richard Morris – Directorate Manager Beth Horsman – Matron Mike Keaney - NED	Postponed as no Director available
30/04/2015	White Cross Court	Bev Geary - Director Gerry Rook – Locality Manager Marianne Pipes – Ward Manager Mike Sweet - NED	Transfer of patients from Acute Hospital - New referral documentation in place Consultant to Consultant confirming patient medically fit. Night RN cover in unit temporarily increased to two RNs - Agreed at Board to increase RN to 2 each night duty permanently. Unit Security - doors to be locked at 6pm and unlocked for visiting time only. Display notice to inform patients' relatives of change. Create SOP to reflect change.

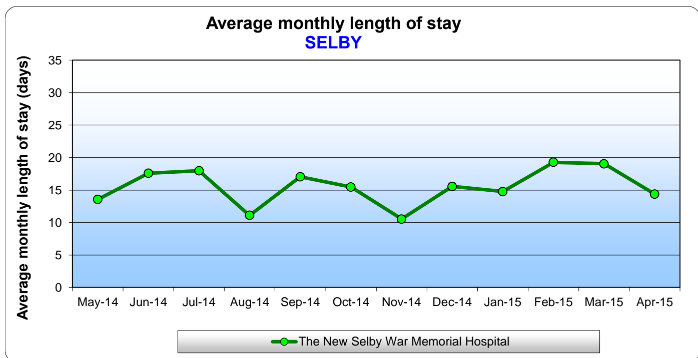
Community Hospitals

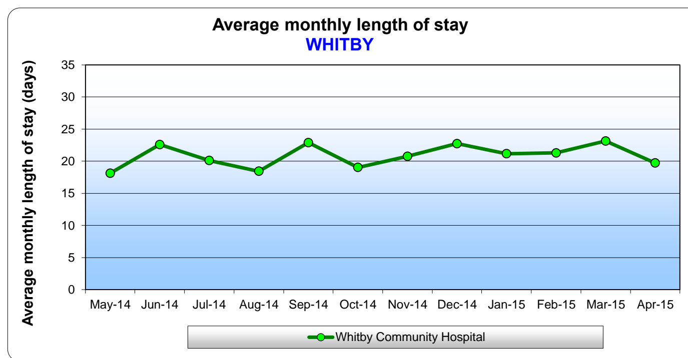
Indicator	Hospital	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Feb	Mar	Apr
Community Hospitals average length of stay (days)	**Archways**	23.4	22.1	20.6	26.8	28.3	22.6	19.7
	Malton Community Hospital	24.5	18.6	17.1	16.0	13.3	19.1	20.3
	St Monicas Hospital	24.5	23.2	22.0	24.0	22.3	23.6	19.0
	The New Selby War Memorial Hospital	13.8	15.6	13.7	17.6	19.3	19.0	14.4
	Whitby Community Hospital	21.1	20.3	20.9	21.9	21.3	23.1	19.7
	Total	20.4	19.4	18.1	20.2	19.8	21.1	18.3

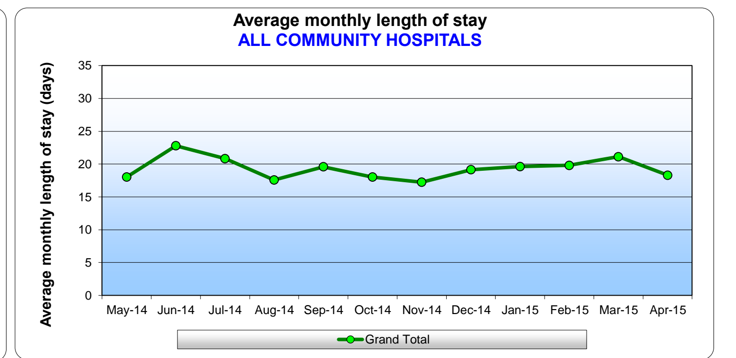






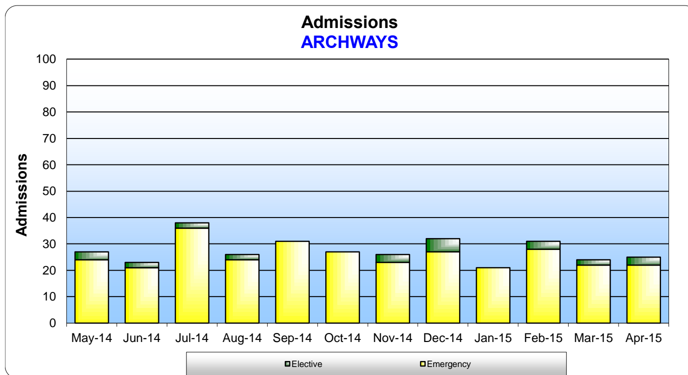


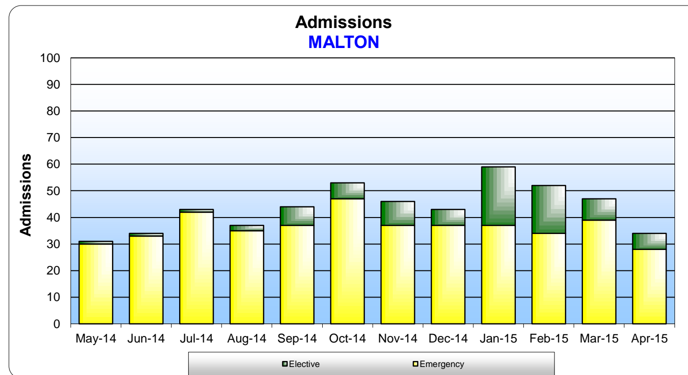


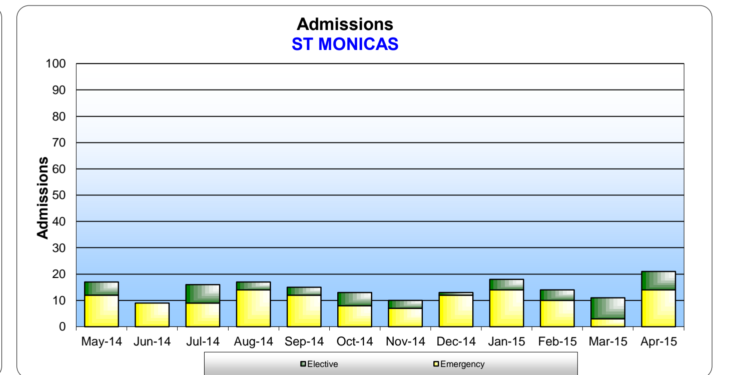


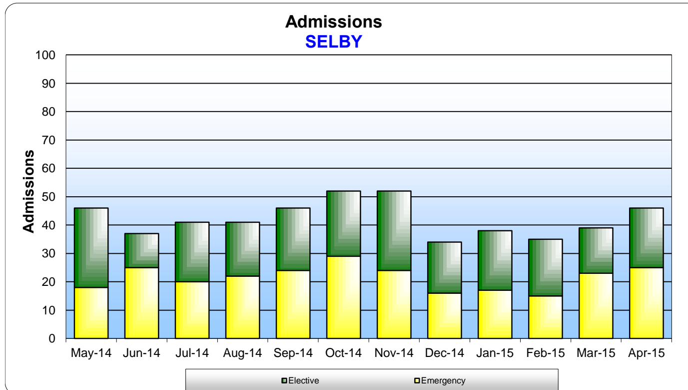
Community Hospitals

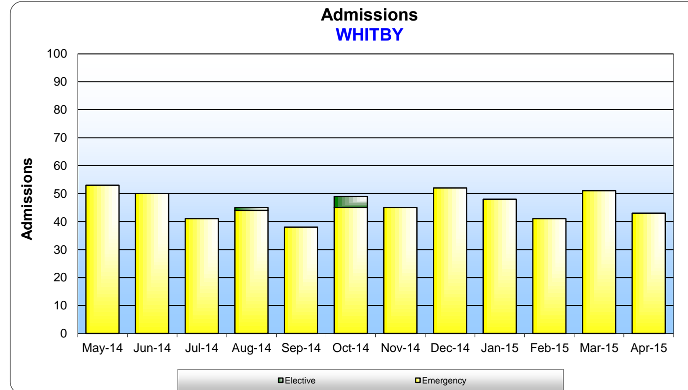
Indicator	Hospital		Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Feb	Mar	Apr
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	3	2	3
		Emergency	66	91	77	71	28	22	22
	Malton Community Hospital	Elective	4	10	21	48	18	8	6
		Emergency	89	114	121	110	34	39	28
	St Monicas Hospital	Elective	9	13	9	16	4	8	7
		Emergency	36	35	27	27	10	3	14
	The New Selby War Memorial	Elective	68	62	69	57	20	16	21
		Emergency	71	66	69	55	15	23	25
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	41	51	43
	Total	Elective	89	90	111	126	45	34	37
		Emergency	414	429	436	403	128	138	132

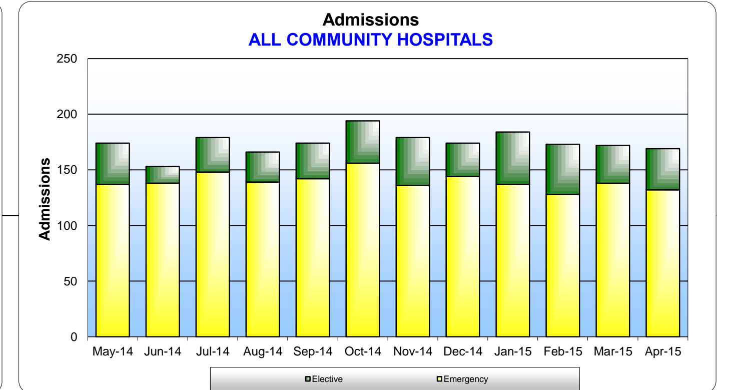












YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	276	297	253	302	254	325	314	296	246	311	300	266	286.7
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	84.1%	82.8%	88.4%	89.7%	86.6%	86.3%	86.6%	88.0%	87.0%	88.0%	90.0%	96.2%	87.8%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	8.0%	4.7%	5.5%	3.0%	6.3%	7.1%	8.3%	6.4%	5.3%	6.0%	5.0%	2.3%	5.7%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		-
		Births	No. of babies	CPD	≤295	296-309	≥310	prev. stats	250	292	289	308	317	308	319	244	264	269	228	273	280.1
		No. of women delivered	No. of mothers	CPD	≤296	296-310	≥311		243	290	289	302	311	303	316	239	261	265	224	272	276.3
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more		0	2	0	0	0	1	1	3	1	3	1	4	1.3
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more		0	0	0	0	0	0	1	0	0	1	0	0	0.2
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more		1	2	4	4	2	1	5	1	1	3	1	4	2.4
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	1	1	0	0	0	0	0	0	0	0		0.2
		SCBU at capacity	number of times	SCBU	0	1	2 or more		0	5	0	1	1	0	0	0	0	1	0		0.7
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	29.0	29.0	29.0	29.8	30.5	31.4	31.3	31.9	33.2	32.5	32.5		30.9
		1 to 1 care in Labour	CPD	CPD	≥75%	61%-74%	≤60%		79.4%	76.2%	77.9%	79.8%	83.6%	78.5%	79.0%	86.6%	83.9%	82.3%	80.8%	76.8%	0.8
		L/W Co-ordinator supernumary %		Risk Team					71	51	50	45	61	48	43	56	55	70	63	42	5450.8%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76	76.0
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10.0
		Supervisor : M/w ratio 1 :	Ratio	Rota	12	13-15	15	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14.0
Clinical Indicators	Neonatal/Maternal Morbidity	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		58.0%	58.5%	65.6%	62.7%	61.4%	64.4%	58.2%	58.2%	57.5%	61.9%	62.1%	59.2%	60.6%
		Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	22.4%	19.9%	14.6%	12.7%	13.2%	11.2%	14.9%	15.9%	18.0%	17.4%	12.5%	13.6%	15.5%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	25.8%	26.0%	23.3%	27.3%	22.8%	21.1%	25.6%	24.3%	22.2%	19.2%	24.6%	26.5%	24.1%
		Eclampsia	No. of women	CPD	0		1 or more		0	1	0	0	0	0	1	0	0	0	0	0	0.2
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	0	2	1	3	0	0	1	1	1	2	1	0	1.0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	2	0	0	0	0	0	1	1	0	0	0.3
		HDU on L/W	No. of days	Handover Sheet					10	30	30	20	20	15	25	15	28	15	14	14	19.7
		Uterine Rupture from Jan 14	No of women	CPD	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	4	5	3	4	3	7	4	2	8	4	4	2	4.2
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	1	0	0	1	0	1	1	1	1	0.5
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more		-	-	-	-	-	-	-	-	-	1	1	0	0.7
		Intrapartum Stillbirths	No. of babies	Risk Team	0	0	1 or more		-	-	-	-	-	-	-	-	-	0	0	0	0.0
	Risk Management	SI's	Total	Risk Team	0	1	1 or more		0	1	0	0	0	0	0	0	0	0	0	0	0.1
		PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		1	5	4	4	1	2	2	0	2	1	2	2	2.2
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	RCOG	1	3	5	2	3	7	5	1	6	4	1	3	3.4
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	5.4%	5.3%	6.4%	6.3%	2.3%	3.5%	2.2%	2.2%	3.0%	1.5%	5.4%	2.9%	3.9%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		96.0%	94.0%	92.0%	91.0%	91.0%	91.0%	89.0%	91.0%	92.0%	86.0%	89.0%	77.0%	89.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		78.0%	83.0%	74.0%	71.0%	71.0%	46.0%	46.0%	50.0%	50.0%	79.0%	76.0%	58.0%	65.2%
		Training cancelled	No. of staff affected	Risk Team	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
	New Complaints	Informal	Total		0	1-4	5 or more		3	0	3	3	1	1	1	2	0	0	1	0	1.3
		Formal	Total		0	1-4	5 or more		2	0	0	1	0	2	0	4	0	0	2	1	1.0

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	Evolution from Jan CPD	≤200	201-249	≥250	prev. stats	193	183	185	187	176	192	193	139	136	151	131	266	184
		Bookings <13 weeks	No. of mothers	Evolution from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	94.3%	88.1%	94.6%	87.1%	84.7%	87.4%	87.2%	92.4%	90.4%	87.0%	91.6%	96.2%	90.1%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	4.1%	9.7%	3.8%	9.8%	11.9%	9.9%	11.7%	6.5%	8.8%	9.8%	7.6%	2.3%	8.0%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		
		Births	No. of babies	CPD	≤170	171-189	≥190	prev. stats	119	119	125	134	158	146	148	129	138	142	125	125	134
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190		116	119	124	132	158	146	145	127	136	138	125	127	133
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		0	0	1	0	0	0	0	1	1	0	0	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	1	0	0	0	0	0	1	0	0	0	0
		SCBU at capacity	no of times	SCBU	0	1	2 or more		7	26	10	4	21	10	8	8	20	26	5	14	12
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	43.3	43.5	42.5	43.7	40.1	38.2	38.0	39.9	38.6	42.0	42.3	41.1	41.5
		HCA's	Ratio	Matron				staffing paper	15.7	15.3	15.7	14.5	14.5	15.9	15.9	15.3	15.8	16.3	16.3	16.3	16.0
		1 to 1 care in Labour		Risk Team	≥75%	61%-74%	≤60%		88.0%	86.0%	87.0%	88.0%	88.0%	92.0%	93.0%	91.3%	91.3%	90.6%	93.6%	76.8%	89.9%
				Risk Team					64.5%	70.9%	75%	58%	50%	50%	58%	50%	59%	55%	64%	62.0%	63.3%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		3	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1 :	Ratio	Rota	15	16-19	20	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14
Clinical	Neonatal/Maternal	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		76.7%	68.9%	64.0%	76.5%	70.3%	76.0%	71.0%	72.4%	69.9%	77.5%	75.2%	68.0%	71.9%
Indicators	Morbidity	Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	3.4%	6.7%	6.5%	3.8%	9.5%	9.0%	5.5%	4.7%	7.4%	5.8%	9.6%	8.8%	6.3%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	19.8%	23.5%	29.0%	18.9%	20.9%	15.2%	22.8%	22.8%	22.8%	22.5%	24.8%	23.2%	22.5%
		Eclampsia	No. of women	CPD	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	1	1	0	0	0	0	0	0	1	0	0	0	0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0	0
		HDU on L/W	No. of days	Handover Sheet					3	0	0	2	2	2	2	3	2	4	0	1	2
		P/N Hysterectomies < 7days p/n	No of women	Risk Team	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	0	0	0	3	2	0	2	1	1	3	0	1	1
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	1	0	0	0	0	0	0	0	0	0	0	0
		Stillbirths Antepartum	No of babies	Risk Team	0	1	2 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
		Stillbirths Intrapartun	No. of babies	Risk Team	0	0	1 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		1	0	0	0	0	1	1	0	0	0	1	0	0
		PPH > 2L	No. of women	Risk Team - Datix	1 or less	2-3	3 or more		2	0	0	2	0	1	3	0	0	1	0	1	1
		Shoulder Dystocia	No. of women	Risk Team - Datix	1 or less	2-3	3 or more	RCOG	0	1	1	0	1	0	0	0	0	1	1	2	1
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	0.4%	0.7%	1.6%	0.0%	1.3%	0.7%	2.1%	0.0%	3.7%	1.4%	1.1%	0.9%	1.6%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		91.0%	90.0%	94.0%	93.0%	93.0%	93.0%	94.0%	84.0%	89.0%	66.0%	80.0%	80.0%	87.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		0.0%	0.0%	77.0%	92.0%	92.0%	92.0%	92.0%	100.0%	92.0%	93.0%	86.0%	86.0%	73.6%
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	0	8	0	0	0	0	0	0	1
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	1	0	1	2	3	1	1	0	0	1	0	1
		Formal	Total	Matron	0	1-4	5 or more		2	0	0	0	1	4	0	0	0	0	0	0	1

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Director's – 27 May 2015

Medical Director's Report

Action requested/recommendation

Board of Director's should:

- Note the consultants joining the Trust
- Note the proposal for changes to the Hospitals Grand Rounds at York
- Be aware of the results of the antibiotic and probiotic prescribing audit within their Directorates and to ensure that that where necessary actions are taken for improvement
- Consider the quarterly HCAI report
- Consider the audit of compliance of sepsis 6 care bundle
- Consider the Trust latest published mortality indicators.

Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

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

Progress of report	This report is only written for the Board of Director's
Risk	No additional risks have been identified others than those specifically referenced in the paper.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	May 2015
Version number	Version 1

Board of Director's – 27 May 2015

Medical Director's Report

1. Introduction and background

In the report this month:

- New consultants
- Antimicrobial prescribing audit
- Hospital grand rounds
- HCAI Quarterly Report
- Audit of delivery of sepsis 6 care bundle
- Mortality indicators update.

2. Consultants new to the Trust

The following consultants joined the Trust in April:

Philip Lim
Locum Consultant in Plastics
York
1/4/15-31/3/16

Lina Bruzaite
Consultant Anaesthetics
Scarborough

Jane Marshall
Consultant Paediatrics
Scarborough.

3. Antimicrobial prescribing audit

SUMMARY OF ANTIBIOTIC PRESCRIPTION AUDIT RESULTS
January – December 2015

indication on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	85%	87%	89%	86%		
Scarborough Hospital	81%	76%	86%	89%		
Trust average	83%	82%	87%	87%		

duration / course length on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	84%	88%	91%	88%		
Scarborough Hospital	84%	88%	85%	92%		
Trust average	84%	88%	89%	89%		

% patients >65 years co-prescribed VSL#3 (NB the audit did not investigate if any of the patients >65 years who were not on VSL#3 met any of the exclusion criteria)	Jan	Feb	Mar	Apr	May	Jun
York Hospital	71%	64%	59%	72%		
Scarborough Hospital	79%	67%	59%	85%		
Trust average	75%	65%	59%	77%		

% of in-patients prescribed antibiotics	Jan	Feb	Mar	Apr	May	Jun
York Hospital	24%	25%	23%	25%		
Scarborough Hospital	36%	36%	27%	28%		

ELDERLY MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	83	73	44	84		
Antibiotic prescriptions with INDICATION	86%	85%	91%	90%		
Antibiotic prescriptions with DURATION / REVIEW	93%	90%	86%	96%		
% patients >65 years co-prescribed VSL#3 *^	96%	89%	86%	92%		

MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	91	103	83	92		
Antibiotic prescriptions with INDICATION	82%	83%	86%	91%		
Antibiotic prescriptions with DURATION / REVIEW	81%	94%	92%	89%		
% patients >65 years co-prescribed VSL#3 *^	73%	56%	37%	72%		

SPECIALIST MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	2	3	3	5		
Antibiotic prescriptions with INDICATION	100%	67%	67%	80%		
Antibiotic prescriptions with DURATION / REVIEW	100%	67%	33%	60%		
% patients >65 years co-prescribed VSL#3 *^	n/a	n/a	n/a	n/a	n/a	n/a

ORTHOPAEDICS & TRAUMA DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	11	21	6	11		
Antibiotic prescriptions with INDICATION	73%	71%	83%	82%		
Antibiotic prescriptions with DURATION / REVIEW	64%	76%	100%	82%		
% patients >65 years co-prescribed VSL#3 *^	60%	78%	40%	75%		

GENERAL SURGERY & UROLOGY	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	40	51	61	55		
Antibiotic prescriptions with INDICATION	80%	88%	90%	80%		
Antibiotic prescriptions with DURATION / REVIEW	75%	84%	87%	87%		
% patients >65 years co-prescribed VSL#3 *^	42%	59%	56%	50%		

Obs & Gynae DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	0	8	6	4		
Antibiotic prescriptions with INDICATION	n/a	38%	67%	50%		
Antibiotic prescriptions with DURATION / REVIEW	n/a	63%	100%	100%		
% patients >65 years co-prescribed VSL#3 *^	100%	50%	0%	0%		

HEAD & NECK DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	1	4	1	4		
Antibiotic prescriptions with INDICATION	100%	100%	100%	100%		
Antibiotic prescriptions with DURATION / REVIEW	100%	100%	100%	50%		
% patients >65 years co-prescribed VSL#3 *^	50%	43%	40%	50%		

NB With effect from January 2015, Directorate results are derived from the consultant assigned to each patient on CPD on audit day, and may therefore differ slightly from ward results.

* The audit did not investigate if any of the patients of 65+ years of age, who were not prescribed VSL#3, met any of the exclusion criteria.

^ VSL#3 prescribing results are based on "by ward" results, not "by Consultant" results.

4. Hospital Grand Rounds

Hospital Grand Rounds - proposal for revised arrangements at York

Hospital Grand rounds have become an established part of medical education at the York site. They are important for Consultants and trainees alike and offer almost the only opportunity for doctors of varying disciplines to meet and discuss clinical issues. They are generally well attended, provoke good discussion and receive high levels of feedback. However it has proven difficult to ensure a broad representation consistently and a ready supply of speakers.

It is proposed to increase the frequency of the meetings to 4-6 weekly and publish a rota of participants, it being expected that Directorates will agree that when their turn to present a case, this is done reliably. Presentations should whenever possible be multidisciplinary and the active participation of other teams such as radiology and pathology is encouraged, as is the participation of doctors in training. Such is the size of our Consultant body that for any specific team or individual this will not prove onerous. It is an opportunity for all medical staff to contribute actively to CME within the hospital. Medical staff from Scarborough are warmly welcomed to attend and it is hoped a similar model could be developed at Scarborough also.

5. HCAI Quarterly Report Oct-Dec 2014

See Appendix A.

6. Audit of compliance with delivery of the sepsis 6 care bundle for patients identified with Severe Sepsis

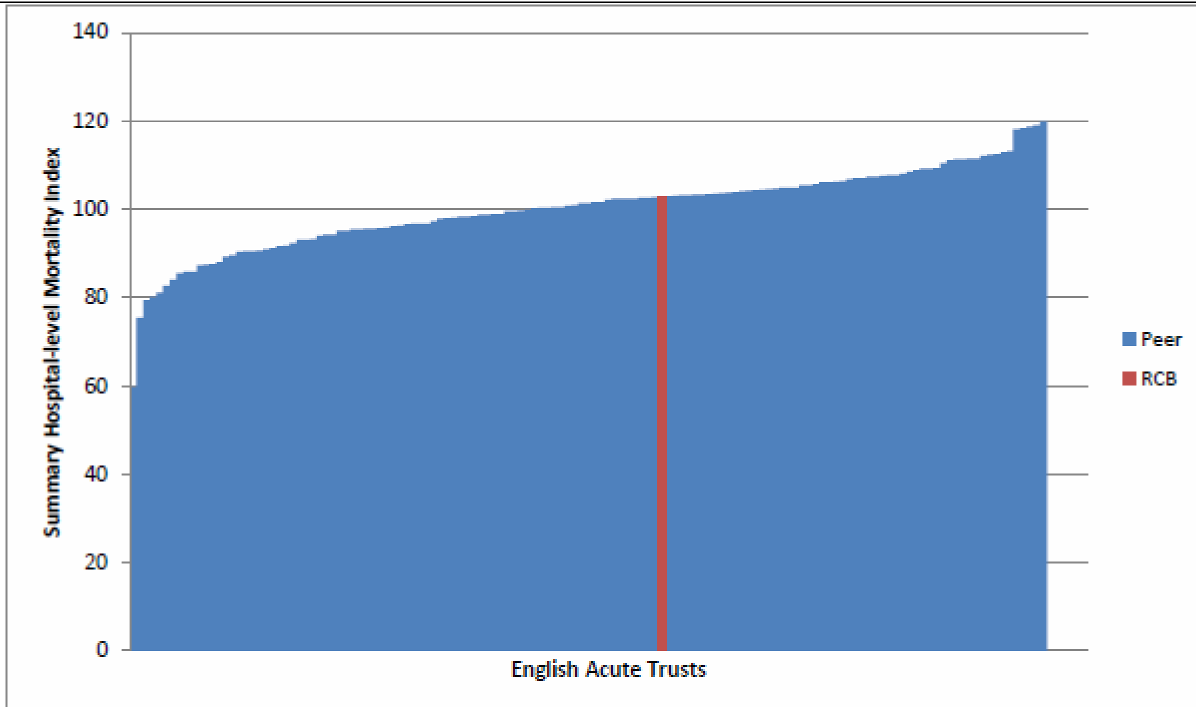
See Appendix B.

7. Mortality Indicators

SHMI

The Trust SHMI for the period 1st October 2013 to 30th September 2014 is 102.9 which is a slight increase from 101.9 in the previous reporting period. There were 84 excess deaths reported. The number of observed deaths at the Trust was up by 10 compared with the previously reported 12 month period ending June 2014. Activity also showed an increase of 1222 cases but the predicted mortality was lower expecting 18 fewer deaths than for the previous 12 month period. The crude mortality rate based on this activity had gone down slightly to 3.8% from 3.9%. The issue here is to try and explain why with only an additional 10 deaths in the period and more activity the expected deaths have reduced so much. This can be to do with how deaths have been grouped within the SHMI categories but also with changes in the model coefficients as these are updated each quarter based on the data submitted across all English acute trusts.

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
77445	2950	2866.2	102.9	83.8



Overall there were a number of SHMI categories where the Trust had more deaths than expected those with ten or more are shown below. With the exception of pneumonia all these conditions had 10 or more deaths in the previous reporting period. Acute CVA now with 30 excess compared to 27 in last report, actual deaths were only up by one but activity had fallen by 12, other connective tissue disease up three with 23, actual deaths were up 4 but activity had increased by 53 cases, congestive heart failure up six with actual deaths up 7 and activity up by 27 cases and septicaemia up six, actual deaths up 5 and activity up 5.

SHMI Category	Condition	Cases	Observed	Expected	SHMI	Excess Deaths
66	Acute cerebrovascular disease	1061	216	185.2	116.6	30.8
113	Other connective tissue disease	1205	47	23.7	198.3	23.3
65	Congestive heart failure nonhypertensive	729	135	113.0	119.5	22.0
2	Septicaemia and Shock	445	127	109.1	116.4	17.9
73	Pneumonia (except that caused by tuberculosis or sexually tra	1938	442	426.7	103.6	15.3

The position of the Yorkshire trusts is reported for information to see the position relative to the Trust for the latest period.

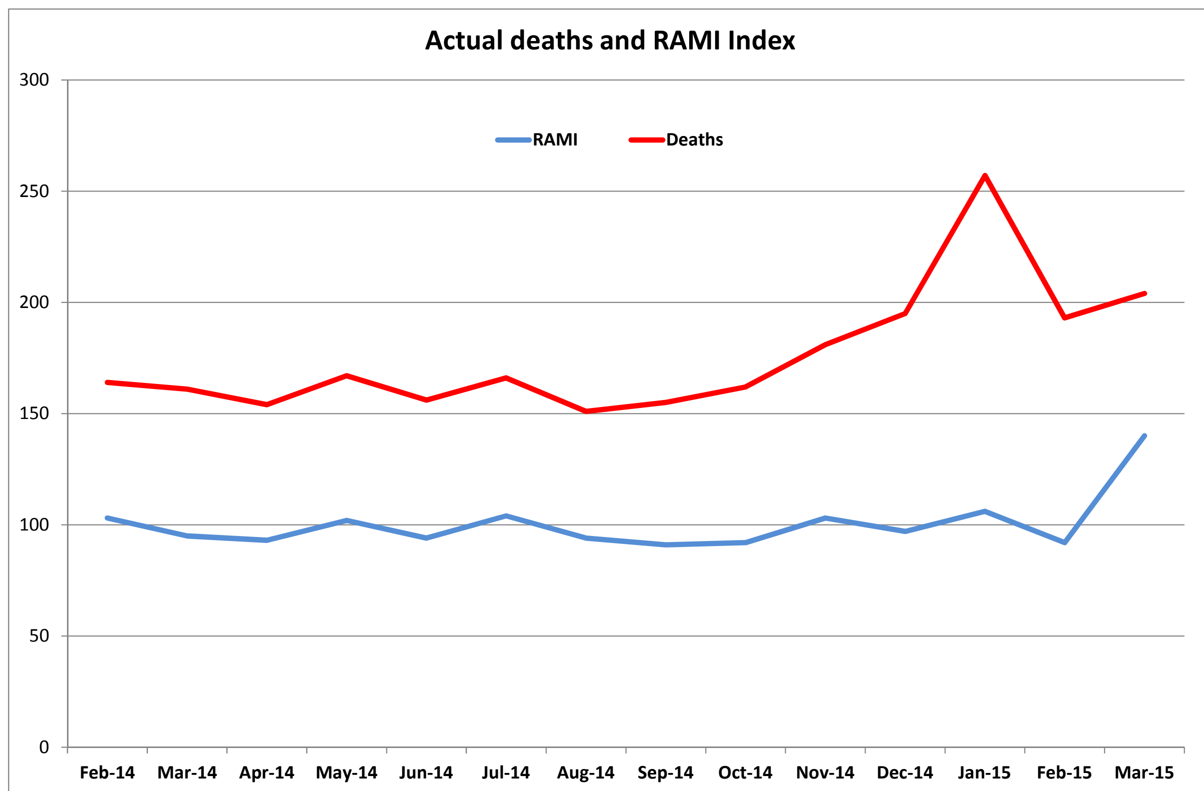
Trust	SHMI	Trust	SHMI
Sheffield	90.6	Calderdale & Huddersfield	109.1
Leeds	104.1	Hull & East Yorkshire	106.4
Airedale	90.6	York	102.9
Bradford	95.7	Doncaster & Bassetlaw	112.8
Mid Yorkshire	87.9	Barnsley	103.3
Harrogate	100.3	Rotherham	105.3

RAMI

The Trust data is now complete to March 2015; the English HES data is available to February 2015 so comparisons have been made with HES peer to February 2015 only.

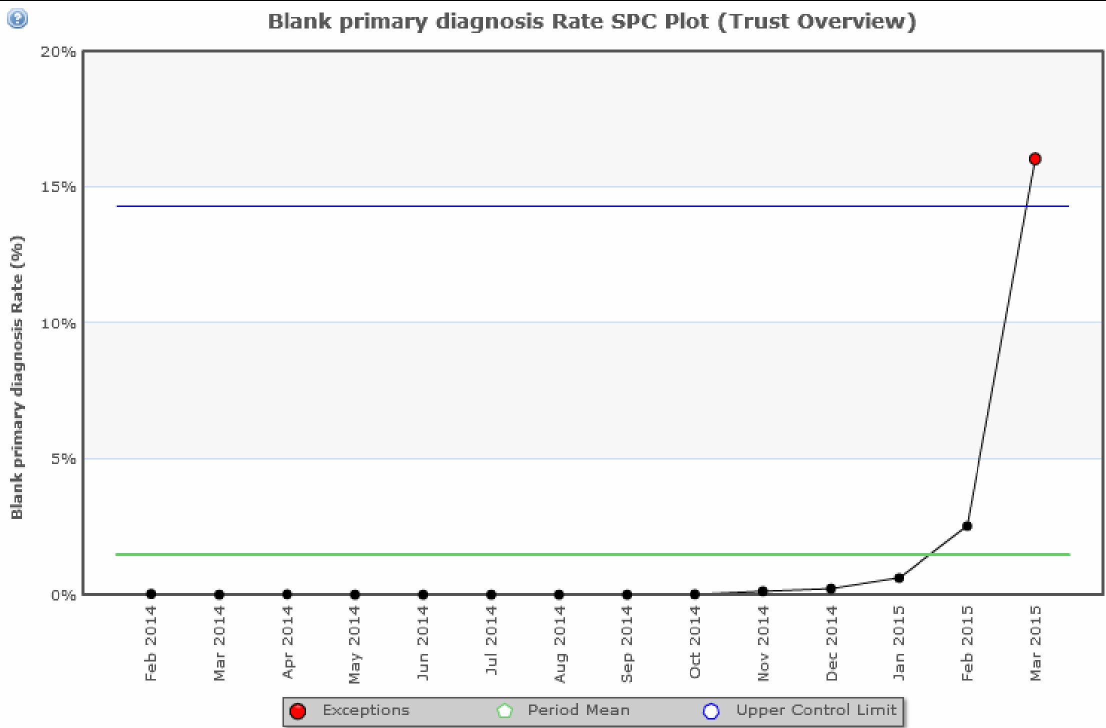
The chart below shows the trend from last February 2014 through to latest position displaying crude deaths and the RAMI index score. This clearly shows an increase in RAMI scores for March 2015 but more importantly now coding is complete for the earlier months it shows the RAMI score has reduced despite the high peak of deaths in January. This

suggests that now coding is complete the conditions and complexity of the cases are accounted for within the model. This can be explained by changes in activity data and coding completion levels.



The following chart shows the uncoded activity where there will be no risk associated with these cases other than that based on the patient age – so basically the RAMI model will under predicted risk on uncoded cases as until the diagnosis in complete the severity of the cases and case mix of the whole trusts activity cannot be known. In other models uncoded activity is excluded so you may not see a shift in index scores.

Uncoded activity for February 2015 stands at 2.52% compared with the English average of 6.94% and for March the Trust is at 16.03% which will still include episodes unfinished.



Comparison with the HES peer group shows the Trust RAMI to be at 97 for the March 2014 to February 2015. The average for all England for this time period remained at 88.

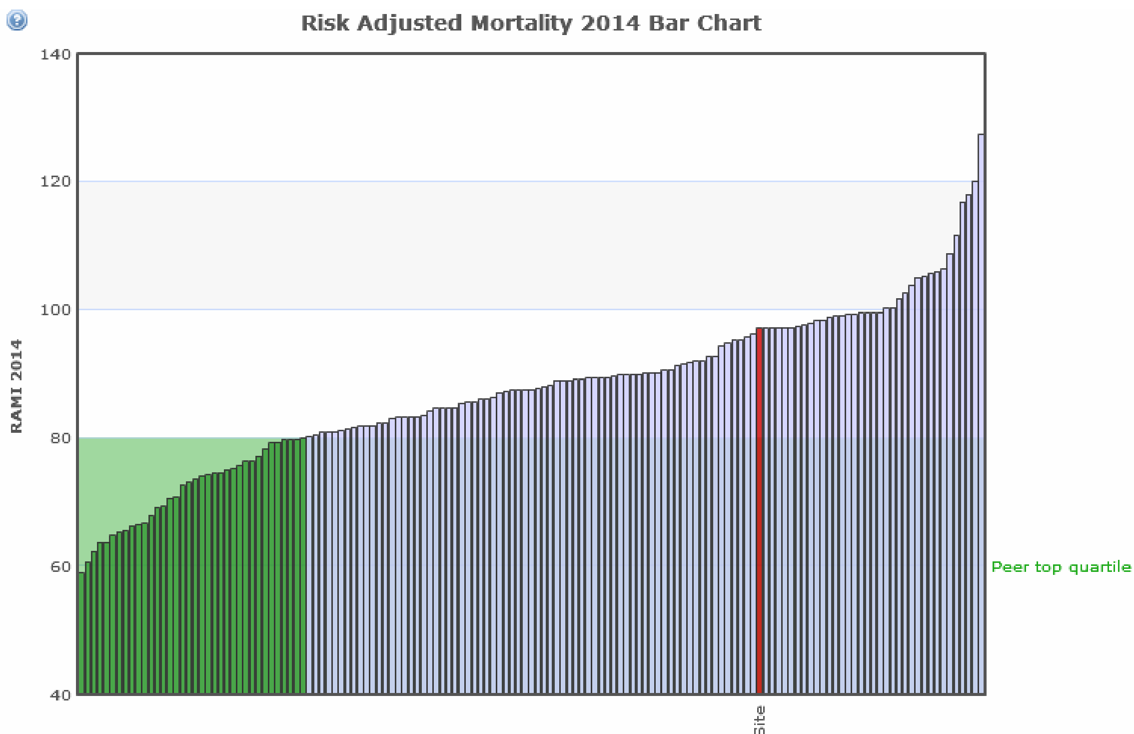


Chart RAMI March 2014 to February 2015

It may be useful to view the two main hospital splits in the same detail as the position is quite different. York is at 101 and Scarborough at 90. Of note here will be exclusions for palliative care and emergency zero stay activity as York has a higher percentage so more cases excluded from the RAMI model which are included in SHMI.

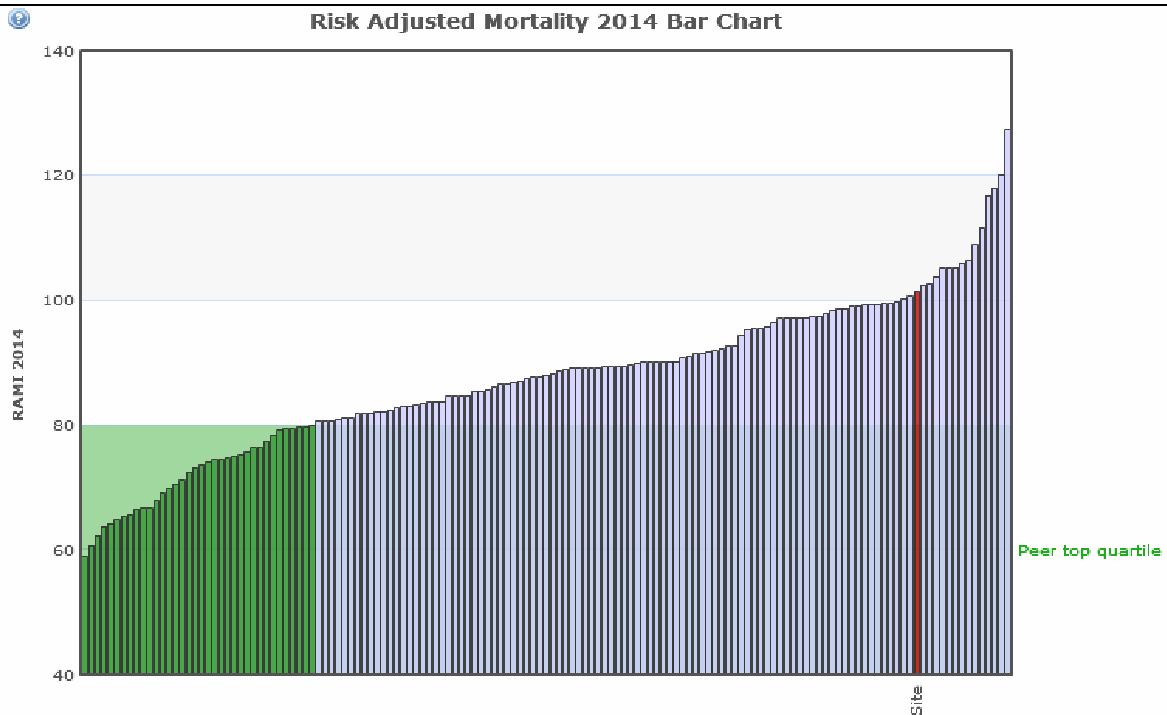


Chart RAMI March 2014 to February 2015 –York

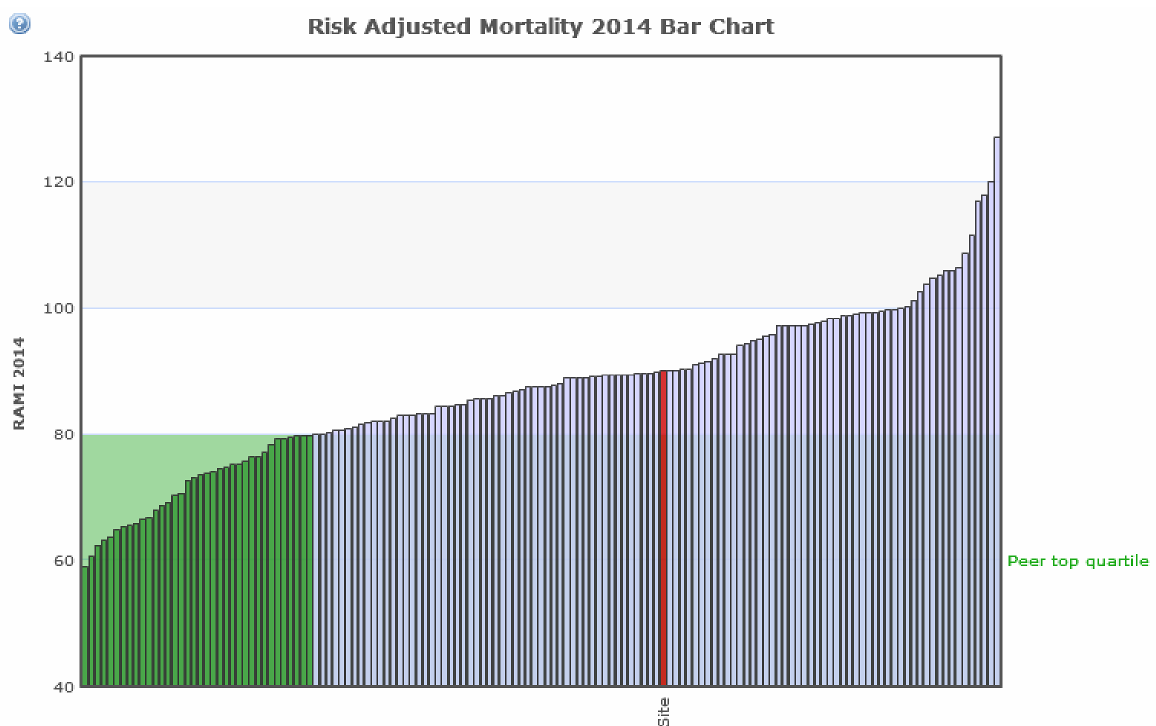


Chart RAMI March 2014 to February 2015-Scarborough

8. Recommendations

Board of Director's should:

- Note the consultants joining the Trust
- Note the proposal for changes to the Hospitals Grand Rounds at York
- Be aware of the results of the antibiotic and probiotic prescribing audit within their Directorates and to ensure that that where necessary actions are taken for improvement
- Consider the quarterly HCAI report

• Consider the audit of compliance of sepsis 6 care bundle • Consider the Trust latest published mortality indicators.	
Author	**Diane Palmer, Deputy Director for Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**May 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board of Directors is asked to note the Chief Nurse report for May 2015.

Summary

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

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Quality and Safety Committee
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	May 2015
Version number	Version 1

Board of Directors – 27 May 2015

Chief Nurse Report – Quality of Care

1. Key priorities

Nursing and Midwifery Strategy

The Nursing and Midwifery identifies priorities' for the years 2013-2016 and is aligned to national recommendations and the Chief Nursing Officers strategy for nursing (the '6C's') and has four focus areas:

- Patient Experience
- Delivering High Quality Safe Patient Care
- Measuring the impact of care delivery
- Staff Experience

As the committee are aware we have recently undertaken a review of the Matron role post re-structure; in order to ensure the objectives of the Nursing and Midwifery strategy can be delivered.
This review was recently completed and involved a number of stakeholders including the Matrons and Directorate Managers. A separate paper outlines the findings and recommends that some further work is undertaken to refine the role and share priorities.

2. Safer Staffing

Ensuring that we have appropriate and safe nurse staffing levels remains a priority. At the last meeting the Committee were informed of the range of initiatives which were being undertaken to focus upon nurse recruitment and increase the levels of registered nurses across the Trust.

Over 50 student nurses, who are due to qualify in September of this year, have been offered positions within the Trust. It is anticipated that they will be registered by October/November but will be able to work clinically in HCA positions on completion of their programme whilst awaiting their PIN.

In order to continually monitor the staffing levels across the organisation a new nursing workforce group will be established; with representation from the workforce team. Under the leadership of the Chief Nurse this group will received detailed staffing information, identify areas of risk, coordinate central recruitment campaigns and advise on staffing models. The group will initially meet monthly and escalate any issues to board via the Executive Nursing Forum and Quality and Safety Committee.

The monthly safer staffing return is detailed in a separate report.

3. Safeguarding Adults

Care Act 2014

The Committee are aware of the significant changes regarding safeguarding adults

and the potential implications for health and social care providers'.
The Care Bill gained Royal Ascent in April 2014 and became statute from April 2015. (Sections 42 – 46 of The Care Act 2014 has replaced the 'No Secrets' guidance.)

Whilst the local authority retains overall accountability to make enquiries they can instruct the Trust to make the necessary Safeguarding enquiry.
The Trust responses will need to be in line with local multi-agency safeguarding procedures, national frameworks for Clinical Governance and investigating patient safety incidents.

Trust policy and training packages have been amended in line with the Care Act.

Currently we work with the following local authorities:

- North Yorkshire County Council (NYCC)
- City or York Council (CYC)
- East Riding of Yorkshire Council (ERYC).

It is expected that CYC processes will remain unchanged and that they will continue to pass the responsibility for Trust NHS site and staff enquiries to the Trust Safeguarding Adults Team.

The Care Act Safeguarding Adults process places more focus on any enquiries being person centred and establishing the wishes of the alleged victim or family/advocate dependent on capacity.

The responsibility of establishing the outcome will be that of our own Safeguarding Adults Team (SGA). There will be a requirement for a member of the team to discuss what the person wants from the safeguarding adults' process and work towards these outcomes. However, there may be implications for ward teams as previously when patient's or their families have raised concerns the team have asked, in the majority of cases, for nursing staff to ask the patient how they want them to deal with the allegation and offered safeguarding as an option. It is no longer an expectation, in light of the depth required from theses discussion, that ward staff carry out this and the expert support of the SGA team should be sought.

This means a safeguarding adult's team member will be expected to carry out this "outcome" discussion whether that is in a hospital setting or, if the patient has been discharged.

This could significantly increase the demand on the team but it is generally agreed that this is a move in the right direction and will enable the team to gain feedback from patient's involved in the safeguarding process which will inform service development.

Deprivation of Liberty Safeguards (Cheshire West) – Update
Progress has been made in implementation of the ruling since the last highlight report as follows:

1) Local policies have been amended to include the new ruling
2) Statutory Mandatory Training updated and includes new ruling implications
3) Intranet resource page developed with links to access relevant paperwork
4) Ward Information packs delivered with presentation to all wards across sites
5) Pocket Guide developed for all medical and nursing staff. 2730 have been circulated throughout the Trust.
6) Multi-agency seminar/events held in Scarborough/York in September 2014 (60+ attendees)
7) Process introduced to support ICU

8) Data base collates applications, areas and progress of authorisation.

Following the recent publication of the ***Law Society – identifying a deprivation of liberty*** further clarification has been provided as to the previous ambiguous "continuous control and supervision" element of *the acid test*.

The Law Society state:

"a pragmatic way of answering the question is to ask whether the person(s) or body responsible for the individual have a plan in place which means that they need always broadly to know:

1. Where the individual is; and

2. What they are doing at any one time.

If the answer to both questions is 'yes,' then we suggest that this is a strong indication that the individual is under continuous / complete supervision and control. This is particularly so if the plan sets out what the person(s) or body responsible for the individual will do in the event that they are not satisfied that they know where the individual is and what they are up to.

The Trust Safeguarding Adults Team contacted neighbouring Trusts to establish their management responses to the Cheshire West ruling. It appeared that some Trusts were implementing a non-application process for patients unlikely to be an in-patient for more than 7 days and the Trust Team has used this principle with caution and in an individual case basis

There is currently no guidance from them as to a pragmatic approach, however recent correspondence from CYC indicates that the ADASS Task force screening tool be referred to.

Recent ward wanders have identified that staff are able to identify that patients are being deprived but are being met with resistance due to time implications of completing applications and following process.

Further guidance from The Law Commission for management by Acute Trusts is anticipated not to be ready until between 2018 to 2020.

The following implications and risks have been identified for the Trust:

1. Higher proportion of in-patients likely to be deprived of their liberty (based on clearer guidance on constant control and supervision)
2. Increased impact on the Safeguarding Adults Team time and resources in responding to DoLS cases
3. Increased impact on Trust staffing time and resources to complete an increased number of applications
4. The current use of 7 day guidance does not meet Law requirements – meaning short stay patients being deprived of their liberty will require an urgent application
5. DoLS applications not being submitted based on an unguided pragmatic approach or ADASS screening tool being advised by Local Authorities

6. Patients identified as being deprived on ward areas but staff choosing to ignore due to time required to complete application forms and/or disregard for the law requirement.
7. Increased risk of claims against the Trust

To mitigate these, the following should be considered:

1. Use of ADASS Screening tool to identify level of priority for applications
2. The law Society point, 5 4.8 - In addressing the 'acid test' it is also particularly important in a hospital setting to consider the following:

a) "Whether the deprivation of liberty is likely to last for more than a negligible period of time"

It is proposed in order to respond to specific situations where the Trust is depriving patients of their liberty - but it is anticipated that within a short period of time the patients situation may change and they are no longer derived - that the "non negligible period of time", MCA and Best Interest principle is used, documented and regularly reviewed.

<u>Benefits of Mitigation</u>

- Some, if not definitive guidance on applying for DoLS.
- Trust implementation which uses recognition of DoLS but with more legatos documented mitigation for non application. (rather than either no explanation or use of non legatos 7 day principle)

<u>Risks of mitigation</u>

- Use of screening tool may result in some applications not being requested.
- Staff reliant on Safeguarding Adults Team to provide specialist advice on the non-negligible period of time, increasing team work load
- Delay in some applications – e.g. patients who are identified on a weekend.
- If Staff are to be trained on implementing non-negligible period of time, possible inappropriate use

The impact of this emerging guidance could have significant implications for all clinical staff. Whilst it is good practice to establish capacity at the onset of a patient's journey, if the patient appears to lack capacity then under this guidance a DoLs should be considered. The use of "non-neglible period time" appears to be the most pragmatic way forward however; this is open to interpretation and carries some risk associated with enabling staff to be aware of this and to make decisions.

The Safeguarding Adults Team can support staff with this to a certain extent, training, awareness raising, staff forums etc however with the large staff population this cannot be an immediate process with current resources.

Implementation of this ruling has already been highlighted for the Risk Register and this actions as a result of emerging guidance will be included in the next update.

Prevent (update from March report)
Both training and policy guidance were in place from April 2015. Other than routine review and changes in legislation this is no longer a considered a leading piece of work.

Mental Health
Work continues to improve the quality of care for patients with mental health issues who use our services. The Committee are aware that an enhanced supervision policy was under development and would encompass a risk assessment for patients that present in underlying mental distress. A draft policy and screening and risk assessment tool has been completed, the tool has been piloted on 3 wards. Final presentation to PNLF on 14th May.

The Trust now has a Mental Health Intervention Team who provides 24/7 support in York Emergency Department.

The Lead Nurse for Safeguarding Adults and the Lead Psychiatrist participate jointly in external initiatives.

The Trust are part of a collaborative, multi-agency group with key stakeholders including the Police, YAS and Social Care which seeks to improve access, and services for people with mental health issues.
The key priorities include:

- To develop key actions and an implementation plan which support the implementation of the Crisis Concordat.
- To ensure relevant policy and procedures are effectively embedded within, and implemented by, partner agencies
- To seek opportunities for increased prevention of crisis to improve people's mental well-being and lessen demand on crisis services

4. Workforce Development

Advanced Clinical Practitioners

As part of the workforce development and advancing practice strategies the Advanced Clinical Practitioner role was developed. This is a new role to the organisation which provides already senior nurses and AHPs with a masters level programme and clinical education of advanced skills. On completion of the programme the ACP has a high level of clinical competence – with the ability to assess, order investigations and prescribe medications.

In order to introduce the role a number of qualified ACP's were recruited into the organisation, originally based in ED (Scarborough) and AMU (York) but more recently in the elderly directorate at the York site.

The first cohort completed their academic and clinical modules in January of this year and are currently in clinical practice consolidating their training.
A second cohort of 12 students began training at Hull University in June 2014 and will be allocated to their final placements in the next few weeks. It is anticipated that these will be based in the acute sites in high risk areas and incorporate elderly in order that development of specialist community posts can continue

IMW – Band 6 programme
As the committee are aware one of the priorities in the Nursing and midwifery strategy is around developing leadership roles within nursing.

Previously the It's My Ward programme for Band 7 Ward Sister evaluated extremely well, and a revised programme was developed for Band 6 Sisters. The third cohort has recently completed the study week.

These programmes are also proving very successful, when asked what they were most proud of following the programme, below are some of the responses:

- Being resilient
- I am proud of the confidence I am developing during the week. And proud that I feel able to apply it.
- Engaging with myself awareness and to be more aware of others
- Going from a HCA to a staff nurse was already punching above my weight. Now I'm a Band 6 applying for a Band 7 because someone believed in me.
- My awareness of others needs
- I am proud of where I am in my career and the difference I can make

The programmes will continue in order to embed the fundamentals' of nursing across the wider organisation and to support the development of nursing leadership.

5. Recommendation

The Board of Directors is asked to note the Chief Nurse report for May 2015.

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

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Staffing Exception Report

Action requested/recommendation

The Board of Directors is asked to receive the exception report for information and note the current recruitment campaigns which are on-going.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcome 13

Progress of report	Quality & Safety Committee
Risk	Any risks are identified in the report.
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse

Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	May 2015
Version number	Version 1

Board of Directors – 27 May 2015

Staffing Exception Report

1. Introduction and background

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

As previously reported work continues to be undertaken to ratify the data reporting mechanisms. The planned work will result in simpler reporting tools and greater accuracy.

A detailed breakdown is attached at Appendix 1.

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	91.6%	89.7%	102.7%	93.4%
Bridlington And District Hospital	90.1%	80.2%	108.4%	126.9%
Malton Community Hospital	110.3%	107.7%	106.2%	106.1%
Scarborough General Hospital	81.3%	99.3%	94.3%	119.5%
Selby And District War Memorial Hospital	109.2%	104.8%	139.8%	116.8%
St Helens Rehabilitation Hospital	100.4%	95.3%	106.1%	106.1%
St Monicas Hospital	148.4%	91.7%	99.7%	93.5%
Whitby Community Hospital	90.8%	90.0%	93.3%	90.6%
White Cross Rehabilitation Hospital	89.8%	81.7%	170.2%	92.9%
York Hospital	88.4%	96.6%	110.9%	106.5%

3. Exceptions

Over 100%

Enhanced Supervision

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

Bridlington	York	
Waters	Short Stay Ward	Ward 32
	Ward 23	Ward 34
	Ward 28	Ward 37
	Ward 29	Ward 39

Work is now being undertaken to understand why there is a significant variation in arranging for enhanced supervision between sites.

Low patients numbers

The data is analysed on the basis of bed occupancy reference points of midday and 23:59 hours each day. Staffing levels are determined on the basis of full bed occupancy. Where beds are not occupied at the bed occupancy reference points, this represents a higher staffing percentage on ward areas, as follows:

Bridlington	Community	Scarborough		York
Lloyd	Selby Inpatient Unit	Duke of Kent	AMU	Ward 14
Kent	Fitzwilliam	Hawthorn	CCU	Ward 17
		Cherry	ESA	Ward 15
		ICU	G1	Ward 28
			G2	Ward 29
			G3	Ward 31
			ICU	Ward 33

Provision of Safe Ward Cover

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

Community	Scarborough	York
St Monica's	Ann Wright	Ward 26
	CCU	Ward 35
	Chestnut	Ward 36/ASU
	Oak	
	Stroke	

Under 80%

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

Vacancies

Community	Scarborough	York
	Maple	Short Stay Ward
	Beech	Ward 11
	Lilac	Ward 14
		Ward 25
		Ward 34
		Ward 39

Sickness

Community	Scarborough	York
St Monica's	Oak	Short Stay Ward
		Ward 11

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

4. Vacancies by Site

The vacancies reported below, for adult inpatient areas, are based on information provided on a weekly basis by Matrons as part of their weekly vacancy reporting. The information below shows the position as at 8 May 2015.

	Bridlington		Community		Scarborough		York	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
Actual Vacancies	9.39	3.44	3.67	2	41.44	8.47	86.69	13.93
Pending Start	0.6	2.8	1	0	11.56	0.8	31.00	1.4
Outstanding Posts	8.79	0.64	2.67	2	29.88	7.67	55.69	12.23

Registered nurse vacancies across Bridlington, Scarborough and York have reduced slightly since the last reported position on 11 April 2015; whilst there has been a slight increase in Community. These figures do not yet take into account all of the offers of employment which have recently been sent out following the nurse recruitment campaigns as we await confirmation of acceptances to many posts.

In terms of HCA vacancies, the Trust over recruited to HCA posts in the autumn of 2014 in general medical and elderly ward areas where nurse staffing vacancies were of higher concern. The existing HCA vacancies have arisen through normal turnover of staffing in surgical and medical wards in York. HCA generic recruitment is being undertaken in May to enable these vacancies to be filled.

In Scarborough the majority of the HCA vacancies are in relation to Band 3 Senior Healthcare Assistant posts, which have been created. The Trust will be making arrangements for these posts to be advertised. Band 2 level HCA interviews have already taken place in early May with 24 individuals being considered appointable when vacancies arise.

A recruitment campaign to attract nurses to work twilight shifts is on-going with interviews planned for June 2015.

5. Sickness, Bank and Agency Fill Rates

Sickness

The overall absence rate for the Trust for the month of March 2015 was 3.48% By site, sickness within the Nursing and Midwifery workforce across the inpatient areas was, as follows:

York Acute Hospital – 3.81%
Scarborough Acute Hospital – 4.70%
Community Services – 4.49%

Temporary Staffing (Scarborough) - April

Overall fill rate of bank shifts requested through the internal bank was 74.53%, a reduction of 6.43% from March 2015. The fill rate for qualified shifts was 66.8% and the fill rate for unqualified shifts was 83.76%.

The percentage of shifts filled by agency increased this month for both RN shifts and unqualified shifts with 38.02% of shifts being filled by external agency compared with 30% in March, 34% in February and 37% in January 2015.

The Nurse Bank was introduced in York on 1st April 2015, the Trust anticipates that fill rates through the bank will increase once the bank new arrangements have settled in and, in turn see a reduction in our agency usage. This will be monitored closely from June 2015.

6. Future Management of Recruitment, Retention and Reporting Nurse Staffing Levels

The risks associated with the Trusts ability to recruit and retain the registered nurse workforce are significant.

The Chief Nurse Team and Recruitment Team have worked well to achieve the current position, but have agreed some of the processes and reporting require greater coordination and control. The Deputy Chief Nurse is establishing and monthly meeting to manage Recruitment, Retention and Reporting Nurse Staffing Levels for the nursing and midwifery workforce in order to achieve this.

7. Recommendation

The Board of Directors is asked to receive the exception report for information and note the current recruitment campaigns which are on-going.

8. 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	**May 2015**

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/

	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					
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1768.818966	1553.5	1062.689655	809.5	655.5	630	655.5	621.75	87.8%	76.2%	96.1%	94.9%
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1803.976091	1363	1202.650728	927.33	819.375	1012	546.25	643.08	75.6%	77.1%	123.5%	117.7%
YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1623.75	1525	1217.8125	1210.5	855.9375	935	285.3125	340.5	93.9%	99.4%	109.2%	119.3%
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2261.029412	1821.5	967.0248869	875	1239.146747	1331	576.8441755	560.92	80.6%	90.5%	107.4%	97.2%
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		679.6551724	1285.75	453.1034483	265.5	491.5862069	1012	163.862069	219.92	189.2%	58.6%	205.9%	134.2%
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1742	1335.58	1088.75	1133.9	859.3333333	629.5	989	881	76.7%	104.1%	95.5%	89.1%
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1605.6	1260	1003.5	918	609.96	654	914.94	738.5	78.5%	91.5%	107.2%	80.7%
YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1748	1313.51	1092.5	1346.49	670.0666667	609	1005.1	966	75.1%	123.2%	90.9%	96.1%
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1787.264151	1568.75	992.9245283	1212.67	579.250264	629.5	579.250264	797.5	87.8%	122.1%	108.7%	137.7%
YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1181.73913	1196.33	590.8695652	621.5	441	607	220.5	304.5	101.2%	105.2%	137.6%	138.1%
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1818.75	1638	808.3333333	808.5	558.8333333	630	279.4166667	365.25	90.1%	100.0%	112.7%	130.7%
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1742.142857	1472.5	1306.607143	1541.92	668.6428571	654.5	1002.964286	1164.75	84.5%	118.0%	97.9%	116.1%
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1713.904338	1336.5	1285.428254	1218	654.6941046	631.5	982.0411568	705	78.0%	94.8%	96.5%	71.8%
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1723.125	1504.5	1292.34375	1146.33	650.46875	662.5	650.46875	877.84	87.3%	88.7%	101.8%	135.0%
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1720	1184.5	1075	1239.5	649.3666667	630	974.05	923.83	68.9%	115.3%	97.0%	94.8%
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1566.725044	1362.5	979.2031524	1017	875.2105263	861.25	583.4736842	622.5	87.0%	103.9%	98.4%	106.7%
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1311.428571	1066.75	1530	1298	683.4285714	630	683.4285714	699.5	81.3%	84.8%	92.2%	102.4%
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1316.842105	1039.25	1097.368421	907.75	677.8947368	598.5	338.9473684	514.5	78.9%	82.7%	88.3%	151.8%
YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2367.735264	1986.5	1973.11272	1810.5	1291.953125	1512	1033.5625	1207.5	83.9%	91.8%	117.0%	116.8%
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1387.5	1515.5	173.4375	241	1140	1209.33	0	0	109.2%	139.0%	106.1%	-
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	720.2479339	847.58	360.1239669	407	208.75	340.67	0	0	117.7%	113.0%	163.2%	-
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		4355.028618	4239.01	395.9116926	172	3095.739984	3668	281.4309076	90	97.3%	43.4%	118.5%	32.0%
YORK HOSPITAL - RCB55	Short Stay Ward	300 - GENERAL MEDICINE		1673.452256	1334.25	1255.089192	1267.6	620.4931794	618	620.4931794	650.84	79.7%	101.0%	99.6%	104.9%
YORK HOSPITAL - RCB55	G1	502 - GYNAECOLOGY		1440.495868	1341.17	720.2479339	743	529	649	529	626.5	93.1%	103.2%	122.7%	118.4%
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1287.644342	1195	643.8221709	545.5	587.5066313	649	293.7533156	593.5	92.8%	84.7%	110.5%	202.0%
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		662.5	739	331.25	369	462.5484765	594	0	0	111.5%	111.4%	128.4%	-
ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		871.3831479	798	1089.228935	976.5	335.7927786	345	671.5855573	627	91.6%	89.7%	102.7%	93.4%
MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		843.2142857	929.75	1475.625	1588.92	622.2857143	661	622.2857143	660	110.3%	107.7%	106.2%	106.1%
SELBY AND DISTRICT WAR MEMORIAL HC	Inpatient Unit	925 - COMMUNITY CARE SERVICES		883.6956522	964.92	883.6956522	926.5	262.0869565	366.5	524.173913	612	109.2%	104.8%	139.8%	116.8%

	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					
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
ST HELENS REHABILITATION HOSPITAL -	St Helens	430 - GERIATRIC MEDICINE		855	858.67	1068.75	1018	325.125	345	325.125	345.08	100.4%	95.3%	106.1%	106.1%
WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		900	799	1350	1185	360	330.5	720	660	88.8%	87.8%	91.8%	91.7%
WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		675	631	1125	1043	360	341	360	318	93.5%	92.7%	94.7%	88.3%
BRIDLINGTON AND DISTRICT HOSPITAL -	Johnson	430 - GERIATRIC MEDICINE		1066.071429	949	1492.5	1280.5	659.6071429	661.25	329.8035714	314.92	89.0%	85.8%	100.2%	95.5%
BRIDLINGTON AND DISTRICT HOSPITAL -	Kent	110 - TRAUMA & ORTHOPAEDICS		635.15625	922.5	508.125	661	199.8125	346.5	0	210	145.2%	130.1%	173.4%	-
BRIDLINGTON AND DISTRICT HOSPITAL -	Waters	430 - GERIATRIC MEDICINE		1048.4375	846.5	1048.4375	1151.5	648.7916667	629.5	324.3958333	409	80.7%	109.8%	97.0%	126.1%
ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		382.0833333	567	578.5833333	530.59	372	371	372	348	148.4%	91.7%	99.7%	93.5%
SCARBOROUGH GENERAL HOSPITAL - R	Ann Wright	430 - GERIATRIC MEDICINE		1330	906	1108.333333	1384	652.6666667	660	326.3333333	627	68.1%	124.9%	101.1%	192.1%
SCARBOROUGH GENERAL HOSPITAL - R	Ash	100 - GENERAL SURGERY		1029.106029	784.75	823.2848233	781.67	616.8399168	494	0	102	76.3%	94.9%	80.1%	-
SCARBOROUGH GENERAL HOSPITAL - R	Beech	300 - GENERAL MEDICINE		1738.131042	1507.08	1520.864662	1468.68	1070.577972	748	713.7186478	781	86.7%	96.6%	69.9%	109.4%
SCARBOROUGH GENERAL HOSPITAL - R	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2033.035714	1696.5	1626.428571	1656.5	1428.883929	1431.75	1143.107143	1306	83.4%	101.8%	100.2%	114.3%
SCARBOROUGH GENERAL HOSPITAL - R	Coronary Care Unit	320 - CARDIOLOGY		2373.501577	1897.42	431.5457413	737.5	1344.152139	1133	336.0380349	494.5	79.9%	170.9%	84.3%	147.2%
SCARBOROUGH GENERAL HOSPITAL - R	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1780.267966	1277.5	1335.200974	1129.5	692.9780755	660	692.9780755	669	71.8%	84.6%	95.2%	96.5%
SCARBOROUGH GENERAL HOSPITAL - R	Duke of Kent	420 - PAEDIATRICS		816.3265306	1152.25	204.0816327	498.5	314.8974943	649	157.4487472	319	141.2%	244.3%	206.1%	202.6%
SCARBOROUGH GENERAL HOSPITAL - R	Maple	100 - GENERAL SURGERY		2036.101083	1488.01	1425.270758	1398.69	1199.277978	902.25	599.6389892	589.5	73.1%	98.1%	75.2%	98.3%
SCARBOROUGH GENERAL HOSPITAL - R	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1458.257477	1445.75	1458.257477	1094.25	801.5105541	787.5	801.5105541	661.25	99.1%	75.0%	98.3%	82.5%
SCARBOROUGH GENERAL HOSPITAL - R	Holly	110 - TRAUMA & ORTHOPAEDICS		1316.528926	1047	1316.528926	1236.5	662.4	630	662.4	640.5	79.5%	93.9%	95.1%	96.7%
SCARBOROUGH GENERAL HOSPITAL - R	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2095.714286	1836.5	349.2857143	429	1410.714286	1748	0	0	87.6%	122.8%	123.9%	-
SCARBOROUGH GENERAL HOSPITAL - R	Oak	430 - GERIATRIC MEDICINE		2212.463199	1459	1991.216879	1816.5	1016.71737	766.5	1016.71737	1153	65.9%	91.2%	75.4%	113.4%
SCARBOROUGH GENERAL HOSPITAL - R	Stroke	430 - GERIATRIC MEDICINE		1732	1239	866	772.42	1020	737	340	550	71.5%	89.2%	72.3%	161.8%
SCARBOROUGH GENERAL HOSPITAL - R	Hawthorn	501 - OBSTETRICS		805.0632911	762	402.5316456	345	533.4722222	690	0	218.5	94.7%	85.7%	129.3%	-
BRIDLINGTON AND DISTRICT HOSPITAL -	Lloyd	100 - GENERAL SURGERY		1035	692	862.5	44.5	90	94.5	90	10.5	66.9%	5.2%	105.0%	11.7%
WHITE CROSS REHABILITATION HOSPITA	Whitecross Court	430 - GERIATRIC MEDICINE		895.9940653	805	1119.992582	915	343.4689349	584.5	343.4689349	319	89.8%	81.7%	170.2%	92.9%
	Total			75856.8879	66287.53	52360.37368	50122.71	37719.74596	39700.5	25662.31881	28059.93				

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Terms of Reference

Action requested/recommendation

The Board of Directors is asked to note the recommendation from the Quality and Safety Committee for the approval of the revised terms of reference and work programme. The Quality and Safety Committee recommend the approval of the Terms of Reference of the Committee.

Summary

The committee annually reviews its terms of reference and work programme to ensure that they are accurate and up to date.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report   Quality and Safety Committee

Risk	Risks are identified in the report.
Resource implications	Resources implication detailed in the report.
Owner	Libby Raper, Chairman of the Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	May 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

QUALITY & SAFETY COMMITTEE

Terms of Reference

1	**Status**
1.1	The Quality and Safety Committee is a committee of Board of Directors.
2	**Purpose of the Committee**
2.1	The Quality and Safety Committee ensures the Board of Directors receives assurance about the Trusts performance on quality and safety.
3	**Authority**
3.1	The Board of Directors has provided delegated authority to the Quality and Safety Committee to seek assurance around the quality and safety employed across the Trust.
4	**Legal requirements of the Committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any legal requirements the Trust is expected to fulfil.
5	**Roles and functions**
5.1	To consider the quality and safety report, this will include performance metrics.
5.2	To receive a summary of the workings of the Clinical Quality and Safety Group
5.3	To receive, for assurance, summary information about serious incidents (SI) and the actions being taken to address the recommendations.
5.4	To receive information about patient experience and explore any areas of concern.
5.5	To discuss and be assured about the risks and mitigations around clinical quality and safety.
5.6	To receive the draft Quality Report and provide comment on the draft report.
5.7	To provide assurance to the Board of Directors on the systems and processes used by the Trust to support the clinical quality and safety agenda.

5.8	To receive appropriate business cases, for review, and provide assurance to the Board of Directors on them.
5.9	To escalate any areas of concern identified to the Board of Directors for further discussion and resolution.
5.10	To consider and be assured of compliance with the requirements of the Monitor Licence specifically related to Quality and Safety.
5.11	The Quality & Safety Committee will submit a highlight return report to the Board of Directors following each of the Quality & Safety Committee's meetings (at least 10 times per year).
5.12	Issues will on occasions be discussed in private by the Board of Directors on the advice of the Quality and Safety Committee.
6	**Membership**
6.1	The membership of the Quality and Safety Committee will comprise:- • 3 NEDs – Libby Raper (Chair) and Philip Ashton and Jennie Adams Any Director is able to attend at any time on an occasional basis subject to notifying the Chair in advance. Should a NED not be available for a meeting an alternative NED will be requested to attend the meeting. The following Directors and officers will be in attendance: • Chief Nurse (Beverley Geary) • Medical Director (Alastair Turnbull) • Foundation Trust Secretary (Anna Pridmore) If those in attendance are unable to attend, an appropriate deputy should attend the meeting. The appropriate deputy must be fully briefed.
7	**Quoracy**
7.1	The Committee will be quorate with 2 members attending. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
8	**Meeting arrangements**
8.1	The Quality and Safety Committee will meet prior to the Board of Directors meeting (minimum of 10 times per year) and all supporting papers will be circulated 5 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements

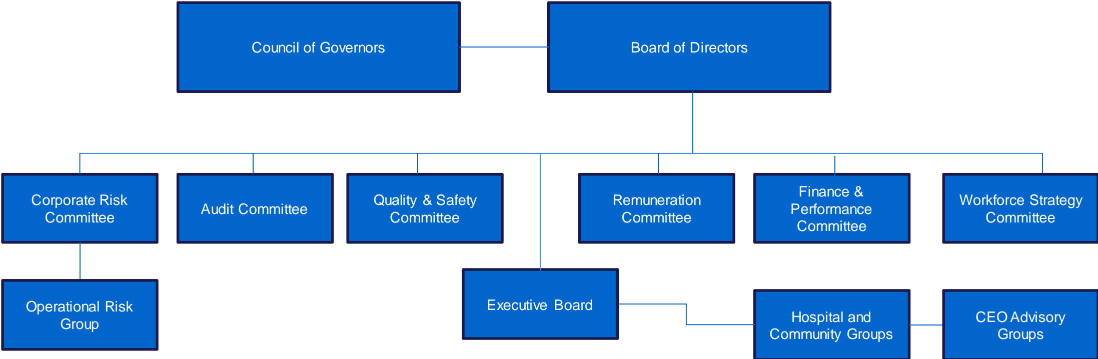
	for the retention of documents. In the interim the Foundation Trust Secretary will supply the Secretariat service to the meeting.
8.2	The Chair of the Quality and Safety Committee has the right to convene additional meetings.
8.3	Where members of the Quality and Safety Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
9	**Review and monitoring**
9.1	The Quality and Safety Committee will maintain a register of attendance at the meeting. Attendance of less than 80% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. The annual report will be presented to the Board of Directors.
9.2	The terms of reference will be reviewed every year.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Quality and Safety Committee**
Date of Issue	
Version #	**8**
Approved by	**Board of Directors**
Review date	

Governance Structure

Board Assurance:

Quality & Safety Committee



For use with the following committees/groups:
- *Quality & Safety Committee*

Discussion items	April	May	June	July	Sept	Oct	Nov	Jan	Feb	March
Quality and Safety Dashboard	x	x	x	x	x	x	x	x	x	x
Supplementary Medical Director Report	x	x	x	x	x	x	x	x	x	x
Supplementary Chief Nurse Report	x	x	x	x	x	x	x	x	x	x
Quarterly DIPC Report	x			x		x		x		
Quality Report update	x	x			x			x		x
Nursing and Midwifery Implementation Plan quarterly update		x			x		x		x	
Flu vaccination information						x	x	x	x	x
Summary of Suitcases during the last quarter			x		x			x		x
Patient Safety Group	Reports will be given following each meeting of the group									
Nursing dashboard	x		x		x		x		x	
Early warning trigger report	x		x		x		x		x	
Patient Safety Strategy (6 month update)			x				x			
PROMs	Included in the performance report from April 2015									
Quarterly Compliance Report	x			x		x			x	
Quality Governance Framework					x				x	
Nursing dashboard										
Early warning trigger report	x		x		x		x		x	
Sign up to Safety			x						x	
Acuity Audit	x	x	x	x	x	x	x	x	x	x
Quarterly report on End of Life Care		x			x		x		x	
Dr Foster full report									x	
Stethoscope report		x		x			x		x	
Information Governance	x			x		x		x		
Quarterly Pressure Ulcer update		x		x		x			x	
Quarterly falls report		x		x		x			x	
SHMI	x			x		x		x		
Maternity Strategy				x						
Quarterly DIPC Report	x			x		x		x		
Annual DIPC Report					x					
Annual Quality and Safety Report		x								
Estates information related to quality and Safety			x		x			x		x
Consultant appointments	Provided on an adhoc basis in the MD report as they occurr									

Each item included in the list is presented to the Committee on the proposed schedule, but it may also be necessary for items to be presented more often, or their review periods to be adjusted

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York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee –19 May 2015– Boardroom

Attendance: Mike Keaney Chairman, Mike Sweet, Lucy Turner, Sue Rushbrook, Brian Golding, Andrew Bertram, Anna Pridmore, Steve Kitching, Jenny Hay, Emma Ferguson (University of Leeds)

Apologies: Graham Lamb, Juliet Walters

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 21 April 2015**	The agenda covered the following	The minutes were approved as a true record of the meeting.		
2	**Matters arising**	AFW and	There were no matters arising.		
3.	**Risks related to the Finance and Performance Committee**	CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-3	The Committee reviewed the detailed risks lifted from the Corporate Risk Register and noted an update of the register was currently underway which would change some of the progress around mitigations. The Committee discussed the risks and noted that at the last meeting the only one not to be discussed related to commissioner affordability. It was agreed this was not a concern for 2014/15, but should remain on the register for the current financial year. Mr Bertram outlined some of the challenges around reducing non-elective demand and increasing		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			elective capacity, which if not successfully achieved will impact on income. The Committee agreed it would review at the end of the meeting that the Committee had discussed the risks included in the register. The Committee agreed that it would like to see the corporate risk register on a quarterly basis, and included at the end of the agenda a short description of each risk, slightly extending the information already provided.		
4.	**Operation performance**		LT explained the recovery plan was split into 4 areas: ED, 18 weeks, Cancer and Diagnostics. **ED –** The Committee had an extensive and robust discussion about the performance. The Committee noted the significant amount of effort that had been expended to achieve the plan and was disappointed to see that performance had deteriorated. The Committee noted the incidences of Norovirus that had been reported, the impact the CQC request to change systems in the ED had had and the increase in activity. It was noted that a detailed analysis would be undertaken. **18-Weeks –** LT reported on progress against the plan and noted that the performance was ahead of trajectory. The Committee discussed the risks and challenges in continuing to be experienced specifically around ophthalmology services, cancellations and max fax service. The Committee noted Scarborough and Ryedale CCG's intention to tender the ophthalmology service.	The Committee were concerned by the deterioration of performance in the ED, but assured by the improvements in the other three key areas around the Performance Plan.	JW to provide an update to the Board

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		The level of fines being experienced was discussed. The Committee was reminded that there had been an amnesty in place in the last financial year and the expectation was that would continue. Mr Bertram advised he would write to the CCGs to confirm the amnesty can still be applied, particularly given the discussions held earlier in the year with the CCG, Trust and IMAS. The Committee noted separately there had been a £5,000 fine for a patient who waited longer than 52 weeks. The Committee, Executives and Managers all agreed that this was an unacceptable occurrence. LT explained the circumstances surrounding the case specifically around an administration error and reported that a further patient would be included in next month's report as a result of the same administration error. She advised that a robust review has been undertaken. **Cancer –** LT reminded the Committee that this element of the plan affected three targets – fast track, breast symptomatic and 62 day target. 62-day - The Committee understood that a significant number of patients had breached the 62 day target in quarter 1 as an impact of the results in quarter 4. LT outlined some of the key issues including delays in some areas and a reduction in staffing levels in Radiology. 14-day fast track – There had been a 33 % increase in activity year on year to March 2015. In February, March and April the Trust achieved the target and is		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		on track to achieve the target for May. Breast Symptomatic – There have been two breaches in May, both as a result of patient cancellations. The Deputy Directorate Manager is working very hard to ensure the Trust continues to achieve the target. **Diagnostic –** LT outlined the actions being taken to get back on profile including the increased outsourcing of MRI scanner. The third CT Scanner work has been delayed by 11 weeks, the Trust has is at present using a loaned machine, so there are three CT scanners available. It was recognised that there were some significant challenges to overcome in Radiology which are being addressed, but are having an impact on the amount of work that can be completed. Endoscopy has experienced a shortfall in capacity which has also affected performance. The Committee noted that Radiology at Scarborough had been moved on the CPD system in May and Endoscopy would be moved on to the system in the next couple of weeks, This can in the first month highlight some data quality issues. The Committee discussed the level of fines for April. AB advised he would seek to have a discussion with the CCG about the fines and the investment the CCG would make. SR provided an overview of the performance analysis between 2014 and 2015 highlighting the hospital is undertaking more work while improving performance. JH added some of the increase in delays to transfer patients was due to the council		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			being unable to recruit staff in York. There is a very low unemployment rate in York. **CQUIN –**LT outlined the CQUIN for 2015/16. She highlighted the national, local and NHS England CQUINs and explained that some are currently being finalised.	The Committee note the agreed CQUIN and the work being undertaken to conclude the discussions	
4.	**Finance Report**		AB presented the finance report. He explained the Trust is running a little behind the financial plan with an actual deficit of £1.5m. The income position at this stage in the year is based on 50% coded activity. The Trust is also working with a new tariff. These two factors means that a prudent provisional assessment of income is included in the report. AB explained the bridge analysis chart and highlighted the key elements to note. The Committee noted the drugs cost and understood the cost was covered by income, but it was noted under the revised specialist commissioning arrangements payment of growth will only be made at 70%, as a result this could become a cost pressure area for the Trust. The Committee noted the increase use of agency staff during April. JH advised that 57 nurses had been appointed, but have not joined the organisation at present, the escalation wards in Scarborough and York have not closed as planned, both factors have contributed to an increase in the use of agency staff.	The Committee were pleased to see a month 1 report and were assured by the comments made by AB. The Committee remains concerned about the level of fines and the increase use of agency staff.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			AB reviewed the liquid ratio and debt service cover charts with the Committee. He explained that these are the two elements that make up the COSRR. He advised the position returns a provisional COSRR rating of 3, which is in line with the plan.		
5.	**Efficiency Report**		SK presented the report. The delivery of the CIP for month one was £1.9m against the annual target of £25.8m. £1.4m of which was recurrent. This has been helped by the introduction of an incentive during quarter 1 of an additional 20% for any savings that are recurrent achieved in quarter 1. There is still an in year planning gap of £5.3m at April 2015which compares favourably with gap in April 2014. The four year planning gap is £30.8m. There are relatively strong plans for years one and two of the plan. In terms of the quality impact assessment, all schemes have been sent to the Directorate Teams to self-assess for their safety impact. Both Martin and Helen Hey will review all scheme from a clinical perspective.		
6.	**Terms of reference**		The Committee reviewed the Terms of Reference and asked for some minor adjustments to be made. With those adjustments the Committee approved the Terms of Reference.		
7.	**Other Matters**		Work Programme Update – Minor adjustments were made to the programme. The programme was agreed.	The Committee were assured	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Corporate Risk Register Key – following on from the discussion at the start of the meeting each of the documented risks were reviewed to assess whether they had featured in the Committee discussions; it was agreed that all the items had been discussed with the exception of construction management and capital programme, which were discussed on a periodic basis.	that the key risks relating to the Finance and Performance Committee were still relevant and discussed where appropriate.	
7	**Next meeting**		The next meeting is arranged for 16th June 2015		

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Monthly Performance Report

May 2015

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 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail:** £400 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**90%**	90.9%	81.6%	82.0%	80.7%	84.6%	78.6%	74.8%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail**: £100 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TCB	**95%**	96.8%	95.9%	95.5%	95.4%	95.5%	95.1%	95.2%
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	**Specialty fail:** £150 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	93.3%	93.4%	93.0%	92.5%	92.1%	92.5%	92.1%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	**0**	1	0	0	2	1	1	1

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	86.1%	85.9%	85.4%	89.8%	80.4%	94.6%	93.4%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	45.6%	78.6%	90.5%	91.0%	92.0%	91.2%	89.9%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	98.6%	97.9%	98.4%	96.1%	96.2%	96.4%	95.7%
31 Day Subsequent Treatment (surgery)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**94%**	96.4%	94.9%	95.3%	95.6%	93.5%	100.0%	92.0%
31 Day Subsequent Treatment (anti cancer drug)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**98%**	100.0%	99.1%	100.0%	98.5%	99.0%	100.0%	97.6%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	87.8%	87.6%	85.0%	76.5%	75.4%	71.8%	80.5%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	96.6%	93.8%	92.5%	92.2%	91.8%	86.4%	100.0%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
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 8% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	93.9%	92.6%	89.1%	89.1%	89.3%	88.6%	87.8%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	**> 30min**	481	489	514	520	147	258	207
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	**> 60min**	207	255	371	383	78	197	164
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q1 Actual**	**Q2 Actual**	**Q3 Actual**	**Q4 Actual**	**Feb**	**Mar**	**Apr**
	NHS VALE OF YORK CCG	30mins - 1hr	176	70	154	161	65	50	70
		1hr 2 hours	94	19	109	109	24	34	45
		2 hours +	7	13	54	44	9	9	9
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	141	202	176	177	42	106	55
		1hr 2 hours	52	88	77	83	23	50	35
		2 hours +	4	12	25	25	3	20	16
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	96	122	127	134	30	75	52
		1hr 2 hours	26	73	54	70	12	48	32
		2 hours +	0	9	13	17	2	13	8
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	34	17	20	3	13	13
		1hr 2 hours	5	12	13	15	2	11	5
		2 hours +	0	2	1	2	0	2	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	5	1	2	6	1	3	0
		1hr 2 hours	0	1	1	0	0	0	0
		2 hours +	0	0	0	0	0	0	0
	OTHER	30mins - 1hr	36	60	38	22	6	11	17
		1hr 2 hours	19	25	16	12	3	7	11
		2 hours +	0	1	8	6	0	3	2
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**> 12 hrs**	0	2	2	11	0	4	0
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	97.4%	96.9%	97.0%	To follow	97.3%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Apr 12 - Mar 13	Jul 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**TBC**	99	96	93	93	95	98	99
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	**TBC**	108	108	104	105	107	108	109

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**53 (TBC)**	12	10	16	21	9	5	7
Number of Clostridium difficile due to "lapse in care"	*TBC*	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**108 (TBC)**	30	20	28	27	6	10	8
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	**Quarterly:** General Condition 9	**29**	14	9	19	13	5	4	3
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	0	0	0	1	0	1	2
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 14 working days of the case being identified in line with national data capture system	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	**TBC**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95%**	87.9%	88.7%	88.5%	86.0%	85.4%	86.4%	83.5%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	71.2%	72.7%	70.1%	66.2%	67.7%	62.8%	62.3%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	**99%**	97.6%	98.3%	98.5%	95.8%	96.6%	95.9%	92.7%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	2	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hosp	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	1	0	3	15	3	8	0
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**	63	75	229	548	191	168	60
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%**	96.8%	96.9%	97.1%	96.9%	96.9%	96.8%	97.1%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.7%	99.6%	99.7%	To follow	99.9%	To follow	0.0%
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	5.9%	6.5%	5.1%	4.3%	4.4%	4.6%	0.0%
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%**	85.9%	86.4%	86.3%	92.0%	92.6%	90.5%	91.0%
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%**	1548	1988	1612	1160	403	264	0
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**	348	518	563	514	145	188	149
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**	2236	2287	2381	2375	670	826	742
% Compliance with WHO safer surgery checklist	No financial penalty	**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**	372	367	394	364	124	133	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	1261	1238	1388	1331	399	418	2 month coding lag
Reduction in the number of inappropriate transfers between wards and other settings during night hours (Reduction in avoidable site transfers within the Trust after 10pm)	General Condition 9	**100 per month**	256	269	353	374	133	113	93

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	General Condition 9	**80% by site**	87.9%	84.0%	83.4%	80.8%	80.0%	83.1%	83.7%
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	93.7%	98.6%	98.3%	99.3%	100.0%	100.0%	99.1%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Proportion of stroke patients who spend >90% of their time on a stroke unit	Non delivery of 90% at Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £5k in line with respective finance baselines (TBC)	**80%**	86.9%	90.5%	86.2%	80.7%	75.3%	85.9%	one month behind
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of seeing a health professional	Non delivery of Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £2k in line with respective finance baselines (TBC)	**75%**	86.7%	86.0%	82.0%	80.4%	81.3%	85.9%	one month behind
Proportion of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	General Condition 9	**85%**	95.0%	100.0%	100.0%	96.4%	100.0%	100.0%	one month behind
Percentage of stroke patients and carers with joint care plans on discharge from hospital to have a copy of their care plan (except RIP or who refuse health/social care assessment/intervention)	General Condition 9	**70%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Patients who require an urgent scan on hospital arrival, are scanned with in 1 hr of hospital arrival (TBC)	No financial penalty	**Q2 > 60% Q4 > 70%**	82.6%	71.2%	70.8%	73.2%	68.8%	73.3%	one month behind
Proportion of stroke patients scanned within 24 hours of hospital arrival	No financial penalty	**90%**	91.6%	96.5%	93.2%	91.5%	97.0%	92.8%	one month behind
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 01/04/14	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 01/04/14	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	86.6%	86.9%	86.3%	85.9%	85.8%	86.0%	86.8%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
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	0	0	0	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Feb	Mar	Apr
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1862	1871	1975	1775	552	600	623
	Community nurse/service	n/a	964	1018	767	714	251	235	228
	Acute services	n/a	741	912	845	798	253	288	257
	Self / Carer/family	n/a	409	398	291	376	127	114	135
	Other	n/a	224	253	226	202	63	64	75
	Grand Total	n/a	4200	4452	4104	3865	1246	1301	1318
Community Adult Nursing Contacts	First	n/a	2718	2758	2895	2940	920	950	1070
	Follow up	n/a	33289	31976	31372	34366	10504	11700	12162
	Total	n/a	36007	34734	34267	37306	11424	12650	13232
	First to Follow Up Ratio	n/a	12.2	11.6	10.8	11.4	11.4	12.3	11.4
Community Hospitals average length of stay (days)	Archways	n/a	23.4	22.1	20.6	26.8	28.3	22.6	19.7
	Malton Community Hospital	n/a	24.5	18.6	17.1	16.0	13.3	19.1	20.3
	St Monicas Hospital	n/a	24.5	23.2	22.0	24.0	22.3	23.6	19.0
	The New Selby War Memorial Hospital	n/a	13.8	15.6	13.7	17.6	19.3	19.0	14.4
	Whitby Community Hospital	n/a	21.1	20.3	20.9	21.9	21.3	23.1	19.7
	Total	n/a	20.4	19.4	18.1	20.2	19.8	21.1	18.3
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	3	2	3
		Emergency	66	91	77	71	28	22	22
	Malton Community Hospital	Elective	4	10	21	48	18	8	6
		Emergency	89	114	121	110	34	39	28
	St Monicas Hospital	Elective	9	13	9	16	4	8	7
		Emergency	36	35	27	27	10	3	14
	The New Selby War Memorial	Elective	68	62	69	57	20	16	21
		Emergency	71	66	69	55	15	23	25
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	41	51	43
	Total	Elective	89	90	111	126	45	34	37
		Emergency	414	429	436	403	128	138	132

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Complaints and PALS												
New complaints this month	38	58	57	46	47	43	60	31	39	37	47	43
Complaints at same month last year	48	49	59	42	56	52	45	27	52	16	16	50
Number of complaints upheld (cumulative)*	75% of Q1 complaints generated actions for improvement			not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet
Number of complaints partly upheld (cumulative)**												
Number of Ombudsman complaint reviews	2	0	3	0	0	0	0	0	3	4	7	2
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	1	1	2	0	0	0	0	0	1	1	2	0
Late responses this month (at the time of writing)***	7	4	9	4	1	8	5	5	4	1	0	3
Top 3 complaint issues												
Aspects of clinical treatment	27	34	39	37	35	31	44	18	21	20	32	30
Admission/discharge/transfer arrangements	2		3	2		5	4	0	2	3	2	1
Appointment delay/cancellation - outpatient				1				4	1	2	2	2
Staff attitude	4	6	10	6	5		5	5	10	7	5	3
Communications		5	3	0	4			0	2	2	4	4
Other						2		0	0	1	0	0
New PALS queries this month	474	528	531	488	570	653	552	443	620	559	478	430
PALS queries at same time last year	521	462	563	498	445	536	419	385	503	470	367	378
Top 3 PALS issues												
Information & advice	118	168	140	158	192	42	150	136	189	173	126	158
Staff attitude	0	0	0	15	0	0	0	17	19	14	12	19
Aspects of clinical treatment	87	99	104	93	86	89	105	66	77	47	84	69
Appointment delay/cancellation - outpatient	66	59	67	56	65	24	63	41	47	28	52	29

**note: upheld complaints are reported quarterly to allow for investigation timescales*

***note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is reorded as upheld*

****note: if extensions are made in agreement with the complaint, responses are not considered late*

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Serious Incidents												
Number of SI's reported	21	20	19	13	13	35	12	25	15	16	18	
% SI's notified within 2 working days of SI being identified*	76%	70%	94%	100%	100%	100%	100%	100%	100%	100%	100%	
% SI's closed on STEIS within 6 months of SI being reported	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	66%	
Number of Negligence Claims	14	16	15	21	8	16	8	8	12	17	15	
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG.												
Duty of Candour demonstrated within SI Reports												
Percentage of reported SI's, investigated and closed as per agreed timescales												
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 Foundation Trust

	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Pressure Ulcers**												
Number of Category 2	40	37	22	29	28	31	32	30	50	35	44	
Number of Category 3	9	10	5	5	8	7	6	3	4	2	5	
Number of Category 4	0	0	0	0	0	1	1	0	1	0	1	
Total number developed/deteriorated while in our care (care of the organisation) - acute	27	24	15	24	28	39	32	42	47	30	41	
Total number developed/deteriorated while in our care (care of the organisation) - communit	29	27	19	18	20	22	37	18	25	25	33	
Falls***												
Number of falls with moderate harm	8	7	3	3	3	6	1	7	3	2	3	
Number of falls with severe harm	6	4	1	2	2	3	2	5	1	5	4	
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	0	
Safeguarding												
% of staff compliant with training (children)		45%	45%	47%	51%	54%	53%	55%	58%	59%	62%	65%
% of staff compliant with training (adult)		39%	40%	43%	40%	42%	43%	45%	56%	59%	62%	64%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total						
Number of concerns raised via the incident reporting system	nil	nil	nil	nil	nil	nil						

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 30 April 2015.

At the end of April the Trust is reporting an Income and Expenditure (I&E) deficit of £1.5m against a planned deficit of £1.0m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	May 2015
Version number	Version 1

Briefing Note for the Board of Directors Meeting 27 May 2015

Subject: April 2015 (Month 1) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for the Month of April 2015

The early indications for the month of April suggest that we are running a little behind our financial plan. We anticipated a deficit income and expenditure position of £1m but have reported an actual deficit of £1.5m.

At this stage in the financial year the reported income position is provisional, being based on only 50% coded activity. The Board should be aware that with the new tariff in place and only limited first month coded data it is difficult to assess a relevant average specialty price for the uncoded activity. As such the assessment of income has been made prudently.

The opening position in relation to contract penalties is extremely worrying and disappointing. This is having a material impact on our reported income and expenditure position. The performance report summarises the full implications of the penalties should commissioners ultimately decide to impose.

The position returns a provisional COSRR rating of 3. This is in line with plan albeit compromising a weaker debt service cover element.

Expenditure Analysis

Pay expenditure was £26.1m for the month of April and this represents a £0.3m increase on the average from recent months. Key influencing issues include the cost of the recent pay award plus continued, and particularly high, agency and locum costs. We are already drawing heavily on the planned contingencies provided to cover the premium agency costs.

Drug expenditure is £0.4m ahead of plan and this largely relates to high cost out of tariff drug costs for which direct recharges are made to commissioners. This area will be developed in terms of reporting this year as under the revised specialist commissioning arrangements payment of growth will only be made at 70%, potentially leaving the Trust with a new cost pressure.

In relation to other costs the most material variance is that associated with CIP delivery. Whilst opening performance has been good with almost £2m taken to the annual CIP target, the profile of delivery is placing a pressure on our in-year delivery. The position is reported as £1.6m behind profile.

Contracting Matters

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

Other Issues

In preparing the closing of the accounts there are no other Trust finance issues I would wish to bring to the attention of the Board. Cash levels are satisfactory and capital programme spending is as expected.

Finance Performance Report

May 2015

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

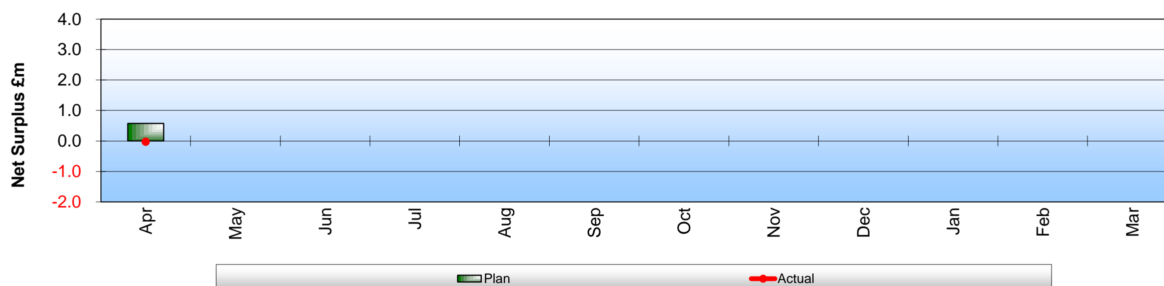
Summary Income and Expenditure Position

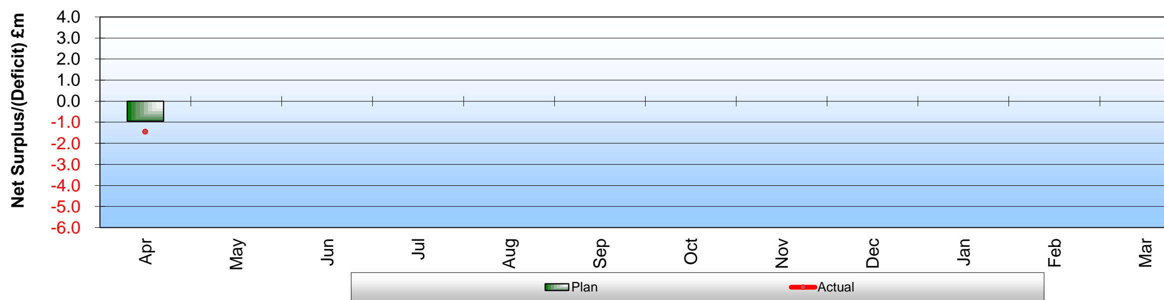
Month 1 - The Period 1st April 2015 to 30th April 2015

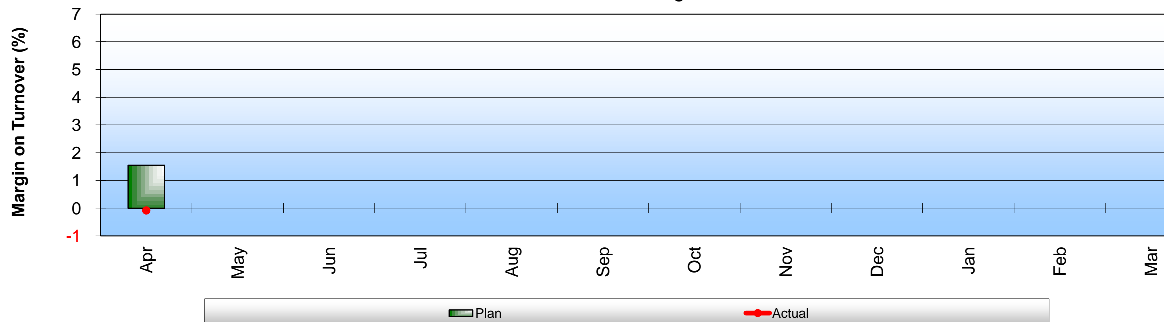
York Teaching Hospital NHS
NHS Foundation Trust

Summary Position:

* The Trust is reporting an I&E deficit of £1.5m, placing it £0.5m behind the operational plan.
* Income is £0.4m ahead of plan, with clinical income being £0.1m ahead of plan and non-clinical income being £0.3m ahead of plan.
* Expenditure is ahead of plan by £1m, with further explanation given on the 'Expenditure' sheet.
* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£0.03m (-.08%) compared to plan of £0.5m (1.55%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Period	Actual for Period	Period Variance
	£000	£000	£000	£000
NHS Clinical Income				
Elective Income	24,972	1,943	1,658	-285
Planned same day (Day cases)	33,587	2,613	2,954	341
Non-Elective Income	102,141	8,188	9,359	1,171
Outpatients	68,226	5,307	5,000	-307
A&E	15,033	1,206	1,273	67
Community	33,001	3,103	3,268	165
Other	127,844	10,523	9,466	-1,057
	404,804	**32,883**	**32,978**	**95**
Non-NHS Clinical Income				
Private Patient Income	986	82	84	2
Other Non-protected Clinical Income	1,790	149	138	-11
	2,776	**231**	**222**	**-9**
Other Income	0	0	0	0
Education & Training	14,333	1,194	1,193	-2
Research & Development	3,344	279	350	71
Donations & Grants received (Assets)	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	50	62	12
Other Income	16,743	1,395	1,582	186
Transition support	10,907	909	910	1
	45,928	**3,827**	**4,096**	**269**
Total Income	**453,508**	**36,942**	**37,296**	**354**
Expenditure				
Pay costs	-316,224	-26,123	-26,088	35
Drug costs	-44,837	-3,699	-4,058	-359
Clinical Supplies & Services	-50,503	-4,055	-3,676	379
Other costs (excluding Depreciation)	-50,128	-4,090	-3,504	586
Restructuring Costs	0	0	-1	-1
CIP	23,838	1,599	0	-1,599
Total Expenditure	**-437,854**	**-36,368**	**-37,327**	**-959**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**15,654**	**574**	**-31**	**-605**
Profit/ Loss on Asset Disposals	-4,500	0	0	0
Fixed Asset Impairments	-300	0	0	0
Depreciation	-11,000	-917	-917	0
Interest Receivable/ Payable	100	8	13	5
Interest Expense on Overdrafts and WCF	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-323	-27	-30	-3
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	0	0
PDC Dividend	-7,040	-587	-493	94
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**-7,409**	**-949**	**-1,458**	**-509**

Contract Performance
Month 1 - The Period 1st April 2015 to 30th April 2015

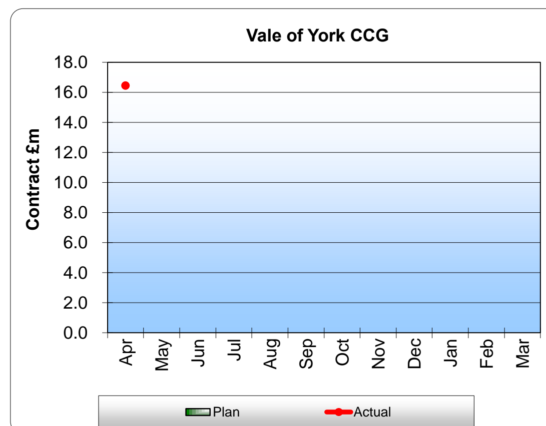
York Teaching Hospital NHS
NHS Foundation Trust

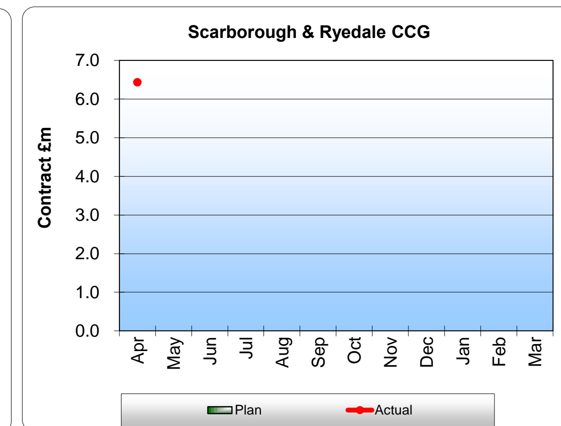
Contract	Contract Value	Contract to Date	Actual to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	0	0	16,456	16,456
Scarborough & Ryedale CCG	0	0	6,436	6,436
East Riding CCG	0	0	3,062	3,062
Other Contracted CCGs	0	0	2,162	2,162
NHSE - Specialised Commissioning	0	0	2,288	2,288
NHSE - Public Health	0	0	1,201	1,201
Local Authorities	0	0	724	724
Total NHS Contract Clinical Income	**0**	**0**	**32,329**	**32,329**

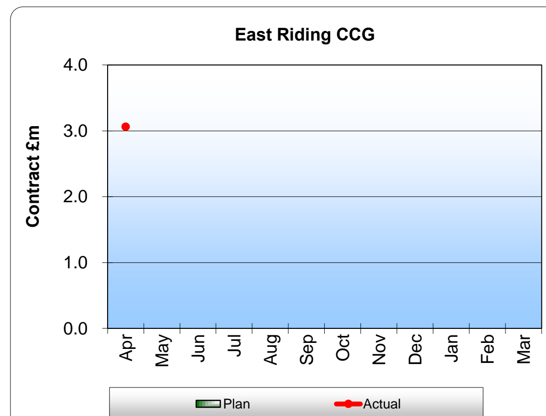
Plan	Plan Value	Plan to Date	Actual to Date	Variance
	£000	£000	£000	£000
Non-Contract Activity	0	0	765	765
Risk Income				
Total Other NHS Clinical Income	**0**	**0**	**765**	**765**

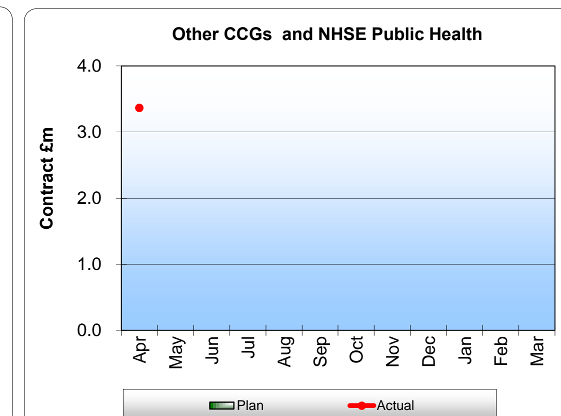
Total NHS Clinical Income	**0**	**0**	**33,094**	**33,094**

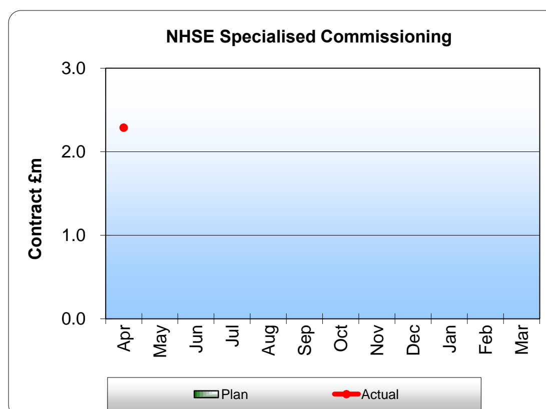
Specialist registrar income moved to other income non clinical	-114
Winter resilience monies in addition to contract	0
Agrees to Clincial Income reported to board	**32,980**

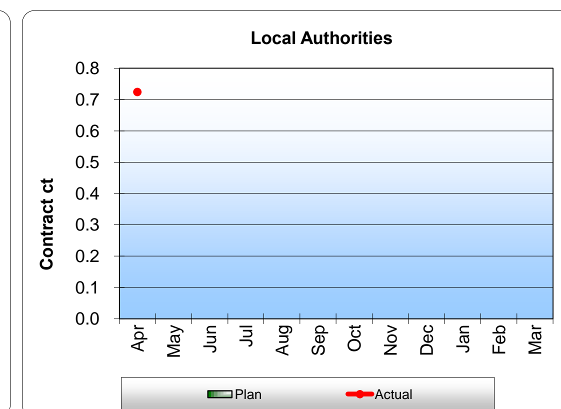












Expenditure Analysis
Month 1 - The Period 1st April 2015 to 30th April 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

There is an adverse expenditure variance of £1m at the end of April 2015. This comprises:

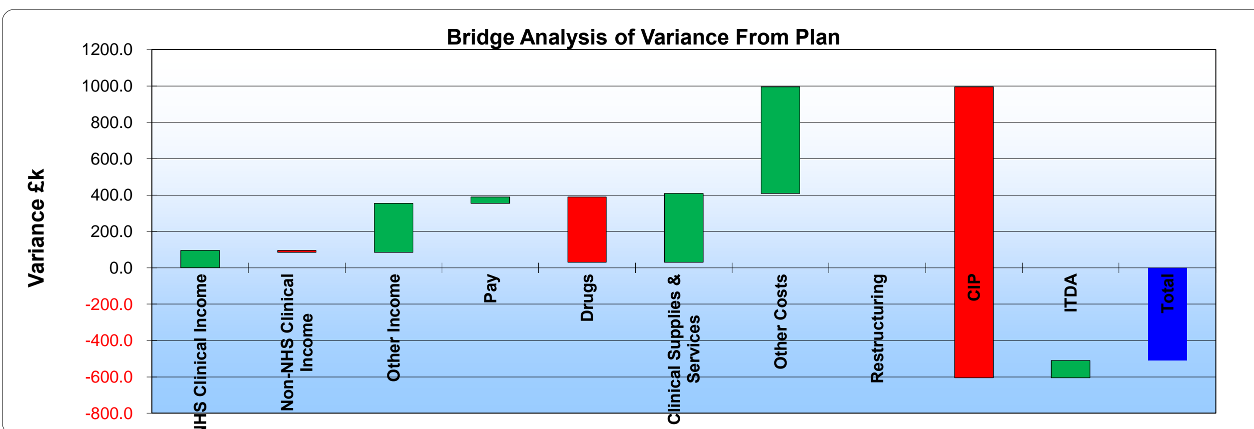
* Pay budgets are in balance.

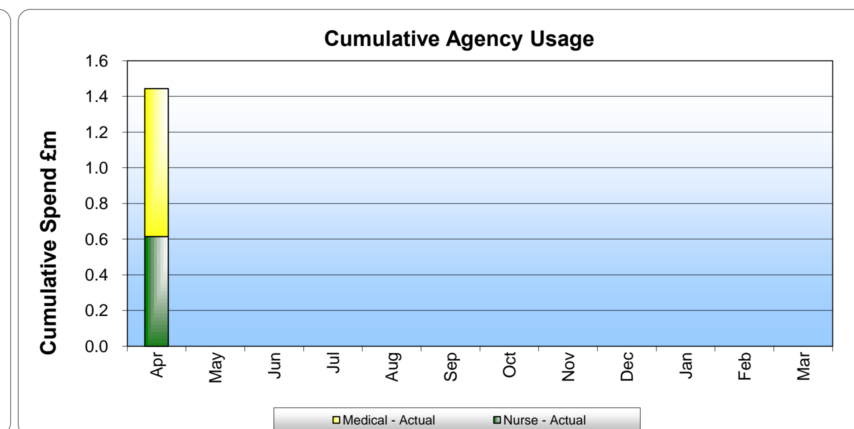
* Drugs budgets are £0.4m adverse, mainly due to pass through costs for drugs excluded from tariff.

* CIP achievement is £1.6m behind plan.

* Other budgets are £1m favourable.

Staff Group	Annual Plan	Period Plan	Period Contract	Period Overtime	Period WLI	Period Bank	Period Agency	Period Total	Period Variance	Previous Variance	Comments
Consultants	54,974	4,573	3,950	0	131	0	396	4,477	96	0	
Medical & Dental	30,452	2,547	2,221	0	6	0	449	2,676	-128	0	
Nursing, Midwifery & Health Visting	95,947	8,134	6,849	61	41	253	601	7,805	329	0	
Professional & Technical	8,690	711	662	11	13	0	31	717	-7	0	
Scientific & Professional	16,878	1,393	1,288	9	4	0	0	1,301	92	0	
P.A.M.s	22,956	1,962	1,621	5	24	0	31	1,681	281	0	
Healthcare Assistants & Other Support Staff	43,457	3,645	3,510	68	17	4	14	3,613	32	0	
Chairman and Non-Executives	161	13	13	0	0	0	0	13	0	0	
Executive Board and Senior Managers	14,475	1,207	1,082	0	0	0	6	1,088	119	0	
Administrative & Clerical	34,169	2,856	2,656	19	16	0	24	2,716	140	0	
Vacancy Factor	-5,936	-918	0	0	0	0	0	0	-918	0	
TOTAL	**316,224**	**26,123**	**23,853**	**174**	**251**	**257**	**1,553**	**26,088**	**35**	**0**	





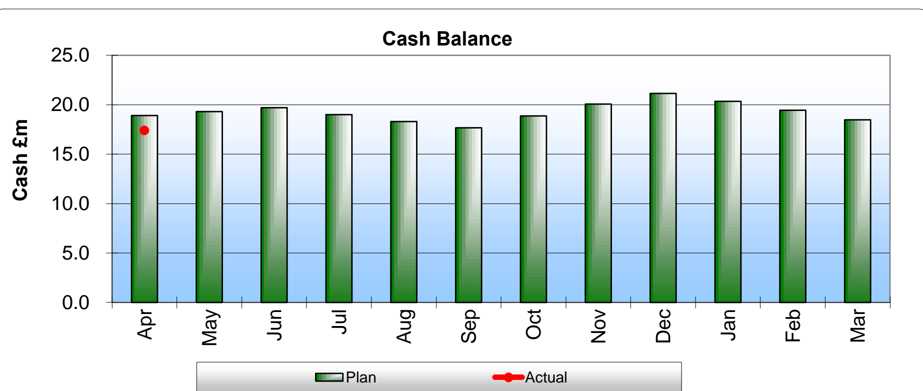
Cash Flow Management

Month 1 - The Period 1st April 2015 to 30th April 2015

York Teaching Hospital NHS Foundation Trust

Key Messages:

* The cash position at the end of April was £17.3m. This is below plan due to a large payment run at the end of April.
* The increase in Receivables is because of the £10.9m invoice raised to NHS England for transitional funding.
* The increase in Payables is due to a payment run being processed after month end closedown.
* The Continuity of Service Risk Rating (CoSSR) is assessed as a score of 4 in March, and is reflective of the I&E position.

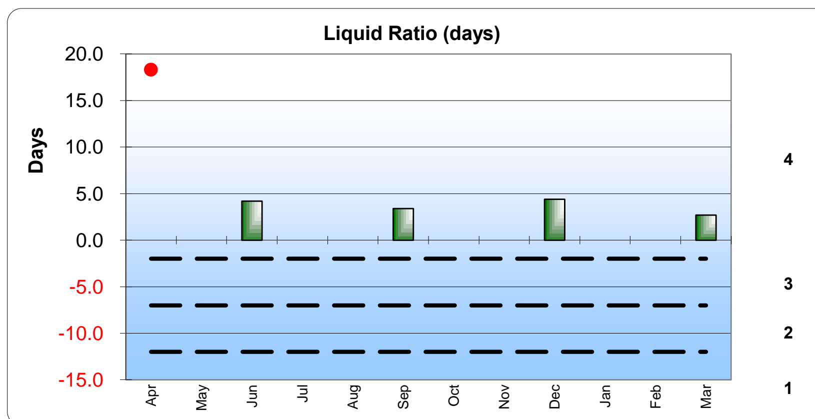


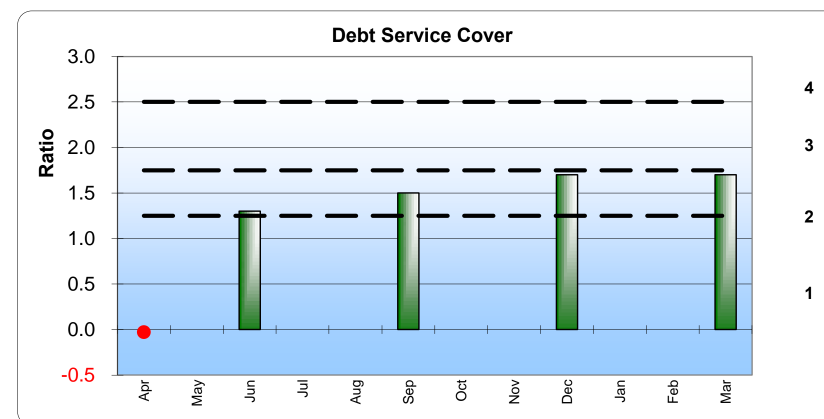
	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	4.90	0.14	0.08	0.02	5.14
Receivables	17.38	0.62	0.21	0.65	18.86

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	**£462K**
Leeds and York Partnership NHS FT	**£64K**
East Riding of Yorkshire Council	**£45K**

COSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquid Ratio (50%)	4	4	4	4
Debt Service Cover (50%)	2	2	1	2
Overall Continuity of Service Risk Rating	3	3	3	3





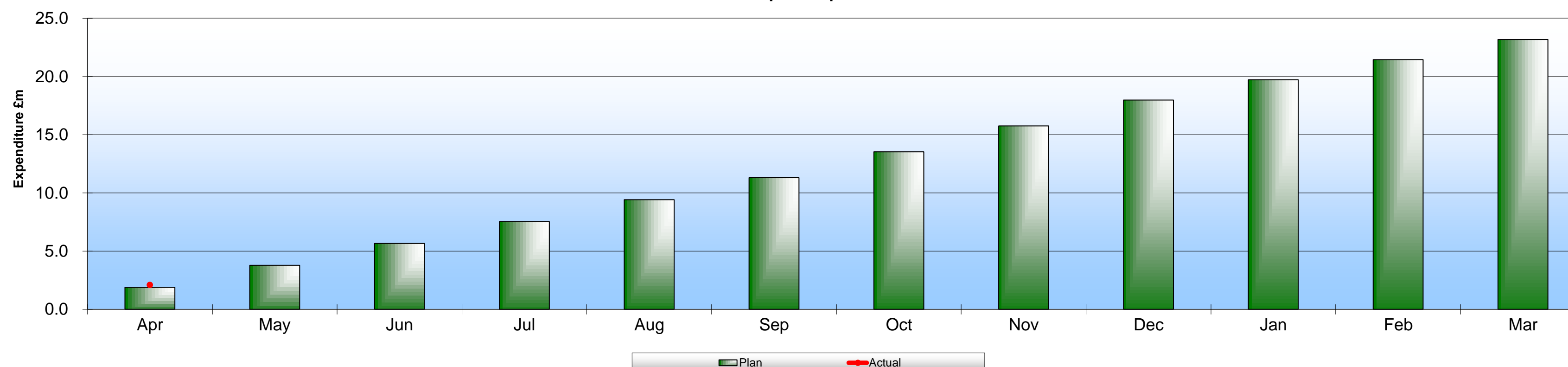
Capital Programme

Month 1 - The Period 1st April 2015 to 30th April 2015

York Teaching Hospital NHS Foundation Trust

Key Messages:

* The Capital Plan for 2015-16 is £23.186m
* The Scarborough and Bridlington Carbon Energy Scheme has the largest projected in year spend at £5.087m
* Other major schemes across both sites include 2 x CT Scanner replacement at £2.015m and other radiology equipment totalling £3.085m
* Extensive work at Scarborough will include replacement of the Fire Alarm System and installation of Lifts which will service all floors.
* At this point in the year the forecast outturn is as per the plan



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£	£	£	£	
CT Scanner replacement- York (Owned)	2,015	36	2,015	0	
Strategic Capital Schemes	1,870	-	1,870	0	
SGH Fire Alarm Replacement	1,190	3	1,190	0	
SGH Lifts Radiology	880	4	880	0	
York ED Phase 2	1,264	-	1,264	0	
SGH/ Brid Carbon & Energy Project	5,087	844	5,087	0	
Radiology Equipment Upgrade	2,475	-	2,475	0	
IT Wireless Upgrade - Trustwide	1,400	302	1,400	0	
Other Capital Schemes < £500k	705	332	705	0	
SGH Estates Backlog Maintenance	1,000	118	1,000	0	
York Estates Backlog Maintenance - York	1,000	124	1,000	0	
CPMG Minor Approvals	500	64	500	0	
Medical Equipment	650	83	650	0	
IT Capital Programme	1,500	84	1,500	0	
Capital Programme Management	1,150	102	1,150	0	
Contingency	500	-	500	0	
TOTAL CAPITAL PROGRAMME	**23,186**	**2,096**	**23,186**	**-**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	9,614	801	9,614	-	
Loan Funding b/fwd	1,386	353	1,386	-	
Loan Funding	9,577	880	9,577	-	
Charitable Funding	739	62	739	-	
Strategic Capital Funding	1,870	-	1,870	-	
TOTAL FUNDING	**23,186**	**2,096**	**23,186**	**0**	

Efficiency Programme

Month 1 - The Period 1st April 2015 to 30th April 2015

York Teaching Hospital NHS
NHS Foundation Trust

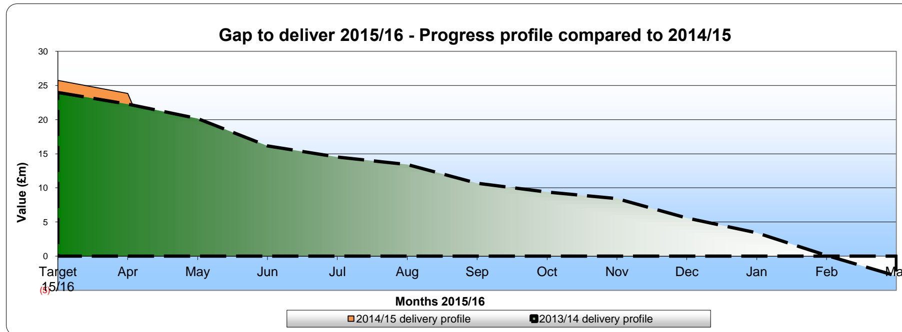
Key Messages:

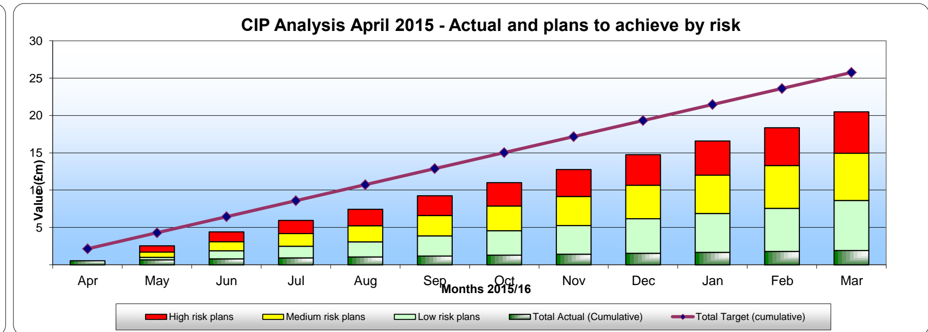
* Delivery - £1.9m has been delivered against the Trust annual target of £25.8m, giving a shortfall of (£23.8m).
* Part year Monitor variance - The part year Monitor variance has a shortfall of (£1.6m).
* In year planning - The in year planning gap is currently (£5.3m), work is continuing to close this gap.
* Four year planning - The four year planning gap is (£30.8m).
* Recurrent delivery - Recurrent delivery is £1.4m, which is 5.4% of the 2015/16 CIP target.

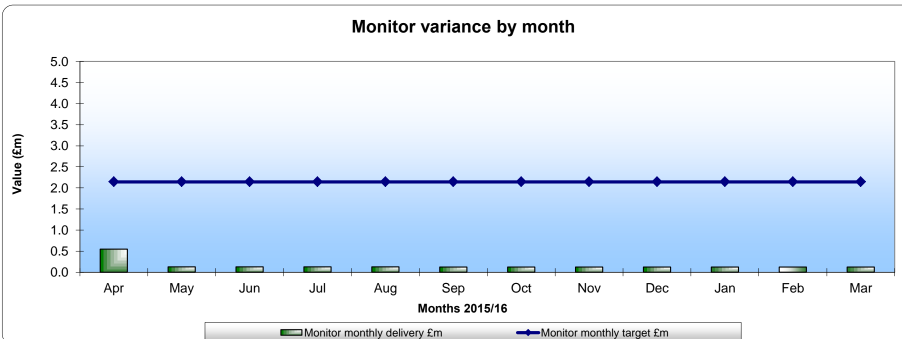
Executive Summary - April 2015	
	Total £m
TARGET	
In year target	25.8
DELIVERY	
In year delivery	1.9
In year delivery (shortfall)/Surplus	-23.8
Part year delivery (shortfall)/surplus - monitor variance	-1.6
PLANNING	
In year planning surplus/(gap)	-5.3
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

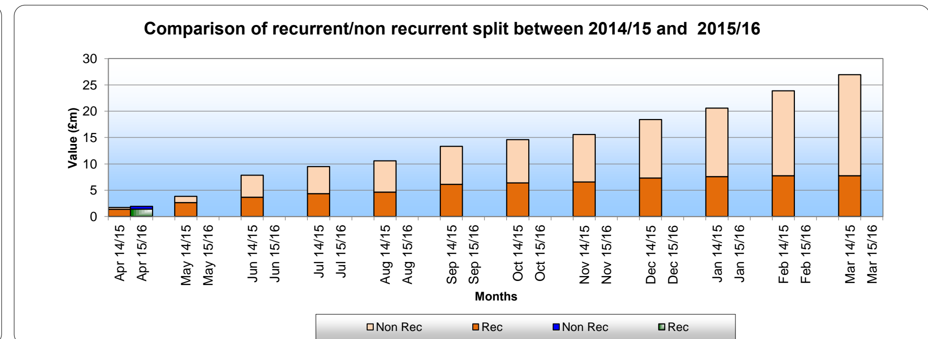
4 Year Efficiency Plan - April 2015					
Year	2015/16	2016/17	2017/18	2018/19	**Total**
	£m	£m	£m	£m	**£m**
Base Target	25.8	15.3	15.2	15.2	**71.4**
Plans	20.5	11.0	7.3	1.9	**40.7**
Variance	-5.3	-4.3	-7.9	-13.3	**-30.8**
%	**80%**	**72%**	**48%**	**12%**	**57%**

Risk Ratings			
Financial			
Score	April	0	Trend
1	20	0	→
2	5	0	→
3	1	0	→
4	0	0	→
5	1	0	→
Governance			
Score	April	0	Trend
Red	27	0	→
Green	0	0	→









Executive Pack

April 2015

York Teaching Hospital 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	2910	233	228	-5	0	0	0	0	945	74	41	-33	818	64	12	-52	0	0	0	0	0	0	0	0
Acute Medicine	0	0	0	0	219	18	106	88	92	7	17	10	774	60	89	29	1004	78	81	3	94	7	2	-5	0	0	0	0
Anaesthetics	54	4	4	0	17	1	3	2	1750	136	107	-29	1650	128	157	29	2466	192	238	46	0	0	0	0	24	2	8	6
Cardiology	670	52	19	-33	2841	228	159	-69	1098	85	77	-8	12125	943	1068	125	19537	1520	1278	-242	155	12	11	-1	5627	438	379	-59
Chemical Pathology	0	0	1	1	0	0	0	0	54	4	4	0	14	1	8	7	10	1	16	15	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1254	98	108	10	70	5	9	4	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	8	1	1	0	365	28	5	-23	7292	567	442	-125	16299	1268	1199	-69	424	33	3	-30	15441	1201	1820	619
Ear, Nose And Throat	748	58	45	-13	998	80	94	14	952	74	97	23	7810	607	709	102	8307	646	917	271	12	1	1	0	8987	699	574	-125
Endocrinology	8	1	1	0	3698	296	206	-90	482	37	50	13	2203	171	212	41	7137	555	736	181	506	39	7	-32	0	0	0	0
Gastroenterology	292	23	19	-4	4581	367	443	76	12633	983	654	-329	4591	357	451	94	9353	727	770	43	1026	80	82	2	60	5	2	-3
General Medicine	5	0	0	0	434	35	26	-9	2867	223	266	43	92	7	9	2	133	10	1	-9	18	1	2	1	79	6	2	-4
General Surgery	2880	224	201	-23	7253	581	588	7	7395	575	859	284	15012	1168	1237	69	22695	1765	1687	-78	794	62	87	25	3999	311	318	7
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	22860	1859	1192	-896	10689	870	563	-416	0	0	0	0	0	0	0	0
Geriatric Medicine	6	0	0	0	9421	755	965	210	172	13	12	-1	3844	299	341	42	3851	300	328	28	941	73	15	-58	46	4	7	3
Gynaecology	822	64	67	3	980	79	100	21	1474	115	108	-7	7670	597	644	47	5650	439	447	8	0	0	0	0	4761	370	340	-30
Haematology (Clinical)	42	3	4	1	156	13	18	5	3672	286	333	47	1898	148	161	13	12610	981	1047	66	668	52	65	13	126	10	1	-9
Maxillofacial Surgery	352	27	20	-7	378	30	27	-3	1951	152	182	30	7009	545	600	55	8372	651	655	4	0	0	0	0	1846	144	223	79
Medical Oncology	58	5	4	-1	148	12	4	-8	6952	541	621	80	4186	326	337	11	22970	1787	2076	289	25582	1990	1413	-577	90	7	14	7
Nephrology	72	6	13	7	1606	129	115	-14	784	61	52	-9	791	62	71	9	8311	646	579	-67	3714	289	298	9	0	0	0	0
Neurology	14	1	0	-1	132	11	30	19	746	58	81	23	3286	256	237	-19	6115	476	422	-54	910	71	75	4	56	4	0	-4
Obstetrics & Midwifery	24	2	4	2	5338	428	850	422	0	0	0	0	46	4	2	-2	1166	91	132	41	0	0	0	0	168	13	7	-6
Ophthalmology	251	20	18	-2	86	7	7	0	5385	419	461	42	16985	1321	1231	-90	68491	5327	4059	-1268	0	0	0	0	12929	1006	901	-105
Orthodontics	0	0	0	0	0	0	1	1	0	0	0	0	1491	116	90	-26	1886	147	134	-13	0	0	0	0	9636	749	750	1
Paediatrics	65	5	6	1	7156	574	733	159	214	17	33	16	5198	404	425	21	9989	777	900	123	424	33	21	-12	670	52	65	13
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1048	82	104	22	3938	306	514	208	418	33	23	-10	0	0	0	0
Plastic Surgery	34	3	6	3	8	1	0	-1	338	26	42	16	407	32	54	22	512	40	52	12	0	0	0	0	29	2	0	-2
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	49	36	-13	441	34	29	-5	0	0	0	0	1619	126	94	-32
Rheumatology	6	0	0	0	14	1	1	0	2160	168	205	37	2732	212	187	-25	13097	1019	1174	155	1254	98	109	11	0	0	0	0
Thoracic Medicine	86	7	1	-6	3611	289	304	15	498	39	38	-1	3859	300	265	-35	10544	820	812	-8	134	10	5	-5	296	23	23	0
Trauma And Orthopaedic Surgery	1824	142	140	-2	3258	261	267	6	2283	178	210	32	18700	1454	1598	144	27248	2119	2379	260	0	0	0	0	1460	114	78	-36
Urology	1566	122	126	4	1598	128	118	-10	5844	455	650	195	2662	207	402	195	4243	330	787	457	14	1	8	7	3788	295	0	-295
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6332	508	170	-338	0	0	0	0	8090	629	823	194	35308	2746	2263	-483	0	0	0	0	9460	736	696	-40
Gynaecology Zero Tariff	4	0	0	0	362	29	15	-14	2	0	0	0	4	0	0	0	42	3	3	0	0	0	0	0	20	2	4	2
Total	**9883**	**769**	**699**	**-70**	**63543**	**5093**	**5579**	**486**	**60163**	**4679**	**5164**	**485**	**167157**	**13082**	**13331**	**20**	**343302**	**26740**	**26299**	**-550**	**37088**	**2885**	**2227**	**-658**	**81217**	**6317**	**6306**	**-11**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Efficiency Programme Update – April 2015

Action requested/recommendation

The Board of Directors is asked to note the April 2015 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 year to date delivery, as at April 2015, is £1.9m.

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 Resource Management
Date of paper	May 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing note for the Board of Directors Meeting 27th May 2015

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

Summary reported position for April 2015

Current position – highlights

Delivery - Overall delivery is £1.9m in April 2015 which is 7.3% of the £25.8m annual target. This position compares to a delivery position of £1.7m (7%) in April 2014.

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

In year planning – There is an in year planning gap of (£5.3m) at April 2015, this compares favourably with the April 2014 position, where the gap was (£6.2m). Work is continuing with Directorate teams to close this in year gap.

Four year planning – The four year planning gap is (£30.8m). The position in April 2014 was a gap of (£31.1m). We have a relatively strong planning position for years 1&2 of the plan with £31.5m (76%) worth of plans identified against a target of £41.1m.

Recurrent vs. Non recurrent – Of the £1.9m delivery, £1.4m (74%) has been delivered recurrently. It has been agreed by the Resource Management Executive Group (which has replaced the Efficiency Group) that recurrent delivery, in quarter 1 of 2015/16 only, will be incentivised by 20%. The impact of this will be evident in the June 2015 position. The work continues to identify recurrent schemes including specific corporate schemes identified in the accompanying paper.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams to self assess for their safety impact. Mr Telfer and Helen Hey, Deputy Chief Nurse, will review all schemes as they are returned.

Overview

We have had good start to the programme in a month where delivery has been difficult historically. Recurrent delivery is positive with £1.4m delivered in the month and I am hopeful the Q1 incentive for recurrent delivery will be a positive introduction and support the 2015/16 Q1 position.

Risks

The two key risks of recurrent delivery and a shortfall in plans over the next four years remain obvious concerns, however I am confident we will continue to evolve and progress the Efficiency Program at York to address these risks

and ensure our actions will support clinical and financial sustainability for the Trust. The proposed Turnaround Avoidance Programme will further support the efficiency and sustainability agenda for the Trust.

On going work to address the key risks -

- Resource Management meetings with Directorate teams are continuing to evolve and will encompass a multi disciplinary approach where appropriate, including the inclusion of the SLR team, Procurement and potentially Service Improvement Team involvement etc;

- Following a request from Directorate Managers a half day efficiency workshop is being held on the 11th June 2015 to support the directorates to share ideas and good practice;

- The first new initiative has been launched to incentivise recurrent delivery in Q1 of 2015/16; the results of this are awaited;

- Specific support to Directorates is in place to support ideas generation and delivery; these include General Medicine at Scarborough and Estates & Facilities;

- The Resource Management Team is expecting to play a full part in the proposed Turnaround Avoidance Programme, which I believe will provide a further impetus to the overall Efficiency Programme;

- The wider Resource Management Team continue to engage fully with local and national agendas to ensure we remain at the forefront of this programme of work.

RISK SCORES - APRIL 2015 - APPENDIX 1

(The highlighted score in each finance row is shown in bold. Governance: ● = filled red circle, ○ = empty circle.)

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

RISK SCORES - APRIL 2015 - APPENDIX 2

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target %	Yr 1 Plan v Target Score	Yr 1 Delivery v Target %	Yr 1 Delivery v Target Score	Y1 Recurrent Delivery v target %	Y1 Recurrent Delivery v target Score	4 Yr Plan v Target %	4 Yr Plan v Target Score	Risk Score Total Score	Risk Score Monitor Rating
RADIOLOGY	2,410	4,020	24%	1	0%	1	0%	1	26%	1	4	1
COMMUNITY	2,437	4,883	64%	1	0%	1	0%	1	73%	1	4	1
EMERGENCY MEDICINE	1,126	2,463	58%	1	0%	1	0%	1	66%	1	4	1
GEN MED SCARBOROUGH	1,140	2,419	87%	1	0%	1	0%	1	43%	1	4	1
GS&U	2,082	5,239	69%	1	1%	1	1%	1	42%	1	4	1
WOMENS HEALTH	2,226	4,010	47%	1	1%	1	0%	1	53%	1	4	1
TACC	2,955	7,147	35%	1	1%	1	1%	1	16%	1	4	1
GEN MED YORK	1,949	5,235	72%	1	3%	1	3%	1	71%	1	4	1
SPECIALIST MEDICINE	2,879	6,677	62%	1	3%	1	2%	1	49%	1	4	1
CHILD HEALTH	1,332	2,849	56%	1	4%	1	0%	1	46%	1	4	1
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,693	3,780	48%	1	6%	1	6%	1	45%	1	4	1
SEXUAL HEALTH	470	1,040	30%	1	7%	1	5%	1	34%	1	4	1
LAB MED	1,144	3,247	95%	2	0%	1	0%	1	67%	1	5	1
HEAD AND NECK	623	1,821	194%	5	6%	1	0%	1	85%	1	8	2
T&O YORK	1,350	3,613	121%	5	10%	1	4%	1	54%	1	8	2
MEDICINE FOR THE ELDERLY	1,422	3,706	119%	4	16%	2	8%	2	88%	1	9	2
OPHTHALMOLOGY	868	2,428	111%	4	5%	1	0%	1	120%	4	10	2
PHARMACY	-189	503	140%	5	101%	5	101%	5	172%	5	20	5
CORPORATE												
CHIEF NURSE TEAM DIRECTORATE	378	695	0%	1	0%	1	0%	1	0%	1	4	1
OPS MANAGEMENT SCARBOROUGH	385	569	48%	1	0%	1	0%	1	55%	1	4	1
OPS MANAGEMENT YORK	310	521	75%	1	0%	1	0%	1	52%	1	4	1
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	768	1,536	26%	1	4%	1	0%	1	32%	1	4	1
MEDICAL GOVERNANCE	103	222	19%	1	6%	1	0%	1	9%	1	4	1
SNS	1,167	2,409	61%	1	7%	1	2%	1	34%	1	4	1
ESTATES AND FACILITIES	3,088	7,650	71%	1	8%	1	8%	2	60%	1	5	1
FINANCE	151	890	150%	5	9%	1	0%	1	74%	1	8	2
CHAIRMAN & CHIEF EXECUTIVES OFFICE	18	407	212%	5	150%	5	0%	1	9%	1	12	3
TRUST SCORE	**34,287**	**79,978**	**80%**	**1**	**7%**	**1**	**5%**	**1**	**57%**	**1**	**4**	**1**

F4

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Monthly Status Summary re Performance Recovery Plan

Action requested/recommendation

The Board is asked to note the progress and risks.

Summary

This is the first monthly status summary update which tracks progress against trajectories outlined in the Trust Operational Performance Recovery Plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report	Finance & Performance Committee
Risk	Note trajectories that are off plan.

Resource implications	None
Owner	Juliet Walters, Chief Operating Officer
Author	Lucy Turner, Head of Operational Performance
Date of paper	May 2015
Version number	Version 1

Operational Performance Recovery Plan

Monthly Status Summary: April 2015

ED

Trajectory: Sept 15

Performance: Red

- **Performance**: **Off trajectory:** 2, 015 breaches vs 1753 plan. Type 1 4hr Perf: 81.36% vs 82% plan
- **Achievements**: Workforce model to be drafted by 28/05. Weekly Governance Mtg est. **York**: Altered processes for ambulance arrivals; appointed 8a managerial post, improved ability to triage, appointed 2x RNs. Geriatrician to work in ED 1300-1700 M-F. BEST Dependency Tool undertaken **Scarbo**: Success of UCC diverting referrals from main dept. 8a manager appointed. Discharge Lounge utilisation increased from 5%-30%. Introduction of Surgical Assessment Unit.
- **Risks**: Behind schedule with Trust Wide Patient Flow Escalation Policy & Bed Modelling. 7 day working GAP analysis highlighted areas of concern. **York**: *Locum weekend cover,* ***Scarbo:*** *No changes to Ambulance handover* processes, unfilled clinical shifts, exit block through the hospital.

18 weeks admitted

Trajectory: Dec 15

Performance: Green

- **Performance**: **Ahead of trajectory -**est. 30 Aug/ 19 July 15. Backlog reduced by 16.6% in last 4 wks.
- **Achievements**: Weekly mtg established to track and monitor performance using modelling tool. Newmedica Solution finalised for opthal pts on Scarbo' site. **Risks**: Large numbers of undated TCIs coming through the system. Low numbers of patients willing to transfer care to another provider. Transfer of Urol work to York Nuffield is 2 wks behind schedule. Continued risk of 52 wk waiters Urol/GS. Ongoing work with MF to plan a complaint trajectory . Continued significant on day TCI cancellations across both sites. Anaesthetist shortage in York causing lists to be cancelled. DU/ESA and admissions ward in Scarbo' used continually for medical outliers.

Cancer

Trajectory:

Q1 FT/62 day

Q2 Breast Sy

Performance : Green

- **Performance**: **On Trajectory** April : FT: 94%; BS 90.2%; 62: 89%.
- **Achievements**: Weekly tracking mtg continues to escalate pts to avoid 62 breaches. Cancer Manager undertaking review of lung cancer pathway. Re-established Trust Cancer Board. Mtg with LTH to undertake joint Breach Analysis. Achieved Fast Track target for 3 months is a row [not happened for over a yr].
- **Risks**: **62 Day:** 63 potential Q1 treatments not yet dated. Long delays for CT Colonoscopy/guided biopsy causing 5 breaches of 62 day standard. Laser Capacity issues in H&N. No Radiology cover for 2xUrolMDT @ Scarb. **BS**: 10x admin breaches in April, 2 breaches in May to date (both pt cxls).

Diagnostics

Trajectory: Oct 15

Performance: Amber

- **Performance**: 91.65% April UNVALIDATED
- **Achievements**: IMAS C&D tool under development. Weekly diagnostic waiters report being developed. Increased outsourced MRI scans from 50-100 at York Nuffield. Agreed to outsource 18 CT sca ns/ wk to Nuffield from w/c 18/05. 2 MRI trainees recruited, start 01/07. 5th US Scanning now available for use when staffing available.
- **Risks**: CT Scanner Replacement, at worst, delayed by 11 weeks, due to unexpected plant renewal. Moves overall trajectory out by up to 11 wks. More work needed on data to establish baselines and benchmarks.

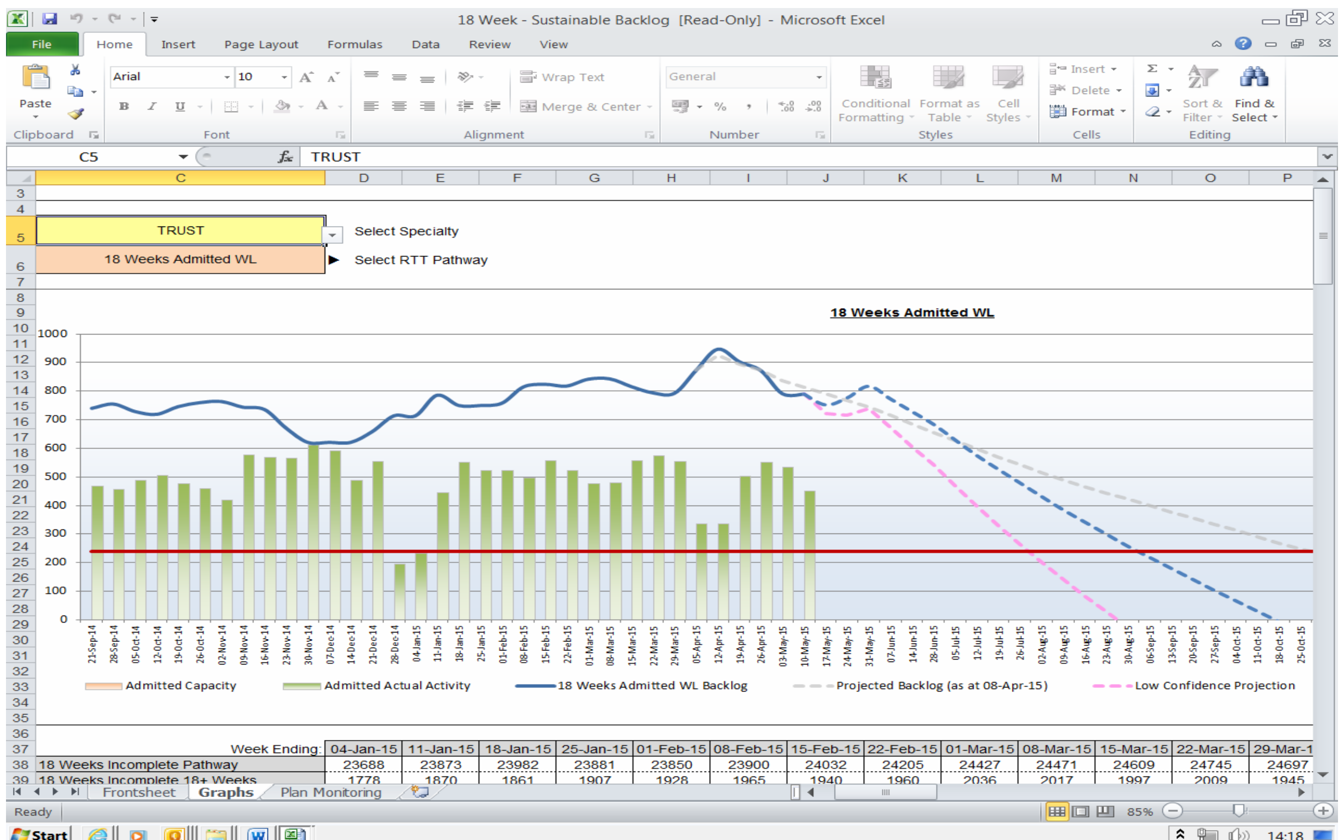
York Teaching Hospital NHS
NHS Foundation Trust

Weekly Breach Reduction Trajectory – TYPE 1

Week Ending	19-Apr	26-Apr	03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun
Target	406	406	266	266	266	266	266	203	203	203	203
Actual	**460**	**271**	**496**	**390**							

York Target (61% total)	248	248	162	162	162	162	162	124	124	124	124
York Actual	**306**	**183**	**342**	**151**							
Scarborough Target (39% total)	158	158	104	104	104	104	104	79	79	79	79
Scarborough Actual	**154**	**88**	**154**	**239**							

18 Week Admitted Backlog Trajectory



<u>Grey dotted Line</u> – original trajectory

<u>Blue dotted line</u> – updated trajectory, based on actual activity (high & medium confidence plans)

<u>Pink dotted line</u> – updated trajectory, based on actual activity (high, medium & low confidence plans)

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Terms of Reference

Action requested/recommendation

The Board of Directors is asked to note the recommendation from the Finance and Performance Committee for the approval of the revised terms of reference and work programme. The Finance and Performance Committee recommend the approval of the Terms of Reference of the Committee.

Summary

The committee annually reviews its terms of reference and work programme to ensure that they are accurate and up to date.

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 and Performance

Risk	Risks are identified in the report.
Resource implications	Resources implication detailed in the report.
Owner	Mike Keaney, Chairman of the Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	May 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

FINANCE & PERFORMANCE COMMITTEE: Summary of Governance

Version 8
May 2015

York Teaching Hospital NHS Foundation Trust

FINANCE & PERFORMANCE COMMITTEE: Summary of Governance

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FINANCE & PERFORMANCE COMMITTEE

Terms of Reference

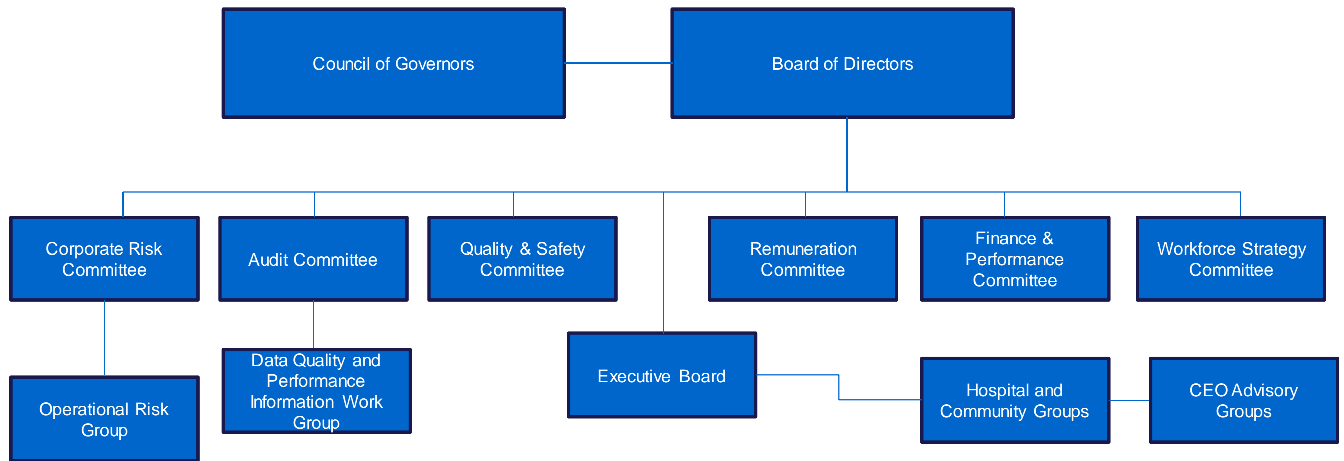
1	**Status**
1.1	The Finance and Performance Committee is a committee of Board of Directors.
2	**Purpose of the Committee**
2.1	The Finance and Performance Committee ensures the Board of Directors receives assurance about the Trusts performance on finance and performance.
3	**Authority**
3.1	The Board of Directors has provided delegated authority to the Finance and Performance Committee to seek assurance around the financial and operational performance across the Trust.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any legal requirements the Trust is expected to fulfil relating to finance and operational performance.
5	**Roles and functions**
5.1	To consider the monthly Patient Safety, Quality and Performance Report with specific regard to operational and performance matters, the finance report and the efficiency report at each meeting along with any other papers and reports that may be requested by or presented to the Committee
5.2	To receive assurance about the actions being taken to ensure the Trust has appropriate systems in place to maintain compliance with the required performance standards and achievement of the financial plan
5.3	To receive assurance on the efficiency plans being implemented.
5.4	To review capital expenditure on a quarterly basis.
5.5	To receive updated information on Service Line Reporting and Reference Costs and receive assurance on its implementation in the Trust
5.6	When appropriate to receive business cases, for review, and provide assurance to the Board of Directors on them and to receive for assurance information about specific projects across the Trust
5.9	To be assured about the risks and mitigations around finance and operational performance.
5.10	To escalate any areas of concern identified to the Board of Directors for further

	discussion and resolution
5.11	The Finance & Performance Committee will submit notes to the Board of Directors following each of the Finance & Performance Committee's meetings (at least 10 times per year). The Committee can call additional meetings are required.
5.12	Issues will on occasions be discussed in private by the Board of Directors on the advice of the Finance and Performance Committee.
6	**Membership**
6.1	The membership of the Finance and Operational Performance Committee will comprise:- • 2 NEDs – Mike Keaney (Chairman) Michael Sweet Any Director is able to attend at any time on an occasional basis subject to notifying the Chair in advance. Should a NED member not be available for a meeting an alternative NED will be requested to attend the meeting. The following Directors and officers will be in attendance: • • Director of Finance (Andrew Bertram) • Chief Operating Office (Juliet Walters) • Deputy Director of Finance (Graham Lamb) • Foundation Trust Secretary (Anna Pridmore) • Head of Resources Management (Steve Kitching) • Head of Operational Performance (Lucy Turner) • Director of Systems and Networks (Sue Rushbrook) • Other officers as maybe required. If those in attendance are unable to attend, an appropriate deputy should attend the meeting. The appropriate deputy must be fully briefed.
7	**Quoracy**
7.1	The Committee will be quorate with the 2 NED members attending. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
8	**Meeting arrangements**
8.1	The Finance & Performance Committee will meet prior to the Board of Directors meeting (minimum of 10 times per year) and all supporting papers will be circulated at least 2 working days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. In the interim

	the Foundation Trust Secretary will supply the Secretariat service to the meeting.
8.2	The agenda will be circulated in advance of the papers to the Chairman. The standing items will be provided to the Committee not less than 2 days before the meeting. Any additional papers that should be discussed at the Committee should be notified to the Chairman and Secretariat of the Committee not less than 4 days in advance of the meeting and circulated a minimum [2] days prior to the meeting.
8.3	The Chair of the Finance & Performance Committee has the right to convene additional meetings.
8.4	Where members / attendees of the Finance & Performance Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
9	**Review and monitoring**
9.1	The Finance & Performance Committee will maintain a register of attendance at the meeting. Attendance of less than 80% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. An annual report will be presented to the Board of Directors.
9.2	The terms of reference will be reviewed every two years.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Mike Keaney Non-executive Director (Chair)**
Date of Issue	**30 May 2015**
Version #	**8**
Approved by	**Board of Directors**
Review date	**May 2015**

Board Assurance:
Finance and Performance Committee



For use with the following committees/groups:
- *Finance and Performance Committee*
- *Board of Directors*

Standing Agenda

No.	Agenda item	Comments	Attention to Board
1.	Finance Report		
2.	Efficiency Report		
3.	Operational Report		
4.	Short / Medium Term Acute Strategy		
5.	Other Matters		

Finance and Performance Committee
Work Programme 2014 -16

<table>
<tr>
<td>20th January 2015

<u>Standing items</u>
Finance Report including the Efficiency Report
Operating Performance Report
CQUIN

<u>Adhoc items</u>
Business cases
Service Line Reporting
Efficiency programme update</td>
<td>17th February 2015

<u>Standing items</u>
Finance Report including the Efficiency Report
Operating Performance Report
CQUIN

<u>Adhoc items</u>
Business cases</td>
</tr>
<tr>
<td>17th March 2015

<u>Standing items</u>
Finance Report including the Efficiency Report
Operating Performance Report
CQUIN

<u>Adhoc items</u>
Business cases
Service Line Reporting
Tender register</td>
<td>21st April 2015
<u>Standing items</u>
Finance Report including the Efficiency Report
Operating Performance Report
CQUIN

<u>Adhoc items</u>
Business cases
SLR
Capital planning information</td>
</tr>
</table>

19th May 2015 meeting	16 June 2015 meeting
Standing items Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Business cases Tender register	**Standing items** Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Business cases Service Line reporting + Reference Costs 2013/14 Capital Planning information
22nd July meeting **Standing items** Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Capital Planning update Business cases Tender Register	**16th September meeting** **Standing items** Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Reference Costs report Business cases

20th October 2015	17th November 2015
Standing items Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Business cases Progress against Monitor recommendations from CIP review Service Line reporting	**Standing items** Finance Report including the Efficiency Report Operating Performance Report CQUIN **Adhoc items** Business cases Tender register Review poorly performing Directorates as part of the CIP review

York Teaching Hospital NHS
NHS Foundation Trust

Workforce Strategy Committee Meeting
21st April 2015

Attendance:

Sue Holden, Director of Workforce and Organisational Development.
Dianne Willcocks, Non Executive Director (Chair)
Libby Raper, Non Executive Director (Vice Chair)
Beverley Geary, Director of Nursing
Wendy Hartley, Trauma Coordinator
Victoria Elletson, Acute Team Leader
Jonny Thow, Deputy Medical Director (Education)
Dawn Preece, Deputy Head of HR
Sian Longhorne, Senior HR Lead, Workforce Utilisation
Marion Khan, Professional Education Lead
Gail Dunning, Head of Corporate Development
Anne Devaney, Head of Corporate Learning
Lydia Larcum, Senior HR Lead - Staff Engagement, Health & Wellbeing
Melanie Liley, Head of AHP Services and Psychological Medicine

Apologies:
Patrick Crowley, Chief Executive
Deborah Hollings- Tennant, Head of Corporate Finance
Michelle Wayt, Deputy Head of HR

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1.0	**Last Meeting Notes Minutes Dated**		Approved		
2.0	**Matters arising from February Minutes**		**4.1** - SH advised that agreement has been made regarding the use of charitable funds. £15,000 in funds will be allocated on an annual basis as reward to an individual or group and presented at the celebration of achievement. The judging panel will comprise a Governor and Non- Executive Director member of the charity committee (SH) DW made the suggestion that this approach was evaluated and perhaps applied for volunteers **5.4** - SH advised that work has already been done regarding making HR Board reports more 'intelligent' **7.2** - SH advised that the role of CAPE had been recognised by the Board as important and required if we are to support future development. It had been agreed to train more Calderdale facilitators. MK is working with 3 clinical areas within a safe framework of practice.		
3.0	**WSC Terms of Reference and Governance Structure**		SH will review the TOR with JT outside this meeting. SH noted that the Education Review Group should feed into this meeting but currently doesn't. It has both strategic and operational elements.		
4.0	**HR Restructure Purpose and Considerations**		DP circulated details regarding the redesigned teams and explained that the process of this was to develop a work culture which attracts and retains the best employees. She said that work is grouped under 3		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		work streams o Engagement and Wellbeing o Workforce Utilisation o Employer of Choice (Operational) LR queried whether there was sufficient capacity within senior HR colleagues for proactive advice. DP gave assurances on this. SH explained that the HR Managers will contribute to the workforce plan and that intelligence could be generated and aggregated up to ensure a more proactive approach. DW welcomed the consistency that this approach promised. DW made the point that support for community services was key as well. JT noted that better integration across specialities requires discussion across directorates and that this type of approach has helped recently, particularly regarding the shift in provision from Surgery to Medicine. **Engagement and Wellbeing** DP described a more holistic approach. **Workforce Utilisation** This relates to data/planning/ medical rotas etc which is all crucial to efficient deployment across the organisation. **Employer of Choice** DP explained that the HR Advisors will be carrying out the Discipline and Grievances. KPIs will be set		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			and consistency looked at, which should address unnecessary delays. DP gave assurance that HR link in with communications team and strategy LR queried where the Chaplaincy Team would sit as this had been mentioned by the CQC - a key line of enquiry for them; DH gave assurance that the team incorporated a multi faith aspect. An update was provided about the Deputy Director post. Interviews will take place in May.		
			Health, Wellbeing and Engagement		
5.0	**Staff Survey Action Plan**		**Paper 3** LL explained a different approach regarding the dissemination of the Staff Survey results, whereby 3 foci had been decided corporately to work through with the Comms. team. These relate how we support: 1) Staff and Patient Suggestions; 2) Feedback when suggestions are made and 3) Incident Reporting. Feedback from directorates will be captured through the Business Partners. LR and DW welcomed this approach. DW said that she would like to see key influencers rewarded and noted that this would be a way in which to demonstrate that people are being listened to. Queries were raised as to how change could be measured. LL responded that it was a broad		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			approach encompassing other feedback, such as the data from the more frequent Friends and Family test. Generally it was agreed that triangulation of data was helpful. MK suggested that the Duty of Candour theme, for example through incident reporting. SH advised that this is being role modelled in the 'you said/ we did' approach. BG noted that this approach should be linked in with other teams – e.g. the patient safety team. Friends and Family – DP reported the results from Q4 and noted that the focussed approach in specific directorates had led to an increased return rate of 37.5%. The focus in Q1 of this financial year would be Pharmacy and E and D.		
6.0			***Employer of Choice***		
6.1	**Flexible Retirement**		DP explained that a retire and return structured framework had been developed which responds to both the needs of staff and the organisation. This challenges the existing assumption which is that retiring and returning is an automatic right. The requirement to retire for a month and return can be reduced to 2 weeks, which some staff may prefer. These ideas have already been brought to JNCC. SH noted that this the framework has already been implemented for Band 8a LR queried whether we were benchmarking with other organisations around this and SH felt that others were looking to our lead on this.		
6.2	**Volunteers**		Already agreed that this would be deferred to June's		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			meeting		
6.3	**Education Bursary**		Already covered in matters arising		
7.0			***Workforce Utilisation***		
7.1	**Internal Bank**		**Paper 4** The internal staff bank went live on the 1st April for York. SL noted that over 2014- 2015 the demand had increased. Since the transition from NHSP to the internal bank, there has been an improved fill rate, but the true picture will not be known until a review in September. Since 1st April there has been a 72% fill rate across Scarborough and York sites, combined. This compares with average annual fill rate of 55% with NHSP. A concern was that the reason for bank requests does not always match clinical need and a culture has developed of automatic cover for annual leave, which Beverley and the SNT were reviewing. SH noted that the following: o The level of shifts requested for leave o Understanding staff needs to encourage greater flexibility – e.g. payment of travel costs at basic rates was encouraging staff to work at more remote sites for them. E.g. York to Scarborough o The loyalty of staff can not be undervalued. HR staff came in over the Easter weekend to makes sure shifts were covered. This is not something that NHSP would have done. DP noted that an agreement had been made for weekly pay to be made.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			DW queried how improvement of quality/ performance would be measured. SH noted that this would be identified through fill rate. There is also an evidence base that when shifts are filled by Trust staff, this reduces harmful incidents. There is a cost saving because we no longer need to pay the levy to the agency. SL has set some KPIs and made a business case. BG cited work with the Safeguarding Adults team to develop an enhanced supervision policy (including a risk assessment to prevent falls) which should reduce demand on bank. SH said she would be looking at an internal bank for medics, in response to feedback.		
7.2	Junior Doctor's Induction – Limited Assurance Report Update		JT noted feedback from junior doctors indicating that the Trust's provision around clinical information posted on the Intranet, by different departments compares unfavourably with other organisations in content and currency. He noted the need for robust access to both clinical and organisational information. SH noted that the information governance supporting clinical practice probably needed to be reviewed. Work is being undertaken on this by Alistair Turnbull.		
8.0			***Organisational Development***		
8.1	**Cavendish Care Standards Certificate**		**Paper 5** GD noted that this had been piloted within the organisation on a small scale but HCA and Allied Healthcare staff new to role by Sept 2015. BG accepted nomination as organisational lead. Next		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			steps are to scope and develop an implementation plan. The standards are supplementary to the QCF level 2 qualification for HCA staff. BG noted that it is not mandated but it is good practice, and is therefore encouraged and supported; how we implement needs to be looked at creatively. GD highlighted that the CQC expect implementation by the Autumn of 2015. GD noted that it could provide an extension of the induction period and an indication of individual potential and/or need for further development and/or raise concern, which would be identified within the probationary period. LR asked if a cost benefit analysis had been undertaken and questioned how this sits with what other organisations do. Other organisations are using QCF. GD highlighted that it may not be appropriate for all HCAs to progress to QCF e.g. some people use HCA as a route to nursing/medical training after 1 year & there are cost & other resource intensive implications linked to achieving QCF VE and WH noted from experience of being a mentor that an extended induction would enable staff to learn the job before seeking to apply the theoretical knowledge gained in preparing their portfolios for QCF. SH suggested that this should be logged on the appraisal. Judgement could be exercised around that. Then CLAD could be notified.		
8.2	**The Peri-Operative Care Collaborative's position**		**Paper 6** VE and WH advised that there was a new requirement for staff in theatres to evidence their		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	statement		competencies which have been developed experientially Recent guidelines suggest that we should have a process to evidence competency for staff undertaking the dual role. This is being developed. Both VE and WH are undertaking a 2 year module at Hull University to evidence their existing skills. As there are currently no nurse assessors, the responsibility to do this will currently sit with the surgeons. Once VE and WH are trained, they can assess others. There is an existing competency framework which can be adapted to incorporate the skills required for the dual role. SH noted that it was important not to create an unnecessary burden re: demonstration of competencies and to include generic competencies which should be applicable to all roles, such as communications, ethics and accountability. She noted that the risk assessment should be straightforward and that this was an operational matter. She noted that the issue was worthy of consideration within the strategic forum of WSC because it was likely to arise in other areas, with existing staff needing to validate their experientially developed competencies. She noted that this would not automatically signal an increase in banding. The key issues differentiating bands was freedom to act and decision making. CAPE working with clinical areas will ensure development of core competencies and assessment processes with input form specialist areas to ensure consistency.		
8.3	**Non-Medical Tariff**		**Paper 7**		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			This paper relates to the evidence required to demonstrate the quality of placements, which is required in order to enable accurate and timely tariff payments. MK noted that a new team has been established to take a cohesive approach to this and has focussed on a variety of issues so far, from the availability of lockers to the quality of mentoring and best practice. BG noted that feedback had been good. GD noted that it was anticipated that more support for assessors would become available. She mentioned that there is now a better understanding of where students are working, and the whole time equivalent (WTE) of student placement attendance, which was not the case before. DW noted that from a risk perspective, it was early days but good progress was being made.		

8.4	**Health Education Yorkshire and the Humber Programmes of Work**		**Paper 8**
			
			SH wanted to take the opportunity to review how the work streams within the Trust were aligned to the Transformation Programme.
			1. Primary Care Workforce
			    o Scarborough is under-resourced
			2. Urgent and Emergency care
			    o The Trust has registered central government funding.
			3. Development of New Roles
			    o We are leading regionally re: new roles.		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		The use of the Calderdale Framework is assisting this 4. Children and Maternity o Not focused upon 5. Mental Health o Using dementia training and looking at wellbeing for staff. The Trust has recruited a Mental Health Nurse for staff 6. Public Health Workforce o Not looking at 7. Pharmacy Workforce o Yes, some are on the new pathway 8. Healthcare Science o Taking a lead on this 9. Talent for Care o Yes we are doing this 10. Widening Participation o Doing all we can in this regard 11. End of Life o Leading change with education for staff being recognised. The End of Life Care – have bid for money which was received. Further training to be carried out. 12. National Programmes 13. Armed Forces o Taking a lead on this. There will be a		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			push on regarding reservists. 14. Technology – Enhanced Learning o Could do more on this re: eWin but currently constrained by Systems and Networking support 15. Research and Innovation o Have increased. Looking at ways to increase commercial income. SH noted that we are seen as an organisation that delivers when it is given money.		
8.4	**Calderdale Workforce Redesign Update**		**Paper 9** GD explained that there were 10 places for more trainers and 3 Calderdale Facilitators had been appointed. Redesign work had started in a number of areas. The committee will be kept regularly informed of progress of this high profile work.		
	Non- Registered Workforce Development (HCAs)		**Paper 10** The paper provides updated numbers & progress against plan and further updates will be provided		
	Improving the Patient Experience		**Paper 11** This will be brought back to the June meeting for a full discussion		
	Any Other Business		**AOB 1** LR noted the governance review and sub committees, including risks. Perhaps the documentation could be adapted. SH said that this can be captured in the TOR review.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			AOB 2 Regarding nursing revalidation. This will be taken to the education steering group; linking in with SL. Currently no criteria has been provided for this. A paper will go to the Board next week. This will become a major workstream. **AOB 3** Stat. and Mand. Training. The amnesty for this to be completed ended in February. Compliance still varies across the organisation. Some issues with staff access have been identified e.g. no trust email account which may have contributed to this level of compliance and the LH team have been working with these groups to find solutions. In addition some managers are still not accessing their staff's accounts to check compliance. All directorate managers were sent a letter on the 21st April detailing the levels of compliance for their areas in order to encourage staff to get involved and what will happen in the event of continued non compliance. Figures will be reviewed at the end of May and June.		
	Next meeting dates		**3rd June 2015, 13.00 – 15.00** HR Meeting Room 1, 2nd Floor, Park House, York Hospital **13th October 2015, 10.00 – 12.00** Classroom 4, Post Grad Medical Education Centre, 5th Floor, York Hospital **8th December, 2015, 10.00 – 12.00** Classroom 4, Post grad Medical Education Centre, 5th Floor		

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Diverse Workforce

Action requested/recommendation

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

Summary

This paper describes the issues that have been identified by this organisation and at a national level relating specifically to diversity in our workforce.

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

This paper presents some details in relation to the diversity profile of the workforce of this organisation and analysis about the differences in experiences at work by staff from different backgrounds. The report also highlights some of the benefits associated with developing a diverse workforce. The content of the paper should be viewed in light of potential discrimination considerations linked to the suggested actions.

Reference to CQC outcomes

Outcome 13 – Staffing

Progress of report	Executive Board
Risk	Risks identified within the report relate to issues of workforce supply and demand.
Resource implications	There are human resource implications identified throughout this report.
Owner	Sue Holden, Director of Workforce and Organisational Development

Author	Sian Longhorne, Senior HR Lead, Workforce Utilisation
Date of paper	May 2015
Version number	Version 1

Board of Directors – 27 May 2015

Diverse Workforce

1. Introduction and background

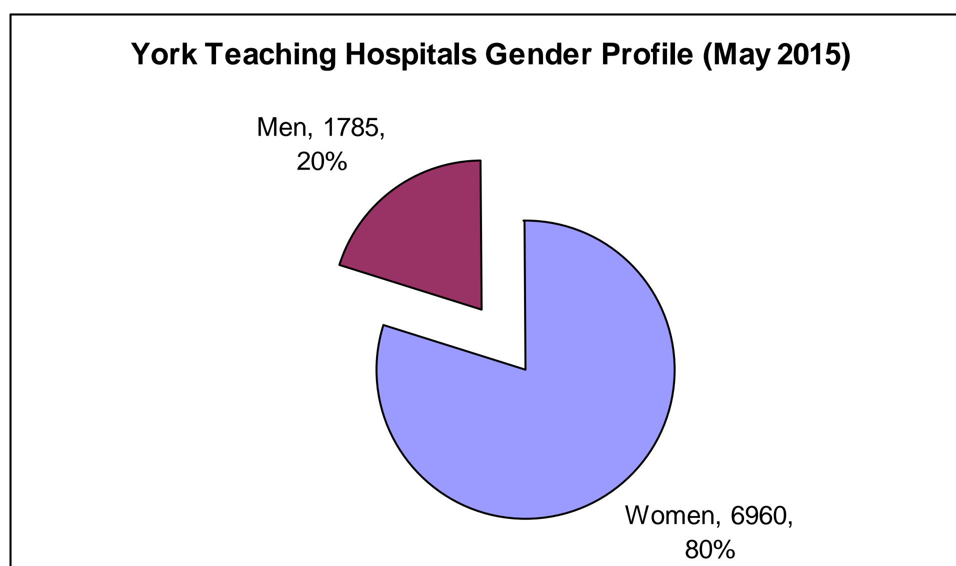
This paper describes the diversity profile of our workforce and highlights differences in the experiences at work of our staff. The paper will reference some of the benefits to be seen by organisations in developing a diverse workforce and also some of the barriers and challenges to achieving this.

Historically, we have had some difficulty in producing complete diversity profiles for our workforce due to gaps in the collection of data relating to protected characteristics of our staff. However, a data cleansing exercise has been undertaken in the past year which has significantly improved some of the diversity information that we hold for our staff, although some gaps do remain. Work has also been undertaken to ensure that Trust forms (starters, personal change forms etc) capture all of the required information. In the future, staff will also be able to review and update their personal information via ESR Self Service.

2. Current profile

2.1 Gender

According to the Office for National Statistics, 53% of England's working age population are men and 47% are women (2014). The NHS workforce profile is quite different to this. 23% of the overall NHS workforce are men and 77% are women. This profile also differs by region and the North workforce for the NHS in England has the highest percentage of women (79%). At this organisation the overall gender profile of our substantive (i.e. excluding bank) staff is shown below.



The table below shows that women make up the largest proportion of the workforce in all staff groups with the exception of medical and dental.

Staff Group	Total Headcount	% women	% men
Nursing and Midwifery	2,438	93.60%	6.40%
Additional Clinical Services	1,656	87.80%	12.20%
Allied Health Professionals	590	85.93%	14.07%
Admin & Clerical	1,804	83.04%	16.96%
Professional, Scientific and Technical	260	71.54%	28.46%
Healthcare Scientists	211	63.51%	36.49%
Estates & Ancillary	1,034	60.06%	39.94%
Medical & Dental	751	36.88%	63.12%

A more detailed breakdown on the medical workforce does however indicate a shift in the profile with a split approaching 50%/50% amongst doctors in training.

Medical Grade	Total Headcount	% women	% men
Consultants	338	28.40%	71.60%
Non-Consultant, non-training grade	124	37.90%	62.10%
Training grades	289	46.37%	53.63%

The table below shows the gender profile by Agenda for Change banding at this organisation. Similar to the profile of the NHS overall, men make up the smallest proportion of each group, although are over represented at the more senior banded roles making up more than 28% of band 8A+.

A4C Grade	Total Headcount	% women	% men
Band 1-4	4,029	81.24%	18.66%
Band 5-7	3,647	87.28%	12.72%
Band 8A+	279	71.68%	28.32%

The overall gender profile of the NHS is not currently represented across all Director roles with 42% of CEOs, 32% of Finance Directors and 24% of Medical Directors being women. However, 85% of Nursing Directors and 68% of HR Directors are women. 53% of this Trust's Executive and Non-Executive Directors are women.

In comparison to the overall profile of the workforce at this organisation, women appear to be under represented in the most senior roles.

Whilst all staff are entitled to request to work flexibly, a significant proportion (53%) of our substantive female staff currently work part time, compared to only 19% of men. Almost 78% of our internal bank staff, who chose to work as flexibly as possible, are women.

Other than part time working there are many other ways in which staff can work flexibly (e.g. compressed hours, term time only), although where this is requested or offered, this clearly need to be balanced in line with the needs of the service. For those areas on eRostering the guidance given is that no more than 20% of staff should have fixed working patterns (i.e. at least 80% of staff should be fully flexible in terms of how they can work their contracted hours whether they are part time or full time).

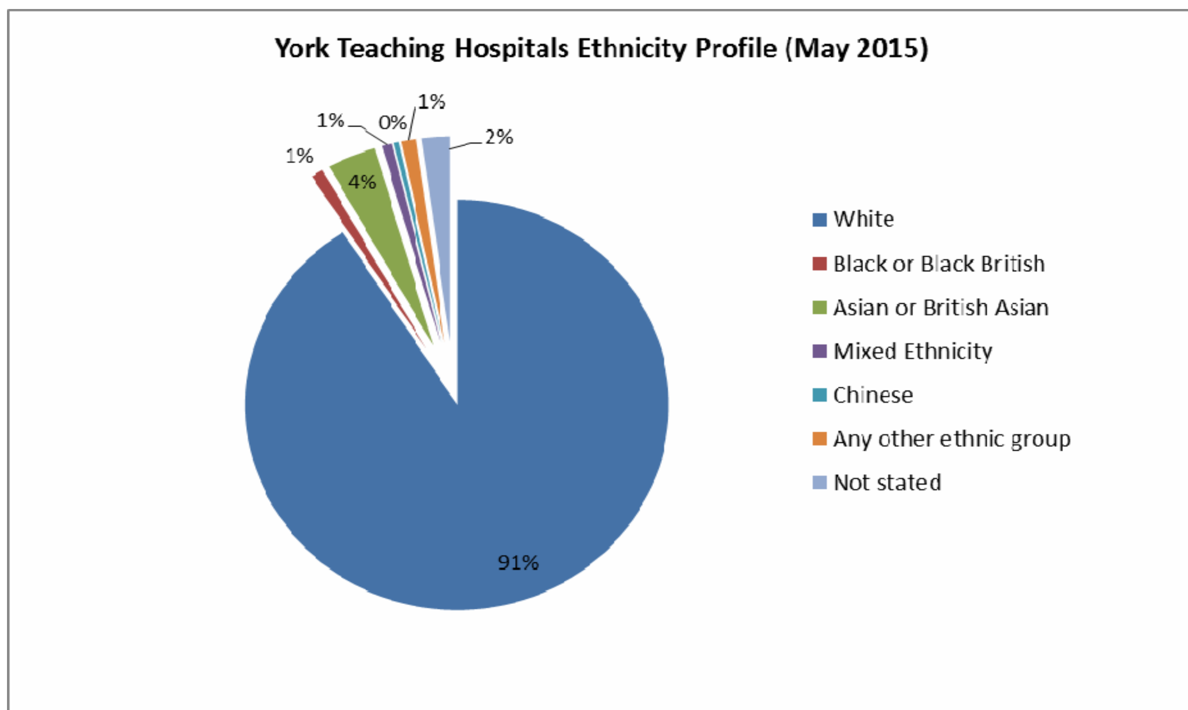
We have recently started to look at what different shift patterns on evenings and weekends we can offer to attract new staff (initially for registered nursing staff) who want to work flexibly. We will need

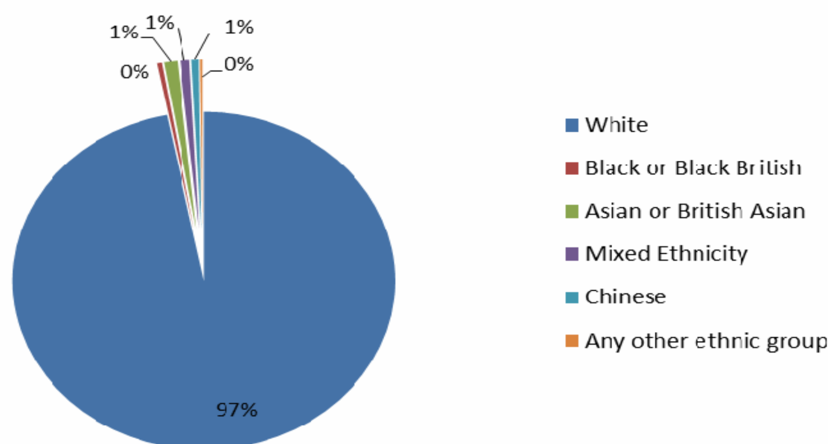
to continue to look at what we can offer in order to recruit and retain a workforce who increasingly want to work more flexibly. In the context of experiencing challenges in terms of workforce supply across the whole NHS system there is a need to promote ourselves as an Employer of Choice and offering opportunities in line with what the workforce of the future needs.

In the staff survey 2014 men who responded to the survey appeared to have overall, slightly more positive experiences at work than women, scoring better on 15 out of 29 Key Findings. This included better scores for men on all of the Key Findings relating to violence and harassment, with men reporting fewer experiences of physical violence, harassment, bullying or abuse from patients/service users or their relatives and managers/team leaders or other colleagues.

2.2 Ethnicity

According to the Office for National Statistics the ethnicity profile of the NHS workforce is more diverse (78% white and 17% BAME (the remaining 5% is unknown or not stated)) than that of England's working population (87% white and 13% BAME). Although, again profiles do differ by region and the workforce in the north of England has a higher proportion of white staff (approximately 90%) than other regions, i.e. is less diverse. The ethnicity profiles of this organisation and the communities that we serve are shown below. This shows that the organisation's ethnicity profile is similar to that of the north of England region's profile but that the workforce is more diverse than the demographic profile of the communities we serve.





The following is a breakdown showing how the ethnicity profile differs between staff groups.

Staff Group	Total Headcount	% white	% BAME	% not stated
Medical & Dental	751	67.51%	29.96%	2.53%
Nursing & Midwifery	2,438	89.46%	8.57%	1.97%
Healthcare Scientists	211	91.00%	7.58%	1.42%
Professional, Scientific & Technical	260	93.08%	5.38%	1.54%
Additional Clinical Services	1,656	92.21%	4.65%	3.14%
Allied Health Professionals	590	94.41%	2.54%	3.05%
Estates & Ancillary	1,034	96.23%	2.32%	1.45%
Admin & Clerical	1,804	96.90%	1.66%	1.44%

The above shows that white staff make up the largest proportion in each staff group but the medical & dental group is by far the most diverse with almost 30% of individuals from this group being from Black, Asian or other minority ethnic backgrounds.

The table below shows the ethnicity profile by Agenda for Change banding at this organisation. This analysis shows that staff from BAME backgrounds are significantly underrepresented in the most senior roles. None of the organisation’s Executive Director or Non-Executive Directors are from BAME backgrounds.

A4C Grade	Total Headcount	% white	% BAME	% not stated
Band 1-4	4,029	94.79%	3.00%	2.21%
Band 5-7	3,647	90.84%	7.13%	2.03%
Band 8A+	279	98.92%	0.72%	0.36%

Whilst BAME staff do appear to be underrepresented in senior roles across the whole NHS workforce, the overall figures do suggest more diversity than in this organisation with 9% of all 8A+ staff being from BAME backgrounds.

In the staff survey 2014, staff who responded that they were from a BAME background reported, in general, more positive experiences than staff from a white ethnic background. However, BME staff had the worse score in the survey for the finding relating to experiences of discrimination with 31% of respondents from this group reporting that they had experienced discrimination at work in the last

12 months.

2.3 Other characteristics

Clearly diversity is about much more than just gender and ethnicity, however significant analysis has been presented in recent papers about the age profile of the workforce and the potential implications of this.

We do not hold sufficient information in ESR about other characteristics of our workforce such as sexual orientation and disability to be able to undertake analysis which would allow us to draw meaningful conclusions. In relation to both sexual orientation and disability, more than 50% of staff have not declared their status or actively chosen not to disclose.

305 of the 1953 staff who responded to the staff survey in 2014 stated that they had a disability. This was 15% of all respondents. If this was extrapolated across the whole workforce it would suggest that approximately 1,300 staff have a disability, however currently ESR records show that only just over 100 staff have declared this to us (albeit many may have declared this to their manager).This presents a challenge in itself in that where we believe groups to be underrepresented or facing particular issues, based on analysis from ESR, it is difficult to know where to target any action.

It has however been identified through the staff survey results that staff who declare themselves disabled report less positive experiences in almost all themes covered by the survey than staff who do not perceive themselves to have a disability. Disabled staff who reported that they had a disability scored worse on 23 of 29 Key Findings in the survey, including that 37% said they had experienced bullying, harassment or absence from patients/service users or their relatives or from a manager/team leader or other colleague in the last 12 months and 16% reported experiences of physical abuse from patients/service users or their relatives. This group of staff also had a poorer score in the staff survey for overall staff engagement.

3. Conclusion

This paper has presented some detailed analyses of the gender and ethnicity profile of our current workforce and highlighted how profiles compare to that of the NHS workforce in England and to the communities which we serve.

The report has highlighted differences in experiences at work of staff from different backgrounds and also underrepresentation of some groups, particularly at a senior level.

It is important for organisations to support diversity in their workforce so that the skills and experiences of employees from all backgrounds are recognised, used and valued. In this context everyone counts, everyone has the opportunity make a difference and everyone has the opportunity to reach their full potential.

However, to build and sustain a diverse workforce takes commitment over time and there is a need to overcome certain challenges.

Given the context of significant challenges in relation to workforce supply, which is not exclusive to our own organisation, we need to continue to look at ways to be innovative in attracting staff from all backgrounds and be an Employer of Choice. This includes, but is not limited to, offering flexibility in terms of working hours, patterns and contract types. Whilst this needs to be balanced in line with service needs, we need to continue to be able to compete with other local NHS employers but also increasingly with agencies.

The staff survey highlights some groups who report particularly poor experiences with regards to

being engaged with the organisation. The recent restructure of HR has resulted in the creation of a team with a specific focus on staff engagement who will work to identify these groups and ways in which we can better engage and demonstrate that their contributions are valued. A lead HR Manager has also been identified with specific responsibilities around equality and diversity.

We have already started to look at ways in which we can market ourselves as an Employer of Choice to our future workforce and individuals from different backgrounds through developing our links with local schools and offering summer contracts. This could be expanded further to link with universities. We should also look at how we can proactively secure our future, diverse workforce through exploiting our links as a teaching hospital.

As has been mentioned, there are gaps in the data we hold for our staff and we should be supportive of a continued focus on data capture and data quality. This will include regular analysis and monitoring similar to what has been presented above to understand the impact of any specific actions taken. We also need to do what we can to make it as easy as possible for staff to provide and update their personal information, which can be achieved in part through ESR self service.

4. Recommendation

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

Author	**Sian Longhorne, Senior HR Lead, Workforce Utilisation**
Owner	**Sue Holden, Director of Workforce and Organisational Development**
Date	**May 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Reflections from the Audit Committee meeting held on 11 May 2015

Action requested/recommendation

The Board of Directors is asked to note the reflections from the Audit Committee.

Summary

The Audit Committee last met on 11 May 2015 and considered a full agenda. From the meeting there were a number of key discussions that the Audit Committee members felt would be appropriate to discuss further with the Board of Directors. These include:

- Assurance Framework and Corporate Risk Register
- Head of Internal Audit Opinion
- Going concern
- Embedding of Service Line Reporting

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	The report has been prepared for the Board of Directors.
Risk	The subjects included in the report some inherent risks.
Resource implications	There are no resource implications from the report.
Owner	Philip Ashton, Chairman of the Audit Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	May 2015

Board of Directors – 27 May 2015

Reflections from the Audit Committee meeting held on 11 May 2015

1. Introduction and background

The Audit Committee last met on 11 May 2015 and had a very full agenda. From the meeting there were a number of key discussions that the Audit Committee members felt would be appropriate to discuss further with the Board of Directors.

2. Items to discuss further with the Board of Directors

a) Assurance Framework and Corporate Risk Register
The Audit Committee reviewed the documents and noted the progress that had been made in the development of the documents. The Audit Committee considered a proposal around the future reporting of the Assurance Framework and Corporate Risk Register.

b) Head of Internal Audit Opinion
The Audit Committee received the draft audit opinion from the Head of Internal Audit in preparation for the year end. The opinion is one of significant assurance, but does highlight some areas of weakness in the systems and processes in the organisation.

c) Going Concern
The Finance Directors was asked at an earlier meeting of the Audit Committee to provide some assurance around the going concern evidence. This work is progressing and will be presented to the Audit Committee on 26 May 2015.

d) Embedding of Service Line Reporting
The Audit Committee discussed the use of Service Line Reporting and its embedding into the organisation. The Audit Committee recognise that the system can highlight some opportunities for the organisation as well as identifying some risks. The Audit Committee will continue to hold further discussions about the use of the system.

3. Conclusion

The Audit Committee does not specifically see any weakness in the topics included in this report. The members of the Committee felt that these subject items were significant enough to raise with the Board of Directors.

4. Recommendation

The Board of Directors is asked to note the reflections of the Audit Committee.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Philip Ashton, Chairman of the Audit Committee**
Date	**May 2015**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Additional Certificates for Year End

Action requested/recommendation

To approve the Chair and the Chief Executive to sign the additional annual certificate required as part of the year end.

Summary

Following the introduction of the Risk Assessment Framework, the Trust is required to complete a number of additional statements and certificates over the next couple of months. These include the following statements:

- Certificate on the availability of resources certificate
- Systems for compliance with licence conditions and related obligations
- Joint Ventures and Academic Health Science Centres Certificate
- Training of Governors – statement as required by s.151 (5) of the 2012 act

In May the Trust will be required to submit the Certificate on the availability of resources and systems of compliance with licence conditions and related obligations. The attached is the submission released by Monitor that will be submitted at the end of May.

In June the Trust will be required to submit a completed Corporate Governance Statement which I am currently working on along with the Ventures and Academic Health Science Centres Certificate and training of Governors.

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	The paper has been discussed by the Corporate Risk Committee.
Risk	The risks are identified in the report.
Resource implications	There are no resource implications included in the report.
Owner	Patrick Crowley, Chief Executive
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	May 2015
Version number	Version 1

Worksheet "Certification G6"

Declarations required by General condition 6 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed
	AND	
2	The board declares that the Licensee continues to meet the criteria for holding a licence.	Confirmed

Signed on behalf of the board of directors, and having regard to the views of the governors

Signature		Signature	
Name	Susan Symington	**Name**	Patrick Crowley
Capacity	Chairman	**Capacity**	Chief Executive
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations 1 or 2 above.

A

B

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.			

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Board Resolution – Agreement for Loan funding

Action requested/recommendation

The Board is asked to approve the loan agreement linked to the business case 2014/15-100 - NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF) – Carbon and Energy Reduction Project, Scarborough and Bridlington Hospitals.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Prepared for the Board of Directors
Risk	The risks are identified in the report.
Resource implications	The resource implications are included in the paper

Owner	Andrew Bertram, Director of Finance
Author	Andrew Bertram, Director of Finance
Date of paper	May 2015
Version number	Version 1

AGREEMENTS FOR LOAN FUNDING, NHS FT LOANS FACILITY

Recommendation

In January 2015, the Board approved business case 2014/15-100 - NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF) – Carbon and Energy Reduction Project, Scarborough and Bridlington Hospitals requiring a loan of £5.257m from the FT Finance Loan Facility.

On the 22nd April 2015 the NHS FT FF supported the application

The Board is asked to approve the attached resolution and signing the loan documentation.

York Teaching Hospital NHS
NHS Foundation Trust

Resolution of the Trust Board Held on 20th May 2015

a) The Board accept the Loan and this offer on the terms and conditions stated within the agreement.

b) The Board authorises the Chairman and the Chief Executive to countersign the agreement on behalf of the Trust and to return the countersigned document to NHS FT Loans Facility.

c) The following officers of the Trust be authorised to instruct NHS FT Loans Facility in all matters concerning the Facility and this offer once accepted.

Andrew Bertram	Director of Finance
Deborah Hollings –Tennant	Head of Corporate Finance
Sarah Hogan	Financial Accountant

d) The Board confirms that the specimen signatures contained in Appendix A are the true signatures for the officers referred to in b) and c) above.

Approved by the Board

………………………………. Date ………………………………
S Symington, Chairman

Appendix A

Specimen Signatures

Name	Office	Signature
Susan Symington	Chairman	
Patrick Crowley	Chief Executive	
Andrew Bertram	Finance Director	
Deborah Hollings - Tennant	Head of Corporate Finance	
Sarah Hogan	Financial Accountant	

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 May 2015

Rheumatology Business Case

Action requested/recommendation

The Board of Directors is asked to support the full business case including all additional resources.

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	Corporate Directors
Risk	No risk
Resource implications	Resources implication detailed in the business case
Owner	Mark Quinn, Clinical Director Specialist Medicine

Author	Karen Cowley, Directorate Manager Specialist Medicine
Date of paper	May 2015
Version number	Version 1

APPENDIX Bi

York Teaching Hospital NHS
NHS Foundation Trust

For Director of Finance Use Only			
Self-Assessed PIR		Full PIR	

BUSINESS CASE SUMMARY

1. Business Case Number

2015-16/15

2. Business Case Title

Replacement and 9th Consultant Rheumatologist

3. Management Responsibilities & Key Contact Point

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

Business Case Owner:	Dr Mark Quinn, Clinical Director

Business Case Author:	Karen Cowley, Directorate Manager
Contact Number:	1345

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

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

The purpose of this business case is to seek approval for a replacement Consultant post and an additional Consultant in Rheumatology to work on an integrated basis between Scarborough and York Hospitals.

Background

Replacement Post:

Dr Joanne Foo has handed her notice in with effect from 20th March 2015. This post is a 10 PA post working across York, Scarborough and Malton Hospital. The Lead Clinician and DM will review the job plan working across so many sites and will look to adapt this

to covering Malton and York where the greater demand and capacity gaps are and therefore reducing travel time to increase capacity.

9th Rheumatologist post:

In addition, both York and Scarborough hospitals are short of capacity in their consultant clinics. Both sites have worked hard at increasing the use of Specialist Nurses in drug monitoring and follow up clinics to absorb as much work as possible. The directorate has also ensured clinic utilisation is maximised through implementing the CNA policy and are working with the Rheumatology team on efficiencies through SLR. However, additional consultant time is deemed necessary to bring down the rising waiting times. The IMAS tool capacity/demand plan has identified a need to reduce the backlog (currently at 600 patients) through either the use of extra clinics (WLI) or additional locum cover for 6 months as well as the need for a 9th Rheumatologist to maintain a backlog at approx 250 patients which is sustainable.

5. Options Considered

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

Description of Options Considered
1. Do Nothing - Recruit to the existing vacant post and backlog increases.
2. Recruit 2 consultants a replacement and 9th Rheumatologist

6. The Preferred Option

6.1 Preferred Option

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

The preferred option is Option 2

Recruit 2 Consultants, 1 replacement and 1 new post (9th Rheumatologist).

6.2 Other Options

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

The ‘Do nothing’ option in this scenario would mean recruiting to the vacant cross site post vacated by Dr Foo.

7. Trust's Strategic Objectives

7.1 Alignment with the Trust's Strategic Objectives

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

1 *Improve Quality and Safety*
2 *Develop and enable strong partnerships*
3 *Create a culture of continuous improvement*
4 *Improve our facilities and protect the environment*

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

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
Improve quality and safety - To provide the safest care we can, at the same time as improving patients' experience of their care. To measure our provision against national indicators and to track our provision with those who experience it.	Yes	Provides additional capacity for patients to be seen in a timely manner. Improves the range of clinical expertise in implementing NICE guidance etc.
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	Yes	Provides additional capacity for patients to be seen in a timely manner. Early treatment improves the outcome measures for disease management in this specialty.
Create a culture of continuous improvement - To seek every opportunity to use our resources more effectively to improve quality, safety and productivity. Where continuous improvement is our way of doing business.	Yes	These posts would work on an integrated basis between York and Scarborough Hospitals. They will be working closely with GPs, CCGs and community teams in the management of Rheumatology.
Improve our facilities and protect the environment - To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible.	No	

7.2 Business Intelligence Unit Review

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

Date of Review	03/2/15
Comments by BIU	No further comments

8. Benefit(s) of the Business Case

8.1 Benefit(s)

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

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

Description of Benefit	Metric	Quantity Before	Quantity After
Quality & Safety			
Improved patient experience	Complaints	8-10 per month across all sites	2-3 per month across all sites
How will information be collected to demonstrate that the benefit has been achieved? Monthly PALS and Complaints data. This will be fedback to the teams through the Specialty bi-monthly meetings			
Access & Flow			
Reduce the backlog and FUPB lists.	Waiting time data for total number of follow-up patient waiting to be seen	600 patients currently waiting. Longest 15 months.	Backlog cleared to 200 including FUPB patients awaiting appointments. Longest wait no longer than 3-6 months
Waiting times reduced for New patients to be seen	Time from referral received to 1st NP appointment	Wait time for NP appointment and number of NP's waiting to be seen	Target wait time for NPs will be 4-6 weeks. Additional NP slots per month will be 250 per year
How will information be collected to demonstrate that the benefit has been achieved? CPD and signal data through performance dashboards. Activity planning and IMAS.			

Finance & Efficiency			
Reduction in fines associated with target breaches for 18 weeks RTT.	Cost	Total fines for year to date are:	Target – nil fines
Reduction in WLI clinics. Still require to undertake additional activity initially along with an additional consultant. Each WLI clinic will accommodate 2 NP's 12 FU patients		Each WLI is priced at £600 per clinic,	
How will information be collected to demonstrate that the benefit has been achieved? Finance reports for the directorate and specialty. SNS and CPD, Directorate WLI planner.			

8.2 Corporate Improvement Team Review

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

Date of Review	11/2/15
Comments by CIT	For the measures section my comment is that you have got the type of measure 'right' but you now need to include quantifiable data in order for the impact of a 9th consultant to be accurately assessed. You reference in the BC another attached doc but I could see anything on this email…… this may have all the info I've suggested below. However it does need to be reproduced in the body of the BC as well

8.3 Corporate Efficiency Team Review

The Corporate Efficiency Team must review all business cases for efficiency opportunities. The date that the business case was reviewed by the CET together with any comments which were made must be provided below.

Date of Review	5/2/15
Comments by CET	• Within the finance & efficiency section the reduction of fines and WLI clinics would need to be quantified in terms of £ value/benefit; • Have you included all trust support costs of an additional Consultant, I note Steven Mackell is copied in but things like Medical records, Pathology, Estates and Facilities and non recurrent set up costs PC/Phone/Desk etc where appropriate? A final thought/comment - I am unsure how difficult Consultant Rheumatologist's are to appoint but is there any scope in increasing any PA's from the existing body of consultants, if not you may need to reflect a non recurrent pressure in recruitment of a Locum or agency Consultant if this is a shortage speciality?

9. Summary Project Plan

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

Description of Action	Timescale	By Who?
Recruitment of consultants	April-June 2015	DM
Recruitment/Supply of supporting posts	April 2015	DDM
Locum cover for leaver short-term	February 2015	DDM
Induction programme for all staff members	May 2015	DDM
Identify space at SGH and York for clinics	January 2015	DDM
Identify addition office space at York – may require some separation of existing office space	February 2015	DDM

10. Risk Analysis:

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

Identified Risk	Proposed Mitigation
Failure to recruit 9th consultant due to shortage within the profession	Recruit locum to cover service gap and/or increase no of WLIs to cover capacity gap at York and SGH.

11. Risk of Not Proceeding:

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

Increased high spend on waiting list initiatives at unsustainable levels in York. Eventually this will lead to a department that is unable to deliver 18 weeks. Waiting times will increase which will impact on 18 weeks RTT. The workload will excessive pressure on existing staff leaving it extremely vulnerable.

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

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

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

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

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

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

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**
Dr Mark Quinn	**41**	**41**	**11**	**11**
Dr Amanda Isdale	**41**	**41**	**11**	**11**
Dr Andrew Brown	**41**	**41**	**6**	**6**
Dr Mike Green	**41**	**41**	**5**	**5**
Dr Benazir Saleem	**41**	**41**	**10**	**10**
Dr Zaid Al Saffar	**41**	**41**	**11**	**11**
Dr Joanne Foo (leaver)	**41**	**41**	**10**	**0**
Dr Westlake (Maternity Leave)	**41**	**41**	**8**	**7**
New Post and Replacement post		**41**		**20**

12.2 Advisory Committee Review:

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

Date of Approval	January 2015
Comments by the Committee	Job plans have been approved internally and by the Royal College.

13. Stakeholder Consultation and Involvement:

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

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

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Business Intelligence Unit	Business Case shared and part of directorate strategy
Corporate Improvement Team	Business Case shared and part of directorate strategy
Corporate Efficiency Team	Business Case shared and part of directorate strategy
Workforce Team	Business Case shared and part of directorate strategy
Commissioning Team	Business Case shared and part of directorate strategy
Other Consultation	
Mark Quinn, Clinical Director	Supportive of business case
Amanda Isdale, Lead Clinician	Supportive of business case

14. Sustainability

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

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

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	No	
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	No	
Reduce business miles?	No	
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	No	
Encourage the careful use of natural resources, such as water?	No	

15. Alliance Working

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

No impact on working relationship with Harrogate and District NHS Foundation Trust or Hull and East Yorkshire Trust.

16. Integration

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

This will continue to strengthen the already integrated Rheumatology service.

17. Impact on Community Services

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

N/A

18. Impact on the Ambulance Service:

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

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

19. Market Analysis:

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

N/A

20. Financial Summary

20.1 Commissioning Team Review:

The Commissioning Team must review all business cases for consistency with PbR and other national commissioning guidance, and with regard to consistency with CCG, NHS England, and Local Authorities commissioning intentions. The date that the business case was reviewed by the CT together with any comments which were made must be provided below.

Date of Review	January 2015
Comments by CT	No Comments

20.2 Estimated Full Year Impact on Income & Expenditure:

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

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure			0
Income	8,353	8,668	315
Direct Operational Expenditure	6,859	7,116	257
EBITDA	1,494	1,551	58
Other Expenditure			0
I&E Surplus/ (Deficit)	1,494	1,551	58
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	1,494	1,551	58
Contribution (%)	17.9%	17.9%	18.3%
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

This business case seeks to replace an incumbent consultant and fund a 9th Rheumatologist and associated Medical Secretary

In addition it seeks funding for 35 Waiting List Initiatives at a cost of £21k to address the current backlog of 600 follow-ups, it is anticipated that the waiting lists will be carried out with immediate effect whilst recruitment of the 9th Rheumatologist takes place.

Without the investment in a 9th Consultant, the capacity gaps across both sites would be 586 OPFA and 1,824 OPFU.

The 9th Consultant has been identified in the 2015/16 Activity & Capacity plans as an initiative to address the shortfall in capacity.

The additional post will carry out 3 DCC in York and 2 DCC in Scarborough covering 410 OPFA and 1640 OPFU. The planned WLI sessions will then cover approximately 280 OPFU to bring the backlog down to a manageable level.

The total investment required is:

Consultant – 0.90 WTE (0.10 WTE funded by reduction in Establishment) - £118k, it is anticipated that the appointment will be from 1st October 2015; Medical Secretary and co-ordinator – 1.50 WTE Band 3 £32k - to be recruited in October 2015 in line with the consultant appointment.
NR Funding for 35 WLI - £21k - to begin with immediate effect

It is assumed that the following will be recruited during the first quarter and will support the additional WLI and the new consultant post following appointment:

Clinical Nurse Specialist - 0.50 WTE Band 6 - £18k
Therapy staff - 1.20 WTE (Band 6 & 2) £35k
Lab Med / Radiology Costs - £32k

Historically consultants have been difficult to recruit for Specialist Medicine, therefore there is a potential that Locums will be utilised. To cover each 10PA post it would be anticipated that 4PA of locum will be sought (3no DCC & 1no SPA). The total cost of locums will be £164k which will be within the vacant posts funding.

21. Date:

16 March 2015

GAL/December 2014

APPENDIX Bii

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2015-16/15
TITLE:	Replacement and 9th Consultant Rheumatologist
OWNER:	Dr Mark Quinn, Clinical Director
AUTHOR:	**Karen Cowley, Directorate Manager**

Capital

	Total £'000	Planned Profile of Change 2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
Expenditure	0	0	0	0	0

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

Revenue

	Total Change: Current £'000	Revised £'000	Change £'000	WTE	Planned Profile of Change: 2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
(a) Non-recurring								
(b) Recurring								
Income								
NHS Clinical Income	8,353	8,668	315		0	172	315	315
Non-NHS Clinical Income	0	0	0		0	0	0	0
Other Income	0	0	0		0	0	0	0
Total Income	**8,353**	**8,668**	**315**		**0**	**172**	**315**	**315**
Expenditure								
Pay								
Medical	1,157	1,276	118	0.90		59	118	118
Nursing	227	245	18	0.50		14	18	18
Other (please list):								
Executive Board & Senior Managers			0					
Admin & Clerical	13	45	32	1.50		16	32	32
WLIs		21	21			21		
Pay Budget Codes	-18	-18	0					
Therapy Staff Costs	0	35	35	1.20		26	35	35
	1,379	**1,604**	**225**	**4.10**	**0**	**136**	**204**	**204**
Non-Pay								
Drugs	5,785	5,785	0					
Clinical Supplies & Services	17	17	0					
General Supplies & Services	0	0	0					
Other (please list):								
Establishment Expenses	10	10	0					
Internal Recharges	197	229	32			24	32	32
CIP	-529	-529	0					
	5,480	**5,512**	**32**		**0**	**24**	**32**	**32**
Total Operational Expenditure	**6,859**	**7,116**	**257**		**0**	**161**	**236**	**236**
Impact on EBITDA	**1,494**	**1,551**	**58**	**4.10**	**0**	**12**	**79**	**79**
Depreciation			0					
Rate of Return			0					
			0					
Overall impact on I&E	**1,494**	**1,551**	**58**	**4.10**	**0**	**12**	**79**	**79**
Less: Existing Provisions	**n/a**		**0**					
Net impact on I&E	**1,494**	**1,551**	**58**		**0**	**12**	**79**	**79**

+ favourable (-) adverse

Revenue Notes *(including reference to the funding source)* :
This business case seeks to replace an incumbent consultant and fund a 9th Rheumatologist and associated Medical Secretary

In addition it seeks funding for 35 Waiting List Initiatives at a cost of £21k to address the current backlog of 600 follow-ups, it is anticipated that the waiting lists will be carried out with immediate effect whilst recruitment of the 9th Rheumatologist takes place.

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	Owner	Finance Manager	Board of Directors Only: Director of Finance
Signed		SJBarrow	
Dated		18th December 2014	

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2014/15	2015/16	2016/17	Later Years
Elective (Spells)	2,132	2,166	34				
Non-Elective (Spells)							
Long Stay	14	14	0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances	2,322	2,732	410				
Follow-up Attendances	11,177	13,097	1,920				
A&E (Attendances)			0				
Other (Please List):							
OP Procedures	0	0	0				
NFTF	1,254	1,254	0				

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
NHS Clinical Income							
Elective income							
Tariff income	1,104	1,122	18				
Non-Tariff income			0				
Non-Elective income							
Tariff income	18	18	0				
Non-Tariff income			0				
Outpatient							
Tariff income	1,712	2,009	297				
Non-Tariff income			0				
A&E							
Tariff income			0				
Non-Tariff income			0				
Other							
Tariff income	30	30	0				
Non-Tariff income (HCD)	5,489	5,489	0				
	8,353	**8,668**	**315**	**0**	**0**	**0**	**0**
Non NHS Clinical Income							
Private patient income			0				
Other non-protected clinical income			0				
	0	**0**	**0**	**0**	**0**	**0**	**0**
Other income							
Research and Development			0				
Education and Training			0				
Other income			0				
	0	**0**	**0**	**0**	**0**	**0**	**0**